

INVOLVING YOU

A Framework for Community Development and User Involvement
Together improving health and tackling inequalities

 **Belfast Health and Social Care Trust**

introduction

This Framework outlines Belfast Health and Social Care Trust's approach to community and service user, patient and carer involvement in the planning, design and delivery of our services and health improvement programmes. Community engagement and service user involvement are essential to improving health and wellbeing, patient experience and to contributing to a reduction in health inequalities, working together with other public sector organisations and Government.



INVOLVING YOU

A Framework for Community Development and User Involvement
Together improving health and tackling inequalities

context | involving you

context

The Trust was formed in April 2007 as part of the implementation of the Review of Public Administration. For the first time, hospital and community services across the city were brought together as one organisation. Belfast Trust employs 22,000 staff, has an annual budget of £1.1 billion and provides services for a population of 340,000 together with specialist services for Northern Ireland.

We have organised our services into **service groups**, each with a Director. These service groups are briefly described in appendix 1 page 28.

While our business in the Trust is to provide health and social care that is safe, high quality, cost-effective, timely and responsive, our purpose is to improve health and wellbeing and to reduce inequalities in health. We cannot effectively deliver modern health and social care and contribute to reducing health inequalities without the involvement of the people who use our services, their carers, the community, voluntary organisations, other public sector organisations and all our staff. This is why the Trust has placed partnership at the heart of its vision for the future. We are building on the good work carried out by the six previous Trusts that make up the Belfast Trust. We recognise the need for more co-ordination of this effort, more dialogue and communication and the building of new relationships. This is why in May 2007, the Trust decided to hold a series of conversations with a range of service users, patients, carers, community organisations, voluntary organisations, Trust staff and other agencies.

This Framework is being developed in the context of the Department of Health, Social Services and Public Safety's *Guidelines on Personal and Public Involvement* (September 07). We have developed a set of guiding principles which reflect your comments and the Department's guidelines and which will inform our actions:

- The Trust will demonstrate evidence of its commitment to community development and user involvement at all levels of the organisation and through clear lines of accountability and leadership.
- The Trust will establish clear lines of communication with patients, service users, carers and communities, facilitating dialogue and providing accessible information that is understandable and available when and where it is needed.
- It is only by working in partnership with users, carers, patients, communities and other agencies that we will successfully address inequalities. The Trust will build partnerships based on mutual trust and equal ownership, to achieve shared goals.
- The Trust will develop a culture in which people from all backgrounds are valued, and their right to articulate their needs and preferences and be involved in decisions regarding their care, is respected.
- The Trust will focus resources on the most disadvantaged groups while seeking to promote the right of all people to the highest attainable standard of health, within available resources.
- The Trust will work with patients, service users, carers and communities to maximise opportunities to promote health and wellbeing, prevent ill health and to empower them to take responsibility for their own health.

the prize of better health and wellbeing

Although the daily business of Belfast Health and Social Care Trust is delivering health and social care to 340,000 citizens of Belfast, as well as specialist services to the entire population of Northern Ireland, we have our eye on a greater prize. Our higher purpose is to improve the health and wellbeing of our population and to reduce health inequalities.

All our endeavours are built on five pillars – five strategic objectives – and one of these is partnerships, because it is only through effective partnerships that we will make real gains. These are the foundations for the organisation we are building.

In recognition of how important partnership-working is to us, on the establishment of the Trust on 1 April 2007, we immediately set to establishing a health improvement and user engagement strategy. Through this Framework document, which is central to this strategy, the Trust has embarked on a journey that will mean we will have a completely different relationship with the citizens of Belfast than we have known in the past.

A community-wide approach to health improvement through partnerships, and a determination to listen to what neighbourhoods really need, will bring about real change. This Framework is the result of conversations between many of the staff in the Trust with service users, patients, carers, community groups and voluntary organisations. But we are aware that this is only the beginning.

Health and social care on its own can influence only about one-third of the factors that affect people's health and wellbeing. Other factors that influence health include employment, income, education, housing, where you live, and many more social and economic factors. That is why we are committed to partnership-working with organisations that can influence change in these areas.

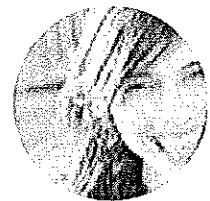
We also want to ensure there is equal access to our services – that health and social care is not just about providing the service. If your first language is not English, or if you have a learning or physical disability, nothing should prevent you from accessing the highest quality of care, similarly to another native speaker or able-bodied person. It is therefore very important that we as a Trust deliver strong and meaningful partnerships with a range of groups and individuals in the community. It is only through partnership that we will affect a change for the better.

As our first year comes to a close we are confident that groundwork has been laid for effective partnership-working and we look forward to strengthening this in the future. I commend everyone on their hard work so far, on rising to the challenge, and in seeing the opportunity for improving health and tackling health inequalities that is in front of us. We are fortunate to have the combined expertise of staff in Belfast Trust who have dedicated their lives to improving health and wellbeing, and to a community of citizens willing to work with us. That's what is going to make Belfast Health and Social Care Trust different.



William McKee

Chief Executive



contents

Introduction..... 3

Context 4

Foreword 5

Developing our Framework - the process..... 8

What you said/What we will do/How we will measure progress..... 8-21

Good Practice examples

Commitment

Communication

Partnership

Valuing People

Tackling Health Inequalities

Health and Wellbeing issues

Proposed Actions.....22-24

Next Steps..... 24

Appendices..... 25

Belfast Trust - Key people

List of consultations

Membership of Project Board, Advisory Panel and Steering Group

List of group who commented on Draft Framework

developing our framework | involving you

the process

The Chief Executive and the Trust's Executive Team made the development of this Framework a priority. In June 2007 a project board, comprised of six directors, met to agree the way forward for its development. The Project Board has met bimonthly to oversee the process and ensure ongoing support for the Framework. A Project Steering Group was established to plan, co-ordinate and drive the development of the Framework. This team was made up of representatives from Trust senior managers, the community and voluntary sectors and from other statutory organisations. Subgroups were formed to develop particular areas of work, including communications, planning and data analysis. A new database of groups and organisations was drawn up from the previous Trusts', Health Action Zone's and community databases.

An Advisory Panel was formed to provide advice and guidance on the development of the Framework, with representation from a range of community and voluntary sector organisations, the public sector, service users/carers and senior Trust staff (see Appendix 3). The Advisory Panel met on six occasions to advise and comment on the development of the Framework and its members participated in two Trust workshops to shape the development of a vision for the Trust.

Between October 2007 and March 2008, the Project Steering Group facilitated 40 discussions with a wide range of partnerships, groups, organisations and individuals including service users, carers, patients, communities, voluntary organisations, other public sector organisations and staff (see Appendix 2). All the information gathered was systematically analysed to identify common themes and issues. These have been used to inform the development of the Community Development and User Involvement Framework.

All groups and individuals on the new database have been asked for permission to use their details. To date over 700 groups and individuals have responded positively. As part of this exercise we asked for a brief comment on the following question:

"Do you, or the people you work with, have any suggestions on how you could better have your views heard within the Belfast Health and Social Care Trust?"

Over 150 responses have been received to this question and we have tried to reflect these in the Framework.

what you said and what we will do in response

The next section of this document covers the main issues raised by a variety of patients, users, carers, community organisations and other public bodies. It is set out under 6 headings:

- Commitment
- Communication
- Partnership
- Valuing People
- Tackling Health Inequalities
- Health and Wellbeing

Most of the issues that came up in the majority of discussions fall under one of these headings. The message we have received in almost all discussions has been



developing our framework | involving you

"keep the document short, simple and include concrete actions that can be measured." Under each heading we have highlighted a number of points reflecting *what people said*. From these we have developed a guiding principle, followed by *what we will do* and *how we will measure progress*. The actions have also been listed separately at the end of this section.

While it has not been possible to list all your comments, we hope we have covered the main points that you raised. A full list of all comments is available on our internet site and in hard copy. We will make copies available in different formats on request including braille, large print, audio cassette, computer disk and other languages. We would like to thank all the participants for their time and views throughout a stimulating and challenging process. We would also like to thank all those individuals and organisations who supplied comments on the draft document. The actions listed need to be viewed as the beginning of a much longer process of building relationships and unless otherwise stated, should be progressed over the next year. Each Service Group in the Trust will develop its own actions in relation to involvement in addition to the more general actions listed in this document.

how we will measure progress

For each section we have identified two indicators that we will use to measure progress. Monitoring our performance is important so that we can be held accountable for the commitments made in this Framework and can continuously improve the way we involve service users and carers and engage communities. We have proposed short and medium term indicators of progress, based on our understanding of how increased service user and carer involvement and community engagement will

improve outcomes. We view indicators as signposts or pointers to performance but they do not ultimately describe it and should therefore be used as a basis for discussion with you. For that reason we have chosen to select a limited number which we will try to measure accurately.

practice examples

Examples of current practice from the Trust, community and voluntary sector organisations are displayed below each heading. In most cases, reference was made to these during the discussions, while others have been suggested by staff. They represent just a few of many that we could have used and it is important to acknowledge the inheritance from the previous Trusts and the scale of community activity that already existed.



commitment I involving you

people said

- ◆ The Trust needs to convince service users, patients, carers and communities that they are serious about service user and community involvement and that this is going to make a difference.
- ◆ There is a need to ensure that reporting /feedback mechanisms are in place - people who engage need to hear how their engagement has influenced or changed services.
- ◆ There are already many service user, patient, carer and community groups; they need to be clearly identified and better used.
- ◆ All staff need to see service user and community engagement as part of their job.
- ◆ Involvement will require resources that might be in the form of expenses for users, carers and patients and dedicated staff time.
- ◆ The Trust need to support service users, carers and communities who may need to build their capacity in order to contribute fully.



guiding principle

The Trust will demonstrate evidence of its commitment to community development and service user involvement at all levels of the organisation and through clear lines of accountability and leadership.

we will

- ◆ Establish a Trust Personal and Public Involvement Group to oversee and monitor the development of the Framework (April 2008).
- ◆ Establish an Advisory Panel to include service user, carer, patient, community and voluntary representation to work with us on the implementation and monitoring of the Framework (June 2008).
- ◆ Hold an annual public event at which we will report our progress on the actions identified in the Framework, beginning in May 2008.
- ◆ Complete an audit of all user, carer and patient involvement and engagement with community and voluntary organisations (May 2008).
- ◆ Develop an Action Plan for Personal and Public Involvement within each Service Group, identifying existing involvement and gaps, as well as appropriate ways to feed user and community views into the annual service plans, and committing to progress involvement within each Service Group annually.
- ◆ Make available the necessary support for patient, user and carer involvement including staff time and expenses for carer cover and transport costs.
- ◆ Develop and support a pool of service users, patients and carers who can be involved in feedback on effectiveness of services and consultation on an on-going basis.

how we will measure progress

- ◆ Numbers of services users, carers, patients and community groups involved, based on periodic audits.
- ◆ Demonstration of examples of changes in the way services are designed and delivered as a result of user, patient, carer and community involvement.

respiratory users support project

Following the formation of the Belfast Trust, the opportunity to improve the health and wellbeing of people with a respiratory disease living in Belfast was identified.

A workshop was held in Knockbracken Hall on 17 January 2008 with participants from the Belfast Trust, Belfast City Council, voluntary and community organisations and service users.

The overall purpose of the workshop was to look at service provision across the statutory and voluntary sectors, as well as creating awareness of current provision within the community. It was to establish gaps that exist in current services and to identify what is required to meet the expressed needs of respiratory patients and their carers. It was also to raise awareness and create a collaborative network between people suffering from respiratory conditions, the respiratory specialist team, health promotion staff, communities, volunteers and charities across Belfast. An action plan has been developed from the workshop and will be taken forward with service user and community involvement.

lamp

Life After Mental Health Problems is a group formed by service users to work for improved mental health services and to have their voice heard in the decision - making processes for mental health services in the north and west of the city. Relationships with the previous North and West Belfast Trust were developed over two to three years. The group had a role in service planning and developed strong and sustainable relationships with staff in mental health services. A core group of members is actively involved with the Belfast Trust and has a small office in the city centre. The group has over 50 members and information is fed back to this larger group of users on a monthly basis. Asked why the group had worked and made a difference, group members pointed to being able to get through the difficult first stage of raising problems and issues and of coping with disagreement because Trust staff were 'up for this'. They also acknowledged that support from a worker within the mental health team had been very important at the early stage, someone who could provide information, help identify resources and could explain services in plain language. LAMP continues to have this relationship with the new Belfast Trust and one of its members made a keynote address at a recent meeting of Trust senior managers.

involving you | communication

people said

- ◆ Having clear lines of communication between Trust management and local people is essential. Managers need to get out to grass roots events.
- ◆ Focus on community is important as many users rely on community groups to inform or signpost for them.
- ◆ People need to find their way through the new structures. Who do people contact? Descriptions of service groups need to be provided, including what fits under them. People need specific points of contact.
- ◆ Improve your communication by using a variety of methods, such as email, text messages, the web, including discussion pages and networking sites, news-sheets, the media, meetings and existing community structures. Communication should be simple, timely and regular, and in a variety of formats e.g. Braille and audio.
- ◆ More effort needs to be made to reach 'hard to reach' groups.
- ◆ The Trust needs to commit to a simple and clear plan, with actions and targets in plain English.

guiding principle

The Trust will establish clear lines of communication with patients, users, carers and communities, facilitating dialogue and providing information that is understandable and available when and where it is needed.



we will

- ◆ Hold information sessions in partnership with local organisations.
- ◆ Communicate with groups and organisations on our database using a variety of methods including our internet site, news-sheets and other methods.
- ◆ Provide an explanation of our services and management structures on our internet site and distribute this information widely to service users, patients, carers, community and voluntary organisations and other public bodies through a variety of media and different formats including braille, large print, audio cassette, computer disk, and in different languages as requested.
- ◆ Provide information for service users, patients, carers and local communities, outlining ways in which people can become involved in Trust business, using a range of communication methods, including a dedicated web page on our internet site, news-sheets, face to face meetings, including information on how people can comment or make a complaint.

how we will measure progress

- ◆ Amount of feedback from service users, patients, carers and community groups on their experiences of Trust services.
- ◆ Their satisfaction with communication from the Trust identified through annual satisfaction surveys/audits.



east belfast community health information project

The project was established as a Healthy Living Centre in 2002, after a detailed consultation by East Belfast Partnership identified lack of information on health as a major problem. The core of the project was a network of local volunteers across ten areas of disadvantage in east Belfast and its outlying estates. The volunteers were supported by a small team who provided information and training. Up to 70 of these volunteers have been taking a range of health messages out to their own communities and feeding back queries and information to the Partnership, who through its health issues group had developed good working relationships with the former South and East Belfast Trust. The project has been the springboard for a wide range of health activity and interests in east Belfast, including a men's health project in which over 100 men got involved in health activities; an initiative with district nursing, where volunteers have been trained to provide basic health checks, leading to a number of people being referred for treatment or support much earlier than they would have been otherwise; and work with East Belfast older person's forum on a range of health promotion and service issues. The project has secured recurrent funding from the Eastern Health and Social Services Board, Investing For Health along with a number of other Healthy Living Centres in Belfast and is building new relationships with Mental Health and Older Persons services in the Trust. The volunteers are now supported by the East Belfast Community Development Agency.

handbook of services northern ireland cancer network (NiCan)

The importance of appropriate and timely support is crucial when an individual has received a diagnosis of cancer. Following comments from a variety of individuals in the Regional Forum, it was recognised that patients and their carers are not always pointed to the support available in the community setting. It was noted that a means of pointing/ signposting individuals to help available in a timely manner was missing. A sub-group of the Regional Forum was formed and included patient and public representatives as well as members of regional charities and health care professionals. A Macmillan grant has subsequently funded the development of a signposting handbook, work on which has been progressed over the last eleven months. The handbook has been piloted at all stages of its development by each of the groups included in it and was launched in February of this year at Stormont. This is a very clear product of Patient and Public Involvement in collaboration with health care professionals and the voluntary sector. Further work on this will be undertaken through the NiCan Regional Co-ordinator for Information, e.g. making it electronically available, thereby ensuring that this project will continue to be of benefit to patients and their carers into the future.

briefings

A number of organisations including Belfast Healthy Cities, Northern Ireland Council for Voluntary Action, East Belfast Community Development Agency, Community Development and Health Network and the Health Action Zone provide briefings and other information including government press releases by e-mail to a database of members.

involving you | partnership

people said



- ♦ Strong relationships were developed with previous Trusts. These need to be built upon and adapted to develop new partnerships between the Trust and users, patients, carers, communities and other agencies.
- ♦ Service users, patients and carers need to be more involved. They need to learn how to navigate the systems within the Trust, which will require capacity building to enable them to contribute fully.
- ♦ Neighbourhood Renewal Action Plans are the first test - a number of health issues have been identified, many of which focus on priorities for the Health Service but there appears to be no funding.
- ♦ The Trust should take a more co-ordinated approach to working with the Healthy Living Centres, who provide a very significant resource. They could help the Trust to meet some of its targets.
- ♦ The Trust needs to work in partnership with the Long Term Conditions Alliance to ensure the engagement of a wide range of people with long-term conditions.
- ♦ We want to develop a cross-programme carers' forum.

guiding principle

It is only by working in partnership with users, carers, patients, communities and agencies that we will successfully address inequalities. The Trust will help to build partnerships based on mutual trust and equal ownership, to achieve shared goals.

we will

- ♦ The Trust will continue to work with Belfast City Council, especially in the development of community planning and with the Health Action Zone, Belfast Healthy Cities and the established partnerships to support the development of a Belfast-wide approach to health improvement.
- ♦ Establish user forums/groups where there are gaps eg. carers.
- ♦ Work with Neighbourhood Renewal Partnerships, Department of Health, Social Services and Public Safety, Department of Social Development, Eastern Health and Social Services Board, Local Commissioning Group, Investing for Health, the Health Action Zone and Belfast Healthy Cities to take forward specific actions relating to health in Neighbourhood Renewal Action Plans.
- ♦ Work with the unions and staff to harness their expertise and experience both as workers and service users.
- ♦ Meet with the Healthy Living Centres to discuss how we can work more closely on core issues.
- ♦ Hold a workshop with the Long Term Conditions Alliance to discuss roles, increase awareness and to facilitate a closer working relationship.
- ♦ Support the development of a cross-programme carers' forum.

how we will measure progress

- ♦ Evidence that community and service user groups are influencing Trust policies and services.
- ♦ Evidence of changes to Trust policies or services based on engagement in partnerships.

suicide prevention implementation group

A senior manager of the Belfast Trust now chairs the Suicide Prevention Implementation Group, which was set up to take forward the recommendations of the report of the Health Action Zone's Task Group on the Prevention of Suicide and Self-Harm.

The Implementation Group reflects the inclusive process which the Task Group adopted and brings together a wide range of representatives from statutory, community and voluntary organisations, as well as those bereaved through suicide. Five action groups have now been established to take forward the recommendations on specific areas.

A significant level of partnership working has been achieved. Suicide is a painful subject, and initially tensions were high, with many bereaved families and community sector representatives feeling that the statutory sector was not doing enough. It was important that the process was open, inclusive and transparent, and through acting as an enabler and 'neutral broker', the Health Action Zone was able to bring together a diverse range of people, often with apparently competing interests, and build a process of working together toward a common goal, culminating in the production of a collaborative report.

the grove centre

The creation of the Grove Centre embodies a multi - agency partnership including the Belfast Trust, Belfast City Council and Belfast Education and Library Board.

The Centre integrates day care support for older people with Council leisure facilities, a swimming pool and a public library. The project is in the heart of inner north Belfast, an area of severe disadvantage, and is also a focus for regeneration in the area.

people said



- ◆ The Trust needs to demonstrate that it values people by treating all people with respect and recognise the contribution of carers and families.
- ◆ The attitudes of some staff, e.g. when engaging with specific groups, need to be improved.
- ◆ Appropriate culture and values need to be established through staff training.
- ◆ The Trust needs to demonstrate it values the community sector for the services it delivers, through the establishment of contracts and by being willing to collaborate.
- ◆ Views of people with long term conditions are important as they are frequent users of services and can play a valuable role in the shaping and delivery of services.
- ◆ Involvement of patients should have a condition specific focus.

guiding principle

The Trust will develop a culture in which people from all backgrounds are valued, and their right to articulate their needs and preferences and be involved in decisions regarding their care, is respected.

we will

- ◆ Build the capacity of our staff through training, to help develop a culture of respect for all service users, carers and patients.
- ◆ Carry out patient, carer and user surveys of their experiences across a number of service areas.
- ◆ Develop patient, service user and carer focus groups in areas where there are none at present.
- ◆ Undertake a review of Service Agreements with voluntary and community organisations to ensure equality of access to services across Belfast Trust.
- ◆ Provide information and training for staff in relation to the community and voluntary sector; to develop awareness of what they do and what services they provide.
- ◆ Establish a forum for patient networks which will link into the Trust's Personal and Public Involvement Group.



how we will measure progress

- ◆ The range of capacity building opportunities available for staff and the numbers who have participated.
- ◆ Levels of patient, service user, carer and community satisfaction with their involvement, identified through annual satisfaction surveys/audits.

now

Learning disability services in north and west Belfast have worked closely with the NØW group which provides employment and training to adults with a learning disability. As part of this work they provide transition planning to young adults with a learning disability.

the cedar foundation

The Cedar Foundation's approach to user involvement is built upon work undertaken with the University of East London in 2000, facilitated by the Joseph Rowntree Foundation, as part of a national study. The Foundation has since built on its strong approach to service user involvement and has improved its approach to governance and partnership working with users to identify, plan and deliver services, policy and strategy.

This has been achieved by establishing a User Forum made up of a cross section of all Service Users. The Forum has undertaken significant amounts of training to ensure that they have the appropriate skills to impact on the decision-making and governance process. Forum members prefer to maintain complete autonomy within the organisation, meeting independently with the Chief Executive and Deputy Chief Executive on a quarterly basis. Members of the User Forum are also Members of the Foundation's Council, which elects members to the Foundation's Executive Committee through the organisation's Annual General Meeting.

cancer lifeline

Cancer Lifeline, situated at 44 Alliance Avenue, provides a welcoming "home from home" for individuals and their families living with cancer. The organisation was set up in October 1999 by a group of women, all of whom are living with cancer themselves. This is what makes the project unique. The strong user-led structure is committed to befriending, caring, listening and supporting those coping with cancer and their families.

The project aims to assist individuals and their families to access up-to-date information and advice to help them cope with their symptoms and treatment. The provision of counselling, complementary therapies, benefits advice and support group sessions, as well as a range of information mornings and educational classes, support individuals through the emotional, physical and psychological impact of their diagnosis. One of the clear needs expressed by users is that people want to talk to someone who has had a similar experience. Meeting positive role models is an uplifting experience for people affected by cancer. Patient participation allows the unique experience of those at the heart of the health service to shape its future. Cancer Lifeline acts as a voice for users by:

- ♦ consulting with different health departments regarding the design and delivery of more appropriate, user-friendly patient information
- ♦ giving presentations from the patient's perspective at key health events
- ♦ meeting regularly with hospital, trust and oncology staff to raise concerns service users have about health services and their experiences of accessing them
- ♦ participating in research projects.

involving you | tackling health inequalities

people said

- ◆ The Trust has a major role to play in tackling inequalities with the resources at its disposal, including employment opportunities.
- ◆ There are many organisations trying to tackle health inequalities: Health Action Zone, Healthy Living Centres, Belfast Healthy Cities, Investing for Health team, Surestart and the Trust. They need to link up more.
- ◆ Neighbourhood action plans have been developed for the most disadvantaged communities in Belfast. If the Trust wanted to make a real difference, it would target these areas.
- ◆ Older people want to be more involved, they want more ways of communicating directly with the Trust.
- ◆ People with a disability need to be listened to, they want to make a contribution to the development of better and more responsive services.
- ◆ The Belfast Area Partnerships want to build relationships with the Trust to improve health and tackle inequalities.
- ◆ Each minority ethnic group has specific health issues which need to be understood.
- ◆ There is a strong feeling that the work of the women's centres is not recognised within the Trust.
- ◆ Travellers are at the bottom of the pile when it comes to health.
- ◆ Gay, lesbian and bisexual individuals and groups want their voices to be heard.

guiding principle

The Trust should focus resources on the most disadvantaged groups while seeking to promote the right of all people to the highest attainable standard of health, within available resources.

we will

- ◆ Continue to work in areas of social disadvantage and poor health, in partnership with local people and other agencies, to develop more joined up approaches to tackling health and social inequalities and improving health.
- ◆ Work with Neighbourhood Renewal Partnerships, Department of Health, Social Services and Public Safety, Department of Social Development, Eastern Health and Social Services Board, Investing for Health, the Health Action Zone and Belfast Healthy Cities to take forward specific actions relating to health in the Neighbourhood Renewal Action Plans. (see also partnership section)
- ◆ Build on the work with Area Partnership Boards primarily through support of health sub-groups.
- ◆ Continue to work with older person's fora across Belfast to develop the involvement of older people in how services are shaped.
- ◆ Through the Trust Disability Steering Group, meet with user groups and disability organisations to develop a plan for increased involvement.
- ◆ Work with the Black and Minority Ethnic Forum to map the specific health needs of different ethnic groups.
- ◆ Convene a workshop with the seven Belfast Women's Centres to develop a plan for joint working and cooperation.
- ◆ Develop an overall service plan with the Travelling community focused on improving health, encouraging participation and reducing health inequalities.
- ◆ Meet with gay, lesbian and bisexual groups with a view to developing greater levels of involvement.

how we will measure progress

- ◆ Evidence that the Trust has responded to some of the needs identified in Neighbourhood Action Plans.
- ◆ Improved levels of satisfaction of Travellers and Black and Minority Ethnic Groups with their experience of Trust services, identified through consultation.

women's centres

A number of women's centres and groups operate in Belfast in areas of social disadvantage and poor health status. They play a valuable role in the provision of services for women and children, including educational and personal development for women, providing high quality childcare, support and counselling. Some centres provide a range of complementary therapies. They receive core support from the Department of Social Development and targeted funding for specific programmes from the Eastern Health and Services Board.



black and minority ethnic forum

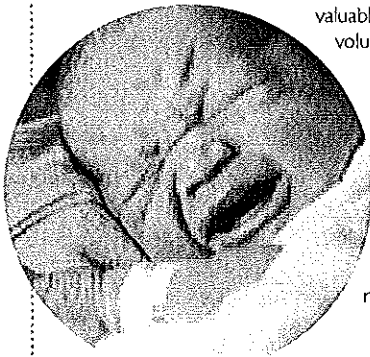
The Forum was developed with support from the previous Trusts and includes most of the minority ethnic groups in Belfast including Travellers. The group also has representation from migrant workers and asylum seeker organisations. The Forum has identified a number of health issues on which it wants to work. The Trust's Health and Social Inequalities and Community Development Teams are working with the forum to identify specific health issues for different ethnic groups.



involving you | health and wellbeing issues

people said

- ◆ The Trust has a great opportunity to influence health, tackle inequalities and promote employability.
- ◆ The Trust should clarify for the voluntary and community sectors how they can connect with it on health and wellbeing issues such as physical activity, smoking and obesity.
- ◆ The Trust needs to pay more attention to the health of carers.
- ◆ A number of organisations provide complementary and alternative therapies in the community and are already working with some Trust services. They can make a valuable contribution to health improvement.
- ◆ More resources are needed for prevention and early intervention. Current community initiatives are not sustainable because of lack of funding.
- ◆ The Trust needs to recognise the valuable contribution of volunteers and volunteer support organisations.



guiding principle

The Trust will work with patients, users, carers and communities to maximise opportunities to promote health and wellbeing and to empower them to take responsibility for their own health.

we will

- ◆ Work with Investing for Health Managers to implement existing Health Improvement Plans in Belfast and over the next year support the development of a single plan for Belfast.
- ◆ Work closely with key groups concerned with the health and wellbeing of the community, including Healthy Living Centres, Area and Neighbourhood Partnerships, Sure Start, the Health Action Zone and Belfast Healthy Cities, to increase joint working.
- ◆ Meet a range of groups and individuals providing complementary therapies to explore the means by which the natural resources of individuals and communities can be better used for the preservation and enhancement of health.
- ◆ Work with carers on developing a pilot health support programme.
- ◆ Work with Government and other agencies to secure sustainable funding for community health improvement activity.
- ◆ Continue to support and develop volunteers and build on relationships with volunteer support organisations.



how we will measure progress

- ◆ Progress in achieving health improvement targets identified in Investing for Health.
- ◆ Demonstration of new health improvement initiatives for carers.

sure start in inner south and east belfast

Surestart is a government strategy aimed at strengthening and coordinating health, social care and early education services for pre-school children from 0-3 years and their families. It is a multi-agency programme working in partnership, with a focus on areas where young children and their families face greatest disadvantage. There are a number of Sure Start schemes across Belfast.

Two Sure Start projects in south and east Belfast were successful in securing funding. Both projects have grown and developed based on working in partnership. Their success can be attributed to a robust engagement process with the community, voluntary and statutory sectors before the project's inception.

As a very first step in preparing the bids, a number of open information sessions were held with all known family support and childcare providers from the community, voluntary and statutory sectors. As a result several workshops were held in local communities to look at what the health, social and educational needs were of children 0-3 years as well as what support was needed for families in disadvantaged areas. The information from those workshops helped shape two Sure Start projects, one in east Belfast and one in south Belfast. Both projects established multi-agency partnerships and set themselves up as companies limited by guarantee. This gave all partners a sense of equal status. The two projects continue to work well. Some of the benefits include:

- ◆ better co-ordination of statutory, voluntary and community based services for young children and their families
- ◆ improved communication and information
- ◆ changes in health and social care practice
- ◆ improved access to services
- ◆ innovative approaches to speech and language support.

healthy living centres

There are nine Healthy Living Centres in Belfast serving populations in the most disadvantaged areas. They take a variety of approaches. Some are physical centres like the HEART project in the Lower Falls, which provides support for positive health programmes, working with the Trust. It has a state of the art aerobic and fitness diagnostic centre. Others, such as South Belfast Highway to Health, cover a broad area, developing health support networks in local communities and promoting health improvement programmes. The centres receive recurrent funding support from the Eastern Health and Social Services Board and represent a major commitment to preventative health and the achievement of Investing for Health objectives.

involving you | proposed actions

commitment

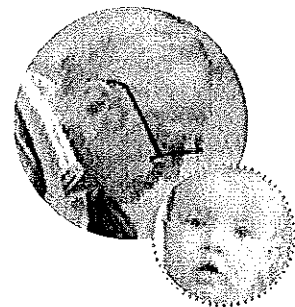
we will

1. Establish a Trust Personal and Public Involvement Group to oversee and monitor the development of the Framework. (April 2008)
2. Establish an Advisory Panel to include user, carer, patient and community representation to work with us on the implementation and monitoring of the Framework.
3. Hold an annual public event at which we will report our progress on the actions identified in the Framework, beginning in May 2008.
4. Complete an audit of all user, carer and patient involvement and engagement with community and voluntary organisations. (May 2008)
5. Develop an Action Plan for Personal and Public Involvement within each Service Group, identifying existing involvement and gaps, as well as appropriate ways to feed user and community views into the annual service plans, and committing to develop new areas of involvement within each Service Group where there are gaps identified.
6. Develop mechanisms to make available the necessary support for patient, user and carer involvement, including staff time and expenses for carer cover and transport costs.
7. Develop and support a pool of service users, patients and carers who can be involved in feedback on the effectiveness of services and consultation on an on-going basis.

communication

we will

8. Hold information sessions in partnership with local organisations.
9. Communicate with groups and organisations on our database, using a variety of methods including our internet site, news-sheets and other methods.
10. Provide an explanation of our services and management structures on our internet site and distribute this information widely to user, patient, carer and community and voluntary organisations and other public bodies through a variety of media and different formats including braille, large print, audio cassette, computer disk and in different languages as requested.
11. Provide information for users, patients, carers and local communities, outlining ways in which people can become involved in Trust business, using a range of communication methods, including a dedicated web page on our internet site, news-sheets, face to face meetings, including information on how people can comment or make a complaint.



proposed actions | involving you

partnership

we will

12. The Trust will continue to work with Belfast City Council, especially in the development of community planning and with the Health Action Zone, Belfast Healthy Cities and the established partnerships to support the development of a Belfast-wide approach to health improvement.
13. Work with Neighbourhood Renewal Partnerships to identify and agree joint actions on specific health and social care issues within their action plans.
14. Meet with the Healthy Living Centres to discuss how we can work more closely on core issues.
15. Undertake a review of Service Agreements with voluntary and community organisations to ensure equality of access to services across Belfast Trust.
16. Hold a workshop with the Long Term Conditions Alliance to discuss roles, increase awareness and to facilitate a closer working relationship.
17. Support the development of a cross-programme carers forum.

valuing people

we will

18. Build the capacity of our staff through training, to help develop a culture of respect for all service users, carers and patients.
19. Carry out patient, carer and user surveys of their experiences of our services across a number of service areas.
20. Develop patient, user and carer focus groups in areas where there are none at present.
21. Undertake a review of Service Agreements with voluntary and community organisations to ensure equality of access to services across Belfast Trust.

22. Provide information and training for staff in relation to the community and voluntary sectors to develop awareness of what they do and what services they provide.
23. Establish a forum for patient networks which will link into the Trust's Personal and Public Involvement Group.

tackling health inequalities

we will

24. Continue to work in areas of social disadvantage and poor health, in partnership with local people and other agencies, to develop more joined up approaches to tackling health and social inequalities and improving health.
25. Work with Neighbourhood Renewal Partnerships, Department of Health, Social Services and Public Safety, Department of Social Development, Eastern Health and Social Services Board, Investing for Health and the Health Action Zone, to take forward specific actions relating to health in the Neighbourhood Renewal Action Plans. (see also partnership section)
26. Build on the work of Area Partnership Boards primarily through support of health sub-groups.
27. Continue to work with older persons' fora across Belfast to develop the involvement of older people in how services are shaped.
28. Through the Trust Disability Steering Group meet with user groups and disability organisations to develop a plan for increased involvement.
29. Work with the Black and Minority Ethnic Forum to map the specific health needs of different ethnic groups.
30. Convene a workshop with the seven Belfast Women's Centres to develop a plan for joint working and cooperation.
31. Develop an overall service plan with the Travelling community, focused on improving health, participation and reducing health inequalities.
32. Meet with gay, lesbian and bisexual groups with a view to developing greater levels of involvement.

Involving you | proposed actions

health and wellbeing issues

33. Work with Investing for Health to implement existing Health Improvement Plans in North and West and South and East Belfast and over the next year support the development of a single plan for Belfast.
34. Work closely with key groups concerned with the health and wellbeing of the community, including Healthy Living Centres, Area and Neighbourhood Partnerships, Sure Start, the Health Action Zone and Belfast Healthy Cities, to increase joint working.
35. Work with a range of groups and individuals providing complementary therapies to explore the means by which the natural resources of individuals and communities can be better used for the preservation and enhancement of health.
36. Work with carers on developing a pilot health support programme.
37. Work with Government and other agencies to secure funding for sustainable community health improvement activity.
38. Continue to support and develop volunteers and build on relationships with volunteer support organisations.

next steps

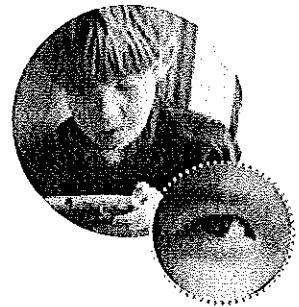
This final document will be circulated widely and the Chief Executive will publicly launch the Framework in May 2008. The document will be available in other formats on request.

A group has been established within the Trust to take overall responsibility for driving forward the process. This group will be chaired by the Associate Medical Director for Public Health and will regularly report on progress to the Trust's Executive Management Team.

An Advisory Panel will be established to independently monitor progress on the Framework.

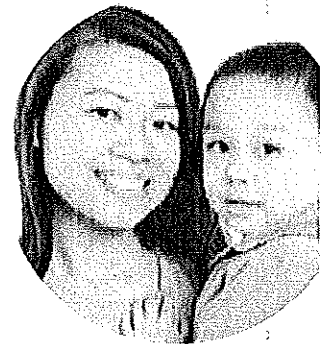
Each Service Group within the Trust will develop its own specific action plan.

A public meeting will be held in the Spring of 2009 to report on progress.



appendices

1. Belfast Trust – Key People
2. List of consultations
3. Membership of Project Board, Steering Group and Advisory Panel
4. List of groups who commented on the draft Framework



involving you | **appendix 1** belfast trust - key people

chairman - Pat McCartan

Pat took up his post as chairman of Belfast Trust on 1 August 2006. Prior to this appointment, he was chair of North and West Belfast Health and Social Services Trust for five years. He is also chairman of the Labour Relations Agency and is Northern Ireland Trustee of the NHS Confederation and also chair of the Northern Ireland Confederation (NICON), and Board Member of Co-operation Ireland. Pat has been chairman and vice-chairman of the Board of Governors of St Columbanus College in Bangor for over 12 years.

chief executive - William McKee

The Chief Executive has corporate responsibility for the Trust's 22,000 employees, £1 billion revenue and the services that it delivers to patients and users.

William has extensive experience in health service management. He was chief executive of The Royal Hospitals from 1992 until 2006, when he left to take up position as chief executive of Belfast Trust. He has held a number of senior positions at hospitals in Northern Ireland including Musgrave Park and Daisy Hill. From 2000-2002 he was President of the Institute of Healthcare Management.

appendix 1 belfast trust - key people

non executive directors - trust board

The Trust Board is responsible for directing the affairs of the Trust and is accountable, through the chairman, to the Permanent Secretary at the Department of Health, Social Services and Public Safety, and ultimately to the Minister. The Trust Board is made up of a non-executive Chair; 7 non-executive directors and 5 executive directors. The Department of Health, Social Services and Public Safety appoints non-executive directors, with the approval of the Minister for Health. The Trust Board meets approximately 6 times per year and the meetings are open to the public.

Ms Joy Allen MSc BA is owner/manager of a training and consultancy business, and since 1990 has been a Director and Company Secretary of a Carrickfergus property company. She has been a foster carer since 1994, and was a non-executive director of the Ulster and Community Hospitals Trust.

Mr Leslie Drew MBA is a Financial Systems and Risk Manager of Viridian Group PLC (formerly NI Electricity), where he held the position of Group Financial Controller. For the past 27 years he has been a voluntary youth leader and has recently been appointed to the board of Newtownbreda United Churches. He was a non-executive director of South and East Belfast Trust.

Professor Eileen Evason BA MSc is an emeritus Professor of Social Administration at the University of Ulster and is also Honorary Senior Research Fellow at Queen's University, Belfast. She presents and contributes to consumer advice programmes for the BBC, is also an Equality Commissioner for Northern Ireland, and was a non-executive director of South and East Belfast Trust.

Dr Val McGarrell MPA is Head of the NI Council of the Royal College of General Practitioners. She is a former Chair of Fermanagh District Partnership for Peace and Reconciliation and was a non-executive director of Belfast City Hospital Trust.

Cllr Tom Hartley has been an elected representative on Belfast City Council for many years. He is a member of the West Belfast Partnership Board and Belfast Education and Library Board and was a non-executive director of The Royal Hospitals Trust.

Mr Charles Jenkins OBE JP FCA is Company Secretary of Lagan Holdings Ltd, and is a member of the board of governors of a college and primary school. Mr Jenkins is also a member of the Advisory Committee to the General Commission of Income Tax. From October 2005 to April 2007 he was Chair of the Mater Infirmorum Hospital Trust.

Mr James O'Kane BA CPFA is a former Director of Finance, and is currently Registrar and Chief Operating Officer at Queen's University Belfast. In 2002, Mr O'Kane was appointed Chair of the Belfast Institute of Further & Higher Education, and is Chair designate of the Belfast Metropolitan College. He was a non-executive director of The Royal Hospitals Trust.

appendix 1 belfast trust - key people

The following people make up the Trust's Executive team:

chief operating officer and deputy chief executive

As chief operating officer and deputy chief executive, **Hugh McCaughey** oversees service planning, performance management, reform, service improvement, operations, information management and information technology in Belfast Trust. Hugh was deputy chief executive and director of performance and planning at The Royal Hospitals until May 2006 when he left to take up the post of chief executive at United Hospitals Trust.

director of social services, family and child care

As director of social services, family and child care **Bernie McNally** has responsibility for social services and social care for older people and in the areas of mental health and learning disability. She also oversees child health, maternity and women's services.

Bernie worked at North and West Belfast Health and Social Services Trust and was director of children, mental health, social work.

director of mental health and learning disability

Brendan Mullen is the director of mental health and learning disability. Brendan previously held posts of Senior Nurse CPN/CNLD Service, Locality Manager, PAMs Manager and Programme Head for Mental Health. He was for eight years nurse member of the Mental Health Commission for Northern Ireland.

director of head and skeletal services

Patricia O'Callaghan is director of head and skeletal services and as such oversees all related areas including neurosciences, ENT, dentistry, fractures and orthopaedics. Patricia held the post of director of nursing and clinical effectiveness at Greenpark Trust and was responsible for patient services and professional nursing standards.

director of special services

Jennifer Welsh is responsible for specialist surgical and medical services to the greater Belfast population and, on a regional basis, for the Northern Ireland population. Jennifer oversees Cardiovascular Services including cardiothoracic and vascular surgery, Specialist Medical services such as rheumatology, dermatology and nephrology as well as the Cancer Centre and Chemotherapy Day Hospital. Jennifer joins Belfast Trust from the Ulster Community & Hospitals Trust where she was director of capital development and responsible for strategic service planning.

director of clinical services

Patricia Donnelly is responsible for anaesthetics, theatres, critical care, sterile services, diagnostic services and therapy and therapeutic services. Patricia was divisional director of clinical services at the Royal before being appointed as director of clinical services. She had previously been clinical director for clinical professions, psychology services manager and a consultant clinical psychologist in The Royal, Belfast City and Craigavon Hospitals.

appendix 1 belfast trust - key people

director of planning and redevelopment services

As director of planning and redevelopment services, **Denise Stockman** has responsibility for capital planning and business cases, capital redevelopment, PFI and estates. Previously she worked in The Royal Hospitals as director of capital redevelopment and Belfast City Hospitals as capital development manager – overseeing the development of the Oncology Centre.

medical director

Tony Stevens, is medical director of the Belfast Trust and assumes responsibility for safety, quality and standards, public and occupational health, research, complaints and litigation. Tony was previously deputy medical director and director of risk and occupational health at The Royal Hospitals before taking up post as medical director of Belfast Trust.

director of finance

As director of finance services, **Wendy Galbraith** has responsibility for accounting and financial management, commissioning, capital and investment for the Trust. Wendy was previously director of finance at The Royal Hospitals and has a wide range of experience from both the private and public sector having worked in audit and management consultancy with both PriceWaterhouseCoopers and Deloitte Touche.

director of older people, medicine and surgery

Valerie Jackson is responsible for one of the largest service groupings in the Trust covering older people, medicine and surgery and is also the corporate director of nursing. Formerly she was director of nursing for the Ulster Community and Hospitals Trust.

director of human resources

Marie Mallon is responsible for employment relations, resourcing, utilisation and productivity, learning and development and employment equality. Marie was previously director of human resources in the Royal Hospitals and has been responsible for personnel services in a number of organisations within the Health Service and held the post of the industrial relations manager in the Eastern Board for five years.

head of communications services

As head of communication services in Belfast Trust, **Dympna Curley's** responsibilities include the coordination of communication with stakeholders. Dympna was formerly head of corporate communication at the Royal.

head of the office of the chief executive and trust board secretary

Paul Ryan is formerly director of planning and deputy chief executive of North and West Belfast Trust.

appendix 2 belfast trust - list of consultations

list of discussions in alphabetical order

Affirm Mental Health Users Group South and East Belfast
Andersonstown Neighbourhood Renewal Partnership
Andersonstown NRP Health Sub - Group
Belfast Community Development Health Forum
Belfast Trust Senior Managers Workshops (2)
Black Minority Ethnic Forum
Carers x 2
Cliftonville Antrim Road Community Empowerment Partnership
Development Department Belfast City Council
Disability Action Training Network
East Belfast Bereavement Through Suicide Support Group
East Belfast Community Workers Forum
East Belfast Health Information Project Lay Health Workers
East Belfast Health Strategy Group
East Belfast Partnership Board
Engage with Age / Older Persons fora south, east Belfast and Castlereagh
Greater Shankill Partnership Health and Wellbeing Sub-committee
Healthy Living Centre Alliance

appendix 2 belfast trust - list of consultations

Inner North Belfast Neighbourhood Renewal Partnership
LAMP- Life after mental health problems
Long Term Conditions Alliance
Mater Personal and Public Involvement Group
Macmillan Resource and Information Centre
North and West Health Action Zone
North Belfast Partnership Board
North Belfast Partnership Health Sub-group
North, West and Shankill Older People's Fora
Northern Ireland Cancer Action Network
Pain Clinic Patients
Respiratory Users Workshop
The Rainbow Project
Travellers Health Group
Tullycarnet Neighbourhood Renewal Partnership
West Belfast Neighbourhood Renewal Partnerships
West Belfast Partnership Board
West Belfast Partnership Health Sub-Group
What Matters Workshop(2)
Women's Support Network

appendix 3 belfast trust - membership of project board, advisory panel and steering group

project board

Tony Stevens (Chair)	Medical Director	Belfast Health and Social Care Trust
Hugh McCaughey	Chief Operating Officer & Deputy Chief Executive	Belfast Health and Social Care Trust
Marie Mallon	Human Resources Director	Belfast Health and Social Care Trust
Bernie McNally	Social Services / Family & Childcare Director	Belfast Health and Social Care Trust
Valerie Jackson	Older People, Medicine & Surgery Director	Belfast Health and Social Care Trust
Brendan Mullen	Mental Health & Learning Disability Director	Belfast Health and Social Care Trust
Dympna Curley	Head of Communications Services	Belfast Health and Social Care Trust
Richard Dixon	Chief Executive	Eastern Health and Social Services Council
Bernie McQuillan	Chair Steering Group / Co-Director Service Planning	Belfast Health and Social Care Trust
Leslie Boydell	Associate Medical Director for Public Health	Belfast Health and Social Care Trust
Rowan Davison	Project Manager / Community Development Manager	Belfast Health and Social Care Trust

appendix 3 belfast trust - membership of project board, advisory panel and steering group

steering group

Bernie McQuillan	Service Planning (Chair)
Rowan Davison	Community Development (Project Manager)
Leslie Boydell	Associate Medical Director for Public Health
Alan Watts	Community Development
Bernie Mitchell	Patient Involvement
Bryan Nelson	Health Improvement
Sandra McCarry	Patient and Public Involvement
Gabrielle O'Neill	Health Improvement (until Oct 07)
Jess McVicar	Communications (until Sept 07)
Justine Brown	Belfast Community Development Health Group (until Feb 08)
Stiofan Long	Belfast Community Development Health Group (until Sept 07)
Michael Goodman	Belfast Community Development Health Group (from Sept 07)
Caroline Bloomfield	North and West Belfast Health Action Zone
Veronica McEnaney	Health and Social Inequalities Team
Alison Farr	Health and Social Inequalities Team (Until Nov 07)
Colin Jackson	Health and Social Inequalities Team
Lorraine Bell	Project Support
Linda Armitage	East Belfast Partnership Board (from March 08)
Maria Murray	Mental Health and Learning Disability (from Jan 08)

appendix 3 belfast trust - membership of project board, advisory panel and steering group

advisory panel

Richard Dixon	Eastern Health and Social Services Council	Chair
Seamus Flynn	Belfast Community Development Health Forum	Markets Development Association (until Sept 07)
Danny Power	Belfast Community Development Health Forum	Healthy Living Centre Alliance
Bobby Mc Connell	Belfast Community Development Health Forum	Community Organisation for Drugs Awareness (Until Sept 07)
Maire Gribbon	Belfast Community Development Health Forum	Engage with Age
Billy Hutchinson	Belfast Community Development Health Forum	Mount Vernon Community Forum
John McGeown	Belfast HSC Trust Service Group	Mental Health
Olive MacLeod	Belfast HSC Trust Service Group	Nursing, governance, standards and performance
Sandra McCarry	Belfast HSC Trust Service Group	Patient and public involvement
John Growcott	Belfast HSC Trust Service Group	Social work / social care
Una Macauley	Belfast HSC Trust Service Group	Older People
Joan Peden	Belfast HSC Trust Service Group	Equality
Mary Black	North and West Belfast Health Action Zone	
Caroline Bloomfield	North and West Belfast Health Action Zone	
Joan Devlin	Belfast Healthy Cities	
Ruth Fleming	Belfast Healthy Cities	
Laura Collins	Carer	Service user
Leandre Munroe	Carer	Service user
Martha Lavery	West Belfast Seniors Forum	Older People/Service user
Emma McDowell	Carer	Service user

appendix 3 belfast trust - membership of project board, advisory panel and steering group

advisory panel

Meg Holmes	North Belfast Seniors Forum	Older People/Service user
Gerry Potts	Castlereagh Lifestyle Forum	Older People/Service user
Ann Greenan	East Belfast Seniors Forum	Older People/Service user
Martin Daley	LAMP (Life After Mental Health Problems)	Mental Health/Service user
Sofia Botzios	Black and Minority Ethnic Forum	Black and Minority Ethnic (Until Sept 07)
Gerry Bleakney	Eastern Health and Social Services Council	Commissioner
Steve McBride	Arthritis Care NI	Patients/Service user
Paul Carland	Northern Ireland Housing Executive	Public Sector
Jayne Murray	Long Term Conditions Alliance	Voluntary sector
Eleanor Jordon	Windsor Women's Centre	Women's Centre
Suzanne Wylie	Belfast City Council	Public Sector
Adele Keyes	Belfast City Council	Public Sector
Dr. John Kyle	East Belfast	GP
David Todd	Cedar Foundation	Service User
Patrick Yu	Northern Ireland Council for Ethnic Minorities	Black and Minority Ethnic
Bronagh Byrne	Disability Action	Voluntary sector
Claire Armstrong	Asthma UK	Voluntary sector (Until Feb 08)
Joan O'Hagan	Asthma UK	Voluntary sector (From Feb 08)

appendix 3 belfast trust - membership of project board, advisory panel and steering group

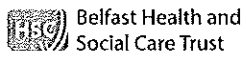
advisory panel

Maurice Meehan	Investing for Health	Manager
Mimi McAlinden	Investing for Health	Manager
Tom Hartley	Belfast Health and Social Care Trust	Non-Executive Director
Val McGarrell	Belfast Health and Social Care Trust	Non-Executive Director
Leslie Boydell	Belfast Health and Social Care Trust	Assistant Medical Director (From Dec 07)
Rowan Davison	Belfast Health and Social Care Trust	Project Manager

appendix 4 belfast trust - list of groups who commented on the draft Framework

list of groups and individuals who provided written comment on the Framework

Belfast Foyer	Sally Campalani (Cancer Centre)
CAUSE	Corpus Christian Counselling Services
Ballybeen Healthy Living Initiative	Emma McDowell Carer
Falls Womens Centre	West Belfast Trust Employee
East Belfast Development Agency	Edgcumbe Parents Friends Group
East Belfast Partnership	Upper Springfield Trust
Unite	The HIV Support Centre
Unison	Heather Semple
Speechmatters - Part of the Stroke Association	South Belfast Partnership Board
Asthma UK Northern Ireland	RNIB NI
Volunteer Development Agency	NICVA
Springhill Community House	Lifespring Health and Healing
NI Music Therapy Trust	Marie Adair Belfast Trust (Mater)
Womens Forum Northern Ireland	Voluntary Service Bureau
North Belfast Advice Partnership	The Cedar Foundation
Lenadoon Womens Group	Disability Action
Lenadoon Community Forum	West Belfast Partnership Board
Autism NI and PAPA	Anonymous 6
Everton Patients and Carers Group	Northern Ireland Housing Executive
Belfast Healthy Cities	



Belfast Health and
Social Care Trust

INVOLVING YOU

A Framework for Community Development and User Involvement
Together improving health and tackling inequalities

BT08-134