



Corporate Plan
2017-2021



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Introduction

This Corporate Plan 2017–2021 sets out the strategic direction for the Public Health Agency (PHA) for the next four years, taking account of Department of Health (DoH) priorities, especially the *Making Life Better* public health framework, the *Draft Programme for Government Framework 2016–21*, and local government-led community planning, within the context of financial constraints and HSC reform and restructuring.^{1,2}

We recognise that the plan is being developed during a period of reform in Health and Social Care (HSC), when the future shape of HSC structures are not yet clear. However, the PHA has embraced the opportunity provided by the requirement from the DoH that we develop a Corporate Plan for the period 2017–2021, taking account of the current environment.

It is also important at this time of change that we have a vision for the future, and that through our Corporate Plan we can help inform the shape and direction of a new PHA, in line with the Minister's vision set out in *Health and Wellbeing 2026: Delivering Together*.³

In developing our Corporate Plan we have taken the time to review our previous Corporate Strategy (2011–2015), considering progress to date as well as continuing challenges.⁴ We have also undertaken a programme of engagement with external stakeholders, our DoH sponsor branch, and our own staff and PHA board members.

A number of interactive 'Beyond 2015' workshops were held, giving participants the opportunity to help identify the exciting possibilities, and priorities, for improving and protecting health and wellbeing. The conversation was continued through social media, widening the opportunity for involvement. The information gathered through each part of the engagement process is reflected throughout this plan.

The draft Corporate Plan 2017–21 was issued for consultation in November 2016. This final plan has been amended to take account of responses. The consultation report is published on the PHA website.

Tackling health and wellbeing inequalities and promoting a shift towards prevention and early intervention are at the heart of the Agency's remit; the PHA was established with the explicit agenda to improve health and social wellbeing, protect the community against communicable disease and other dangers to health and social wellbeing, and reduce health inequalities.

Over the period of our previous Corporate Strategy, the PHA has continued to take forward work to improve and protect health and wellbeing, reduce health inequalities, improve the quality and safety of care services, and support research and development.⁴ Many of the successes and improvements have been as a result of working in collaboration with partners across all sectors. We are committed to continuing to work in partnership with individuals, voluntary and community organisations, local councils, HSC bodies and other organisations to maximise effectiveness and achieve collaborative outcome. Much has been achieved, but many challenges remain, and much is yet to be done.

In general, the health of our population has been improving over time, as seen in increases in life expectancy, with average life expectancy (2012/14) now 78.3 years and 82.3 years for males and females respectively. However, not everyone has had an equal chance of experiencing good health and wellbeing and too many still die prematurely or live with preventable conditions.

According to the Marmot review, *Fair Society Healthy Lives*, evidence shows that the conditions in which people are born, grow, live, work and age, and the inequities in power, money and resources that influence these conditions, have a major impact on people's health, and have led to increasing health inequalities.⁵ And as *Health and Wellbeing 2026: Delivering Together* highlights, "Despite people living longer, health inequalities continue to divide our society; the differences in health and wellbeing outcomes between the most and least deprived areas are still very stark, and completely unacceptable".³

Our commitment to work to reduce health inequalities is therefore at the core of this plan and our work over the next four years.

The overarching outcomes and associated high level actions set out within this plan will go some way to tackling these inequalities; improving health and wellbeing; and promoting the shift towards prevention and early intervention. We will build on those interventions that have already proved successful, and be informed by evidence-based research and input from those with real experience. Collaboration and partnership will continue to be central to how we work.

The outcomes are ambitious, and will require energy, courage, commitment and creativity to deliver them – all against the backdrop of increasing demands and financial constraints, as well as HSC structural reform. It is therefore imperative that we continue to work in partnership with others, exploring new and different ways of doing things and making the best use of our combined resources.

It is also critical that during this period of change we ensure that our staff are appropriately supported and equipped, and that we are all open and flexible to working in what may be a different HSC organisation, to contribute to the achievement of the outcomes.



Valerie Watts
Valerie Watts
Interim Chief Executive



Andrew Dougal
Andrew Dougal
Chair



Average life expectancy (2012/14) now 78.3 years (males) and 82.3 years (females)

Strategic context

Since its establishment in 2009, the PHA has worked to improve and protect health and wellbeing, reduce health inequalities, promote healthy habits and reduce barriers to good health, improve the quality and safety of care services, and support related research and innovation.

There have been many developments and advances in recent years in respect of interventions and programmes to improve and protect health and wellbeing, and reduce health inequalities. However, there is still much to be done. Health inequality remains a major issue, with significant differences in health outcomes between the most and least disadvantaged. Poor mental health and a high level of suicide, obesity, an aging population, and associated increasing prevalence of dementia, healthcare associated infections, and drug resistance are just some of the many challenges facing us.

Our work over the next four years will reflect and be directed by *Health and Wellbeing 2026: Delivering Together*, the Health Minister's 10-year vision to transform the current HSC system.³ It is a vision that sets out a "new model of person-centred care focused on prevention, early intervention, supporting independence and wellbeing".

There are many DoH and indeed other departmental strategies and policies that are relevant to the setting of priorities for the PHA. While it would not be practical to list them all, they have influenced the development of our outcomes and will continue to influence our work over the next four years. However, there are three key policy drivers that are fundamental for all that we do which need to be singled out: *Making Life Better, Programme for Government* (PfG), and community planning.^{1, 2}

Making Life Better, a 10-year public health strategic framework (2013–2023) published by the then Department of Health, Social Services and Public Safety (DHSSPS), is central to the work of the PHA, and the PHA has been tasked as the lead organisation for implementation of the framework.¹ *Making Life Better* provides direction for policies and actions to improve the health and wellbeing of people. It builds on the *Investing for Health* strategy, and retains a focus on the broad range of social, economic and environmental factors which influence health and wellbeing.⁶

The approach to the implementation of *Making Life Better* is one of partnership and collaboration – harnessing the collective efforts of partner organisations to have the best chance of making a sustained positive impact on the health and wellbeing

of individuals and communities. The *Making Life Better* themes and objectives are therefore embedded in the outcomes set out in this plan.

The Northern Ireland Executive's draft PfG issued in May 2016 set out the major societal outcomes that the Executive wants to achieve.² The overarching purpose of PfG is 'improving wellbeing for all – by tackling disadvantage, and driving economic growth'. Core to the delivery of the outcomes will be the need for all sectors to contribute and work together in the development and implementation of plans and actions.

The PHA is committed to working collaboratively with others, to help ensure that these outcomes are realised. The outcomes for the PHA for the next four years therefore reflect PfG, and our contribution to progressing this agenda.

In setting out our strategic direction for 2017–2021, we cannot ignore the current economic context. The HSC faces increasing pressures and demands at the same time as financial constraint. For example, within the PHA, our recurring management and administration budgets have been reduced in both 2015/16 and 2016/17, impacting on how we manage our business.

It is likely that financial pressure will continue to be a theme over the years of this Corporate Plan. It will therefore be essential that we continue to look at creative, innovative and collaborative ways of working, and make best use of available resources to achieve maximum impact.

At a local government level, each of the 11 councils has the statutory mandate of bringing together a range of partners, including the PHA, to develop and implement a community plan for its area. The PHA has been working with each of the councils, and their community planning partnerships, to engage with local populations and develop plans that will help meet the needs of that population, including addressing health and wellbeing needs.

Health and wellbeing does not sit in isolation but is impacted by, and impacts on, economic, environmental and educational factors. The PHA therefore welcomes this opportunity to build on existing partnership-working to help respond to and address the holistic needs of individuals and communities.

While there are 11 separate community plans, and the emphasis and actions may differ between councils and indeed within council areas in response

to differing local situations and factors, a number of common health and wellbeing themes have been identified across all:

- healthy lives (physical activity and healthy weight);
- mental health and wellbeing;
- age friendly;
- early years intervention.

The PHA is committed to continuing to work with local government and our community planning partners to seek to achieve improved health and wellbeing outcomes for individuals and communities. In identifying the outcomes and objectives set out in this plan, we have taken account of the messages from local populations through the community planning engagement, and of how we will work with community planning partnerships to address these.

It is noted that both PFG and community planning draw heavily on outcomes-based accountability.^{2,7} The potential benefits of this and related methodologies are recognised, as are the advantages of having a shared approach across strategies and plans, not least of all in performance monitoring.

However, it is also acknowledged that we are still on a learning curve on our understanding and development of appropriate indicators and performance measures. We have therefore sought, as a first step, to structure this plan around long-term population outcomes, with associated actions to help us achieve these outcomes. Over the period of this Corporate Plan, the PHA will continue to further develop this approach, both with our staff and in working with our partners.

Finally, it must be recognised that this Corporate Plan is being developed against the backdrop of HSC reform, with the publication in October 2016 of *Systems, Not Structures: Changing Health and Social Care* expert panel report, and the Health Minister's *Health and Wellbeing 2026: Delivering Together*.^{3,8} While the outworkings of this reform, and particularly their impact on the regional bodies, are still to be seen, it is clear that the early intervention and prevention agenda will continue to be core.

Periods of change and uncertainty are, however, difficult for everyone, and it will be essential that we continue to support staff during this period, to ensure that they are equipped and enabled to adapt to any new structures and to continue to take forward the important work set out in this plan.

Purpose, vision and values

Our purpose

Protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations.

Our vision

All people and communities are enabled and supported in achieving their full health and wellbeing potential, and inequalities in health are reduced.

Our values

- We put individuals and communities at the heart of everything we do in improving their health and social wellbeing and reducing health inequalities.
- We act with openness and honesty and treat all with dignity, respect and compassion as we conduct our business.
- We work in partnership with individuals, communities and other public, private, community and voluntary organisations to improve the quality of life of those we serve.
- We listen to and involve individuals and communities.
- We value, develop and empower our staff and strive for excellence and innovation.
- We are evidence-led and outcomes-focused.



Outcomes and associated actions

In working to fulfil our purpose, vision and values, we will concentrate on five key outcomes. The first four relate to what we do:

1. All children and young people have the best start in life.
2. All older adults are enabled to live healthier and more fulfilling lives.
3. All individuals and communities are equipped and enabled to live long healthy lives.
4. All health and wellbeing services should be safe and high quality.

It is acknowledged that the outcomes are broad and long term and cannot be achieved by the PHA on its own. Rather, we must work in partnership with individuals, communities and statutory, community and voluntary sector and private sector organisations. The concerted effort of many partners working together in true collaboration will be required. Our work over the period of this plan will be shaped by our ambition to see real and marked progress towards the realisation of these outcomes.

The fifth outcome relates to how the PHA will work to achieve the first four outcomes:

5. Our organisation works effectively.

Each outcome is supported by a number of associated actions that set out the key ways in which the PHA will work towards realising these outcomes during the period of this Corporate Plan.

Furthermore, each outcome and associated actions will be underpinned by a number of principles:

- reducing health inequalities will be at the heart of everything we do;
- alignment with key strategies and partners including *Making Life Better* and community planning;
- working in partnership and collaborating with and involving a wide range of appropriate stakeholders including service users and carers;
- fostering innovation, exploring the use of new technology, exploiting the potential of e-health, and finding improved ways of working;
- building on and learning from existing good practice;
- optimising our use of the research and evidence available and contributing to the evidence base through participation in research;
- communicating effectively.

The plan relates to all people in our population irrespective of age, gender, ethnicity, sexual orientation, ability, disability; whether a service user, a carer, independent or needing care.

1. All children and young people have the best start in life

What happens to children and young people in their earliest years is key to their outcomes in adult life. This includes good physical and mental health and wellbeing, an adequate standard of living, a secure family environment, physical activity, protection from harm and the promotion of healthy lifestyle choices and behaviours.

Growing up is a time in life of considerable physical, social and emotional development for all children, with particular challenges for children and young people who are carers, Looked After Children and for care leavers. Health inequalities can also have a profound impact on a child's start in life. In order to give all children and young people the best start in life and to help reduce health inequalities, it is important that we ensure high quality public health and wellbeing services and information are provided for all parents, carers, children and young people from preconception and antenatal care through to adulthood.

For the purposes of this plan children and young people are considered as those aged between 0 and 18 years. We will, however, align our work with the age range defined in other strategies where appropriate.

We will work to:

- improve the health and wellbeing of all children and young people by strengthening universal services, building a sustainable workforce and embedding early intervention approaches;
- introduce and develop antenatal and new-born population screening programmes in line with the recommendations of the national and local screening committees;
- promote and secure the best outcomes for children and young people through implementation of a range of evidence-based/informed programmes;
- implement a range of interventions and programmes that support parents and carers to provide a safe and nurturing home environment, and address issues that adversely impact on children and young people;
- protect the health of children and young people through vaccination and immunisation programmes and working with nurseries, pre-schools and schools to prevent spread of infection in those settings.



2. All older adults are enabled to live healthier and more fulfilling lives

As a population, we are living longer lives and many older adults enjoy good health and make significant contributions to their families, their friends, and to society.

For some, however, older age brings a risk of social isolation, loneliness, and poor physical and mental health and wellbeing, including multiple and complex health problems. It may also bring additional caring responsibilities for older people themselves and for their families and friends. So with longer life expectancy comes the need to protect and promote the health and wellbeing of older adults and to incorporate a lifelong approach to positive health and active ageing. We must work in partnership with others to ensure older people are valued, respected and protected, and that every opportunity is afforded them to live healthier and more fulfilling lives.

In the context of an ageing population, and growing public health issues such as dementia, we must ensure that future policies, programmes and investments are age-friendly and enable our older adult population to maintain active, healthy and independent lives. Access to opportunities for social engagement is also important as this encourages and engages people in activities that impact on both physical and mental health and wellbeing, and supports interaction across generations.

For the purposes of this plan older adults are considered as those aged over 65. We will, however, align our work with the age range defined in other strategies where appropriate.

We will work to:

- develop and implement multi-agency healthy ageing programmes to engage with and improve the health and wellbeing of older people;
- promote appropriate intervention programmes within all settings to prevent, detect and manage mental ill health and its consequences;
- promote inclusive, intergenerational physical and mental health messages and initiatives that enable longer, healthier and more fulfilling lives;
- protect the health of older adults through immunisations and screening;
- support programmes and initiatives, including e-health and technology-based approaches, that promote independence and self-management.



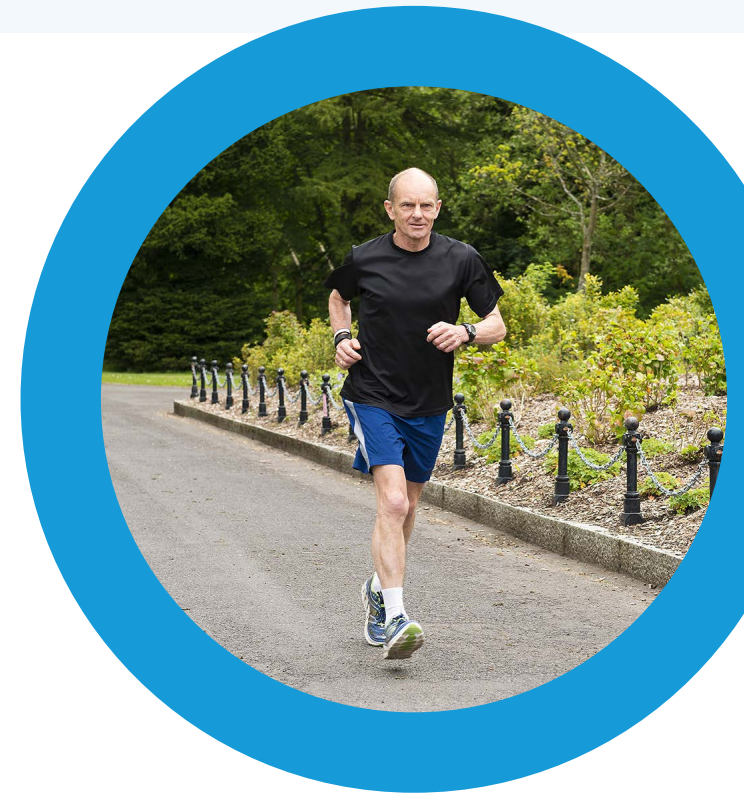
3. All individuals and communities are equipped and enabled to live long healthy lives

Adults now generally enjoy better health and wellbeing and can expect to live longer than previous generations. However, there are still many challenges that impact on the ability of people to live long and healthier lives and continue to contribute to health inequalities. These include increasing long-term damage related to health behaviours such as poor diet, smoking, drug and alcohol misuse, low levels of physical activity, homelessness and food, fuel and financial poverty.

As well as equipping people to live long healthy lives across all settings and environments, we must also help to prevent them from needing health interventions. This includes providing people with the information and support they need to take control of their physical and mental health and make healthy lifestyle choices; access to immunisation programmes, and to screening and detection programmes; public health approaches to palliative and end-of-life care; and tackling issues that are linked to poor health outcomes. Promoting healthy choices and healthier environments and communities, including within workplaces, will also be a key focus to enable everyone to live long healthy lives.

We will work to:

- ensure people are better informed about health matters through easily accessible up-to-date information and materials;
- introduce and develop adult population screening programmes in line with the recommendations of the national and local screening committees and engage with primary care, pharmacies and relevant voluntary and community groups to promote specific screening programmes in local communities;
- develop and implement with partners a range of coordinated actions across communities and a range of settings to improve mental health and wellbeing and reduce the level of suicide;
- develop and implement a wide range of multi-agency actions across all settings to promote healthy behaviours including promotion of healthy weight and physical activity; improve sexual health; promote healthier pregnancies; reduce prevalence of smoking; reduce harm from alcohol and drug misuse; reduce home accidents; improve oral health and eye health; and prevent skin cancer;
- protect the health of individuals and communities through timely responses to outbreaks and emergency planning, implementing immunisation programmes and promoting key health protection messages.



4. All health and wellbeing services should be safe and high quality

Access to and provision of safe, high quality services to the right people at the right time is a key factor in determining the best health outcomes. The physical and mental health and wellbeing services we provide must be responsive, efficient and of a high quality to meet the needs of our people and communities.

Experiences of care must also demonstrate safe, compassionate, accessible and high quality services in which service users and carers are engaged and involved. The co-production and co-design of services is integral to this. The active involvement and meaningful engagement of service users and carers of all ages and abilities is central to maintaining and improving quality, safety and patient experience alongside improving efficiency and effectiveness of services.

This will involve working together to ensure the sharing of learning and best practice; the achievement of quality standards; making every contact count; the provision of professional advice on services, workforce requirements and training; and embedding Personal and Public Involvement (PPI) across programmes and organisations.

We will work to:

- provide leadership and direction to the HSC, embedding PPI culture and practice into the development and delivery of services; moving towards the goal of co-designing and co-producing these with service users and carers;
- provide leadership and support to the HSC in the development and implementation of comprehensive patient and client experience programme;
- improve patient safety and experience by bringing leadership to reducing healthcare associated infections including MRSA and *C difficile*, improving antimicrobial stewardship and tackling antimicrobial resistance across the health and social care economy;
- provide professional advice to HSC organisations and work with these organisations to ensure the HSC workforce has the skills, opportunities and supervision arrangements to work with all patients and clients to improve the safety, reliability and quality of care;
- drive forward, share and embed regional learning from relevant reviews and recommendations.



5. Our organisation works effectively

The capacity and efficacy of our organisation and our staff will underpin and enable progress towards the realisation of the first four outcomes.

We must ensure our staff are supported, equipped and empowered to take forward this work over the next four years, in line with our values and cross-cutting principles. To achieve the greatest impact possible within organisational resources, we will ensure robust and appropriate governance arrangements and continue to develop and make use of expertise in health intelligence, research and development, and communications.

We will also continue to promote and support sustainable development where possible within the PHA and in taking forward the previous four outcomes.

Above all we must remain focused on delivery, develop our capacity and maintain our capability as we look to the future and at a time of change and reform across the HSC.

We will work to:

- ensure appropriate resilience measures are in place across the organisation to enable a rapid and appropriate response to a major incident while maintaining and protecting key services;
- support our staff and their wellbeing at all times, especially during a period of reform and restructuring;
- use the research, evidence and health intelligence available to inform our decision-making and further develop appropriate and robust data where required;
- ensure we have the skills, opportunities and staffing levels to deliver our functions;
- ensure high quality and appropriate governance arrangements and processes to support the delivery of PHA functions;
- work in partnership and communicate effectively with our stakeholders and target audiences.



Monitoring

We recognise that the outcomes identified in this Corporate Plan are ambitious, long term and require the input of many partners. The PHA, however, is committed to working to see improvements across each of the outcomes over the period of the plan.

We will use a number of key indicators which will serve as measures to monitor progress towards the outcomes. Additionally, the delivery of the

outcomes will be tracked and monitored through the Annual Business Plan.





In doing this, we will look to answer:

- how much we do;
- how well we do it;
- what impact we have and if anyone is better off.

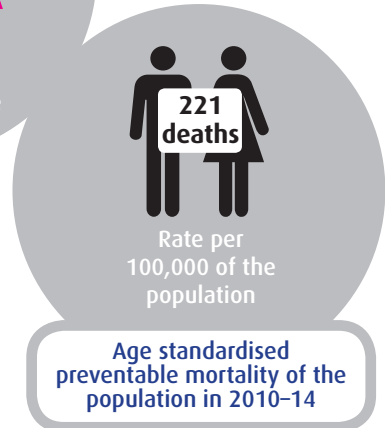
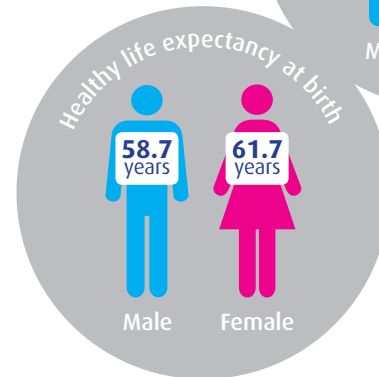
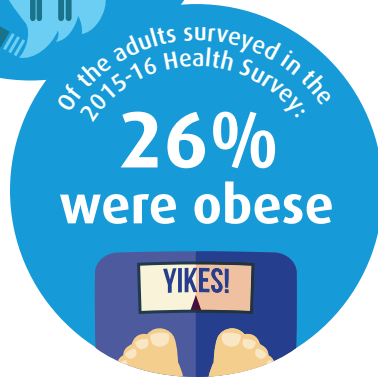
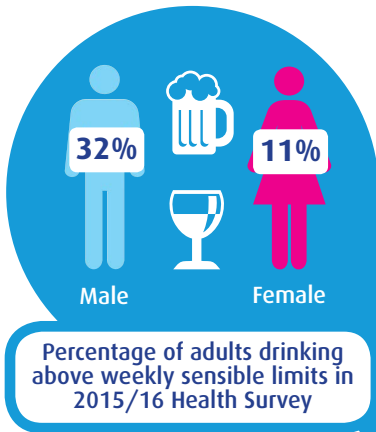
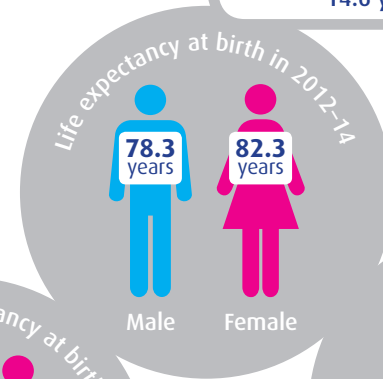
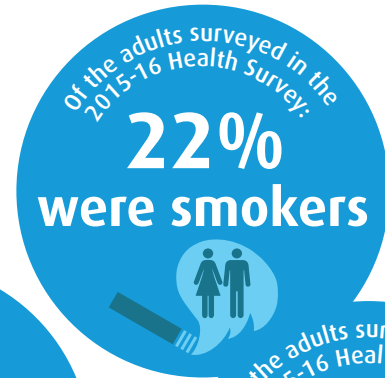
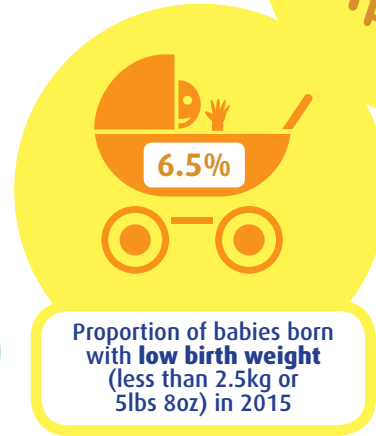
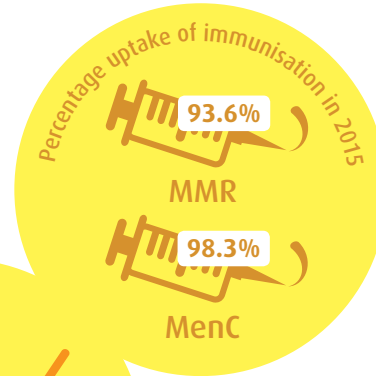
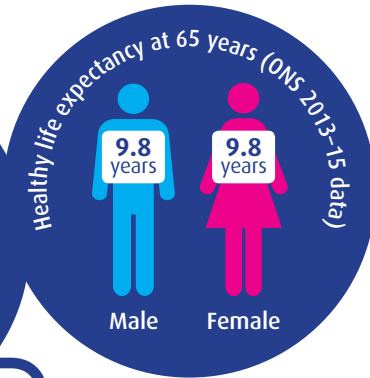
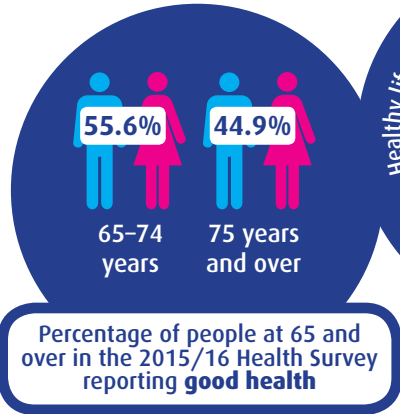
The following key indicators have been identified. Where possible, these are aligned with the draft PfG and with *Making Life Better*.^{1,2} Other qualitative indicators may also be used to provide further insight during the life of this plan.

Outcome	Description
Overall	<ul style="list-style-type: none"> • Gap in life expectancy between males and females • Gap between highest and lowest deprivation quintile in healthy life expectancy at birth (draft PfG indicator 2) • Healthy life expectancy at birth (draft PfG indicator 3) • Healthy life expectancy for most deprived areas • Preventable mortality (draft PfG indicator 4)
All children and young people have the best start in life	<ul style="list-style-type: none"> • Infant mortality rates • Proportion of mothers breastfeeding on discharge and differential between the average and most deprived • Proportion of babies born at a low birth weight (draft PfG indicator 7) • Percentage of obese children (aged 4-5) • Children (aged 0-4) registered with a dentist • Population vaccination coverage • Percentage of children who are at the appropriate stage of development in their immediate pre-school year (draft PfG indicator 15)



Outcome	Description
All older adults are enabled to live healthier and more fulfilling lives	<ul style="list-style-type: none"> • Life expectancy at age 65 • Percentage of older people reporting themselves to be in good health • Number of falls • Implementation of the FallSafe bundle 
All individuals and communities are equipped and enabled to live long healthy lives	<ul style="list-style-type: none"> • Percentage of obese adults; or percentage of adults surveyed as obese and proportion in the most disadvantaged areas • Proportion of adults (aged 18+) who smoke, both in the population as a whole and the most deprived areas • Population mental and emotional wellbeing as measured on the Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) • Percentage of population scoring 4 or more in the 12-item general health questionnaire (GHQ12) (signifying possible mental health problem) (draft PfG indicator 6) • Incidence of suicide, both in the population and in the most deprived areas • Alcohol-related admissions to hospital • Proportion of adults (18+) who consume alcohol above weekly sensible drinking limits • Uptake of adult screening programmes 
All health and wellbeing services are safe and high quality	<ul style="list-style-type: none"> • Proportion of PHA projects and contracts where PPI is incorporated • Uptake of PPI training and usage of the Engage website within the PHA and across the HSC • Percentage of people who are satisfied with Health and Social Care (based on their recent contact) (draft PfG indicator 5) 
Our organisation works effectively	<ul style="list-style-type: none"> • HSC staff satisfaction survey • Controls assurance standards • Campaign awareness and reach of press releases 

The story so far





There were
24,215 babies
born in 2015

Glossary

C difficile	Clostridium difficile
DHSSPS DoH	Department of Health, Social Services and Public Safety Department of Health
GHQ12	The 12-item general health questionnaire
Healthy life expectancy HSC	Average number of years of full health that a newborn could expect to live based on current age-specific death and ill-health rates Health and Social Care
MenC	Vaccine protecting against meningococcal C infection
MMR2	Vaccine course (two doses) protecting against measles, mumps and rubella, which should be completed between a child's first birthday and before their fifth birthday
MRSA	Methicillin-Resistant Staphylococcus Aureus
PfG	Programme for Government
PHA	Public Health Agency
PPI	Personal and Public involvement
WHO	World Health Organization
WEMWBS	Warwick-Edinburgh Mental Wellbeing scale

World Health Organization definition of health

“ A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity ”

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Sources for the indicators: www.nisra.gov.uk/statistics; www.health-ni.gov.uk/topics/doh-statistics-and-research



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