Public Health Agency

Corporate Plan 2025–2030

Preventing, protecting, improving:
Better health for **everyone**

Collage of artwork from PHA all staff event 2023.
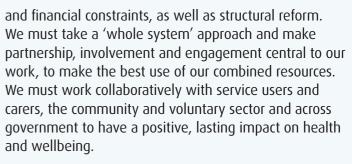
Contents

Foreword

This Public Health Agency (PHA) Corporate Plan 2025-2030 sets out our strategic direction for the next five years: where we will target our work, based on evidence and informed by engagement with our partners, the public, key stakeholders and aligned to Programme for Government and Department of Health (DoH) strategies and priorities.

This plan is being developed during a period of reform both for our organisation and for Health and Social Care (HSC) and in a time of significant financial constraint. However, we have embraced the opportunity provided by this time of change and constraint to set out our vision and ambitions for health and wellbeing in Northern Ireland and reiterate our call for a continued focus on improving health and reducing health inequalities across HSC and wider society.

Over the period of our previous corporate plan (2017-2021), the PHA has continued to take forward work to improve and protect health and wellbeing, reduce health inequalities, improve the quality and safety of care services, and support research and development.[1] Much has been achieved, but much is yet to be done to deliver better health for everyone in Northern Ireland.

Our society has faced many difficult challenges in recent years, most notably the COVID-19 pandemic and its impact. This has shaped many of our priorities and work areas over recent years and the lessons learned continue to influence our work: pandemic preparedness and a re-energised focus on stubborn and systemic inequalities in health that we continue to experience. These unfair and avoidable differences in health impact our ability to lead healthy lives and too many people in Northern Ireland still die prematurely or live with preventable conditions. We must do all that we can to prevent this from being the case. Our commitment to work to reduce health inequalities is at the core of this plan and our work over the next five years.

The priorities set out in the following pages (and summarised on pages 42-43) relate to everyone in Northern Ireland including those of every age, gender, ethnicity, sexual orientation, ability, disability; whether you are a service user, a carer, independent or needing care. Our outcomes are ambitious, and will require energy, courage, commitment and creativity to deliver them – all against the backdrop of increasing demands and financial constraints, as well as structural reform. We must take a 'whole system' approach and make partnership, involvement and engagement central to our work, to make the best use of our combined resources. We must work collaboratively with service users and carers, the community and voluntary sector and across government to have a positive, lasting impact on health and wellbeing.

It is also critical as we grow as an organisation that we focus on our people. We have a highly skilled and committed multidisciplinary workforce across a range of professions and we must strive to ensure they feel valued, equipped and enabled in their work. In particular, we must ensure that all staff are supported and given opportunities to develop both professionally and personally.

We must continue to develop as a learning organisation and build on significant developments in digital capacity in recent years. Embracing innovative, digital solutions and maximising the use of data will enable us to work more effectively to meet the current and future needs of the population.

This plan, supported by a more detailed implementation and action plan, sets out our next steps as we look forward. This will be a period of change and adaptation but also of great opportunity where we endeavour, as the lead organisation for public health, to be an organisation where people want to work and where we nurture collective and compassionate leadership.

Above all, this plan represents our unwavering commitment to improving health and wellbeing for everyone in Northern Ireland.

Aidan Dawson
Chief Executive

Colin Coffey
Chair

Purpose, vision and values

Purpose:

Protect and improve the health and social wellbeing of our population and reduce health inequalities through leadership, partnership and evidence-based practice.

Vision:

A healthier Northern Ireland.

Values:

The PHA endeavours to translate the Health and Social Care values into its culture by putting individuals and communities at the heart of everything we do, acting with **openness and honesty** and treating people with dignity, respect and **compassion; working together** in partnership to improve the quality of life of those we serve, listening to and involving individuals and communities; valuing, developing and empowering our staff and striving for **excellence** and innovation; being evidence led and outcomes focused.

Our context and the health profile of Northern Ireland

Our context and the health profile of Northern Ireland

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

There have been many developments and advances in recent years in respect of interventions and programmes to improve and protect health and wellbeing, and reduce health inequalities. The graphics on pages 10-15 show a snapshot of health in 2022-23. In general, the health of our population has been improving over time, as seen in increases in life expectancy (the number of years a person can expect to live) and healthy life expectancy (the number of years lived in good health). However, in recent years, improvements in life expectancy and healthy life expectancy have slowed and health inequality remains a major issue (see pages 10-11).

Determinants of health

Health is determined by many factors: social, political, environmental and economic. Changes in these can have significant impacts on the health and wellbeing of the population and in recent years, society has experienced many significant events of this nature: the COVID-19 pandemic, cost of living crisis, climate change,the outworking of EU exit and other political change.[2-4] The pandemic also highlighted both the stubborn and systemic inequalities in health that Northern Ireland continues to experience. Health inequalities remain and continue to divide our society. While this situation is not unique to Northern Ireland, it remains a major issue with significant differences in health outcomes between the most and least disadvantaged.

A time of change

The challenges facing our health and social care system, and indeed health systems worldwide, are also well documented, and Northern Ireland's health and social care system remains under immense and growing pressure.[3] Further change is also underway both in the development and implementation of the Integrated Care System for Northern Ireland (ICSNI). The current economic climate and constrained financial environment for HSC continues to impact on population health and requires creative, innovative and collaborative ways of working, and making best use of available resources to deliver better health outcomes and help people to stay well.

It is well documented that long-lasting and significant improvements in health and wellbeing can only be achieved through a 'whole system' approach.[2, 5-7] Our current context, compounded with the additional challenges to health and wellbeing further strengthen the need for a population health approach, a focus on prevention and early intervention and strong cross-sectoral, multi-agency collaboration.

Regional strategic frameworks

These key foundations for our work are reflected across the draft Programme for Government framework 2024-2027 and the wide range of departmental policies and strategies that influence and determine the work of PHA, including Making Life Better public health framework, and Health and Wellbeing 2026: Delivering Together.[2-4] The PHA also has lead responsibility for implementing a number of strategies across key areas of work, including maternity and early years; mental health, emotional wellbeing and suicide prevention; obesity; tobacco use; alcohol and drugs; and long-term conditions, including cancer.[8-14]

There are many DoH and indeed other departmental strategies and policies that are relevant to the setting of priorities for the PHA. The outcomes and priorities for the PHA for the next five years reflect and align with these key strategic documents, and our contribution to progressing this agenda and our commitment to working collaboratively with others, will help ensure that these outcomes are realised.

Snapshot of health in Northern Ireland, 2022-2023.

Population of Northern Ireland[15]

1.9m

People aged[15] 65+

17.8%

up from **13.1%** in 1998

Life expectancy and Healthy life expectancy[16]

Males

Most deprived areas

Least deprived areas

Ill health for **19.2 years**

Age at death **74.0**

Age at death **81.2**

Ill health for **14.2 years**

Good health until the age of **54.8 years**

Good health until the age of **67 years**

Females

Most deprived areas

Least deprived areas

Ill health for **26.4 years**

Age at death **79.3**
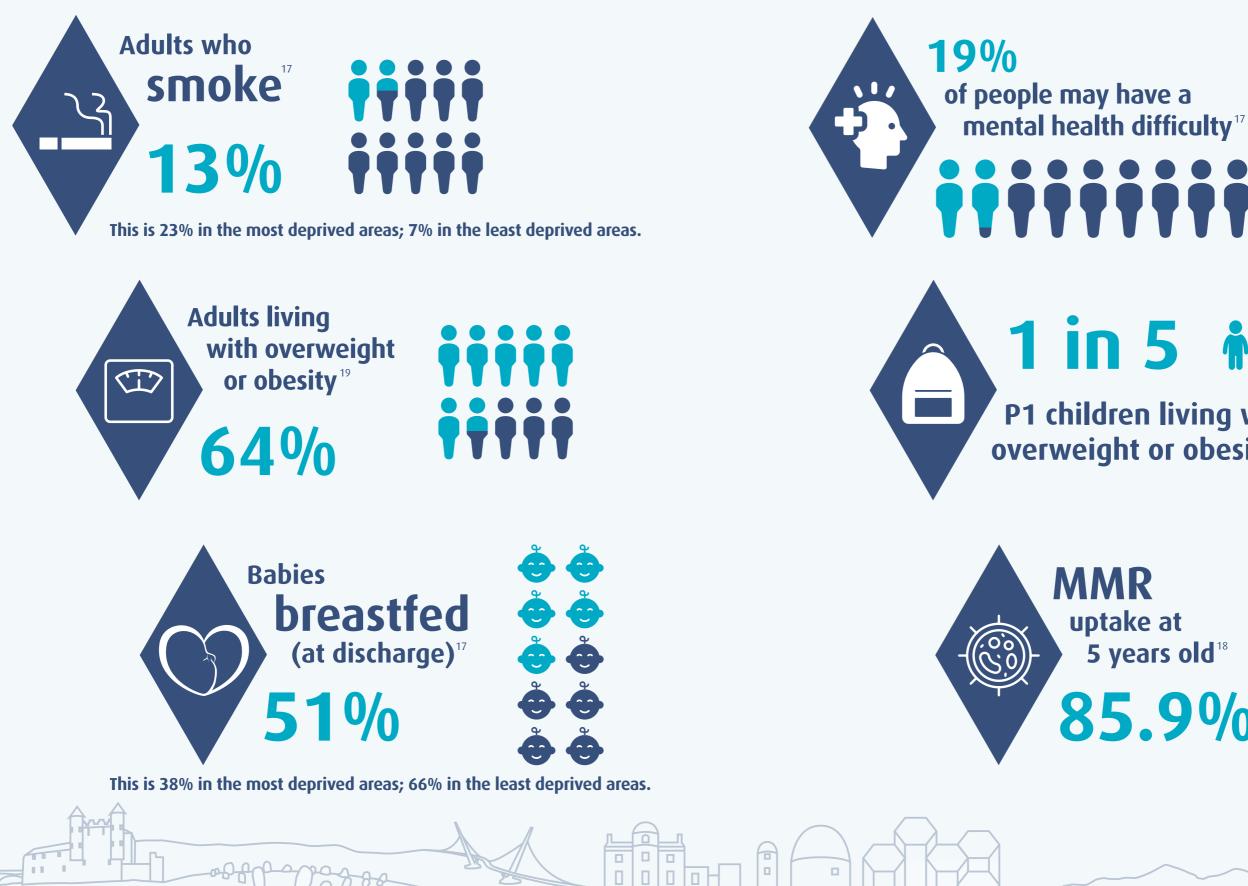
Age at death **84.1**

Ill health for **17 years**

Good health until the age of **52.9 years**

Good health until the age of **67.1 years**

Adults who smoke [17]

13%

This is 23% in the most deprived areas; 7% in the least deprived areas.

19% of people may have a mental health difficulty [17]

Adults living with overweight or obesity [19]

64%

1 in 5
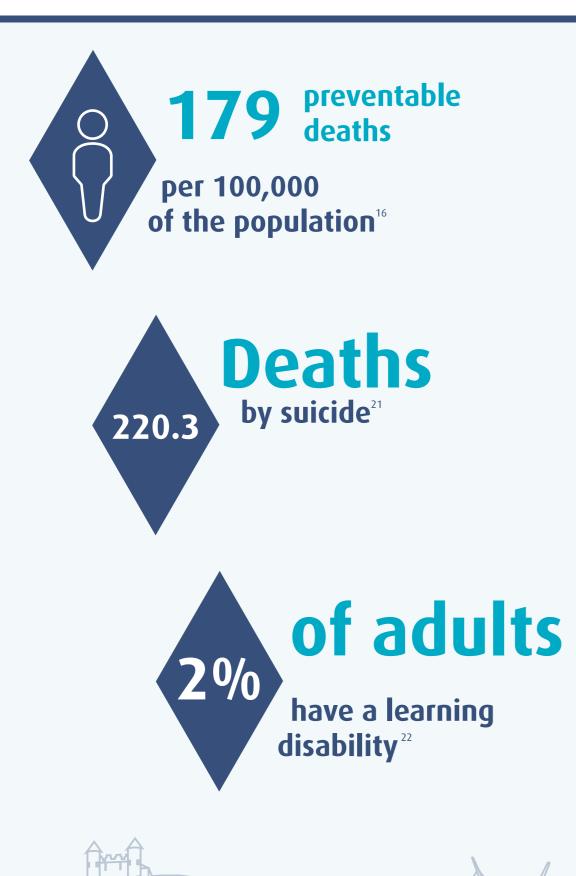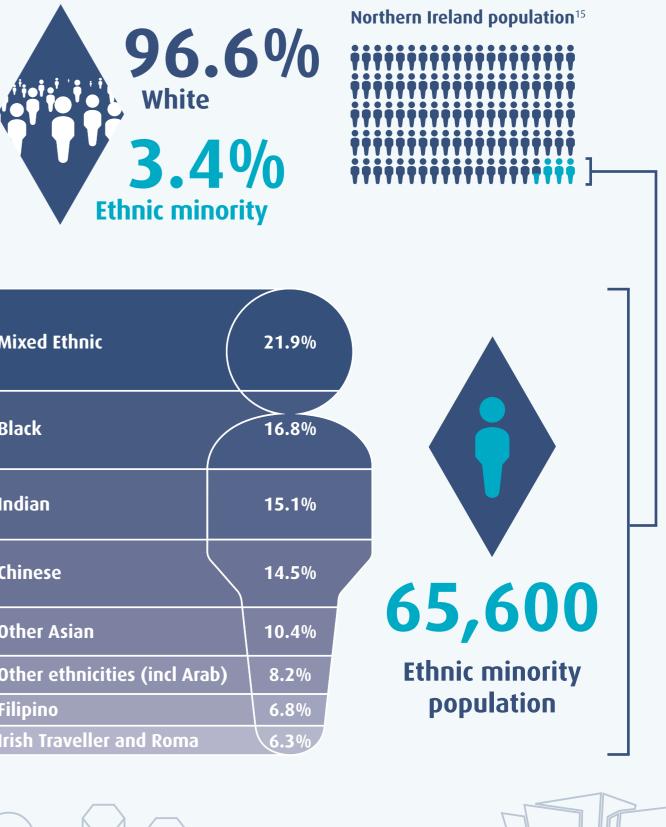
P1 children living with overweight or obesity [17]

Babies breastfed (at discharge) [17]

51%

This is 38% in the most deprived areas; 66% in the least deprived areas.

MMR uptake at 5 years old [18]

85.9%

179 preventable deaths

per 100,000 of the population[16]

Deaths by suicide[21]

220.3

2% **of adults** have a learning disability[22]

96.6% White

3.4% Ethnic minority

Mixed Ethnic	21.9%
Black	16.8%
Indian	15.1%
Chinese	14.5%
Other Asian	10.4%
Other ethnicities (incl Arab)	8.2%
Filipino	6.8%
Irish Traveller and Roma	6.3%

65,600 Ethnic minority population

What is public health?

What is public health?

Public health works to protect communities and has a strong focus on equity.

There are three key domains of public health practice:[23]

1. Health protection

This involves protecting the population from threats to their health from infectious diseases and other hazards. It involves both proactive preventative actions (such as vaccination) as well as reactive response to incidents such as disease outbreaks.

2. Health improvement

This involves wide ranging actions working with a variety of stakeholders to improve health and wellbeing. It includes influencing other sectors to address the wider determinants of health, as well as working with the general public and specific vulnerable or marginalised groups, to improve health literacy and promote healthy lifestyle choices. There is a heavy focus on addressing health inequalities.
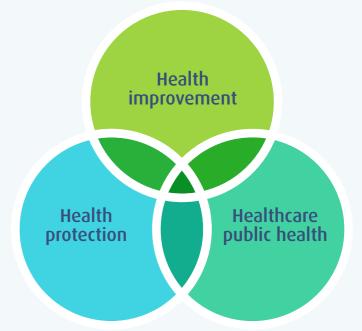
3. Healthcare public health

This involves actions in the planning, commissioning and development of healthcare services working with partners across the HSC and related services to ensure provision of high quality, safe and effective services, while working to reduce inequalities.

As set out in the diagram, these three aspects of public health practice are not stand-alone and overlap with each other, requiring a skilled workforce that can work across these various domains to address complex issues.

HSC services make a significant contribution to the health of individuals and the population. The PHA has a statutory responsibility to work with the Strategic Planning and Performance Group (SPPG) and provide professional input to commissioning healthcare services. We work with SPPG and colleagues across HSC to ensure that people in Northern Ireland have access to high-quality and effective health services no matter where they live.

Three key domains of public health practice

The work of the PHA in each of these three domains is underpinned by a strong basis in science, with evidence informing all of our work. We cannot deliver improvements to public health in isolation, so partnership working and building relationships with our partners is a key element of our work.
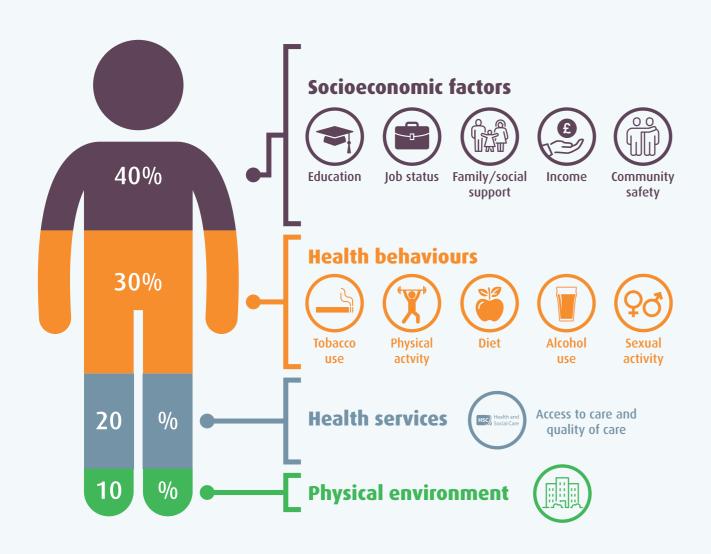
> " *Public health is the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society.*[24] "

What factors impact on our health and wellbeing?

Many factors, known as the 'wider determinants of health' affect our health and wellbeing. These include social, economic and environmental conditions such as income, education, access to green space, healthy food, work and living conditions.[2, 25] It is widely recognised that, taken together, these factors are the principal drivers of how healthy people are.[2, 26]

The PHA works with various sectors to influence these wider determinants of health, aiming to make it easier for our population to have healthy lifestyles and make healthy choices.

As well as working with partners to address the wider determinants of health, the PHA has a key role in encouraging healthy behaviours and ensuring equitable access to high-quality, safe and effective preventative and treatment services.

Socioeconomic factors

| Education | Job status | Family/social support | Income | Community safety |

40%

Health behaviours

| Tobacco use | Physical actvity | Diet | Alcohol use | Sexual activity |

30%

Health services

20 %

HSC Health and Social Care — Access to care and quality of care

Physical environment

10 %

Source: Institute for Clinical Systems Improvement. Going beyond clinical walls: solving complex problems (October 2014)

What are health inequalities?

Health inequalities are "avoidable differences in health status between different population groups" and are influenced by variation in the determinants of health referred to above.[5-8] Health inequalities are evident in terms of differences in the prevalence of certain health conditions among certain groups in society or differences in outcomes (like life expectancy or cancer survival, for example) for certain population groups.[27]

Some groups are disproportionately impacted by the determinants of health, which can lead to health inequalities.

Factors impacting on health inequality:

- socioeconomic factors, for example living in socioeconomically deprived areas;
- geography, for example, region or whether urban or rural;
- specific characteristics including those protected in law, such as sex, gender identity, sexual orientation, ethnicity or disability;
- socially excluded groups, for example, people experiencing homelessness.

The determinants of health interact with each other and can often have a cumulative effect with people often experiencing challenges across multiple determinants contributing to inequalities in health and health outcomes.[27]

Our focus

These strategic themes encompass core areas of focus for our organisation as we work towards our vision of a healthier Northern Ireland.

Protecting health
Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents

Starting well
Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years

Living well
Ensuring that people have the opportunity to live and work in a healthy way

Ageing well
Supporting people to age healthily throughout their lives

The first is focused on protecting health and the others adopt a life course approach. Whilst we have taken a life course approach, we recognise there are a number of cross-cutting areas, including for example mental health, learning disability and inclusion health.

Each theme sets out our ambition and a number of priorities for the years ahead. These are aligned with the strategic direction outlined in key departmental strategies. Population level indicators are also provided for each ambition to support regular evaluation.

In working to achieve the priorities set out in this plan, we commit to:

- tackling and reducing health inequalities being at the heart of our work;
- championing a 'whole system', cross-government approach to tackle the challenges and barriers to improving health and reducing health inequalities;
- providing professional public health advice to the planning and commissioning of safe, effective, equitable, high-quality healthcare;
- listening to, involving, and working together with individuals, families, local communities, HSC and other key partners in all our work;
- ensuring planning, guidance and decisions are based on best available evidence and driven by data, research and experience;
- improving equity of access to prevention and early intervention information and services for those who need them.

Reporting against this corporate plan will take place through our annual business plans and corporate monitoring. In addition, a more detailed implementation and action plan will be developed setting out the actions to be taken forward and appropriate measures within each of the themes.

We commit to reviewing this plan in line with any future programme for government framework and departmental strategies to be developed during the period of this plan.

Our focus

Protecting health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents

Our ambition

That our population is protected from threats to health arising from infectious diseases and environmental hazards and that we reduce death and ill health through effective screening.

Protecting our population's health is one of our core functions. We do this through surveillance, identification and timely response to threats to public health; providing advice and support; monitoring of threats to health; and education, training and research. This includes the prevention of infectious diseases through vaccination and early detection of disease through population screening programmes. Our focus is also on preparing and planning for potential future pandemics and other potential threats to the population's health and wellbeing. We will

work effectively across the organisation to ensure a robust coordination of the overall public health response. We will ensure that we learn from and implement recommendations from inquiries and incidents.

Our people will have the necessary knowledge, skills and experience to deliver an effective and efficient service, using evidence-informed approaches to mitigate the impact of inequalities on prevention and control of infectious diseases and other defined hazards.

The PHA has responsibility for commissioning, coordinating and quality assuring a number of population screening programmes: infectious diseases in pregnancy, newborn blood spot and hearing; diabetic retinopathy; bowel, breast and cervical cancer; and abdominal aortic aneurysm (AAA).

Priorities 2025-2030

- develop emergency response plans to support readiness to respond to incidents that may have an impact on public health for Northern Ireland;
- work collaboratively to minimise the impact of infectious disease, with a focus on antimicrobial resistance and our elimination targets for blood-borne viruses;
- deliver a high-quality and responsive health protection surveillance and epidemiology programme;
- strengthen the multidisciplinary coordinated approach to infection prevention and control across the wider HSC system though the established infection, prevention and control forums;
- ensure the delivery of high-quality screening programmes;

- lead the development and commissioning of vaccine programmes to ensure they are accessible to all, addressing the associated barriers and inequalities and ensure there is a key focus on seldom heard groups;
- scope existing evidence for public health approaches to protect people and communities from the public health impacts of the environment, including climate change, and develop a PHA climate action plan;
- build public confidence and trust in public health advice, information and messaging through improving health literacy via education and engagement with the public.

Indicators

We will measure success through the following:

- vaccination uptake;
- notification rates of vaccine preventable diseases;
- rates of healthcare associated infections;

- bloodborne virus elimination targets;
- waste water surveillance;
- stage of cancer diagnosis.

Starting well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years

Our ambition

That all children and families in Northern Ireland have the healthiest start in life.

What happens during pre-conception, pregnancy, the early years, the school years and adolescence is key to what happens in later life. This includes having an adequate standard of living, a secure family environment, good physical and mental health and wellbeing and being protected from harm.

We will support and empower families to create and provide a safe and nurturing home environment and to make good decisions about their physical and mental health and wellbeing. We recognise that adolescence is a unique stage of development and an important time for laying the foundations of good health.

Health inequalities can have a profound impact on a child's start in life. All children and young people, including those who have additional needs, should have the opportunity for better health and wellbeing.

Adverse childhood experiences can have long-term impacts on health and wellbeing. We will embed a trauma-informed approach and work with partners to reduce adversity and trauma, support recovery and increase resilience.

The challenges faced by families are complex and multifaceted and we cannot improve their health in isolation. We must work together in strong partnerships with families and across society in a whole system, holistic approach to make a meaningful difference.

Priorities 2025-2030

- support families to take care of their physical and mental health and emotional wellbeing, with a particular focus on the first 1,001 days;
- reduce the impact of social complexity in pregnancy;
- promote the health benefits of breastfeeding and encourage support for breastfeeding mothers;
- protect the health of children and young people through antenatal and newborn screening programmes and childhood vaccination programmes;
- deliver universal and targeted support, including Healthy Child Healthy Future, Family Nurse Partnership, and Northern Ireland New Entrants service (NINES);
- work together to reduce stillbirth, neonatal and avoidable child deaths through improved use and application of data and evidence;
- support children and young people with additional needs, their families and carers in addressing the unique health challenges and disparities they face;
- support adolescents to establish patterns of behaviour that can protect their mental and physical health;
- work with others to promote the safeguarding and protection of children and young people.

Indicators

We will measure success through the following:
- screening and vaccination in pregnancy uptake;
- childhood vaccination uptake;
- percentage of children living with obesity or overweight in Year 1 and Year 8;
- percentage of babies born at low birth weight;
- avoidable child death rates;
- percentage of mothers breastfeeding on discharge and at 6 months;
- breastfeeding welcome here scheme membership;
- percentage of young people who drink alcohol;
- percentage of young people who smoke cigarettes;
- percentage of young people who currently use e-cigarettes;
- number of people under 18 years attending emergency departments for self harm;
- percentage of women smoking during pregnancy.

Living well

Ensuring that people have the opportunity to live and work in a healthy way

Our ambition

That all people in Northern Ireland can live longer, healthier and independent lives.

Adults now generally enjoy better health and wellbeing and can expect to live longer than previous generations. However, in recent years life expectancy rates have been stalling and there are still many challenges and significant health needs within our population that impact the ability of people to experience good physical, mental and emotional health and wellbeing.

There are many factors that impact our health and wellbeing during our adult lives. These include where we live, our environment, access to education and employment, health services and the effects of poor diet, smoking, drug and alcohol use, low levels of physical activity, homelessness and food, fuel and financial poverty.

Many of the challenges that impact our physical health, also impact our mental health and emotional wellbeing. Too many people in our communities are struggling with mental ill health, which is impacting their ability to make healthy choices. It is important that we support and promote good mental health and emotional wellbeing across society.

Health inequalities continue to compound challenges to health and prevent many from experiencing good health and wellbeing. We must ensure that we provide targeted approaches where needed for those more vulnerable in our society.

As well as equipping people to live longer, healthier lives, we must also help protect them from becoming ill or needing health interventions. Promoting healthy choices and healthier environments and communities, including within workplaces, will also be a key focus.

Supporting everyone to adopt healthier behaviours, avail of preventative services and access high-quality care throughout our lives can make a significant contribution to improving the health of the population. This is not about placing the responsibility on the individual but working together to support people and create supportive environments and opportunities for good health for all.

Alcohol
Adults drinking 3 or more days a week[16]

15% of men

9% of women

Priorities 2025-2030

- create the conditions for people to adopt healthier behaviours and reduce the risks to health caused by low physical activity, smoking and vaping, poor diet and sexual risk behaviours;
- support those living with long-term conditions to live well;
- deliver high-quality programmes and initiatives, including prevention and early intervention approaches, to protect and improve physical and mental health and emotional and social wellbeing;
- continue to work in partnership across government and with communities, services, and families across society to reduce suicides and the incidence of self-harm;
- reduce harm caused by substance use by improving access to high-quality prevention and early intervention, harm reduction, treatment and recovery services to ensure people can access the right service at the right time delivered in the right place to best meet their needs;
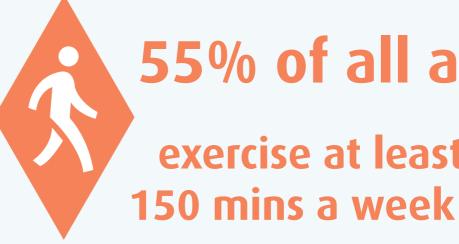
- support prevention and early detection of illness through vaccination and screening programmes;
- provide targeted information and support to help everyone, including those who experience multiple barriers to health, to adopt healthy behaviours, avail of preventative services and access high-quality care;
- continue working towards a tobacco-free society;
- improve public awareness and understanding of organ donation and transplantation, and the change in legislation on consent, encouraging positive actions and behaviours in relation to organ donation across society;
- continue working to implement and enhance shared decision making, accessibility and health literacy;
- strengthen the role of communities within the public health system, by embedding community-centred approaches to reduce health inequalities and build healthier communities.

Indicators

We will measure success through the following:

- percentage of people with a high GHQ-12 score, indicating a possible mental health problem;
- number of people who die by suicide or undetermined intent;
- percentage of adults smoking and vaping;
- percentage of adults living with overweight or obesity;
- percentage of adults meeting physical activity guidelines;
- percentage of adults drinking above weekly limits;

- alcohol and substance use-related hospital admissions;
- age standardised mortality rate for alcohol-related deaths and substance use-related deaths;
- percentage self-reporting a physical or mental health condition or illness expected to last 12 months or more;
- registrations to the NHS Organ Donor Register;
- percentage of those living with long-term conditions reporting a reduced ability to carry out daily activities.

55% of all adults exercise at least 150 mins a week

Ageing well

Supporting people to age healthily throughout their lives

Our ambition

That people live healthier, independent lives for longer.

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

For others, however, older age brings a risk of poor physical and mental health, social isolation and complex health problems. Poor health, dementia and frailty should not be inevitable outcomes as we age. As well as living longer, we also want to live healthier for longer so that we can continue to participate in activities we enjoy and live fulfilled, independent lives.

There are many factors that impact our health and wellbeing throughout our lives. These include the environment we live in, access to health services and the impact on our health and wellbeing of poor diet, smoking, drug and alcohol use, low levels of physical activity and food, fuel and financial poverty.

As our older population continues to grow, we want to support and promote healthy, positive ageing both for individuals and as a society. We must enable people to live longer, healthier more fulfilling lives but also create environments and communities that enable healthy behaviours and also support, value, respect and protect our older population.

Working with partners, we will support and advocate for delivery of healthcare that is wrapped around the person, be that in their own home, hospital or care home.

We will take a life course approach to positive health and active ageing and work to reduce the impact of health inequalities through education and support for people to improve their health.

Priorities 2025-2030

- implement the World Health Organization (WHO) Age-friendly movement across Northern Ireland;
- reduce and prevent falls and home accidents, including the development and implementation of a regional model for safer mobility;
- reduce the impact of frailty by raising awareness and increase early detection;
- support prevention and early detection of illness through vaccination and screening programmes for older adults;
- increase levels of physical activity and promote opportunities to stay active;
- work with key partners to identify and reduce levels of loneliness and social isolation and to improve wellbeing;
- champion the voice of older adults and the issues that impact on their health and wellbeing;
- lead and implement initiatives to ensure people who live within care homes have good health and wellbeing and improved quality of life;
- work with partners to support individuals, carers and families at the end of their life through advance care planning;
- build and develop a strong research and evidence base to support ageing well programmes in Northern Ireland.
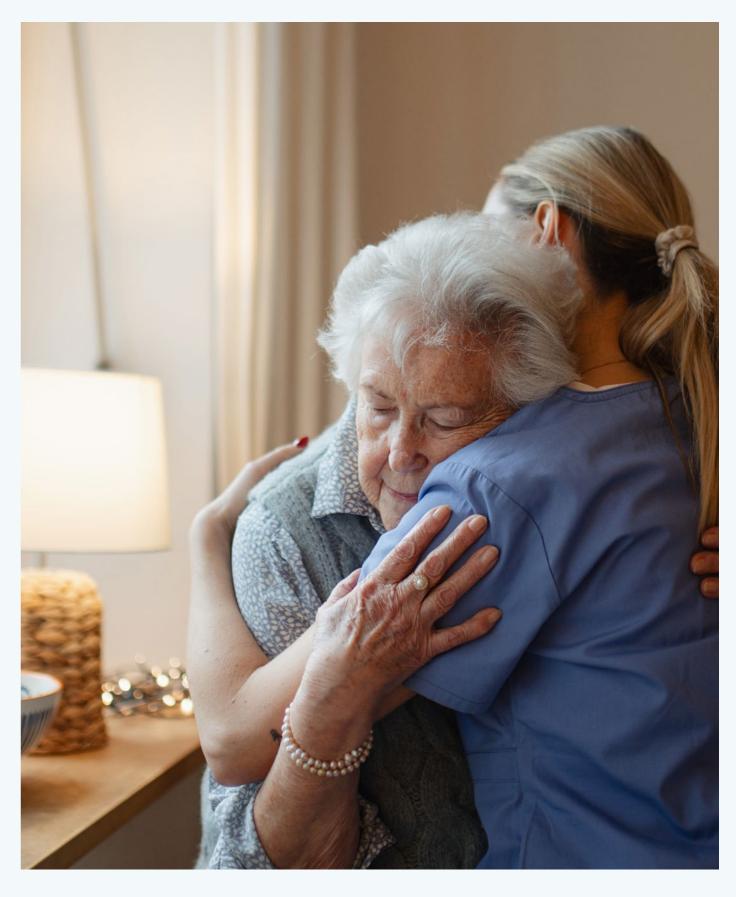
Indicators

We will measure success through the following:

- percentage of people aged 65+ with a high GHQ-12 score, indicating a possible mental health problem;
- percentage of people who report feeling lonely 'often/always' or 'some of the time';
- adults aged 65+ stating health is good or very good;
- emergency hospital admissions due to falls in people aged 65+;
- number of deaths from falls in people aged 65+;
- percentage of older people who are living with overweight or obesity;
- percentage of older people who do not meet physical activity guidelines;
- percentage uptake of flu and shingles vaccinations;
- frequency of alcohol use by age;
- percentage of people who die at home, in hospital or other setting.

Almost 1 in 2 over 75s

report good or very good health

Our organisation

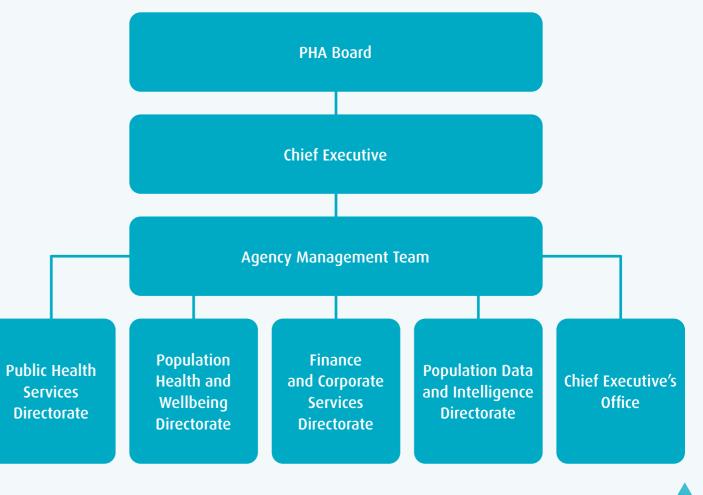How we work: our processes, governance, culture, people and resources

Our organisation

The PHA is a multidisciplinary, multi-professional body with a strong regional and local presence and was set up with the explicit agenda to protect and improve the health and wellbeing of people in Northern Ireland.

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

As part of the health and social care family, we work closely with the Strategic Planning and Performance Group (SPPG) of the Department of Health (DoH), local Health Trusts (HSC Trusts), the Business Services Organisation (BSO) and the Patient Client Council (PCC).

Central to our main responsibilities is working in close partnership with individuals, groups and organisations from all sectors – community, voluntary and statutory.
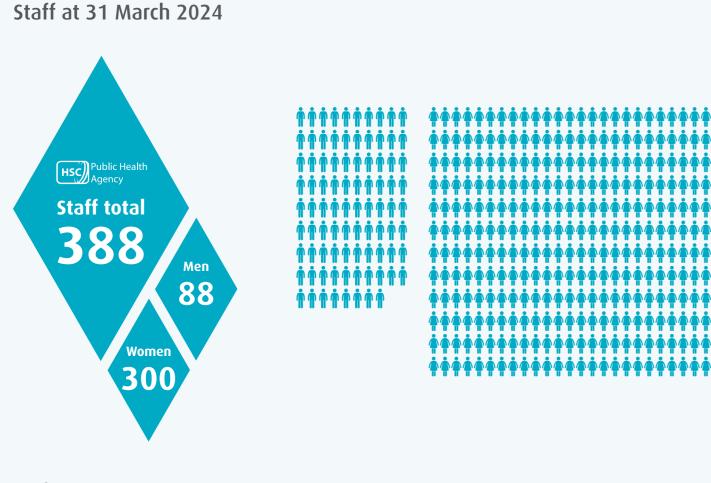
Through our organisational 'Reshape and Refresh' programme to design and implement a new operating model for the organisation, we continue to evolve as an organisation to ensure we can continue to meet the public health needs of the people of Northern Ireland.

As part of this programme, our organisational structure has changed and is outlined below.

Our legislation determines that we should hold two distinct professional roles: Director of Public Health and Director of Nursing and AHP. These will be encompassed within the Public Health Services and Population Health and Wellbeing directorates.

PHA organisation chart

PHA Board

Chief Executive

Agency Management Team

- Public Health Services Directorate
- Population Health and Wellbeing Directorate
- Finance and Corporate Services Directorate
- Population Data and Intelligence Directorate
- Chief Executive's Office

Staff at 31 March 2024

Staff total
388

Men **88**

Women **300**

HSC Public Health Agency

Budget

Revenue resource budget in 2023/24

£139.4m

Our ambition

That we are an exceptional organisation, working effectively to improve health and wellbeing for everyone.

Our progress towards this ambition over the next five years depends on our people. We must therefore ensure that our staff feel supported, equipped and empowered in their work. We will continue to develop our staff and make use of their expertise, building on their experience, to make sure we achieve the greatest impact and can effectively respond to new challenges.

In fulfilling this ambition, we are committed to:

People

Partnership

Process

Digital

Research and evidence

People

Our people are our greatest asset and we must strive to ensure staff feel valued, are equipped and enabled in the work they do and given opportunities to develop both professionally and personally. We want to be an organisation where people want to work and are proud to be part of. All staff working in PHA should have a common understanding of public health and have a shared sense of purpose, feel valued and supported and have opportunities to upskill, develop and progress in their career.

We must ensure a multidisciplinary workforce which is highly skilled in the area of public health to ensure effective and appropriate preparation for future threats and that we are agile, designed to deliver and able to manage emerging risks to health. The PHA currently is the lead organisation in the delivery of the Public Health Specialty Training Programme for people wishing to become Consultants in Public Health. It is important that the quality and standards of this training programme are maintained in order to safeguard the future workforce.

As we work to implement the 'Reshape and Refresh' programme, we must remain focused on valuing and

supporting our people, recognising that periods of change and uncertainty are difficult for everyone and ensuring that staff are equipped and enabled to adapt to any new structures and to continue to take forward the important work set out in this plan.

Culture is key to the success of any organisation. We must continue to develop into an organisation where:

- our culture and values are clear in everyone's experience of the PHA;
- we are agile and adaptive to changes and challenges;
- we attract and retain high calibre staff;
- we are leaders in our field and strive to learn from research and evidence;
- we embrace collective and compassionate leadership, nurturing collaboration, continuous improvement and empathetic care and support.

Priorities 2025-2030

- implement the Reshape and Refresh recommendations and restructure;
- deliver Our People Plan and develop subsequent plans encompassing culture, staff experience, health and wellbeing and workforce development. This will include a wide range of targets with the overall aim of supporting the underlying goals that our staff:
  - are inspired with a shared sense of purpose to improve and protect the health of our population
  - feel valued, supported and engaged in all they do
  - are knowledgeable, skilled and competent;
- develop a professional governance framework;
- provide an improved working environment maximising flexible, modern ways of working to enhance staff engagement and wellbeing.

Partnership

Improving the health and wellbeing of the population is the work of not just one single organisation but requires collaborative cross-society efforts. This includes ensuring that our communities, service users and carers are not only the focus of our work but that their voices are heard and listened to.

We are committed to working collaboratively with others, to help ensure the best outcomes for the population of Northern Ireland. This will include working with and across government departments, local government, other statutory bodies (such as housing and education), community and voluntary organisations and commercial and private providers and organisations as we create and distribute knowledge and information, interventions and services to improve health and wellbeing.

We will continue to engage and collaborate with partners with public health expertise locally, regionally, nationally and internationally to maximise our combined resources to improve health and wellbeing. In line with the PHA's regional leadership role across the HSC in lived experience and involvement and in keeping with statutory and policy responsibilities in this area, we are committed to actively listening to and meaningfully involving service users, carers and the public who we serve.

Priorities 2025-2030

- carry out a comprehensive stakeholder mapping and relationship profiling and collaborate with leaders in key sectors to implement improvements, enhance partnership working and target messaging;
- develop our communications and engagement strategy and resources to support the implementation of the corporate plan priorities;
- engage with key structures and foster partnerships focused on improving health and wellbeing including through SPPG Planning and Performance Teams, ICS Area Integrated Partnership Boards and Local Government Community Planning Partnerships;
- develop a partnership working strategy that embeds lived experience and involvement into the culture and practice of the PHA;
- use expertise and data from other sources to develop a comprehensive joined up approach to planning public health investment and programmes across government.

Process

We know the importance of demonstrating good organisational and professional governance in how we conduct our work, ensure good stewardship of all our resources and accountability for the use of public monies. In the volatile and continually changing environment in which we are working, with organisational, sectoral and strategic change, increasing demand on health services and ongoing financial and economic constraints, it is essential that we have strong accountability and dynamic processes to enable effective delivery and achieve the greatest impact possible within organisational resources. We must also ensure our processes allow us to be agile and able to manage any emerging risks.

The PHA will continue to look at creative, innovative and collaborative ways of working to make best use of available resources to achieve maximum impact. Strong planning and multidisciplinary ways of working as well as strong governance processes will be crucial to our success as an organisation.

Priorities 2025-2030

- establish and embed robust financial governance in line with new financial management arrangements as part of the ongoing transformative restructure;
- review, refresh and embed key corporate and information governance policies and procedures, ensuring that staff across the PHA understand their responsibilities and implement these ensuring good governance in how we do our business;
- develop the planning and procurement arrangements in the PHA, ensuring the necessary skills, expertise and capacity to work alongside programme leads and together progress these, to meet the health and wellbeing needs of the population ensuring best use of public monies;
- continue to implement the multidisciplinary public health planning structure.

Digital

In recent years, we have made rapid and significant development around digital capacity, embracing innovative ways of working and harnessing the potential of new technology.

Technology is continually changing the way we live, interact, learn, play and work, offering new opportunities to connect and engage with people and communities in different ways. Digital tools offer new ways to gather and analyse data, collaborate within the PHA and with external partners to improve public health, support our core functions and build capabilities. Embracing new technology requires new thinking about public health provision models, data, governance, partnership and engagement. The PHA will take a 'digital first' approach to its work and develop an open data approach that supports openness and transparency.

Priorities 2025-2030

- strengthen public health leadership in digital innovation through development and implementation of innovative public health models, positioning PHA as a leader in digital health provision;
- enhance digital awareness and understanding across PHA, building digital literacy and fostering a shared understanding of digital opportunities and challenges;
- embed a digital first approach in planning by integrating digitalisation into the design of external and internal products, services and business processes;
- build and continuously improve the accessibility and functionality of underpinning digital platforms for the PHA;
- increase digital skills across the PHA, embed learning and development for digital ways of working and design new digital roles.

Research and evidence

The availability, analysis and interpretation of good data and evidence is essential for effective planning and delivery of services. As an organisation, we will bring together evidence and learning from both national and international sources and continually seek to develop and improve our data sources and analytic capability. We have a wealth of experience and knowledge in health intelligence, data management and surveillance, and it is essential that we invest in and further develop this over the next five years. This will inform not only PHA policy and actions but crucially also the policy, actions and plans of our partners, to improve the health and wellbeing of the population.

HSC Research and Development (R&D) division works to support research that provides high quality evidence to improve care for patients, clients and the general population, and adds to our understanding of health, disease, treatment and care. A new HSC R&D strategy is in development for launch in 2025, building on the existing strategy with an enhanced focus on equality, diversity and inclusion (EDI), sustainability and the safe and appropriate use of data in HSC research.

Developing as an organisation and enabling innovative, data-driven approaches to the planning and delivery of our services will enable the organisation to deliver a public health service that meets the current and future needs of the population and responds to emerging challenges or threats.

We will become a more research active organisation, both in identifying research questions and encouraging staff to engage in active research and collaborate with the Northern Ireland Public Health Research Network.

Priorities 2025-2030

- establish a new directorate focused on health intelligence, research and digital approaches;
- implement the new HSC R&D strategy;
- develop research literacy and capacity in research within the PHA workforce, through training and development opportunities such as critical appraisal and evidence synthesis training and R&D fellowships;
- build strategic partnerships with clear data-sharing agreements to ensure access to a comprehensive range of data sources, enabling robust modelling, planning and public health response capabilities;
- strengthen our reputation as a leader in evidence-based decision-making, using data to drive public health policy, inform practices and guide resource allocation;
- expand analytical capabilities by further developing skills in areas such as behaviour change analysis, data science, health economics and modelling and equipping the organisation for in-depth programme evaluation;
- use high-calibre modelling and evaluation techniques to assess equality impacts and effectiveness of interventions and programmes;
- be recognised as a leader in health intelligence, predictive modelling and scenario planning, driving insights for proactive public health strategy.

Summary table

Summary table

Summary of PHA priorities for 2025-2030 and indicators for each strategic theme

Protecting health

Priorities	Indicators
• develop emergency response plans to support readiness to respond to incidents that may have an impact on public health for Northern Ireland; • work collaboratively to minimise the impact of infectious disease, with a focus on antimicrobial resistance and our elimination targets for blood-borne viruses; • deliver a high-quality and responsive health protection surveillance and epidemiology programme; • strengthen the multidisciplinary coordinated approach to infection prevention and control across the wider HSC system though the established infection, prevention and control forums; • ensure the delivery of high-quality screening programmes; • lead the development and commissioning of vaccine programmes to ensure they are accessible to all, addressing the associated barriers and inequalities and ensure there is a key focus on seldom heard groups; • scope existing evidence for public health approaches to protect people and communities from the public health impacts of the environment, including climate change, and develop a PHA climate action plan; • build public confidence and trust in public health advice, information and messaging through improving health literacy via education and engagement with the public.	• vaccination uptake; • notification rates of vaccine preventable diseases; • rates of healthcare associated infections; • bloodborne virus elimination targets; • waste water surveillance; • stage of cancer diagnosis.

Starting well

Priorities	Indicators
• support families to take care of their physical and mental health and emotional wellbeing, with a particular focus on the first 1,001 days; • reduce the impact of social complexity in pregnancy; • promote the health benefits of breastfeeding and encourage support for breastfeeding mothers; • protect the health of children and young people through antenatal and newborn screening programmes and childhood vaccination programmes; • deliver universal and targeted support, including Healthy Child Healthy Future, Family Nurse Partnership, and Northern Ireland New Entrants service (NINES); • work together to reduce stillbirth, neonatal and avoidable child deaths through improved use and application of data and evidence; • support children and young people with additional needs, their families and carers in addressing the unique health challenges and disparities they face; • support adolescents to establish patterns of behaviour that can protect their mental and physical health; • work with others to promote the safeguarding and protection of children and young people.	• screening and vaccination in pregnancy uptake; • childhood vaccination uptake; • percentage of children living with obesity or overweight in Year 1 and Year 8; • percentage of babies born at low birth weight; • avoidable child death rates; • percentage of mothers breastfeeding on discharge and at 6 months; • breastfeeding welcome here scheme membership; • percentage of young people who drink alcohol; • percentage of young people who smoke cigarettes; • percentage of young people who currently use e-cigarettes; • number of people under 18 years attending emergency departments for self harm; • percentage of women smoking during pregnancy.

Living well

Priorities	Indicators
• create the conditions for people to adopt healthier behaviours and reduce the risks to health caused by low physical activity, smoking and vaping, poor diet and sexual risk behaviours; • support those living with long-term conditions to live well • deliver high-quality programmes and initiatives, including prevention and early intervention approaches, to protect and improve physical and mental health and emotional and social wellbeing; • continue to work in partnership across government and with communities, services, and families across society to reduce suicides and the incidence of self-harm; • reduce harm caused by substance use by improving access to high-quality prevention and early intervention, harm reduction, treatment and recovery services to ensure people can access the right service at the right time delivered in the right place to best meet their needs; • support prevention and early detection of illness through vaccination and screening programmes; • provide targeted information and support to help everyone, including those who experience multiple barriers to health, to adopt healthy behaviours, avail of preventative services and access high-quality care. • continue working towards a tobacco-free society; • improve public awareness and understanding of organ donation and transplantation, and the change in legislation on consent, encouraging positive actions and behaviours in relation to organ donation across society; • continue working to implement and enhance shared decision making, accessibility and health literacy; • strengthen the role of communities within the public health system, by embedding community-centred approaches to reduce health inequalities and build healthier communities.	• percentage of people with a high GHQ-12 score, indicating a possible mental health problem; • number of people who die by suicide or undetermined intent; • percentage of adults smoking and vaping; • percentage of adults living with overweight or obesity; • percentage of adults meeting physical activity guidelines; • percentage of adults drinking above weekly limits; • alcohol and substance use-related hospital admissions; • age standardised mortality rate for alcohol-related deaths and substance use-related deaths; • percentage self-reporting a physical or mental health condition or illness expected to last 12 months or more; • registrations to the NHS Organ Donor Register; • percentage of those living with long-term conditions reporting a reduced ability to carry out daily activities.

Ageing well

Priorities	Indicators
• implement the World Health Organization (WHO) Age-friendly movement across Northern Ireland; • reduce and prevent falls and home accidents, including the development and implementation of a regional model for safer mobility; • reduce the impact of frailty by raising awareness and increase early detection; • support prevention and early detection of illness through vaccination and screening programmes for older adults; • increase levels of physical activity and promote opportunities to stay active; • work with key partners to identify and reduce levels of loneliness and social isolation and to improve wellbeing; • champion the voice of older people and the issues that impact on their health and wellbeing; • lead and implement initiatives to ensure people who live within care homes have good health and wellbeing and improved quality of life; • work with partners to support individuals, carers and families at the end of their life through advance care planning; • build and develop a strong research and evidence base to support ageing well programmes in Northern Ireland.	• percentage of people aged 65+ with a high GHQ-12 score, indicating a possible mental health problem; • percentage of people who report feeling lonely 'often/always' or 'some of the time'; • adults aged 65+ stating health is good or very good; • emergency hospital admissions due to falls in people aged 65+; • number of deaths from falls in people aged 65+; • percentage of older people who are living with overweight or obesity; • percentage of older people who do not meet physical activity guidelines; • percentage uptake of flu and shingles vaccinations; • frequency of alcohol use by age; • percentage of people who die at home, in hospital or other setting.

Glossary of useful terms

Term	Definition
AAA	Abdominal aortic aneurysm. A swelling in the abdominal aorta, the main artery that supplies blood to your body, which can be fatal.
Age-friendly	An WHO initiative to create liveable communities that are inviting and accessible for people of all ages – especially older adults.
Area Integrated Partnership Board (AIPB)	A local planning body with the overarching aim of improving health and social care outcomes and reducing health inequalities for its local population.
BSO	Business Services Organisation.
Collaboration	The action of working with someone to produce something.
Coronavirus disease/ COVID-19	An infectious disease caused by the SARS-CoV-2 virus.
Delivering Together 2026	Approach launched by the then Minister of Health, Michelle O'Neill, on 25 October 2016 and driven by the Northern Ireland Executive's draft Programme for Government, setting out an ambition to support people to lead long, healthy and active lives.
Department of Health (DoH)	A devolved government department in the Northern Ireland Executive.
Diabetic retinopathy	Diabetic retinopathy occurs when diabetes damages the small blood vessels in the part of the eye called the retina, affecting vision.
Digital first	The use of digital and online solutions first and more traditional solutions as needed.
EDI	Equality, diversity and inclusion.
Epidemiology	The study of how often diseases occur in different groups of people and why.
GHQ-12	General Health Questionnaire (Goldberg & Williams, 1988) consisting of 12 items, each one assessing the severity of a mental problem.
Health and wellbeing	The combination of factors contributing to a person's physical, mental, emotional and social health.
Health inequalities	Unfair and avoidable differences in health across the population and between different groups within society.
Health intervention	A treatment, procedure or other action taken to prevent or treat disease, or improve health in other ways.

Term	Definition
Health literacy	The ability to access, understand, appraise and use information and services in ways that promote and maintain good health and wellbeing.
Healthy life expectancy	The average number of years of full health that a newborn could expect to live.
Health and Social Care (HSC)	Publicly funded healthcare system in Northern Ireland. Although created separately to the National Health Service, it is nonetheless considered a part of the overall national health service in the United Kingdom.
Incidence	The rate of new cases of a disease occurring in a specific population over a particular period of time.
Integrated Care System Northern Ireland (ICS NI)	The new (2024) commissioning framework for Northern Ireland. It is a single planning system that will help us to improve the health and wellbeing of our population.
Life course approach	An inclusive approach that considers people's health needs and opportunities across all age groups.
Live Better initiative	A series of planned initiatives set out by the Health Minister in October 2024 to help tackle health inequalities in Northern Ireland and bring targeted health support to communities that need it most.
Making Life Better, the NI Public Health Framework	A strategic framework for public health designed to provide direction for policies and actions to improve the health and wellbeing of people in Northern Ireland and to reduce health inequalities.
MMR Vaccine	Vaccine against measles, mumps and rubella.
Mortality	In medicine, a term also used for death rate, or the number of deaths in a certain group of people in a certain period of time.
Most and least deprived areas	The 20% most and 20% least deprived areas are defined according to the Northern Ireland Multiple Deprivation Measures (2017), which provides a mechanism for ranking geographical areas within Northern Ireland in the order of the most deprived to the least deprived based on a number of distinct types of deprivation, including income, employment, quality of environment, health, education and housing.
PCC	Patient Client Council.
Personal and Public Involvement (PPI)	Active and meaningful involvement of service users, carers, their advocates and the public in the planning, commissioning, delivery and evaluation of Health and Social Care (HSC) services, in ways that are relevant to them.

Term	Definition
Programme for Government (PfG)	The Draft Programme for Government 2024-2027 Our Plan: Doing What Matters Most outlines the Executive's priorities for making a real difference to the lives of people here.
Public Health	The science and art of preventing disease, prolonging life and promoting health and wellbeing through the organised efforts of society.
Public Health Agency (PHA)	Established in April 2009 as part of the reforms to Health and Social Care (HSC) in Northern Ireland, responsible for providing health protection and health and social wellbeing improvement to every member of every community in Northern Ireland.
Prevalence	The number of cases of a disease in a specific population at a particular time point or over a specified period of time.
Reshape and Refresh	The PHA's organisational restructuring programme.
Smoking cessation	The process of discontinuing tobacco smoking.
Social complexity in pregnancy	Vulnerable women are women who are exposed to physical, psychological, cognitive and/or social risk factors such as poverty, homelessness, substance use, recent arrival as a migrant, asylum seeker or refugee status, difficulty speaking or understanding English, being a young parent (age under 20), experience of domestic abuse, member of an ethnic minority group, mental ill-health, social isolation/lack of social support, human trafficking and exposure to criminal or antisocial behaviour.
SPPG	Strategic Planning and Performance Group.
Surveillance	Continuous process of collection, analysis and interpretation of data.
Whole system approach	A strategic integrated approach to planning and delivering services.
World Health Organization	(WHO) The World Health Organization sets standards for disease control, healthcare and medicines; conducts education and research programmes; and publishes scientific papers and reports.

References

1. Public Health Agency. Corporate plan 2017-2021. Belfast: PHA, 2017. Available at: **www.publichealth.hscni.net/publications/pha-beyond-2016-%E2%80%93-public-health-agency-corporate-plan-2017-2021** Accessed 19 March 2025.

2. Department of Health Social Services and Public Safety. Making life better - A whole system strategic framework for public health 2013-2023. Belfast: DHSSPS, 2014. Available at: **www.health-ni.gov.uk/sites/default/files/publications/dhssps/making-life-better-strategic-framework-2013-2023_0.pdf** Accessed 19 March 2025.

3. Department of Health. Health and wellbeing 2026: delivering together. Belfast: DoH, 2016. Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf** Accessed 19 March 2025.

4. Northern Ireland Executive. Our plan: doing what matters most. Draft Programme for Government 2024-2027. Belfast: Northern Ireland Executive, 2024. Available at: **www.northernireland.gov.uk/sites/default/files/publications/newnigov/draft-programme-for-government-our-plan-doing-what-matters-most.pdf** Accessed 19 March 2025.

5. World Health Organization. Closing the gap in a generation. Health equity through action on the social determinants of health. Final report of the commission on social determinants of health final. Geneva: WHO, 2008. Available at: **www.who.int/publications/i/item/WHO-IER-CSDH-08.1** Accessed 19 March 2025.

6. Marmot M. Fair society, healthy lives. The Marmot Review: strategic review of health inequalities in England post-2010. London, 2010. Available at: **www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf** Accessed 19 March 2025.

7. Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health equity in England: the Marmot Review 10 years on. London: Institute of Health Equity, 2020. Available at: **www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf** Accessed 19 March 2025.

8. Department of Health, Social Services and Public Safety. Breastfeeding - A great start: a strategy for Northern Ireland 2013-2023. Belfast: DHSSPS, 2013. Available at: **www.health-ni.gov.uk/sites/default/files/publications/dhssps/breastfeeding-strategy-2014.pdf** Accessed 19 March 2025.

9. Department of Health. Mental Health Strategy 2021-2031. Belfast: DoH, 2021. Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/doh-mhs-strategy-2021-2031.pdf** Accessed 19 March 2025.

10. Department of Health. Protect Life 2: A strategy for preventing suicide and self harm in Northern Ireland. Belfast: DoH, 2019.

Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/pl-strategy.PDF** Accessed 19 March 2025.

11. Department of Health. A fitter future for all. Outcome framework revised for 2019-2022. Belfast: DoH, 2019. Available at: **https://www.health-ni.gov.uk/sites/default/files/publications/health/fitter-future-sto.pdf** Accessed 19 March 2025.

12. Department of Health, Social Services and Public Safety. Ten-year tobacco control strategy for Northern Ireland. Belfast: DHSSPS, 2012. Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/tobacco-control-10-year-strategy.pdf** Accessed 19 March 2025.

13. Department of Health. Preventing harm, empowering recovery: a strategic framework to tackle the harm from substance use (2021-31). Belfast: DoH, 2021. Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/doh-substanceuse-strategy-2021-31.pdf** Accessed 19 March 2025.

14. Department of Health. A cancer strategy for Northern Ireland (2022-2032). Belfast: DoH, 2022. Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/doh-cancer-strategy-march-2022.pdf** Accessed 19 March 2025.

15. Northern Ireland Statistics and Research Agency. NISRA Statistical Bulletin 2023 Mid-year Population Estimates for Northern Ireland. Available at: **www.nisra.gov.uk/system/files/statistics/MYE23-bulletin_1.pdf** Accessed 19 March 2025.

16. Department of Health. Health Inequalities - a product of the NI Health and Social Care inequalities monitoring system. Available at: **www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2024.pdf** Accessed 19 March 2025.

17. Department of Health. Health Survey (NI) First Results 2023/24. Available at: **www.health-ni.gov.uk/sites/default/files/2024-12/hsni-first-results-23-24-full-report.pdf** Accessed 19 March 2025.

18. Vaccination coverage statistics for children in Northern Ireland. Available at: **www.publichealth.hscni.net/sites/default/files/2025-01/5%20years%20of%20age_Jul_Sept%202024.pdf** Accessed 19 March 2025.

19. Department of Health. Health Survey (NI) First Results 2023-24 **www.health-ni.gov.uk/sites/default/files/2024-12/hsni-first-results-23-24-full-report.pdf** Accessed 19 March 2025.

20. Northern Ireland Statistics and Research Agency. NISRA Statistical Bulletin 2024. Alcohol-specific deaths in Northern Ireland, 2012-2022. Available at: **https://www.nisra.gov.uk/news/alcohol-specific-deaths-registered-northern-ireland-2012-2022#:~:text=Key%20points%201%20The%20total%20number%20of%20alcohol-specific,the%20356%20deaths%20were%20male.%20...%20More%20items** Accessed 19 March 2025.

21. Northern Ireland Statistics and Research Agency. Suicide statistics in Northern Ireland, 2023. Belfast: NISRA, 2023. Available at: **https://www.nisra.gov.uk/publications/suicide-statistics** Accessed 19 March 2025.

22. Northern Ireland Practice and Education Council. Equity of access and outcomes. Belfast: DoH, 2024. Available at: **www.health-ni. gov.uk/sites/default/files/publications/health/doh-nipec-equity-of-access-and-outcome.pdf** Accessed 19 March 2025.

23. Faculty of Public Health. Functions and standards of a public health system. London: Faculty of Public Health, 2020. Available at: **www.fph.org.uk/media/3031/fph_systems_and_function-final-v2.pdf** Accessed 19 March 2025.

24. Faculty of Public Health. What is public health? London: Faculty of Public Health, 2024. Available at: **www.fph.org.uk/what-is-public-health/** Accessed 19 March 2025.

25. The King's Fund. Creating healthy places: Perspectives from NHS England's Healthy New Towns programme. London: The King's Fund, 2019. Available at: **www.kingsfund.org.uk/insight-and-analysis/reports/creating-healthy-places** Accessed 19 March 2025.

26. Buck D, Baylis A, Dougall D, Robertson R. A vision for population health: Towards a healthier future. London: The King's Fund, 2018. Available at: **https://assets.kingsfund.org.uk/f/256914/x/25fa862dd5/vision_for_population_health_2018.pdf** Accessed 19 March 2025.

27. Williams E, Buck D, Babalola G, Maguire D. What are health inequalities? London: The King's Fund, 2022. Available at: **www. kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities** Accessed 19 March 2025.

Public Health Agency

Find us on: