PHA Annual Business Plan

2026/27

Introduction

The Public Health Agency (PHA) remains committed to improving and protecting the health and well-being of everyone across Northern Ireland, reducing health inequalities, and delivering high quality, evidence based public health services. **The 2026/27 Annual Business Plan** sets out our key priorities, actions, and deliverables for the year ahead, aligned with our **2025–2030 Corporate Plan**, **the draft Programme for Government 2024–2027**, and a broad range of departmental policies and strategies, including the *Making Life Better* public health framework and *Health and Wellbeing 2026: Delivering Together*.

Reducing health inequalities is central to our Corporate Plan and underpins the priorities advanced in this Annual Business Plan. While the plan does not capture every action the PHA will undertake during 2026/27, it highlights key activities across all organisational functions and directorates, structured around five strategic outcomes.

The plan identifies priority areas requiring particular focus - both in 2026/27 and in future years, to drive progress in protecting and improving population health and reducing inequalities. It is supported by Directorate Business Plans, which set out the full scope of ongoing core work, including delivery against Ministerial priorities and Corporate Plan outcomes.

The following strategic themes reflect our core areas of focus as we work toward our vision of a healthier Northern Ireland:

- **Health Protection**
- **Starting Well**
- **Living Well**
- **Ageing Well**
- **Our Organisation**

By embedding an Outcomes-Based Accountability (OBA) framework, this plan provides a clear, evidence driven approach to public health improvement - enabling us to measure progress, assess impact, and drive meaningful change at every stage of life.

Our society continues to face significant public health challenges, many of which have been shaped by recent events, including the lasting impact of the COVID-19 pandemic. These challenges have reinforced the importance of pandemic preparedness, health protection and addressing systemic health inequalities that persist across Northern Ireland. Too many people still experience unfair and avoidable differences in health outcomes, leading to premature mortality and preventable conditions.

As we look ahead to 2026-27 our commitment to reducing health inequalities remains at the core of this plan. This will be a challenging year, requiring us to balance key commitments within a tight financial context while navigating a period of organisation and system-wide change. The Reshape and Refresh Programme will enable PHA to continue to evolve as a stronger organisation with the capacity and capability to provide the public health leadership and expertise to deal with and advise on the ongoing wider public health and healthcare needs of the population. To support this, it is essential that the PHA and its stakeholders have a clear understanding of our strategic priorities which will be delivered through the implementation of our new corporate plan.

The PHA retains its responsibility for providing public health professional input to the Department of Health's Strategic Planning and Performance Group (SPPG) for the commissioning of health and social care services across Northern Ireland. In fulfilling this responsibility, we will continue to support the commissioning process and collaborate closely with SPPG colleagues to advance the development and implementation of the new Integrated Care Planning System for Northern Ireland. Ensuring that public health and health inequalities are appropriately reflected in these plans will remain a priority.

Tackling health inequalities – both across the population and the unfair and avoidable differences in health outcomes both across the population and between different groups within society - is a complex and multifaceted challenge. At the core of the challenge is the need to address the wider social determinants of health and this requires the commitment and support of Government Departments, statutory bodies and Community and Voluntary Organisations.

As the lead public health body, the PHA will continue to work with partners across Northern Ireland to tackle these inequalities and during 2026/27 we will specifically:

- Continue to champion a 'whole system', cross-government approach to tackle the challenges and barriers to improving health and reducing health inequalities;
- provide professional public health advice to the planning and commissioning of safe, effective, equitable, high-quality healthcare;
- listen to, involve, and work together with individuals, families, local communities, HSC and other key partners in all our work;

- ensure planning, guidance and decisions are based on best available evidence and driven by data, research and experience, and
- improve equity of access to prevention and early intervention information and services for those who need them.

Accountability

The Annual Business Plan will be monitored quarterly and update reports will be provided to PHA Board. The Agency Management Team (AMT) will be collectively responsible for ensuring the actions and agreed outcome measures are achieved. Where actions are not on target to deliver, these will be considered by AMT and mitigating actions agreed to ensure maximum progress is made by March 2027.

Protecting Health

Corporate Plan Indicators:

- *Vaccination uptake;*
- *Notification rates of vaccine preventable diseases;*
- *Rates of healthcare associated infections;*
- *Bloodborne virus elimination targets;*
- *Waste water surveillance;*
- *Stage of cancer diagnosis.*

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
1.	Develop programme specific action plans to halt the decline where there is a fall in uptake and to improve uptake on previous years for all programmes (to include childhood, adult and seasonal programmes)	6	Stall the decline in vaccination uptake in programmes that have experienced a reduction and deliver improvements Prevention of vaccine preventable disease	Uptake rates to hold or improve for the following by end of **March 2027**: - MMR at 2 years and 5 years - Shingrix (shingles) - Health & Social Care workers flu vaccine - School leavers programme - pregnant women programme Establish a low uptake oversight board by **July 2026** with development of action plans across the three vaccination workstreams (childhood, adult, including pregnant women and seasonal) to be agreed by **November 2026**.	Joanne McClean, Director of Public Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
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				Reduction in total number of cases in meningococcal disease and measles.	
2.	Implement vaccine policy including: • catch-up programme for Varicella vaccination in children aged between 3 years 4 months and 6 years • expansion of the RSV vaccination programme to those aged over 80 years	6,12, 32	Implementation of the programme will ensure that vaccinated children are protected from serious consequences of varicella (chickenpox) infection Implementation of the programme will ensure that vaccinated adults are protected from serious consequences of RSV infection, subsequently reducing likelihood of admission to hospital.	Commencement of the MMRV selective catch up by **November 2026** *(children aged 3 years 4 months and <6 years to be offered MMRV vaccination with no history of chickenpox)* Implementation of the RSV vaccine to those aged over 80 years by **May 2026.**	Joanne McClean, Director of Public Health Cara Anderson/ Rachel Spiers
3.	Implement targeted model to reduce inequalities in screening participation and vaccination uptake Commence implementation of action plan to reduce inequalities in screening participation	5, 23	Implementation of the action plan will increase screening participation among groups known to experience inequalities. Improved knowledge of, and access to, population screening programmes.	Agree model to target low uptake areas and implement in 2 areas by **March 2027** working with HLC for more targeted local approach (funding dependent)	Joanne McClean, Director of Public Health Bronagh Clarke

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			Improvements and uptake across screening programmes in target areas		
4.	Have arrangements in place to commence implementation of the extended age range of the bowel screening programme as soon as funding is available *Action subject to funding confirmation.*	5, 32	Improved clinical outcomes for individuals within the extended age range of screening programme (Age 59 only in year 1).	Increased detection of early stage bowel cancer.	Joanne McClean Director of Public Health Christine McKee
5.	Scope the system requirements for the implementation of a targeted lung cancer screening programme	5, 23	Understanding of the system wide implications for the implementation of a targeted lung screening programme as recommended by the national Screening Committee.	Development of project plan. **June 2026** On track to deliver milestones agreed in project plan. **March 2027**	Joanne McClean Director of Public Health Tracy Owen/Cara Anderson
6.	Design a digital solution for screening programmes	5, 23, O4	Realisation of the solution has the potential to improve digital communications with the screening population, allowing greater	Completion and evaluation of build for breast cervical screening. **April/May 2026**	Joanne McClean Director of Public Health

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			personal agency in the invitation, appointment and results process.	Informed decision on future screening platform. **May/Jun 2026** Planning and design of further screening programmes. **March 2027**	Tracy Owen/Gary Loughran
7.	Implement recommendations relating to cervical screening programme and QA	5	Implementation of the action plan will enhance quality assurance arrangements within the cervical screening programme. The work will ensure that there are more robust systems and processes in place across the region to support the delivery of the audit of invasive cancer, including improvements in the patient disclosure process.	Implementation of all PHA actions set out in the plan by **March 2027**. Implementation of recommendations from improvement project. **December 2026** (*subject to any required funding*). Improved coverage. Continued confidence in screening.	Joanne McClean Director of Public Health Tracy Owen
8.	Pandemic Preparedness The PHA will strengthen its preparedness for protracted response to a public health incident, including pandemic, through:		Strengthening resilience and response for public health emergencies including pandemic preparedness and support the delivery of a timely, coordinated and scalable public health response	Update all BIAs to be reviewed in line with new PHA Structures. **June 2026** EPRR Policy in place. **June 2026**	Joanne McClean, Director of Public Health Leah Scott, Director of Finance and Corporate Services

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents					
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	1. Development of a PHA EPRR policy **2.** Establishing a Staff Mobilisation T&F group through the Protecting Health PHPT (April 2026) to: - Review of PHA BCP to reflect realignment of services to support a protracted response to a public health incident, including pandemic. - Development of a staff mobilisation plan to be progressed via Protecting Health PHPT and Senior Leaders Forum. - Continue to participate in Department of health programme to develop a new public health bill **3. Training and Development of staff.**		to a large-scale infectious disease outbreak or pandemic.	Business Continuity Awareness e-learning training programme available for staff. **June 2026** PHA wide staff mobilisation plan in place including the review of BIAs in line with new PHA Structures. **March 2027** EPRR training programme aligned to the National Minimal Occupational Standards for EPRR established	

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	- Development and delivery of a Business continuity awareness e-learning training programme - Development of EPRR training programme aligned to the National Minimal Occupational Standards for EPRR			**March 2027**	
9.	Working with stakeholders in the implementation of a BBV (Hepatitis B and C and HIV) strategy (once published) to provide a holistic BBV care model	CP2, CP3, CP4, CP8	Northern Ireland reaching the WHO health targets and eliminate Hepatitis B and C by 2030.	Adopted WHO Bloodborne virus elimination targets; Ability to report that all prisoners have access to BBV testing in prison. **March 2027** *(Possibly SE Trust funding dependent.)* BBV positive prisoners reporting on release from prison that they have treatment/know how to access treatment/ continuing on treatment pathway. **March 2027** Community and voluntary sector engaging in BBV programmes for	Joanne McClean, Director of Public Health Iheadi Onwukwe

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				learning and engagement with the at-risk population. **March 2027**	

Starting Well

Corporate Plan Indicators:

- *screening and vaccination in pregnancy uptake;*
- *childhood vaccination uptake;*
- *percentage of children living with obesity or overweight in Year 1 and Year 8;*
- *percentage of babies born at low birth weight;*
- *avoidable child death rates;*
- *percentage of mothers breastfeeding on discharge and at 6 months;*
- *breastfeeding welcome here scheme membership*
- *percentage of young people who drink alcohol;*
- *percentage of young people who smoke cigarettes;*
- *percentage of young people who currently use e-cigarettes;*
- *number of people under 18 years attending emergency departments for self-harm;*
- *percentage of women smoking during pregnancy.*

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
10.	Work with Policy and professional leads to address the root causes of domestic abuse through further expansion of the model of routine enquiry.	17	Raising awareness regarding Domestic Abuse as a Public Health Issue Increased opportunities for victims to disclose Domestic Abuse and avail of additional support thus reducing impact of domestic abuse on victims and children.	Model of Routine Enquiry to be further expanded to other disciplines and service areas. **March 27** Mandate secured and partners engaged (DoH & trusts). Agree service areas. **June 2026** Steering and working group established, dates set for meetings, 1st meeting held and ToR agreed. Actions agreed. **September 2026**	Emily Roberts, Director of Nursing, Midwifery & AHP A. Mc Cloughlin

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
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				Implementation to have included training and development of guidance. **March 2027**	
11.	Improve the safety, quality and consistency of maternity care across the region to help reduce perinatal mortality and morbidity, by strengthening prevention, early identification of risk and continuity of care for women and babies.		Improved safety and outcomes for women and babies through more consistent, evidence-based maternity care, with earlier identification of risks, safer clinical pathways and reduced exposure to sodium valproate in pregnancy. Implementation of Continuity of Midwifery Carer, Saving Babies' Lives v3 and strengthened medicines-safety processes will support reductions in preventable perinatal mortality and morbidity and promote more coordinated, high-quality care across the region including reducing inequalities in perinatal outcomes, for women from disadvantaged or higher-risk groups	Support the development of a regional Maternity and New Born Partnership - agree Terms of Reference, and membership. **April 2026** Contribute to the development of a regional maternity improvement action plan. **June 2027** Compliance with core elements of Saving Babies' Lives v3. **March 2027** Implementation of safe sodium valproate pathways. **March 2027** Increase in the proportion of women receiving continuity of midwifery carer. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
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12.	Work with Encompass to ensure that the replacement system fully replicates the existing Child Health System's functionality and provides a robust platform that enhances scheduling, recall, failsafe processes, data recording, and reporting across the entire Universal Health Promotion and Childhood Vaccination programmes.	3, 5, 12, 14	The Child Health System is an old IT system and its replacement with the Encompass system was included in the scope for the encompass project. The system is critical for a number of child public health functions including vaccine scheduling, vaccine recording, screening recording and failsafe. It also provides information to support public health action and collects information which is fundamental to child public health. The project is the responsibility of the Encompass project team. However, it is of such central importance to PHA that PHA has dedicated significant staff time to work alongside encompass to help ensure the replacement delivers the public health functionality required.	PHA contribute to the replacement project structure by participating in and contributing to the groups planning, building and implementing the system. Evidence of PHA engagement. Issues escalated where required.	Joanne McClean, Director of Public Health G. Weir / D. Ward

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13.	Conduct a comprehensive assessment of the population health and therapeutic needs of children with SEND attending special schools across Northern Ireland.	15	Enable the identification of the therapeutic and supportive requirements, informing the development of appropriate services and care models tailored to the unique challenges and disparities faced by this population. This will support joint working between health and education, promoting integrated, person-centred approaches that enable children with SEND to fully engage in school life, maximise their potential and experience improved health and wellbeing outcomes.	Comprehensive assessment of the therapeutic needs of children with SEND attending special schools completed. Findings presented to AMT and formally submitted to the DoH to inform strategic planning and service development. **June 2026** Receipt and review of DoH implementation plan. Project Board established to provide strategic oversight of actions assigned to PHA. Task and Finish Groups created with agreed responsibilities and timelines to ensure coordinated working across recommendations from both the Therapeutic Needs Assessment and Nursing Needs Assessment. **September 2026** Completion of specific, time-bound actions agreed by the Project Board. Early progress achieved in addressing	Emily Roberts, Director of Nursing, Midwifery & AHP G. Teague / E. McGregor / L. Ringland

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				service gaps, developing integrated care pathways, and strengthening joint working between health and education. Progress report submitted to DoH. **December 2026** Further delivery of implementation plan actions. Review of recommendations achieved to date. Forward plan established to guide long-term, sustainable work in line with DoH implementation plan. **March 2027**	
14.	Work collaboratively with key stakeholders to update and implement the strategic breastfeeding action plan (2025 - 2028).	11,13	To identify and implement key strategic priorities to normalise breastfeeding and to empower and support women to breastfeed, including breastfeeding in public places. This aims to increase the; percentage of mothers breastfeeding on discharge and at 6 months and breastfeeding	Development & launch of agreed medium-term strategic breastfeeding action plan. **April 2026** Development of North-South Breastfeeding Forum. **July 2026** Expansion of the Breastfeeding Welcome Here Scheme (BWHS) to include all council areas and PHA buildings. **December 2026**	Emily Roberts, Director of Nursing, Midwifery & AHP C. Magennis

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years					
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			welcome here scheme membership.	Development and implementation of new public awareness raising breastfeeding opportunities. **March 2027** Percentage of mothers breastfeeding on discharge and at 6 months (indicators)	
15.	Joint Action with Living Well Action 28 Deliver the PHA's actions within the new DoH Healthy Futures Strategic Framework to prevent harm caused by Obesity	18, 24, 27, 28, 9	To reduce the percentage living with overweight or obesity and increase the percentage meeting physical activity in line with CMO guidelines. It will improve health as part of a whole system approach at all levels and empower families to make good decisions about their physical health	Current early years obesity prevention programme evaluated. **March 2027** Self-directed weight management interventions including digital approaches scoped. **March 2027** Number of Council Whole System Adopter sites progressed. **March 2027**	M. Meehan/ H. McCourt / G. Walls / L. Taylor
16.	Expand the delivery of the Family Nurse Partnership Programme to mothers up to age 24 experiencing social complexity	9, 10, 11, 12, 13	FNP significantly improves outcomes for mothers living in disadvantaged communities with multiple adversities. It supports sensitive and responsive care enhancing their child's quality of	Engagement session completed with the 5 HSCTS. **May 2026** Scope capacity within existing FNP Teams. **August 2026**	Catherine Magennis / Deirdre Ward

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			life, development and school readiness. This will help increase; uptake in pregnancy screening and vaccination, childhood vaccination and the percentage of mothers breastfeeding on discharge and at 6 months. It will help reduce the percentage of; babies born at low birth weight and women smoking during pregnancy.	Business case developed. **June 2026** Implementation Plan developed. **September 2026** Revised FNP resources developed. **December 2026** Pilot commenced. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP
17.	Review the delivery model for Youth Engagement Services (YES) for Substance Use and seek to develop a universal youth prevention service of support for children and young people		Reduction of harm caused by substance use in children and young people Improved access for young people to health promotion advice and services across a range of issues.	Agreement on a youth prevention service model Agreement on a joint procurement process with PHA and the Education Authority (others as appropriate) that will inform future business case and procurement processes. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP Fiona Teague Stephanie Hanlon

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18.	Complete the tender process for the community-based Substance Use Step 2 Youth Treatment service and the Problematic Parental Substance Use service in line with the Substance use Procurement Plan		Reduction of harm caused by substance use in children and young people	Procurement process completed and services operational within 2026/27 **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP Fiona Teague, Stephanie Hanlon

Living Well

Corporate Plan Indicators

- *percentage of people with a high GHQ-12 score, indicating a possible mental health problem;*
- *number of people who die by suicide or undetermined intent;*
- *percentage of adults smoking and vaping;*
- *percentage of adults living with overweight or obesity;*
- *percentage of adults meeting physical activity guidelines;*
- *percentage of adults drinking above weekly limits;*
- *alcohol and substance use-related hospital admissions;*
- *age standardised mortality rate for alcohol-related deaths & substance use-related deaths;*
- *percentage self-reporting a physical or mental health condition or illness expected to last 12 months or more;*
- *registrations to the NHS Organ Donor Register;*
- *percentage of those living with long-term conditions reporting a reduced ability to carry out daily activities.*

Ensuring that people have the opportunity to live and work in a healthy way					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
19.	Facilitate delivery of actions within the Mental Health Strategy for which PHA has responsibility: a) Promotion of mental health and emotional wellbeing and prevention of mental health problems (Actions 1 and 2 in the Mental Health Strategy)	20	Increased public awareness, knowledge and understanding of mental health and wellbeing Improvement in population mental health in the long term.	Plan for a rolling programme of communications and public awareness raising activity. **March 2027** Refreshed steering group and partnership structure. **June 2026**	Emily Roberts, Director of Nursing, Midwifery & AHP Denise O'Hagan / Sinéad Malone / Mary Emerson

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	b) Development of Mental Health Crisis Services (Actions 12 and 27), co-leading this work with SPPG.		Improved access to services for people experiencing mental health crises.	Mechanisms in place to enable shared learning and reflective practice among cross-sectoral partner stakeholders. **December 2026** Action plan developed to include agreement on Mental Health Crisis Pathway. **December 2026**	
20.	Facilitate delivery of the Protect Life 2 Action Plan and Substance Use Commissioning and Implementation Plan, working in partnership with stakeholders and progression of the associated procurement plans.	20,21,22, 34	Reduction of harm from substance use and deaths in the long term. Reduction in self harm and deaths from suicide.	Expansion of Postvention services, for Children and Young People who have been bereaved by suicide, across the region. **July 2026** At risk groups targeted through grants programme in year. Procurement for substance use services progressed as outlined in the procurement plan. **March 2027**	Fiona Teague Kathy Owens Shauna Houston Stephanie Hanlon

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21.	Develop action plan to ensure needs of people with Learning Disabilities are addressed in PHA's commissioning of public health services across the lifespan,	15,24	The needs of people with Learning Disabilities will be appropriately considered in the commissioning of public health services across the lifespan. address the health inequalities experienced by people with Learning Disabilities.	Establish a new Learning Disability sub-group within the PHA drawing membership from across Public Health Planning Teams, to represent all life stages. **April 2026** action plan to ensure needs of people with Learning Disabilities are addressed in PHA's commissioning of public health services across the lifespan. **March 2027**	Siobhan Rogan Denise O'Hagan
22.	Review and redesign of the Inclusion Health Services at the HSC Trusts to optimise the integration and coordination of the services. • Support the relocation of the Belfast Inclusion Health Service to a new hub, promote co-location of community and voluntary sector partners, and engage with the key HSC and VCSE stakeholders - Northern, Western, Southern	CP2, CP5 CP Living Well, 5 and 6	An agreed high-level direction of travel for NI Inclusion Health Groups Services. A shared articulation and understanding of our key system challenges. Agreed 5-7 guiding principles for redesign Clarity on next steps, responsibilities, funding and timeline.	Reduce alcohol and substance use-related hospital admissions. Reduction in A&E attendances among people experiencing homelessness and/or people who inject drugs (PWID) Increased uptake of primary care services / GP Registration [100% increase in Registration with a GP and dentist for all clients seen by the Local Enhanced Service}	Joanne McClean Director of Public Health Siobhan Donald Rachel Coyle

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	and South Eastern HSC Trusts to enhance regional homeless and inclusion health services. • Review and optimise delivery of sexual health services to the IHGs • Improve data quality, consistency, and equity monitoring across non-statutory partners, prison healthcare, and Inclusion Health services to better understand needs, outcomes, and service gaps. • Deliver targeted, evidence-based harm-reduction messaging tailored to high-risk and marginalised groups, using trusted channels and community partnerships to maximise impact.		Inclusion services have increased capacity to test and treat hepatitis in the community. Targeted approaches for vulnerable individuals to tackle the issues and circumstance to improve health, and ensure better access to support services.	Increased uptake of Social prescribing / number of persons reached by Navigators. Reduction in drug-related overdoses. Reduced “Did Not Attend” (DNA) rates [for example DNA rates reduced by 30% following implementation of reengagement project and outreach clinics] Increased screening uptake (cervical, bowel, blood-borne viruses) Number/percentage of homeless persons moved from temporary to settled accommodation. Reduction in rough sleeping episodes. Increased trust in health services (measured via service-user surveys)	

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23.	Implementation and testing of the Health Inequalities Framework within one of each of the following areas for focus: • A geographical location • A health-condition • A Public Health Planning Team	28	Increased knowledge and understanding of health inequalities and impacts regionally. Strengthened approach to the use of data and evidence to inform decision making process Enhanced coordination of resources and assets supporting local delivery to address health inequalities	Identification of 3 areas for focus Development and delivery of capacity building support Develop 1 insight report for each of the 3 areas for focus Complete mapping exercises of partnerships and assets within each of the 3 areas of focus **March 2027**	Joanne McClean, Director of Public Health Andrew Steenson
24.	Development and rollout of Health Inequalities training to staff in PHA and other relevant community, voluntary and statutory organisations	28	Increased knowledge and understanding of health inequalities and impacts regionally. Enhanced collaboration, engagement and partnership working with community, voluntary and statutory organisations	Develop 1 eLearning module on Health Inequalities Engage with partner organisations in relevant community, voluntary and statutory organisations Host eLearning module on internal website Offer eLearning Health Inequalities Training externally **March 2027**	Joanne McClean, Director of Public Health Andrew Steenson

Ensuring that people have the opportunity to live and work in a healthy way					
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25.	Implement a review and revision of the service provision model of all Pharmacy based Stop Smoking Services across NI, considering refreshed NICE guidance and evidence base in re-commissioning of services. Implement updated specification for Trust based Stop Smoking services commissioned via PHA, to ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust.	18,22, 25	Aim for a minimum of 5% of the smoking population in NI accesses Stop Smoking Services to improve quit rates and reduce ill health and deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy) Continue to reduce smoking prevalence across NI by a minimum of 1% annually to reduce deaths caused by smoking related illnesses (Ref: NI Tobacco Control Strategy) To significantly modernise both, with increased emphasis on reducing inequalities To ensure regionally consistent and comparable, measurable services are in place to meet population needs in each Trust.	To incorporate 3 elements – Trusts, Community Pharmacy, Community and Voluntary sector. Review team established. Development and Implementation of the regional service specification for pharmacy and Trust Stop Smoking Programmes. Implement learning from the review of all Stop Smoking services commissioned via PHA. Continue stop smoking programmes roll-out to pharmacies across NI alongside a workforce training programme. **March 2027**	Joanne McClean, Director of Public Health Colette Rogers

Ensuring that people have the opportunity to live and work in a healthy way					
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26.	**JOINT ACTION WITH STARTING WELL NO I8** Lead and work jointly with partners (SPPG; Councils; Trusts) to commission services based on the completed (March 2026) enhanced service specification for the physical activity referral scheme, (PARS) - *to include people living with cancer and other chronic conditions. Including cancer pre/rehabilitation, using the cancer toolkit.*	18,19,20	Optimising how physical activity is used across the health service to improve the health of patients will have a benefit at a population level given. Physical activity levels will reduce and improvements will be seen in health and outcomes from various long-term conditions. Increased physical activity to improve help Support for prehabilitation and rehabilitation through physical activity. Recognition of the benefits of physical activity for patients and a referral mechanism for health and social care staff caring for them Improve physical, nutritional, and psychological wellbeing of people living with cancer. Prehabilitation and rehabilitation is evidenced based to improving	Review the PARS scheme and development of new service specification to include a proposed regional Model for Prehabilitation. **March 2027**	Joanne McClean, Director of Public Health Siobhan Donald Lorna Nevin David Calvin

Ensuring that people have the opportunity to live and work in a healthy way					
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			outcomes for people living with cancer. Supporting people to live well		
27.	This is Our Health – take forward the roll out of the public engagement programme at scale in partnership with DoH and the wider HSC partners. *(Action subject to funding)*		The purpose of the programme is - changing the relationship between people and the health and social care system - people are encouraged to take more steps to stay well - extra capacity is available within the HSC system Contribute to the HSC reset, protecting vital services and improvements in wellbeing across NI	Programme delivery partnership in place including DoH/PCC/SCTs/ CPNI and C+V sector by Q1. **June 2026** Engagement programme delivered at scale between **April – June 2026** resulting in circa 15,000 responses from the public Awareness of 'Deal' between NI public and HSC system measured by Omnibus survey Q2 **September 2026**	Stephen Wilson – Head of CEO and Strategic Engagement Martin Quinn

Ageing Well

Corporate Plan Indicators:

- *percentage of people aged 65+ with a high GHQ-12 score, indicating a possible mental health problem;*
- *percentage of people who report feeling lonely 'often/always' or 'some of the time';*
- *adults aged 65+ stating health is good or very good;*
- *emergency hospital admissions due to falls in people aged 65+;*
- *number of deaths from falls in people aged 65+;*
- *percentage of older people who are living with overweight or obesity;*
- *percentage of older people who do not meet physical activity guidelines;*
- *percentage uptake of flu and shingles vaccinations;*
- *frequency of alcohol use by age;*
- *percentage of people who die at home, in hospital or other setting.*

Supporting people to age healthily throughout their lives					
No.	**Actions**	**Main Corp Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
28.	Design and implement a new regional WHO Age Friendly Communities/Cities Model for NI using an 'AGE-CYCLE' Plan (Assess, Govern, Engage Co-create, Yield, Check, Learn, Evolve)	29,35,38	Population approach to improving health and wellbeing across 8 Core Age Friendly domains. Collaboration, co-design across departments and key stakeholders; DOH, DFC, COPNI, Councils, Age NI and age sector networks. Increased regional consistency and collaboration across UK and Ireland. Improved outcomes and quality of life for older people across NI.	New regional Age Friendly Action Plan for NI. **September 2026** New Age Friendly Outcomes Framework developed and implemented. **March 2027** New regional communication plan designed and implemented. **December 2026** Business case developed and commissioning agreed. **April 2026**	Emily Roberts, Director, Nursing, Midwifery & AHP Diane McIntyre Jeff Scroggie

Supporting people to age healthily throughout their lives					
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29.	Implement a NEW Safer Mobility Model across Community Settings in NI	30,31,33	Enhanced primary and secondary prevention of falls. Shared best practice and learning. Improved understanding of falls in NI and the burden of falls on our population and on HSC system. Better decision making and commissioning of appropriate services based on need.	Regional safer mobility steering group established. **September 2026** Working with key stakeholders to identify gaps in services. **December 2026** Populate the PHA dashboard with information on falls data so metrics can be reviewed and analysed by the safer mobility steering group to help evaluate the effectiveness, equity and impact of falls prevention services to help inform future commissioning and service redesign. **September 2026** Update the Population Health Dashboard with the collated incidence of falls data. **September 2026**	Emily Roberts, Director, Nursing, Midwifery & AHP Diane McIntyre Jeff Scroggie
30.	Take forward Implementation of the For Now and For the Future Advance Care Planning (ACP) Policy for Adults in Northern	37	Professionals will be knowledgeable about all elements of ACP Including:	Governance and Accountability structures established including	Emily Roberts, Director, Nursing, Midwifery & AHP

Supporting people to age healthily throughout their lives					
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	Ireland through a structured approach under four key pillars: 1. Public Messaging/Systemwide communication 2. Operational Framework 3. Education & Training 4. Evaluation		• Legal • Personal • Financial • Clinical: Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). Identified professionals will have the skills and competency to complete a ReSPECT plan when appropriate. Adults (over the age of 18) will have access to information in relation to the benefits of ACP Adults will have the opportunity to complete a ReSPECT plan.	Clinical Lead(s) identified. **June 2026** Programme Team in place. **June 2026** Integration of ReSPECT documentation to Encompass. **September 2026** Public messaging resource to support implementation and sustainability of ACP policy including ReSPECT plan will be agreed and available on a phased approach. **December 2026** All relevant HSC staff will have received he required level of training applicable to their role. **March 2027** System Wide Implementation of ReSPECT Plan and phasing out of DNACPR. **March 2027**	Sandra Aitcheson Sally Convery & Caroline Lecky

Supporting people to age healthily throughout their lives					
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31.	Work at a Neighbourhood level and in line with the Big Discussion to reduce the impact of frailty through supporting the identification, prevention and early intervention for those over the age of 65 at risk of developing frailty.	31	Improved QOL for patients. Supports transition from reactive to predictive care planning at neighbourhood level. More efficient targeted resource allocation toward community-based care. Reduced demand on unscheduled care. Reduced demand on social care provision.	Produce baseline Frailty prevalence data for NI. **June 2026** Agreed model for the identification and recording of frailty across the 65+ population in primary care using the Electronic Frailty Index 2 **September 2026** Agreed ToR and process for the Regional Neighbourhood Nursing Oversight Group. **June 2026** Working with the DoH and NIPEC A Regional Neighbourhood Nursing Framework will be developed that demonstrates the contribution of all primary and community nursing services within a neighbourhood model. **March 2027** Develop evidence-based pathways to reduce the impact of frailty. **March 2027**	Emily Roberts, Director of Nursing, Midwifery & AHP Sandra Aitchison

Our Organisation and People

People	*Partnership*	*Process*	*Digital*	*Research and Evidence*

How we work: our processes, governance, culture, people and resources					
No.	**Actions**	**Main Corporate Plan Priority (1-34 or O1-O5)**	**Anticipated Impact / Desired outcome for client population**	**Outcome Measures (including timescales)**	**Lead Director (and Responsible Officer – for Delivery)**
32.	Implement the Partnership & Engagement Strategy, to deliver on the PHA's regional leadership role in Experience & Involvement in the HSC, and which embeds these approaches into the culture and practice of the PHA. Evolve key priorities, including the Strategic Review of Public Engagement and Shared Decision Making, amongst others.	O2, O3	Strategic direction set for Experience and Involvement. Increased partnership and engagement with informed Service Users, Carers (SU/C) their Families & the Public in PHA & HSC. Associated better public health outcomes for SU/C, their families & the wider public	P&E Strategy finalised & published alongside an Implementation Action Plan. **June 2026** Experience & Involvement evident in structures, processes and approaches of the PHA including SU/C membership of / contribution to PHPTs, Joint Commissioning Groups etc. **January 2027** Care Opinion, 10 Thousand More Voices and involvement monitoring will be utilised to support the identification and sharing of best practice in Experience and Involvement in HSC with biannual updates provided.	Martin Quinn

How we work: our processes, governance, culture, people and resources					
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				An annual joint PCE & PPI report developed, evidencing SU/C Voice & Shared Decision Making, influencing commissioning, planning & delivery of services. **March 2027**	
33.	Finalise and implement a framework to support Quality and Safety corporate processes for PHA.	36, O3	To provide a platform to ensure robust internal governance processes for areas relating to Safety & Quality are established whilst clearly outlining joint working relationships with SPPG.	Year 1 evaluation report completed. Support the implementation of the new Patient Safety Incidents (PSI) Framework as per oversight roles and responsibilities. **March 2027**	Denise Boulter Grainne Cushley
34.	Continue to provide professional advice to SPPG and Trusts to support commissioning of high quality, effective and efficient services including inequality specific services and identification of greater opportunities to reduce health inequalities	20, 21, 22, 34, O2	Health services in Northern Ireland are developed based on the best evidence of effectiveness at individual and population level.	Annual report to AMT and PHA Board on major subject areas. **March 2027** Through the JPPT develop a joint interim report on inequalities in services for AMT. **September 2026**	All Directors
35.	Implementation and delivery of the People Strategy	O1	To attract and retain a high calibre resilient workforce who are equipped, empowered and positioned to deliver the Corporate Plan within an	Implementation of Key Priorities within each year of the strategy document.	Leah Scott, Director of Finance and Corporate Services

How we work: our processes, governance, culture, people and resources					
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			environment of change and continuous improvement. Health inequalities will be central to decisions about service development. Healthcare inequalities will be reduced through the development of equitable service models. Services for inclusion health groups will be strengthened to address the huge health inequalities seen in inclusion health groups.		Karyn Patterson
36.	Enhance procurement processes to ensure strong accountability and implement the procurement plan 2026/27	O3	Clients accessing services have improved health and wellbeing outcomes Procurement processes in line with new procurement guidance note from 2024 Prevent roll forward contracts Services are delivering best value in terms of quality and cost	Agreed procurement plan. **May 2026** All procurement activities scheduled for 26/27 implemented.	DFCS and All Directors

How we work: our processes, governance, culture, people and resources					
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37.	Embed Public Health Planning Teams structure and in line with the new operating model including: • Development of 3-year strategic plans for 3 PHPTs to include review of evidence base for commissioning programmes. • • Delivery of PHPT induction programme	O3	Strategic direction set for key areas of work PHPTs have skills and knowledge to operate effectively	Agreed plan in place for each PHPT setting out the specific priorities that PHA will focus on delivering over the coming 3-year period. **March 2027** Induction process developed and rolled out by **November 2026**	DFCS & PHPT Chairs
38.	Implementation of a new integrated Finance, Procurement and HR System (EQUIP) with a wide range of self-service options aimed at modernisation and improved user experience	O3	Modernised HR and Finance software	Implementation of (EQUIP) with a wide range of self-service options aimed at modernisation and improved user experience.	DFCS
39.	Development and in-year launch of a new PHA Corporate Website providing enhanced functionality for users.	O2, O4	A new and improved public health website will give the public, professionals and stakeholders easier access to trusted advice and guidance	Meeting of scheduled development/roll out mile stones. **Monthly** In-year go live of new website **March 27**	Stephen Wilson – Head of CEO and Strategic Engagement

How we work: our processes, governance, culture, people and resources					
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			supporting better decision making and healthier outcomes.	Website metrics will include Increase unique users and page views. Increase user satisfaction - ease of navigation, search effectiveness and quality rating.	Margaret McCrory - Communications Manager
40.	Development and implementation of a PHA Stakeholder Engagement Action Plan	O2	A new action plan will provide a means for stronger and more consistent engagement with stakeholders, enabling better collaboration and improved outcomes.	Launch of action plan. **June 26** Number and diversity of stakeholders engaged (pre and post survey measurement)	Stephen Wilson – Head of CEO and Strategic Engagement
41.	PHA will deliver within tolerances set by department for 26/27 budget	O3	Reduce financial risk, demonstrates viability and stability	Develop and approve a financial plan for 2026/7. **June 2026** Deliver financial breakeven within tolerances in **March 2027**	Leah Scott, Director of Finance and Corporate Services
42.	Implementation following launch of the new DoH HSC Research and Development (R&D) Strategy 2026-2030	O5	A positive impact on people's health through research, policy and the public good.	Development and launch of Implementation Plan.	Joanne McClean, Director of Public Health Rhonda Campbell, AD HSC R&D

How we work: our processes, governance, culture, people and resources					
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43.	Lead on NI's role in the UK Clinical Research Delivery (UKCRD) cross-sector programme and the VPAG (Voluntary Scheme for Branded Medicines Pricing, Access, and Growth) Investment Programme	O5	Streamlined and reformed processes Reduced clinical trial set up times, including compliance with a 150-day target, initially for commercial clinical trials Increased recruitment/patient access to innovative treatments Standardised contracting Enhanced visibility of research delivery set-up Integration of the R&D governance assessment service with the research ethics service	Agreed and UKCRD KPIs Associated HSC Trust/site level metrics Implementation of the one for NI Commercial Research Delivery Centre Agreed VPAG Investment Programme Impact Metrics	Joanne McClean Director of Public Health Rhonda Campbell AD HSC R&D