



# PHA Annual Business Plan 2021/22



## Introduction

The Public Health Agency (PHA) Annual Business Plan sets out the actions that will be taken forward by PHA during 2021/22 to meet Ministerial priorities and deliver on the outcomes set out in the Corporate Plan.

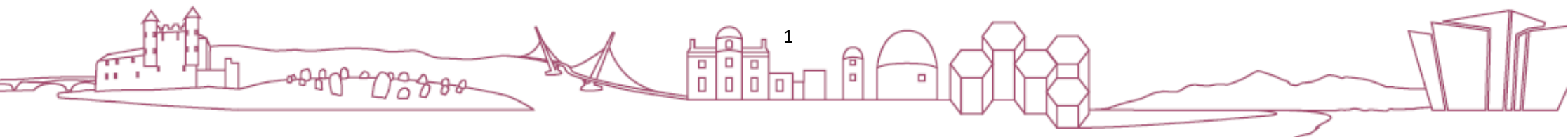
During 2021/22, the PHA will need to continue to focus a significant element of its resources on addressing the on-going COVID-19 pandemic and ensure that key interventions needed to contain and manage the virus, such as testing; contact tracing, surveillance; roll out of the vaccination programme and public behaviour messaging are effectively implemented.

Whilst the PHA will continue to prioritise all actions necessary to effectively manage the COVID-19 pandemic, it is important that in 2021/22, the PHA also focuses on returning to 'business as usual' and addressing its wider corporate priorities. In light of pressures on HSC organisations in 2021/22, DoH has agreed that existing Corporate Strategies for all ALBs can be extended to cover 2021/22. Further to a review of the existing Plan the PHA will continue to take forward, as far as possible, the 5 outcomes that underpin the Corporate Plan 2017-21.

1. All children and young people have the best start in life
2. All older adults are enabled to live healthier and more fulfilling lives
3. All individuals and communities are equipped and enabled to live long and healthy lives
4. All health and wellbeing services should be safe and high quality
5. Our organisation works effectively

The work to be taken forward this year also aligns with and contributes to the outcomes set out in the Programme for Government (PFG), Making Life Better (MLB) and Community planning as well as Health and Wellbeing 2026: Delivering Together and the transformation agenda arising from this. These are important strategic drivers of the actions to be taken and as well as requiring PHA input as partners, will also continue to be delivered through the actions set out in this plan.

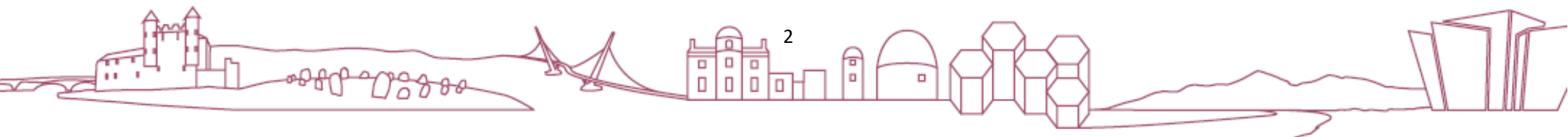
While the Annual Business Plan does not set out all the actions that the PHA will take during this year, it reflects the key actions from all functions and directorates across the five strategic outcomes and three delivery areas. Our commitment to work to reduce health inequalities is at the core of the PHA Corporate Plan 2017–2021, and is central to the actions set out in this Annual Business Plan for 2021/22.



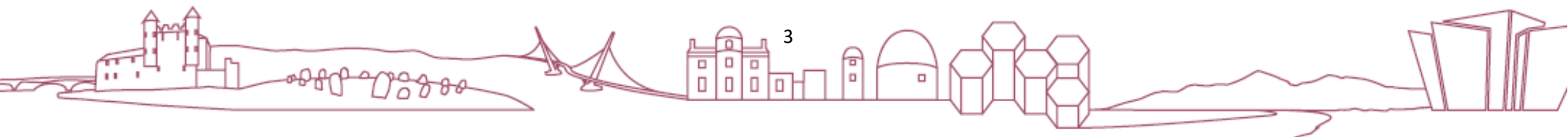
There are, however, many challenges as we enter 2021/22. The financial outlook continues to be uncertain and it is likely that budgets will remain constrained during this coming year and beyond; reform of the HSC is ongoing, with the planned implementation of the new structures to replace the HSCB on 1 April 2022; and, at the time of writing, the full implications of the UK leaving the EU are still unclear. While this Annual Business Plan sets out the proposed actions for 2021/22, it must be recognised that these may be subject to change in the light of how the Covid 19 Pandemic evolves. The priority will be to direct whatever resources are required to continue to manage the virus and ensure we protect our population.

Working in partnership and collaborating is central to how we work. While the actions in the Annual Business Plan have one designated lead officer, much of the work is undertaken by staff from our different directorates and functions working together, and often with colleagues from the Health and Social Care Board (HSCB) or other HSC organisations. Furthermore, we seek to include, involve and work with a wide range of appropriate stakeholders, including service users and carers as well as other statutory and non-statutory organisations where possible, to seek the best outcomes.

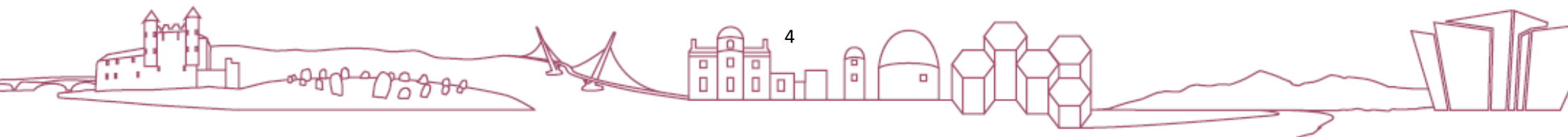
As stated in the PHA Corporate Plan 2017–2021, the PHA is seeking to move to a more outcomes based approach and this will continue in coming years as we work to embed this approach as part of our normal working and to assist with the progress towards the integrated care system and full implementation of a population health approach. While acknowledging that we are still at an early stage and that there is much more to be done, this plan seeks to reflect a more outcomes based approach. It is therefore structured not only to set out the actions for this year, but also to identify some of the anticipated impacts, considering ‘who will benefit’, and ‘what difference will it make’, not only within 2021/22, but in the longer term, where applicable. Progress against the actions will be monitored and reported on a twice yearly basis.



<b>Priority 1 : Covid 19 Response</b> – Protecting the population of NI by leading work to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed.		
Action	Anticipated Impact	Lead Director
During 2021/22 we will :	(Who will benefit / What difference will it make)	
1. Continue to provide professional Health Protection leadership to effectively manage the impact of the Covid-19 pandemic on our population.	Based on on-going assessment of the evidence available, appropriate advice and actions will be progressed to minimise the spread of the Covid 19 virus and protect the population. This will help to reduce the possible need for further restrictions and help maintain the social and economic wellbeing of our society	S.Bergin, Director of Public Health (interim)
2. Maintain a professional Contract Tracing service that will have the capability and capacity to respond effectively to changes in infection levels and ensure people in receipt of a positive test result are contacted as quickly as possible.	<p>Reduction in infection rates by isolating positive cases and close contacts as quickly as possible</p> <p>Minimise impact on HSC services by preventing avoidable spread of infection in the community by continuing to exceed the established World Health Organisation targets for reaching index cases and contacts.</p> <p>By keeping infection rates under control, HSC services can continue to be operate as planned and routine health and social care services remain accessible to the population</p>	S.Bergin, Director of Public Health (interim)
3. Ensure there is continued appropriate timely access to testing services both in Pillar 1 (HSC) and Pillar 2 (National testing service). Identification of variants of concern through timely reflex assays and whole	<p>This public health service supports:</p> <ul style="list-style-type: none"> <li>• early identification and responses to positive cases of SARS-CoV-2,</li> <li>• early identification of and response to reflex assays and variants of concern.</li> </ul> <p>Following case finding health protection measures are put in place to</p>	S.Bergin, Director of Public Health (interim)



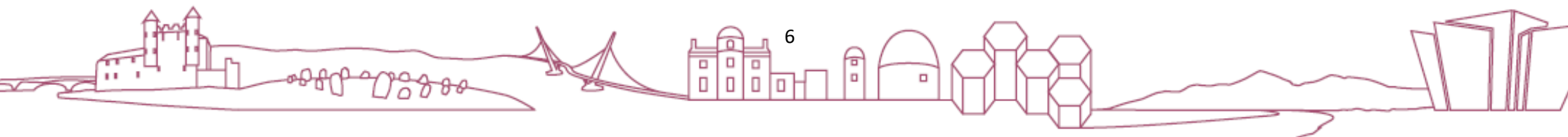
<p>genome sequencing of positive cases. Ongoing support for roll out of lateral flow devices across the community and in specific settings e.g. care homes, healthcare workers, education.</p>	<p>minimise further transmission and secondary cases</p> <p>The PHA also co-ordinates regular testing of vulnerable groups and staff working in these areas</p>	
<p>4. Strengthen PHA capacity to provide the intelligence needed to meet organisational goals by supporting staff to develop their knowledge and skills; providing tools needed to deliver intelligence effectively and efficiently; and by designing organisational and governance arrangements enabling sharing knowledge and skills across topic areas.</p>	<p>PHA will be better able to use intelligence to direct its actions in a timely way, and to measure its impact</p> <p>Improved decision making resulting in better outcomes achieved for the population</p>	<p>S.Bergin, Director of Public Health (interim)</p>
<p>5. Ensure that the health protection service has robust surveillance systems in place to respond to the current Covid-19 pandemic.</p> <p>Review the current IT systems such as the Covid-19 surveillance dashboard and the data analytics systems.</p>	<p>Provision of timely and accurate information to support effective decision making</p> <p>Reduction in infection rates and illness in the population through early implementation of appropriate actions to minimise spread</p>	<p>S.Bergin, Director of Public Health (interim)</p>



<p>6. Lead the Regional Infection Prevention Control Response. This will include the Development of New Managed Care IPC Network. New IPC Resource Framework, and development of professional guidance in the modelling and use of PPE</p> <p>Operationalise the updated Infection Protection and Control (IPC) infrastructure including anti-microbial resistance stewardship</p>	<p>Minimise the spread of Covid-19 through provision and application of appropriate PPE</p> <p>Prevent avoidable spread of infection between individuals working in a HSC capacity and protect staff and vulnerable individuals from illness and potential death</p>	<p>R.Morton, Director of Nursing, Midwifery and AHPs</p>
<p>7. Provide input to the development of professional guidance on how to effectively manage Covid 19 in various settings and reduce the risk of spreading the virus, based on up to date evidence and best practice.</p>	<p>Provision of timely and up to date information will help reduce the risk of the virus spreading and enable key services to continue to operate</p> <p>People will be able to continue to access key services safely</p> <p>Prevent the need for wider social restrictions to be imposed and allow society to continue to operate as normally as possible</p>	<p>S.Bergin, Director of Public Health (interim) / S.Wilson, Director of Operations (interim)</p>
<p>8. Rebuild the screening programmes post COVID to ensure that services are operating to the standard required and that capacity for all programmes is maximised to ensure as many people as</p>	<p>Earlier detection and treatment for those eligible to participate in the individual screening programmes resulting in reduced morbidity and mortality.</p> <p>Learning from the changed operational context required in managing Covid</p> <p>Services would reflect new working practices, improved delivery and return</p>	<p>S.Bergin, Director of Public Health (interim)</p>



possible from the target populations are able to access services	to normal capacity where possible.	
9. Continue to support the roll out of the Covid 19 Vaccination programme and any subsequent booster programmes and ensure that action is taken to improve uptake rates for vulnerable populations or in specific localities where uptake is low	Reduction in hospitalisation rates and mortality from Covid 19 due to increased levels of immunity achieved through high levels of vaccine uptake	R.Morton, Director of Nursing, Midwifery and AHPs
10. Expand the routine adult and child influenza vaccines to help manage the impact of the ongoing Covid -19 pandemic. The 2021/22 influenza programme will be targeted at: people aged 50 years and over in the age based programme; School age children to year 12; and other at risk groups and HSCNI workers.	<p>To benefit all adults aged 50 years and over and school aged children to year 12 including the group aged 2–4 who are eligible for seasonal influenza vaccinations</p> <p>This vaccine will provide protection for adults, children and at risk groups against seasonal influenza, which will in turn protect the wider N. Ireland/ROI population</p> <p>By encouraging maximum uptake of the influenza vaccine, this will hopefully reduce the numbers requiring hospital treatment and assist in reducing Winter pressures on services. The effective influenza vaccine programme should also have an impact and assist hospitals in dealing with the ongoing Covid-19 pandemic</p>	S.Bergin, Director of Public Health (interim)
11. Ensure Incident Management Teams are established to effectively manage outbreaks, especially in responding to clusters and	<p>Co-ordinated and immediate actions in managing high risk situations will significantly reduce the possibility of the virus spreading and the need for wider community based restrictions being needed to contain further spread</p> <p>This targeted approach benefits the whole population by minimising the</p>	S.Bergin, Director of Public Health (interim)





<p>new variants, to minimise the potential for wide spread infection occurring.</p>	<p>potential for wider restrictions being required to contain the virus</p>	
<p>12. Take forward the implementation of the Health Improvement Recovery Plan and work with wider stakeholders, to continue to support those individuals and communities who have been adversely affected by Covid.</p>	<p>Local and regional stakeholders, service users and carers will benefit from ongoing engagement to allow for the identification of the resources to address the need of communities in a timely manner. This will allow for better alignment across areas of work both within the Agency and also with partners</p>	<p>S.Bergin, Director of Public Health (interim)</p>
<p>13 Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to effectively manage the COVID 19 pandemic and ensure we save lives, protect our health and social care services and rebuild services to ensure the health and wellbeing needs of society are effectively addressed</p>	<p>This will:</p> <ul style="list-style-type: none"> <li>Enable NI population participation in COVID research, benefitting from early access to new treatments</li> <li>Generate new learning and discover more about the long term effects of Covid 19 and how to best manage them</li> <li>Generate new knowledge of the impacts of the pandemic on our HSC staff, and health and social care workers from across the UK, and identify recommendations about how to support the service and staff</li> <li>Contribute to the knowledge base and to help create preventive measures</li> </ul>	<p>S.Bergin, Director of Public Health (interim)</p>
<p>14. Continue to progress quality improvement work linked to Covid learning / recovery</p>	<p>HSCQI (Hub and system QI leads) under the mandate of the HSCQI Leadership Alliance and the Service Delivery and Innovation Rebuild Workstream will lead on the development of a regional Learning System, engaging with teams from across the Northern Ireland Health &amp; Social Care system (including primary care), with a focus on sharing learning</p>	<p>Dr A. Keaney, Director HSCQI</p>

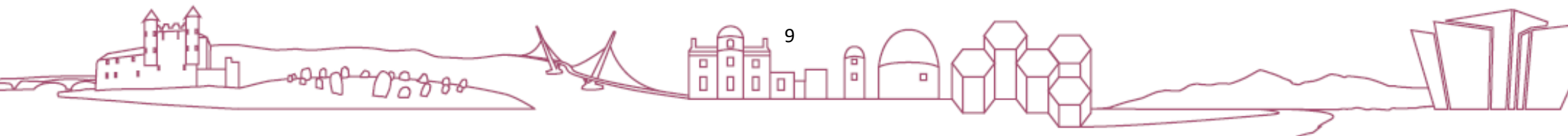




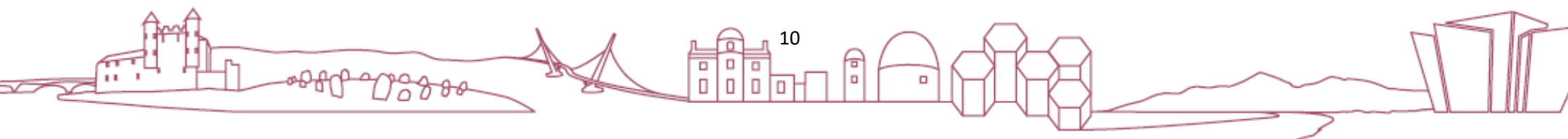
	from the Covid-19 pandemic, identifying best practice, supporting scale up and developing regional resources.	
15. Develop a regional and consistent approach to promoting staff health and wellbeing across HSC through the HSC Healthier Workplace Health Network. Ensure support systems are in place to mitigate and understand impact of COVID on staff.	<p>5 Mental Health Webinars provided by the WHLGNI</p> <p>Regional Wellbeing Hub developed and maintained for HSC staff support</p> <p>Sharepoint site established for PHA/HSCB/BSO staff health and wellbeing</p>	S.Bergin, Director of Public Health (interim)



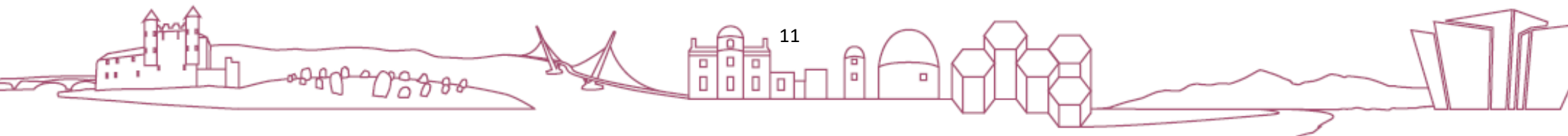
Priority 2 : <b>Health Protection</b> - <i>Protecting the community (or any part of the community) against communicable disease and other transmissible dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies.</i>			
Action	Anticipated Impact	Corporate Plan Outcome (ref 1-5)	Lead Director
During 2021/22 we will :	(Who will benefit / What difference will it make)		
1. Drive increased uptake of childhood and adult preventable disease vaccines, through targeting low uptake groups.	<p>Improve the health and wellbeing outcomes of the Northern Ireland population, including a reduction in infectious diseases</p> <p>By using various media campaigns and working with HSCNI colleagues to promote, inform and update the NI population on immunisations and vaccines should increase overall uptake rates</p>	1,2,3	S.Bergin, Director of Public Health (interim)
2. Based on learning from responding to the pandemic, increase the PHA's Health Protection capacity to effectively manage on-going issues arising from the Covid 19 and enable it to develop the skills, knowledge and capacity to ensure that it can respond effectively to other health Protection issues and plan for managing future pandemics that may arise.	<p>This will benefit the NI population but have a skilled workforce to respond and monitor infectious diseases, outbreaks and pandemics</p> <p>Future and early workforce planning to ensure the correct skills mix of staff are recruited to deal and respond</p> <p>Better staff retention can be achieved by providing career structures and opportunities for Health Protection staff</p>	5	S.Bergin, Director of Public Health (interim)



<p>3. Update the Emergency Plan and Pandemic Plan with partners, in light of learning from the COVID 19 pandemic, to ensure preparedness and response readiness</p>	<p>Improved response to managing future outbreaks, pandemics and emergency situations. This will be achieved by working with HSCNI and emergency service colleagues to ensure that plans are exercised and tested</p>	<p>5</p>	<p>S.Bergin, Director of Public Health (interim)</p>
<p>4. Ensure the timely availability of intelligence about antimicrobial use, antimicrobial resistance and healthcare-associated infections in secondary care by publishing regular reports and through an integrated dashboard.</p>	<p>To reduce inappropriate prescribing by 2023</p> <p>This will enable effective monitoring of antimicrobial usage and help target actions to reduce inappropriate usage.</p> <p>Reports and surveillance data provided by the HCAI/AMR IT dashboard will help increase awareness of issues and identify areas where further action is required.</p>	<p>3</p>	<p>S.Bergin, Director of Public Health (interim)</p>
<p>5. Undertake a multi-channel programme of proactive public communication to influence public behaviour around a range of health protection issues, including vaccination and infectious diseases, and providing emergency response communications as required on clusters and outbreaks.</p>	<p>Improved awareness, understanding and engagement with key public health messages</p> <p>Engendering more openness to uptake of services / programmes offered</p> <p>Increase in number of people responding to vaccination programmes / decrease in levels of vaccination hesitancy</p> <p>Improved adherence to health protecting behaviours amongst target audiences</p>	<p>3</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>6. Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) to</p>	<p>This will:</p> <p>Allow us to generate new knowledge and enable early access to novel interventions</p>	<p>3</p>	<p>S.Bergin, Director of Public Health</p>

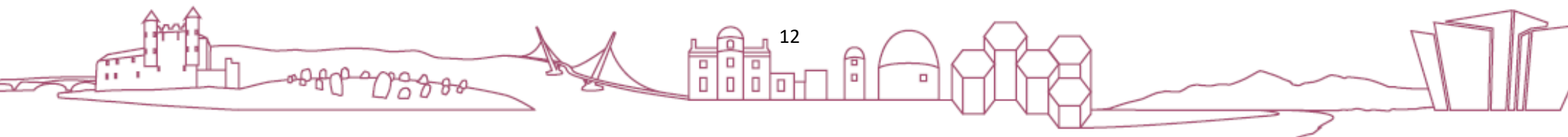


<p>protect the community (or any part of the community) against communicable disease and other transmissible dangers to health and social well-being including dangers arising on environmental or public health grounds or arising out of emergencies.</p>	<p>Contribute to the knowledge base and provide an evidence-base for 'what works'</p> <p>Help us to understand responses to disease, and identify future treatments</p> <p>Embed research in practice, sustaining the workforce and improving healthcare and social care performance.</p>		<p>(interim)</p>
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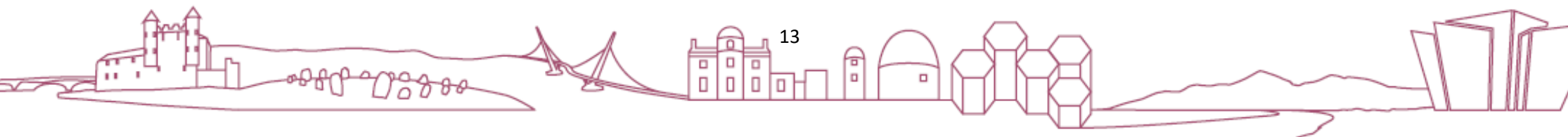


**Priority 3: Health Improvement** - *Increasing health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives designed to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.*

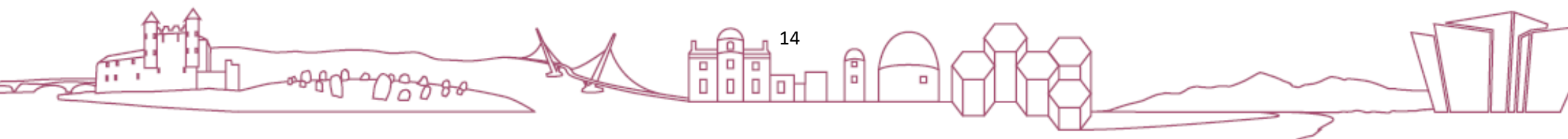
Action During 2021/22 we will :	Anticipated Impact (Who will benefit / What difference will it make)	Corporate Plan Outcome (ref 1-5)	Lead Director(s)
1. Establish a Health Inequalities Network to improve access to data, co-ordination of resources and implementation of evidence based practice in Health & wellbeing improvement	<p>Improved access to and understanding of emerging data on health inequalities to inform services commissioned / delivered by partner organisations</p> <p>Increased application of evidence –based practice to address health inequalities</p> <p>Improved multi-sectoral collaboration to address health inequalities, targeting those most vulnerable</p>	3	S.Bergin, Director of Public Health (interim)
<p>2. Progress the planning and commissioning of health improvement services including:</p> <ul style="list-style-type: none"> <li>Procurement of the new Regional Sexual Education service that meets specifications of diversity, communication methods and measurement of impact and implement in</li> </ul>	<p>Communities within Northern Ireland will benefit from being involved in co-design of services to meet their health and wellbeing needs.</p> <p>Reprofiled RSE Services commissioned to address consultation and evidence base.</p>	1,2,3,4	S.Bergin, Director of Public Health (interim)



<p>target areas</p> <ul style="list-style-type: none"> <li>• Protect Life 2 services that have completed the engagement and consultation processes including; training framework and bereaved by suicide support service.</li> <li>• Community-led approaches to addressing health inequalities</li> </ul>	<p>Completed planning processes for regionally consistent accessible information, training and support services for improved mental and emotional wellbeing and suicide prevention.</p> <p>Completed planning processes regionally consistent and compassionate suicide post vention services.</p> <p>Interim funding position agreed and phased approach commenced to address gaps in community-led provision for public health and health improvement services.</p>		
<p>3. Deliver through multi-disciplinary working, a programme of 6 public information campaigns as part of the 'Living Well' programme in specific areas (eg. smoking, alcohol, physical activity, safe travel, Covid transmission and mental well-being) based on behavioural science.</p>	<p>Target audiences encouraged to engage in healthy behaviours.</p> <p>Improved awareness of public health messages and improved health literacy</p> <p>Improved awareness and increase uptake of local support services.</p>	3	S.Wilson, Director of Operations (interim)
<p>4. Deliver a sustained and varied programme of communication though PR, mass media advertising campaigns, features, social media, video and graphics on</p>	<p>Improved awareness of public health messages and improved health literacy</p> <p>Improved awareness and increase uptake of local support services.</p>		S.Wilson, Director of Operations (interim)

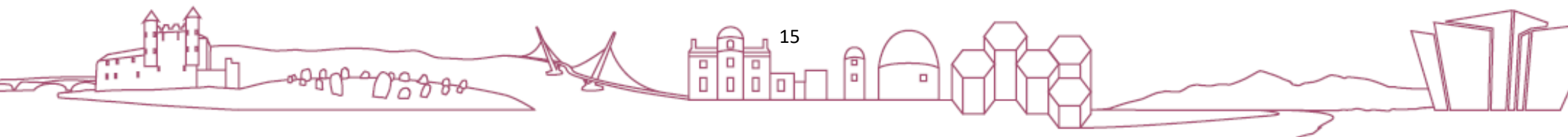


the range of health improvement portfolios to raise awareness, influence behaviour and signpost to support.	Target audiences more motivated to engage in healthy behaviours.		
5. Work towards implementing a Whole Systems Approach to obesity and align Fitter Future for All and Physical Activity in a new strategic approach to the prevention of obesity through Regional Obesity Prevention Implementation Group (ROPIG).	<p>New ROPIG Structure, revised TOR &amp; membership of ROPIG</p> <p>Increased obesity prevention knowledge and skills across a range of sectors</p> <p>Increased awareness of resources and opportunities to prevent obesity</p>	1,2,3	S.Bergin, Director of Public Health (interim)
6. Lead, champion and inform strategic and operational responses to improve health and wellbeing through community-led approaches	<p>Communities are well informed about available training, programmes and grants or resources</p> <p>A formal mechanism is established in which PHA are influencing and collaborating across other government departments.</p> <p>Communities have access to and participate in evidenced based services.</p> <p>Communities have improved understanding of and adherence to public health messaging</p>	1,2,3	S.Bergin, Director of Public Health (interim)
7. Lead implementation of the current Breastfeeding Strategy	Increased breastfeeding knowledge and skills across HSCTs and C & V sector through provision of BFI training		

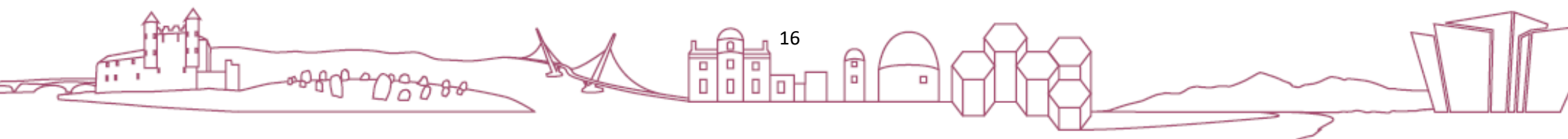




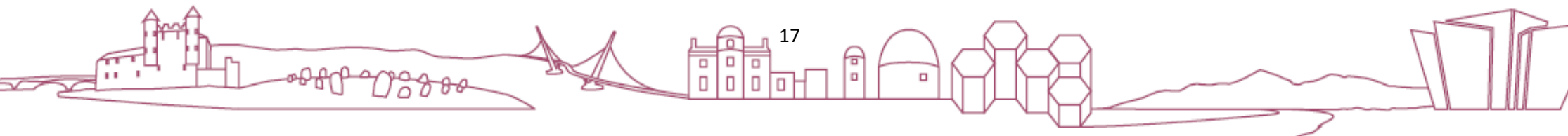
<p>2013-2023 and inform the development of a new Strategy for 2024 onwards</p>	<p>and conferences</p> <p>Increased service based knowledge of women’s ante- and post-natal support needs, utilised in continual service development</p> <p>100% birth rates in BFI maintained, 100%, HV services maintained</p> <p>Enhanced parental access to neonatal units. Increased availability / access to midwifery-led tongue tie services for breastfed babies</p>		
<p>8. Improve, protect &amp; promote the sexual health and well-being of the population of Northern Ireland</p>	<p>A Sexual Health Action Plan 2021- 2026 approved by CMO</p> <p>Opportunities for young people to access Relationship and Sexuality Education programmes in community settings</p> <p>Increased sharing and use of evidence and best practice to inform sexual health interventions</p> <p>Provision of free and confidential advice on HIV via telephone helpline and befriending service (individual and group contacts)</p>		
<p>9. Progress the development of evidence based family support and parenting programmes</p>	<p>Early Intervention Support Service re- procurement process commenced</p> <p>Review existing commissioned programmes relative to new and emerging needs and agree commissioning priorities</p>	<p>1</p>	<p>S.Bergin, Director of Public Health (interim)</p>



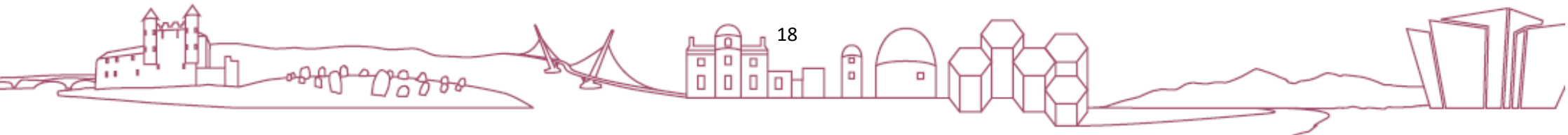
	Regional Implementation Infant Mental Plan enables Trust led Infant Mental Health Planning and Implementation for 0-3's		
10. Lead on the implementation of the Tobacco Control Strategy 2012-2022 for Northern Ireland and inform the development of a new Strategy from 2022 onwards	<p>Re-energise stop smoking services that have been impacted by the Covid-19 pandemic and increase accessibility of the service using online and virtual delivery options</p> <p>Increase awareness and uptake of stop smoking services regionally across all sectors</p> <p>Decline in smoking initiation and current NI smoking prevalence rate (17%)</p> <p>Expansion of the enforcement element of tobacco control to take account of new NI legislation in relation to smoking in cars with minors and age of sales of electronic cigarettes.</p>	2,3,4	S.Bergin, Director of Public Health (interim)
11. Use research funding programmes (CHITIN, NIHR, Opportunity Led, Research Fellowships) which have involved patients and public in their design to develop an evidence base to inform health and well-being at individual, community and regional levels by developing and securing the provision of programmes and initiatives	<p>This will:</p> <p>Allow us to generate new knowledge and enable early access to novel interventions and initiatives.</p> <p>Contribute to the knowledge base and provide an evidence-base for 'what works' in health improvement for the population.</p> <p>Test interventions targeted at groups with identified need, as well as the population as a whole.</p>	3	S.Bergin, Director of Public Health (interim)



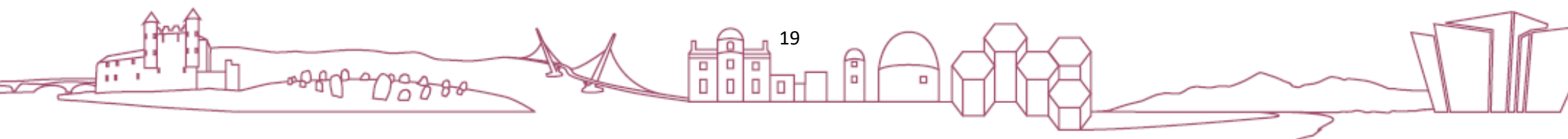
<p>which have been designed with patient and public involvement to secure the improvement of the health and social well-being of and reduce health inequalities between people in Northern Ireland.</p>	<p>Embed research in practice, sustaining the workforce and improving healthcare and social care performance.</p>		
<p>12. In line with the Nursing and Midwifery Task Group set up the infrastructure to develop a New Nursing and Public Health Nursing &amp; Midwifery Framework</p>	<p>Establish a new public health nursing network for NI, including the appointment of an Associate Director for Population and Public Health Nursing.</p> <p>Commissioning Advance Practice Public Health Nursing and Midwifery roles in each HSC.</p> <p>Improved Public Health Practice across Nursing and Midwifery Services</p> <p>Incremental Production of Public Health Nursing Programmes for:-</p> <ul style="list-style-type: none"> <li>• Women, Children, Young People and Families Public Health Framework.</li> <li>• Mental Health and Emotional Wellbeing Framework</li> <li>• Older Persons Public Health Nursing Framework and</li> </ul> <p>New Population Health Management and Career</p>	<p>4,5</p>	<p>R.Morton, Director of Nursing, Midwifery and AHPs</p>
<p>13. Lead and implement the UK AHP Public Health Strategy in NI</p>	<p>Develop a business case for dedicated AHP Public Health Roles.</p>	<p>4,5</p>	<p>R.Morton, Director of Nursing, Midwifery and AHPs</p>



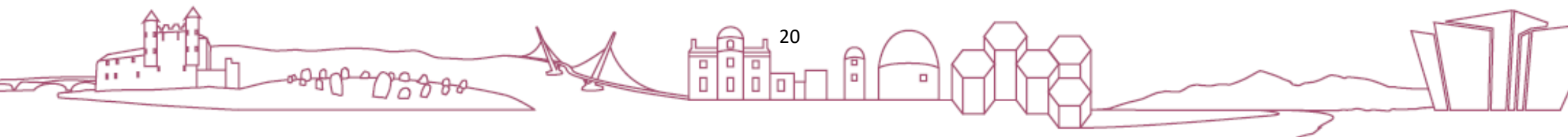
<p>14. Develop A Public Health Model For Homeless Services and develop a business case for the expansion of homeless health care hubs. Develop a strategic plan for the reduction of Hepatitis C and HIV through case finding, harm reduction and treatment planning</p>	<p>Improved access to health care Improve health outcomes for individuals Reduction in the spread of communicable diseases</p>	<p>2,3,4</p>	<p>R.Morton, Director of Nursing, Midwifery and AHPs</p>
<p>15. Deliver improved health care outcome across criminal justice through reviewing, progress and implement the Health in Criminal Justice Action Plan.</p>	<p>Improve health and wellbeing outcome for prison health Rollout of the Nurses in Custody initiative</p>	<p>2,3,4</p>	<p>R.Morton, Director of Nursing, Midwifery and AHPs</p>



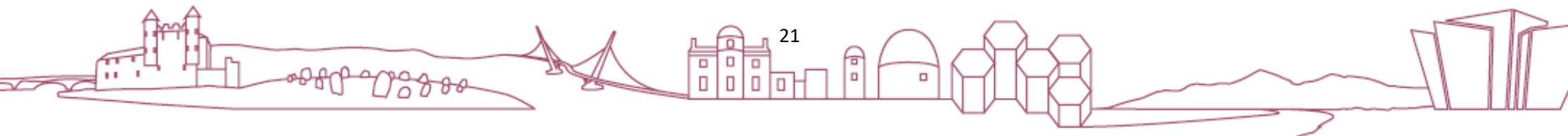
<b>Priority 4: Shaping future health</b> - preparing for future challenges and increasing the ability of individuals, communities and society to withstand threats to health and well-being by providing professional input to the commissioning of health and social care services which meet established quality standards and support innovation.			
Action	Anticipated Impact	Corporate Plan Outcome (ref 1-5)	Lead Director(s)
During 2021/22 we will :	(Who will benefit / What difference will it make)		
1. Work with DoH and HSCB to establish a population health approach within the new integrated care systems, as part of the new HSC planning model.	Provide a consistent approach to implementing population health planning in HSCNI	3	All Directors
2. Establish a 'lived experience' network across NI and use information as a source of evidence to inform all our core activities	<p>A regional lived experience coach/mentor has been appointed</p> <p>The voice of lived experience is evident across all public health work plans.</p>	3,4	R.Morton, Director of Nursing, Midwifery and AHPs
3. Support the development of multi-disciplinary strategic Planning teams that will agree future priorities for the agency on specific thematic areas, starting with an initial planning team to look at Mental and Emotional Wellbeing, Suicide Prevention and Drugs and Alcohol	<p>Shared understanding of PHA plans and priorities to be supported to achieve agreed outcomes and a single reporting system established to measure progress.</p> <p>Clear understanding across PHA staff of roles and responsibilities for progressing key actions and improved understanding of inter-connections across work programmes.</p>	4,5	S.Wilson, Director of Operations (interim)



<p>4. Develop a population health planning guide for the HSC NI</p>	<p>Provision of practical guidance and useful information that enables individuals and teams across HSCNI to apply the principles of population health planning and practically implement this approach.</p> <p>Provide a consistent approach to implementing population health planning in HSCNI</p> <p>Provide guidance on implementing OBA alongside population health planning</p> <p>Encourage HSCNI in its projects, services and strategic planning to reflect both prevention and promotion of health across plans but also to ensure reducing health inequalities is given due regard and consideration in all areas of work</p>	<p>1,2,3</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>5. Expand and develop population health intelligence resources which enable the organisation to fulfil its role in improving and protecting health and wellbeing, planning and policy development.</p>	<p>Development and promotion of an integrated Health Intelligence approach in the production, translation, dissemination and utilization of knowledge for problem-solving and organizational effectiveness. This includes undertaking primary quantitative/qualitative research (eg on knowledge, attitudes and behaviour), evidence reviews, priority intervention evaluations and complex statistical analyses.</p> <p>Availability of robust information and evidence to inform decision making and prioritisation of resources</p>	<p>4,5</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>6. Support DoH colleagues to ensure that public health policy is embedded in the development and delivery of</p>	<p>Maximise opportunities to address the wider social, environmental and economic factors that impact in the health and wellbeing of the population and health inequalities</p>	<p>1,2,3,4</p>	<p>S.Wilson, Director of Operations (interim)</p>

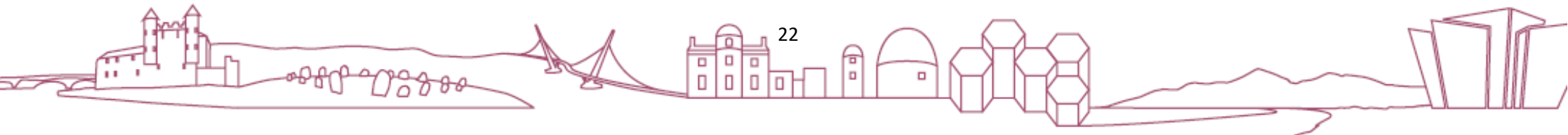


<p>Programme for Government e.g transport, housing, air quality, greenways, economic development.</p>			
<p>7. Continue to work with each of the Local Councils and their Community Planning Partnerships to take forward implementation of agreed action plans.</p>	<p>Public health input to the development 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.</p>	<p>1,2,3,4</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>8. Deliver a rolling creative communications programme to educate, empower and assist communities to improve their health and wellbeing by taking a range of steps, focused on core areas identified as presenting challenges.</p>	<p>Enhanced brand recognition and professional standing of the PHA and its work.  Improved awareness of public health messages and improved health literacy  Improved awareness and increased uptake of local support services.  Target audiences more motivated to engage in healthy behaviours.</p>		<p>S.Wilson, Director of Operations (interim)</p>
<p>9. Scope baseline QI capability across all PHA Directorates</p>	<p>This will provide baseline information for the organisation when planning a future PHA Quality and Improvement strategy.</p>	<p>4,5</p>	<p>Dr A Keaney, Director HSCQI</p>

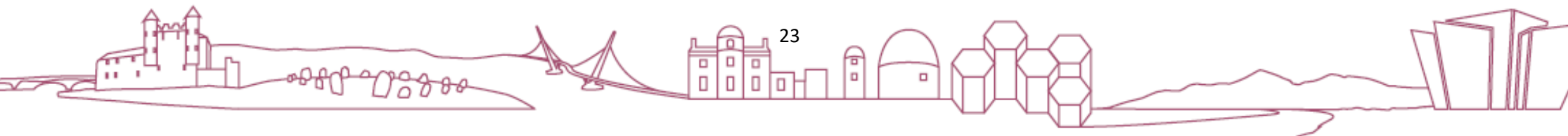




<p>Scope Quality Improvement training for Boards.</p>	<p>Offering QI training to PHA Board members will support the ongoing development of an organisational culture focused on quality and improvement.</p>		
<p>10. Ensuring that all Northern Ireland legislation, regulations and media are conducive to the health and social well-being of our young people and of future generations</p>	<p>New legislation in Northern Ireland will be scrutinised to ensure it does not militate against the health and well-being of young people and future generations. Regulations on advertising and on social media will ensure protection for young people regarding addiction to gambling, tobacco, alcohol and other harmful behaviours.</p> <p>Reduction in the number of young people becoming addicted to gambling, smoking and alcohol as well as a reduction in self harm from social media.</p>	<p>1,2,3</p>	<p>S.Bergin, Director of Public Health (interim)</p>



<b>Priority 5: Our organisation works Effectively</b> – Increasing core organisational capability and capacity to become a modern and effective public health organisation			
Action	Anticipated Impact	Corporate Plan Outcome (ref 1-5)	Lead Director
During 2021/22 we will :	(Who will benefit / What difference will it make)		
1. Finalise the new PHA Corporate Plan for 2021/2-24/25 in line with DHSSPS requirements and timescales. (when notified)	<p>PHA has agreed vision, objectives and outcomes agreed</p> <p>Provide clear framework for PHA to take forward actions and prioritise investment to deliver on agreed outcomes</p> <p>An outcomes based performance framework can be developed to track progress made over the period of the Plan</p>	5	S.Wilson, Director of Operations (interim)
2. Work with DoH colleagues to oversee the reform and transition of the PHA to a new operating model, taking into account lessons learned from responding to Covid 19 and manage the process of organisational change in line with further clarification from the DoH, ensuring appropriate and timely internal and external communication.	PHA will be a strong, modern, effective public health organisation	5	All Directors
3. Maintain operational workforce capacity to deliver core duties and deliverables identified for the PHA in 2021/22	PHA has the ability to respond effectively to address the on-going impact of the pandemic and ensure other key public health priorities are progressed	5	All Directors



<p>4. Scope out accommodation requirements to allow staff to return to work safely in line with Covid 19 guidelines and work with BSO colleagues to develop appropriate policies and procedures to facilitate new working arrangements</p>	<p>PHA has access to appropriate accommodation that will provide a safe working environment for staff and allow the organisation to operate effectively</p> <p>Staff will feel safe in the office / working environment</p>	<p>5</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>5. Develop a comprehensive outcomes based performance management and reporting system at all levels of the PHA.</p>	<p>Provide PHA with a clear framework within which progress against agreed outcomes can be monitored</p> <p>??</p>	<p>5</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>6. Build organisational knowledge and capacity of Outcome Based Accountability (OBA)</p>	<p>PHA has the expertise to embed an OBA approach to how it takes forward its core business</p> <p>Clear and consistent approaches developed to monitoring and reporting progress against achieving agreed outcomes</p>	<p>5</p>	<p>S.Wilson, Director of Operations (interim)</p>
<p>7. Meet DoH financial, budget and reporting requirements.</p>	<p>PHA is compliant with DoH regulations, with a sound financial basis to enabling the PHA to undertake its core business.</p>	<p>5</p>	<p>T. McCaig</p>

