



Annual Business Plan 2018–2019

PUBLIC HEALTH AGENCY ANNUAL BUSINESS PLAN 2018/19

INTRODUCTION

The Public Health Agency (PHA) Annual Business Plan sets out in more detail what the PHA will do to help achieve the outcomes identified in the PHA Corporate Plan. The Annual Business Plan 2018/19 is therefore the action plan for the second year of the PHA Corporate Plan 2017–2021. As such, it incorporates actions that the PHA will take in line with the draft *Programme for Government 2016–2021* (PFG), *Making Life Better* (MLB) and *Community planning* as well as *Health and wellbeing 2026: Delivering Together* and the transformation agenda arising from this. The plan also takes account of the draft *Health and Social Care Commissioning Plan Direction 2018*.

While the Annual Business Plan does not set out all the actions that the PHA will take during this year, it reflects the key actions from all functions and directorates across the five strategic outcomes.

Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017–2021, and is central to the actions set out in this Annual Business Plan for 2018/19.

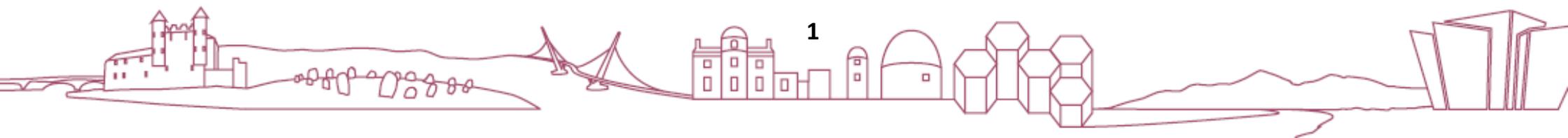
Supporting and equipping people to live long, healthy lives is central to a number of our strategic outcomes. In working to achieve this, we will continue to support the Department of Health (DoH) during the year, in the delivery of the draft PFG delivery plans.

It must be recognised, however, that there are many challenges as we enter 2018/19. The financial outlook is constrained and uncertain, HSC reform is ongoing and the implications of Britain leaving the EU are still unclear, to mention but a few. While this Annual Business Plan sets out the proposed actions for 2018/19, it must be recognised that these may be subject to change in the light of budget allocations and other pressures and demands that may emerge. The impact of these will be reviewed as we go through the year.

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

As stated in the Corporate Plan 2017–2021, the PHA is seeking to move to a more outcomes based approach. While acknowledging that we are only at the beginning of this journey, and that there is much more to be done, this plan seeks to reflect a more outcomes based approach. It is therefore structured not only to set out the actions for this year, but also to identify some of the anticipated impacts, both within this year and longer term, where applicable.

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

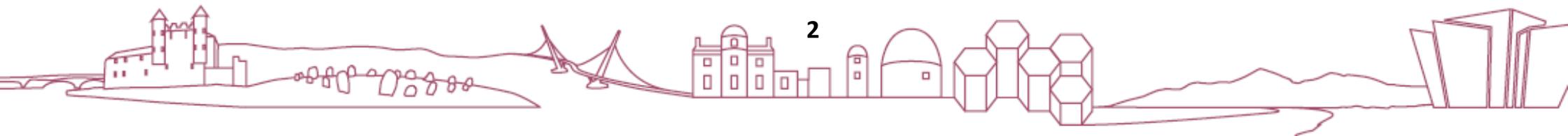


1. All children and young people have the best start in life

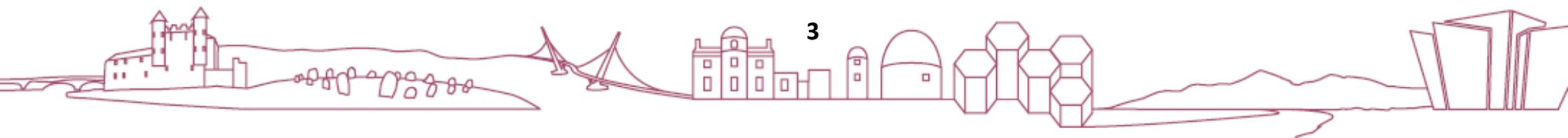
During the course of the PHA Corporate Plan 2017–21 we will work to:

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

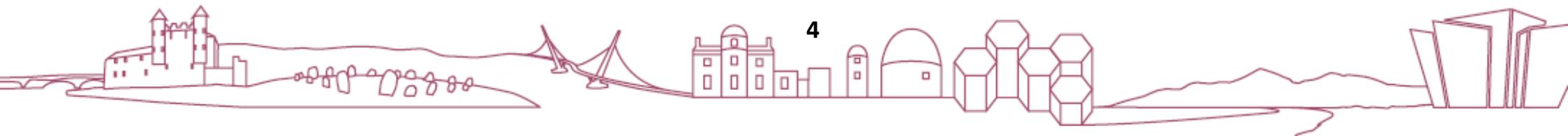
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Implement the Breastfeeding strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan.	Increased membership of the Breastfeeding Welcome Here Scheme; Improved breastfeeding support for mothers of vulnerable infants being cared for in neonatal units; Increased percentage of breastfed babies.	March 2019 and beyond	Dr Harper
2	Implement the Infant Mental Health Action Plan.	Increase knowledge and skills relating to infant mental health among the workforce; Improved outcomes for children and families.	March 2019	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
3	Lead implementation and evaluation of Early Intervention Transformation Programme work streams 1 and 2.	Increased number of group based antenatal care and education programmes; Increased provision of 3+ Review (to 70% of eligible population); 100% of DE funded preschool settings will have regular contact with a named Health Visitor; Improvement in parental emotional wellbeing; Improved parenting skills/capacity Increased participation/involvement in children's learning/employment; Improved family relationships; Leading to improved long-term outcomes for children, young people and families.	March 2019	Dr Harper and M Hinds
4	Expand the Newborn Blood Spot Screening Programme to cover four additional inborn errors of metabolism.	Earlier detection and treatment of these conditions to prevent adverse outcomes; Reduced morbidity and disability in those affected.	March 2019	Dr Harper
5	Continue to implement the Healthy Child Healthy Future programme.	Children will be at the appropriate stage of development in the pre-school year; Improved long-term outcomes for children, young people and families.	March 2019	M Hinds
6	Enhance multi-disciplinary working within neonatal wards across each Trust area by embedding AHP support (dietetics, OT, physio, SLT).	Regional standardisation of AHP support and enhanced multi-disciplinary working; Improved outcomes for children and families.	March 2019	M Hinds



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
7	Roll out of the Regional Support for Education (RISE) model across the region.	Standardisation of practice across each Trust area to support children in the mainstream school setting and reduce barriers to learning due to underlying speech, language, behaviour and motor difficulties and adverse childhood experiences; Improved outcomes for children and families and enhanced working with education staff.	September 2019	M Hinds
8	Maintain and improve vaccination programmes for children and young people by working with HSC organisations, and delivering a PPI study to better understand barriers to vaccinate hard to reach groups such as the Roma community.	All eligible children in NI are offered the opportunity to receive vaccines; Improve the awareness of vaccines among vulnerable groups with low uptake; Provide protection for children and young people against vaccine preventable diseases.	March 2019	Dr Harper
9	Achieve uptake targets for seasonal influenza vaccinations for children aged 2–4 years and the primary school programme set by DoH.	All children aged 2–4 years old or in primary school are offered the opportunity to receive vaccine; Providing protection for children and young people against seasonal influenza, which will in turn protect the wider population.	March 2019	Dr Harper
10	Develop and promote a range of communications aimed at helping parents and carers recognise and manage issues relating to the health and wellbeing of children and young people.	Better health literacy around children’s health needs amongst adults and carers; Leading to improved long-term outcomes for children, young people and families.	March 2019	E McClean



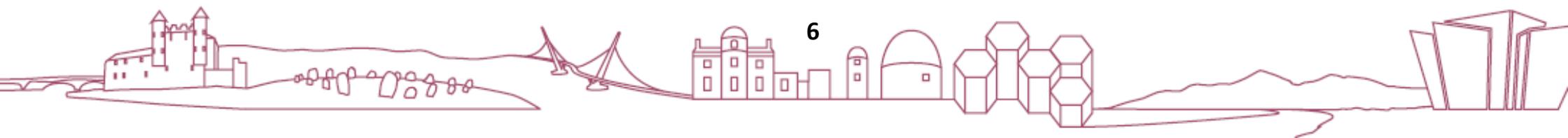
2. All older adults are enabled to live healthier and more fulfilling lives

During the course of the PHA Corporate Plan 2017–21 we will work to:

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

	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	<p>Lead, in conjunction with other PHA/HSCB departments and external stakeholders, on creating a public health vision for frailty using an outcomes based approach. A frailty model will be tested that will include:</p> <ul style="list-style-type: none"> • falls • continence • mild cognitive impairment • social isolation 	<p>Test models of good practice, to help identify/improve the health and wellbeing of frail older people in each Trust; Develop an agreed regional frailty model with public health prevention and identification at its core underpinned by comprehensive geriatric assessment; Reduction in the percentage of older people becoming moderate to severely frail.</p>	March 2019	M Hinds
2	<p>Establish a regional Age Friendly Network and implement, with partners, the WHO Age Friendly Communities model in local government districts in co-operation with DFC 'Active Ageing Strategy'.</p>	<p>Robust structure in place for co-ordination and development of Age Friendly Northern Ireland; Councils are supported to engage people of all ages in community activities; People of all ages actively participate in community activities and treat everyone with respect, regardless of their age; Older people stay connected to the people who are important to them.</p>	March 2019 and beyond	Dr Harper

	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
3	Develop and implement a regional arts programme to enhance the wellbeing and quality of life of older people across Northern Ireland through their active engagement and increasing access to participation in high quality arts activities.	Increased opportunities for approximately 7,000 older people to engage with the arts; Positive relationships developed between people from different backgrounds and experiences; Older people feel more connected to their local communities and wider NI society; <i>Decreased feelings of exclusion, isolation, and loneliness amongst older people in society and increasing awareness of age discrimination amongst those who have participated in the programme.</i>	March 2019	Dr Harper
4	PHA, in conjunction with the HSCB and other external stakeholders will cost and pilot a new dementia memory assessment pathway.	Increased uptake of ECHO sessions; Improved outcomes for people with dementia and their carers following memory assessment with improved support.	March 2019	M Hinds
5	Influence future practice and policy in the care of older people, through the launch of reports and leaflets from commissioned research in dementia and through follow-up knowledge exchange processes with key stakeholders.	Reports and booklets will be disseminated through local and international events and journals; Research recommendations adopted in practice through routine use of booklets.	March 2019	Dr Harper
6	Lead work with the HSCB and Trusts to start delivering Phase Two of the Dementia E-Health and Data Analytics Pathfinder Programme for Northern Ireland, including the implementation of a patient portal for dementia patients.	People with dementia and their carers will have access to their records, enabling fuller participation in their care; <i>Roll out of patient portal across NI by 2021;</i> <i>Improved quality, safety and patient experience.</i>	Phase 1 by July 2018 Full functionality by June 2021	E Ritson



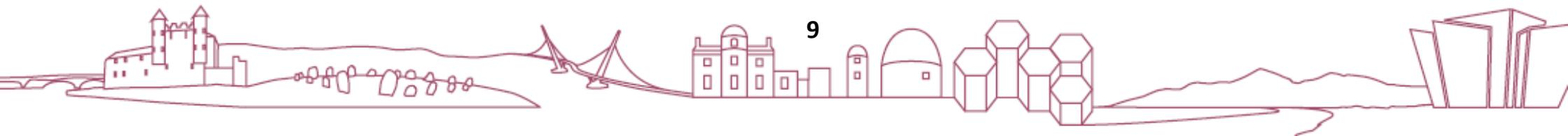
3. All individuals and communities are equipped and enabled to live long healthy lives

During the course of the PHA Corporate Plan 2017–21 we will work to:

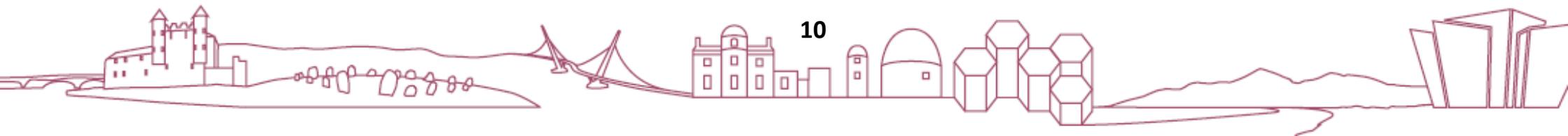
- ensure people are better informed about health matters through easily accessible up-to-date information and materials;
- introduce and develop adult population screening programmes in line with the recommendations of the national and local screening committees and engage with primary care, pharmacies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

	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Continue to work with local government on the implementation of community planning.	Public health input to the development of action plans and their implementation, based on local needs in each local council; Improved health and wellbeing through tackling local issues identified in the community planning process and working with the community planning partnership.	March 2019 and ongoing	E McClean
2	Lead and coordinate regional implementation of the Making Life Better Public Health Framework.	Strengthened collaboration across sectors; Improvement in health and wellbeing of individuals and communities and a reduction in health inequalities	March 2019 (2023 for MLB as a whole)	Dr Harper

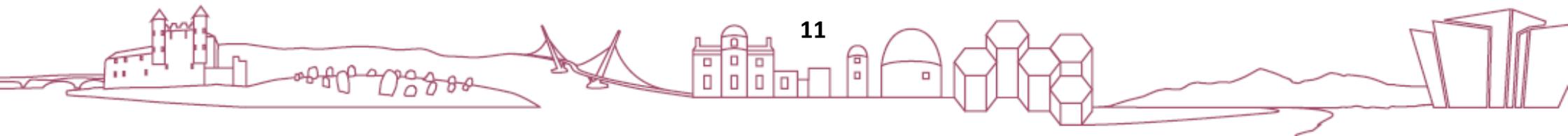
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
3	Develop and implement the actions flowing from the Transformation workstream on the expansion of community development approaches.	Clarity on how community development contributes to health and wellbeing.	March 2019	Dr Harper
4	Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.	<p>Individuals/households/communities supported, including through:</p> <ul style="list-style-type: none"> • the regional keep Warm Pack Scheme; • support for the regional Fareshare food redistribution model and work to improve access to healthier affordable choices for those most at risk; • provision of targeted benefit entitlement advice for those with underlying health needs; <p>Improved health and wellbeing and reduction of inequalities for those most at risk/impacted by poverty, including people experiencing homelessness.</p>	March 2019	Dr Harper
5	Implement the multi-agency obesity prevention action plan.	<p>Expand, develop and implement actions, including:</p> <ul style="list-style-type: none"> • Weigh to a Healthy Pregnancy programme • Early Years Obesity Prevention programme • Physical Activity Referral Scheme • Active Travel and Greenways programme; • Minimum Nutritional Standards in HSC settings; <p>Reduction in levels of obesity.</p>	March 2019 and beyond	Dr Harper
6	Continue to consolidate the drug and alcohol services tendered and commissioned under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011–17 and the PHA/HSCB Drug and Alcohol Commissioning framework 2013–16 including revising the framework to inform future service design and procurement.	<p>Reformed and modernised service provision;</p> <p>Improved regional consistency of service provision across the 5 HSCT areas;</p> <p>Improved health outcomes for some of the most vulnerable groups in NI;</p> <p>Reduced harm caused by substance misuse to individuals, families and carers, and society in general.</p>	March 2019	Dr Harper



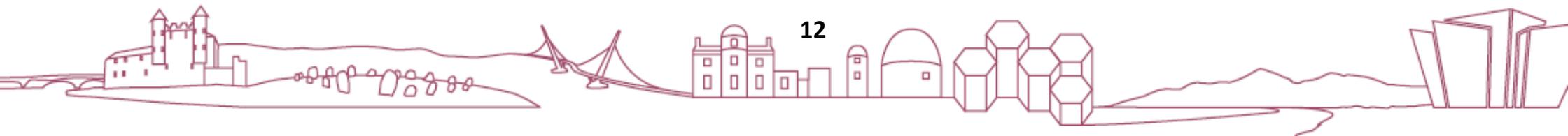
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
7	Establish a minimum of three additional Community Pharmacy Needle and Syringe Exchange Scheme sites across NI in relation to identified need.	Increased safe disposal of used injecting equipment; Improved health outcomes for some of the most vulnerable groups in NI; Reduced onward transmission of BBVs.	March 2019	Dr Harper
8	Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.	Maintain current levels of stop smoking services uptake and maintain quit rates at 4 and 52 weeks; Increase in numbers of smokers accessing stop smoking services; Decreased numbers of pregnant smokers in NI; Decrease in smoking prevalence across NI, and in particular young people, pregnant women and disadvantaged adults; Improvement in all aspects of the health of the population, especially young people, pregnant women and their babies and disadvantaged communities.	March 2019	Dr Harper
9	Lead and implement a range of programmes to promote mental and emotional wellbeing and prevent suicide.	Enhanced community capacity to prevent and respond to suicidal behaviour and encourage help seeking behaviour; Families and communities bereaved by suicide able to access timely and effective support where appropriate; Increase in mental health literacy and help-seeking behaviour; Improved skills in those providing front line services; Current Lifeline service stabilised to provide appropriate support for those at immediate risk of suicide and providing basis for development of new Lifeline service model; Reduced incidence of repeat self-harm presentations to hospital emergency departments; Reduction in the differential in suicide rates among the most and least deprived areas.	March 2019	Dr Harper



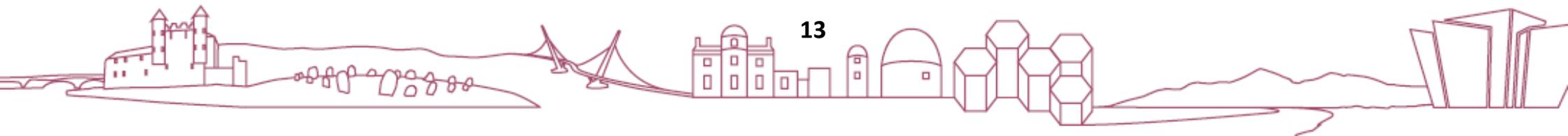
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
10	Lead on the strategic planning and commissioning of prison healthcare for Northern Ireland and co-ordinate the implementation of the joint health care and criminal justice strategy action plan which incorporates prioritising the transformation of health care services in police custody.	Improved prevention and screening services; Enhanced electronic patient information and communication with primary care; Service specification for a pathfinder project developed in partnership with PSNI, DoJ, DoH; Improved multidisciplinary and nurse models of service delivery.	March 2019	M Hinds
11	Monitor, co-ordinate and promote the work of recovery colleges in NI, increase opportunities for co-production, and pilot Wellbeing and Recovery Star mental health teams and recovery colleges.	Bi-annual Recovery Newsletters produced with service users, to raise awareness of ongoing recovery work in NI and promote co-production and recovery orientated practice; Increased cross border collaboration through the roll out of the recovery college network along the border corridor; Increased opportunities for people with lived experience to become involved in the design and delivery of HSC services; Creating the conditions for service users and professionals to work together to achieve agreed outcomes.	March 2019	M Hinds
12	Develop healthier workplaces in the HSC and other sectors.	Targeted support to employees at particular risk of poor health and wellbeing. Training of workplace health champions. Meaningful engagement with employees to assess and support their health and wellbeing needs. Improvements to employee health and wellbeing and effective use of the workplace as a healthy setting.	March 2019	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
13	Award over €7m funding to support ten cross-border healthcare intervention trials in Northern Ireland and Republic of Ireland through the Cross-border Healthcare Intervention Trials in Ireland Network (CHITIN INTERREG VA) programme. Complete selection and initiation of 10 healthcare intervention trials under the CHITIN programme.	Ten trials of novel and unproven healthcare interventions, in settings outside of major centres (eg in communities or primary care), developing innovative approaches to prevention and care; Increased participation in healthcare intervention trials and extension of existing clinical networks in Northern Ireland and Rol, developing a cadre of skilled professionals, who can support the acquisition of future research funding into this previously under-resourced area.	March 2019 for 18/19 target overall end date December 2021	Dr Harper
14	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care and Improvement Steering group on behalf of PHA and HSCB.	Implementation and evaluation of the Regional Hospital Passport for people with a learning disability; Good practice promoted, health inequalities identified and addressed; Responsive services making necessary reasonable adjustments to meet the health needs of people with a learning disability.	March 2019	M Hinds
15	Lead the implementation of the Regional Palliative Care work plan.	Implementation of early identification protocol in primary care; Delivery of education programme to support advance care planning (ACP) to at least 400 staff regionally across settings, professions and sectors.	March 2019	M Hinds
16	Lead on the development of the Promoting Good Nutrition (PGN) strategy implementation plan in the community.	Improved prevention, screening and care pathways for malnutrition in the community for people in receipt of services.	March 2019	M Hinds
17	Introduce surveillance clinics into the Diabetic Eye Screening Programme.	More appropriate management of people requiring surveillance, within a quality assured screening programme.	December 2018	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
18	Prepare for introduction of primary screening with Human Papillomavirus Virus (HPV) testing within the Cervical Screening Programme.	Improved detection of precursors of cancer; Reduced mortality from cervical cancer.	March 2019	Dr Harper
19	Continue working with interagency partners to increase health improvement services and support and self-management services for people with long-term conditions to include digital information resources for people with persistent pain.	Improve patient information, self-efficacy, resilience and health literacy; More people with long-term illnesses participate in social and economic activities; Improved mental health; People with persistent pain are better informed and supported to self-manage; Reduced levels of pain medication prescribing, healthcare utilisation and disability.	March 2019	Dr Harper
20	Continue to lead the implementation and monitoring of the E-health and Care strategy under the objectives of <ul style="list-style-type: none"> • supporting people • using information and analytics • fostering innovation which will contribute to the development of a regional EHCR.	Implementation and evaluation of alternatives to the RTNI telehealth service; production of a business case and procurement of the new Telecare service in advance of March 2019; Improved digital innovation within the HSC; People will be more involved in their care via the use of innovative technologies; Citizens will be involved in the design of future services using technology.	March 2019	E Ritson
21	Deliver new communication programmes supporting public health messaging around suicide prevention, mental health promotion, smoking cessation and cancer awareness.	Target audiences are better informed about health matters and have access to relevant information; Earlier presentation at primary care settings; Improved health outcomes.	March 2019	E McClean

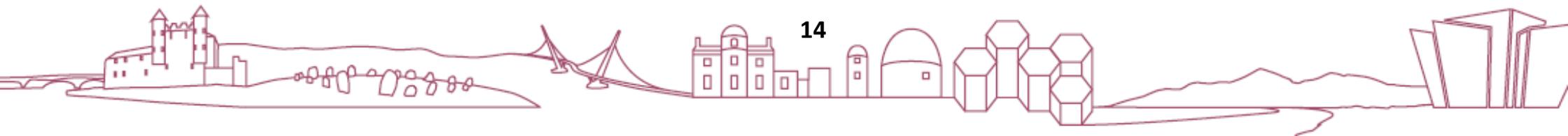


4. All health and wellbeing services should be safe and high quality

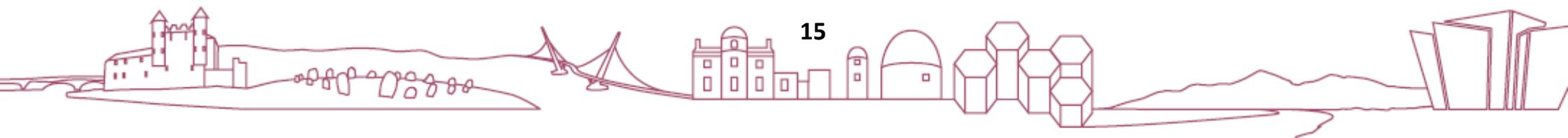
During the course of the PHA Corporate Plan 2017–21 we will work to:

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

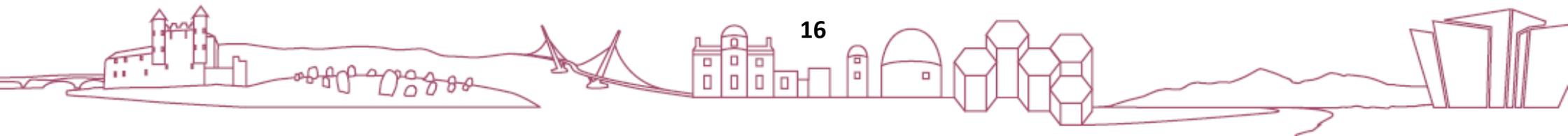
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Continue to implement the PPI Strategy and deliver training on PPI in research for researchers and members of the public and facilitate opportunities for patients and public to be involved as partners and co-designers in the research process through the promotion of the PIER role.	Up to 60 service users and HSC professionals will have attended Building Research Partnership Courses run twice a year; Each funding panel held by R&D will include two PIER members; NI will be represented at UK inter-governmental meetings and international events; More service users will be involved as co-designers in research proposals.	March 2019	Dr Harper



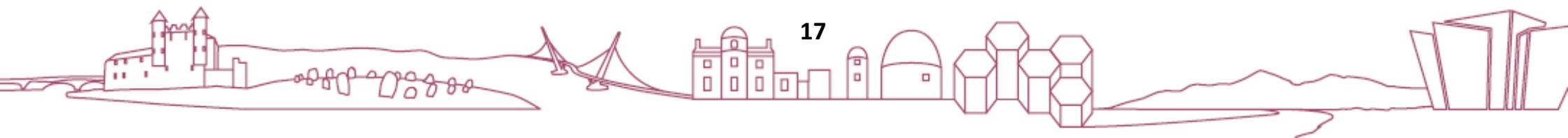
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
2	Provide leadership, direction and guidance on involvement to the HSC including support for the Regional HSC PPI Forum and transformational work programmes.	Involvement plans developed for transformation projects. implementation of good involvement practice across HSC organisations advanced and promoted; <i>PPI and co-production methodologies influence strategic and operational plans and decisions, and also deliver transformational change.</i>	March 2019	M Hinds
3	Continue the work of the multiagency and multidisciplinary Regional Adult Dysphagia group, including work to improve awareness, identification and management of dysphagia.	Increased public and professional awareness of dysphagia and improved knowledge and skills within the HSC workforce on the identification, management and treatment of dysphagia; <i>Improve the safety and quality of life for adults who have dysphagia (eating, drinking and swallowing difficulties).</i>	March 2019	M Hinds
4	Identify opportunities to establish how the AHP workforce can support primary care transformation with an initial focus on first contact physiotherapy.	<i>Improved levels of service user satisfaction, patient empowerment and better clinical outcomes.</i>	March 2019	M Hinds
5	Lead and co-ordinate regional implementation of the District Nursing Framework and test new district nursing models of care, for a regional community nurse-led model of care prototype.	Improved standards of nursing care, a positive patient and carer experience, robust evidence based clinical outcomes; <i>Improved clinical outcomes for patients; Improved patient experience; Improved staff work experience; Provision of a cost effective service.</i>	March 2019	M Hinds
6	Implement the comprehensive patient and client experience programme, monitor the agreed key regional priorities for 2018/19 and continue to roll out 10,000 Voices in a range of areas eg Unscheduled Care and Discharge.	Increased awareness of patient experience programme of work; Influence local and regional improvement priorities based on feedback of experience; <i>Sustained improvement in experience of health and social care services; Improved delivery of services which are patient and client focused.</i>	March 2019	M Hinds



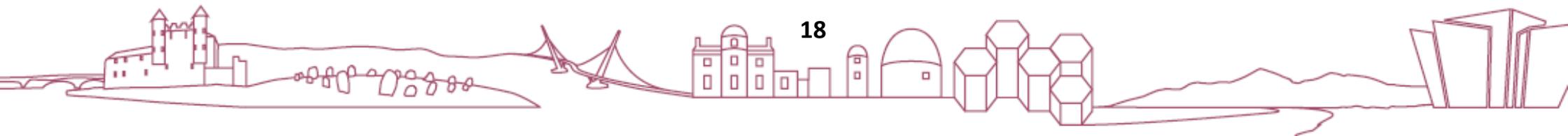
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
7	Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans and Key Performance Indicators; and provide advice and support to Trusts on the implementation of these key priorities.	Better engagement with Trust teams; Increased awareness of quality improvement interventions; Identifiable and sustained improvement against identified quality improvement indicators; Improved safety and quality of care.	March 2019	M Hinds
8	Provide a strategic role in the management of and learning from the SAI (Serious Adverse Incidents) process, including leading the development of Learning Matters newsletter, development of thematic reviews and contributing to the SAI Biannual learning report.	Increased awareness and dissemination of learning identified from SAIs, which is targeted to the relevant HSC staff; Improved safety and quality of care.	March 2019	M Hinds
9	Continue to oversee the implementation of the Q2020 Strategy including providing advice and support to the task streams and co-ordinate the development of the Annual Quality Report.	Identification of models of improvement for potential regional scale and spread; Raised awareness of quality improvement initiatives; Identifiable and sustained improvement in the quality of health and social care services.	March 2019	M Hinds
10	Work with HSCB to finalise a Cancer Services Indicator Framework and to publish achievement against key indicators on a rolling basis (Staff and financial resources dependent).	Data on achievements will help shape service developments and improve patient outcomes Earlier cancer diagnosis and better survival in the longer term	March 2019	Dr Harper
11	Continue to take forward the implementation plan for the Respiratory Service Framework.	Improved access, quality and safety within respiratory services for children, adults and older people; Falling incidence of COPD; Lower hospital admission rates for people with asthma and COPD; People with life limiting lung diseases have a better quality of life and live for longer.	March 2019	Dr Harper



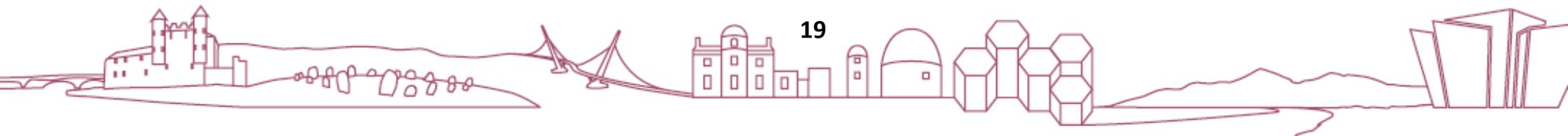
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
12	Support the implementation of the Northern Ireland Diabetes Strategic Framework through the regional diabetes network.	Population based approach to the prevention or delay of Type 2 diabetes through obesity prevention and supporting individuals at high risk; Patients at risk of developing complications targeted, through working with providers, patients and the voluntary sector to support service redesign; Improved pre pregnancy and antenatal care for women with diabetes.	March 2019	Dr Harper
13	Support the stroke modernisation programme and the planned consultation on the organisation and delivery of stroke care.	Increase the percentage of: <ul style="list-style-type: none"> • people with high blood pressure who are treated successfully, • patients admitted to a stroke unit on admission to hospital and within 4 hours • people eligible for thrombolysis who receive it • stroke patients who receive thrombolysis within 60 mins of hospital arrival • stroke patients who undergo thrombectomy; Increase the number of assessment sites that have an average door to needle time of 30 minutes; Reduce age adjusted annual: <ul style="list-style-type: none"> • stroke incidence rate/1000 population • stroke mortality rate/1000 population; Increase age adjusted disability free survival rate after stroke/1,000 patients.	March 2019	Dr Harper
14	Continue to work with colleagues in the DoH, HSCB, HSCTs, voluntary agencies and patients to support Scheduled Care Reform.	Improve service delivery and change models in community, primary and secondary care settings for a range of clinical specialities; Reduce waiting lists for these specialities and improve patient experience and outcomes.	March 2019	Dr Harper



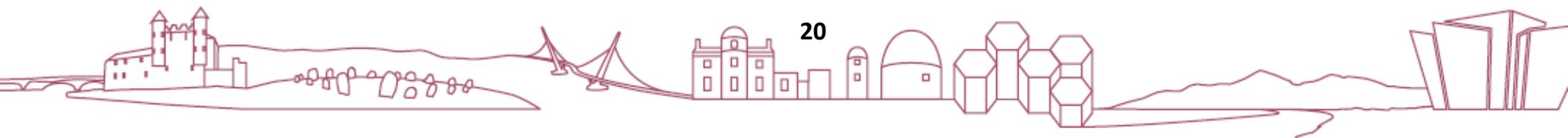
	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
15	<p>Raise awareness and knowledge about AMR, through:</p> <ul style="list-style-type: none"> Ensuring the timely availability of intelligence about antimicrobial use, antimicrobial resistance and healthcare-associated infections in secondary care by publishing regular reports, through an integrated dashboard and monitoring progress against targets set in the commissioning plan direction; and Engaging the public and raising public awareness to help reduce inappropriate antibiotic use. 	<p>Improved ability of Trusts to target their improvement actions by providing business intelligence; Increased public understanding of the threat to health from AMR and knowledge of the steps they can take to reduce AMR; Progress towards HSC target to reduce inappropriate prescribing by half by 2020; Reduce proportion of infections that are resistant to specific antibiotics. Reduced healthcare associated infection incidence.</p>	March 2019	Dr Harper
16	<p>Develop an operational plan for an Emergency Operation Centre (EOC) to support the management of an outbreak /major incident by PHA.</p>	<p>EOC team to support Regional Outbreak Plan identified and trained; The PHA can meet its responsibility for co-ordinating a regional response to an outbreak/major incident in adherence to the NI Infectious Disease Incident/Outbreak Plan.</p>	March 2019	Dr Harper
17	<p>Working in partnership with HSCB and HSCTs, to continue to support and develop cancer nursing services, including:</p> <ul style="list-style-type: none"> Roll out of Clinical Nurse Specialist (CNS) workforce expansion plan across NI HSC Cancer Services; Oversee the Acute Oncology Nursing Service (AONS); and Develop a sustainable model for Non-Medical Prescribing (NMP) 	<p>Recruitment of CNS and systems and processes standardised through regional CNS forums; Access to 24 hour expert nursing advice for all patients receiving active cancer treatment (through AONS); The modernisation of the provision of systematic anti-cancer therapies (SACT) for patients across NI Cancer services through the expansion of NMP, maximising current workforce capacity; A skilled, effective and productive CNS workforce; Improved experience for patients living with cancer.</p>	March 2019	Dr Harper



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
18	Deliver/commission Flu Fighters to support the delivery of flu vaccine for HSCNI workers to achieve the 40% target.	Increase awareness among HSCNI workers via the Flu Fighter campaign; Increased vaccine uptake rates among HSCNI workers.	March 2019	Dr Harper
19	Lead on the development of methodology and models for the policy framework for Delivering Care Project NI for the nursing and midwifery workforce across NI.	Agreed principles developed for an all island collaborative for enhanced care and further partnership working towards an all island nursing and midwifery workforce collaborative progressed; Provision of high quality care, which is safe and effective in hospital and community settings.	March 2019	M Hinds
20	Implement the GP Nursing Framework, including addressing workforce capacity within primary care settings, through the development of ANP roles; rolling out regional education and training programmes, co-design with users, carers and communities.	Improved workforce capacity and skilled workforce.	March 2019	M Hinds
21	Design and manage projects and programmes that directly impact on nursing workforce, recruitment and retention. Effective and methodical execution of nurse led initiatives including a public health focus. Plan and implement the Burdett grant across NI.	Achieve and retain a skilled, resilient and motivated nursing workforce working in older people’s acute settings; Improved regional recruitment process for nursing workforce.	March 2019	M Hinds



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
22	Support the DoH in undertaking a workforce analysis of the AHP professions to support the Delivering Together framework to determine the future capacity requirements of undergraduate and post-graduate training numbers and the training and skills required to ensure that AHPs have the capacity and skills to support transformational reform.	Requirement for undergraduate and post-graduate training places determined; AHP workforce equipped to enable them to respond to the challenges of service transformation.	March 2019	M Hinds
23	Scope the emerging issues related to the provision of high quality care in the nursing home sector.	Development of an improvement plan following the completion of a scoping exercise co-produced with the independent sector; Improved quality of care in nursing home sector.	January 2019	M Hinds
24	Facilitate regional learning and change within HSC as a result of the inquiry into hyponatraemia-related deaths (January 2018).	development and implementation (along with HSC Trusts) of a regional service improvement plan reflecting the Hyponatraemia Inquiry recommendations associated with: <ul style="list-style-type: none"> • Candour • Leadership • Clinical care (paediatrics) • SAI processes • Training and development . 	March 2019	M Hinds
25	Implement a range of actions through the HSC Safety Forum in support of HSC Trusts and other key stakeholders to improve the safety and quality of services delivered.	Improved response to sepsis in hospitals, developing spread plan to community; Continued support for collaboratives focusing in particular on the paediatric and discharge collaborative work plans; Continued support for the development of the Q initiative; Trusts supported to improve the escalation response through a range of early warning score tools.	March 2019	M Hinds

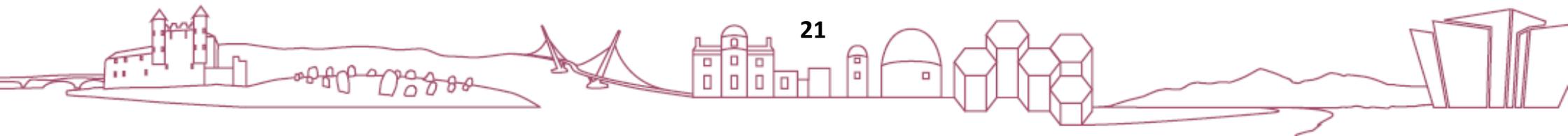


5. Our organisation works effectively

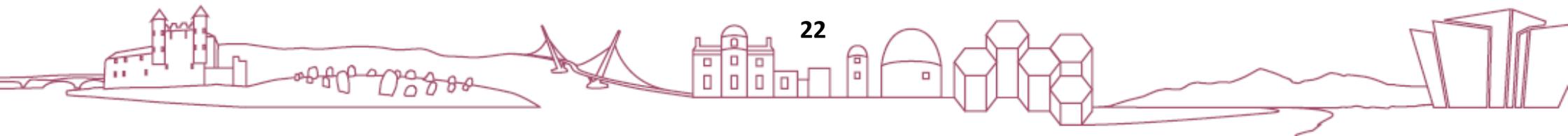
During the course of the PHA Corporate Plan 2017–21 we will work to:

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

	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
1	Continue to take forward implementation of the PHA Procurement Plan.	Compliance with Procurement regulations; Contracts in place which deliver value for money in terms of both quality and cost; <i>Access to high quality services that will better address identified needs and improve health and wellbeing outcomes.</i>	March 2019	E McClean
2	Continue to facilitate and support embedding of OBA approach.	PHA enabled to demonstrate effectiveness, in line with other key strategies and plan.	March 2019	E McClean
3	Review and test the PHA Business Continuity Management Plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	PHA is able to maintain essential functions in the event of a business continuity disruption.	March 2019	E McClean



	During 2018/19 we will:	Anticipated impact (short, medium and long term)	Timescale/ target end date	Lead officer
4	Ensure appropriate corporate and information governance arrangements are in place to underpin and support the Public Health Agency in undertaking its core business.	PHA has appropriate internal control measures in place, compliant with legislation and DoH regulations, enabling PHA to undertake its core functions; PHA is a safe and well run organisation, compliant with legislation and DoH regulations.	March 2019	E McClean
5	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas through the organisation of a series of events on key topic areas bringing a wide range of stakeholders together.	The formation of a number of Research Development Groups (RDGs) in PHA priority areas which will apply for research funding; <i>Augmentation of the evidence base of public health research which will have the potential to make positive contributions to the health of the population in Northern Ireland.</i>	March 2019	Dr Harper
6	Action recommended changes arising from the 2017/18 Consultative Review of R&D funded infrastructure.	Creation of a more efficient and cohesive infrastructure that is easier for researchers to navigate, with collaborative leadership to ensure an improved service (follow-up survey).	March 2020	Dr Harper
7	Design and deliver a new staff intranet to support communications within the PHA.	Effective communication platform in place to support dissemination of information for staff and programmes of work; <i>Improvements in staff awareness of work related issues leading to more effective working patterns.</i>	March 2019	E McClean
8	Continue to embed PPI into the culture and practice of the organisation through the PPI internal leads group and the roll out of PPI training for PHA staff.	PHA staff aware, equipped and skilled in PPI; Effective partnership working with service users and carers using PPI and co-production.	March 2019	M Hinds
9	Meet DoH financial, budget and reporting requirements.	PHA is compliant with DoH regulations, with a sound financial basis enabling the PHA to undertake its core business.	March 2019	P Cummings
10	Continue to support and develop staff during a period of organisational change, including relevant communication with staff.	Staff feel supported and valued; Improved staff morale; Staff skilled and equipped for the future.	March 2019	V Watts





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