BUSINESS PLAN

2010
2011

HSC Public Health Agency

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Setting the scene

Tackling health and wellbeing inequalities and promoting a shift across the health service to the prevention of disease lay at the heart of Northern Ireland's health and social care (HSC) reforms. The Public Health Agency (PHA) was set up with the explicit agenda to improve health and social wellbeing and to protect the community.

Each year, about 6,500 people die prematurely in Northern Ireland due to preventable ill health. Moreover, the gap in health and wellbeing between the better-off and those experiencing social disadvantage still persists.

If better-off, on average you will live longer and be less likely to suffer from illness. Alongside the cost in human lives and suffering is the drain of preventable illness on our economy. For example, alcohol misuse alone costs us £770 million annually. The rationale for investing in the prevention of disease has never been more powerful.

In producing this, our second corporate business plan, we aim to set our commitments within a framework that explains the purpose of the PHA, our vision for public health and wellbeing, and the values that will underpin our work.

Our mandate

Health improvement and health protection require more than responding to ill health.

The role of the PHA is to proactively address the causes and associated inequalities of preventable ill health and lack of wellbeing. This is challenging territory requiring a combined effort across the HSC sector with other partners such as our local communities, district councils, education and housing bodies, the PSNI and trade unions.

While embarking on this long-term process to change the focus of our health services to prevention, we are alive to opportunities to intervene now in areas of greatest need.

This may involve geographical areas of highest social deprivation and health need, or social groupings that have fallen behind the levels of health expected by our society. We know, for example, that the health and wellbeing of people who are Travellers' or are lesbian, gay, bisexual or transgender (LGBT) is poorer on average than that of the wider population.

For the PHA, this corporate business plan represents a further step towards realising the expectations of our Health Minister, the Department of Health, Social Services and Public Safety (DHSSPS) and the wider community in making Northern Ireland a healthier place.

Mary McMahon
Chair

Context

The PHA was established in April 2009 under the Health and Social Care (Reform) Act 2009, as part of the second phase of reforms to the number and role of HSC sector organisations made by Health Minister, Michael McGimpsey, under the wider Review of Public Administration (RPA).

The PHA has responsibility for health protection, screening, HSC research and development (R&D), safety and quality of services, and health and wellbeing improvement work previously carried out by the four Health and Social Services (HSS) Boards. The PHA also has responsibility for incorporating and building on the work of the Health Promotion Agency (HPA). In 2009–2010, the PHA assumed management of the European Centre for Connected Health (ECCH).

The PHA provides public health, nursing and allied health professional advice to support the new Health and Social Care Board (HSCB) and its local commissioning groups (LCGs) in their respective roles of commissioning, resource management, performance management and improvement. The PHA also has a statutory role to develop a joint commissioning plan with the HSCB.

In delivering our core objectives, we will work through a range of approaches, including:

- working in partnership with communities, groups and organisations to address the major causes of poor health and wellbeing;
- targeting resources at those who need them most;
- generating, disseminating and applying information, as well as building on the social assets of communities, to further improve the effectiveness of our actions and initiatives as well as to better understand the health status and needs of our population.

We aim to use our knowledge management and communication resources to ensure that public health priorities are given appropriate importance in the planning and delivery of services.

Our approach is to support actions that are known to be effective, and we will test and evaluate new approaches where established interventions would not be appropriate. We will advocate our priorities and demonstrate the impact of our actions on outcomes.

In carrying out our work, the PHA receives a range of support functions provided by the new Business Services Organisation (BSO), which provides support to the whole of the reformed Northern Ireland HSC system.

We have worked to build close relationships with the Patient and Client Council (PCC), which has the role of providing a strong voice for patients, clients and carers.

Our first year

In our first 12 months, we've delivered substantial outcomes during a very challenging time. These include:

- the successful response to the first flu pandemic in 40 years, as we worked to support the DHSSPS and other HSC bodies;
- establishing regional health protection service;
- establishing a team with the HSCB to lead on healthcare acquired infection (HCAI) prevention and control;
- advancing with local government the development of new partnerships to tackle health inequalities and the underlying causes of poor health and wellbeing;
- agreeing the regional rollout of a rural poverty programme with DARD;
- securing £1.4m of Big Lottery funding for a home warmth/safety programme;
- completing the preparation work for the bowel cancer screening programme to be launched in April 2010;
- recruiting to Assistant Director level and developing and consulting on organisational structure plans for tiers 4 and 5;
- putting arrangements in place to ensure the PHA is on track to meet its RPA efficiency savings;
- working with the HSCB to develop a joint commissioning plan 2009–2010 and addendum;
- working with the DHSSPS to clarify use of funding devolved in 2009–2010;

- putting in place a suite of governance processes, including a mid-year assurance statement, corporate and directorate risk registers, the interim Assurance Framework, and information governance policies including an information governance leaflet for all staff;

- the reorganisation of accommodation in Belfast (Linenhall Street, Ormeau Avenue Unit and Alexander House).

Focus for 2010–2011

The PHA recognises the importance of our relationship with the HSCB and its LCGs. We will continue to play a full and effective role in shaping the delivery of care services, and ensure that every opportunity is taken through commissioning to address the root causes of poor health and wellbeing.

A central aspect of working in partnership with the HSCB is the development and agreement of a joint commissioning plan 2010–2011, approved by both boards on 27 May 2010, to secure high quality, safe services consistent with meeting patient and client needs, and which has due regard to ministerial priorities and resources available.

The PHA is committed to bringing professional leadership, evidence-based advice and expertise on the commissioning of related treatment services. We will also work to ensure equitable access to care services and to increase awareness among care providers on how to take account of social determinants when delivering care to their patients and clients.

The PHA will bring high quality, independent public health advice to support the policy and target-setting role of the DHSSPS as well as the commissioning and performance management processes of the HSCB and its LCGs.

We will continue in 2010–2011 to use research as a means of securing lasting improvements in the health and social wellbeing of the population of Northern Ireland. We will work to develop research as a resource that supports the entire spectrum of HSC activities, and to ensure the R&D function of the PHA meets the needs of the DHSSPS and HSC bodies.

On a wider level, the PHA will continue to promote better integration and focus across government and other organisations on policies that will have a positive impact on health and wellbeing.

Set out below is a summary of our purpose, our vision and our values:

Our purpose

- To protect public health and improve the health and social wellbeing of people in Northern Ireland.
- To reduce inequalities in health and social wellbeing through targeted, effective action.
- To build strong partnerships with individuals, communities and other key stakeholders to achieve tangible improvements in health and social wellbeing.

Our vision

- Health and social outcomes for the people of Northern Ireland that are among the best in the world.
- Development of a fit-for-purpose organisation that applies its skills and capability successfully, in partnership with others, to address the key challenges to public health in our community.

Our values

- All our work will focus on the health and social wellbeing needs of the community we serve, and we will address inequalities and gaps where these arise.
- In conducting our business, we will act with openness and honesty, treating all with dignity and respect, working collaboratively with others to improve the quality of life of those in need.
- We will value and develop our staff and strive for excellence in all we do.

Developing the business plan 2010–2011

In developing our second corporate business plan, we have again taken full account of the ministerial objectives and targets set out in Priorities for Action (PfA), our financial position for 2010–2011, and our governance and corporate controls requirements.

In 2009–2010 we started the essential work of shaping and developing our new organisation and setting longer-term directions. In 2010–2011 we will further consolidate this change process, harmonising inherited systems such as those in finance and, most importantly of all, continuing the fundamental shift in what we do and how we achieve this.

Reflecting our purpose as an organisation, the remainder of this business plan focuses on health improvement, health protection and addressing health inequalities.

Addressing health and social wellbeing inequalities

Inequalities in health and wellbeing – avoidable differences in the health status of people, groups and communities – are largely due to the conditions in which people are born, grow, live, work and age. These circumstances are shaped by many factors including the distribution of money, power and resources.

The World Health Organization's (WHO) Commission on Social Determinants of Health (CSDH) in 2008 identified three overarching recommendations which, if followed, could close the gap in health status within a generation by:

- improving daily living conditions;
- tackling the inequitable distribution of power, money and resources;
- measuring and understanding the problem and assessing the impact of action.

For the PHA, tackling health inequalities will be an important focus of our work, reflecting our commitment to the main principles of "closing the gap in a generation". To close the inequality gap, we need to improve health and wellbeing measures across the population. However, people who live in areas that are economically deprived, children in care, black minority ethnic groups, children with disabilities, Travellers, prisoners, and lesbian, gay, bisexual and transgender people typically experience poorer health and social outcomes than other people. We will therefore use a combination of approaches, tailored to reflect the level of need.

In doing this, we will work with the DHSSPS and other key partners to:

- generate further actions and initiatives to address the social determinants of health inequalities, underpinned by evidence and evaluation;
- build new alliances with local government and other partners to address key areas of health inequality in our communities;
- take positive action to ensure marginalised groups are fully involved in what we do.

We will also develop further, and make better use of, our health information systems and research capacity so that health inequalities can be properly identified and the impact of policies and action measured. We will use research to contribute and add value to the evidence base that informs decisions about both existing and new interventions and services.

Health improvement

- The PHA is committed to the active engagement of communities in informing and shaping programme and policy development.
- The PHA is also committed to building strategic alliances and synergy of action across a range of sectors in order to effectively focus collective efforts on areas of inequality in health and wellbeing.
- Our approach will involve taking measured risks to develop and implement effective actions.
- As part of this, we will use learning, critical assessment and evaluation as integral elements in developing and implementing good practice.

Protecting health

- The PHA health protection service is a frontline service covering the spectrum of health protection, including communicable disease control, regional surveillance and support, and working with London for inclusion in UK and international systems such as those of the WHO and the European Centre for Disease Prevention and Control (ECDC).
- Our overarching objective is to have the best quality health protection service for Northern Ireland, one which is demonstrably as good as that available elsewhere in the UK.
- The service will enable strong accountability to the Northern Ireland Health Minister and solid links with the new Health Protection Service (HPS), the Health Protection Agency UK (HPA UK), and local government environmental health departments.

Business plan objectives for 2010–2011

1.0 Health and social wellbeing

To address health and social wellbeing inequalities through specific actions tailored to the population of Northern Ireland.

1.1 Addressing health and social wellbeing inequalities

We will address health and social wellbeing inequalities by advancing actions that support:

- giving every child the best start in life;
- enabling children, young people and adults to maximise their capabilities;
- creating fair employment and good work for all;
- ensuring a healthy standard of living for all;
- creating healthy and sustainable places and communities;
- strengthening the role and impact of ill health prevention.

These reflect the WHO Commission on Social Determinants of Health, and the Marmot Review *Fair society, healthy lives*, pending recommendations from the review of the *Investing for Health* strategy, due for publication during 2010–2011.

We will facilitate cross-sectoral action at local level through full engagement and partnership with communities, the voluntary sector, local government, education and housing bodies, the HSC and others.

1.2 Implement programmes to support early childhood development

The PHA will work with partners, including Health and Social Care Trusts (HSCTs) and education bodies, to implement phase one of two evidence-based programmes to support early childhood development alongside child and family experience.

The scale of phase one will be determined by available funding, and we will work to secure a range of funding sources with our partner organisations. We will work with the HSCB and others to develop an integrated pathway for children from conception to 18 years and transition into adulthood.

Target To introduce phase one of two evidence-based early childhood intervention programmes, by 31 March 2011

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

1.3 Expand programmes that tackle poverty and maximise access to services and support for those who need it

We will work with partner organisations to expand the capacity of existing programmes to tackle income, fuel and rural poverty. Through cross-sectoral action at local level, these programmes will assist vulnerable individuals and families to access existing community, voluntary and statutory services.

Target Expand the capacity of targeted anti-poverty programmes, by 31 March 2011

Measure Target achieved

Lead Director of Public Health

1.4 Engage communities and groups experiencing significant health inequalities in designing and implementing local community development plans

We will actively engage with local people in setting priorities, and in designing, implementing and evaluating interventions to improve quality of life, in particular health and social outcomes.

We will produce a community engagement and development strategy, and we will support local communities and groups by sharing the research evidence base and examples of successful programmes from across the region and elsewhere.

We will also provide information at a local level, leading and supporting the evaluation of local programmes, and working closely with researchers here and elsewhere.

Target Complete a programme of engagement and planning with communities and groups who experience significant health inequalities, by 31 March 2011

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

1.5 Continue the development of joint working arrangements with local government, including transition to future partnership arrangements

We will complete the work started in 2009–2010 to establish formal joint working arrangements with seven local government clusters. We will agree work programmes with each of the seven clusters, reflecting community, local government and PHA priorities.

PHA staff will continue to support existing partnership arrangements under Investing for Health and we will work with those to discuss and agree appropriate partnership arrangements through 2010–2011 and beyond, in light of progress on local government reform.

Target Establish formal joint working arrangements in the seven cluster areas in phase one, by March 2011

Measure Target achieved

Lead Director of Operations with Director of Public Health

1.6 Reduce health inequalities through cross-sectoral action and commissioning

We will establish a programme of work to reduce health and social wellbeing inequalities. The programme will include cross-sectoral organisations with a major role in addressing the wider determinants of health and wellbeing. It will include engagement with communities and groups who experience significant health inequalities, in order to design, implement and evaluate the work programme. The commissioning plan describes what we will do in 2010–2011 to reduce the inequality gap.

Target Establish a programme of work to reduce inequalities, by 30 September 2010

Measure Target achieved

Lead Chief Executive

2.0 Health Improvement

To develop and implement interventions to strengthen the role of ill health prevention, and reduce the impact of ill health through early detection

2.1 Increase the percentage of the population who do not smoke

Following our review of the evidence in 2009–2010, we will prioritise our available resources towards an intense sustained public information campaign and we will target smoking cessation services at pregnant women, 19-24 year olds, manual workers and geographical areas with the highest rates of smoking.

Target By March 2012, reduce to not more than 22% and 28% respectively the proportion of adults and manual workers who smoke. Consistent with this, by September 2010 the PHA will take forward its action plan to improve access to smoking cessation services for manual workers. By September 2010, the PHA should also have in place arrangements for obtaining enforcement activity reports from local government, and for analysing and passing this information (including views on value for money) at least twice a year to the DHSSPS. By December 2010, the PHA and trusts will establish additional support arrangements for pregnant women to help them stop smoking.

Measure Target achieved

Lead Director of Public Health

2.2 Increase levels of physical activity and breastfeeding, and improve nutrition, to increase the proportion of the population with a normal weight

We will work with local government, education bodies, local communities and other partners to increase opportunities for children and adults to be more active and physically fit. We will also work with those partners to make healthy food choices more readily available, particularly in publicly-funded facilities and workplaces.

We will also meet the PfA target to improve baseline information by ensuring that effective data collection, including body mass index (BMI) data, takes place through the school nursing service.

We will evaluate the effectiveness of pilot programmes for children identified through the monitoring process as being obese or overweight.

Target By March 2012, reduce to not more than 9% the proportion of children that are obese. Consistent with this, the PHA will throughout 2010–2011 ensure timely and effective arrangements are in place in each trust area to provide targeted support to children identified through the ongoing BMI monitoring process in schools. By February 2011, the PHA will produce an integrated action plan to take forward the obesity prevention strategic framework, which addresses obesity across the whole life course.

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

2.3 Reduce alcohol and drug misuse

We will implement the *Addressing young people's drinking* and *Hidden harm* action plans for vulnerable groups.

We will lobby for legislation to introduce a minimum 50p price per unit of alcohol given the recent review of the evidence, which concluded that a 50p per unit price would reduce consumption by almost 10%.[1]

We will also commission training for Health and Social Care professionals, and community and voluntary staff, on brief intervention counselling and specialist addiction services.

Target By March 2012, reduce to 29% the proportion of adults who binge drink, reduce to 27% the proportion of young people who report getting drunk, and reduce to 5.5% the proportion of young people who take illegal drugs.

Consistent with this, the PHA will from April 2010 further develop and evaluate the brief intervention pilot designed to support primary care to undertake screening and brief intervention on alcohol misuse. By December 2010, the PHA will produce an effective training methodology and determine the feasibility of rolling this out across GP practices.

From April 2010 the PHA, in partnership with the HSCB, will, through the implementation of the *Hidden harm action plan*, increase awareness of relevant services and ensure that more young people affected by parental substance misuse are effectively signposted to existing services.

Measure Target achieved

Lead Director of Public Health

[1] Booth A, Brennan A, Meier P et al. The independent review of the effects of alcohol pricing and promotion. Part A: Systematic reviews. Sheffield: University of Sheffield, 2008.

2.4 Improve the mental wellbeing of the population and reduce suicide and self-harm

Based on the recent review of the evidence commissioned by the Suicide Strategy Implementation Board, we will direct our available resources towards:

- increasing public awareness of mental ill health and how to get help;

- enabling Health and Social Care professionals, and key individuals in communities, to recognise mental ill health in others and know how to respond;
- expanding the capacity of counselling services from community and voluntary sector providers;
- managing the Lifeline service;
- working through the Bamford Taskforce to improve the quality and capacity of statutory mental health services.

Our investment in early child development programmes will be a small but important first step towards building resilience in the next generation.

Target By March 2012, ensure that the suicide rate is reduced to below 14.5 deaths per 100,000. Consistent with this, by September 2010 the PHA will ensure that a deliberate self-harm registry pilot is established in the Belfast HSCT, and that a first draft report is produced by March 2011.

By September 2010, the PHA will produce an action plan to implement recommendations arising from mental health promotion/suicide prevention training in Northern Ireland.

By March 2011, the PHA will produce an action plan to take forward the relevant regional and local elements contained within the *Mental health and wellbeing promotion strategy.*

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

2.5 Reduce the incidence of births to teenage mothers

We will continue to focus our efforts on providing relationship and sex education (RSE) in school and community settings. We will expand the availability and accessibility of contraceptive services for young people through a range of community, voluntary and statutory providers. Our early childhood and youth development programmes will also contribute to reducing teenage pregnancy rates in due course, and particularly when those programmes are on a substantive scale.

Target By March 2012, the PHA will ensure that the rate of births to teenage mothers under 17 is reduced to not more than 2.7 births per 1,000.

Consistent with this, by December 2010 the PHA will complete a review of the latest evidence on effective intervention for reducing teenage pregnancy, and take forward agreed actions from the sexual health promotion action plan to secure further reductions in the rates of teenage pregnancy.

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

2.6 Reduce the incidence of sexually transmitted infections (STIs)

We will increase public awareness of the symptoms of STIs, what to do to prevent infection, and how to access treatment. The Patient and Client Council are planning a review of patients' experiences of Genito Urinary Medicine (GUM) services and we will use the results to inform ways to improve patient experience. We will ensure that we tailor programmes and information for groups who are most likely to need services.

Target Work with the HSCB to expand the capacity of GUM programmes and services, by 31 March 2011

Measure Target achieved

Lead Director of Public Health

2.7 Coordinate provision and continue to develop existing population screening programmes, and ensure they meet the required standards

We will continue to ensure that existing population screening programmes (breast cancer, cervical cancer, antenatal, newborn, diabetic retinopathy) meet required standards.

We will extend the newborn bloodspot screening programme, revise the age of the cervical screening programme, and introduce electronic transfer of information in the breast screening programme. We will also work with local communities to increase the uptake of screening programmes in lower uptake areas and groups.

Target Ensure that population screening programmes continue to be of a high standard throughout 2010–2011

Measure Target achieved

Lead Director of Public Health

2.8 Implement new screening programmes

We will ensure that a comprehensive bowel screening programme is in place for those aged 60–69 years and that it meets agreed quality standards.

We will coordinate the introduction of screening for abdominal aortic aneurysm for men at age 65.

Target During 2010–2011, the PHA, HSCB and HSCTs should establish on a phased basis a bowel screening programme for those aged 60–69 years (to include appropriate arrangements for follow-up treatment).

During 2010–2011, the PHA should work with the HSCB and HSCTs to commence preparatory work for the phased introduction of screening arrangements for abdominal aortic aneurysm.

Measure Target achieved

Lead Director of Public Health

3.0 Protecting health and ensuring high quality, safe services

To provide effective systems to protect the health of the population, respond to specific threats to public health, and secure continuous improvement in the quality of Health and Social Care services.

3.1 Ensure that PHA statutory responsibilities for health protection are met

The PHA will provide a coordinated regional service for the prevention and control of communicable diseases, will continue to develop surveillance systems and processes, and will develop a plan for the prevention and control of TB.

We will ensure preparedness and a response to emergency incidents, working with multi-agency partners. We will also enhance our arrangements to assess and respond to environmental hazards. We will ensure that IT and other infrastructure is in place to support an effective response.

Target Robust health protection arrangements are in place throughout 2010–2011

Measure Target achieved

Lead Director of Public Health

3.2 Maintain and develop existing immunisation programmes and introduce new programmes

We will continue to improve existing immunisation programmes and increase uptake rates in lower uptake populations.

Target Develop an action plan to increase immunisation uptake in lower uptake populations

Measure Target achieved

Lead Director of Public Health

3.3 Reduce healthcare associated infections (HCAIs)

HSCTs have achieved significant reductions in HCAI rates in the past three years. We will continue to work with HSCTs and primary and community care providers to achieve and sustain further reductions. We will implement the HCAI work programme, including our responsibilities under the DHSSPS policy *Changing the Culture II*.

The PHA will assist HSCTs in sharing good practice on testing, isolation, cleanliness, hand hygiene, antibiotic prescribing, and Board-to-ward assurance. We will also engage the public in helping to reduce infection rates and will take forward developments in HCAI surveillance and reporting systems.

Target In the year to March 2011, the PHA and HSCTs should secure a further reduction of 20% in MRSA and *C.difficile* infections compared to 2009–2010.

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

3.4 Review, test and update the PHA/HSCB/BSO emergency plan and pandemic flu plan

We will test and refine the PHA/HSCB/BSO emergency plan to ensure that it is robust. We will further test and update the PHA/HSCB/BSO pandemic flu plan to ensure our preparedness for pandemic flu.

Target By March 2011, the PHA will review, test and update our emergency plan, building on the lessons learned from recent incidents, exercises and the response to swine flu, together with any regional and national developments for pandemic flu preparedness.

Measure Target achieved

Lead Director of Public Health

Target PHA/HSCB pandemic flu plan tested and refined by 31 August 2010

Measure Target achieved

Lead Director of Public Health

3.5 Ensure robust arrangements are in place to implement learning from adverse incidents and near misses

The PHA will work with partners, including the DHSSPS, HSCB, HSCTs, primary care and other providers of Health and Social Care services to ensure that learning from adverse incidents and near misses is disseminated effectively and applied in practice.

We will work with the DHSSPS and other partners to develop the Regional Adverse Incident Learning (RAIL) system. We will support professional multi-disciplinary working as a strategic priority and key contributor to safe, high quality care, and we will work with clinical networks and other forums to secure continuous improvement in care.

Target From April 2010, the PHA and HSCTs should continue to ensure satisfactory progress is made towards the full implementation of approved quality improvement plans and the achievement of trust-specific targets for: ventilator-associated pneumonia; surgical site infection; central line infection; the crash call rate; the prevention of venous thromboembolism; mental health inpatient care.

By July 2010, HSCTs should submit to the PHA, for approval and monitoring, quality improvement plans to implement WHO surgical checklists in 80% of cases by March 2011, and in collaboration with the HSC Safety Forum, promote initiatives aimed at reducing the incidence of falls and medication errors.

Measure Target achieved

Lead Director Nursing/Allied Health Professions with Director of Public Health

3.6 Enhance arrangements to safeguard vulnerable children

We will work with partners to ensure that the transitional Regional Child Protection Committee (RCPC) arrangements are established and working effectively.

We will work with colleagues at the DHSSPS to explore options for suitable hosting arrangements for the Safeguarding Board in Northern Ireland.

Target PHA contribution to RCPC established April 2010

Measure Target is achieved

Lead Director of Nursing/Allied Health Professions

3.7 Statutory duty for midwifery supervision

The PHA, through the Local Supervising Authority Midwifery Officer, ensures that all midwives in the area follow the Nursing and Midwifery Council (NMC) rules and standards and that there is a mechanism for support and guidance available to every midwife practising in Northern Ireland.

Target Ensure there is a mechanism of support and guidance for practising midwives

Measure Completion of HSCT audits and annual report to NMC

Lead Director of Nursing/Allied Health Professions

3.8 Improve the quality of, and access to, mental health services

Through the Mental Health and Learning Disability Taskforce and our joint commissioning arrangements, we will work with the HSCB to implement the Bamford Report on mental health, with appropriate emphasis on prevention and early diagnosis. Specifically, we will work with the HSCB and HSCTs to progress the autism action plan.

Target Agree preventative and support investments in mental health services as part of the HSCB/PHA commissioning plan

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

3.9 Improve the quality of, and access to, learning disability services

Through the Mental Health and Learning Disability Taskforce, and our joint commissioning arrangements, we will work with the HSCB to implement the Bamford Report on mental health and learning disability, with appropriate emphasis on prevention and early diagnosis.

Target Agree preventative and support investments in learning disability services as part of the HSCB/PHA commissioning plan

Measure Target achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

3.10 Reduce the impact of ill health, particularly on older people, through implementation of service frameworks

The service frameworks are based on a life course approach from prevention through to end-of-life care. We will work with clinical networks and, through our commissioning with the HSCB, begin phased implementation of the cardiovascular, respiratory and cancer frameworks, and the Palliative and End of Life Care Strategy, when available.

Target By March 2011, commissioners and HSCTs should have action plans in place to ensure the implementation of agreed standards from the Cancer Services Framework in accordance with guidance to be issued by the DHSSPS in October 2010.

Measure Target is achieved

Lead Director of Public Health with Director of Nursing/Allied Health Professions

3.11 Implement the Review of Health Visiting and School Nursing

The Health Minister launched a Review of Health Visiting and School Nursing, *Healthy futures: The contribution of health visitors and school nurses in Northern Ireland.* This review provides the tools for health visiting and school nursing to deliver universal and targeted services, and support commissioners to shift funding upstream to prevent ill health.

Target Develop a project structure that ensures the implementation of the Review of Health Visiting and School Nursing

Measure Complete within the defined timescales the measures in the five year action plan

Lead Director of Nursing/Allied Health Professions

3.12 Implement the revised Child Health Promotion Programme

The revised Healthy Child/Healthy Future programme was published in 2010.

This programme is a framework for the Universal Child Health Promotion Services in Northern Ireland.

Target By March 2011, the PHA and HSCTs will ensure that the updated Child Health Promotion Programme is fully implemented. The impact of this programme will be measured through the child health system and the introduction of a new schedule of visits to be undertaken by health visitors.

Measure Target achieved.

Lead Director of Nursing/Allied Health Professions with Director of Public Health

3.13 Improve the patient and client experience

The Patient and Client Experience standards were launched in 2009. The PHA is responsible for leading the implementation of these standards including the actions detailed in PfA targets. In taking this forward, the PHA will ensure the work is inclusive of marginalised groups.

Target Further develop the tools for assessment against these standards and work with HSCTs to develop a rolling programme of audits. Following the adoption of the Patient and Client Experience standards in 2009, HSCTs should extend the clinical care areas monitored and increase the range of monitoring tools, and ensure appropriate reporting and follow-up, consistent with direction from the PHA.

Measure Complete agreed audits and ensure effective feedback and actions by HSCTs.

Lead Director of Nursing/Allied Health Professions

3.14 Safety, quality and innovation

The PHA will lead the development of new initiatives including patient safety and remote tele-monitoring. We will work with clinical staff and the HSCB to continuously improve the quality of care, reform and modernise services, and ensure services are patient-centred and value for money. As chair of the Safety Forum, we will ensure it supports providers in their quality improvement work.

Target Implement the remote tele-monitoring projects within the parameters defined by the DHSSPS

Measure To meet the targets identified

Lead Director of Nursing/Allied Health Professions with Director of Public Health

3.15 Reform and modernise Allied Health Professions (AHP) services

The PHA, in partnership with HSCT and HSCB colleagues, will lead the drive to reform and modernise AHP services, and monitor HSCTs' performance against PfA targets.

Target From April 2010, the HSCB and HSCTs should ensure no patient waits longer than nine weeks from referral to commencement of AHP treatment.

Measure Target achieved

Lead Director of Nursing/Allied Health Professions

3.16 Reform and modernise prison health services

The PHA will work in partnership with the HSCB, South Eastern Health and Social Care Trust, Northern Ireland Prison Service (NIPS) and the wider criminal justice system to improve the Health and Social Care services commissioned for the prison population. Particular focus will be placed on the identification of individuals with learning disabilities, mental health problems and specific healthcare needs, and on providing appropriate support and intervention to improve their experience of healthcare services.

We will work with the NIPS to improve the health of prisoners while in prison, and with a range of lead organisations to ensure prisoners are supported following release, including support from HSC and community and voluntary groups.

Target To ensure the healthcare commissioned and provided in all prison sites in Northern Ireland is safe and effective, and equal to that provided to the general population.

Measure Agreement reviewed

Lead Director of Nursing/Allied Health Professions with Director of Public Health

4.0 Our organisation – processes, people and resources

To develop a fit-for-purpose organisation with meaningful and achievable measures, and comprehensive clear objectives. To provide an environment that facilitates learning, growth and development to secure success and sustained improvement.

4.1 Ensure good governance and effective performance management

We will maintain a robust governance framework that enables us to meet governance requirements on risk management, controls assurance, information governance and other requirements.

We will put in place and maintain an effective performance management system to monitor our progress against the Public Service Agreement (PSA), PfA, corporate requirements, and Modernisation and Improvement Programme Board (MIPB) requirements. We will also ensure that business continuity arrangements are fit for purpose and kept under review.

Target Governance framework and performance system and processes are in place throughout 2010–2011

Measure Target achieved

Lead Director of Operations

4.2 Achieve financial balance

We will ensure that the PHA achieves financial balance through effective stewardship and management of funds. As part of this, we will achieve the efficiency savings targets set for the PHA by the DHSSPS.

Target Achieve financial balance by 31 March 2011

Measure Target achieved

Lead Chief Executive

4.3 Develop a HSCB/PHA joint commissioning plan

We will develop a joint commissioning plan for 2010–2011 with the HSCB and its LCGs for submission to the DHSSPS. We will work with the HSCB and LCGs to establish clear commissioning structures and processes to enable us to develop and monitor the implementation and impact of the commissioning plan.

Target Structures and processes for commissioning agreed by 30 September 2010 and a HSCB/PHA joint commissioning plan for 2010–2011 submitted to the DHSSPS by 31 May 2010

Measure Target achieved

Lead Director of Operations with Director of Nursing/Allied Health Professions and Director of Public Health

4.4 Develop a three year PHA corporate strategy

We will develop a three year PHA corporate strategy articulating our strategic priorities, approaches and supporting financial strategy. We will engage fully with our partner organisations, communities and groups to develop the strategy.

Target Publish a three year PHA corporate strategy by 31 October 2010

Measure Target achieved

Lead Chief Executive with Directors

4.5 Ensure the PHA is research and data driven, and embeds public health information and the evidence base in our actions

We will continue to develop links with public health academic centres, including the Centre of Excellence, the Institute of Public Health, key information sources and individual researchers. Those links will ensure that our work reflects the evidence base and should also stimulate research proposals around questions rooted in public health practice.

We will convene a programme of events to share the evidence base with others. We will also develop and implement a knowledge management strategy that supports the business needs of the PHA.

Target Publish a knowledge management strategy by 30 September 2010

Measure Target achieved

Lead Director of Operations with Director of Public Health

4.6 Administer the HSC R&D function and support implementation of the HSC R&D strategy

We will ensure that the systems and processes underpinning the administration of the HSC R&D fund are robust and that all governance requirements are met.

We will continue to support the implementation of the HSC R&D strategy, working with the Director of R&D.

Target Ensure appropriate administration of the HSC R&D fund throughout 2010–2011

Measure Target achieved

Lead Director of Public Health

4.7 Build effective public involvement into PHA work

We will implement our Personal and Public Involvement (PPI) strategy, ensuring full engagement and sensitivity to people and communities experiencing health and wellbeing inequalities.

Target Work with partners to further develop and commence implementation of the PPI strategy.

By March 2011, the PHA, in partnership with the HSCB, will establish a regional Health and Social Care forum, with appropriate PCC and public representation, to: drive the PPI agenda; develop and implement a regional Health and Social Care action plan for PPI including arrangements to promote and evidence active PPI; arrange for the publication of an annual summary of PPI activity across Health and Social Care organisations.

Measure Amend the draft PPI strategy submitted to the DHSSPS as required and formally consult with key stakeholders

Lead Director of Nursing/Allied Health Professions

4.8 Develop a communication strategy to support the core business of the PHA

The PHA has a key role in communicating important public health messages to a range of audiences. We will therefore develop, agree and implement a communication strategy for the PHA that supports the core business of the organisation. We will also develop our IT infrastructure to enable easy communication for staff, including remote access.

Target Develop a communications strategy and action plan by August 2010

Measure Target achieved

Lead Director of Operations with Director of Nursing/Allied Health Professions and Director of Public Health

4.9 Complete the reorganisation of the PHA and implementation of staffing structures at all levels

We will complete the necessary HR processes to implement our staffing structures at all levels.

Target Complete restructuring at all levels by 31 March 2011 or before

Measure Target achieved

Lead All Directors

4.10 Develop our staff and performance

The PHA will produce and begin to implement an organisational development (OD) strategy and will develop and implement a PHA healthy workplace plan.

We will develop and implement an individual performance review system for all staff and enable staff to identify and meet their developmental needs in line with the business needs of the PHA.

We will continue to provide an accredited training programme for public health specialists and we will prepare for the introduction of professional revalidation.

We will also ensure that staff are located in safe and fit-for purpose working environments.

Target Publish an organisational development strategy by the end of September 2010 and a PHA healthy workplace plan by October 2010

Measure Target achieved

Lead OD strategy and organisational performance systems – Director of Operations; healthy workplace plan – Director of Nursing/Allied Health Professions; public health training programme and revalidation – Director of Public Health.

Programme budgets

The PHA has an opening budget of £70.4 million. Of this, £55.7 million relates to programme funds as follows:

Programme budget as percentage of total programme funds:

Programme	£000s	Percentage (of programme funds)
Health improvement	£27,600	49.5%
Health protection	£4,600	8.3%
Screening/service development	£10,500	18.8%
R&D	£10,900	19.7%
ECCH	£2,100	3.7%
Total (Programme)	**£55,700**	**100%**

The breakdown by programme is determined by the budget allocation letter from the DHSSPS. The plans for the use of these funds is set out in the joint commissioning plan 2010–2011.

It is not yet possible to separate expenditure on health improvement from that on addressing health inequalities. However, further work will be undertaken during 2010–2011 to do this, so that the use of the budgets can be more closely aligned to the PHA corporate objectives in future years.

Going forward

The direction we take will be underpinned by a commitment to work in partnership, in order to improve performance and outcomes, and to support our staff so that, as an organisation, we can meet the challenges ahead and exploit the opportunities to improve and protect public health.

This business plan is an important statement of the PHA's purpose. It will be kept under continuous review to ensure that it remains relevant to the changing world in which we are working. Our performance against this plan will be monitored regularly, and our progress and achievements will be reported to the board of the PHA at each of its meetings.

Glossary

AHP Allied Health Professions

BMI Body mass index

BSO Business Services Organisation

CDSC Communicable Disease Surveillance Centre

CSDH Commission on Social Determinants of Health

DHSSPS Department of Health, Social Services and Public Safety

ECCH European Centre for Connected Health

ECDC European Centre for Disease Prevention and Control

HCAI Healthcare Associated Infections

HPA Health Promotion Agency

HPA UK Health Protection Agency UK

HPS Health Protection Service

HQ Headquarters

HR Human resources

HSC Health and Social Care

HSCB Health and Social Care Board

HSS Health and Social Services

IfH Investing for Health

LCGs Local commissioning groups

LGBT Lesbian, gay, bisexual, transgender

MIPB Modernisation and Improvement Programme Board

MRSA Methicillin-resistant staphylococcus aureus

PCC Patient and Client Council

PfA Priorities for Action

PHA Public Health Agency

PPI Personal and Public Involvement

PSA Public Service Agreement

R&D Research and development

RPA Review of Public Administration

SAIs Serious adverse incidents

WHO World Health Organization

HSC Public Health Agency

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

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