



Annual Business Plan 2019–2020

PUBLIC HEALTH AGENCY ANNUAL BUSINESS PLAN 2019/20

INTRODUCTION

The Public Health Agency (PHA) Annual Business Plan sets out in more detail what the PHA will do to help achieve the outcomes identified in the PHA Corporate Plan. The Annual Business Plan 2019/20 is therefore the action plan for the third year of the PHA Corporate Plan 2017–2021. As such, it incorporates actions that the PHA will take in line with the draft *Programme for Government 2016–2021* (PFG), *Making Life Better* (MLB) and *Community planning* as well as *Health and Wellbeing 2026: Delivering Together* and the transformation agenda arising from this.

While the Annual Business Plan does not set out all the actions that the PHA will take during this year, it reflects the key actions from all functions and directorates across the five strategic outcomes. Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017–2021, and is central to the actions set out in this Annual Business Plan for 2019/20.

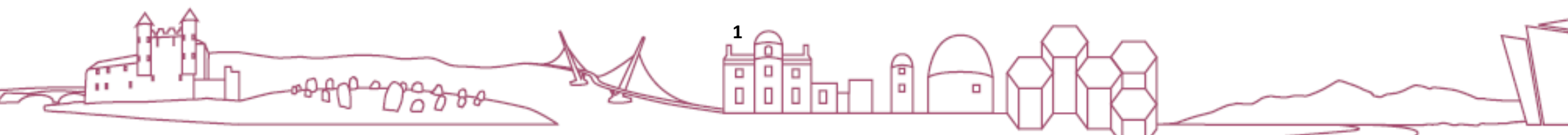
Supporting and equipping people to live a long, healthy life is central to a number of our strategic outcomes. In working to achieve this, we will continue to support the Department of Health (DoH) during the year in the delivery of the draft PFG delivery plans.

There are, however, many challenges as we enter 2019/20. The financial outlook continues to be uncertain and it is likely that budgets will remain constrained during this coming year and beyond; reform of the HSC is ongoing, with the anticipated date for implementation of the new structures now 1 April 2021; and, at the time of writing, the implications of the UK leaving the EU are still unclear. While this Annual Business Plan sets out the proposed actions for 2019/20, it must be recognised that these may be subject to change in the light of budget allocations and other pressures and demands that may emerge. The impact of these will be reviewed as we go through the year.

Working in partnership and collaborating is central to how we work. While the actions in the Annual Business Plan have one designated lead officer, much of the work is undertaken by staff from our different directorates and functions working together, and often with colleagues from the Health and Social Care Board (HSCB) or other HSC organisations. Furthermore, we seek to include, involve and work with a wide range of appropriate stakeholders, including service users and carers as well as other statutory and non-statutory organisations where possible, to seek the best outcomes.

As stated in the PHA Corporate Plan 2017–2021, the PHA is seeking to move to a more outcomes based approach. While acknowledging that we are still at an early stage and that there is much more to be done, this plan seeks to reflect a more outcomes based approach. It is therefore structured not only to set out the actions for this year, but also to identify some of the anticipated impacts, considering ‘who will benefit’, and ‘what difference will it make’, not only within 2019/20, but in the longer term, where applicable.

Progress against the actions will be monitored and reported on a twice yearly basis.

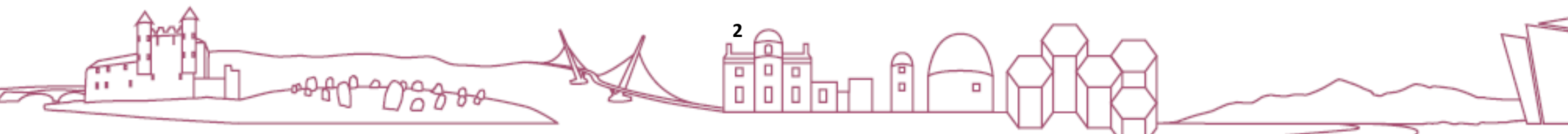


1: All children and young people have the best start in life

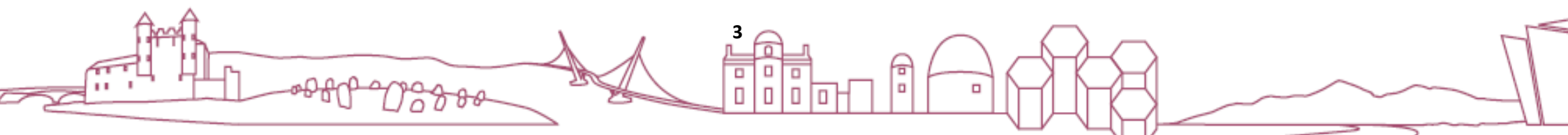
During the course of the PHA Corporate Plan 2017–2021 we will work to:

- 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 early years evidence-based/informed programmes, and by our contribution to international research on effective practice;
- 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.

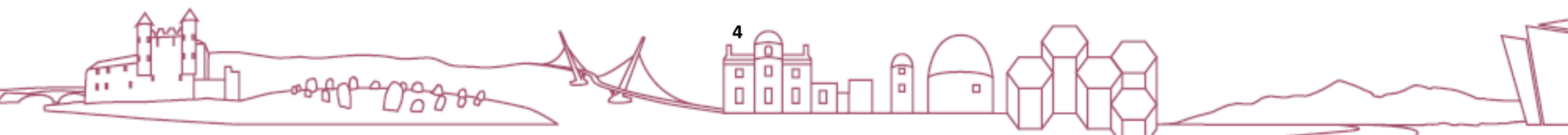
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
1.1	Continue to implement the Breastfeeding Strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan, in particular seeking new evidence based approaches to promote the action plan during 2019-2020.	Benefiting pregnant women, new mothers, infants and their families, through an increase in breastfeeding attempted and discharge rates and increased support for breastfeeding in public.	Dr Mairs



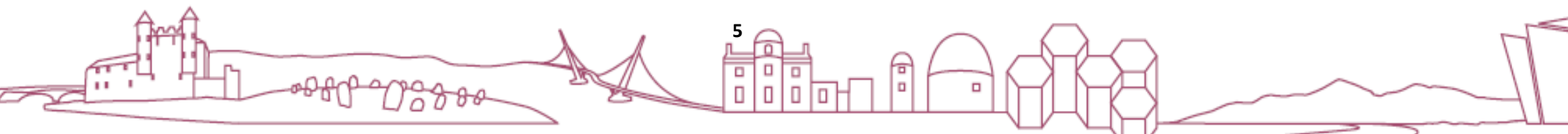
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
1.2	Continue to Implement the Infant Mental Health Action Plan, focusing on workforce training and the establishment of a new service team in Belfast providing child psychotherapy support to families with 0–3s with attachment problems.	Improved outcomes for children and their families, through increased capacity, skills and levels of understanding of neurological and emotional development and attachment theory during pregnancy and in the first three years of life, for parents and early years workforce and staff involved in perinatal care.	Dr Mairs
1.3	Lead implementation and evaluation of Early Intervention Transformation Programme (EITP) work streams 1 and 2.	Improved outcomes for children and young people 0–18 years of age and their families within the catchment areas, through: <ul style="list-style-type: none"> • improved parental emotional wellbeing • increased parental participation/ involvement in children's education/training/employment • improved family relationships • improved parenting skills/capacity. 	Dr Mairs
1.4	Lead and co-ordinate the provision of health advice provided for children undergoing Statutory Assessment.	Improved outcomes and enhanced access for children with identified Special Educational Needs (SEN), through: <ul style="list-style-type: none"> • integrated support for children with SEN • standardisation of practice. 	M Hinds
1.5	Lead the development, implementation and evaluation of a transformational approach to improve health outcomes for school aged Looked After Children.	Improved outcomes for school aged looked after children/ young people and their families/carers, through: <ul style="list-style-type: none"> • standardised approaches • improved service provision and reducing inequalities at an earlier stage in the lives of young people • improved opportunities to engage with looked after young people and their families • opportunity to improve partnership work with education colleagues. 	M Hinds



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
1.6	Continue to implement the Maternity Strategy through the Maternity Strategy Implementation Group (MSIG) including progressing work on the 'saving babies lives' care bundle, antenatal and postnatal care pathways and peri-natal mental health.	Improve health and wellbeing of pregnant women, and provide the best start in life for all babies; Increased capacity within the workforce in order to provide a more comprehensive service for those in need of PNMH care.	M Hinds
1.7	Maintain and improve uptake targets for seasonal influenza vaccinations for children aged 2–4 years and the primary school programme set by DoH.	Providing protection for children and young people against seasonal influenza, which will in turn protect the wider population.	Dr Mairs
1.8	Use research funding programmes (CHITIN, NIHR, EITP, Research Fellowships) to generate new knowledge on effective early years practice which will impact children and young people	Enable access to novel interventions; Provide an evidence-base for 'what works'; Embed research in practice, sustaining the workforce and improving healthcare and social care performance.	Dr Mairs
1.9	Implement expansion of the Newborn Bloodspot Screening Programme to cover four additional inherited metabolic diseases.	Earlier detection and treatment of these inherited metabolic diseases to prevent adverse outcomes; Reduced morbidity and disability in those affected.	Dr Mairs
1.10	Develop and promote a range of communications aimed at helping parents and carers recognise and manage issues relating to the health and wellbeing of children and young people.	Better health literacy around children's health needs amongst adults and carers, leading to improved long term outcomes for children, young people and families.	E McClean



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
1.11	Develop a regional protocol for the response to, and review of, sudden deaths in infancy; and take forward as a coordinated approach to monitoring such deaths and providing relevant information to health and social care staff and the public.	Benefit parents, families and infants through an increased knowledge of the risk factors for sudden death in infancy with the aim of decreasing the number of preventable deaths (which will be monitored).	Dr Mairs

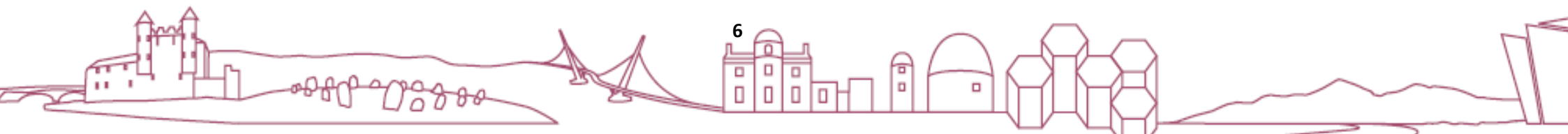


2: All older adults are enabled to live healthier and more fulfilling lives

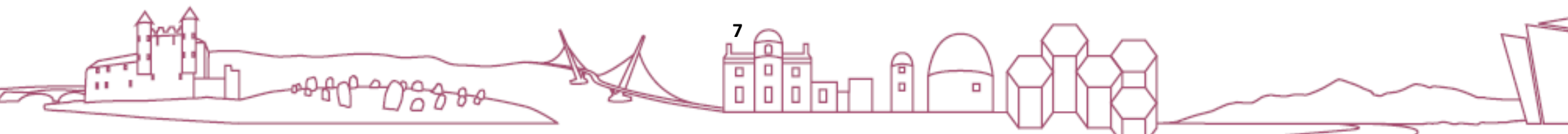
During the course of the PHA Corporate Plan 2017–2021 we will work to:

- develop and implement multi-agency healthy ageing programmes to engage 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, inter-generational 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 research, e-health and technology-based approaches, that promote independence and self-management.

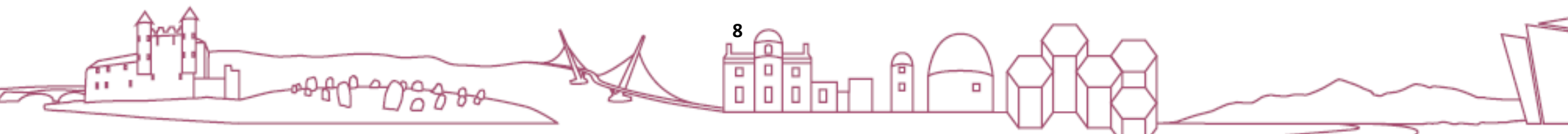
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
2.1	Establish a regional Age Friendly Network and implement, with partners, the WHO Age Friendly Communities model in local government districts in co-operation with DFC 'Active Ageing Strategy'	Support for the implementation and co-ordination of 'Age Friendly' in each council area, through shared learning and resources, and provision of a clear framework which will facilitate local stakeholders to come together, so that local council areas will: <ul style="list-style-type: none"> • foster health and wellbeing and the participation of people as they age • be accessible, equitable, inclusive, safe and secure, and supportive • promote health and prevent or delay the onset of disease and functional decline • provide people-centred services and support to enable recovery or to compensate for the loss of function so that people can continue to do the things that are important to them. 	Dr Mairs
2.2	Continue to develop and implement a regional arts programme to enhance the wellbeing and quality of life of older people across Northern Ireland through	Increase opportunities for older people to engage with the arts, promoting the development of positive relationships between people from different backgrounds and experiences and enabling older people to feel more connected to their local communities and wider society;	Dr Mairs



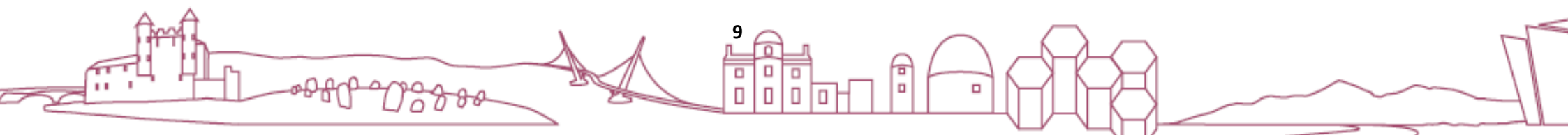
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	their active engagement and increasing access to participation in high quality arts activities, and in particular in 2019/20 work in partnership with the Institute of Public Health to further develop research evidence and apply to practice and delivery of arts and health programmes for older people.	Decreased feelings of exclusion, isolation, and loneliness amongst older people in society.	
2.3	Continue to lead the work to develop a frailty model for Northern Ireland, including developing and leading a Frailty Network, involving PHA, HSCB and external stakeholders, and testing a frailty model that will include: <ul style="list-style-type: none"> • falls • continence • mild cognitive impairment • mental wellbeing (including social isolation) • polypharmacy 	Earlier identification of frailty, with a focus on prevention; Reduction in the percentage of older people becoming moderate to severely frail.	M Hinds
2.4	Lead and co-ordinate the implementation of the enhancement to Home based Intermediate care developed from National Audit of Intermediate Care audit 2017 findings	Benefit older people, carers and the wider HSC system; Increased home based rehabilitation capacity; Better patient outcomes; Contribute to transforming unscheduled care system pressures.	M Hinds



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
2.5	Support the provision of high quality care in the nursing home sector through a programme of education and in-reach activities.	Improved quality of life for people living in Nursing and Residential Care homes, across Northern Ireland; Enhanced confidence and competence for care home staff to manage complex needs, resulting in more appropriate use of out of hour's services and reducing avoidable admission to hospital.	M Hinds
2.6	Continue to enhance the vaccination programmes to protect the health of older adults such as flu and shingles.	Increased awareness among older people of the vaccines available via the various media campaigns; Increased uptake of immunisations, helping to prevent illness and disease in older people.	Dr Mairs
2.7	Use research funding programmes (CHITIN, NIHR, commissioned research, Research Fellowships etc) to generate new knowledge on effective care and practice for older adults.	Enable access to novel interventions; Provide an evidence-base for 'what works' in terms of effective care and practice for older adults.	Dr Mairs
2.8	Influence future practice and policy in the care of older people, through the launch of reports and leaflets from commissioned research in dementia and through follow-up knowledge exchange processes with key stakeholders.	Embed research in practice, sustaining the workforce, improving routine care and providing an evidence-base of knowledge on dementia care.	Dr Mairs
2.9	Prepare for introduction of FIT testing within the bowel cancer screening programme.	Increased uptake, particularly in men and those from more deprived populations; Improved accuracy of screening test results, leading to an increase in early detection and reduced morbidity and mortality from bowel cancer.	Dr Mairs



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
2.10	<p>Continue to lead work with HSCB and Trusts to complete the delivery of Phase Two of the Dementia e-Health and Data Analytics Pathfinder Programme for Northern Ireland including:</p> <ul style="list-style-type: none"> • the implementation of 'My care record' patient portal; • delivery of a dementia apps library; • a number of dementia data analytics projects 	<p>Better access for people with dementia and their carers (in the first instance) to information relating to their personal health and care, and to trusted information relating to their health conditions; People with dementia and their carers will have access to a variety of apps that will support them in managing their condition; Improved capacity and capability in the use of data analytics across the HSC to better understand and plan for dementia services in the future.</p>	E Ritson
2.11	<p>Continue to seek opportunities to develop and utilise innovative practices /technologies to improve health and wellbeing working collaboratively with HSCNI and other stakeholders.</p>	<p>Through the delivery of existing and new EU projects and other innovation tools like SBRI we will Improve knowledge and learning of healthcare professionals of the use of connected health tools that can tackle problems like frailty and social isolation.</p>	E Ritson

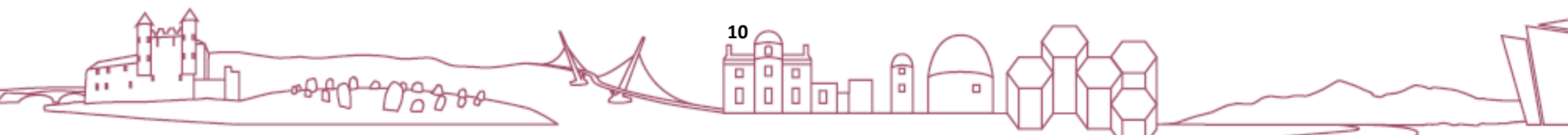


3: All individuals and communities are equipped and enabled to live long healthy lives

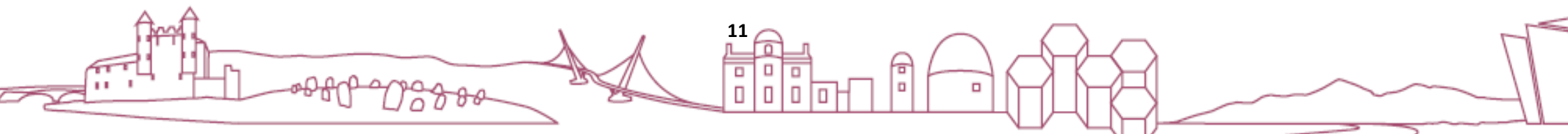
During the course of the PHA Corporate Plan 2017-2021 we will work to:

- 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 an 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; reduce harm from alcohol and drug misuse; reduce home accidents; 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;
- support research on innovative approaches to prevention and care.

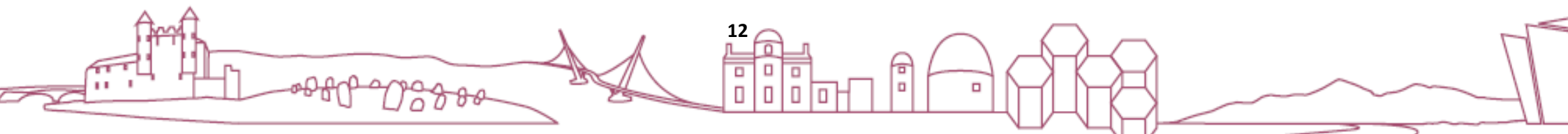
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
3.1	Lead and coordinate regional implementation of the Making Life Better (MLB) Public Health Framework, including introduction of the refreshed regional arrangements and exploring how leadership within HSC can be	Greater emphasis on early intervention and prevention; Improved understanding of healthier choices which in turn will lead to healthier outcomes; More effective collaboration at a strategic level to address the greatest inequalities; In the longer term, the inequalities gap will reduce, life expectancy will improve and there will be improvements in health outcome indicators across a range of health and	Dr Mairs



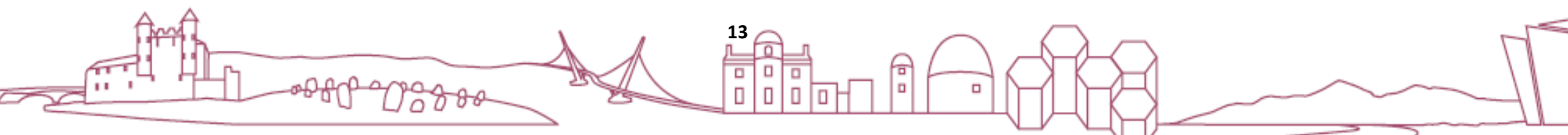
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	strengthened to operationally promote MLB during 2019/20.	social wellbeing gauges.	
3.2	Continue to participate in the 11 local government community planning partnerships, and work with community planning partners to take forward agreed actions to improve health and wellbeing through the community planning action plans.	Coordinated HSC and public health input to the development of action plans and their implementation, based on local needs in each local council; Improved health and wellbeing through tackling local issues identified in the community planning process and working with the community planning partnership.	E McClean
3.3	Progress and report on PHA-led PfG priorities as outlined in the draft plan and the Outcomes Delivery Plans	This will contribute to the implementation of PfG and thus improved health and wellbeing for the population and will increase the evidence base on the impact of initiatives.	All Directors
3.4	Develop and implement the actions flowing from the Transformation workstream on the expansion of community development approaches and explore how the learning from the community development framework will inform the structure of procurement specifications.	Build community development infrastructure and capacity. The learning from this process is designed to inform the future commissioning of community development services across all government departments and help ensure a more coherent approach in future.	Dr Mairs
3.5	Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.	Improved health and wellbeing outcomes, including a reduction in health inequalities for vulnerable target groups and at risk individuals supported by PHA interventions to alleviate some of the impacts of fuel, food or income poverty.	Dr Mairs



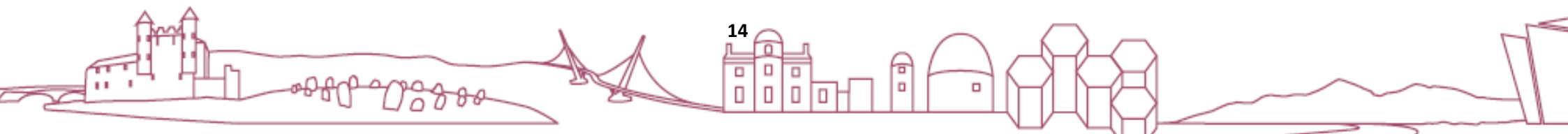
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
3.6	<p>Implement the multi-agency obesity prevention action plan with particular focus on:</p> <ul style="list-style-type: none"> • development of early years obesity prevention programme; • roll out of revised Physical Activity Referral Scheme; • implementation of minimum Nutritional Standards in HSC; • implementation of revised Nutritional Standards for school meals. 	<p>Children and adults, in a range of settings, will be supported with regard to healthy eating, weight management and physical activity. In particular:</p> <ul style="list-style-type: none"> • Families will be supported to help their young children maintain a healthy weight. • Obese adults with a co-morbidity will be supported to be more physically active. • Healthier food and drink choices will be available to staff and visitors in all HSC settings. • Food and drinks served in schools will meet revised standards on saturated fat, salt and sugar. 	Dr Mairs
3.7	<p>Explore the future delivery models for specialist drugs and alcohol services, in particular, the take-home Naloxone programme and the needle and syringe exchange services.</p>	<p>Reduced fatalities from opioid overdose; Increased targeting of opioid misusers who are not currently engaged with a drug treatment service; Increased safe disposal of used injecting equipment; Improved health outcomes for some of the most vulnerable groups in NI; Reduced onward transmission of BBVs.</p>	Dr Mairs
3.8	<p>Lead on the planning and re-procurement of Alcohol and Drug services that will allow for the implementation of a range of programmes and services to deliver and support outcomes within the New Strategic Direction for Alcohol and Drugs.</p>	<p>Provision of appropriate services in communities, for the benefit of substance misusers, communities and service providers working in communities.</p>	Dr Mairs



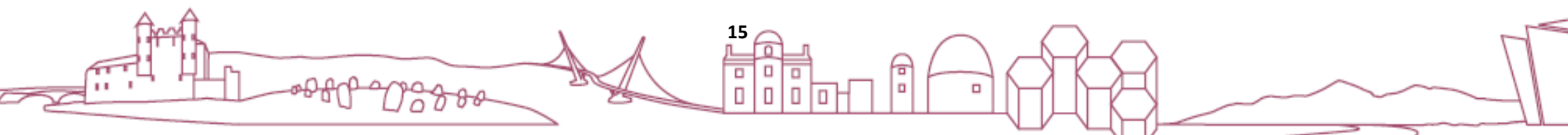
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
3.9	Continue to implement the Ten Year Tobacco Control Strategy in Northern Ireland (2012–2020) proactively targeting young people, pregnant smokers and disadvantaged adults. Following the review of the Tobacco Strategy we will review our direction and focus in line with the findings.	Decrease in smoking prevalence in NI; Improvement in all aspects of the health of the population, in particular in young people, pregnant women, and disadvantaged adults where smoking or exposure to smoke is impacting on their health.	Dr Mairs
3.10	Lead on the planning and procurement of Protect Life services that will allow for the implementation of a range of programmes to promote mental and emotional wellbeing and prevent suicide.	Provision of appropriate services in communities; Improvement in mental health and wellbeing, and reduction in the number of suicides.	Dr Mairs
3.11	Lead the development of healthier workplaces in the HSC and other sectors, working with other HSC organisations, through exploring the development of online toolkits/portal, the development of a charter and exploring options to manage succession planning for an ageing workforce.	Improved staff wellbeing, through increased access to health and wellbeing support for HSC staff in the workplace.	Dr Mairs
3.12	Continue to provide strategic direction for the development of a sustainability programme for Recovery Colleges, and carry out an independent regional evaluation of Recovery Colleges during	To benefit people with lived experience of mental health, their carers and staff working within mental health services across all Trust areas; Increased visibility of recovery college network across Northern Ireland; Increased knowledge on impact of the recovery college model on mental health and wellbeing.	M Hinds



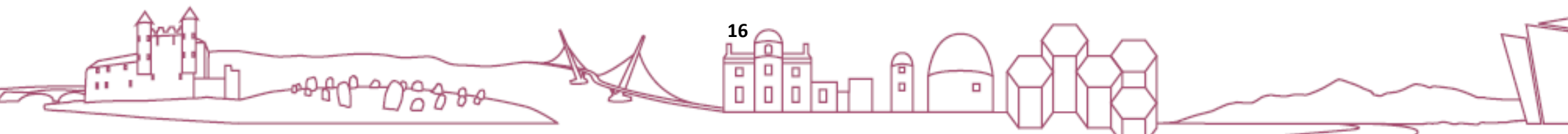
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	2019/20 to inform next phase of development.		
3.13	Provide strategic leadership and coordination for the evaluation of the Regional HSC Hospital Passport for people with learning disabilities.	Evaluation report will include best practice guidelines for the continued roll out of the regional hospital passport; Improve the safety and quality of healthcare for people with a learning disability.	M Hinds
3.14	Informed by the review of Tier 3 Drugs and Alcohol services, ensure there is regional consistency regarding service provision with seamless transitions of care and provide direction on the evidence-based treatment models required to provide the most effective and efficient use of resources to address system pressures.	Benefit drugs and alcohol service users; The review will reduce variation in practice, standardise professional thresholds and provide advice regarding patient flow.	M Hinds Dr Mairs
3.15	Informed by the review of acute mental health service provide direction on the treatment models required to provide evidence based treatments/interventions and guide the most effective and efficient use of resources to address system pressures.	Improved care for those requiring acute mental health care, through a more standardised model of future service delivery for the overall HSC, encompassing the ideal structure, process, outcome.	M Hinds Dr Mairs



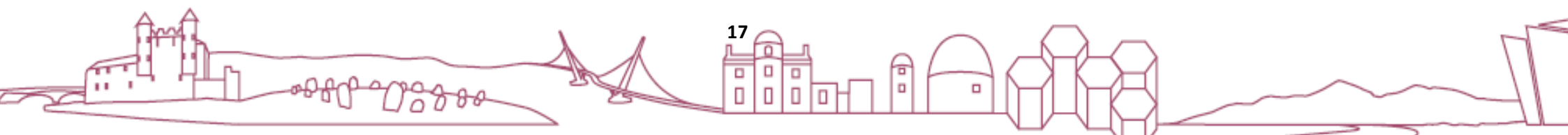
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
3.16	Continue to lead the implementation of the Regional Palliative Care work plan, including work with primary care, out of hours specialist advice and rapid response service.	It will improve the quality of life for those with palliative and end of life care needs and the experience of those important to them.	M Hinds
3.17	Lead the implementation of an integrated Communication Advice Service	Better patient outcomes, through increased access to Augmentative and Alternative Communication (AAC) devices to improve service user communication needs.	M Hinds
3.18	Continue to take forward the strategic planning and commissioning of prison healthcare for Northern Ireland, and participate in co-ordinating the implementation of the joint health care and criminal justice strategy action plan (to be launched in 2019), including the transformation of health care services in police custody through a nurse-led pathfinder.	Ensuring people get timely healthcare; Establishment of better links and appropriate referral pathways to the wider HSC when required; Provision of opportunity to engage with people who have enduring health needs; Promote innovation to improve quality for detainees.	M Hinds
3.19	Provide access for people across Northern Ireland to participate in leading-edge research focused on the needs of patients and the public.	Improve health and social care through research; Patients and the public will have access to novel interventions; Better able to attract, develop and retain the best research professionals to conduct people-based research.	Dr Mairs
3.20	Prepare for the introduction of a new model of service delivery within the Diabetic Eye Screening Programme.	All patients with diabetes (aged 12 years and over) are offered diabetic eye screening; Improved performance against the recommended screening interval and continued development of the programme in line with national standards.	Dr Mairs



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
3.21	Prepare for introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening Programme.	To benefit all women aged 25–64 who are eligible for cervical screening (approximately 494,000 women); Improved detection and treatment of precancerous cervical changes; Anticipated increased screening interval meaning less frequent testing for some women.	Dr Mairs
3.22	Develop Homeless Hub services to provide access to health care services for people who are experiencing homelessness in Belfast and elsewhere in Northern Ireland.	Improve access to health care for those experiencing homelessness (access to primary care, dental care and other health care services through a dedicated team of staff); Improved co-ordination between relevant health and social care services and with other inter-sectoral (non HSC) partners; Improved health status through providing preventative measures and healthcare interventions; Examine models of service delivery and design and cost future models for enhancing homeless health and social care services regionally.	Dr Mairs
3.23	Continue to lead the implementation and monitoring of key elements of the e-Health and Care Strategy under the objectives of <ul style="list-style-type: none"> • supporting people • using information and analytics • fostering innovation In particular, through telecare, telehealth, electronic assistive technology, and the further development of video-conferencing and apps libraries.	<ul style="list-style-type: none"> • Frail and vulnerable people will be enabled to live independently with Telecare support. • Through Telehealth, people in receipt of a range of healthcare services will be able to communicate with care professionals remotely saving them time and enabling them to be more actively involved in their own care. • Video-conferencing will improve access to healthcare professionals for people who are unable or have difficulty in accessing healthcare services. • Delivery of new and innovative services using video technologies. • Improved learning and knowledge on the use of electronic assistive technology and how it can support people with learning or physical disability to live independently at home. • Potential roll out of other apps library that will help healthcare professionals to support their patients and their carer’s in self-management as well as improve quality of care. 	E Ritson



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
3.24	Deliver new communication programmes supporting public health messaging including a new living well programme located in community pharmacies and available on the NIDirect web platform.	Target audiences are better informed about health matters and have access to relevant information encouraging earlier presentation at primary care settings.	E McClean
3.25	Target a range of communications to support adults through behavioural change relating to smoking, obesity, diabetes, drugs and alcohol.	Increased awareness leading to greater motivation to embed small changes in lifestyle activities.	E McClean

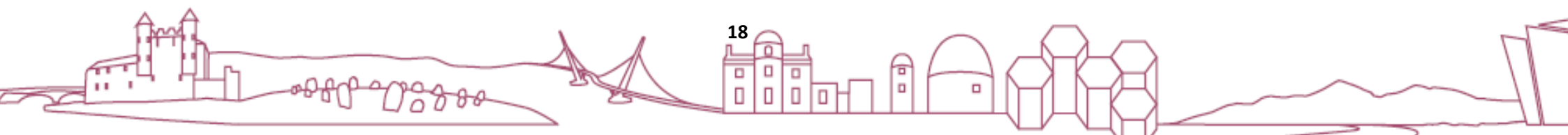


4: All health and wellbeing services should be safe and high quality

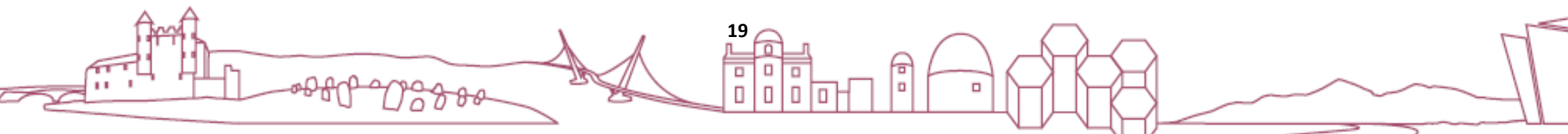
During the course of the PHA Corporate Plan 2017–2021 we will work to:

- 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 a 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 patients and clients to improve the safety, reliability and quality of care;
- drive forward, share and embed regional learning from relevant reviews and recommendations;
- support research on new diagnostic tools and treatments in collaboration with HSC, academia and industry.

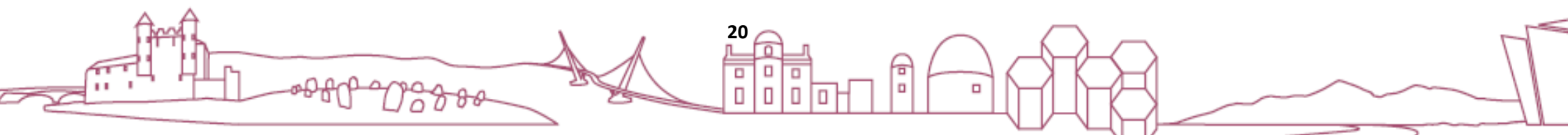
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
4.1	Implement the comprehensive patient and client experience programme, monitoring the agreed key regional priorities for 2019/20, which include: <ul style="list-style-type: none"> • continue to develop the 10,000 More Voices initiative to understand the patient client experience, including care of older people in nursing homes, swallowing 	To benefit service users, through facilitating Trusts to understand the experiences of service users and make appropriate focused adjustments if required for improvement.	M Hinds



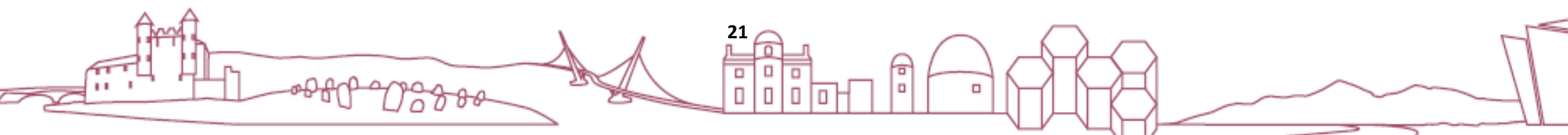
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	<p>difficulties and neurology;</p> <ul style="list-style-type: none"> • adopt the co-production model when designing and delivering transformational change. • increase the scale and spread of 'Always Events' • undertake an improvement project in relation to mixed gender accommodation and work with Trusts to measure and report compliance with their policy for mixed gender accommodation in 100% of inpatient areas. 		
4.2	<p>Continue to implement the District Nursing Framework, including progressing work on the Neighbourhood District Nursing prototype, Key Performance Indicators, education and district nursing career pathway.</p>	<p>Improved clinical outcomes for patients; Improved patient experience; Improved staff work experience; Provision of a cost effective service</p>	M Hinds
4.3	<p>Working in partnership with HSCB and HSCTs, continue to support and develop cancer services nursing, including:</p> <ul style="list-style-type: none"> • roll out of Clinical Nurse Specialist (CNS) workforce expansion plan across NI HSC Cancer Services • oversee the Acute Oncology 	<p>Improved experience for patients living with cancer; Improved access to CNS as key worker and improved access and timely response to AOS; Facilitate regional agreement of systems and processes and standardise through regional CNS forums; Modernise provision of systematic anti-cancer therapies for patients across NI through the expansion of NMP, maximising current workforce capacity; Build a clinical pathway for nurses in cancer services to develop advanced roles and help with recruitment of cancer nursing workforce;</p>	M Hinds



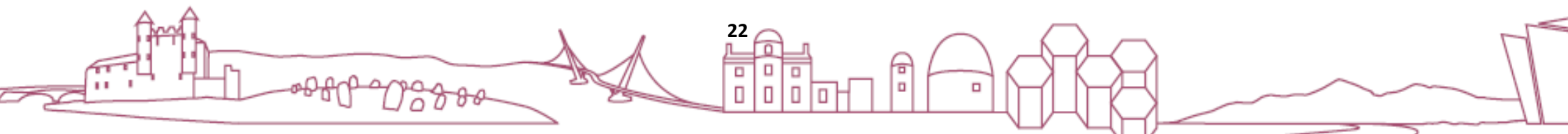
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	<p>Nursing Service (AONS);</p> <ul style="list-style-type: none"> • develop a sustainable model for Non-Medical Prescribing (NMP) • develop advanced practice nursing roles across cancer services to support the oncology services transformation. 	Support the transformation of oncology services.	
4.4	Contribute to the regional DOH review of neurology services.	To benefit service users as well as nurses and AHPs working in Neurology services; Tailored pathway for the assessment, treatment and management of neurological conditions.	M Hinds
4.5	Continue to support the AHP workforce in primary care transformation with an initial focus on first contact physiotherapy, and identifying additional opportunities for the wider AHP workforce including Occupational Therapy and Dietetics.	Improved levels of service user satisfaction, patient empowerment and better clinical outcomes; Contribute to transforming system pressures in primary care.	M Hinds
4.6	Continue to lead on the development of methodology and models for the policy framework for Delivering Care Project NI for the nursing and midwifery workforce.	Supporting the provision of high quality, safe and effective care in hospital and community settings, through the development of a framework to determine staffing ranges for the nursing and midwifery workforce in a range of major specialities; Promote a shared understanding between professionals, management, finance and HR of the essential components to set and review nurse staffing establishments and when establishing new services to provide safe, effective and person-centred care.	M Hinds



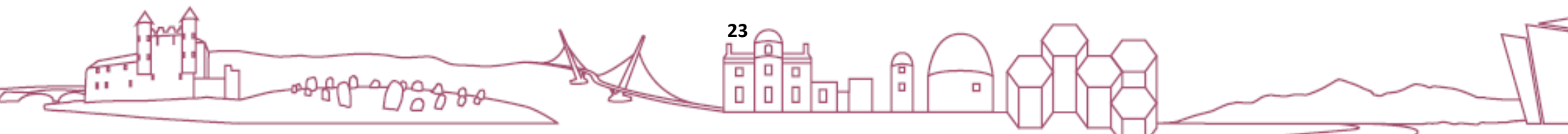
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
4.7	Implement the recommendations of the GP Nursing Framework including workforce capacity within primary care settings, through the development of Advanced Nurse Practitioner roles; rolling out regional education and training programmes, co-designed with users, carers and communities, professional governance and core competencies.	Benefit service users, GPs, General Practice Nurse and Health Care Assistant staff and education providers; The development of the General Practice Nurse and Health Care Assistant workforce within general practice will assist the management of increased pressures, creating capacity for GPs to have increased time with more complex patients; Access to appropriate structured education and training to better meet the requirements for the complex and changing service needs for patients in primary care settings.	M Hinds
4.8	Increase public awareness of antimicrobial resistance as a health issue and the importance of appropriate use of antimicrobials by everyone through the Keep Antibiotics Working campaign resources and media campaign.	Increased public understanding of the threat to health from AMR and knowledge of the steps that can be taken to reduce AMR; Contribute to progress towards the HSC target to reduce inappropriate prescribing by half by 2020.	Dr Mairs
4.9	Commission Flu Fighters to enhance and promote the delivery of influenza vaccine for HSCNI workers to achieve the 40% target set by DoH (<i>Nb the 2019/20 target will not be confirmed until summer 2019</i>).	Benefit HSCNI workers, their patients and colleagues throughout Northern Ireland; Reduce the number of staff off sick with the influenza virus; Reduce the spread of the influenza virus among colleagues and patients.	Dr Mairs
4.10	Continue to implement the R&D PPI Strategy through the delivery of training and provision of guidance to researchers and members of the public on PPI in research and facilitate	Research funded by HSC R&D will be influenced by patient priorities and co-designed with patient and public partners leading to clearer information, higher recruitment, better methods and targeted dissemination.	Dr Mairs



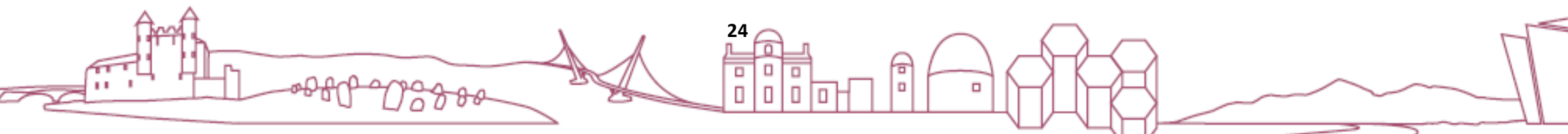
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	opportunities for patients and public to be involved as partners and co-designers in the research process through the promotion and expansion of the PIER role and its evaluation.		
4.11	Contribute to the National Institute for Health Research (NIHR) funding programmes,, which aim to fund leading-edge health and care research and translate discoveries into practical products, treatments, devices and procedures.	Research commissioned will have a focus on improving health and social care; Drive faster translation of scientific discoveries into tangible benefits for patients.	Dr Mairs
4.12	Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans.	Better engagement with Trust teams; Increased awareness of quality improvement interventions; Identifiable and sustained improvement against identified quality improvement indicators; Improved safety and quality of care.	M Hinds
4.13	Provide a strategic role in the management of and learning from the SAI (Serious Adverse Incidents) process, including leading the development of the Learning Matters newsletter, development of thematic reviews and contributing to the SAI biannual learning report.	Increased awareness and dissemination of learning identified from SAIs, which is targeted to the relevant HSC staff; Improved safety and quality of care.	M Hinds



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
4.14	Continue to oversee the implementation of the Q2020 Strategy, including providing advice and support to the task streams and coordinating the development of the Annual Quality Report.	Identification of models of improvement for potential regional scale and spread; Raised awareness of quality improvement initiatives; Identifiable and sustained improvement in the quality of health and social care services.	M Hinds
4.15	Work collaboratively with all appropriate stakeholders to ensure the smooth transition towards the Regional Improvement Hub (incorporating HSC Safety Forum, HSCQI and Q 2020).	This will provide a joined up and cohesive approach to Quality Improvement to support scale up and spread of quality initiatives across Northern Ireland, for the benefit of service users, families and carers and HSC staff.	M Hinds
4.16	Implement a range of actions through HSCQI in support of HSC Trusts and other key stakeholders to improve the safety and quality of services delivered	To benefit service users, families, carers and HSC staff; Meet key milestones for each of the following workstreams and sustained engagement with front line clinical staff: <ul style="list-style-type: none"> • maternity • paediatrics • mental health • sepsis • community emergency response times • early warning score tools Continue to build capacity through programmes such as Q (Health Foundation) and ECHO.	M Hinds
4.17	Provide strategic leadership for the implementation of involvement and co-production at a regional level by:	To benefit service users, carers, members of the public and HSC staff; The implementation of good involvement and co-production practice across HSC organisations and advance and promote regional transformation programmes.	M Hinds



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
	<ul style="list-style-type: none"> working in partnership with the Regional HSC PPI Forum to implement the co-produced action plan, including a review of monitoring processes, hosting of a regional event and development of high quality training for HSC staff. working in partnership with DoH, HSCB, PCC, HSC Trusts and the other ALBs to shape best practice involvement and co-production in Transformation programmes. 		
4.18	<p>Working with the HSCB, convene a group to review the current Northern Ireland Extreme Surge Framework (Pandemic Flu), identify gaps and plan to take forward work on the necessary elements to address gaps. Draft updated regional guidance for Northern Ireland will be submitted by the end of June to the DoH for consideration and approval.</p>	<p>Development of Regional Pandemic Surge Framework for NI (strategic guidance)</p>	<p>Dr Mairs</p>

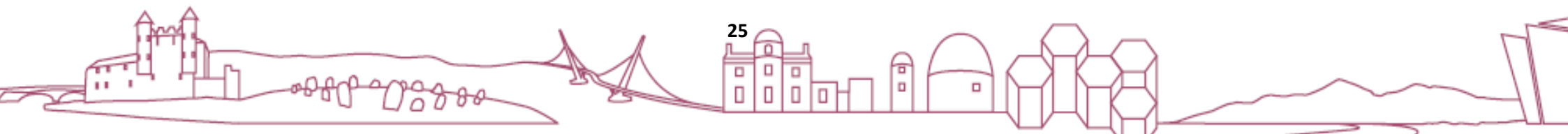


5: Our organisation works effectively

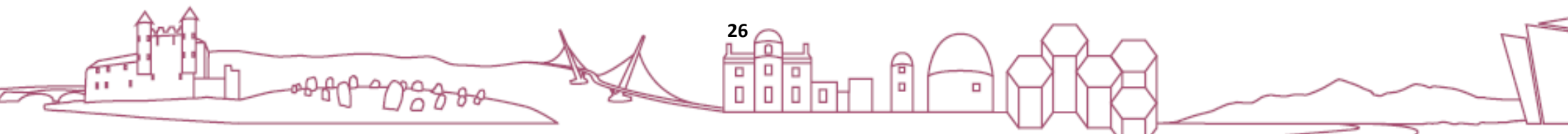
During the course of the PHA Corporate Plan 2017–2021 we will work to:

- 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.

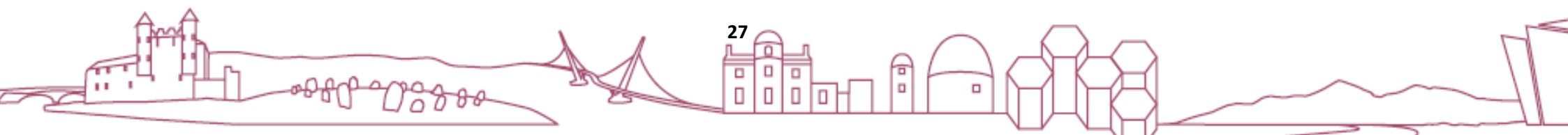
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
5.1	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas through the organisation of a series of events on key topic areas bringing a wide range of stakeholders together.	Improved public health through research; Embed research in practice, sustaining the workforce and improving routine care.	Dr Mairs
5.2	Implement a change management process in 2019/20 to create a more efficient and cohesive R&D infrastructure that makes it easier to navigate, with collaborative leadership, to ensure an improved service.	Benefit patients, carers, researchers, health and social care professionals; Enhance Northern Ireland reputation as a nationally and internationally recognised centre of research excellence; Strengthened and streamlined systems for research management and governance in Northern Ireland.	Dr Mairs



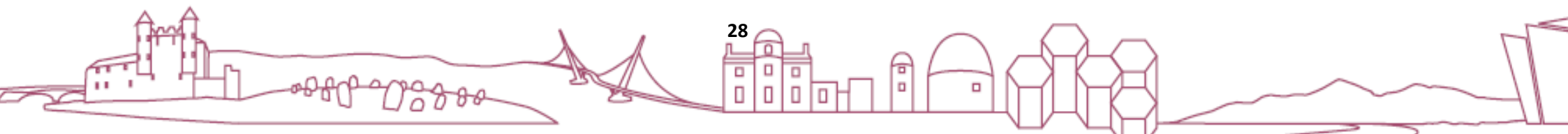
	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
5.3	Further develop and embed an outcomes approach and impact measurement across the PHA beginning with PfG and Community Planning actions.	Increased understanding, skills and knowledge regarding outcomes approaches; Clearer reporting, demonstrating impact, better informing decision making.	E McClean
5.4	Review and test the PHA Business Continuity Management Plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	PHA is able to maintain essential functions in the event of a business continuity disruption.	E McClean
5.5	Ensure appropriate corporate and information governance arrangements are in place to underpin and support the PHA in undertaking its core business.	PHA will have appropriate internal control measures in place, compliant with legislation and DoH regulations, enabling PHA to undertake its core functions.	E McClean
5.6	Undertake a review of PHA contract management processes to ensure they are meeting standards of practice required, are addressing risks to PHA on a proportionate basis and are being managed effectively across the organisation.	Establishment of consistent processes for monitoring contract performance that meet standards of practice required; Improvement in the accuracy of information being returned; Reduction in duplication of process for service providers and PHA staff; Reduced risk to PHA of non-compliance with contract terms and conditions.	E McClean
5.7	Continue to take forward the implementation of the PHA Procurement Plan, taking account of the findings from the Procurement Planning Task and Finish Group	Maximise use of resources to secure best services through appropriate competition; Compliance with legal obligation to re-tender all procured services within contracted timescales; Timely and suitable pre-procurement planning to ensure that key service and population objectives are met and enabling procurements to progress in timely way.	E McClean



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
5.8	Develop the PHA Investment Plan and monitor implementation to ensure budgets are allocated and spent in line with agreed strategic priorities.	PHA budgets are managed effectively and opportunities to progress strategic priorities maximised; PHA programme budget is fully utilised in 2019/20 and financial breakeven position achieved.	E McClean
5.9	Support the further integration of involvement and co-production practice into the governance structures of the PHA by: <ul style="list-style-type: none"> • establishing a service user and carer reference group within pha. • developing an involvement and co-production plan for each PHA directorate. • providing assurance through the corporate monitoring of Involvement and coproduction practice within PHA. 	Improve service user/carers involvement in the planning/commissioning of programmes/services; PPI is used to support the achievement of relevant business plan objectives.	E McClean
5.10	Continue to support and develop staff during a period of organisational change, including relevant communication with staff.	Staff feel supported and valued; Improved staff morale; Staff are skilled and equipped for the future.	V Watts



	During 2019/20 we will:	Anticipated impact Who will benefit and/or what difference will it make?	Lead Officer
5.11	Continue to prepare for the new organisational arrangements (anticipated 1 April 2021), working with HSCB and DoH.	Smooth transition to the new organisational arrangements, in particular the transfer of functions and staff from the HSCB Social Care and Children’s Directorate into the PHA.	V Watts
5.12	Continue to develop and update the new staff intranet to support communications within the PHA	Effective communication platform in place to support dissemination of information for PHA staff and programmes of work; Improvements in PHA staff awareness of work related issues leading to more effective working patterns.	E McClean





Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

www.publichealth.hscni.net

Find us on:

