



**Public Health
Agency**

**CORPORATE BUSINESS PLAN
2011 – 2012**

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Approved by PHA board November 2011

PHA BUSINESS PLAN 2011 – 2012

Background

The PHA was established in April 2009 under the Health and Social Care (Reform) Act 2009 and has responsibility for health protection, screening, HSC Research and Development (R&D), safety and quality of services, health and wellbeing improvement and European Centre for Connected Health (ECCH).

The PHA also provides public health, nursing and allied health professional advice to support the Health and Social Care Board (HSCB) and its Local Commissioning Groups (LCGs) in their respective roles in commissioning, resource management, performance management and improvement. Legislation sets out that the HSCB prepares the commissioning plan in full consultation with PHA and that the plan must be approved by PHA before it is published.

In delivering our core objectives, 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.

We aim to use our knowledge management and communication resources to ensure that public health priorities are given appropriate importance in the planning and delivery of services.

Our approach is to support actions that are known to be effective, and we will test and evaluate new approaches where established interventions would not be appropriate. We will advocate our priorities and demonstrate the impact of our actions on outcomes.

In carrying out our work, the PHA receives a range of support functions provided by the Business Services Organisation (BSO) which provides a range of support services across the HSC system. We have worked to

build close relationships with the Patient and Client Council (PCC) which has the role of providing a strong voice for patients, clients and carers.

Business Plan 2011/12

This Business Plan sets out the key priorities that will be taken forward by the PHA during 2011/12 that will *help to improve health and social wellbeing and protect the health of the community*. The priorities and targets set have been shaped by the Ministerial priorities as set out in the Commissioning Plan Direction (Northern Ireland) 2011 and the longer term goals that have been set out in the PHA Corporate Strategy 2011-15. The Business Plan is focused around the 4 key goals as set out in the Corporate Strategy 2011 - 2015. These are:

- Protecting Health
- Improving Health and Wellbeing
- Improving Quality & 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

This Business Plan provides the overarching framework within which the PHA will take forward actions in 2011/12. Additional details of actions to be progressed in specific areas have been set out in the Commissioning Plan for 2011/12.

Purpose, Vision and Values

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.

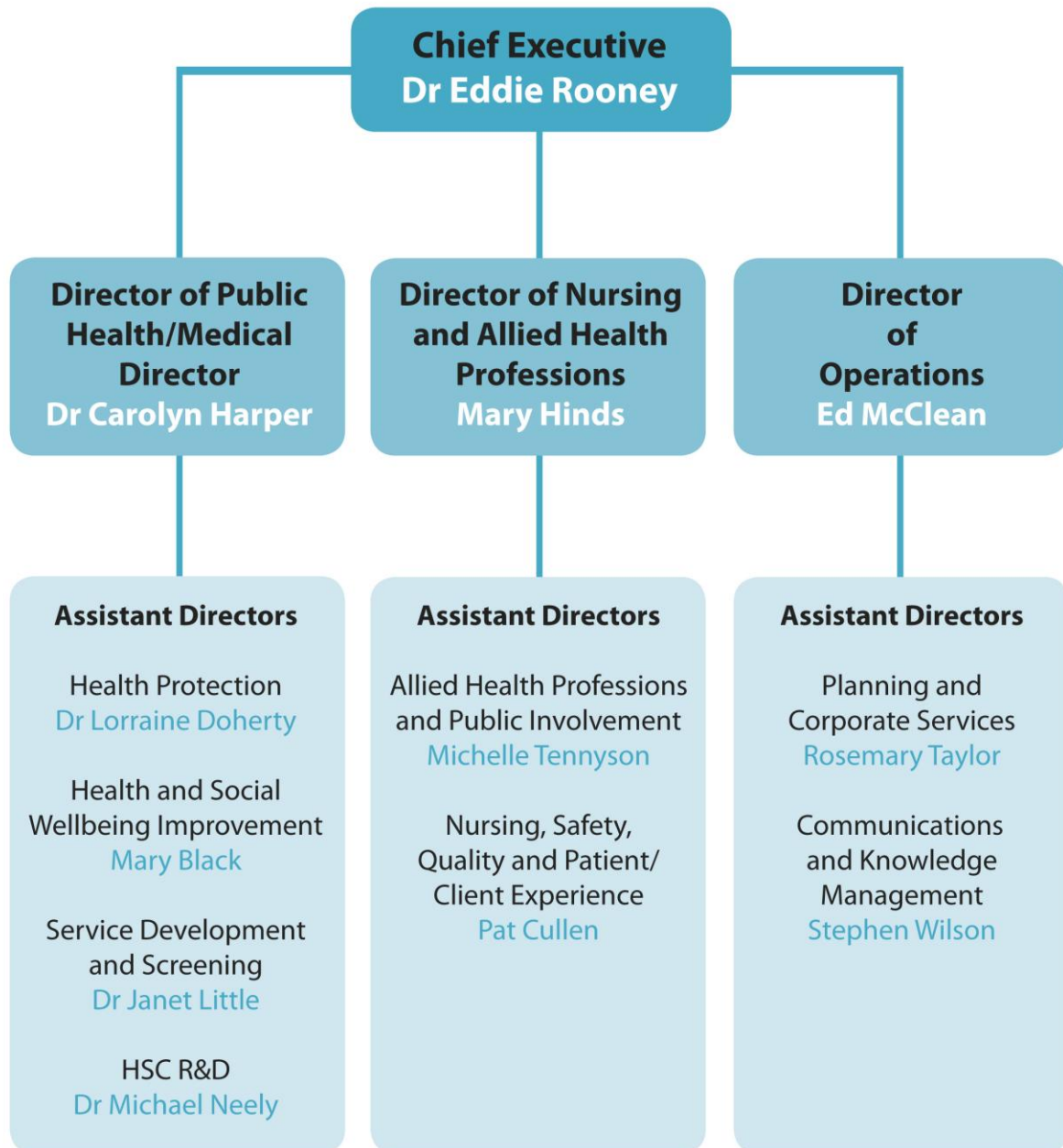
Our Vision

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 Organisational Structure



Focus for 2011/12

During 2011/12 the PHA will build on its work over the past 2 years and 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 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 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.

PHA goals and ways of working

In delivering on the four core goals a number of themes will characterise how we work. The themes are common to each goal and are illustrated in the diagram below:

Improve health and social wellbeing and protect health



Reduce health inequalities

PHA Priorities for 2011/12

The following sections set out the key actions that will be taken forward by the PHA in 2011/12 against each of the corporate goals.

1. Protecting Health

The Health Protection Service has a front line role in protecting the Northern Ireland population from infectious diseases and environmental hazards. Working closely with partner organisations in the UK and through international networks such as those of the WHO and the European Centre for Disease Prevention and Control (ECDC), the overarching 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:

- Providing an expert, timely and co-ordinated response to adverse incidents such as outbreaks of Infectious diseases, environmental issues and other emergencies
- Leading specialist work programmes for the prevention and control of communicable diseases and environmental hazards
- Effective surveillance of communicable diseases
- Introducing and maintaining prevention initiatives, such as immunisation programmes to prevent infectious disease

Key Priorities for 2011/12

The PHA Health Protection service will:

- continue to provide a co-ordinated regional service for the prevention and control of communicable diseases, to maintain high quality surveillance systems and processes and work with multi agency partners to ensure robust plans are in place for dealing with emergency incidents and respond to environmental hazards.
- maintain and develop the Childhood Immunisation, Influenza and other Immunisation Programmes to ensure good uptake rates are maintained. In particular there will be a strong focus on improving

uptake rates for those from minority groups such as travellers and migrants, and those in disadvantaged communities. The PHA will also work closely with colleagues in primary care to ensure pregnant women are encouraged to get the flu vaccine.

- continue to work with local Trusts and healthcare providers to achieve and sustain further reductions in the levels of health care associated infections. Continued priority will be placed on meeting the standards of DHSSPS policy set out in Change the Culture 2010 and DHSSPS Controls Assurance Standards. The PHA will also undertake a review of the Clostridium Difficile Infection (CDI) testing protocol to ensure these are in line with optimal testing protocols and the NI Ribotyping service provided by Belfast Trust.
- ensure that the mandatory Trust requirement to ensure clearance of health care workers for serious communicable diseases are met and that the MMR immunisation programme for healthcare workers continues to be rolled out.
- publish and take forward implementation of a Regional Tuberculosis Action Plan to ensure that there is effective management of Tuberculosis in Northern Ireland and standards of best practice are being achieved.

| Key Targets/Measures | Lead Director | Source |
|---|----------------------|----------------------------------|
| GPs to achieve a 40% uptake of seasonal flu vaccine by pregnant women | Dr Carolyn Harper | The Commissioning Plan Direction |
| By 31 March 2012 Trusts secure a reduction of 14% in the numbers of MRSA and Clostridium Difficile cases compared to 2010/11. | Dr Carolyn Harper | The Commissioning Plan Direction |
| PHA and Trusts to agree future Clostridium Difficile Infection testing arrangements for January 2012. | Dr Carolyn Harper | Joint Commissioning Plan |
| CDI Testing Protocol to be reviewed and agreed new arrangements in place by Jan 2012. | Dr Carolyn Harper | Joint Commissioning Plan |
| NI Ribotyping service to be reviewed and recommendations implemented | Dr Carolyn Harper | Joint Commissioning Plan |
| Regional TB Action Plan to be published and Implementation progressed by March 2012. | Dr Carolyn Harper | Directorate Business Plan |
| Annual Report on response to H1N1 Flu Pandemic to be provided to PHA Board. | Dr Carolyn Harper | Directorate Business Plan |

2. Improving Health and Wellbeing

The PHA is committed to addressing health and well being inequalities by advancing actions that are based around the 4 key objectives, as outlined in the Corporate Strategy 2011-15.

- Giving every child and young person the best Start in Life
- Ensuring a decent standard of living for all by acting with partners to increase income, reduce living costs and develop key skills for vulnerable groups
- Building sustainable communities by supporting involvement in community activities, improving neighbourhood environments and encouraging sustainable solutions
- Making healthy choices easier through better information and influencing population health.

In taking forward actions under each of these areas, the PHA will continue to facilitate cross sectoral action at local level through full engagement and partnership with communities, the voluntary sector, local government, education, housing bodies, the wider HSC and others.

Key priorities for 2011/12:

Giving every child and young person the best start in life

The PHA will continue to work with partners, including HSC Trusts and education bodies to implement phase 2 of two evidence based programmes that support early childhood development alongside child and family experience.

- The Family Nurse Partnership will roll out to one new area in 2011/12. In developing the programme, the priority will be to secure additional funding from other partners that will benefit from the improved long term outcomes that will be achieved for the young people involved.
- The PHA will also continue to work with partners in education to roll out the Roots of Empathy programme to a minimum of 10 primary schools in the Northern, Western and Southern Trust areas. In addition, there will be a focus on developing models of

support where parents can actively participate in their children's education.

The development of evidence based breastfeeding programmes will also be supported in identified areas of low uptake and among young women. In addition, effective breastfeeding co-ordination in each of the Trusts will be promoted in line with NICE guidelines as well as support provided to achieve UNICEF UK Baby Friendly Initiative Accreditation.

Ensuring a decent standard of living for all by acting with partners to increase income, reduce living costs and develop key skills for vulnerable groups

The PHA will continue to expand programmes that tackle poverty (including fuel poverty) and maximise access to a range of services and support. Specific priority will be given to ensuring programmes are tailored to meet the needs of those at risk of poverty including travellers, looked after children, lone parents and homeless people.

The PHA will continue to work with a wide range of organisations to support skills development and with the education sector specifically to maximise the opportunities of using the school setting for encouraging holistic development for young people

Building sustainable communities by supporting involvement in community activities, improving neighbourhood environments and encouraging sustainable solutions

The PHA will actively engage with local people in setting priorities and in designing, implementing and evaluating interventions to improve quality of life, in particular health and social outcomes.

We will develop an integrated action plan for user and carer involvement and community engagement in health and social care , implement the Community Development Strategy and Action Plan; expand joint working with community networks to increase community participation and provide funding to support programmes where they are achieving shared priorities, for example with respect to developing community gardens /allotments.

The PHA is committed to ensuring the needs of minority groups such as travellers, people from ethnic minorities or the LGB&T community, that have experienced health inequality, are addressed by developing linkages and networks that will improve information sharing and understanding their needs and that all PHA actions take into account the specific needs of these groups when being developed and implemented.

Making healthy choices easier through better information and influencing population health behaviour

Tobacco : The PHA will continue to prioritise its resources towards raising awareness through the running of intense sustained campaigns, including a new campaign targeted towards 16-24 year olds and will target smoking cessation services at pregnant women; manual workers; patients going for elective surgery, young people aged 19-24 years and geographical areas with the highest rates of smoking.

Promoting Healthy Weight and Physical Activity: During 2011/12 the PHA will continue to work with local government, education bodies , local communities and other partners to promote healthier eating and policy change across a range of settings; expand the implementation of the community based nutrition programme 'Cook It'; implement physical activity guidance at local level and in particular the physical activity referral programme and walking for health programmes.

The PHA will also develop consistent approaches for providing weight management advice and support for young people (and their families) that are found to be obese during annual BMI assessments for year 8 pupils.

Alcohol and Drug Misuse : The focus in 2011/12 will be to roll out the use of the Regional Initial Assessment Tool; to improve consistent assessment and referral processes in relation to young people's substance misuse; expand the development of brief intervention training programmes in primary care settings ; undertake a review of workforce education and training; ensure drug and alcohol programmes are in place through multi-sectoral action at local level; and consider the findings from the evaluation of the pilot One Stop Shop services and take forward further development, if appropriate.

Mental Health and Wellbeing and the Prevention of Suicide: The PHA will support the development of the new regional mental and emotional wellbeing strategy and work with key partners to develop an implementation plan

During 2011/12 the PHA will work with HSCB and HSC Trusts to ensure suicide cluster response plans are in place for each Trust/LCG area. The Deliberate Self Harm Register will also be extended to all five HSC Trust areas by 31 March 2012.

The PHA will continue to work closely with community based partners and support the Lifeline telephone support service to ensure that it continues to be well promoted, especially amongst high risk groups.

Teenage Pregnancy and Sexual Health: During 2011/12 the PHA will continue to direct available resources to consolidate support programmes offered to young women during pregnancy and after birth; implement the sexual health promoting strategy and in particular access to and delivery of sexual health services; ensure health improvement programmes to promote good sexual health and reduce teenage pregnancy are in place in a range of arenas including school and youth settings and, continue to offer support and education programmes for Looked After Children

Accident Prevention: The PHA will continue to work with partners in local government, the Health and Safety Executive and the community and voluntary sectors to reduce the number of avoidable accidents in all settings. The PHA will develop and implement an accident prevention action plan with a focus on home, workplace (including farms) and road.

| Key Targets/Measures | Lead Director | Source |
|---|-------------------|----------------------------------|
| By 31 st Dec 2011, make arrangements for implementation of the Family Nurse Partnership, a pilot programme for 100 pregnant mothers who will be recruited up to the 28 th week of pregnancy at the first test site. | Mary Hinds | The Commissioning Plan Direction |
| A minimum of 50 Primary schools to be participating in the Roots of Empathy by 31 March 2012 (10 per Trust area) | Dr Carolyn Harper | Directorate Business Plan |
| Increase the number of breastfeeding programmes | Dr Carolyn Harper | Directorate Business Plan |

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|--|-------------------|---|
| Maintain the number of adults from areas of deprivation (bottom quartile) completing smoking cessation programmes and at least, maintain the 2010/11 quit rates for people completing cessation programmes | Dr Carolyn Harper | Joint Commissioning Plan / PHD Business Pan |
| By 31 March 2012. the PHA and HSCB will ensure that 100% of new people, with injuries as a result of self harm, presenting to A&E Departments are being added to the deliberate self harm registry | Dr Carolyn Harper | The Commissioning Plan Direction |
| By 31 March 2012, 80 health professionals to be trained in delivering brief alcohol interventions | Dr Carolyn Harper | The Commissioning Plan Direction |
| By 31 March 2012 the PHA will complete a review of workforce education and training to ensure that HSC staff are able to deal effectively with clients who are suffering from drug and alcohol misuse. | Dr Carolyn Harper | Joint Commissioning Plan |
| The PHA will ensure that there is a 30% unprompted awareness of the Lifeline service. | Dr Carolyn Harper | Priorities for Action |

3. Improving Quality & Safety of Health and Social Care Services

The PHA is committed to promoting a culture of continuous improvement in the quality of health and social care services

The PHA will take forward this goal within the 6 key objectives, as outlined in the Corporate Strategy 2011-15:

- Ensuring safe practice remains a high priority
- Ensuring research findings and evidence based good practice are implemented quickly;
- Ensuring adherence to statutory and regulatory functions;
- Working with the HSCB and other partners on the re-design of patient pathways so that patients receive the right treatment at the right time and every time;
- Working with the HSCB to commission appropriate services through the joint commissioning plan;
- Leadership of the European Centre for connected health (ECCH) and working with HSC Trusts and professional, voluntary and community organisations to maximise the innovative use of technology to support patients/clients in their homes and professional staff in their practice

Key priorities for 2011/12:

- The PHA in collaboration with the HSCB will develop an overarching quality and safety assurance framework through the Quality and Safety Service Group.
- The PHA will develop a range of Nursing and Midwifery Key Performance Indicators (KPI's) to further support the provision of safe and affective care.
- The PHA in partnership with the HSCB will introduce a Regional initiative to gather 3,000 patient/client stories to ensure that individual and collective needs and expectations of patients and clients are at the centre of all decision making.
- The PHA will continue to lead the reform and modernisation of the AHP service across Northern Ireland. This includes the development of regionally consistent care pathways, access criteria and workload allocation models.
- The PHA will continue to work with the HSCB to monitor and ensure investigation of Serious Adverse Incidents; including through Director of Nursing & AHPs chairing the Regional Serious Adverse Incident (SAI) Group. The PHA will continue to work with

the DHSSPS and all HSC organisations to ensure that the Regional Adverse Incident Learning System (RAIL) is successfully designed, implemented and evaluated.

- The PHA, through the Director of Nursing and AHPs will continue to act as a catalyst to progress the quality and safety agenda regionally, including through the leadership of the Safety Forum. The Safety Forum under the direction and leadership of the Director of Nursing and AHP's will continue to build capacity and knowledge on patient safety and improvement science and will progress and consolidate ongoing collaborative work with Trusts on VTE, surgical site infection, perinatal and stroke. A number of new collaboratives, including emergency department and nursing home collaboratives, will be agreed and established.
- The PHA, working with HSCB and Trusts, will take forward the implementation of Service Frameworks, guidance from National Institute for Health and Clinical Excellence (NICE), findings from Confidential Enquiries and lessons learnt from adverse incidents within available resources.
- The PHA will ensure high quality care across the HSC through implementation of patient client experience standards. It will set direction, ensure methodologies are in place, monitor the outcome of the patient client experience standards and that action plans are submitted by Trusts to address concerns identified.
- The PHA in partnership with the HSCB will put in place a process to implement Safety Alerts including the interface with the DHSSPS, HSC Trusts and Primary Care providers.
- The PHA as the Local Supervising Midwifery Authority will continue to ensure that robust processes are in place for midwifery supervision. It will continue to provide support and advice and work with Trusts to improve practice.
- PHA public health, nursing and AHP staff are members of the HSCB commissioning teams, and will continue to work through these teams and with hospital and primary care clinicians to develop care pathways which ensure high quality services to prevent, manage and treat disease.
- The PHA will work in partnership with the HSCB, SE Trust, NI Prison Service and the wider Criminal Justice System to improve

the health and social care services commissioned for the prison population.

- The PHA will work in partnership with HSCB to prepare the annual Commissioning Plan for approval through the boards of both the HSCB and the PHA. PHA staff will continue to work with the HSCB to commission appropriate services through membership of the integrated service teams each of the LCGs.
- The PHA will progress the work of the European Centre for Connected Health. Following the awarding of the telehealth contract to TF3, the priority during_2011/12 will be to increase the number of clients that are able to have their care needs better managed through access to telehealth support. By supporting the more efficient delivery of services, it will enable the healthcare system to respond more effectively in meeting the future needs of the population.

| Key Targets & Measures | Lead Director | Source |
|--|----------------------|----------------------------------|
| By October 2011, establish 2 new clinical quality improvement collaboratives in priority topics at least one of which should focus on primary and community care. | Mary Hinds | The Commissioning Plan Direction |
| Ensure Trusts provide sufficient treatment by allied health professionals to ensure that patients wait no longer than 9 weeks from referral to commencement of treatment | Mary Hinds | The Commissioning Plan Direction |
| Ensure that Trusts enable 1,800 people to benefit from the provision of remote telemonitoring services by 31 March 2012 | Mary Hinds | The Commissioning Plan Direction |

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. 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:

- 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 priorities for 2011/12:

- 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.
- Prepare for the introduction of digital mammography.
- Plan for the NI Breast Screening Programme to undertake surveillance of women at high risk of breast cancer, in accordance with NHS Breast Screening Programme guidance.
- Introduce a new triage pathway for cervical screening.
- The PHA will undertake a review of capacity issues regarding the Diabetic Retinopathy service, taking into account expected growth in prevalence of diabetes and wider demographic pressures
- During 2011/12 the PHA will roll out the Bowel Screening

Programme across all Trusts and work with HSCB colleagues to ensure timely diagnosis for symptomatic patients.

- The PHA will complete the implementation of newborn screening for sickle cell disorders across all Trusts by March 2012.
- The PHA will prepare for the implementation of a new abdominal aortic aneurysm screening programme aimed at men aged 65 in 2012.
- A Screening project steering group and commissioning team will be established to oversee the establishment of regional Quality Assurance structures across all screening programmes; to ensure standards of best practice are maintained and opportunities for improving the effectiveness of services are maximised. A Regional Quality Assurance Framework will be developed to ensure a consistent approach is taken to quality assuring services.
- The PHA will continue to work with all relevant stakeholders to facilitate informed choice about participation in screening programmes, particularly in lower uptake areas and groups

| Key Targets & Measures | Lead Director | Source |
|--|----------------------|--------------------------|
| Complete implementation of the Bowel Screening Service across all Trusts by December 2011 | Dr Carolyn Harper | Joint Commissioning Plan |
| Produce Business Case for the Introduction of AAA screening programme and ensure progress is made to enable implementation during 2012 | Dr Carolyn Harper | Joint Commissioning Plan |
| Complete the implementation of newborn screening for sickle cell disorders across all Trusts by March 2012 | Dr Carolyn Harper | Joint Commissioning Plan |

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

In particular during 2011/12 the PHA will:

Ensure the PHA is research and data driven and embeds public health information and the evidence base in our action

We will continue to develop links with public health academic centres, the Institute of Public Health, key information sources and individual researchers. These links will ensure that our work reflects the evidence base and should also stimulate research proposals around questions rooted in public health practice. We will convene a programme of events to share the evidence base with others. We will develop and implement a Knowledge Management Strategy that supports the business needs of the PHA.

Administer the HSC R&D function and support implementation of the HSC R&D Strategy

We will ensure that the systems and processes underpinning the administration of the HSC R&D fund are robust and that all governance requirements are met. We will continue to support the implementation of the HSC R&D Strategy, working with the Director of R&D. The HSC R&D function will also facilitate the implementation and progression of a number of research forums, establishing research priorities in a number of key areas.

| Key Targets and Measurements | Lead Director | Source |
|---|----------------------|---------------------------|
| Facilitate the creation of the Northern Ireland Public Health Research Network by March 2012 | Dr Carolyn Harper | Directorate Business Plan |
| Commission an evaluation of the ECCH roll-out of remote tele-monitoring services by Sept 2011 | Dr Carolyn Harper | Directorate Business Plan |

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|--|-------------------|---------------------------|
| Commission a call for mental health and learning disability research in support of the DHSSPS implementation of the Bamford Report recommendations by Oct 2011 | Dr Carolyn Harper | Directorate Business Plan |
| Explore mechanisms to expand NICRN and develop a publicity strategy by March 2012 | Dr Carolyn Harper | Directorate Business Plan |
| Facilitate the development of an HCAI Forum to work with stakeholders in the health protection community to establish research priorities by Sept 2011 | Dr Carolyn Harper | Directorate Business Plan |

6. Developing Our People and Ensuring Effective Processes

In order for the organisation to function effectively 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 2011/12 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

In particular during 2011/12 the PHA will:

Lead Personal and Public Involvement and ensure the public are at the heart of our decision making

We will continue to fulfil our statutory responsibilities for Personal and Public Involvement across the HSC, including through the regional PPI forum. We will collate and respond to the PHA PPI Strategy consultation responses and develop a final PPI Strategy and action plan. Through this we will work to ensure full engagement and sensitivity to people and communities experiencing health and wellbeing inequalities

Work productively with partners across communities and sectors to reduce inequalities

We will continue the development of joint working arrangements with local government. We will agree work programmes with each of the seven clusters, reflecting community, local government and PHA priorities. PHA staff will continue to support existing partnership arrangements under Investing for Health and we will work with those partnerships to discuss and agree appropriate partnership arrangements

through 2011/12 and beyond, in light of progress on local government reform.

We will 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.

We will 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. We will support local communities and groups by sharing the research evidence base and examples of successful programmes from across the region and elsewhere. We will also provide information at a local level and lead and support evaluation of local programmes, working closely with researchers here and elsewhere.

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.

During 2011/12 we will work with BSO HR to develop, approve and implement a HR strategy for the PHA. We will develop a staff appraisal system, provide training and implement it for all staff.

The PHA will also work with the Open University and Unison to provide an opportunity for access to two health improvement related Open University courses.

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

We will ensure that the PHA achieves financial balance through effective stewardship and management of funds. As part of this, we will achieve the efficiency savings targets set by DHSSPS for PHA.

We will further develop an effective performance management system to monitor our progress against Ministerial , PSA and Corporate requirements.

The PHA will continue to make best use of its resources and reduce the level of carbon emissions by promoting the use of technology (including teleconferencing and video-conferencing) and the 'cycle to work scheme' to reduce the reliance on travelling by car.

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

We will continue to ensure robust corporate governance arrangements, developing an overarching governance framework, risk management systems and continuing to assess and improve our compliance with controls assurance standards. We will establish new Information Governance structures, including an Information Governance Steering Group, and take forward the action plan arising out of recommendations in the 2010/11 information governance internal audit report and the records management controls assurance standards assessment.

During 2011/12 we will review the existing Business Continuity Plan and develop a new plan to meet BS 25999 requirements.

The PHA has a key role in communicating important public health messages to a range of audiences. We will take forward the communications strategy which supports the core business of the organisation and external and internal communications.

| Key Targets & Measures | Lead Director | Source |
|--|----------------------|----------------------------------|
| By 31 March 2012 the PHA will publish and implement an approved PPI Consultation scheme | Mary Hinds | The Commissioning Plan Direction |
| From April 2011 all HSC bodies should ensure that at least 95% of all payments are made in accordance with Departmental guidance on the prompt payment of invoices | Ed McClean | Priorities for Action |
| The PHA must deliver financial breakeven by 31 March 2012 | Ed McClean | Priorities for Action |
| The PHA will achieve substantive compliance with all the relevant Controls Assurance Standards by 31 March 2012 | Ed McClean | Directorate Business Plan |

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|---|------------|---------------------------|
| Development and roll out of Communication Strategy by December 2011 | Ed McClean | Directorate Business Plan |
| Development and roll out of Health Intelligence Strategy by February 2012 | Ed McClean | Directorate Business Plan |

Programme Budgets

The PHA has an opening budget of £76.6. Of this, £60.1m relates to programme funds as follows:

Programme budget as percentage of total programme funds:

| Programme | £(M)'s | Percentage (of programme funds) |
|-------------------------------|---------------|--|
| Health Improvement | 28.0 | 46.6 |
| Health Protection | 4.5 | 7.5 |
| Screening/service development | 10.4 | 17.3 |
| R&D | 10.3 | 17.1 |
| ECCH | 3.5 | 5.8 |
| Nursing | 2.4 | 4.0 |
| Campaigns | 1.0 | 1.7 |
| Total (Programme) | 60.1 | 100 |