

ANNUAL BUSINESS PLAN



2016–2017

Approved by the PHA Board 16 March 2016
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Purpose, vision and values

During 2016/17 the PHA will continue to work and be guided by our purpose, vision and values.

Our purpose

To protect and improve the health and social wellbeing of the people of Northern Ireland and to reduce health inequalities through strong partnerships with individuals, communities and key public, private and voluntary organisations.

Our vision

That all people in Northern Ireland can achieve their full health and wellbeing potential.

Our values

- Improving the health and social wellbeing of the community we serve will be at the heart of everything we do.
- In conducting our business, we will act with openness and honesty, treating all with dignity and respect.
- We will work in partnership to improve the quality of life of those we serve.
- We will value and develop our staff and strive for excellence in all we do.

Introduction

The Public Health Agency (PHA) *Annual Business Plan 2016–2017* details how we will make best use of our resources to achieve our core goals, as set out in our *Corporate Strategy 2011–2015 (which has been extended to cover 2016/17, while a new Corporate Strategy is being developed)*. These are:

- Protecting health;
- Improving health and wellbeing and tackling health inequalities;
- Improving the quality of health and social care services;
- Improving early detection of illness.

It also details how we plan to improve how we work by:

- Using evidence, fostering innovation and reform;
- Developing our staff and ensuring effective processes.

This plan focuses on significant new initiatives for 2016/17, incorporating Commissioning Directions and other DHSSPS requirements, and is not intended to cover every aspect of the PHA's planned work.

It will provide a basis for staff objectives and training and is a core accountability tool for the Department of Health, Social Services and Public Safety (DHSSPS).

Strategic context

Since its establishment in 2009, the PHA has continued to take forward work to improve and protect health and wellbeing, reduce health inequalities and to improve the quality and safety of care services within Northern Ireland. Recognising that this is not something that we can do alone, we have also continued to work in partnership with communities, groups, Health and Social Care (HSC) Bodies and other organisations, strengthening our relationships to maximise effectiveness.

Our last Annual Business Plan (2015/16) contained approximately 66 targets, covering every facet of our work. At the time of writing 68% were completed, with 27% on track for completion, albeit slightly delayed. The targets related to actions considered to have a positive impact to improve levels of health and wellbeing, protect the health of the community and ensure patients continue to receive safe and high quality care services.

However, while much progress has been made, we know that there is still much to be done. While the number of deaths from causes considered to be avoidable has reduced over recent years, this still sits at 26% of all registered deaths¹. One in three deaths in males was as a result of potentially avoidable causes compared to one in five of all deaths in females. While overall life expectancy has continued to increase for both males and females, there is still a significant deprivation gap, with female healthy life expectancy in the most deprived areas of NI 14.2 years lower than in the least deprived areas, and male healthy life expectancy gap 11.8 years². It is also recognised that poor health and wellbeing has a significant negative impact on the local economy.

Health inequalities are impacted by a range of issues, social, economic and educational; no single organisation can bring about the changes required on its own. The PHA is therefore committed to working with partners across all sectors, to improve health and wellbeing, and reduce health inequalities across all areas of our work. Working with communities, groups and organisations is, and will continue to be, at the heart of everything that we do.

In planning our work for 2016/17 the PHA must take account of the strategic, regulatory and legislative environment in which we operate, including:

- Reform;
- Financial context;
- Programme for Government;
- 'Making Life Better';
- DHSSPS policy priorities;
- Partnership working;
- Personal and Public Involvement.

Reform

On 4 November 2015, the Minister announced his intention to remodel the administrative structures of the Health and Social Care system. This was followed by the launch of a consultation

¹ PHA Health Intelligence briefing: Analysis of potentially avoidable premature mortality in Northern Ireland: 2001 to 2013

² Health Inequalities in Northern Ireland: Key Facts 2015 – DHSSPS Information Analysis Directorate

on 15 December 2015. The proposals are that the Health and Social Care Board should cease to exist in its current form, with its functions transferring to either the DHSSPS, the PHA or to HSC Trusts. The PHA would be retained, with a focus on early intervention and prevention.

While there is still uncertainty, with the outcome of the consultation as yet unknown, and the details of the reformed structures still to be set out, it is clear that 2016/17 will be a year of change, for the PHA itself and for the HSC organisations we work closely with.

In the midst of this environment, it will be important for the PHA to remain focused, and to effectively manage the changes, in particular ensuring that staff are supported throughout the process.

Financial Context

The PHA, like all other HSC organisations and the wider public sector, faces financial challenges in light of the constrained NI budget. Already in 2015/16 the PHA management and administration budget was reduced by 15%. While actions were taken to reduce goods and services expenditure in 2015/16, the implementation of the Voluntary Exit Scheme (VES) was necessary to achieve the levels of savings required. It will be 2016/17 however when the impact of these staff reductions will be felt. The outworking of VES, along with the potential for further budget reductions in 2016/17 will have implications on how we do our business. The PHA will continue to closely monitor and review its expenditure to ensure that it is used to maximum effect to help improve the health and wellbeing of the people of Northern Ireland and maintain the safety and quality of the services we commission.

Programme for Government

Assembly elections have now been scheduled for May 2016, and while a new PFG is currently being considered, it will not be agreed and issued for consultation until after the new Executive is elected in May.

The PHA will however continue to work closely with the DHSSPS and other partners, to ensure that we are positioned to achieve the relevant PFG targets.

Making Life Better

'Making Life Better 2013–2023' is a ten year public health strategic framework for Northern Ireland to improve the health and wellbeing of the public and reduce health inequalities, seeking to create the conditions for individuals and communities to be enabled and supported to lead healthy lives. This is to be achieved through collaborative working across Government Departments and sectors.

The PHA has a lead role in the implementation of 'Making Life Better' supporting the DHSSPS and working with partners across all sectors, including chairing the Regional Project Board for Making Life Better.

Making Life Better will continue to be central to the work of the PHA throughout 2016/17, both working with partners through the relevant structures and also influencing the objectives and actions set out in the Annual Business Plan.

Other DHSSPS policy priorities

During 2016/17 the PHA will continue to take forward relevant DHSSPS policy priorities, working with the HSC and other organisations as appropriate, including Quality 2020 and Transforming Your Care.

Partnership Working

The PHA has a statutory responsibility to work closely with partners in the community, the voluntary sector, health and social care, local government and the statutory sector.

We will continue to do this in 2016/17, including through continuing to provide funding and professional leadership to implement specific programmes and initiatives. We will also continue to seek to influence and shape the priorities, processes and budgets of partners to improve longer-term health outcomes.

A key priority in 2016/17 will be to work closely with and further develop and consolidate our relationships with local government, to develop shared approaches and arrangements for improving and protecting the health and wellbeing of our communities.

Personal and Public Involvement

Personal and Public Involvement (PPI), the active and meaningful involvement of service users, carers and the public in the commissioning, design, delivery and evaluation of health and social care services, is a statutory responsibility for all HSC organisations.

PPI is an integral component in improving safety, quality and effectiveness, helping to ensure that services are truly person centred, and also helping to foster a sense of ownership and increase self-responsibility for health and wellbeing. Involvement of patient and carer knowledge and expertise is an integral element of the co-design of services.

In keeping with our PPI strategy and action plan, 'Valuing People, Valuing their Participation', the PHA will continue to work to embed PPI into the culture and practice of the organisation. We will also continue to take forward our regional leadership responsibilities for PPI across the HSC system.

Conclusion

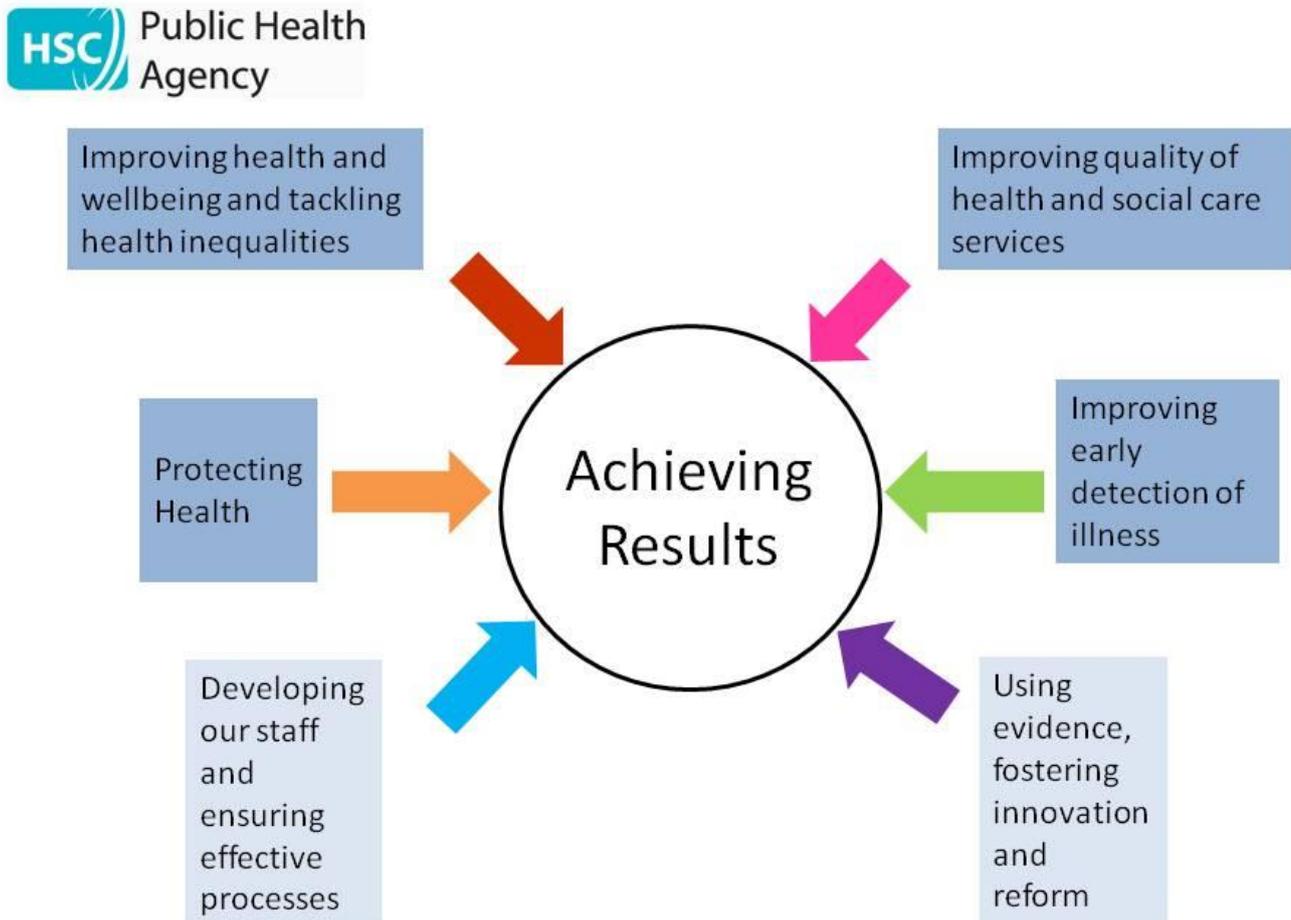
2016/17 will be a challenging year, as we strive to meet our commitments while working in an environment of change and uncertainty and the impact of budget reductions.

It will however also be a year of opportunity, as we seek to develop our new corporate strategy for the period from 1 April 2017, building on the engagement processes and initial development to date, but taking account of the new PFG and the outworking of HSC reform.

Above all we remain committed to working to achieve improvements in the health and wellbeing of the population of Northern Ireland, making best use of our resources to do so in 2016/17 as well as plan for the future.

Our work in 2016/17

In 2016/17 we will continue to focus on our six core areas of work, as illustrated in the diagram below:



The following sections of this business plan break each of these areas down into key actions to be led by specific PHA executive directors, recognizing that many of them will involve input and work across several Directorates.

Reports on the progress against each of these actions will be submitted on a regular basis to the PHA board. This will be supplemented by in-depth reporting on progress on specific issues as summarised in Appendix 1.

More detailed implementation plans for key actions will be presented to and considered by the PHA board. These will form the basis of monitoring and reporting of progress and achievements.

Following the introductory narrative in the following sections of this Plan, a table is presented setting out Key Actions to be taken forward in 2016/17.

Protecting health

The Health Protection Service within the PHA is responsible for the prevention and control of communicable disease and environmental hazards and provides the acute response function to major issues in these areas, such as outbreaks of infectious disease. The PHA Health Protection Duty Room, located in Linenhall Street at PHA headquarters, is the first point of call for all acute issues in relation to infectious disease incidents and for notifications of infectious diseases.

The Health Protection Service has a number of work programmes in key areas with regional consultant leads for each area. These include healthcare associated infections, immunisation, health protection emergency preparedness, gastrointestinal infections, sexually transmitted infections, influenza, and tuberculosis. Immunisation programmes are one of the most successful public health programmes in existence, protecting the population of Northern Ireland against serious diseases.

During 2016/17, the PHA will continue to lead and provide the acute health protection response to incidents, outbreaks and the wide range of issues reported to the Health Protection Duty Room. We will ensure our protocols are fully up to date and further strengthen our service through continuous learning and development.

Priority actions for 2016/17 are:

- Reduce health care associated infections (HCAI);
- In line with DHSSPS priorities work on the development/introduction of a surveillance system for Antimicrobial resistance (AMR);
- Continue to work with HSCNI organisations to vaccinate against Men B and Men ACWY; and
- Continue the flu immunisation programmes.

	Action	Lead director	Timescale for completion
1.	<p>HCAIs:</p> <p>The Agency will continue to work with Trusts to secure a further reduction of x% (to be determined by DHSSPS) in the total number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection.</p>	Director of Public Health	31st March 2017
2.	<p>Antimicrobial resistance:</p> <p>In line with DHSSPS priorities, continue to work on the development/introduction of a surveillance system for anti-microbial resistance (AMR) in Northern Ireland and bring NI in line with the rest of the UK.</p>	Director of Public Health	31st March 2017
3.	<p>Immunisation:</p> <p>During 2016/17 achieve uptake targets for seasonal influenza vaccinations set by DHSSPS.</p>	Director of Public Health	31st March 2017
4.	<p>Immunisation:</p> <p>Continue to work with HSCNI organisations to vaccinate against Men B and Men ACWY and encourage uptake rates through information/educational campaigns.</p>	Director of Public Health	31st March 2017

Improving health and wellbeing and tackling health inequalities

Our work to improve health and wellbeing and to reduce health inequalities across the population, including with particular communities and groups known to be at increased risk of poorer health, reflects the six key themes of Making Life Better:

1. Giving Every Child the Best Start
2. Equipped Throughout Life
3. Empowering Healthy Living
4. Creating the Conditions
5. Empowering Communities
6. Developing Collaboration

During 2016/17 the PHA will advance these objectives by building strong connections across society to improve health and wellbeing and reduce inequalities. We will also strengthen our joint working with the eleven new councils and ensure close alignment with community planning processes to improve health and wellbeing.

The PHA will continue to progress the early years intervention agenda, in particular through the workstreams of the Early Intervention Transformation Programme, sponsored by a consortium including Government Departments. We will continue to work with communities and organisations to reduce some of the structural barriers to health and we will seek to ensure the active engagement of communities wherever possible.

In addition, we will focus on a number of specific public health issues:

- Breastfeeding;
- Obesity prevention;
- Tobacco control;
- Alcohol and drugs;
- Sexual health;
- Skin cancer prevention;
- Home accident prevention;
- Mental health and wellbeing;
- Suicide prevention;
- Child health promotion.
- Active travel

We will also be taking forward a programme to support the active engagement of older people to improve their health and wellbeing. Four key areas of action will include: promoting active citizenship and positive ageing environments; improving access to and uptake of health and wellbeing programmes; supporting local approaches to include older people in issues that affect their health and wellbeing; and promoting befriending and support for older people and carers.

A significant area of work this year will be the procurement of services including mental health promotion and suicide prevention including the 24/7 Lifeline crisis intervention service. Preparation for this has included extensive engagement with community and voluntary sector partners in developing agreed standards for services. These processes aim to secure the best possible outcomes for the public.

Work will also continue during 2016/17, with the HSCB and others as appropriate, to ensure that the e-Health and care strategy is implemented and reflects the objectives of the PHA and 'Making Life Better'.

**Improving health and wellbeing
and tackling health inequalities
Key actions for 2016/17**

	Action	Lead director	Timescale for completion
1.	Develop and deliver a range of integrated public information campaign solutions to target audiences in line with key PHA priorities.	Director of Operations	On-going throughout 2016/17
Giving Every Child the Best Start – Theme 1 Making Life Better			
2.	Ensure that implementation of Early Intervention Transformation Programme Work Stream One is in keeping with business goals and implementation plan	Director of Nursing/AHP	31st March 2017
3.	Implement Early Intervention service linking with family support hubs. (Early Intervention Transformation programme Work Stream Two).	Director of Public Health	31st March 2017
4.	Implement the regional Infant Mental Health plan and commission training to HSC and early years workforce.	Director of Public Health	31st March 2017
5.	Implement the Action Plan of the Breastfeeding Strategy for Northern Ireland.	Director of Public Health	31st March 2017
6.	Ensure regional implementation of Family Nurse Partnership in keeping with Family Nurse Partnership specification and licence requirements	Director of Nursing/AHP	On-going throughout 2016/17
7.	Promote the health, wellbeing and safeguarding of children through implementation of Healthy Child Healthy Future and Healthy Futures policy.	Director of Nursing/AHP	On-going throughout 2016/17
Equipped Throughout Life – Theme 2 Making Life Better			
8.	Procure a range of suicide prevention and mental health promotion services, including a focus on more vulnerable groups. Commission and/or procure the 24/7 Lifeline crisis intervention service.	Director of Public Health	31st March 2017
9.	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB to ensure that good practice is promoted, health inequalities are identified and addressed and that services are responsive and make adequate adaptation to meet the health care needs of people with a learning disability	Director of Nursing/AHP	31st March 2017

Empowering Healthy Living – Theme 3 Making Life Better			
10.	Implement the Tobacco Control implementation plan including Brief Intervention Training, smoking cessation services, enforcement control and Public Information.	Director of Public Health	31st March 2017
11.	Support and lead multi-agency partnerships to oversee regional and local delivery of Protect Life and Mental and Emotional Wellbeing strategies including the regional Bamford structures and local Protecting Life Implementation Groups' Action Plans.	Director of Public Health	31st March 2017
12.	Implement the obesity prevention action plan including: weight management programmes for children, adults and pregnant women, development of a common regional Physical Activity Referral programme, implementation of Active Travel programme in schools, implementation of Active Travel Plan Belfast and public information and awareness.	Director of Public Health	31st March 2017
13.	Take forward recommendations of the RQIA 'Review of Specialist Sexual Health services in Northern Ireland' in partnership with DHSSPSNI, HSCB and HSC Trusts.	Director of Public Health	31st March 2017
14.	Ensure Trusts continue to deliver Telehealth and Telecare services including through the Telemonitoring NI contract, to targets set by the PHA.	Programme Director CCHSC	31st March 2017
Creating the Conditions – Theme 4 Making Life Better			
15.	Develop and implement a consistent approach to workplace health and wellbeing programmes working with local government and other partners.	Director of Public Health	31st March 2017
16.	Lead AHPs in the development of Public Health Strategies for Children & Older People	Director of Nursing/AHP	31st March 2017
Empowering Communities – Theme 5 Making Life Better			
17.	Further develop the Travellers Health and Wellbeing Forum and delivery of the regional Action Plan.	Director of Public Health	31st March 2017
18.	Work with local communities and community based organisations to develop integrated approaches to improving health.	Director of Public Health	31st March 2017
19.	Encourage, facilitate and support the active involvement and participation of service users, carers and the public in the planning, delivery and evaluation of health to enable people to take more ownership of and self-responsibility for their own health and social well-being	Director of Nursing/AHP	On-going throughout 2016/17

20.	Continue to work with local government on the alignment and development of community planning and PHA planning and to initiate a range of demonstration projects in each council area embedding the key drivers of 'Making Life Better'	Director of Operations/ Director of Public Health	On-going throughout 2016/17
Developing Collaboration – Theme 6 Making Life Better			
21.	Continue to work with key stakeholders to lead and coordinate implementation of Making Life Better through the Regional Project Board, local partnerships and Health and Social Care Northern Ireland	Chief Executive	On-going throughout 2016/17
22.	As professional Lead in development and implementation of Regional e-Health and Care Strategy, engage with nursing and AHP workforce as part of strategy implementation; agree action plan and monitoring process	Director of Nursing/AHP	On-going throughout 2016/17

Improving the quality of HSC services

The Quality 2020 Strategy defines quality as having three core elements:

- Safety;
- Effectiveness;
- Patient and Client Focus.

The PHA is committed to ensuring safe, effective and high quality care for the population of Northern Ireland and to continually improving services by horizon scanning and developing learning systems to maximise the potential within organisations.

The PHA will continue to lead the Quality 2020 Implementation Team, working with the HSCB, HSC Trusts and the post graduate training bodies for medicine, nursing and social work. We will also continue to support and progress the Quality agenda through a number of work streams.

The PHA will monitor the implementation of the DHSSPS Patient Client Experience Standards and implement the 10,000 Voices initiative to enable patients, carers and their families to affect and inform how services are delivered and commissioned. The Patient & Client Experience (PCE) steering group will provide strategic direction for the implementation of the DHSSPS Patient and Client Experience Standards and agree the annual work plan reflecting the DHSSPS Commissioning Plan Directions, and the annual HSCB/PHA Joint Commissioning Plan. In addition, the PHA as the LSA will ensure adherence to statutory midwifery supervision.

The PHA will lead, or contribute to, workforce reviews as required by the HSC Regional Workforce Planning Group and, when agreeing models of service delivery, will seek to be assured that HSC Trusts and independent practitioners have considered and identified the workforce needs, exercising a challenge function where appropriate in this process and identifying to the Department areas where intervention is required.

During 2016/17 we will progress work to implement service frameworks and improve management of long-term conditions to improve quality of services for patients and clients. We will also continue to engage with the range of clinical networks and other clinical fora.

The PHA will also continue to lead on both the development and implementation of a number of strategies including, but not limited to, the Mental Health Nursing Framework 'Developing Excellence Promoting Recovery', AHP Strategy, Dementia and Maternity Strategies.

The PHA will also review its input to service development and HSCB structures during the coming year in the context of the recent review of commissioning and the Minister's statement.

**Improving the quality
of HSC services
Key actions for 2016/17**

	Action	Lead director	Timescale for completion
1.	Work with the HSCB to take forward the review of the Cancer Services Framework and implementation of the revised Framework during 2016/17 (staff and financial resource dependant.)	Director of Public Health	On-going throughout 2016/17
2.	Work with the HSCB to take forward the Cardiovascular Services Framework Implementation Plan.	Director of Public Health	On-going throughout 2016/17
3.	Take forward the Implementation Plan for the Respiratory Service Framework, following consultation.	Director of Public Health	On-going throughout 2016/17
4.	Continue to Lead the Long Term Conditions Regional Implementation Group to deliver on its action plan, and commission patient and self – management programmes as outlined in PfG, (subject to funding).	Director of Public Health	31st March 2017
5.	In collaboration with the DHSSPS, DoJ, HSCB and HSC Trusts provide Public Health leadership and professional nursing advice to the Joint Health Care & Criminal Justice Strategy. Work alongside YJA , PSNI and HSCB colleagues to identify health care model for the provision of health care in Police custody and Woodlands Juvenile Justice Centre.	Director of Nursing/AHP	31st March 2017
6.	Produce final report for issue to Department on the mental health nursing framework, 'Developing Excellence, Supporting Recovery' including impact of implementing a Recovery model for service improvement.	Director of Nursing/AHP	31st March 2017
7.	Along with HSCB lead the implementation of the NI Dementia Strategy and lead the OFMDFM/AP funded Dementia Signature Project (due to complete June 2017).	Director of Nursing/AHP	On-going throughout 2016/17
8.	Take forward recommendations on the DHSSPS District Nursing Framework.	Director of Nursing/AHP	On-going throughout 2016/17
9.	Continue to lead on the implementation of PPI policy in HSC, with a focus on promotion of the new PPI Standards, extension of the PPI Monitoring function and roll out of the PHA led PPI Training Programme for staff.	Director of Nursing/AHP	On-going throughout 2016/17

	Action	Lead director	Timescale for completion
10.	Progress existing programs of quality improvement, continue to build capacity and knowledge on patient safety, improvement science and human factors, and explore future options for collaboration in QI and safety with CAWT partners.	Director of Nursing/AHP	31st March 2017
11.	The HSC Safety Forum will work with HSC Trusts to support the further spread of the Sepsis 6 bundle beyond the pilot areas identified in the 2014/15 period.	Director of Nursing/AHP	31st March 2017
12.	The HSC Safety Forum will work with the Regional Learning Disability Healthcare and Improvement Group to identify potential future opportunities to work collaboratively in quality and safety improvement.	Director of Nursing/AHP	31st March 2017
13.	Continue the review of school nursing using a needs led, child focused and evidence based approach to service developments.	Director of Nursing/AHP	31st March 2017
14.	Continue to develop the methodology and models for phases 2–4 of the Delivering Safe and Effective Care Project (ED, DN and HV), and progress monitoring arrangement with HSCB for implementation of Phase 1.	Director of Nursing/AHP	31st March 2017
15.	Ensure adherence to statutory midwifery supervision and provide professional leadership in relation to the development of high quality, safe and effective midwifery services in keeping with the Maternity Strategy.	Director of Nursing/AHP	31st March 2017
16.	Q2020 – Lead the development of the Annual Quality Report in conjunction with the HSCB.	Director of Nursing/AHP	31st March 2017
17.	Lead on the professional issues relating to the transition of HSCB/PHA Medicines Management Model from HSCB to PHA.	Director of Nursing/AHP	31st March 2017
18.	Work with Trusts to integrate the Patient Client Experience work programme and 10,000 Voices Initiative to develop systems to listen to, learn from and act upon patient and client experience.	Director of Nursing/AHP	31st March 2017
19.	Ensure professional readiness of Therapeutic Workforce in WHSCT Radiotherapy Unit.	Director of Nursing/AHP	31 st October 2016
20.	Lead a programme of work to drive reform of Allied Health Professionals Services including <ul style="list-style-type: none"> • Improving data quality; • Development of Care Pathways. 	Director of Nursing/AHP	31st March 2017

	Action	Lead director	Timescale for completion
21.	Lead development and implementation of year 4 Allied Health Professionals Strategy Action Plan	Director of Nursing/AHP	31st March 2017
22.	Lead the development of Palliative Care services	Director of Nursing/AHP	31st March 2017
23.	In support of safe and effective person centred care, Commissioners through the Director of Nursing PHA should require of organisations and bodies from which services are commissioned, that appropriate systems are in place to ensure that nurses and midwives are appropriately supported to fulfil regulatory requirements of the NMC, in particular the introduction of revalidation for Nurses and midwives.	Director of Nursing/AHP	On-going throughout 2016/17
24.	Develop framework for primary care nursing.	Director of Nursing/AHP	31st March 2017
25.	Develop and take forward regional service improvement within older peoples environment focusing on initiative regarding workforce recruitment/and education.	Director of Nursing/AHP	31st March 2017
26.	To complete the review of AHP support for children with statements of special educational needs, agreeing a proposed framework and implementation plan for consideration by the Minister of Health, Social Services and Public Safety.	Director of Nursing/AHP	31st March 2017

Improving the early detection of illness

Early detection and treatment can result in better outcomes for some conditions. Screening involves inviting people who have no symptoms of a particular disease, to be tested to see if they have the disease, or are at risk of getting it. As a result they can then be offered appropriate further investigation and treatment. It is recognised that screening programmes can do harm as well as good, so it is important that all those invited for further screening make a fully informed decision as to whether they wish to participate. The PHA is working to promote informed choice for those invited for cancer screening.

During 2016/17 the PHA will continue to commission and quality assure screening programmes for breast, bowel and cervical cancers as well as non-cancer screening programmes including: antenatal infections screening; newborn bloodspot and hearing screening; diabetic retinopathy screening; and screening for abdominal aortic aneurysm (AAA). We will also continue to commission services to support the Bowel Cancer Screening Programme, reflecting the higher uptake rates.

The Diabetic Retinopathy Screening Programme has been under significant pressure to deliver screening at the required intervals and to the agreed standards. A Modernisation Board from Diabetic Retinopathy Screening was established in the latter half of 2014 to oversee a number of elements of service modernisation. During 2014, RQIA undertook a review of the service and the Programme Board will be overseeing the implementations of the recommendations during 2016/17.

Improving the early detection of illness
Key actions for 2016/17

	Action	Lead director	Timescale for completion
1.	Rolling programme of analysis by health intelligence of screening data and evidence reviews of actions elsewhere to better inform targeting of screening in lower uptake populations.	Director of Public Health	On-going throughout 2016/17
2.	Implement actions to address the recommendations in the RQIA review of Diabetic Eye Screening Programme.	Director of Public Health	On-going throughout 2016/17
3.	Maintain all existing screening programmes and the quality assurance function.	Director of Public Health	On-going throughout 2016/17
4.	Develop a TVU service for the early detection of Ovarian Cancer.	Director of Nursing/AHP	31st October 2016
5.	Develop a system to prioritise the X-ray reports of Older people from Nursing Homes.	Director of Nursing/AHP	31st August 2016

Using evidence, fostering innovation and reform

During 2016/17, implementation of the new HSC R&D Strategy 'Research for Better Health & Social Care (2015–2025)' will commence. The aim of the strategy is to enhance the health, wellbeing and prosperity of people in Northern Ireland through world renowned research and development.

The strategy aims to build on the success of its predecessor strengthening links between research and policy making, increasing success in competing for additional funding, enhancing our research infrastructure, effectively communicating the findings and developing improved diagnostic, treatment and care pathways for service users.

The strong research base in Northern Ireland has helped the region to attract funding to support participation in national developments such as the 100,000 Genomes Project. This project aims to sequence the full genomes of around 70,000 UK citizens, and focuses on the more effective diagnosis of rare diseases and improved cancer treatments. This aligns with the Northern Ireland Rare Diseases Strategy and will provide a framework towards greater mainstreaming of genetic testing in care pathways for those patient groups who would most benefit.

Northern Ireland has also been selected as a Centre of Excellence in the UK Precision Medicine Catapult. The Precision Medicine Catapult is focused on making the UK the most compelling location in the world for the development and delivery of this new targeted approach. The country has a competitive position in precision medicine, based on its scientific excellence and £1bn of research infrastructure investment from the Government over recent years. By focusing on the main bottlenecks to product delivery, the Precision Medicine Catapult will work with the precision medicine community to build a thriving industry generating economic and healthcare benefits. The Northern Ireland Centre will be based between QUB and Belfast HSC Trust and will focus on Precision Cancer Medicine.

Besides these important developments, the PHA will continue to support high quality research across the entire spectrum of health and social care, and work with HSC professionals, academics, charities and industry to deliver the third HSC R&D Strategy.

In order to do this, we will:

- Maximise opportunities to enrich the HSC R&D Fund by supporting researchers to access funding from external sources; and
- Facilitate the development of evidence-based health and social care, through effective knowledge exchange.

	Actions	Lead director	Timescale for completion
1.	Lead on the implementation of the new HSC R&D Strategy: <i>Research for Better Health & Social Care (2015-2025)</i> .	Director of Public Health	On-going throughout 2016/17
2.	Support researchers to secure research funding from external sources including NIHR evaluation, trials and studies co-ordinating centre (NETSCC), Horizon 2020 & other EU sources.	Director of Public Health	On-going throughout 2016/17
3.	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas.	Director of Public Health	On-going throughout 2016/17
4.	Continue to work with the Social Work community to support and encourage research within Social Work/Care.	Director of Public Health	On-going throughout 2016/17
5.	Working with CCHSC to facilitate service development and service improvement within Telemonitoring NI: <ul style="list-style-type: none"> • Contribute to the redesign of patient pathways sharing examples of local good practice regionally • Provide professional nursing advice to the specification and implementation process for TMNI replacement • 	Director of Nursing/AHP	31st March 2017
6.	Establish new and support existing expert nursing groups, for example Cancer, Neurology and District Nursing, Stroke and Palliative and End of Life Care.	Director of Nursing/AHP	On-going throughout 2016/17
7.	Host a HSC wide Conference on PPI, highlighting best involvement practice, reflecting on the new involvement Standards, sharing findings from the PPI research initiative and examining how to address the report recommendations for the benefit of service users and carers.	Director of Nursing/AHP	30th June 2016
8.	Ensure that the learning from PHA/SBNI/QUB research on infant death is embedded into SCPHN and midwifery practice	Director of Nursing/AHP	31st March 2017
9.	CCHSC will have specified and commenced the implementation of service(s) to replace Telemonitoring NI.	Programme Director CCHSC	31st March 2017

	Actions	Lead director	Timescale for completion
10.	CCHSC will seek opportunities to develop and utilise innovative technologies to improve health and wellbeing including leading the NI input to EIP AHA; EU and other sources of funding and working collaboratively with HSCNI and other key stakeholders	Programme Director CCHSC	31st March 2017
11.	To lead work on the implementation of the eHealth and Care Strategy objectives: <ul style="list-style-type: none"> • Supporting People; • Using Information and Analytics; • Fostering Innovation. <p>which will contribute to the development of a regional EHCR.</p>	Programme Director CCHSC	31st March 2017
12.	Commence process to benchmark AHP input against National Findings for Unscheduled Care	Director of Nursing/AHP	30th September 2016

Developing our staff and ensuring effective processes

Following the Minister's announcement on 4 November 2015, 2016/17 is likely to be a year of change and transition, with the potential for impact on what we do and how we do it. While the detail of these changes is still to be set out, it is clear that PHA will need to manage the organisation through this period of change, ensuring that core functions and responsibilities are maintained and that staff are supported through the process.

The PHA recognises that its staff are the organisation's greatest resource and the promotion of a safe, productive and fair work environment where all staff are respected and also understand their personal responsibilities and accountability is paramount.

It is also acknowledged that the current financial environment, with budget reductions, puts more pressure on staff and can have negative impact on staff morale.

The PHA will seek to manage all these pressures and communicate with and support staff throughout the year.

During 2016/17 the Organisational Workforce Development Group will continue to take forward its work, including supporting learning and development opportunities to enhance and expand the knowledge base and skillset of individual staff and the organisation as a whole, as well as supporting the work of the Health and Wellbeing and Communication subgroups.

While work on the new Corporate Strategy has been unavoidably delayed due to timescales for the next Programme for Government as well as HSC organisational change, the PHA will seek to build on the work already undertaken, including the initial internal and external engagement events, to review our purpose, vision and values along with our core goals and objectives, reflecting the experience of the early years of the PHA and looking to the future.

The Nursing and Midwifery Council (NMC) has introduced Revalidation for Nurses and Midwives; this will be implemented in April 2016. The Director of Nursing/AHP, who is leading the organisational readiness, has established a professional forum and developed a communication pathway to share information across the PHA and HSCB. Revalidation champions within the PHA have been identified and will provide on-going support to registrants and managers across the PHA and HSCB as well as engaging with GP employed nurses.

During 2016/17 the PHA will build on its existing good governance arrangements, continuing to ensure that these are embedded within the organisation and further developed in line with best practice, and Departmental guidance. This will include meeting key Departmental requirements including preparing a Governance Statement and Mid-Year Assurance Statement, compliance with the NAO Audit Committee Checklist, completing the ALB board self-assessment tool, mid and end year accountability meetings, meeting Controls Assurance Standards and associated self-assessments, preparing our Annual Business Plan within the specified timescales and requirements and complying with procurement and financial regulations.

The PHA will continue to provide the Department with information pertaining to its performance management and reporting requirements in an accurate and timely manner.

The PHA is committed to the objectives of the NI Executive approved Asset Management Strategy and will continue to manage its facilities in line with this.

Developing our staff and ensuring effective processes

Key actions for 2016/17

	Actions	Lead director	Timescale for Completion
1.	Manage the process of organisational change in line with further clarification from the DHSSPS, ensuring appropriate and timely internal and external communication.	Chief Executive with all Directors	On-going throughout 2016/17
2.	Maintain capacity to deliver core duties and deliverables identified for the PHA in 2016/17.	Chief Executive with all Directors	On-going throughout 2016/17
3.	Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency.	Director of Operations	31st March 2017
4.	Test and review the PHA business continuity management plan to ensure arrangements to maintain services to a pre-defined level through a business disruption.	Director of Operations	31st March 2017
5.	Explore an electronic records management solution in line with Controls Assurance Standards.	Director of Operations	31st March 2017
6.	Continue to take forward implementation of the PHA Procurement Plan.	Director of Operations, with all Directors	On-going throughout 2016/17
7.	Finalise the new PHA Corporate Strategy and the PHA Annual Business Plan for 2017/18 in line with DHSSPS requirements and timescales. (when notified)	Director of Operations (with all Directors)	31st March 2017
8.	Develop and agree a new Internal communications strategy and action plan to ensure PHA business is supported by efficient and effective internal communication systems.	Director of Operations	On-going throughout 2016/17
9.	Review and Revise PHA digital assets including PHA Corporate and Intranet sites.	Director of Operations	On-going throughout 2016/17
10.	Continue to enhance social media activity, extending the agency's reach through its online channels and broadening the types of content used.	Director of Operations	On-going throughout 2016/17
11.	Extend the range of communications tools used by the agency e.g. infographics and audio recordings, to support its work to convey key messages to target audiences.	Director of Operations	On-going throughout 2016/17
12.	Build on the suicide awareness media and engagement work which has been developed by the agency.	Director of Operations	On-going throughout 2016/17

	Actions	Lead director	Timescale for Completion
13.	Ensure that by 30th June 2016 90% of staff will have had an annual appraisal of their performance during 2015/16.	All Directors	30th June 2016
14.	Ensure that by 31 March 2017 we meet the 95% target that doctors working in PHA have been subject to an annual appraisal.	Director of Public Health	31st March 2017
15.	Continue to provide professional leadership, advice and guidance on PPI.	Director of Nursing/AHP	On-going throughout 2016/17
16.	Utilize Safety Forum QI expertise to aid the delivery of training to HSC staff as envisioned by the Attributes Framework and facilitate entry to Scottish Quality and Safety Fellowship programme.	Director of Nursing/AHP Dr	31st March 2017
17.	Ensure that PHA duties and responsibilities in relation to Local Supervising Authority Midwifery Officer are evidenced in annual report presented to AMT & PHA Board.	Director of Nursing/AHP	On-going throughout 2016/17
18.	Revalidation champions will provide on-going support to registrants and managers across the PHA and HSCB, as well as engaging with GP employed nurses.	Director of Nursing/AHP	On-going throughout 2016/17
19.	Provide professional support to Nurses/midwives through the quarterly Professional Forum.	Director of Nursing/AHP	On-going throughout 2016/17
20.	Develop and implement the Nurses and Midwives verification of NMC policy through HRPTS system.	Director of Nursing/AHP	On-going throughout 2016/17
21.	Meet DHSSPS financial, budget and reporting requirements.	Director of Finance	31st March 2017

Appendix 1

PHA board Framework for Monitoring Performance

Area of focus	Proposed Timelines for Monitoring			
	Monthly	Quarterly	Biannual	Annual
General				
Commissioning Development Plan targets		■		
Corporate Business Plan Targets		■		
PHA Annual Report				■
DPH Annual Report				■
Financial Performance Report	■			
Health Improvement / Inequalities				
Obesity (inc Physical Activity / Food and Nutrition / Breastfeeding)		■		
Smoking Cessation		■		
Suicide / Mental Health Promotion incl Self harm / One Stop Shops / Lifeline		■		
Marginalised Groups (inc Travellers / Prisoners / ethnic)		■		
Poverty (inc MARA / Fuel Poverty)		■		
Building Sustainable Communities		■		
Teenage Pregnancy / Sexual Health		■		
Drugs and Alcohol		■		
Early Years Interventions - (including) Roots of Empathy		■		
Screening and Service Development				
Bowel Cancer Screening				■
Abdominal Aortic Aneurysm Screening				■
Breast Screening				■
Cervical Screening				■
New Born Screening				■
Diabetic Retinopathy Screening				■
Health Protection				
Immunisation and vaccination Programmes				■
HCAI		■		■
HIV				■
Seasonal Flu			■	■
Nursing and AHP				
Family Nurse Partnerships				■
Connected Health				■
Quality and Safety - SAls and Learning lessons				■
Quality and Safety - Complaints, PCE Experience standards and updates, and Quality Improvement Plans				■
PPI			■	■
Research and Development				
Campaign evaluations				■
Connected health			■	■

Appendix 2

Table of directors

	Director title	Name
1.	Chair	Andrew Dougal
2.	Chief Executive	Dr Eddie Rooney, Public Health Agency
3.	Director of Nursing and Allied Health Professions (AHP)	Mary Hinds, Public Health Agency
4.	Director of Operations	Ed McClean, Public Health Agency
5.	Medical Director/ Director of Public Health	Dr Carolyn Harper, Public Health Agency
6.	Non-Executive Director	Billy Ashe
7.	Non-Executive Director	Brian Coulter
8.	Non-Executive Director	Leslie Drew
9.	Non-Executive Director	Julie Erskine
10.	Non-Executive Director	Deepa Mann-Kler
11.	Non-Executive Director	Thomas Mahaffy
12.	Non-Executive Director	Paul Porter
13.	Director of Finance	Paul Cummings, Health and Social Care Board
14.	Director of Human Resources	Hugh McPoland, Business Services Organisation
15.	Director of Social Care and Children's Services	Fionnuala McAndrew, Health and Social Care Board

Appendix 3

Abbreviations

AAA	Abdominal Aortic Aneurysm
ADOG	All Departments Officials Group
AHP	Allied Health Professions
ALB	Arms-Length Body
AMR	Anti-microbial resistance
AMT	Agency Management Team
BSO	Business Services Organisation
CAWT	Cooperation and Working Together
CCHSC	Centre for Connected Health and Social Care
CNS	Clinical Nurse Specialist
DHSSPS	Department of Health, Social Services and Public Safety
DN	District Nurse
DoJ	Department of Justice
ECATS	Electronic Caseload Analysis Tool
ED	Emergency Department
EIP	European Innovation Partnerships
EU	European Union
GP	General Practitioner
HCAI	Health Care Associated Infections
HRPTS	Human Resources, Payroll, Travel and Subsistence
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSC R&D	Health and Social Care Research and Development Division
HSCT	Health and Social Care Trust
HV	Health Visitor
LSA	Local Supervising Authority
MARA	Maximising Access in Rural Areas
Men B	Meningococcal B
Men ACWY	Meningococcal ACWY
MRSA	Methicillin resistant staphylococcus aureus; a bacterium with antibiotic resistance
NAO	National Audit Office
NETS	NIHR, Evaluation, Trials and Studies
NIPHRN	Northern Ireland Public Health Research Network
NMC	Nursing & Midwifery Council
OFMDFM	Office of the First Minister and deputy First Minister
PCE	Patient and Client Experience
PfG	Programme for Government
PH	Public Health
PHA	Public Health Agency
PPI	Personal and Public Involvement
PSNI	Police Service Northern Ireland

QI	Quality Improvement
QSE	Quality & Safety Education
QUB	Queens University Belfast
RoI	Republic of Ireland
RQIA	Regulation and Quality Improvement Authority
SBA	Service Budget Agreement
SBNI	Safeguarding Board Northern Ireland
SCPHN	Specialist Community Public Health Nursing
SQAT	Safety Quality Alerts Team
TMNI	Tele-Monitoring Northern Ireland
TVU	Transvaginal Ultrasound
YJA	Young Justice Agency

Alternative formats



The PHA is committed to making information as accessible as possible and to promoting meaningful engagement with those who use our services.

This document can be made available on request and where reasonably practicable in an alternative format.

Should you wish to request a copy of this document in an alternative format please contact:

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