PHA Annual Business Plan

2025/26

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**Introduction**

The Public Health Agency (PHA) remains committed to improving and protecting the health and well-being of everyone across Northern Ireland, reducing health inequalities and ensuring high-quality evidence based public health services. **The 2025/26 Annual Business Plan** outlines our key priorities, actions and deliverables for the year ahead in alignment with our New **2025-2030 Corporate Plan**, the **draft Programme for Government framework 2024-2027** and the wide range of departmental policies and strategies, including Making Life Better public health framework, and Health and Wellbeing 2026: Delivering Together.

Our commitment to reduce health inequalities is central to our Corporate Plan and underpins the priorities set out in this Annual Business Plan for 2025/26. While the Annual Business Plan does not detail every action the PHA will take during this period, it highlights key actions from all organisational functions and directorates across five strategic outcomes.

The Annual Business Plan identifies priority areas that the PHA recognises will require particular focus to enable progress to be achieved both during 2025/26 and in future years to protect and improve population health outcomes and reduce health inequalities. The Annual Business Plan is underpinned by Directorate Business Plans which encompass all core areas of work that are being progressed on an ongoing basis, meeting Ministerial priorities and outcomes set out in our New Corporate Plan 2025-2030.

The following strategic themes represent our core areas of focus for our organisation as we strive toward our vision of a healthier Northern Ireland. This Annual Business Plan is structured around key priority areas that align with and guide the delivery of our Corporate Plan ambitions and outcomes.

* Health Protection
* Starting Well
* Living Well
* Ageing Well
* Our Organisation

By embedding an Outcome Based Accountability (OBA) framework, this plan ensures a structured, evidence-driven approach to public health improvement; allowing us to track progress, measure impact and drive meaningful change at every stage of life.

Our society continues to face significant public health challenges, many of which have been shaped by recent events, including the lasting impact of the COVID-19 pandemic. These challenges have reinforced the importance of pandemic preparedness, health protection and addressing systemic health inequalities that persist across Northern Ireland. Too many people still experience unfair and avoidable differences in health outcomes, leading to premature mortality and preventable conditions.

As we look ahead to 2025-26 our commitment to reducing health inequalities remains at the core of this plan. This will be a challenging year, requiring us to balance key commitments within a tight financial context while navigating a period of organisation and system-wide change. The Reshape and Refresh Programme will enable PHA to continue to evolve as a stronger organisation with the capacity and capability to provide the public health leadership and expertise to deal with and advise on the ongoing wider public health and healthcare needs of the population. To support this, it is essential that the PHA and its stakeholders have a clear understanding of our strategic priorities which will be delivered through the implementation of our new corporate plan.

The PHA retains its responsibility for providing public health professional input to the Department of Health’s Strategic Planning and Performance Group (SPPG) for the commissioning of health and social care services across Northern Ireland. In fulfilling this responsibility, we will continue to support the commissioning process and collaborate closely with SPPG colleagues to advance the development and implementation of the new Integrated Care Planning System for Northern Ireland. Ensuring that public health and health inequalities are appropriately reflected in these plans will remain a priority.

Tackling health inequalities – the unfair and avoidable differences in health outcomes both across the population and between different groups within society, is a complex and multifaceted challenge. At the core of the challenge is the need to address the wider social determinants of health and this requires the commitment and support of Government Departments, statutory bodies and Community and Voluntary Organisations.

As the lead public health body, the PHA will continue to work with partners across Northern Ireland to tackle these inequalities and during 2025/26 we will specifically:

* champion a ‘whole system’, cross-government approach to tackle the challenges and barriers to improving health and reducing health inequalities;
* provide professional public health advice to the planning and commissioning of safe, effective, equitable, high-quality healthcare;
* listen to, involve, and work together with individuals, families, local communities, HSC and other key partners in all our work;
* ensure planning, guidance and decisions are based on best available evidence and driven by data, research and experience, and
* improve equity of access to prevention and early intervention information and services for those who need them.

Accountability

The Annual Business Plan will be monitored quarterly and update reports will be provided to PHA Board. The Agency Management Team (AMT) will be collectively responsible for ensuring the actions and agreed outcome measures are achieved. Where actions are not on target to deliver, these will be considered by AMT and mitigating actions agreed to ensure maximum progress is made by March 2026.

**Protecting Health**

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|  | **Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents** |
| **No** | **Actions** | **Main Corp Plan Priority (1-34 or O1-O5)** | **Main Corp Plan Indicators impacted (where applicable)** | **Anticipated Impact / Desired outcome for client population** | **Outcome Measures (including timescales)** | **Lead Director (and Responsible Officer – for Delivery)** |
| 1 | Develop a public facing, universal indicator dashboard covering communicable diseases and related special health matters. | 3, 8 | 2 | The public will have available to them current health intelligence in an accessible and transparent manner. | Pilot dashboard launched **(December 2025)**Review and further development of dashboard **(March 2026)** | Joanne McCleanDeclan Bradley |
| 2 | Implement Phase 1 and Phase 2 changes to the childhood vaccination schedule in line with [JCVI advice.](https://www.gov.uk/government/publications/changes-to-the-childhood-immunisation-schedule-jcvi-statement/joint-committee-on-vaccination-and-immunisation-jcvi-statement-on-changes-to-the-childhood-immunisation-schedule)  | 6, 12 | 1 | Ensures all children are called for vaccination in line with the recommended schedule to be protected against vaccine preventable disease. | Implementation of Phase 1 changes **(July 2025)**Implementation of Phase 2 changes **(January 2026)** | Joanne McCleanLouise Herron  |
| 3 | In line with national and regional pandemic preparedness planning, continue to work with partners to progress development of our plans to include participation in the national emergency planning testing exercise in autumn 2025 – Pegasus. |  1 | (iii) | To protect the H&WB of the public in the case of a future pandemic. | participation in the national emergency planning exercise **(timescale to be confirmed by Central Gov’t)**Learning from exercise reflected in updated emergency plans **(March 2026)** | Joanne McCleanLouise Herron |
| 4 | Complete option appraisal and commence the development of a business plan that addresses the digital needs of all screening programmes.  | 5 | 5 | Robust IT systems for the delivery and QA of the NI Screening Programmes | Option Appraisal developed **(August 2025)** Business Plan commenced **(October 2025).** | Joanne McCleanGary Loughran |
| 5 | Produce a business case for extension of the age range for bowel screening and establish project implementation structures. | 5,32 | 5 | Support prevention and early detection of bowel cancer illness by offering bowel cancer screening to people aged 50-74 who currently do not have symptoms | Project structures established **(May 2025)**Business case developed and submitted to DoH **(January 2026)**  | Joanne McCleanTracy Owen |

**Starting Well**

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|  | **Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years** |
|  | **Actions** | **Main Corp Plan Priority (1-34 or O1-O5)** | **Main Corp Plan Indicators impacted (where applicable)** | **Anticipated Impact / Desired outcome for client population** | **Outcome Measures (including timescales)** | **Lead Director** **(and Responsible Officer – for Delivery)** |
| 6 | Work in collaboration across a wide range of bodies and departments including statutory, voluntary and community sectors to address the root causes of domestic abuse. | **17** | (i) | Raising awareness regarding Domestic Abuse as a Public Health Issue  Increase opportunities for victims to disclose Domestic Abuse and avail of additional support thus reducing impact of domestic abuse on victims and children   | PHA action plan to support the implementation of recommendations from the Review of Routine Enquiry (RE) in relation to Domestic Abuse (DA) in line with Domestic and Sexual Abuse Strategy **(March 2026)**Final Model of Routine Enquiry for Midwifery and SCPHN to be agreed for implementation **(December 2026)** | Heather ReidEmily Roberts |
| 7 | Support the refresh of the Universal Child Health Promotion Programme Healthy Child Healthy Future (HCHF) to strengthen its reach and impact that will enhance early intervention and developmental support from universal services and AHPs to meet the specific and developmental needs of children.  | **9, 11, 13, 15, 16, 17** | 8-19 | That the HCHF Universal Health Promotion Programme is updated to take into to account all relevant practice and best practice in terms of promoting the best outcomes for all children | Refreshed HCHF Programme completed **(June 2025)**Establishment of NI Implementation Group to implement the refreshed programme **(June 2025)** | Heather Reid Mairead Donnelly |
| 8 | Drive and support the transfer of the NI Child Health system onto Encompass including supporting the build for the system with EPIC developers. | **3, 5, 12, 14,** | (ii), (iii)  | Modernisation of the scheduling, recall, failsafe and data recording and reporting for the full Universal health Promotion and Childhood Vaccination programmes | Establish project support and arrangements for escalation of issues out with PHA control to project Board. **(May 2025)**Full availability of CHS functionality on the Encompass system with the planned go Live date of **(February 2026)**  | Heather Reid / Joanne McClean Mairead Donnelly |
| 9 | Complete a comprehensive analysis of the healthcare and therapeutic needs of children with Special Educational Needs (SEN) in Special Schools including capturing presenting co-morbidities and the level of complexities of need to help plan and support children’s access to the education curriculum. | **1** | (i) | Develop a baseline of needs to determine the pathways and therapeutic and nursing input required to support improved health and wellbeing outcomes of children with Special Educational Needs (SEN) Increase opportunities to improve MDT working | Completion of needs assessment for children with complex health care needs attending special schools: * Nursing needs assessment **(June 2025)**
* Therapeutic needs assessment (**August 2025)**

Using aggregated therapeutic and nursing needs assessment data, develop updated pathways to support children with SEN attending special schools **(March 2026)** | Heather ReidGeraldine Teague /Eilidh McGregor |

**Living Well**

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|  | **Ensuring that people have the opportunity to live and work in a healthy way** |
|  | **Actions** | **Main Corp Plan Priority****(1-34 or O1-O5)** | **Main Corp Plan Indicators impacted (where applicable)** | **Anticipated Impact / Desired outcome for client population** | **Outcome Measures (including timescales)** | **Lead Director (and Responsible Officer – for Delivery)** |
| 10 | Review and update the Regional PL2 Action Plan and local Protect Life Implementation Groups (PLIGs) Action Plans to reflect updated PL2 Strategy priorities.  |  21 | 20, 21 | Local communities will have a new plan for delivery of the Protect Life Strategy in their local communities | New regional action plan will be in place **(June 2025)**New PLIG Action Plans will be in place **(December 2025)** | Joanne McClean / Heather ReidFiona Teague |
| 11 | Implement a review and revision of the service provision model of all Pharmacy based Stop Smoking Services across NI, taking into account refreshed NICE guidance and evidence base in re-commissioning of servicesImplement a review of all Trust based Stop Smoking services commissioned via PHA, to ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust. | 18 | 22 | Ensure a minimum of 5% of the smoking population in NI accesses Stop Smoking Services to improve quit rates and reduce ill health and deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy)Continue to reduce smoking prevalence across NI by a minimum of 1% annually to reduce deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy)  | Revised Pharmacy based Stop Smoking services rollout to begin across NI in partnership with SPPG **(February 2026)**Review team established **(May 2025)**Development of a regional service specification **(February 2026)**  | Joanne McCleanColette Rogers |
| 12 | Develop a regional cancer toolkit as an option to facilitate cancer Prehabilitation options. | 19 | 29 | Improve physical, nutritional, and psychological wellbeing of people living with cancer.Prehabilitation and rehabilitation is evidenced based to improving outcomes for people living with cancer.Supporting people to live well | Establish in conjunction with NICaN and SPPG a proposed regional Model for Prehabilitation Establish opportunities to progress and imbed targeted and universal prehabilitation through council, community and voluntary sector engagement **(March 2026)** | Heather Reid Lorna Nevin / Ceara Gallagher |
| 13 | Undertake a review of PHA commissioned physical activity referral scheme (PARS) including consideration of expanding its role in helping people with serious illnesses manage their conditions, prehabilitation and rehabilitation.  | 18,19,20 | 29 | Increased physical activity to improve helpSupport for prehabilitation and rehabilitation through physical activity. Recognition of the benefits of physical activity for patients and a referral mechanism for health and social care staff caring for them | Review completed and if recommended update service specification with a plan to expand reach for the potential benefits of physical activity. **(March 2026)** | Joanne McCleanFiona Teague |
| 14 | Launch a constipation campaign, to include establishing an expert reference working group with the aim to co-produce a suite of resources / guidance to support people with learning disabilities, their families / carers and clinical staff to prevent, recognise and treat constipation across the lifespan.  | 18, 19, 24 | 29 | Improve knowledge and provision to reduce ill health and poor outcomes associated with constipation in people with learning disabilities across the lifespan.  | using available research and evidence, identify specific needs and risk factors for prevalence of constipation in people with learning disabilities **(June 2025)**Carry out a scope across the UK and Ireland to review the programmes of care in relation to constipation and people with learning disabilities **(September 2025)** expert reference working group will be established **(March 2026)**  | Heather ReidSiobhan Rogan |

**Ageing Well**

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|  | **Supporting people to age healthily throughout their lives** |
|  | **Actions** | **Main Corp Plan Priority (1-34 or O1-O5)** | **Main Corp Plan Indicators impacted (where applicable)** | **Anticipated Impact / Desired outcome for client population** | **Outcome Measures (including timescales)** | **Lead Director (and Responsible Officer – for Delivery)** |
| 15 | Develop a NI Regional Safer Mobility Model and lead on the implementation, beginning with PHA commissioned services. |  26 |  34, 35 | Regionally agreed model across all stakeholders to inform commissioning of all future NI safer mobility/falls prevention services. reduce risk of falling by increasing access to primary/secondary prevention services and raising awareness around healthier behaviours.  reduce the number of falls overall and reduce pressure on HSC services. | Creation of regional forum comprising of 6 trusts, and relevant stakeholders. **(September 2025)** Scope SPPG commissioned services in relation to falls and working with the SPPG Joint commissioning team, agree NI Safer Mobility model **(September 2025)** Creation of implementation plan and evaluation framework **(December 2025**) Begin implementation of Safer Mobility Model**. (March 2026)** | Heather Reid Sandra Aitcheson  |
| 16 | Adopt a regional approach to addressing the potential harms of deconditioning which older people may experience during an episode of care in hospital.This work will agree standards and recommendations to cover:• awareness;• prevention;• early identification of people at risk; and• management |  27,31 | 29 | Increased awareness amongst older adults, carers and staff of deconditioningImproved identification of older adults at risk of deconditioning. Improved prevention and management of those older adults identified as being at risk of developing deconditioning Improved experience and outcomes during admission and upon discharge from hospital, maximising independence to facilitate older adults to return to their preferred place of residence | Agreement on key messages for older adults and their carers to improve awareness about the risk of deconditioning. The development of regionally agreed standards with associated KPIs for the identification of people at risk, prevention and management of deconditioning by the end of (**March 2026**). |  Heather ReidSandra Aitcheson  |
| 17 | Update and test MDT decision making pathway for care home residents to reduce unnecessary admission to hospital. |  27,31 | 40 | Ensure people living in care homes receive appropriate acute care in the right place to enhance experience and outcomes | Analysis of regional NIAS and ED data to provide clarity on scale of problem and provide recommendations for improved access to data **(June 2025)**Working with staff and stakeholders to identify barriers and solutions for improvements **(August 2025)** Test new decision-making pathway in SHSCT to refine approach **(September – December 2025)**Present findings and recommendations to relevant commissioning teams and PTEB **(February 2026)** | Heather Reid Sandra Aitcheson  |
| 18 | Evaluate the impact of the Age-Friendly Communities Initiative across NI (currently funded in each Local Council by PHA). |  25 | 32,33 | This evaluation will help to identify successes and challenges and serve as the basis for defining priorities for future improvement. | Evaluation report produced and analysed. **(March 2026)** | Heather ReidDiane McIntyre |

**Our Organisation and People**

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|  | **How we work: our processes, governance, culture, people and resources** |
|  | **Actions** | **Main Corporate Plan Priority (1-34 or O1-O5)** | **Anticipated Impact / Desired outcome for client population** | **Outcome Measures (including timescales)** | **Lead Director (and Responsible Officer – for Delivery)** |
| 19 | Develop a new HR Strategy ‘Beyond the People Plan’. | O1 | Development of an organisational workforce that is equipped with the knowledge and skills  | New HR Strategy agreed (**November 2025**) | Leah Scott Karyn Patterson |
| 20 | New Operational Framework for Public Health Planning Teams and performance management framework, aligned to the new PHA operational model, to be developed and approved by PHA board. | O3 | Clear lines of reporting and accountability agreedOrganisation has a robust system for reviewing organisational performance. Organisation has a robust system for reviewing organisational performance.  | PHPT Framework agreed **(June 2025)**Performance framework approved **(November 2025)** | Leah ScottStephen Murray |
| 21 | PHA Procurement Plan to be reviewed and updated and Procurement Plan priorities 2025/6 to be progressed in line with agreed timelines. | O3 | Clients accessing services have improved health and wellbeing outcomesServices are delivering best value in terms of quality and cost | Development of an organisational Procurement Plan setting out timelines for market testing all existing roll forward contracts **(June 2025)**Procurement Plan 2025/6 delivered in line with agreed timelines **(Quarterly updates on progress against individual tenders will be provided)**  | All Directors(as per Leads for individual tenders) |
| 22 | Effectively manage the PHA financial position to achieve a breakeven position at year-end. | O3 | Effective and efficient use of public funds, and full utilisation of the PHA’s annual budget to achieve maximum public health benefit for the Northern Ireland population. | The PHA will achieve a surplus position within the 0.25% tolerance level set by DoH on an annual basis **(March 2026)** | Leah Scott |
| 23 | Develop a Partnership Working Strategy and Action Plan, addressing PHA HSC wide Leadership responsibilities for PCE & PPI and which embeds these approaches into PHA culture & practice. | O2 | The voice of service users and carers is central to how the HSC works in the commissioning, planning, delivery and evaluation of services. The PHA acts a lead for that approach, encouraging and supporting the HSC and PHA itself, in the identification, replication and upscaling of best practice of collaboration with service users, carers and the wider population. | Draft Strategy and Indicative Action Plan **(June 2025)**Public Consultation on Strategy & Action Plan **(October 2025)**Strategy & Action Plan Review & Finalisation **(December 2025)**Strategy & Action Plan, Launch & Implementation **(February 2026)** | Heather ReidMartin Quinn |
| 24 | Finalise a framework to support Quality and Safety corporate processes for PHA.  | 36 | This framework will ensure the internal governance processes for the PHA are in place which will then allow us to ensure we are aware of all new S&Q updates and staff can utilise these in their work to ensure safety and quality is the cornerstone of all we do  | Framework will be finalised for AMT and Board (**August 2025)**  | Heather Reid Denise Boulter |
| 25 | Conclude Agency Reshape and Refresh change management programme. |  O1 - O5 | New PHA Operating model will support a more effective and dynamic delivery of strategic outputs across the Organisation  | Reshape and refresh outcome measures delivered in line with Project plan timescales. **(December 2025)** | Aidan Dawson (CEO) |
| 26 | Develop a new PHA Corporate Website providing greater functionality for engagement with target audiences. | 5 | The general public, professionals and stakeholder groups will be more easily able to access relevant, up-to-date public health information, including news, advice and data. | Corporate website redevelopment project team in place **(May 2025)** Project plan agreed **(September 2025)** | Stephen Wilson  |
| 27 | Further develop the Public Health Master Dataset ("Public Health Data Bible"). | 35 | Centralised, standardised public health data to improve decision-making, monitoring, and response | Dataset established, integrated with PHA systems, usage in analytics **(September 2025)** | Paul McWilliams |