

# CORPORATE BUSINESS PLAN



2012–2013

Approved by the PHA Board 13 June 2012

## Introduction

**This Business Plan sets out the key priorities and actions that will be progressed by the Public Health Agency (PHA) in 2012/13. The PHA believes that these actions will have the biggest impact on improving levels of health and social wellbeing, protecting the health of the community, and ensuring patients continue to receive high quality and safe treatment and care services.**

The implementation of these actions will enable the PHA to make further progress in achieving the objectives it has set in its Corporate Strategy 2011–15 and deliver on the specific targets that have been set by the Health Minister in the Commissioning Plan Direction 2012/13.

This Business Plan sets out the wider financial and socioeconomic context within which the PHA will be operating in 2012/13. This is important as progress in many areas is dependent on how issues such as rising unemployment can impact on peoples' lives and subsequent wellbeing.

It is important to highlight that this Business Plan does not reflect all areas of work that the PHA is taking forward but rather focuses on significant new initiatives or developments that will be progressed in 2012/13.

This plan also takes account of a broad range of stakeholder opinion gained, for example, through various partnerships that are in place or through more formal channels established under Personal and Public Involvement (PPI) or via patient feedback processes.

The short to medium term outcomes that will be delivered through these actions are all helping to contribute to the achievement of longer term outcome measures that have been set by the Minister, that aim to demonstrate reductions in the levels of poor health and inequality. These outcome measures are set out in Appendix 1.

During 2012/13 the PHA will continue to work closely with its partners in the community, the voluntary sector, health and social care (HSC) Trusts, local government and the statutory sector through supporting a wide range of actions to improve and protect public health and wellbeing.

In most instances this will be through providing funding and professional leadership to implement specific services and initiatives. In other instances it will be through influencing and shaping wider processes and budgets of other partners to ensure actions are progressed that promote prevention and early intervention to improve longer-term health outcomes.

The plan also sets out the key actions that will be progressed by the PHA that will ensure patients receive high quality treatment and care.

# Purpose, vision and values of the PHA



The PHA is guided in all that it does by its purpose, vision and values.

## **Our purpose**

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

## **Our vision**

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

## **Our values**

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

## **PHA goals and ways of working**

In delivering on the priorities set out in this business plan, a number of themes will characterise how we work. The themes are common to each goal and are illustrated in the diagram below.

## Context

The importance of the public health agenda has been uniquely identified as a top priority by the Northern Ireland Executive in the Programme for Government 2011-15. This is reflected in the financial settlement in 2012/13, and the specific commitment to invest a higher percentage of HSC budget on the public health agenda, despite the very difficult financial context within which the wider HSC sector will be operating. Overall, an additional £10m will be invested across public health over the period 2012/13 – 2014/15.

During 2012/13, the PHA will be able to invest an additional £5m in new programmes as well as expanding a number of existing programme areas. Whilst welcoming the additional investment, it is important that realistic expectations about what can be achieved at a population wide level are set.

### Improve health and social wellbeing and protect health



### Reduce health inequalities

The impact of wider external factors such as rising unemployment, reduction in household incomes and changes in demography will, potentially, negatively impact on some indicators of the population's health and wellbeing, despite positive achievements and progress being made in specific areas. Nonetheless, this additional funding will enable the PHA to focus more on those areas where we can make a significant impact on people's lives and improve their health and wellbeing outcomes.

Given the pressures that will be facing the wider HSC sector, the PHA is aware that there will be an increased expectation to demonstrate that the additional funding has been used effectively and is making a real difference by delivering positive outcomes. A key challenge and focus for the PHA this year will, therefore, be to continue to develop its monitoring and performance measurement systems so that it is able to capture more meaningful information and demonstrate the real improvements being achieved.

Over the past number of years the PHA has continued to build effective joint working arrangements across many partner organisations and will continue to use these essential local structures to maximise opportunities to deliver effective programmes on the ground. The PHA recognises that focused local action is an important step in addressing health inequalities. We will continue to work with and invest, where possible, in services delivered by local partners, communities and organisations.

During 2012/13, the PHA will continue to support the Health and Social Care Board (HSCB) and Local Commissioning Groups (LCGs) in shaping how future HSC services can be delivered. Specifically, it will help to take forward the implementation of Transforming Your Care: A Review of Health and Social Care, published by the Minister in December 2011.

Transforming Your Care describes a future vision for HSC in Northern Ireland, one in which services are designed around the needs of the individual and delivered as locally as possible. The report specifically recognises the importance of prevention and increasing the focus on providing effective treatment and support earlier to patients in order to maximise their quality of life and to support the introduction of more preventative models of service that will keep people healthier for longer.

During 2012/13, the PHA will also have joint responsibility for taking forward the implementation of Quality 2020: A 10-Year Strategy to Protect and Improve Quality in Health and Social Care in Northern Ireland. The overall vision of the strategy is "to be recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care". The PHA will be jointly responsible for the implementation of this strategy which will be one of the key enablers of delivering the vision of high quality HSC services.

## **Focus 2012/13**

The Business Plan is focused around the four key goals as set out in the Corporate Strategy 2011- 2015. These are:

- protecting health;
- improving health and wellbeing;
- improving quality and safety of health and social care services;
- improving early detection of illness.

In working to deliver these goals, the PHA has identified a number of common themes that shape how the organisation takes forward its work and these have been reflected in this Business Plan under the following sections:

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

Within this overall structure, this Business Plan identifies specific actions that will be progressed by the PHA that support the Minister's clearly stated desire, as set out in the Commissioning Plan Direction 2012/13, to improve the quality of HSC for clients and patients and their carers, with a strong focus on outcomes, specifically:

- improving and protecting health and wellbeing and reducing inequalities;
- improving the quality of services and outcomes for patients, clients and carers;
- developing more innovative, accessible and responsive services;
- improving productivity in the delivery of services;
- involving individuals and groups in the design, delivery and evaluation of services;
- protecting the most vulnerable in society, including children and adults at risk of harm;
- provide leadership in the implementation of policy and practice in PPI across HSC in accordance with our legislative requirement under PPI.

Delivery of the priorities and actions outlined will also ensure that the PHA will meet the specific Programme for Government (PfG) targets it has responsibility for achieving in 2012/13. These are:

- to spend an additional £5m on public health;
- invest £2m in programmes to tackle obesity (an increase of £0.4m on the 2011/12 baseline).

It is important to highlight that the PHA has a significant role to play in supporting the HSCB and others to achieve wider PfG targets including:

- enrolling people who have a long-term (chronic) condition, and who want to be enrolled, in a dedicated chronic condition management programme;
- introducing a package of measures aimed at improving safeguarding outcomes for children and vulnerable adults;
- improving patient and client outcomes and access to new treatments and services;
- reconfiguring, reforming and modernising the delivery of HSC services to improve the quality of patient care.

The following sections set out the key actions that will be taken forward by the PHA in 2012/13 against each of the corporate goals.

# 1. Protecting health

The PHA's health protection service has a frontline role in protecting the Northern Ireland population from infectious diseases and environmental hazards through a range of core functions such as surveillance and monitoring, operational support and advice, response to health protection incidents, education, training and research.

Working closely with partner organisations in the UK and through international networks such as those of the Health Protection Agency (HPA), World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC), the overall objective is to have the best quality health protection service possible for Northern Ireland. It will continue to achieve this through delivering on the following objectives:

## Priorities for 2012/13

- Leading specialist work programmes for the prevention and control of communicable diseases and environmental hazards.
- Ensuring effective surveillance of communicable diseases.
- Introducing and maintaining prevention initiatives, such as immunisation programmes to prevent infectious disease.
- Continuing to provide a coordinated regional service for the prevention and control of communicable diseases, environmental issues, other emergencies and maintaining high quality surveillance systems and processes.
- Ensuring robust arrangements are in place and understood for each port in Northern Ireland, including international health regulations requirements.

## Key actions/targets for 2012/13

Action/target	Target date
By March 2013, secure a reduction of 29% in MRSA and Clostridium Difficile infections compared with 2011/12	March 2013
Maintain and develop high quality surveillance systems for TB (tuberculosis) and develop links with relevant voluntary organisations in relation to TB, with Trusts following up on TB cases during 2012/13	Ongoing during 2012/13
Ensure appropriate surveillance and prevention activities are in place for blood borne viruses and sexually transmitted infections (STIs), including the needs of targeted groups	March 2013
Develop the seasonal flu response plan for 2012/13	December 2012
Achieve uptake targets for seasonal influenza vaccine, including uptake by frontline HSC workers. Trusts are to encourage staff to take the vaccine and ensure they have adequate occupational health service arrangements in place	March 2013
Maintain and build on very high uptake levels for childhood and influenza vaccines and implement changes to the pre-school booster and others as required	August 2012
Oversee introduction and use of recently-agreed drinking water and health guidelines	During 2012/13
Take forward the pandemic planning project	During 2012/13

## 2. Improving health and wellbeing

The PHA will continue to work to improve health and wellbeing as well as addressing the associated inequalities experienced by particular communities and groups. Our actions reflect the four key objectives, as outlined in the Corporate Strategy 2011-15 of:

1. Giving every child the best start in life.
2. Working with others to ensure a decent standard of living.
3. Building sustainable communities.
4. Making healthier choices easier.

During 2012/13, the new Public Health Strategic Framework will be issued by the DHSSPS, informed and refined by a full consultation process. The framework will set out a clear direction for improving the public's health and wellbeing and reducing inequalities. The PHA will take into account any new targets or strategic drivers that are identified in the framework.

### Priorities for 2012/13

- Supporting the incremental expansion of programmes to develop the top 20% most disadvantaged communities, including migrant groups.
- Further developing work to improve health and wellbeing in early years through progressing early years intervention, supporting new programme development and maximising communication opportunities.
- Establishing programmes that address employability and the needs of long term unemployed people with a focus on skills development and opportunities for training and employment within the health and social care sector.
- Supporting social economy businesses and community skills development using the power of the HSC sector through public procurement.
- Working with others to establish a Migrant Health and Social Wellbeing Multisectoral Collaborative Network including a one stop shop.
- Working with community networks to increase community participation and provide funding to support programmes addressing shared priorities, for example developing community gardens/allotments, community arts, volunteering and social/assets research.
- Strengthening workplace health programmes to improve the health and wellbeing of employees and ensure that HSC staff provide appropriate information to service users, to their own families and social networks; and increase uptake of appropriate programmes.
- Supporting action to introduce a minimum price of 50p per unit of alcohol.
- Developing a coordinated approach to the provision of training for HSC staff to increase their understanding of the specific health needs of LGBT people in primary, secondary and community care settings and ensure that all services are 'LGBT friendly' by Year 3.
- Developing a holistic strategy and implementation plan to promote the health and wellbeing of prisoners.
- Developing a coordinated approach to meeting the needs of homeless people.
- Continuing to lead the implementation of the Speech and Language Therapy Action Plan.
- Supporting the establishment of falls prevention services within all Trust localities.
- Working with HSCB to meet the targets in the Oral Health Strategy.

## Key actions/targets for 2012/13

### General

Action/target	Target date
Develop a costed implementation plan to take forward the new Public Health Strategic Framework and related population health strategies	March 2013
Invest £2m in programmes to tackle obesity	March 2013

### Give every child the best start in life

Action/target	Target date
Establish a minimum of one additional Family Nurse Partnership (FNP) programme for the most vulnerable first time mothers	September 2012
Provide evidence-based parent support programmes for mothers who do not meet the criteria for FNP, in two localities	March 2013
Review the content of antenatal education and develop a clear action plan, including training for key staff, on parent child interaction which will promote infant brain and emotional development	March 2013
Meet the UNICEF Baby Friendly Initiative standards to support breastfeeding, including systematic training for key staff who have primary responsibility for breastfeeding mothers and babies, reaching a minimum of 30% of such staff	March 2013
Develop breastfeeding peer support programmes in a minimum of two new areas where breastfeeding rates are low	March 2013
Extend the Roots of Empathy programme to cover a minimum of 70 schools	March 2013
Commission infant 'mental health' training for HSC staff and others	During 2012/13
Develop and implement a health and wellbeing improvement plan for looked-after children	During 2012/13

**Work with others to ensure a decent standard of living**

Action/target	Target date
Support programmes which tackle poverty (including fuel poverty) and maximise access to benefits, grants and a range of services	During 2012/13
Implement the regional MARA project in line with business case submission to DARD in order to increase access to services, grants and benefits to disadvantaged rural dwellers	During 2012/13

**Build sustainable communities**

Action/target	Target date
Develop a coordinated action plan to meet the needs of Travellers, in line with the All Ireland Travellers Health Study recommendations, including cultural awareness training for staff, and the employment or development of volunteer Traveller lay health advisers	During 2012/13
Work with the HSCB to support the development of a health promoting pharmacies programme in local areas and expand capacity	During 2012/13
Develop and agree standards for volunteering in the HSC sector	During 2012/13
Develop a 'Civic Pride' campaign in partnership with local government	March 2013

**Make healthier choices easier**

Action/target	Target date
Implement smoking / obesity / stroke / mental health and cancer awareness/prevention public information campaigns in 2012/13	March 2013
Put in place arrangements to implement the Fitter Futures for All framework to address obesity through a number of actions, including healthier food policies in all HSC and other settings in 2012/13	During 2012/13
Support the commissioning and evaluation of a pilot weight management referral scheme for primary care using commercial providers	March 2013

Action/target	Target date
Undertake a review of (a) Trust-provided weight management programmes for young people (and their families) and (b) exercise/physical activity referral schemes; develop a regional standardised specification for each	September 2012
Develop a systematic approach to ensure that all key staff receive training on 'brief intervention' on substance misuse (tobacco, alcohol and drugs) in primary, community and secondary care	During 2012/13
Develop a substance misuse workforce development plan for 2012-15 and procure new workforce development contracts to be in place by April 2013	April 2013
Establish a minimum of five one stop shop facilities, with one located in each Trust area; facilitate a network of one stop shop providers and ensure the recommendations from the evaluation are implemented	March 2013
Achieve targets to improve the uptake of stop smoking support services to those in areas of greatest need and specifically develop targeted services for pregnant women, socio- economically disadvantaged groups, patients for elective surgery, patients with long term conditions, and young people in education settings; achieve targets by Year1 and expand capacity of stop smoking services	March 2012/13
Incrementally expand capacity in providers of contraceptive and sexual health services specifically tailored to the needs of young people, and providers of sexual health services, particularly for groups at high risk of HIV and STIs; meet 48 hour access targets	During 2012/13
Ensure that local integrated action plans are in place to prevent suicide and promote mental health and wellbeing, taking into account the findings and recommendations of the current evaluation of Protect Life by Year 1	During 2012/13
Ensure the effective implementation of the new contract for the Lifeline suicide prevention helpline and Crisis support service and monitor progress in line with agreed contract volumes for 2012/13	March 2013
Develop a specification for RSE programmes in the youth and community sector and tender and commission services to meet need	October 2012

### 3. Improving quality and safety of HSC services

The PHA is committed to ensuring safe and effective, high quality care for the population of Northern Ireland, achieving excellence and best practice in all that we do. Pursuing excellence in the quality and safety of services is a key objective for the organisation. Critical to this area of work is the joint commissioning with the HSCB of all HSC services. The PHA provides direction and professional expertise to this critical process at local LCG and regional levels.

#### Priorities for 2012/13

- Produce a Quality and Safety Assurance Framework that will address the three components of safety, effectiveness and patient, carer and client experience set out in the Quality 2020 document.
- Lead the Quality and Safety Service Group (QSSG) and ensure quality and safety initiatives and priorities are embedded in the work of the PHA, HSCB and other commissioned organisations and develop a combined HSCB and PHA quality and safety report.
- Work with HSCB to take forward the implementation of service frameworks National Institute for Clinical Excellence (NICE) guidance; best practice as set out by the Guidelines and Audit Implementation network (GAIN); guidelines from the Social care Institute for Excellence (SCIE) and findings from confidential enquiries and lessons learned from adverse incidents.
- Ensure systems and processes are in place to identify and disseminate learning arising from Serious Adverse Incidents (SAIs).
- Continue to support the HSC Safety Forum to improve the quality of care delivered.
- Monitor the implementation of the Patient and Client Experience standards.
- Take forward actions needed in the light of recommendations arising out of recent reviews and reports relating to the delivery of prison healthcare.
- Progress the work of the Centre for Connected Health and Social Care (CCHSC).
- Continue to implement professional arrangements necessary to support the PHA function as local supervising midwifery authority.
- Continue to provide public health nursing and AHP leadership to the HSCB commissioning functions, including development of local population plans.
- Continue to provide leadership for PPI across the HSC.
- Continue to support the Neurological conditions network
- Take forward implementation of 'Living Matters: Dying matters' The Palliative and End of Life Care Strategy
- Continue to take forward the implementation of key strategic policies including: the Nutrition strategy; Healthy Futures, the review of Health Visiting and School Nursing; Delivering Excellence, supporting Recovery, the review of Mental health Nursing; Healthy Child, Healthy Future for all children; and, AHP Supplementary Prescribing
- Prepare for the implementation of new policy including the AHP Strategy; District Nursing review and the Interdepartmental Review of Housing Adaptations.

Action/target	Target date
No patient should wait longer than nine weeks from referral to commencement of AHP treatment	During 2012/13
Development of a Quality and Safety Assurance Framework	March 2013
Agree Trust key priorities for the development and implementation of Quality Improvement Plans (QIPs) and the associated action plans	September 2012
Develop and implement patient safety initiatives that lead to a reduction in the incidence of pressure ulcers occurring in hospital medical and surgical care between 0-300 days	During 2012/13
Develop patient safety initiatives that will lead to a significant reduction in the number of falls in hospital settings. The work will include development of quality measures to support the monitoring of quality measures to support the monitoring of progress towards 95% compliance with all elements of the falls bundle	During 2012/13
Finalise the outline business case to support the implementation of the proposed Regional Adverse Incident Learning System (RAIL)	July 2012
Develop a protocol to effectively deal with safety alerts	March 2013
Establish two new collaboratives, at least one of which should focus on primary and community care	August 2012
Establish the HSC Safety Forum as a repository for quality improvement work throughout the HSC	August 2013
Agree with Trusts a detailed work plan for further roll out and implementation of the Patient and Client Experience standards	August 2012
Continue to collect up to 3,000 patient stories	March 2013
Deliver an up to date needs assessment of the Northern Ireland prison population using the Birmingham Tool Kit	During 2012/13
Agree with the South Eastern Trust an appropriate staffing profile taking into consideration the level of resourcing available and the best information available on the needs of the prison population. This will be linked to the outcome of the needs assessment identified in Priority (1)	August 2012

Action/target	Target date
Finalise a health improvement strategy and agree appropriate actions and outcome measure during the currency of 2012/13	During 2012/13
Deliver 400,000 monitored patient days (equivalent to approximately 2,200 patients) from the provision of remote telemonitoring services through the Telemonitoring NI contract	March 2013
Develop and implement regional standards and Key Performance Indicators for Nursing and Midwifery, and AHP services, and reflect these within commissioning specifications and contracts	During 2012/13
Raise standards in nursing and midwifery services through transformation of the ward sister and first line nurse manager role in all care settings. A comprehensive programme of work will continue to build on existing work to strengthen the capacity and capabilities of the ward sister and first line manager's roles	During 2012/13
Agree nurse/bed ratios with normative staffing ranges to be applied in general and specialist areas	October 2012
Agree regional development and implementation of specialist nurse job plans to deliver on Safety, Quality and Patient Experience outcomes	During 2012/13
On behalf of the DHSSPS, take forward the recommendations of the Northern Ireland Maternity Strategy, including promoting safe and effective care delivered in midwife led units	During 2012/13
Provide strategic leadership in PPI through the regional HSC PPI Forum	During 2012/13
Lead on the development of standards and KPIs for involvement to assist the DHSSPS to deliver on their responsibilities in this regard	March 2013
Commission the development of a PPI training programme for the HSC	March 2013
Develop the Engage website as a HSC PPI resource	March 2013

## 4. Improving early detection of illness

Screening is an important public health function that involves inviting members of the public, who have no symptoms of a particular disease, to be tested to see if they might have the disease, or are at risk of getting it. Screening tests sort a population of people into two groups – those who might have the disease being looked for and those who probably don't. We will ensure that, where possible, screening programmes are accessible and where it is safe and affordable, promote models of service that minimise the need for people to travel. Most screening tests are not diagnostic tests and further diagnostic testing is required to establish the diagnosis.

Population screening allows certain diseases and conditions to be identified at an early stage when they are more amenable to treatment. The PHA is the lead organisation for commissioning and for quality assuring population screening programmes. It is committed to the following key objectives as set out in the Corporate Strategy 2011-2015:

### Priorities 2012/13

- Ensuring access to high quality population screening and testing programmes.
- Introducing new, approved screening and testing programmes within available resources.
- Ensuring screening programmes meet required standards.
- Maximising the uptake of all screening programmes.

### Key actions/targets for 2012/13

Action/target	Target date
Extend the bowel cancer screening programme to invite 50% of all eligible men and women aged 60-71 years with a screening uptake of at least 55% in those invited	March 2013
Have in place a Northern Ireland - wide programme to screen men aged 65 years for abdominal aortic aneurysms	June 2012
Develop public information campaigns to promote uptake of AAA and bowel cancer screening	September 2012
Produce a consultative document and implement recommendations to cancer screening to improve uptake and coverage (particularly in hard to reach groups)	March 2013
Review capacity of diabetic retinopathy screening programme with BHCT	Sept 2012

Action/target	Target date
Develop direct referral mechanism from diabetic retinopathy screening services ophthalmology	December 2012
Establish QA monitoring group for diabetic retinopathy	June 2012
Complete implementation and follow up of newborn sickle cell screening	September 2012
Establish QA structures and monitoring processes in newborn hearing screening programme	September 2012
Child Health System – enable the four systems to operate as a one, reducing reliance on paper based systems and explore the opportunities to use it more widely as a clinical information system	March 2013
Prepare for the introduction of digital mammography	During 2012/13
Prepare for the introduction of surveillance of women at high risk of breast cancer by the NI breast screening programme	March 2013
Prepare for the introduction of human papilloma virus triage and test of cure in cervical screening	March 2013
Implementation of DHSSPS 2011 standards in antenatal screening	March 2013
Take forward further blood spot quality improvements in line with revised UK standards	March 2013
Address sustainability of regional services for follow up of infants screened positive for PKU, CHT & MCADD in blood spot screening	March 2013

## 5. Using evidence, fostering innovation and reform

The PHA will use evidence and foster innovation and reform across all its core goals, by:

- finding improved ways of doing things;
- exploring the use of new technologies;
- optimising evidence, research and development;
- achieving our goals through effective commissioning.

### Priorities 2012/13

- Ensure the PHA is research and data driven and embeds public health information and the evidence base in our action.
- The Northern Ireland Public Health Research Network will stimulate high quality novel research proposals based around important public health interventions and the key questions facing public health practice in Northern Ireland. The network will help to ensure the PHA is actively engaged in public health research and evidence based practice.
- Administer the HSC R&D function and support implementation of the HSC R&D strategy. Ensure that the systems and processes underpinning the administration of the HSC R&D fund are robust and that all governance requirements are met.
- Commission new research studies in a range of priority areas.

### Key actions/targets for 2012/13

Action/target	Target date
Develop a new five-year HSC R&D strategy 2012-2017 in consultation with relevant stakeholders	December 2012
Consolidate operation of Northern Ireland Public Health Research Network (NIPHRN)	March 2013
Award new commissioned grants under Bamford Call	December 2012
Consolidate operation of new Clinical Research Facility (CRF)	September 2012
Consolidate joint working of CRF and Northern Ireland Clinical Research Network (NICRN) under common forward strategy	September 2012
Determine priorities for research in social care and commission a call for social care research 2012	December 2012
Develop relevant research studies to support the PHA Child Development Programme	March 2013

## 6. Developing our people and ensuring effective processes

In order for the organisation to function, it is essential that it works with partners across all sectors and ensures that the public are at the heart of our decision making. It requires good communication, knowledge management, processes, people and resources. In taking forward its priorities in 2012/13, the PHA will ensure that all of its work is underpinned by the following:

- Personal and Public Involvement;
- Working in partnership;
- Achieving results;
- Ensuring effective processes;
- Developing our people.

### Lead Personal and Public Involvement (PPI) and ensure the public are at the heart of our decision making

#### Priorities for 2012/13

- Integrate PPI at a strategic level across the PHA in accordance with our statutory duty.
- Promote, share good practice and encourage partnerships between staff, patients, clients and carers to support decision making, with evidence of PPI at all levels of decision making in HSC, from individual care to corporate management.

#### Key actions/targets for 2012/13

Action/target	Target date
Development of an action plan to implement the PPI strategy	September 2012
Development of a joint implementation group between the PHA and HSCB	August 2012
Establish mechanisms to measure and monitor PPI activity across the PHA	March 2013

## Work productively with partners across communities and sectors to reduce inequalities

### Priorities for 2012/13

- Continue the development of key partnership arrangements and joint working arrangements with local government.
- Take forward programmes of work to reduce health and social wellbeing inequalities by engaging with communities and groups who experience significant health inequalities to design, implement and evaluate the work programmes.
- Support local communities and groups by sharing research, evidence base and examples of successful programmes from across the region and elsewhere.
- Provide information at a local level and lead and support evaluation of local programmes, working closely with researchers here and elsewhere.
- Actively engage with local people in setting priorities, and in designing, implementing and evaluating interventions to improve quality of life, and in particular, health and social outcomes.

### Key actions/targets for 2012/13

Action/target	Target date
Agreement of work programmes with each of the partnerships and the seven clusters of local government, reflecting community, local government and PHA priorities	July 2012

## Achieve results by focusing on deliverables and adding value; meeting targets; working within financial parameters and making best use of resources

### Priorities for 2012/13

- Ensure the organisation makes best use of its resources and is accountable for its actions.
- Continue to manage the budget effectively.
- Further develop performance management systems to monitor progress against PfG, Ministerial and corporate targets.

### Key actions/targets for 2012/13

Action/target	Target date
Carry out a review into the funding award process for funding going to voluntary and community sector	March 2013
Develop and implement an agreed performance and outcomes framework for reporting against key areas of business to the PHA Board	December 2012
Achieve efficiency targets set by the DHSSPS for the PHA	March 2013
Ensure at least 95% of all payments are made in accordance with Departmental guidance on the prompt payment of invoices	During 2012/13
Agree an expenditure profile by programme area	July 2012
Ensure 70% of the PHA programme budget is paid out by December 2012	December 2012
Deliver financial breakeven for 2012/13	March 2013

## Ensure good governance, timely and clear communication and integrated and effective work processes are in place

### Key priorities for 2012/13

- Take forward the actions identified in the Information Governance Strategy.
- Continue to keep the Business Continuity Plan reviewed and updated.
- Work with the Business Services Transformation Project (BSTP) to ensure new finance and HR systems are implemented within the PHA.
- Ensure PHA business processes are kept up to date and in line with guidance from the DHSSPS.
- Ensure that public health messages are effectively communicated to the public and other stakeholders.

### Key actions/targets for 2012/13

Action/target	Target date
Achieve substantive compliance with all the relevant Controls Assurance Standards	March 2013
Develop an overarching Governance Framework for the PHA	During 2012/13
Take forward the actions identified in the Information Governance Strategy	March 2013
Develop and implement a robust and effective records management policy	March 2013
Development and roll -out of a public facing PHA website focusing on health topics and wellbeing	December 2012
Agree a PHA public affairs programme	December 2012
Develop a specification and tender for a new advertising agency to support the PHA in developing its media campaigns	August 2012
Work with BSTP to ensure new finance and HR systems are implemented	March 2013

## Build a learning organisation, developing staff and maximising the application of their unique skills and providing professional leadership and support across all areas of responsibility

### Key priorities for 2012/13

- Continue to work with BSO HR to ensure that appropriate policies and procedures are in place.
- Support staff to develop their capacity and skills through access to appropriate training and career development opportunities.
- Implement a staff appraisal system that will help identify training needs across the organisation.

### Key actions/targets for 2012/13

Action/target	Target date
Develop a Management Leadership Development Programme for senior staff and teams	December 2013
Develop the e-learning programme to provide essential training in a more convenient and accessible format for staff.	March 2013

## 7. How the PHA will deliver this business plan

In delivering on the priorities and targets set out in this business plan, we will work through a range of approaches, including:

- working in partnership with communities, groups and organisations to address the major causes of poor health and wellbeing;
- targeting resources to those who need it most;
- generating, disseminating and applying information, as well as building on the social assets of communities, to further improve the effectiveness of our actions and initiatives as well as to better understand the health status and needs of our population.

During 2012/13 the PHA will continue to:

- play a full and effective role in shaping the delivery of care services and ensure that every opportunity is taken through commissioning to address the root causes of poor health and wellbeing;
- secure high quality safe services that meet patient and client needs;
- provide leadership in the implementation of policy and practice in PPI across the HSC;
- provide evidence based advice and expertise in the commissioning of services and ensure that account is taken of the wider social determinants when delivering care to patients and clients;
- bring high quality, independent public health advice to support the policy and target setting role of the DHSSPS as well as the commissioning and performance management processes of the HSCB and its LCGs;
- use research and health intelligence information as a means of securing lasting improvements in health and social wellbeing of the population;
- promote integration and focus across government and other organisations on policies that will have a positive impact on health and wellbeing.

### **Reporting on delivery against actions/targets set**

A report on progress against all actions and targets in this Corporate Business Plan will be submitted to PHA Board in November 2012 and May 2013. In addition, members will be kept informed of progress on specific issues on a more routine basis through a variety of established performance monitoring systems as summarised in Appendix 2.

## 8. Programme budgets

The PHA has an opening budget of £81.4m. Of this, £64.2m relates to programme funds which will be invested as follows:

### Programme budget as percentage of total programme funds:

Programme	£(M)'s	Percentage (of programme funds)
Health improvement	28.6	44.5%
Health protection	4.5	7%
Screening/service development	10.6	16.5%
R&D	10.2	15.9%
Nursing and AHP (inc CCHSC)	5.3	8.2%
Campaigns	1.0	1.6%
New funding 2012/13	4.0	6.3%
<b>Total (programme)</b>	<b>64.2</b>	<b>100%</b>

# Appendix 1

## Performance indicators

### Protecting health

Performance indicator
Number of new episodes of selected sexually transmitted infections diagnoses made by Genito-urinary Medicine (GUM) clinics.
New HIV diagnoses.

### Improving health and wellbeing

Performance indicator
Average life expectancy for men and women
Disease prevalence (QOF indicators)
Potential years of life lost
Ratio of deaths to under 75's
Causes of death
Standardised admission rates for emergencies
Suicide rates across Northern Ireland in the most deprived areas
Number of A&E presentations due to deliberate self harm
Admissions due to accidents in the home, workplace and the road
Admission for mood and/or anxiety disorders
GP prescribing for drugs related to mood and anxiety
Breastfeeding rates
Level of overweight and obesity across the life course (2-10 year olds and 16+)
Physical activity rates
Number of alcohol-related admissions to hospital
Proportions of adults who smoke
Numbers of pregnant women, children and young people and adults from deprived areas (lower quintile) who set a quit date through cessation services
Rates of births to mothers under 17 years of age (with a breakdown by Neighbourhood Renewal Area)
Number of new episodes of sexually transmitted infections diagnoses made by Genito-urinary Medicine clinics
New HIV diagnoses

## Improving quality and safety of health and social care

### Performance indicator

Nurse/bed ratios with normative staffing ranges in the use across general and specialist areas to deliver on safety, quality and patient experience outcomes

Outcomes against the patient client experience standards in the settings agreed for the formal work plan

Incidence of pressure ulcers occurring in hospital medical and surgical care settings between 0-300 days.

Number of falls in hospital settings

Level of activity in maternity and child health programme of care including average length of stay

Percentage of babies born by caesarean section and number of babies born in midwife-led units, either freestanding or alongside

# Appendix 2

PHA board Framework for Monitoring Performance				
Area of focus	Proposed Timelines for Monitoring			
	Monthly	Quarterly	Biannual	Annual
<b>General</b>				
Corporate Strategy / Outcomes Framework				Green
Commissioning Development Plan targets		Red		
Corporate Business Plan Targets		Red	Yellow	
Programme for Government Monitoring				
PHA Annual Report				Green
DPH Annual Report				Green
Programme Expenditure Monitoring Report	Blue			
Financial Performance Report				
<b>Health Improvement / Inequalities</b>				
Obesity (inc Physical Activity / Food and Nutrition / Smoking Cessation)			Yellow	
Suicide / Mental Health Promotion / Self harm / One Stop Shops Lifeline			Yellow	
Marginalised Groups (inc Travellers / Prisoners / ethnic Poverty (inc MARA / Fuel Poverty)				Green
Building Sustainable Communities				Green
Teenage Pregnancy / Sexual Health				Green
Drugs and Alcohol				Green
Roots of Empathy			Yellow	
Local Government Working Arrangements			Yellow	
In Depth Report on agreed Programme Area				Green
<b>Screening and Service Development</b>				
Bowel Cancer Screening		Red		
Abdominal Aortic Aneurysm Screening		Red		
Breast Screening				Green
Cervical Screening				Green
New Born Screening				Green
Diabetic Retinopathy Screening				Green
<b>Health Protection</b>				
Immunisation and vaccination Programmes				Green
HCAI		Red		
HIV				Green
Seasonal Flu			Yellow	
<b>Nursing and AHP</b>				
Family Nurse Partnerships			Yellow	
Connected Health			Yellow	
Ward Sister Initiative				Green
Quality and Safety (in line with assurance framework schedule)		Red		
PPI			Yellow	
<b>Research and Development</b>				
Campaign evaluations		Red		Green

# Alternative Format

“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, Easy Read, Braille, audio formats (CD, mp3 or DAISY), large print or minority languages to meet the needs of those for whom English is not their first language.”

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

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