HSC Public Health Agency

CORPORATE PLAN 2009-2010

Improving Your Health and Wellbeing

Contents

Setting the scene

Each year, about 6,500 people die prematurely in Northern Ireland due to preventable ill-health. Alongside the cost in human lives and suffering is the drain of preventable illness on our economy. For example, alcohol misuse alone costs us £770 million annually. The rationale for investing in the prevention of disease has never been more powerful.

Moreover, the gap in health and wellbeing between the better-off and those experiencing social disadvantage still persists. If better-off, on average you will live longer and be less likely to suffer from illness.

Tackling health and wellbeing inequalities and promoting a shift across the health service to the prevention of disease lay at the heart of Northern Ireland's health and social care (HSC) reforms. The Public Health Agency (PHA) was set up with the explicit agenda to improve health and social wellbeing and to protect the community.

Our mandate

Health improvement and health protection require more than responding to ill-health. Our mandate places the PHA in the frontline of the mission to address the causes and associated inequalities of preventable ill-health and lack of wellbeing.

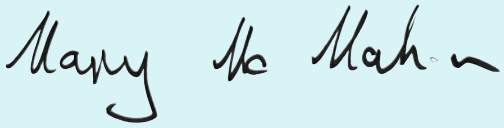
This is challenging territory requiring a combined effort across the HSC sector with other partners such as our local communities, district councils, education, housing, PSNI and trades unions. While embarking on this long-term process to change the focus of our health services to prevention, we must not lose sight of the opportunities to intervene now in areas of greatest need.

Commitments

This may involve geographical areas of highest social deprivation and health need, or social groupings that have fallen behind the levels of health expected by our society. We know, for example, that the health and wellbeing of people who are Travellers or are lesbian, gay, bisexual or transgender (LGBT) are poorer on average than that of the wider population.

In producing this, our first corporate plan, the PHA aims to set our commitments within a framework that explains the purpose of the Agency, our vision for public health and wellbeing, and the values that will underpin our work.

For the PHA, this corporate plan represents just a first step towards setting us on a path to realise the expectations of our Health Minister, the Department of Health, Social Services and Public Safety (DHSSPS) and the wider community in making Northern Ireland a healthier place.



Mary McMahon
Chair

Context

The PHA was established in April 2009 under the Health and Social Care (Reform) Act 2009, as part of the second phase of reforms to the number and role of HSC sector organisations made by Health Minister Michael McGimpsey under the wider Review of Public Administration (RPA).

The PHA has responsibility for health protection, screening, HSC Research and Development (R&D), safety and quality of services, and health and wellbeing improvement work previously carried out by the four Health and Social Services (HSS) Boards, as well as incorporating and building on the work of the Health Promotion Agency (HPA).

The PHA will also provide public health, nursing and allied health professional advice to support the new Health and Social Care Board (HSCB) and its Local Commissioning Groups (LCGs) in their respective roles in commissioning, resource management, performance management and improvement, and has a statutory role to develop a joint commissioning plan with the HSCB.

Support functions

In carrying out our work, the PHA will receive a range of support functions provided by the new Business Services Organisation (BSO) which provides support to the whole of the reformed Northern Ireland HSC system. We will also seek to build close relationships with the new Patient and Client Council (PCC) which has the role of providing a strong voice for patients, clients and carers.

In delivering our core objectives, we will work through a range of approaches. These will include:

- 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 will 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 will be 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.

Research

We will use research as a means of securing lasting improvements in the health and social wellbeing of the population of Northern Ireland. We will work to develop research as a resource supporting the entire spectrum of HSC activities, and to ensure the R&D function of the PHA meets the needs of the DHSSPS and HSC bodies. On a wider level, the PHA will work to promote a better integration and focus across government and other organisations on policies that will have a positive impact on health and wellbeing.

The PHA will 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. The PHA recognises the importance of our relationship with the HSCB and its LCGs. We will play a full and effective role

in shaping the delivery of care services and ensuring that every opportunity is taken through commissioning to address the root causes of poor health and wellbeing.

Joint commissioning plan

A central aspect of working in partnership with the HSCB will be the development and agreement of joint commissioning plans that secure high quality, safe services consistent with meeting patient and client needs and having due regard to Ministerial priorities and resources available. This will be an important mechanism for the PHA in connecting regional policies and strategies to local action.

Our first joint commissioning plan was formally signed off by the PHA and the HSCB in July 2009 and outlined how available funds would be deployed in 2009/10 to progress key strategies and *Priorities for Action* (PfA). While the 2009/10 joint commissioning plan reflects many established commitments, the PHA in future versions will bring a distinctive view to addressing the priorities facing the agency.

Service improvement

The PHA is committed to bringing professional leadership, evidence-based advice and expertise on the commissioning of related treatment services. We will also work to ensure equitable access to care services and to increase awareness among care providers on how to take account of social determinants when delivering care to their patients and clients.

The PHA will work with the HSCB to introduce new, and improve existing, screening programmes and services. To support this, we will identify and, where appropriate, develop standards and service improvement arrangements to underpin the commissioning of screening programmes.

Set out below is a summary of our purpose, our vision and our values:

Our purpose

- To protect public health and improve the health and social wellbeing of people in Northern Ireland.
- To reduce inequalities in health and social wellbeing through targeted, effective action.
- To build strong partnerships with individuals, communities and other key stakeholders to achieve tangible improvements in health and social wellbeing.

Our vision

- Health and social outcomes for the people of Northern Ireland that are among the best in the world.
- Development of a fit-for-purpose organisation that applies its skills and capability successfully, in partnership with others, to address the key challenges to public health in our community.

Our values

- All our work will focus on the health and social wellbeing needs of the community we serve, and we will address inequalities and gaps where these arise.
- In conducting our business, we will act with openness and honesty, treating all with dignity and respect, working collaboratively with others to improve the quality of life of those in need.
- We will value and develop our staff and strive for excellence in all we do.

In developing this corporate plan, we have taken account of the Ministerial objectives and targets set out in PfA; the benefits realisation objectives identified in the original business cases for the PHA; legislative requirements; and our governance and corporate controls requirements.

Approach

For the PHA, 2009/10 is fundamentally about shaping and developing our new organisation and setting longer term directions. It is about a year of transition and of managing change, a year of harmonising inherited systems such as those in finance, a year of implementing a framework for design of the organisation and, most importantly of all, a year of laying down foundations for a fundamental shift in what we aim to do and how we achieve this.

The development and implementation of this corporate plan is set against an operational framework that reflects the arrangements agreed by the DHSSPS Modernisation and Improvement Programme Board (MIPB). In pursuing our aims, reflecting our purpose as an organisation, the remainder of this corporate plan focuses on health improvement, health protection, and addressing health inequalities.

Health improvement

- The PHA is committed to the active engagement of communities in informing and shaping programme and policy development.

- The PHA is also committed to building strategic alliances and synergy of action amongst a range of other sectors in order to effectively focus collective efforts on areas of inequality in health and wellbeing.

- Our approach will involve taking measured risks to develop and implement effective actions to address inequalities in health and wellbeing.

- As part of this, we will use learning, critical assessment and evaluation as integral elements in developing good practice to work towards this end.

Protecting health

- The PHA will establish a single health protection service for Northern Ireland, building on the achievements of the former health protection bodies and making best use of specialist skills and integrating functions.

- The health protection service provided by the PHA will be a frontline service covering the spectrum of health protection including communicable disease control, regional surveillance and support, and working with London for inclusion in UK and ultimately in international systems, such as those of the World Health Organization (WHO) and European Centre for Disease Prevention and Control (ECDC).

- Our overarching objective is to have the best quality health protection service for Northern Ireland, and one which is demonstrably as good as that available elsewhere in the UK. The service will enable the strongest local accountability to our Health Minister and strong links with the new Health Protection Service (HPS), the Health Protection Agency (HPA), and local government environmental health departments.

Addressing health and social wellbeing inequalities

Inequalities in health and wellbeing – avoidable differences in the health status of people, groups and communities – are largely due to the conditions in which people are born, grow, live, work and age. These circumstances are shaped by many factors including the distribution of money, power and resources.

Responding to increasing concern about these persisting and widening inequities,

WHO established the Commission on Social Determinants of Health (CSDH) in 2005 to provide advice on how to reduce them. The commission's final report was launched in August 2008 and contained three overarching recommendations which, if followed, could enable a closing of the gap in health status within a generation by: 1) Improving daily living conditions; 2) Tackling the inequitable distribution of power, money and resources; 3) Measuring and understanding the problem and assessing the impact of action.

For the PHA, tackling health inequalities will be a major focus of our work and will underpin everything that we do, reflecting our commitment to the main principles of "closing the gap in a generation". Accordingly, in the current year and into 2010/11 we will:

- Generate new, and further develop, existing actions and initiatives to address the social determinants of health inequities, underpinned by evidence and evaluation.
- Build new alliances with local government and other partners to address key areas of health inequalities in our communities.
- Take positive action to ensure marginalised groups are fully involved in what we do. We will also develop further, and make better use of, our health information systems and research capacity to monitor the health of people so that health inequities can be properly identified and the impact of policies and action on health equity measured. We will use research to contribute and add value to the evidence base that informs decisions about both existing and new interventions and services.

The next sections of this corporate plan set out in some detail how we intend to fulfill our objectives.

Our objectives for 2009–2010

1. Health improvement

To develop and implement measures to improve health and social wellbeing.

We will build on existing programmes and develop new initiatives and partnerships with local government, community, voluntary and other organisations to address the wider determinants of health and social wellbeing and target specific issues.

Action 1.1 Improve life expectancy

The PHA will develop a health improvement plan that describes a programme of public health initiatives to address health inequalities in our most vulnerable communities.
Ref: PfA Priority Area 1: links to PSA 1.1

Target	Measure	Lead
March 2010	Health improvement plan published and account taken of any findings agreed as part of the review of *Investing for Health* (IfH).	Director of Public Health

Action 1.2 Reduce obesity

Improve baseline information by ensuring that effective data collection and recording of Body Mass Index (BMI) data is in place through the school nursing service. Improve support to children identified through the monitoring process as being obese or at particular risk through ensuring that a pilot support programme is in place in each Trust area.
Ref: PfA Priority Area 1: links to PSA 1.3

Target	Measure	Lead
By Dec 2009	BMI data collection process in place. Obesity pilot programme in place.	Director of Public Health

Action 1.3 Reduce alcohol and drug misuse

Develop an integrated action plan to take forward the relevant regional and local elements contained within the overarching *New Strategic Direction for Alcohol and Drugs*, the *Addressing Young People's Drinking* action plan, and the *Hidden Harm* action plan.
Ref: PfA Priority Area 1: links to PSA 1.4,1.5, 1.6 and 1.7

Target	Measure	Lead
March 2010	Action plan developed.	Director of Public Health

Action 1.4 Reform and modernise Allied Health Profession (AHP) services

In partnership with the HSCB, drive the reform and modernisation of AHP services and monitor Trusts' performance on PfA targets related to AHP waiting times.
Ref: PfA Priority Area 1: links to PSA 1.4,1.5, 1.6 and 1.7

Target	Measure	Lead
From April 2009, no patient should wait longer than 13 weeks from referral to commencement of AHP treatment, reducing to 9 weeks by 2010.	Waiting times for treatment; meeting PfA targets.	Director of Nursing/Allied Health Professions

Action 1.5 Improve the quality of, and access to, mental health services

In partnership with the HSCB, establish a mental health task force.

Target	Measure	Lead
First meeting to be held by Nov 2009	Establish new task force.	Director of Public Health

Action 1.6 Improve the quality of, and access to, learning disability services

Work with the HSCB to improve the range and quality of services for people of all ages with learning disability.

Target	Measure	Lead
First meeting to be held by Nov 2009	Establish new task force.	Director of Public Health

Action 1.7 Implement new bowel screening arrangements

Ensure that a comprehensive bowel screening programme for those aged 60-69 years is in place. *Ref: PfA Priority Area 1: links to PSA 1.11*

Target	Measure	Lead
10% reduction in mortality from bowel cancer by 2011	By March 2010 initiate a bowel screening service; ensure that relevant infrastructure is in place in Trusts.	Director of Public Health

Action 1.8 Build effective public involvement into the work of the PHA

Establish coherent engagement approaches to enable effective involvement of communities, groups and individuals in shaping the work of the PHA.

Target	Measure	Lead
Agreed consultation scheme and consultation process in place by March 2010.	Meet legislative requirements of the HSC Reform Bill	Director of Nursing/Allied Health Professions

Action 1.9 Reduce the incidence of smoking

Develop an action plan focused on supporting manual workers as part of work to reduce the incidence of smoking in those groups where smoking remains high and wider health and wellbeing inequalities evident. *Ref: PfA Priority Area 1: links to PSA 1.2*

Target	Measure	Lead
By Nov 2009	Action plan developed to improve access to smoking cessation services for manual workers.	Director of Public Health

Action 1.10 Reduce suicide and self-harm

Continue to update and implement local suicide action plans, working through multi-agency action with key partners. *Ref: PfA Priority Area 1: links to PSA 1.8*

Target	Measure	Lead
Nov 2009	Updated local suicide prevention action plans in place and being implemented.	Director of Public Health

Action 1.11 Reduce the incidence of births to teenage mothers

Progress targeted plans to reduce the incidence of births to teenage mothers as part of improving the wider health and life chances of young women and men in our communities and addressing health inequalities. *Ref: PfA Priority Area 1: links to PSA 1.9*

Target	Measure	Lead
March 2010	40% reduction in the rate of births to mothers under 17 years old.	Director of Public Health

2. Protecting health

To provide effective systems to protect the community and respond to specific threats to public health.

We will build on legacy arrangements to provide a coordinated regional service for public health surveillance, prevention and control of infection, including outbreak management, emergency planning and environmental hazards.

Action 2.1 Implement a regional Health Protection Service (HPS)

Establish an integrated region-wide HPS, including the transfer of Communicable Disease Surveillance Centre (CDSC) into the PHA during 2009/10.

Target	Measure	Lead
March 2010	CDSC incorporated into PHA from 1 October 2009.	Director of Public Health

Action 2.2 Develop a new emergency plan

Ensure an agreed PHA and HSCB response to major emergency incidents. Build on existing emergency plans to create a single fit-for-purpose plan.

Target	Measure	Lead
By March 2010	Agreed major emergency plan.	Director of Public Health

Action 2.3 Ensure an effective response to pandemic flu

Develop pandemic flu plan for PHA tied in with HSCB and BSO partners. Lead and contribute to workstreams under Regional Pandemic Programme Board. Provide public health response and advice on pandemic flu to other key HSC bodies and others as required.

Target	Measure	Lead
Oct 2009–March 2010	Pandemic flu plan agreed. Operational response in place. Business continuity plans developed and implemented as necessary.	Director of Public Health

Action 2.4 Reduce Healthcare Associated Infections (HCAI)

A Ministerial priority for public health protection is working with Trusts to ensure PfA targets on C Difficile and MRSA are met. Supporting this will be the development and implementation of a PHA/HCAI multidisciplinary team. As part of this, the cleaner hospital team will move from HSCB to PHA in terms of accountability. *Ref: PfA Priority Area 2 .*

Target	Measure	Lead
Sept 2009–March 2010	Provide service improvement support to Trusts to reduce HCAIs and meet targets. HCAI team identified. Cleaner hospital team contract transferred to PHA. Investment plan to support Changing the Culture implementation.	Director of Public Health

Action 2.5 Handle Serious Adverse Incidents (SAIs)

The PHA will work with the HSCB to coordinate legacy SAI systems and ensure effective and timely reporting and action from Trusts. In addition the PHA will work with DHSSPS and HSCB to implement new reporting and dissemination systems.

Target	Measure	Lead
March 2010	SAI arrangements in place. New reporting/communication arrangements developed and in place.	Director of Nursing/Allied Health Professions

Action 2.6 Improve patient and client experience

Meet PfA priorities in respect of compliance with patient safety and quality, and clinical and social care governance requirements, through full implementation of approved quality improvement plans working in partnership with HSCB and Trusts.

Target	Measure	Lead
March 2010	Adoption by Trusts of standards relating to patient and client experience, in relation to respect, attitude, behaviour, communication and dignity.	Director of Nursing/Allied Health Professions

3. Addressing health and social wellbeing inequalities

To implement a programme of interventions to reduce health inequalities in our most vulnerable communities.

We will address health inequalities and support networks throughout all health and social wellbeing sectors, whose roles incorporate public health improvement and tackling health inequalities.

Action 3.1 Understanding better the characteristics and causes of health and wellbeing inequalities

Identify better baselines and information on the causes and characteristics of health and wellbeing inequalities across our local communities together with what is being done to address these and the effectiveness of this. Use this information to enable the PHA to set objectives and priorities for effective actions for 2010 and beyond.

Target	Measure	Lead
By March 2010 determine key measures of health and wellbeing inequality.	Agreed information sources/ measures of health and wellbeing inequality.	Director of Public Health

Action 3.2 Tackle health inequalities

Establish a programme of public health initiatives to address health inequalities in our most vulnerable communities.

Target	Measure	Lead
Initially by March 2010	Programme agreed and in place.	Director of Public Health

Action 3.3 Develop strong alliances with local government, housing, education and other key partners

Develop effective alliances with local government around joint working arrangements in keeping with Ministerial objectives.

Target	Measure	Lead
Pilots in place with up to three new local government clusters and develop this further in 2010/11.	Set in place, in partnership with local government, new structures and processes to facilitate joint working which will impact on health inequalities.	Director of Operations

Action 3.4 Improve engagement with disadvantaged groups and communities

A priority for the PHA will be to actively engage with people, in particular with those in disadvantaged communities and groups, in setting priorities. We will work through furthering developing partnerships with communities, local government, other agencies and groups to improve and protect health and wellbeing using our research, evidence, information and communication resources. See also 1.8 and 2.6

Target	Measure	Lead
March 2010	Engagement/consultation scheme in place.	Director of Public Health

Action 3.5 Put reducing inequalities at the heart of commissioning

Reducing inequalities through commissioning effective, accessible programmes and initiatives in partnership with the HSCB and its LCGs.

Target	Measure	Lead
Develop evidence-based plans to address key inequalities.	Commissioning plans contain specific resourced actions to address identified inequalities in place.	Director of Public Health

Action 3.6 Safeguard vulnerable children and older people

Safeguard vulnerable children and older people through working collaboratively with social care in the HSCB and Trusts.

Target	Measure	Lead
Adherence to statutory function in relation to safeguarding vulnerable children and adults by March 2010.	Safeguarding board established. Audit of procedures and operation of safeguarding arrangements, specifically in relation to nursing and medicine.	Director of Nursing/Allied Health Professions; Director of Public Health, as appropriate

Action 3.7 Commission relevant research and share learning

Commission research and provide a forum to share learning. Develop a robust approach to assist the measurement of the impact of Personal and Public Involvement (PPI), in particular ensuring full engagement and sensitivity to people and communities experiencing health and wellbeing inequalities.

Target	Measure	Lead
Complete four nations evaluation framework pilot and implement by March 2010.	Evaluation framework pilot.	Director of Public Health

4. Our organisation – processes, people and resources

To develop a fit-for-purpose organisation with meaningful and achievable measures, and comprehensive clear objectives. To provide an environment that facilitates learning, growth and development to secure success and sustained improvement.

We will ensure that we have a strong organisation and infrastructure that manages resources effectively, efficiently and economically, in tandem with robust accountable governance. Our staff are the most important resource we have in seeking to improve and protect health and wellbeing.

We will achieve excellence and wellbeing through working to build a competent, confident workforce. We will maximise skill sets, mentor relationships and put in place arrangements to enhance capacity and capability while managing the transition.

Action 4.1 Ensure good governance

Develop and implement a governance framework and strategy encompassing risk, controls assurance, freedom of information, nursing and midwifery etc, with a supporting monitoring and reporting system.

Target	Measure	Lead
March 2010	A robust governance framework and 18 month implementation strategy. Review and agree substantive standing orders and standing financial instructions.	Director of Operations

Action 4.2 Achieve financial balance

Ensure decision-making is such that the PHA lives within its allocated resources and achieves financial balance through effective stewardship and controls assurance of funds.

Target	Measure	Lead
March 2010	Implement financial management arrangements with HSCB and BSO as per MIPB agreed paper. Programme funds transferred from DHSSPS with management and performance arrangements in place. Determine and agreed capital resources with DHSSPS. Meet PfA efficiency targets as determined by DHSSPS. *Ref: PfA Priority Area*	Chief Executive

Action 4.3 Develop effective communication strategies

Develop, agree and implement communication strategies for the PHA to cover external and internal communications.

Target	Measure	Lead
Strategy developed and approved Dec 2009	An external communications strategy that meets the needs of Minister, DHSSPS and PHA.	Director of Operations

Action 4.4 Develop a focused commissioning plan

Develop and agree joint commissioning plan 2009/10 with HSCB and submit to DHSSPS. Implement and monitor achievement.

Target	Measure	Lead
July/Aug 2009	Joint commissioning plan and addendum submitted to, and approved by, DHSSPS and provision of quarterly monitoring reports.	Director of Operations

Action 4.5 Further develop our knowledge and research capacity

Develop, agree and implement a knowledge management strategy to support PHA business priorities. Realign the R&D function to maximise the impact of high quality, relevant research for the benefits of health and wellbeing improvement and protection and addressing inequalities. Influence other bodies in terms of external funding sources and research.

Target	Measure	Lead
March 2010	Develop a PHA health intelligence and research strategy. Implement the HSC R&D strategy 2007/12.	Director of Operations / Director of Public Health, as appropriate

Action 4.6 Develop our staff and performance

Develop, agree and implement an organisational development strategy to meet mandatory training requirements, support attainment of PHA key objectives, empower staff and facilitate building a high performing organisation.

Target	Measure	Lead
March 2010	Outline organisational development strategy in place. Establish service level agreement with BSO for the provision of HR devices including recruitment, retention, improving working lives, retraining and reward. With HSCB/BSO, establish partnership arrangements through a local negotiating committee. Development of a staff performance review system incorporating professional supervision and appraisal and continuing professional development.	Director of Nursing/Allied Health Professions; Director of Operations; Director of Public Health, as appropriate

Action 4.7 Develop and implement performance systems to support PHA operation across all functions

Develop and implement internal performance management and reporting systems for the PHA, including objectives, monitoring and reporting.

Target	Measure	Lead
Internal performance objectives and systems are in place by March 2010.	Clear objectives at Chief Executive, team and individual level.	Director of Operations

Action 4.8 Integration of European Centre for Connected Health (ECCH)

We will manage the transfer of ECCH from DHSSPS and its integration into the PHA during 2009 including development of a clear costed workplan.

Target	Measure	Lead
By Dec 2010	ECCH integrated into PHA. Agreement with DHSSPS on future objectives and role.	Director of Nursing/Allied Health Professions

Action 4.9 New headquarters (HQ)

Provide PHA with new HQ, meeting Ministerial requirements and PHA functional needs.

Target	Measure	Lead
March 2010	Outline business case approved by PHA board.	Director of Operations

Programme budgets

The PHA has an opening budget of £74 million. Of this, £59 million relates to programme funds as follows:

Programme	**£,000**	**Percentage** (of programme funds)
Health protection	8,400	15%
Health improvement/addressing health inequalities	25,500	43%
Screening	7,300	12%
ECCH	2,300	4%
R&D	13,800	23%
Public health development	1,600	3%
TOTAL (programme)	**58,900**	**100%**

The allocation of these funds is set out in the joint commissioning plan 2009/10 and its addendum. While the breakdown by programme is set out in the allocation letter from the DHSSPS, and the use of these funds in 2009/10 has largely been determined from the plans of the legacy organisations and the DHSSPS, the PHA will plan how it will use its budget in 2010/11 to best meet its priorities (in line with Ministerial expectations) during 2009/10.

It is not yet possible to separate expenditure on health improvement from that on addressing health inequalities; however, further work will be undertaken during 2009/10 to begin to separate this, so that the use of the budgets can be more closely aligned to the PHA corporate objectives in future years.

Going forward

The direction we take will be underpinned by a commitment to work in partnership to improve performance and outcomes and to support our staff so that, as an organisation, we can meet the challenges which lie ahead as well as exploit the opportunities to improve and protect public health.

This corporate plan is an important statement of the PHA's purpose. It will be kept under continuous review to ensure that it remains relevant to the changing world in which we are working. Our performance against this plan will be monitored regularly, and progress and achievement will be reported to the board of the PHA at each of its meetings.

Glossary

AHP	Allied Health Professions
BMI	Body Mass Index
BSO	Business Services Organisation
CDSC	Communicable Disease Surveillance Centre
CSDH	Commission on Social Determinants of Health
DHSSPS	Department of Health, Social Services and Public Safety
ECCH	European Centre for Connected Health
ECDC	European Centre for Disease Prevention and Control
HCAI	Healthcare Associated Infections
HPA	Health Promotion Agency
HPA	Health Protection Agency
HPS	Health Protection Service
HQ	Headquarters
HR	Human Resources
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSS	Health and Social Services
IfH	Investing for Health
LCGs	Local Commissioning Groups
LGBT	Lesbian, gay, bisexual, transgender
MIPB	Modernisation and Improvement Programme Board
MRSA	Methicillin-resistant staphylococcus aureus
PCC	Patient and Client Council
PfA	Priorities for Action
PHA	Public Health Agency
PPI	Personal and Public Involvement
PSA	Public Service Agreement
R&D	Research and Development
RPA	Review of Public Administration
SAIs	Serious Adverse Incidents
WHO	World Health Organization

Public Health Agency

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