Draft Corporate Strategy 2011–2015

Engagement document

Realising the health and wellbeing potential of people

HSC Public Health Agency

Introduction

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

This strategy sets out the role, direction and priorities of the PHA for the next four years, taking account of the requirements of the Comprehensive Spending Review.

The goals set out in this strategy will be supported by annual plans detailing how the goals will be achieved.

In our drive **to reduce health and social wellbeing inequalities** we will provide professional leadership in the delivery of work under four core goals:

1. Protecting health.
2. Improving health and wellbeing.
3. Improving quality and safety of health and social care services.
4. Improving early detection of illness.

In working to deliver these goals we have also identified a number of common themes which shape how we work. We are guided in all that we do by our purpose, vision and values.

Dr Eddie Rooney
Chief Executive

Mary McMahon
Chair

Purpose, vision and values

Our purpose

To protect and improve the health and social wellbeing of the people of Northern Ireland and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations.

Our vision

All people in Northern Ireland can achieve their full health and wellbeing potential.

Our values

- Improving the health and social wellbeing of the community we serve will be at the heart of everything we do.
- In conducting our business, we will act with openness and honesty, treating all with dignity and respect.
- We will work together to improve the quality of life of those we serve.
- We will value and develop our staff and strive for excellence in all we do.

Our goals and ways of working

In delivering on the four core goals a number of themes will characterise how we work. The themes are common to each goal and are illustrated in the diagram below:

Improve health and social wellbeing and protect health

Reduce health inequalities

Reducing health inequalities

While there have been significant advances in health and social care in recent years and people are living longer, it is clear that the health and wellbeing gap between affluent and disadvantaged groups has widened. There is considerable evidence that the more favoured people are, socially and economically, the better their health.

The authoritative *Marmot Review* has highlighted that the link between social conditions and health should not be seen as secondary to the 'real' concerns with health – health care services and unhealthy behaviours – rather it should be the main focus of our attention in creating a more healthy society. Using education as an indicator, the evidence shows that people with university degrees, for example, have better health and longer lives than those without. For people aged 30 and above, if everyone in Northern Ireland without a degree had their death rate reduced to that of people with degrees, it is estimated that there would be over five thousand fewer premature deaths.

Health and wellbeing inequalities are largely due to the social 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. While the PHA will pay particular attention to vulnerable groups, it recognises that focusing only on the most disadvantaged will not be sufficient and that action needs to be directed at improving everyone's health, but 'with a scale and intensity that is proportionate to the level of disadvantage'.

There are significant economic costs resulting from health inequalities in terms of reduced productivity and tax revenue, as well as increased social welfare and healthcare treatment costs. Given the current economic pressures, this adds to the moral and practical imperative to invest in reducing health inequalities.

Reducing health inequalities will require action on six fronts:

- give every child the best start in life;
- enable all children, young people and adults to maximise their capabilities and have control over their lives;
- create fair employment and good work for all;
- ensure a healthy standard of living for all;
- create and develop healthy and sustainable places and communities;
- strengthen the role and impact of ill-health prevention.

Reducing health inequalities requires action across all the goals of the PHA and cannot be limited to a single area. Additionally, it must involve coordinated action across government, statutory (including health, education, housing, local government), voluntary, community and private organisations. The PHA has a unique role in championing, facilitating and driving change and acting as a catalyst for action so that community, voluntary and statutory partners undertake action which will reduce health and wellbeing inequalities.

The following pages describe each of the goals in more detail, and provide an explanation of the common themes.

Goal 1: Protecting health

To protect the health of our population by:

1.1 Providing an expert, timely and coordinated response to adverse incidents such as outbreaks of infectious diseases, environmental issues and other emergencies.

1.2 Leading specialist work programmes for the prevention and control of communicable diseases and environmental hazards.

1.3 Effective surveillance of communicable diseases.

1.4 Introducing and maintaining prevention initiatives, such as immunisation programmes to prevent infectious diseases.

During the period of the strategy the emphasis will be on:

1.5 Reducing health care associated infections (HCAIs).

1.6 Reducing sexually transmitted infections (STIs).

1.7 Establishing productive links with national and international best practice.

1.8 Targeting immunisation programmes on areas of low uptake to help reduce inequalities.

1.9 Ensuring the public have continued confidence in our ability to protect population health.

1.10 Keeping people safe and well where they live.

Protecting health: In focus

Examples of ongoing work:

Swine flu vaccination programme

In mid October 2009, just prior to a vaccine becoming available, the PHA was aware that swine flu was particularly affecting a number of special schools for children with severe learning disability. A number of children were severely ill and tragically there had even been fatalities.

As soon as the vaccine became available, it was therefore decided to offer it first to the children who attended these schools using the school health teams. This decision was taken on a Tuesday, the PHA then worked extremely hard with the five Health and Social Care (HSC) Trusts and by Friday of the same week the children in all special schools for severe learning disability in Northern Ireland (over 20 schools) had been offered the vaccine, with uptake rates of 75–80%.

Northern Ireland was the only part of the UK that managed to vaccinate this vulnerable group so quickly. As a result, the outbreak in the schools quickly came to an end.

Sexual health

The PHA and its statutory and voluntary sector partners in the newly formed Regional Sexual Health Improvement Network (RSHIN) are leading a renewed focus on efforts to prevent and control HIV and other sexually transmitted infections in Northern Ireland.

Studies of how HIV and STIs spread within the community show that prevention and control measures must focus on the safer sex messages of:

- limiting the number of casual partners;
- using condoms;
- providing easy access to testing and treatment services.

The extensive surveillance systems in operation show to whom these activities should be directed. For example, we know that:

- men who have sex with men (MSM) are at particular risk of HIV, infectious syphilis and gonorrhea;
- young people in general account for the majority of chlamydia and genital wart infections.

The PHA works closely with the voluntary sector to address the needs identified for these groups. We are also leading a review of the current evidence on which prevention activities work most effectively and to decide priorities for the way forward.

Reducing healthcare associated infections

The PHA has a significant leadership role in delivering and supporting implementation of the *Changing the Culture 2010* strategy (www.dhsspsni.gov.uk/changing_the_culture.pdf). This is the strategic plan which sets out the tasks all organisations must progress to reduce healthcare associated infections (HCAIs) occurring across health and social care in Northern Ireland.

HCAIs such as MRSA and C.*Difficile* have a significant negative impact on patients' health and wellbeing. Contracting an HCAI may result in:

- prolonged illness;
- extended length of stay in acute hospital services;
- pain and distress in the nursing and residential care setting.

There are many factors in the fight to reduce HCAIs, such as:

- hand hygiene;
- clean healthcare environments;
- prudent antibiotic prescribing.

One of the main tasks which the PHA will deliver as part of *Changing the Culture 2010* strategy is an HCAI action plan for primary and community care settings. This action plan will focus on six to seven main aspects of HCAI reduction – from best practice in hand hygiene, to systems for audit and assurance at an organisational level.

The PHA will continue to work in partnership with all healthcare providers, across acute and community/primary care settings, to support implementation of this action plan – focusing on delivering clean, safe, effective healthcare for all.

Goal 2: Improving health and wellbeing

To improve the health and social wellbeing of our population by:

2.1 Giving every child and young person the best start in life.

2.2 Ensuring a decent standard of living for all by acting with partners to increase income, reduce living costs and develop key living skills for vulnerable groups.

2.3 Building sustainable communities by supporting involvement in community activities, improving neighbourhood environments and encouraging sustainable solutions.

2.4 Making healthier choices easier through better information.

During the period of the strategy the emphasis will be on:

2.5 Introducing early child development programmes and enhancing antenatal and early years support for all women.

2.6 Fostering social enterprises in deprived communities.

2.7 Promoting uptake of available grants, services and benefits.

2.8 Working in partnership to ensure the provision of services, education and support at community level.

2.9 Implementing actions to improve the mental health of the population and reduce levels of suicide and self-harm.

2.10 Developing practical interventions that impact positively in the areas of smoking, obesity, STIs, teenage pregnancy, alcohol and drug misuse.

Improving health and wellbeing: In focus

Examples of ongoing work:

Partnering to impact on rural poverty

Living in a cold, damp home, isolated or unaware of entitled benefits can all impact negatively on a person's health and wellbeing. Many householders do not know of the range of services available to them or do not have the ability to access services without support.

The Maximising Access to and Uptake of Services, Grants and Benefits in Rural Areas Project is a unique, coordinated partnership approach which aims to reduce poverty and promote social inclusion for rural dwellers.

Funded by the Department of Agriculture and Rural Development and led by the PHA, it will target 4,200 households in the top 30% of rurally deprived areas across Northern Ireland. Appointed community organisations will engage with their local communities to identify eligible households. Trained enablers will then visit these households to make them aware of, or help them access, local services, grants or benefits to improve their standard of living and ultimately improve their overall health and wellbeing.

Family nurse partnerships

The PHA allocated funding to support a test family nurse partnership (FNP) site in Northern Ireland in the Western Trust. A team was recruited in September 2010 and following induction and training, referrals were received from November 2010 onwards. Over 100 young first time mothers will receive over two years' intensive support over the course of the first phase of the programme.

The FNP programme is an intensive preventive programme delivered by specially trained nurses and midwives who have experience of working with families in the community. It is a structured programme offered to disadvantaged first time young parents from early pregnancy until the child is two years old.

Pregnancy and the first years of life are key points when most families are highly receptive to support and extra help and the baby's brain develops rapidly. The highly acclaimed programme with tangible outcomes evidenced through 30 years of research, aims to improve:

- antenatal health;
- child health and development;
- parents' economic self-sufficiency.

Investments in children's early years forms an essential building block for their achievements in later life and the potential return is larger than for other investments in human capital because of the length of time over which those returns can be realised. Independent economic evaluations in the US have shown that for every $1 invested in FNP there is a saving of $5 for high risk families.

Goal 3: Improving quality and safety of health and social care services

To ensure every patient gets the highest quality care possible by:

3.1 Ensuring safe practice remains a high priority.

3.2 Ensuring research findings and evidence based good practice are implemented quickly.

3.3 Ensuring adherence to statutory and regulatory functions.

3.4 Working with the Health and Social Care Board (HSCB) on the redesign of patient pathways so that patients receive the right treatment at the right time, the first time and every time.

3.5 Working with the HSCB to commission appropriate services through the joint commissioning plan.

During the period of the strategy the emphasis will be on:

3.6 Working with hospital and primary care clinicians to develop care pathways which ensure high quality services to prevent, manage and treat disease.

3.7 Ensuring the implementation of guidance from National Institute for Health and Clinical Excellence (NICE), findings from Confidential Enquiries and lessons from adverse incidents within available resources.

3.8 Acting as a catalyst to progress the quality and safety agenda regionally, including through the leadership of the safety forum.

3.9 Ensuring high quality care across the HSC through implementation of patient client experience standards.

3.10 Using evidence and innovation to identify high risk groups and enable delivery of proven programmes.

Improving quality and safety: In focus

Examples of ongoing work:

Patient and client experience: Implementing the standards

The PHA, through the Director of Nursing, oversees the implementation of the *Patient and Client Experience Standards for Northern Ireland*.

In 2008, the Department of Health and Social Services and Public Safety (DHSSPS) published the standards, whose aim is to:

- provide good practice guidance for staff who deliver services;
- to inform service users of the quality of services they should expect to receive.

They ask that the five HSC Trusts should adopt the standards in relation to:

- respect;
- attitude;
- behaviour;
- communication;
- privacy and dignity;
- have in place arrangements to monitor and report performance against on a quarterly basis.

Working with the five HSC Trusts, the PHA agreed a range of measurement approaches, including:

- obtaining user feedback through patient surveys and stories and reviewing compliments and complaints;
- observing the impact of the standards through observation of practice;
- obtaining staff feedback through the staff survey and focus groups;
- carrying out organisational audits.

These measurements were introduced in a range of care settings, including services provided for individuals with a learning disability, for example:

- The PHA worked with Trusts to develop an 'easy read' questionnaire based on the five standards.
- This was augmented with the use of 'talking mats', which are low tech evidence-based communication resources which help understanding and support expression.
- Plans are in place to develop an 'easy read' version of the patient and client experience standards.
- Roll out this approach for use within dementia, stroke and neurological conditions services.

HSC R&D Division Bamford rapid review scheme

The PHA through the HSC R&D Division is currently leading the implementation of recommendations for research made in the Bamford Action Plan in relation to the review of mental health and learning disabilities.

Stage 1 involved a priority setting exercise with an expert panel of commissioners, policy makers, health practitioners, researchers and service users to identify and agree topics for further research in these areas.

This exercise involved several stages and ultimately five key areas were identified:

- children and young people;
- learning disabilities;
- primary care;
- patient outcomes;
- psychological therapies and associated sub-themes.

In December 2010 five rapid reviews of these areas were commissioned by teams of local experts. The focus of these is to:

- consider the available literature;
- identify policy implications;
- examine specified sub-themes;
- determine the key research questions to help focus on this process.

Stage 2 will involve a subsequent more substantive call for further research depending on the availability of further funding. However, each review will also function as a standalone report for use by health practitioners, policy makers and commissioners.

The rapid reviews were completed by the end of April 2011 and disseminated following peer review by a panel of experts from the UK. A further call for a rapid review in the area of personality disorders is in process.

Goal 4: Improving early detection of illness

To improve early detection and minimise the impact of disease by:

4.1 Ensuring access to high quality population screening programmes.

4.2 Introducing new, approved screening programmes within available resources.

4.3 Ensuring screening programmes meet required standards.

4.4 Maximising the uptake of all screening programmes.

During the period of the strategy the emphasis will be on:

4.5 Developing robust quality management arrangements for non-cancer screening programmes.

4.6 Working with communities to increase the uptake of screening programmes.

4.7 Introducing a new screening programme for abdominal aortic aneurysm.

Improving early detection: In focus

Examples of ongoing work:

Bowel screening programme

The PHA has led and coordinated the implementation of the Northern Ireland Bowel Cancer Screening Programme, which was launched on 22 April 2010.

Bowel cancer is the second most common cancer in both men and women in Northern Ireland and there are more than 1,000 new diagnoses and over 400 deaths each year in Northern Ireland.

If bowel cancer is detected at a very early stage then:

- treatment can be 90% successful;
- around 60 deaths could be prevented in Northern Ireland each year.

The programme is being rolled out across Northern Ireland on a phased basis. Screening is currently available in the Northern, Western and South Eastern Trust areas.

Screening is aimed at both men and women aged 60–69, and it involves the use of a home testing kit to collect a sample of bowel motion. Blood indicates that further investigations, usually a colonoscopy, are required.

To date, about 50% of people who have been sent a test kit have returned it to the lab. This means potential detection at an early stage and a much greater chance that treatment will be successful.

Common themes to guide our work

Improve health and social wellbeing and protect health

Reduce health inequalities

Public participation

- Leading meaningful personal and public involvement.
- Ensuring the public are at the heart of our decision making.

Working in partnership

- Working productively with partners across communities and sectors.
- Acting as a catalyst for action so that community, voluntary and statutory partners undertake actions which reduce inequalities.

Achieving results

- Focusing on deliverables and adding value.
- Achieving targets.
- Working within financial parameters.
- Making best use of resources.

Using evidence, fostering innovation and reform

- Finding improved ways of doing things.
- Exploring the use of new technologies.
- Optimising evidence, research and development.
- Achieving our goals through effective commissioning.

Ensuring effective processes

- Good governance in how we do our work.
- Striving for timely and clear communication.
- Integrated and effective work processes.

Developing our people

- Integrated working across the agency.
- Building a learning organisation.
- Developing our staff and maximising the application of their unique skills.
- Providing professional leadership across all areas of responsibility.

The next four years

What this strategy will mean for the work of the PHA over the next four years

The four year corporate strategy has been written with the changing financial, economic and demographic changes firmly in mind. At no point has the future been so uncertain in terms of the environment in which HSC organisations will have to deliver their services. As such, while the key goals and focus on reducing health inequalities will guide the work of the PHA throughout this period, the strategy will be kept under constant review.

The skills of our staff and the resources at their disposal will be required to be optimised to their fullest potential to ensure an effective organisation that can meet these challenges.

When preparing our annual business and directorate plans we will also take the opportunity to review the direction set out in this corporate strategy to ensure its continued relevance to our work.

Abbreviations

C.*Difficile* Clostridium difficile

DARD Department of Agriculture and Rural Development

DHSSPS Department of Health, Social Services and Public Safety

FNP Family Nurse Partnerships

HCAI Healthcare Associated Infection

HIV Human immunodeficiency virus

HSC Health and Social Care

HSCB Health and Social Care Board

HSCT Health and Social Care Trusts

MRSA Methicillin-resistant staphylococcus aureus

MSM Men who have sex with men

NHS National Health Service

NICE National Institute for Health and Clinical Excellence

NICRN Northern Ireland Clinical Research Network

PCC Patient and Client Council

PHA Public Health Agency

PPI Personal and Public Involvement

R&D Research and Development

RPA Review of Public Administration

RSHIN Regional Sexual Health Improvement Network

STI Sexually Transmitted Infection

US United States

HSC Public Health Agency

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