



Annual Business Plan 2017-2018

PUBLIC HEALTH AGENCY ANNUAL BUSINESS PLAN 2017/18

INTRODUCTION

The Public Health Agency (PHA) Annual Business Plan sets out in more detail what the PHA will do to help achieve the outcomes identified in the PHA Corporate Plan. The Annual Business Plan 2017/18 is therefore the action plan for the first year of the PHA Corporate Plan 2017 – 2021. As such it incorporates actions that the PHA will take in line with the draft Programme for Government, Making Life Better and Community Planning.

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

Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017 – 2021, and is central to the actions set out in this Annual Business Plan for 2017/18.

It should be noted however that the Annual Business Plan has been developed against the backdrop of HSC reform and change and financial constraints and uncertainty. Actions may be subject to change in the light of budget allocations.

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

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



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

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

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

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
1	Develop an AHP Neonatal Network	Timely access to AHP services on wards (dietetics, OT, physio, SLT); Regional standardisation of AHP support; Improve multi-disciplinary working of AHP support with medical and nursing interventions; Increase parent/carer awareness of nutritional, feeding, respiratory, sensory and development needs of their children.	March 2018	M Hinds
2	Maintain and improve vaccination programmes for children and young people by working with HSCNI organisations throughout 2017/18.	All eligible children in NI are offered the opportunity to receive vaccines; Increased awareness of the vaccines available; Target uptake rate of 95% achieved; Protection for children and young people against disease and illness	March 2018	Dr Harper
3	Achieve uptake targets for seasonal influenza vaccinations for children aged 2-4 years and the primary school programme set by DoH.	Protection for children and young people against seasonal influenza	March 2018	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
4	Expand the Newborn Blood Spot Screening Programme to cover additional inborn errors of metabolism, in compliance with ministerial policy statement and advice of the UK National Screening Committee.	Detect additional diseases and treat to prevent adverse outcomes.	March 2018	Dr Harper
5	Implement the Breastfeeding strategy through the Breastfeeding Strategy Implementation Steering Group (BSISG) and Action Plan.	Increased percentage of breastfed babies	March 2018 and beyond	Dr Harper
6	Develop and launch a new Breastfeeding Public Information Campaign to normalise breastfeeding and create supportive environments	Increased awareness of the health benefits of breastfeeding; Increased recorded level of public support for breastfeeding in public places; More businesses supporting breastfeeding within their premises; More women breastfeeding in public places; More babies being breastfed for longer.	August 2017	E McClean
7	Implement and evaluate 5 pilot Early Intervention Support Service (EISS), under work stream two, Early Intervention Transformation Programme and support associated research	Improvement in parental emotional wellbeing; Increase in participation/involvement in children's learning/employment; Improved family relationships; Improved parenting skills/capacity Leading to improved long term outcomes for children, young people and families.	April 2018	Dr Harper
8	Implement the Early Intervention Transformation Programme (EITP) Work Stream One	50% of children will be offered the 3+ Review as part of the child Health Promotion programme; 32 groups of antenatal care and education group programmes with a maximum of 12 mothers and partners per programme; All children are better prepared for their primary one school experience; Improved preparation for parenthood Improved social and emotional wellbeing	March 2018 March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
9	Work with HSC Trusts to strengthen universal health visiting and school nursing services	Increase child health promotion programme compliance; Improved support for parents; Earlier identification of children in need of progressive universal and additional interventions by other services.	March 2018	M Hinds
10	Complete the Family Nurse Partnership Evaluation	Provide a deeper understanding of the value of FNP to clients & their families; Improve data collection/evidence base; Improve client outcomes	July 2017	M Hinds
11	Increase the places available (teen clients) on the Family Nurse Partnership Programme	215 additional clients Improved maternal outcomes Improved child health outcomes Improved parental life course	March 2018	M Hinds
12	Continue to support the work of the Maternity and Paediatric Collaboratives, agreeing and addressing priority issues which maximise the impact of safety.	Maternity: <ul style="list-style-type: none"> Reduced variation in the administration of syntocinon in all care areas and improve the early detection and treatment of the deteriorating patient, evidenced through a reduction in IA's and SAI's. Paediatrics: <ul style="list-style-type: none"> Safety briefings would be spread to 100% of all paediatric wards and departments; Increased identification of near misses and improved processes for medical handovers will be spread from pilot areas to all wards; Improved safety and reduction in errors associated with communication 	March 2018	M Hinds
13	Review the CAMHS service model and structures linking with the i-thrive Framework	Involvement of children, young people and their families, so that their experience and voice is at the core of all service development.	March 2018	M Hinds



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

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

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

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
1	Lead the development of an App for lymphoedema self-monitoring, self-management and self-referral	Greater awareness among older adults; Older adults able to self-manage condition	March 2018	M Hinds
2	Lead, in conjunction with other PHA departments and external stakeholders, an Older People's Co-Ordination Group which will focus on public health approaches to promoting health and wellbeing for older people focusing on four key areas: <ul style="list-style-type: none"> • Falls prevention and early intervention • Promoting continence • Mild Cognitive Impairment (MCI) • Prevention of social isolation 	Robust structure in place in PHA for co-ordination of older adult activities; Improved prevention strategies across the 4 key areas: <ul style="list-style-type: none"> • Greater awareness of falls early interventions available in the community and promotion of strategies to maintain independence and remain at home after a fall; • Reduction in the use of containment products; • Improved recognition of and support to those living with MCI; • Older people undertaking programmes resulting in improved health and wellbeing (less social isolation, less lonely, reduced fear of falling) 	March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/ <i>long term</i>)	Target date	Lead Director
3	Protect the health of older adults through immunisation programmes.	Increase awareness among older adults of the vaccines available via the various media campaigns; <i>Prevention of vaccine-related illness in older adults</i>	March 2018	Dr Harper
4	Influence future practice and policy in the care of older people, through the launch of reports from commissioned research in mental health & learning disability and dementia and follow-up knowledge exchange processes with key stakeholders.	<i>Reports on research outcomes will be used to identify areas of good practice in each of the outcomes and will influence future development of further research and service developments</i>	September 2017	Dr Harper
5	Implement with partners the PHA approach to healthy ageing including; reducing social isolation; signposting and referral services; falls prevention; and health and wellbeing improvement programmes.	Councils implementing the Age Friendly Strategy; Improved knowledge and skills of staff; Older people undertaking programmes resulting in improved health and wellbeing (numbers who report less social isolation, less lonely, reduced fear of falling); Greater levels of participation, increased confidence and enjoyment of older people in activities; Greater participation in volunteering, leading to increased sense of health and wellbeing; <i>Increased number of older people reporting their general health as good;</i> <i>NI adopts Age Friendly Programme as a region</i>	March 2018 and beyond	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/ <i>long term</i>)	Target date	Lead Director
6	Roll out the CLARE model, building capacity of local people to support vulnerable adults to live independently in caring and responsive communities.	Receive 30 new referrals per quarter across N Belfast to complete living plans and provide support to local vulnerable people; Engage with approx. 500 vulnerable adults and older people per annum; Host 4 localised engagement events to plan rollout across Belfast; Work towards extension of programme across Belfast, through application to Big Lottery Fund for funding; To see: <ul style="list-style-type: none"> • positive improvements in clients health and wellbeing and independence • Delayed admission to Care Home accommodation; • Reduction in missed hospital/GP appointments; • Provision of crisis intervention support to allow hospital discharge; • Increased sense of cohesion and wellbeing from community - participation and volunteering 	March 2018	Dr Harper
7	Work with HSCB on the EC funded SUNFRAIL project, to design an integrated model for prevention and management of frailty; validate, test and assess its potential for adoption/replication in different EU contexts; co-ordinate, disseminate/educate and evaluate	Test SUNFRAIL screening tool on 100 people in a community setting within SHSCT; Validate the tool, and assess wider usability within SHSCT and wider HSC	October 2017	E Ritson
8	Lead work with HSCB and Trusts to start delivering Phase Two of the Dementia E-Health and Data Analytics Pathfinder Programme for Northern Ireland including the implementation of a Patient Portal for Dementia Patients.	People with dementia and their carers will have access to their records, enabling fuller participation in their care; Roll out patient portal across NI by 2021; Improved quality, safety and patient experience	October 2017	E Ritson



	During 2017/18 we will:	Anticipated impact (short & medium term/ <i>long term</i>)	Target date	Lead Director
9	In conjunction with HSCB, lead the implementation of the Delivering Social Change Dementia Programme	Improved awareness of dementia; More training opportunities for staff and carers, increasing knowledge and understanding; Improved identification and management of delirium; <i>Improved outcomes for people developing delirium;</i> <i>Improved support for people with dementia and their carers;</i> <i>Improved knowledge and understanding of dementia amongst the general public.</i>	March 2018	M Hinds
10	Enable early diagnosis and treatment through screening programmes for breast, cervical and bowel cancers, abdominal aortic aneurysm and diabetic eye disease.	Early detection of screened for conditions; <i>Reduced mortality associated with screened for conditions</i>	Throughout 2017/18	Dr Harper



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

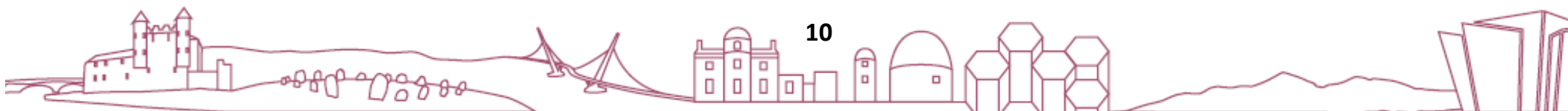
During the course of the PHA Corporate Plan 2017-21 we will work to:

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

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
1	Lead on the development of the Promoting Good Nutrition (PGN) strategy implementation plan in the community	Improved prevention, screening and care pathways for malnutrition in the community for people in receipt of services	March 2018	M Hinds
2	Provide strategic leadership and co-ordinate the Regional Learning Disability Health Care & Improvement Steering Group on behalf of PHA & HSCB.	Launch of the HSC hospital passport for people with a learning disability in contact with a general hospital; Good practice promoted, health inequalities identified and addressed; Responsive services, making necessary reasonable adjustments to meet the health needs of people with a learning disability	March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
3	Monitor, co-ordinate and promote the work of Recovery Colleges in NI and increase opportunities for co-production.	Development of 2 issues annually of the Recovery Newsletter with service users to raise awareness of ongoing recovery work in NI and promoting co-production and recovery orientated practice; Increased opportunities for people with lived experience to become involved in the design and delivery of HSC services; Creating the conditions for service users and professionals to work together to achieve agreed outcomes	March 2018	M Hinds
4	Protect the health of the NI population through emergency planning, ensuring that plans are tested robustly.	Outbreak and emergency plans are exercised and tested; PHA and colleagues can respond effectively to outbreaks and emergencies throughout NI, protecting the health of the population	March 2018	Dr Harper
5	Develop and introduce an AMR surveillance system for NI.	Contribute to reducing antimicrobial consumption and averting harm caused by antimicrobial resistant organisms.	March 2018	Dr Harper
6	Plan for the introduction of variable screening intervals within the Diabetic Eye Screening Programme to commence by 1 April 2018	Reduction in unnecessary screening (reduced opportunity costs and anxiety for participants) as recommended by the UK National Screening Committee for around 25,000 people per year	March 2018	Dr Harper
7	Work with prison healthcare colleagues to develop robust processes for offering and facilitating participation in cancer screening programmes for people in custody.	All eligible people in custody have access to cancer screening; Reduction in risk of dying from breast, cervical and bowel cancer.	December 2017	Dr Harper
8	Identify and address inequalities in the AAA Screening Programme through awareness raising sessions amongst Men's Sheds and other relevant voluntary groups and participation in the development of a UK Health Inequalities Toolkit.	Increased knowledge of the AAA Screening programme and informed consent amongst the eligible screening population (men aged 65+); Reduced health inequalities within the eligible population; Improved levels of uptake	March 2018	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
9	Provide leadership and drive progress on improvement of HCAI & AMS across HSCNI through delivery of the work programme of the regional HCAI & AMS improvement Board (established July 2016). 17/18 Action Plan agreed by 22 June 2017.	Expert advice and support for HCAI and AMS improvement and incident/outbreak management across HSCNI; Oversee and lead implementation of regional policy for HCAI and AMS; Reduced numbers of MRSA and C. difficile cases. Reduction in Gram Negative bacteraemias.	March 2018	Dr Harper
10	Lead and implement programmes which tackle poverty (including fuel, food and financial poverty) and maximise access to benefits, grants and a range of social inclusion services for vulnerable groups.	Individuals/households supported through provision of: <ul style="list-style-type: none"> • Keep warm packs; • Fareshare Meals; • Benefit/income maximisation services; • Fuel poverty/energy efficient support services Improve health and wellbeing and reduce inequalities for those most at risk/impacted by poverty	March 2018	Dr Harper
11	Work with others to promote use of outdoor green space as part of regeneration and health and social wellbeing improvement at neighbourhood level. Take forward regional procurement of community gardens and allotment programmes.	Expansion of current service (regionally); Expand 3 existing community garden projects in South Eastern area to become community nursery hubs, providing space, expertise and resources in order to nurture and enhance the capacity and potential of a minimum of 3 smaller/younger community growing spaces each (9 in total); Development of partnerships and networks to engage participants who would most benefit from community gardening projects; Roll out the community active travel programme encouraging the use of community parks and green spaces across 3 communities in Belfast; More adults becoming physically active; An increase in active travel in the population; Those participating in the programme will have improved physical, mental and social wellbeing (including reduction in obesity)	March 2018 and beyond	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
12	Continue to consolidate the new drug and alcohol services tendered and commissioned under the New Strategic Direction on Alcohol and Drugs (NSDAD) 2011-17 and the PHA/HSCB Drug and Alcohol Commissioning framework 2013-16. This includes the development of appropriate referral care pathways and ensuring a consistent approach to performance monitoring.	Reformed and modernised service provision; Improved regional consistency of service provision across the 5 HSCT areas; Improved health outcomes for some of the most vulnerable groups in NI; Reduced harm caused by substance misuse to individuals, families and carers, and society in general;	March 2018	Dr Harper
13	Commission & implement a new means of testing for blood borne viruses with people who inject drugs and are at increased risk (Dry Blood Spot Testing) across all 5 Trust areas.	Testing for HIV, HBV and HCV offered annually where there is ongoing risk behaviour (dried blood spot testing will be available for those in whom venous access is difficult, or where further referral would be otherwise unnecessary); Dried blood spot testing for approx. 418 clients (estimate) annually; Improved rates of HBV, HCV and HIV testing and diagnosis amongst people who inject drugs in NI (expected number of cases: HBV – 27, HCV – 50, HIV - 3); Increased monitoring of prevalence of HBV, HCV and HIV amongst people who inject drugs; Improved equity of access to diagnostic testing and services across NI; Improved health outcomes for some of the most vulnerable groups in NI; Earlier diagnosis and improved health outcomes for clients; Reduced onward transmission of BBVs.	March 2018	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
14	Commission and monitor uptake of stop smoking services in line with KPIs, in particular with young people, pregnant smokers and disadvantaged adults.	Increased promotion of stop smoking services through Public Information Campaign and social media activity; Maintain current levels of stop smoking services uptake and maintain quit rates at 4 and 52 weeks; Increase in numbers of smokers accessing stop smoking services; Decreased numbers of pregnant smokers in NI; Decrease in smoking prevalence across NI, and in particular young people, pregnant women and disadvantaged adults; Improvement in all aspects of the health of the population, especially young people, pregnant women and their babies and disadvantaged communities	March 2018	Dr Harper
15	Commence procurement of a range of services to address priorities identified in The Suicide Prevention Strategy (Protect Life 2) and Action Plan, with the development of service specifications by 31 March 2018.	Services commissioned within agreed timeframe; Continued monitoring of suicide rates; Reduction in the differential in suicide rates among the most and least deprived areas; Increase in mental health literacy and help-seeking behaviour	March 2018 and beyond	Dr Harper
16	Design and deliver a range of communication programmes including mental health promotion, obesity prevention, smoking cessation, cancer awareness and dementia awareness to ensure people are better informed about health matters and have access to relevant information.	Improved levels of public awareness around key health matters; Target audiences are better informed and more motivated to make healthy lifestyle choices; More people think about the health impacts of their behaviours and make positive changes to their lifestyle; Improvements in key health indicators	March 2018	E McClean



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
17	Continue to lead work on the implementation of the eHealth and Care Strategy objectives: <ul style="list-style-type: none"> • Supporting People; • Using Information and Analytics; and • Fostering Innovation; which will contribute to the development of a regional EHCR.	People will be more involved in their care via the use of innovative technologies; Citizens will be involved in the design of future services using technology	March 2018	E Ritson
18	Develop proposals for Departmental consideration for the future provision of telecare and telehealth services	Engagement with relevant internal and external stakeholders; Production of business case to secure funding to enable safe service provision ensuring a smooth exit from the current contract; Build on learning derived from procuring, implementing and evaluating Telemonitoring NI as well as from best practice and evidence from similar programmes in other jurisdictions; Proposals that support HSC reform programme and represent value for money	March 2018	E Ritson
19	Seek opportunities to develop and utilise innovative technologies to improve health and wellbeing including leading the NI input to EIP AHA; EU and other sources of funding and working collaboratively with HSCNI and other key stakeholders.	Co-ordination of at least 6 EIP AHA commitments; Shared learning from EU partnerships; Potential development of HSC services based on learning from established partnerships	March 2018	E Ritson



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
20	Publish information relating to 500 health conditions on NIdirect platform (HSC online), in user friendly format, including signposting to appropriate HSC support	Production of a patient facing directory of all HSC commissioned services; Users enabled to make informed decisions to self-manage their health;	March 2018	E Ritson
21	Lead the implementation of the Regional Palliative Care work plan for 17/18, including: <ul style="list-style-type: none"> • Develop and implement early identification protocol in primary care; • Develop operational process, documentation and education programme to support advance care planning (ACP); • Develop the keyworker function; • Complete interdisciplinary Specialist Palliative Care (SPC) workforce review. 	Increase the number of people identified with palliative and end of life needs within 14 GP practices across the region; Increase awareness of ACP by the public, and number of people being offered the opportunity to plan ahead; Increase the number of people accessing keyworker function, within resource available; Identify workforce requirements for SPC HSC professionals Increase number of people identified with palliative care regionally, by 50% in each practice from baseline	March 2018	M Hinds
22	In collaboration with DoH and Diabetes UK enhance the Diabetes knowledge and skills of District Nurses and General Practice Nurses in line with the DoH Diabetes Framework	2 bespoke master classes for district nurses and community nurses (target of 60 to attend); 2 bespoke master classes for general practice nurses (target 60 to attend); Explore potential to roll out across NI, and to open programme to other health care professionals.	March 2018	M Hinds
23	Work in collaboration with DoH, Diabetes UK, HSC Trusts, users and education providers to agree diabetes nursing competencies for district nursing and general practice nursing.	Agree education requirements based on agreed competencies and identified needs; A diabetes education programme will be available to General Practice nurses.	March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/ <i>long term</i>)	Target date	Lead Director
24	In collaboration with the DoH, DoJ, HSCB and HSC Trusts provide Public Health leadership and professional nursing advice to the Joint Health Care & Criminal Justice Strategy. Work alongside YJA, PSNI and HSCB colleagues to identify health care specifications for professional staff in Police Custody	Agreed specification for health in custody professional staff; <i>Improved workforce capacity and skilled workforce</i>	March 2018	M Hinds



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

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

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

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
1	Enhance improvement capacity in NI through: <ul style="list-style-type: none"> • Support for Scottish Fellowships; • In partnership with the Health Foundation, recruit Q members and build our local network under the branding of the Improvement Network Northern Ireland (INNI); • Continue to build capacity and capability in under graduate and post graduate education; • Working with key partners in support of the development of the Improvement Institute for Northern Ireland 	Supporting two Scottish Fellowships to enhance the leadership for quality improvement in NI; Q network membership increased by 10%, increasing the quality improvement capacity within NI at practice level; Increase quality improvement training at undergraduate level to one new professional group.	March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
2	Develop and take forward regional service improvement initiatives within Mental Health Services, including: Mental Health KPIs – Absconding & Psychological Therapies – ensure the necessary arrangements are in place to provide evidence of compliance with agreed mental health KPI's across the five HSC Trusts. The purpose being to measure and monitor the contribution of nurses and midwives to the patients'/clients' experience of care.	Raised awareness/increased implementation of quality improvement initiative; Improvement against identified quality improvement indicators; Mental health nursing staff supported in sustaining change to practice which enhances the patient/client experience	March 2018	M Hinds
3	Roll out the Clinical Nurse Specialist (CNS) Workforce Expansion Plan across NI HSC Cancer Services (Phase 2)	Recruitment of Clinical Nurse Specialists Systems and processes standardised through Regional CNS forums; A skilled, effective and productive CNS workforce Improved experience for patients living with cancer	Throughout 17/18	M Hinds
4	Oversee the Acute Oncology Nursing Service (AONS)	Provision of access to 24hour expert nursing advice for all patients receiving active cancer treatment to deal with problems, responding quickly and appropriately	Throughout 17/18	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
5	Influence and strengthen public health principles by developing and sustaining nursing and midwifery workforce priorities and plans to inform regional policy. Including delivering on agreed workplan for the regional policy for Nursing and Midwifery workforce ('Delivering care') and identifying workforce and service delivery requirements for specialist palliative care services.	Improved safety and quality of care; Reduced reliance on bank and agency spend.	March 2018	M Hinds
6	Implement the GP Nursing Framework, including addressing workforce capacity within primary care settings, through the development of ANP roles; rolling out regional education and training programmes, co-design with users, carers and communities.	Improved workforce capacity and skilled workforce.	March 2018	M Hinds
7	Design and manage projects and programmes that directly impact on nursing workforce, recruitment and retention. Effective and methodical execution of programme and project management of nurse led initiatives including a public health focus. Plan and implement the Burdett grant across NI.	Improved value base of nursing staff employed in HSC; Improved regional recruitment process for nursing workforce.	March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
8	Implement the comprehensive patient and client experience programme, monitor the agreed key regional priorities for 2017/18 and continue to roll out 10,000 Voices in a range of areas e.g. Unscheduled Care and Discharge.	Increased awareness of patient experience programme of work; Influence local and regional improvement priorities based on feedback of experience; Sustained improvement in experience of health and social care services; Improved delivery of services which are patient and client focused.	2017/18	M Hinds
9	Continue to gain assurance on progress with regional safety and quality priorities through Quality Improvement Plans and Key Performance Indicators; and provide advice and support to Trusts on the implementation of these key priorities	Better engagement with Trust teams; Increased awareness of quality improvement interventions; Identifiable and sustained improvement against identified quality improvement indicators; Improved safety and quality of care.	March 2018	M Hinds
10	Provide a strategic role in the management of and learning from SAI process including leading the development of Learning Matters newsletter, development of thematic reviews and contributing to the SAI Bi-annual learning report.	Increased awareness and dissemination of learning identified from SAIs, which is targeted to the relevant HSC staff; Improved safety and quality of care.	March 2018	M Hinds
11	Continue to oversee the implementation of the Q2020 Strategy including providing advice and support to the task streams and co-ordinate the development of the Annual Quality report.	Identification of models of improvement for potential regional scale and spread; Raised awareness of quality improvement initiatives; Identifiable and sustained improvement in the quality of health and social care services.	March 2018	M Hinds
12	Undertake an evaluation of the participant impact of the Women's Resource and Development Agency promoting informed choice programme in Section 75 groups	Inform/shape delivery and content of the screening programme and commissioning intentions in the future.	March 2018	Dr Harper



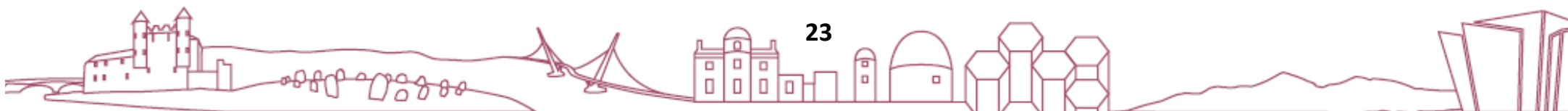
	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
13	Continue to work with Trust colleagues to reduce X% in the number of in-patient episodes of Clostridium difficile infection in patients aged 2 years and over and in-patient episodes of MRSA bloodstream infection across the HSCNI economy.	Reduction in the number of reported clostridium difficile infections and a reduction in the number of MRSA episodes across the HSCNI	March 2018	Dr Harper
14	Lead on the oversight of the implementation of PPI policy across HSC	Implementation of PPI standards across HSC; Increased number of quality PPI and co-production exercises across HSC, with increased opportunities for service users and carers to be involved in HSC decision making at all levels; PPI and co-production are used at all levels of decision making in Trusts; PPI and co-production methodologies influence strategic and operational plans and decisions, and also deliver transformational change.	March 2018	M Hinds
15	Lead on the analysis of Speech and Language Therapy intervention for patients with dysphagia/swallowing difficulties; implement and identify actions.	Improve the quality of service for those with dysphagia/swallowing difficulties.	March 2018	M Hinds
16	Test new district nursing models of care, for a regional community nurse-led model of care prototype	Improved clinical outcomes for patients; Improved patient experience; Improved staff work experience; Provision of a cost effective service	March 2018	M Hinds



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
17	Deliver training on PPI in research for researchers and members of the public and facilitate opportunities for patients and public to be involved as partners and co-designers in the research process.	Delivery of two building research partnership workshops for up to 60 researchers and services users; Training provided for 13 PIER members on a quarterly basis; Provision of guidance for researchers on how to implement PPI in the research process; Raised awareness of research and opportunities for involvement amongst service users and the public; Funding/prioritisation of research that has been co-designed with service users and members of the public; Research questions that are meaningful to & methods that are acceptable to, local patients and the public; Recruitment is higher; Data collected is richer; Outcomes are patient centred	March 2018	Dr Harper
18	Work with the HSCB to finalise a Cancer Services Indicator Framework and to publish achievement against key indicators on a rolling programme basis. (Staff and financial resource dependant.)	Data on achievements will help shape service developments and improve patient outcomes; Earlier cancer diagnosis and better survival in the longer term.	March 2018	Dr Harper
19	Work with the HSCB to take forward the Cardiovascular Services Framework. (NB Cardiovascular services framework is due for review, however possibility of 1 year extension to March 2018)	Improvement of services within Cardiovascular Services Framework in line with key performance indicators and anticipated performance levels; Reduced incidence and mortality from cardiovascular disease	March 2018	Dr Harper
20	Continue to take forward the Implementation plan for the Respiratory Service Framework.	Improve and standardise current practice in line with key performance indicators and anticipated performance levels; Improved access, quality and safety within respiratory services.	Throughout 2017/18	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
21	Support the implementation of the Northern Ireland Diabetes Strategic Framework through the newly formed regional diabetes network.	Development of a population based approach to the prevention or delay of Type 2 diabetes through obesity prevention and supporting individuals at high risk; Patients at risk of developing complications targeted, through working with providers, patients and the voluntary sector to support service redesign; Improved pre-pregnancy and antenatal care for women with diabetes through development of the antenatal multidisciplinary team;	Throughout 2017/18	Dr Harper
22	Support the stroke modernisation program and the planned consultation on the organisation and delivery of stroke care.	Improve outcomes for stroke patients and minimise the impact of any resulting disability	Throughout 2017/18	Dr Harper

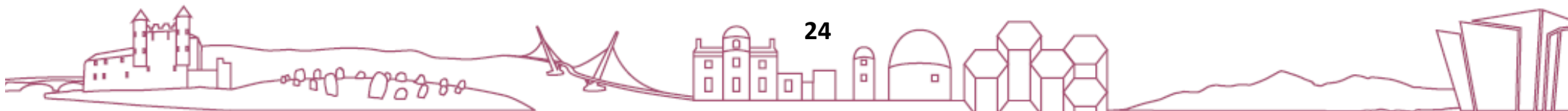


5. Our organisation works effectively

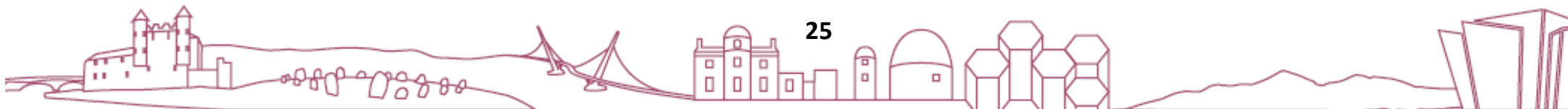
During the course of the PHA Corporate Plan 2017-21 we will work to:

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

	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
1	Achieve substantive compliance for all 15 controls assurance standards applicable to the Public Health Agency.	PHA has appropriate internal control measures in place, compliant with legislation and DoH regulations, enabling PHA to undertake its core functions	March 2018	E McClean
2	Test and review the PHA Business Continuity Management Plan to ensure arrangements are in place to maintain services to a pre-defined level in the event of a business disruption.	PHA is able to maintain essential functions in the event of a business continuity disruption.	March 2018	E McClean
3	Ensure appropriate resilience measures are in place to support the Public Health Agency and specifically Health Protection during outbreaks and emergency responses throughout NI during 2017-18.	Provision of effective response to outbreaks and emergencies; Early control of outbreaks to reduce their impact on the NI population.	March 2018	Dr Harper
4	Work with DoH in reviewing and updating the Public Health Act (Northern Ireland) 1967.	Updated legislation that can assist HSCNI stakeholders and members of the public	March 2018	Dr Harper



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
5	Conduct a consultative review of the HSC R&D Infrastructure	HSC R&D infrastructure re-configured in response to feedback providing more effective support for HSC research in NI	March 2018	Dr Harper
6	Support the Northern Ireland Public Health Research Network (NIPHRN) to identify opportunities for research in PHA priority areas through the organisation of a series of events on key topic areas bringing a wide range of stakeholders together	The formation of a number of Research Development Groups (RDGs) in PHA priority areas which will apply for research funding; <i>Augmentation of the public health research evidence base, with the potential to make positive contributions to the health of the population of NI</i>	March 2018	Dr Harper
7	Continue to take forward implementation of the PHA Procurement Plan	Compliance with Procurement regulations; Contracts in place which deliver value for money in terms of both quality and cost; <i>Access to high quality services that will better address identified needs and improve health and wellbeing outcomes</i>	March 2018	E McClean
8	Build organisational knowledge and capacity of Outcome Based Accountability (OBA)	PHA enabled to demonstrate effectiveness, in line with other key strategies and plan.	March 2018	E McClean
9	Produce an AAA screening video detailing what happens when men attend for an initial scan, including information on how to access screening for minority groups (e.g. LD men, physically disabled etc.).	Improved understanding of aims of AAA screening programme; Improved understanding of informed consent; Increased levels of uptake of AAA screening.	December 2017	Dr Harper
10	Design and develop a new PHA Communications strategy to support and enable the delivery of key Corporate priorities	Improved dissemination of PHA key messages and improved awareness levels; Internal partners better equipped to deliver more effective communications; <i>Public and professional audiences will have higher awareness and engagement with PHA communications.</i>	March 2018	E McClean



	During 2017/18 we will:	Anticipated impact (short & medium term/long term)	Target date	Lead Director
11	Support high quality and appropriate governance arrangements and processes to support the efficiency and effectiveness of the AHP, nursing and midwifery workforce	Appropriate training commissioned; Greater skill mix and role extension in the workforce.	March 2018	M Hinds
12	Work to embed PPI into our culture and practice.	PHA staff aware, equipped and skilled in PPI; Effective partnership working with service users and carers using PPI and co-production.	March 2018	M Hinds
13	Work with each of the Local Councils and their Community Planning Partnerships to develop, agree and begin implementation of action plans to take forward each of the community plans	Public health input to the development and implementation of action plans, based on the local needs in each council area; Improved health and wellbeing through tackling identified local issues and maximising partnership working with community planning partners.	March 2018	E McClean
14	Lead and coordinate regional implementation of Making Life Better	Continued focus within PHA and across HSC on implementation of MLB, linking with other strategies and plans as appropriate; Improvement in health and wellbeing of individuals and communities and a reduction in health inequalities	March 2018 and beyond	C Harper
15.	Meet DoH financial, budget and reporting requirements	PHA is compliant with DoH regulations, with a sound financial basis to enabling the PHA to undertake its core business.	March 2018	P Cummings
16.	Continue to support and develop staff during a period of organisational change, including relevant communication with staff	Staff feel supported and valued; Improved staff morale; Staff better able to continue to carry out PHA business during period of change and uncertainty; Staff skilled and equipped for the future	March 2018	V Watt



	During 2017/18 we will:	Anticipated impact (short & medium term/ <i>long term</i>)	Target date	Lead Director
17	Continue to ensure that equality screening is undertaken and published and that policies screened are monitored.	Equality considerations inform PHA work, policies and decisions; Equality evidence base becomes more robust and is used to inform our work; Public confidence that PHA takes equality issues into account	Throughout 2017/18	All

