



Public Health
England

East Midlands Prospectus 2013/14

November 2013

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. Public Health England (PHE) is an operationally autonomous executive agency of the Department of Health.

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Published November 2013

PHE publications gateway number: 2013276

This document is available in other formats on request. Please contact Anna Morris on 0115 9627068 or email EMProspectus@phe.gov.uk

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Foreword



Dr Fu-Meng Khaw
Centre Director

Established on 1 April 2013, the Public Health England Centre in the East Midlands brings together a number of services and statutory functions to deliver an integrated offer of services, advice and support to local stakeholders across the three domains of public health: health protection, health improvement and healthcare public health. Through our integrated approach we will support and add value to the work of our local stakeholders, working together to protect and improve health and reduce health inequalities across the East Midlands.

Our focus is local and we will ensure that our offer is tailored to serve the priorities and needs in East Midlands. We will also strive to ensure that the local voice is heard in shaping national priorities, policies and strategies. Hence, our prospectus will continue to evolve as the local public health system itself evolves, and as PHE grows and develops as an organisation.

This document has been developed through a series of iterative discussions and formal consultation with local stakeholders, and our approach is based on feedback that you provided. This prospectus sets out the services and functions that PHE East Midlands can offer to serve the needs of people in the East Midlands, by supporting and complementing local delivery.

We are committed to developing a detailed business plan for 2014/15 that flows from the services and functions described in this prospectus. We will do this in collaboration with our partners, through a series of local discussions that capture your views and enable us to develop common priorities to meet local needs. In addition, we welcome your suggestions by email to EMInbox@phe.gov.uk

I hope this prospectus provides our partners with a clear overview of the offer from PHE East Midlands, and a foundation upon which to foster effective and collaborative working arrangements.

A handwritten signature in black ink, appearing to read 'Fu-Meng Khaw', written in a cursive style.

Introduction

As a nation, we know the most significant factors that lead to poor health: smoking; high blood pressure; obesity; poor diet; lack of exercise; and excessive alcohol consumption. Beyond these, the wider determinants of health (poor early childhood experience, poor education, lack of work and poor environments) have been described by Sir Michael Marmot in his review *Fair Society, Healthy Lives* and it is these that lie behind the marked health inequalities between the richest and the poorest.

Here in the East Midlands, one of the most successful and prosperous areas of England, there is a strong and diverse economy and a high quality standard of living for most. There is also a rich ethnic diversity in our population. The health of people in the East Midlands is generally close to the average for England as a whole, and continues to improve. However, within the area there remain substantial pockets of health and social inequalities between different sections of the population, in cities, towns, and rural areas.

Our role is to understand the causes and consequences of poor health; be clear about what interventions work; and encourage the adoption of effective interventions at scale and pace. We need to be clear that this is not always about spending more money; it is about making sure we get the best impact for the money already spent – focusing on prevention and early intervention to avoid the high financial and societal cost of crises and failure. It is equally important to tackle major social determinants of ill health, like social isolation, homelessness and worklessness.

PHE East Midlands will deliver an integrated offer of services and advice across the three domains of public health: health protection, health improvement and healthcare public health (or more broadly, service improvement). We will work closely with stakeholders to develop a detailed business plan for 2014/15, reflecting priorities that local areas have identified through Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, to enable us to properly support local priorities and demands. We will monitor our progress towards delivery of our business plan, and will ensure that our approach remains flexible to allow us to reprioritise when necessary, to reflect changing local need.

This prospectus contains an overview of PHE's vision, mission and operating principles; a description of the role of the PHE Centre; an outline of the services that we will provide (based on what partners have already told us they want from us); how we are organised; and contact details for key members of staff.

Overview

Public Health England is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

PHE's national priorities are to:

1. Help people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
2. Reduce the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
3. Protect the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
4. Support families to give children and young people the best start in life, through working with health visiting and school nursing, Family Nurse Partnerships and the Troubled Families programme
5. Improve health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives
6. Promote the development of place-based public health systems
7. Develop PHE's capacity and capability to provide professional, scientific and delivery expertise to our partners.

PHE Vision

What do we want to see?

Healthy people and communities, with increased healthy life expectancy, increased wellbeing and reduced inequalities.

PHE Mission

What is our role?

Our mission is to protect and improve the nation's health and to address inequalities, working with national and local government, the NHS, industry, academia, the public and the voluntary and community sector.

In the East Midlands, we will work with our partners to develop local priorities in keeping with local health needs. Where necessary, we will prioritise local responsiveness against the national agenda.

Principles

Public Health England serves the public through the public health system, a system led locally by Local Authority elected members where responsibility for the public's health sits alongside responsibility for jobs, housing and communities.

The public health system will be a combination of local government leadership for the public's health, supported by PHE.

To help the new system to drive transformation, PHE will work collaboratively, offering leadership without hierarchy and creating a foundation of credibility and expertise.

We will deliver our offer by adopting behaviours and attitudes that have the greatest impact in achieving our ambition.

This means that we will:

- work together, not undermine each other
- speak well of each other, in public and in private
- consistently spend our time on what we say we care about
- behave well, especially when things go wrong
- keep our promises, small or large
- speak with candour and courage.

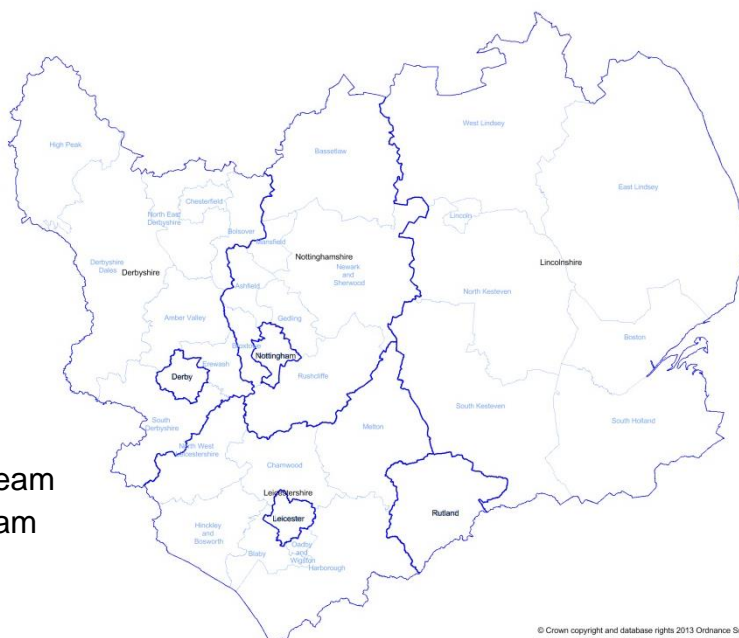
Our East Midlands footprint

PHE East Midlands covers the counties of Derbyshire, Nottinghamshire, Leicestershire, Lincolnshire and Rutland. Our stakeholders cover a range of geographic footprints; some are contained within PHE East Midlands' boundary and some extend beyond it. Where there are overlapping boundaries, we will ensure appropriate links are made.

PHE East Midlands will work with:

33 Local Authorities, of which eight are upper-tier or unitary local authorities:

Derby City Council
Derbyshire County Council
Leicester City Council
Leicestershire County Council
Lincolnshire County Council
Nottingham City Council
Nottinghamshire County Council
Rutland County Council



NHS England:

Derbyshire and Nottinghamshire Area Team
Leicestershire and Lincolnshire Area Team
*Specialised Commissioning Hub,
Clinical Senate and Clinical Networks
hosted by Leicestershire and Lincolnshire Area Team*

Other stakeholders:

Other local NHS organisations
Academic institutions
Health Education East Midlands
The voluntary and community Sector
Industry
The public.

Role of the PHE Centre

The PHE Centre is the local presence of PHE and an active partner in the local public health system. The PHE Centre is the front door of PHE, responsible for assuring that the services and expertise provided are truly focused on local needs. Leadership is provided by the Centre Director, a senior public health professional, who acts as the “account manager” for the Centre’s support and advice to the local public health system. The Centre Director is a partner in the local public health system, whose role is to provide a range of services and expert advice that is tailored to the needs, wishes and aspirations of local government, the local NHS and other stakeholders.

PHE East Midlands Vision

What do we want to offer?

Our vision is to develop an integrated PHE team that delivers an excellent service that is widely used and highly regarded.

As the “front door” to PHE, PHE East Midlands will deliver an integrated offer of services and advice across the three domains of public health: health and wellbeing, health protection and healthcare public health (or more broadly, service improvement). The Centre Director will work closely with other locally-based and national PHE teams, such as the Knowledge and Intelligence Team, Health and Wellbeing Leads, Screening Programme Quality Assurance Teams, Field Epidemiology Service, Centre for Radiation, Chemical and Environmental Hazards, Centre for Infectious Disease Surveillance and Control, and the Food, Water and Environmental microbiology services, to provide a seamless and integrated offer in the East Midlands.

PHE East Midlands will support local priorities and demands identified in Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, ensuring that local innovation and evidence influence the national agenda and contribute to developing best public health practice. It will also facilitate the local implementation of national evidence-base and dissemination of best practice guides and toolkits.

More specifically, PHE East Midlands will:

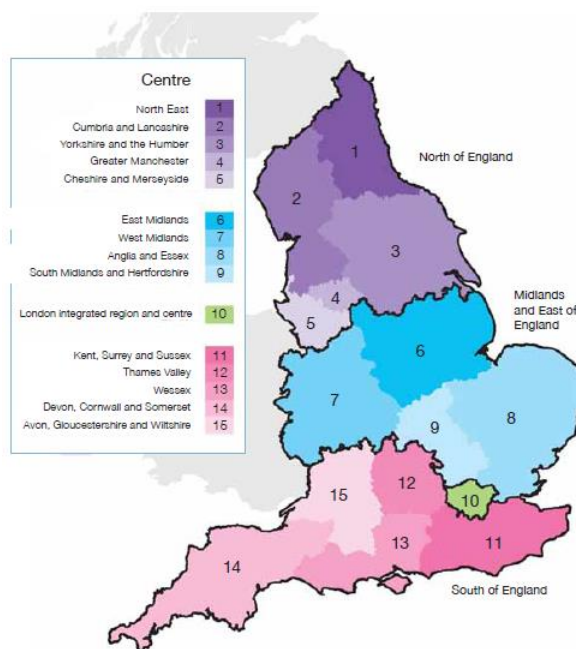
- support actions taken by local government and the local NHS to improve and protect health and reduce inequalities with intelligence and evidence
- support Local Authority Directors of Public Health across the range of their responsibilities, enabling them to access specialised advice and support when required
- work with NHS England to support the organisation’s role as a direct commissioner of key services, including specialist services and national public health programmes
- provide leadership in responding to emergencies where specialist public health expertise is necessary

- provide leadership to the public health delivery system, promoting transparency and accountability by publishing outcomes, building the evidence base, managing relationships with key partners, and supporting national and international policy and scientific development
- support the development of the public health workforce and support excellence in public health practice
- deliver services in health protection, public health information and intelligence, and social marketing and behavioural insight activities
- develop co-produced, bespoke formal partnership agreements with each upper tier and unitary Local Authority and NHS England Area Team to reflect a shared commitment to working effectively together around local priorities
- review and update the health protection partnership agreements that exist with lower tier authorities to reflect the additional PHE East Midlands offer around support on other aspects of public health practice.

PHE East Midlands in the wider context

The PHE East Midlands Centre is one of four Centres in the Midlands and East of England Region. The four PHE Regions (North of England, Midlands and East of England, London Region and South of England) are coterminous with those of NHS England, and they also map onto the nine regional local government groupings.

Each PHE Region will nurture and support the local public health system and maintain an overview of the whole system's progress in implementing the Public Health Outcomes Framework. They also have a special responsibility for development of the wider public health workforce.



In addition to our local East Midlands and Midlands and East Regional staff, we also have expert public health teams at a national level providing specialist expertise across the three domains of public health: health protection, health improvement and healthcare public health. The national teams will play a critical role in supporting the frontline delivery of PHE services and functions in the East Midlands. PHE East Midlands will actively facilitate a channel of communication with national experts to inform our local advice and support to stakeholders. We will also seek to influence

and contribute to national work programmes, by drawing from local innovation and practice.

Our services and functions

PHE East Midlands will work to protect and improve the health of its population, and address health inequalities, in collaboration with local partners across local government, the NHS, industry, academia, the public and the voluntary and community sector. It will serve as a 'nucleus' where actions to improve health and reduce inequalities can be co-produced, agreed and shared. It will deliver statutory services for health protection and provide advice and support across the three domains of public health practice, including health protection, health improvement and population healthcare.

The PHE offer to stakeholders will be delivered across a range of overarching themes, which are summarised below. More details regarding these services and functions are included in Appendix 1 on page 23.

The list of services and functions should be regarded as a menu of options available. The degree to which each is delivered will be different for each of our stakeholders, and will be shaped further through our partnership agreements.

Nurturing a place-based approach

We are committed to identifying local solutions for local people and will work alongside our partners to protect and improve health and reduce inequalities. We will do this through developing a good understanding of local priorities and by being responsive to local ways of working. Our business plan will be informed by these discussions and we will monitor local delivery of our services and functions through formal partnership agreements with Local Authorities and NHS England Area Teams.

Providing expert input

A key role for PHE is to offer independent public health advice and support. We will do this in a constructive and facilitative way, to add value to the local public health system. We will work with others within and outside PHE to ensure that the advice and support given is informed by the best available evidence, recognising, where available, the full range of evidence, including scientific peer-reviewed literature, evidence drawn from local practice, surveillance of diseases, assessment of health needs and health impact, expert opinion, and user views.

Our commitment is to provide expert input across the range of public health practice, including health protection, health improvement and healthcare public health. We will support commissioners of health and care services in making decisions that maximise the delivery of public health outcomes against spend; particularly with Local Authority and NHS England Area Team commissioners.

EXAMPLE

JSNA support pack for commissioners of drug and alcohol services

- good practice in planning for alcohol and drugs prevention, treatment and recovery
- good practice in planning young people's specialist substance misuse interventions
- alcohol stocktake self-assessment tool against good practice
- key data to support planning for effective alcohol and drugs prevention, treatment and recovery
- key data to support planning for effective young people's specialist substance misuse interventions
- advocating for alcohol and drugs prevention, treatment and recovery: the 'Why invest?' guide

Managing and preparing for incidents and outbreaks

On behalf of the Secretary of State for Health, PHE has a statutory role to undertake functions necessary to protect the public from disease or other dangers to health. It also has a statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and as such, to be an active member of all local and regional multi-agency partnerships in relation to planning and preparing for, and responding to, health protection emergencies.

Incidents arising from the delivery of health and care services will be managed and overseen by providers and commissioners of those services, but where these are related to screening and immunisation programmes, PHE East Midlands will ensure that adequate public health support is provided to investigate and manage such incidents.

EXAMPLE

Controlling the transmission of measles in Leicester

Early in 2013, there was a national increase in the number of children aged 10-16 years of age diagnosed with measles, and this was the case in Leicester. In response, a multi-agency outbreak control team (OCT) was formed with representation from the PHE East Midlands Centre, Local Authorities, NHS England, NHS Trust, the Child Health Information System and the local CCG.

PHE provided public health advice to control the further transmission of disease, including the promotion of MMR vaccination amongst unimmunised contacts. With the support of Local Authority public health colleagues and the local CCG, PHE sent letters to the local schools encouraging MMR vaccination amongst school pupils, and to local GPs to raise awareness of the situation. In addition, the Screening and Immunisation Team sourced extra doses of MMR vaccine and through the provider service of Leicestershire Partnership Trust delivered a proactive campaign of additional MMR vaccination sessions in several local schools.

The PHE East Midlands Centre led on the public-facing communications and worked with Local Authority public health colleagues to engage prominent members of the local community to get “buy in”.

As a result of these actions, the number of measles notifications dropped dramatically to nil. These collective efforts not only protected individuals against measles, but also secured protection of the wider community in Leicester City.

Assuring and improving service quality

The services we deliver will have assurance processes in place to ensure that they are safe, of high quality and evidence-based. We will monitor the impact of our services against public health outcomes and services standards, where available. As agreed with the Care Quality Commission (CQC), we will comply with CQC inspection on a non-statutory basis for specified services delivered by us.

We will provide quality assurance for screening and immunisation programmes commissioned by NHS England. By request, or where proactive actions are helpful, we will provide advice and support on measures to improve service quality, including the development of service evaluation frameworks, Health Equity Audits, system care pathway design and benchmarking service outcomes.

Where we have concerns about any adverse impacts of health and care services on the public's health, we will speak with candour and courage and contribute to relevant fora, such as the Quality Surveillance Group, to raise these concerns.

EXAMPLE

Improving services for prevention of Tuberculosis (TB)

The Health Protection Team has developed a TB needs assessment to support the commissioning of services for the prevention and treatment of the disease across Leicester, Leicestershire and Rutland. The overarching principles were to ensure the optimum use of resources in securing the provision of high quality, comprehensive and effective services.

The methods used include:

- describing the nature and extent of TB disease and latent TB infection across Leicester, Leicestershire and Rutland
- mapping and describing current commissioning arrangements and service provision for people with suspected or confirmed TB disease, and for those at high risk of developing TB in Leicester, Leicestershire and Rutland
- detailing current national standards, guidelines and examples of good practice
- formulating recommendations for commissioners.

Facilitating networks

We will play a key role in organising and contributing to local and national networks on key themes and topics that are in keeping with local priorities. We will ensure that such networks are focussed on the exchange of best and evidence-based practice to maximise health outcomes for the public. Some networks will also include a training and development component.

We will also actively facilitate a two-way exchange between local and national experts. A key commitment is to ensure that local innovation and examples of good practice are shared widely, and can influence national policy and strategy. We will draw on local assets within and outside PHE to maximise the impact of our networks; including those working in the voluntary and community sector, industry, academia and public sector organisations. Our access to experts in PHE working on a national footprint also allows us to draw on and share the latest knowledge and evidence.

EXAMPLE

NHS Health Checks Network

An East Midlands network has been established to identify best and evidence-based practice, share learning across the network and with others nationally, inform and influence national and local policy, and support commissioning and delivery of the mandatory NHS Health Check programme. Membership of the network includes Local Authority Leads, the Lead from the CVD Strategic Clinical Network, Health Education England, PHE East Midlands Knowledge and Intelligence Team, and a Clinical Lead, who was also advisor to the national NHS Health Checks programme

A regular briefing is distributed to network members and work has begun to explore the opportunities of doing things on a network basis, such as joint commissioning, developing information templates and standards reports.

Monitoring and reporting on the public's health

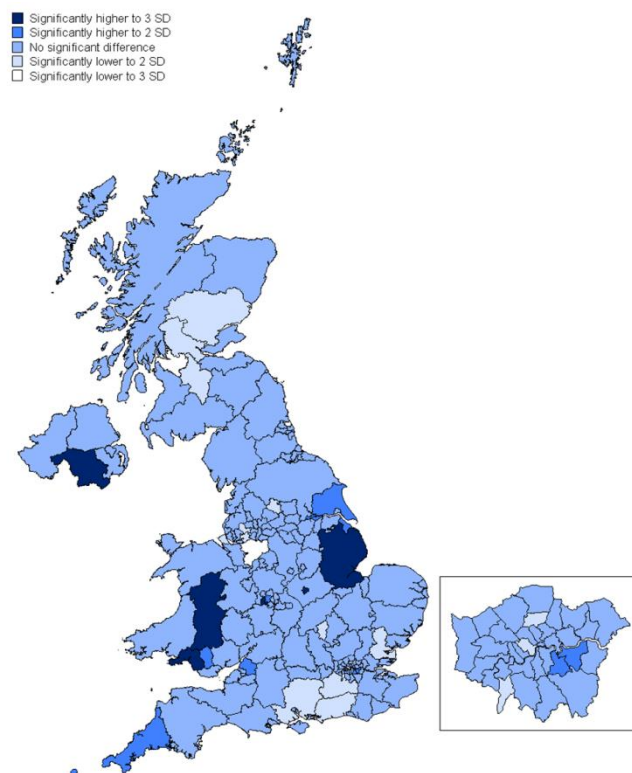
The Centre will have a key role in collecting, collating, analysing and disseminating data for public health action. Within PHE, this will be achieved through an integrated approach from the Knowledge and Intelligence Team, Health Protection Team, Field Epidemiology Service, Health and Wellbeing Team and leads in population healthcare. This integrated approach will allow the Centre to provide a seamless offer of public health intelligence to support local health surveillance, needs assessment, benchmarking quality, comparison of outcomes, evaluation of impact and service planning.

EXAMPLE

Local Health Profiles

Each year, PHE produces Local Health Profiles that give an overview of health for each Local Authority in England. The Profiles draw together information to present a picture of health in each local area in a user-friendly format. They are a valuable tool for local government, health services and partners which helps them to develop an understanding of community needs, and to develop strategies for improving people's health and reducing health inequalities.

Developed as part of the Health Profiles programme, Local Health is a programme which aims to improve the availability and accessibility of health and health-related information in England. It provides access to interactive maps and reports for small 'neighbourhood' size areas, such as wards, and allows the user to define their own combinations of geographies and produce maps and reports for bespoke areas.



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Source: Outline of Uterine Cancer in the United Kingdom: Incidence, Mortality and Survival Gynaecological Cancer SSCRG, July 2013.

EXAMPLE

Incidence of uterine cancer in the UK

The map highlights significantly higher levels of uterine cancer in parts of the East Midlands. As obesity is a key factor in the development of uterine cancer, this provides additional information to support the commissioning of weight management services.

Supporting training and development

PHE East Midlands will play a key role in supporting training and development of the public health workforce. It will work with others in the local public health system, including Health Education East Midlands, to support the development and training in public health knowledge and skills for the health and care workforce. A key driver for this work is for every contact to be a health improving opportunity.

We will support and nurture the development of public health skills in the local public health system, including those in leadership roles, such as elected members, and senior academics and clinicians.

PHE East Midlands is an accredited training location for the East Midlands public health training programme and will provide a range of opportunities for Specialty Registrars in public health. We will also develop our Centre as a training location for dental public health.

EXAMPLE

Training for Public Health Specialists

Specialist Training in Public Health in the East Midlands is organised by the Local Education and Training Board of Health Education England and overseen by the Faculty of Public Health. During training, Specialty Registrars rotate through various placements in different settings and public health areas. This allows trainees the opportunity to develop the skills to meet their chosen career aims.

The two Health Protection Teams have well established health protection training programmes which are integrated into the public health specialist training programme in the East Midlands. PHE East Midlands will build on the strength of the health protection training on offer and will widen training opportunities to include health improvement and population healthcare.

Supporting and collaborating on research

PHE East Midlands will support the production of evidence and intelligence by collaborating with academia and other partners. It will play a key role in supporting research that will translate into public health action to protect and improve the population's health.

We will build on existing strong links, and make new connections, with academic institutions to develop programmes of research that improve public health outcomes. We will encourage participation in research amongst our workforce and ensure that we provide greatest support for research programmes that deliver against local priorities.

EXAMPLE

Research and links with academic institutions

The Public Health England East Midlands Centre has close links to local and national academic partners. Through a long standing arrangement with the former Health Protection Agency, some of the clinical team are contractually linked to the University of Nottingham (Health Protection Influenza Research Group (HPIRG)) and undertake both teaching and research activity. This is mainly in the field of infectious disease control, particularly influenza, although there are links with other public health / health improvement related research. The HPIRG is a World Health Organisation collaborating centre for research into influenza and other respiratory diseases. The group is currently leading a major research study into how influenza is transmitted for the Centers for Disease Control and Prevention in the USA.

Other examples of current and planned work are with the University of Nottingham, Nottingham Trent University and Imperial College on Campylobacter infection, extended spectrum betalactamase organisms (antibiotic resistant) and healthcare associated infections (Clostridium difficile). The PHE East Midlands Centre has very close links with the University of Nottingham Division of Epidemiology and Public Health and benefits from ready access to the academic expertise available, for example statisticians and study design methodologists. This partnership enables a symbiotic relationship where PHE can help support research for health professionals, and undergraduate and postgraduate students. It also facilitates access to academic experts.

The HPIRG is a recognised centre for public health academic training and in conjunction with the PHE centre is a training base for Field Epidemiology Fellowship training, which is recognised by the Faculty of Public Health as a 'National Treasure'.

Who we are

Dr Fu-Meng Khaw, Centre Director

Providing leadership and support to the local public health system. Acting as the “Account Manager” for the PHE offer from East Midlands to ensure that the range of services and expert support and advice is tailored to the needs, wishes and aspirations of local government, the local NHS and other stakeholders.

meng.khaw@phe.gov.uk

David Meechan, Director, East Midlands Knowledge and Intelligence Team

Providing public health knowledge and intelligence including: insights and updates on a range of public health issues from national and regional experts, enabling a forum for exchanging knowledge and experience on local public health priorities, and supporting training and development of the wider public health competencies and specific knowledge and intelligence skills.

david.meechan@phe.gov.uk

Cathy Mallaghan, Local Director of Health Protection

Providing a high quality specialist health protection response to infectious disease incidents and outbreaks and incidents resulting from chemicals and other environmental hazards. Ensuring that the systems for preventing and controlling infectious diseases are safe and reliable and help prevent future outbreaks from occurring.

cathy.mallaghan@phe.gov.uk

Dr Joan Birkin, Team Lead for Field Epidemiology Services

Leading a team that is responsible for the major areas of surveillance and epidemiology, ensuring that both national and local requirements are met. The team provides epidemiological support for incidents and outbreaks to the Health Protection Team in the East Midlands and to Field Epidemiology Services nationally.

joan.birkin@phe.gov.uk

Greg Hodgson, Head of the PHE Centre for Radiation, Chemical and Environmental Hazards, Nottingham unit

Leading a team that provides expert advice and support to colleagues in public health, emergency services, regulators and the public across the broad range of environmental public health risks.

greg.hodgson@phe.gov.uk

Dr Tim Davies, Screening and Immunisation Team Lead

Leading a team embedded in the Leicestershire and Lincolnshire NHS England Area Team that provides public health leadership, support and advice for the commissioning of screening and immunisation programmes.

tim.davies5@nhs.net

Linda Syson-Nibbs, Screening and Immunisation Team Lead

Leading a team embedded in the Derbyshire and Nottinghamshire NHS England Area Team that provides public health leadership, support and advice for the commissioning of screening and immunisation programmes.

linda.syson-nibbs@nhs.net

Jane Woodland, Quality Assurance Lead for Adult and Ante-natal/Newborn Screening Programmes

Providing oversight for all NHS Screening Programmes (Antenatal, Newborn and Adult), including: supporting the implementation of new programmes and improvements to existing programmes, offering advice regarding expected levels of service as detailed in national screening programme standards and guidance, and assisting with the auditing and monitoring of local services.

jane.woodland@phe.gov.uk

Olive Kearins, Director of Cancer Screening Quality Assurance

Ensuring providers meet quality standards and encouraging continuous improvement, including: advice on the development of national quality standards, monitoring of standards, and responding to incidents.

olive.kearins@phe.gov.uk

Ann Goodwin, Public Health Consultant in Health Improvement

Leading and delivering high quality, specialist technical and professional public health leadership, advice and support to central and local government to drive improvements in health outcomes and reduction in health inequalities across the population, based on evidence and cost-effectiveness.

ann.goodwin@phe.gov.uk

Hayden Duncan, Regional Manager West Midlands/East Midlands, Drugs and Alcohol

Providing strategic leadership for the drug and alcohol agenda together with the provision of specialist and authoritative advice to a broad range of stakeholders on the development, effective commissioning and delivery of evidence-based drug and alcohol treatments.

hayden.duncan@phe.gov.uk

Semina Makhani, Consultant in Dental Public Health

Supporting the national delivery of dental public health and leading work to: promote oral health and prevent oral disease, promote evidence-based oral and dental care provision, and support effective dental clinical governance; working closely with Leicestershire and Lincolnshire NHS England Area Team.

semina.makhani@phe.gov.uk

Consultant in Dental Public Health (Vacant Post)

Supporting the national delivery of dental public health and leading work to: promote oral health and prevent oral disease, promote evidence-based oral and dental care provision, and support effective dental clinical governance; working closely with Derbyshire and Nottinghamshire NHS England Area Team.

Consultant in Healthcare Public Health (Vacant Post)

Providing support and advice on clinical effectiveness, efficiency, service planning, audit and evaluation, clinical governance and equity. Contributing to and supporting the work undertaken by Clinical Networks and the Clinical Senate.

Consultant in Public Health Specialised Commissioning (Appointed)

Providing professional public health (population healthcare) leadership, advice and support to the specialised commissioning team in Leicestershire and Lincolnshire NHS England Area team, who host the specialised commissioning hub.

Andrew Thompson, Centre Business Manager

Lead for all business and financial aspects of PHE East Midlands, including business planning, risk management, resource management and provision of business advice to the Centre Director and Centre Senior Team. Andrew also has national responsibilities including provision of support for the agency's accommodation programme and the PHE Capital Group.

andrew.thompson@phe.gov.uk

Natalie Saville, Communications Lead

Principle lead for all external and internal press and communications work within PHE East Midlands. Working closely with Local Authority and NHS England communications colleagues, Natalie's role involves working with local media to promote the many streams of work within the Centre at a local level, dealing with media enquiries and delivering internal communications.

natalie.saville@phe.gov.uk

How to contact us

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Tel: 0844 225 4524
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Pleasley Vale Business Park
Outgang Lane
Mansfield
NG19 8RL
Tel: 01623 812069

Appendix 1: Details of services and functions

Nurturing a place-based approach

- develop a business plan in collaboration with partners to reflect local priorities and needs
- co-produce and develop bespoke formal agreements with local authorities and NHS England Area Teams and review our progress and delivery regularly
- contribute to the development of a fit for purpose and resilient local public health system
- equally support local responsiveness and national priorities
- adopt an asset-based approaches in delivering our business plan
- advocate for the public's health locally.

Providing expert input

- provide expert and constructive advice and support
- provide appraisals of evidence and briefings on key topics and themes
- provide access to the evidence base and support the implementation of evidence-based practice
- support and encourage the production of practice-based evidence
- support commissioners of health and care services to ensure that the investment in demand management, prevention and early intervention is targeted to achieve the best public health outcomes
- develop model service specifications for screening and immunisation programmes to support its Section 7A agreement with NHS England, and for other services as required
- provide local system leadership for screening and immunisation services, and ensure that governance arrangements are in place for screening and immunisation programmes
- respond to clinical enquiries on immunisations for professionals
- provide public health advice to inform and/or lead the commissioning of health services by NHS England Area Teams through PHE staff embedded or co-located with the Area Team, including: screening and immunisation, primary healthcare, dental care, specialised commissioning services, offender health and armed forces health
- support the development of consistent, integrated and evidence-based care pathways
- support the development of evidence-based commissioning
- support the review of effectiveness of services

- provide dental public health advice to local authorities, particularly in relation to fluoridation, dental epidemiology and oral health improvement
- produce return of investment assessments for key public health interventions
- participate in and support key public health assessments, such as: risk assessment for health threats, Health Needs Assessment, and Health Impact Assessment
- promote healthier behaviour through social marketing and application of insight
- provide public health intelligence support and access to relevant resources to support local health surveillance, needs assessment, benchmarking quality, comparing outcomes, developing plans and evaluating impact.

Managing and planning for incidents and outbreaks

- undertake statutory functions, on behalf of the Secretary of State for Health, to “protect the public from disease or other dangers to health”
- ensure its own preparedness to respond to health protection emergencies in line with its Category 1 status under the Civil Contingencies Act 2004 and be a pro-active member of all local and regional multi-agency partnerships
- provide specialist emergency planning advice in support of the local system to ensure that inter-agency plans incorporate national standards and guidance
- advise on, participate in or lead on emergency preparedness exercises with and for partners
- maintain an overview of the risks from health protection emergencies and advocate for a proportionate response to prevent and prepare for their occurrence
- provide an expert, 24/7 health protection response for the control of acute and chronic health protection incidents and emergencies, working in partnership with the local public health system
- provide leadership in response to outbreaks and incidents and facilitate access to national expertise
- develop protocols for the management of incidents and outbreaks
- Identify any gaps in the system’s response to outbreaks and incidents and seek local resolution where required, which may include further epidemiological investigation
- provide epidemiological support in the investigation of outbreaks and incidents
- enable early detection of incidents and outbreaks through the surveillance of communicable diseases
- ensure that there is adequate public health support for investigation and management of incidents arising from screening and immunisation programmes in accordance with national incident management guidance, and, where agreed, lead on behalf of the NHS England Area Team to manage such incidents
- contribute to the management of incidents occurring in the provision of dental healthcare.

Assuring and improving service quality

- deliver services that maintain and deliver best practice and establish and maintain best standards of delivery
- comply with CQC inspection (on a non-statutory and voluntary basis) for specified services delivered by PHE
- provide quality assurance for screening and immunisation programmes
- identify risks in quality and patient safety and sharing these with others (including the Quality Surveillance Group) to mitigate against such risks in a timely manner
- provide expert public health advice and intelligence to ensure that services contribute to improving health and wellbeing
- contribute to the development of service evaluation frameworks
- support and participate in Health Equity Audits
- provide a local presence for national health intelligence networks covering cancer, cardiovascular disease, mental health and child and maternal health.

Facilitating networks

- organise and/or contribute to networks on key themes and topics as prioritised and agreed by stakeholders
- ensure that there is appropriate input from both local and national stakeholders
- facilitate the exchange of best practice
- establish and support professional networks, including: knowledge and intelligence, healthcare public health (e.g. to support those providing the 'core offer' to CCGs), health protection, and priority health and wellbeing topics
- establish task and finish groups to undertake specific pieces of work, as required and agreed.

Monitoring and reporting on the public's health

- provide public health intelligence support and access to relevant resources to support local health surveillance, needs assessment, benchmarking quality, comparing outcomes, developing plans and evaluating impact
- undertake ad hoc knowledge and intelligence work to meet local needs as requested and agreed
- provide access to national knowledge and intelligence resources and play an active role in supporting the local use of such products
- provide information to support the monitoring of screening and immunisation programmes and to support Local Authority Directors of Public Health in their challenge and scrutiny role
- report in an open and transparent way on public health outcomes

- undertake surveillance and registration of diseases, including communicable diseases, cancer, and chronic diseases
- analyse, interpret and disseminate information gathered through surveillance of communicable diseases, and certain non-communicable diseases to identify trends that may indicate incidents, outbreaks or excess prevalence
- provide constructive and independent challenge to improve local service delivery.

Supporting training and development

- nurture the public health system to develop capability collectively and ensure continued development of the specialist workforce
- work with partners, including Health Education England, to support the development and training in public health for the health and care workforce
- contribute to and/or provide training programmes across a range of public health topics across all domains of public health
- contribute to the development of public health skills in the local public health system, including elected members, and Health and Wellbeing Boards
- support the development of public health and dental public health specialist training by offering training opportunities within PHE
- coordinate and lead on the revalidation of public health specialists, prioritising the statutory revalidation of medically-qualified specialists in the short-term
- contribute to teaching on academic courses (postgraduate and graduate)
- provide bespoke public health training and development courses as requested and agreed (this activity may be chargeable)
- provide professional support to and development of staff embedded and co-located in NHS England Area Teams.

Supporting and collaborating on research

- contribute as collaborators in research programmes
- provide advice to inform the development of research projects
- undertake research projects
- support research that will translate into action to protect and improve the public's health and to reduce health inequalities
- build on and augment collaboration with locally rooted academic institutions to reflect the excellent work undertaken and to ensure that mechanisms are in place to disseminate evidence-based approaches.