Corporate Strategy 2011–2015

Realising the health and wellbeing potential of people

HSC Public Health Agency

Contents

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 recent 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 DHSSPS priorities and likely funding available.

The goals set out in this strategy will be supported by:

- annual plans detailing how the goals will be achieved
- the Joint Commissioning Plan, developed in partnership with the Health and Social Care Board.

Key to this will be working in partnership with individuals, groups and communities.

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

- protecting health
- improving health and wellbeing
- improving quality and safety of Health and Social Care services
- improving early detection of illness.

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

Dr Eddie Rooney
Chief Executive

Mary McMahon
Chairperson

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.
- Working in partnership to improve the quality of life of those we serve.
- Valuing and developing our staff and striving 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 Marmot Review[1] has highlighted that the link between social conditions and health should not be seen as secondary to the 'real' concerns with health – healthcare 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 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, we recognise 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".[1]

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, as indicated by the Marmot Review:

- 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.

What does this mean for the PHA?

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, justice and culture), 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 that will reduce health and wellbeing inequalities. The PHA recognises the work already taken forward with partners, including through *Investing for Health* and related strategies, and is committed to maintaining the momentum and building on this.

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

[1] Marmot Review: Fair Society, Healthy Lives: A strategic review of health inequalities in England post-2010. 11 February 2010.

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 healthcare associated infections (HCAIs).

1.6 Reducing HIV and 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.

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 been fatalities.

As soon as the vaccine became available, it was decided to offer it first to the children who attended these special schools, using the school health teams. This decision was taken on a Tuesday. The PHA then worked extremely hard with the Health and Social Care Trusts and by Friday of the same week, 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.

The PHA continues to lead on the annual seasonal flu vaccine programme.

Sexual health

The PHA and its statutory and voluntary sector partners in the Regional Sexual Health Improvement Network (SHIN) 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 approaches must focus on the safer sex measures of:

- delaying the first experience of sexual intercourse
- 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 measures 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 deciding 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 that 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 a 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 the PHA will deliver as part of *Changing the Culture 2010* is a HCAI action plan for primary and community care settings. This action plan will focus on six or 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 and influencing population health behaviours.

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, including parenting, for all women and men.

2.6 Ensuring that a focus on positive health and wellbeing for older people is prioritised in all aspects of the PHA's work and rooted in lifelong healthy lifestyles.

2.7 Focusing on communities experiencing significant social deprivation and health need, as well as social groupings that have fallen behind levels of health expected by our society, for example people who are Travellers, or are lesbian, gay, bisexual or transgender (LGBT).

2.7 Fostering social enterprises and volunteering in communities experiencing deprivation.

2.8 Working in partnership to ensure healthy and safe communities, the provision of services, education and support at community level, as well as promoting the uptake of available grants, services and benefits.

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, breastfeeding, home accident prevention and skin cancer prevention.

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 that 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. More than 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 when 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 form 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. It has been estimated that early preventative costs produce long-term cost-benefits typically of a ratio of 7:1.

Tobacco control

Smoking is the major cause of preventable ill health and death in Northern Ireland. It also accounts for 50% of the difference in health and wellbeing outcomes experienced by disadvantaged groups. One in every two smokers will die prematurely because of smoking.

The PHA is committed to:

- reducing the number of people taking up smoking
- increasing the number of people stopping smoking
- protecting people from the harmful effects of second-hand smoke.

Of particular importance is the targeting of stop smoking support for people in manual occupations and living in the most deprived wards. Pregnant women are also a key focus for action, with a commitment to increase the number of pregnant women using the services by 20%.

The PHA will be delivering sustained public information campaigns on smoking over the next five years. The current campaign 'Things to do before you die' was developed with committed smokers and has had an impact in recruiting more smokers to the stop smoking services. In support of people who want to stop, a telephone helpline 0808 812 8008, a self-help Quit Kit and a website www.want2stop.info have been developed. There are over 600 stop smoking services, which are located in GP practices, community pharmacies, hospitals, workplaces, the voluntary sector and community groups. In 2010/11, there was a 47% growth in the uptake of services, with 52% of people successfully quitting.

The enforcement of current smoke-free legislation and the further development of this legislation are important in changing the cultural acceptability of smoking. This work is taken forward in close cooperation with district councils.

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) and other partners on the re-design 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.

3.6 Leadership of the European Centre for Connected Health (ECCH) and working with HSC Trusts and professional, voluntary and community organisations to maximise the innovative use of technology to support patients/clients in their homes and professional staff in their practice.

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

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

3.8 Ensuring the implementation of guidance from the National Institute for Health and Clinical Excellence (NICE), findings from confidential enquiries, and lessons from adverse incidents, through the Regional Adverse Incident Learning (RAIL) system, within available resources.

3.9 Acting as a catalyst to progress the quality and safety regional priorities, including through the PHA Quality and Safety Lead and the safety forum.

3.10 Ensuring high quality care across Health and Social Care through implementation of patient client experience standards.

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

3.12 Taking forward recommendations from the DHSSPS Quality Strategy, District Nursing Review, Allied Health Professions Strategy, Dementia Strategy, and Physical and Sensory Disability Strategy, and leading the implementation of the Review of Health Visiting and School Nursing, the end of life strategy 'Living Matters Dying Matters', and the Nutrition Strategy.

3.13 Ensuring workforce planning is taken forward in all areas of nursing to ensure high quality safe and effective care is delivered.

Improving quality and safety: In focus

Examples of ongoing work:

Patient and client experience: implementing the standards

The PHA, through the Director of Nursing and Allied Health Professions, oversees the implementation, performance management and monitoring arrangements of the DHSSPS *Patient and client experience standards for Northern Ireland*.

In 2008, the DHSSPS published the standards, with aims to:

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

They ask that all Health and Social Care providers adopt the standards in relation to:

- respect
- attitude
- behaviour
- communication
- privacy and dignity
- monitoring and reporting performance 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. Key aspects of the work included:

- the development of 'easy read' standards and questionnaires for completion in those service areas where patients and clients require assistance with communication
- the use of 'talking mats', which are low tech evidence-based communication resources that help understanding and support expression
- the roll-out of 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 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 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 and testing programmes.

4.2 Introducing new, approved screening and testing 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. There are more than 1,000 new bowel cancer diagnoses and more than 400 deaths from the disease 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 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

Personal and public involvement

- Leading meaningful personal and public involvement.
- Supporting HSC organisations in 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, including the DHSSPS, HSC organisations and local government.
- Acting as a catalyst for action so that community, voluntary and statutory partners undertake actions that reduce inequalities.
- Supporting work across government.
- Working with professional regulatory and other bodies to maximise the contribution staff make to the provision of high quality services, regardless of environment of care or treatment.

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.
- Emphasising equality in all that we do.

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 and support 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 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 need to be optimised to their fullest potential to ensure an effective organisation that can meet these challenges.

The goals set out in this strategy will be supported by:

- annual plans detailing how the goals will be achieved
- the Joint Commissioning Plan, developed in partnership with the Health and Social Care Board.

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 Trust

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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