



Public Health  
England

# Improving and protecting the health of people in the West Midlands

Public Health England West Midlands prospectus

Archived December 2017

December 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. PHE is an operationally autonomous executive agency of the Department of Health.

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# Foreword

Great strides have been made over the past century to transform the conditions in which people live and save countless lives in the process. Yet old threats to people's health and wellbeing linger and new ones emerge. Responding to the epidemic of obesity, or the ill health caused by worklessness, or the impact of alcohol misuse requires different ways of thinking and acting together, as does the imperative to give our children and young people the best start in life. Controlling TB in our urban centres or ensuring those with diabetes or high blood pressure are diagnosed early requires clinical and strategic leadership and a ruthless determination to understand and implement "what works". The impact of poor health on lives and places demands a collective ambition for improvement, and a shift in our collective focus from treating people when they become sick to treating the causes of the causes of ill health, intervening early, and attending in particular to the needs of the most vulnerable people in our communities.

The new duties on local government to improve people's health, the move of public health professionals into local government, the creation of Public Health England (PHE) and the alignment of NHS, social care and wider public sector ambitions provide a once-in-our-lifetime opportunity to make sweeping improvements to the health and lives of people and communities and in turn contribute to the prosperity and wellbeing of our places.

Local government leaders in the West Midlands have enthusiastically embraced the new public health duties, which many see as a "home coming", and the opportunities they have to make a determined difference to people's health in their roles as policy makers, as service commissioners and providers, as community leaders with a democratic mandate, and as employers.

Local Government has many opportunities to improve health and there are many examples of authorities and leaders acting to make that difference. Examples include authorities who are considering the impact that their policy decisions have on health; those who are focusing on health and wellbeing in their commissioning and direct provision; authorities who are building health into planning and regulatory activities; those investing for health and wellbeing in developing community assets; authorities investing in a healthy workforce; and those who are increasingly aware of the health challenges that people face and what may be done to tackle them, for example the current need to encourage measles vaccine uptake.

And we need to do much more to develop and share what works and why, to attract and influence the way resources are used both locally and nationally, to invest in services that yield good health outcomes, to engage widely, and to find new and effective ways of working together and holding each other to account for the difference we must make. None of us has all the answers, we are on the proverbial journey; but with ambition for people's health and wellbeing, and with our collective talents and focus we can go far.

Our new West Midlands PHE Centre has a contribution to make in support of local government, NHS and other partners, working with its own resources and specialists and drawing on and influencing national work and expertise; developing and sharing evidence about what needs to be done and what works; developing tools to support local preventative work and commissioning; fostering professional networks and collaborative approaches; supporting the development of skilled public health professionals and leaders; and working as part of local health systems on health, health care and wellbeing priorities.

Our PHE Centre also has a responsibility on behalf of the Secretary of State to protect health and will build on the legacy from the Health Protection Agency to deliver high quality specialist health protection responses to outbreaks of infectious disease and other incidents and emergencies that threaten people's health.

All of these efforts must add value locally and must not duplicate, and, as everywhere, there is a challenge to make the best use of our limited resources. We are looking to partners to help us shape that contribution to be the best it can be.

This prospectus attempts a first articulation of the contribution that our PHE Centre can make to the things that matter in the West Midlands. It tries to reflect what we have heard so far in conversations with partners across the West Midlands and bearing in mind the health challenges we face, local priorities expressed in local Health and Wellbeing Strategies, and Public Health England's national priorities. We want to continuously improve our offer and the way we work together locally and across the West Midlands.



**Dr Sue Ibbotson**  
Director  
Public Health England  
Centre West Midlands



**Nick Bell**  
Chief Executive  
Staffordshire County Council  
Chair, West Midlands Public Health  
Transformation Group

# What is the purpose of this prospectus?

This document aims to set out what Public Health England West Midlands is, what we will do in 2013/14 and how we will add value and contribute to better health and reduced inequalities for the people in the West Midlands.

It is an externally facing document that we hope will convey to our stakeholders and partners. It is a starting point for more detailed conversations with our stakeholders as to what our contribution will be to the public health system in the West Midlands.

It is also an internally facing document so that our own staff become more aware of the work of others.

And in the longer term for 2014/15 and beyond:

This is an evolving document that will be informed by the needs of our stakeholders and supported by detailed work plans.

We intend to include case studies in future iterations of this document to identify and share good practice.

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# Who is this prospectus for?

This prospectus is particularly intended for our Local Government and NHS colleagues.

We also recognise that we have many other important stakeholders including for example Police and Crime Commissioners and the voluntary and community sector. We hope that they will also find this prospectus useful.

We do not intend to list all of our stakeholders here; a detailed piece of work has been undertaken mapping our stakeholders and we will circulate this prospectus to those we have identified currently and to new partners who are identified in the future.

This prospectus is also intended to be used by our own Public Health England staff, many of whom have helped draft the content.

Feedback regarding the contents of this prospectus is welcome and should be directed to [Helen.Carter@phe.gov.uk](mailto:Helen.Carter@phe.gov.uk) or [Nigel.Smith@phe.gov.uk](mailto:Nigel.Smith@phe.gov.uk)

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# Our West Midlands footprint

Many partners are working on different geographical footprints.

We cover 33 Local Authorities of which 14 are upper tier and unitary Local Authorities:

Staffordshire

Stoke

Shropshire

Telford & Wrekin

Walsall

Wolverhampton

Sandwell

Dudley

Birmingham

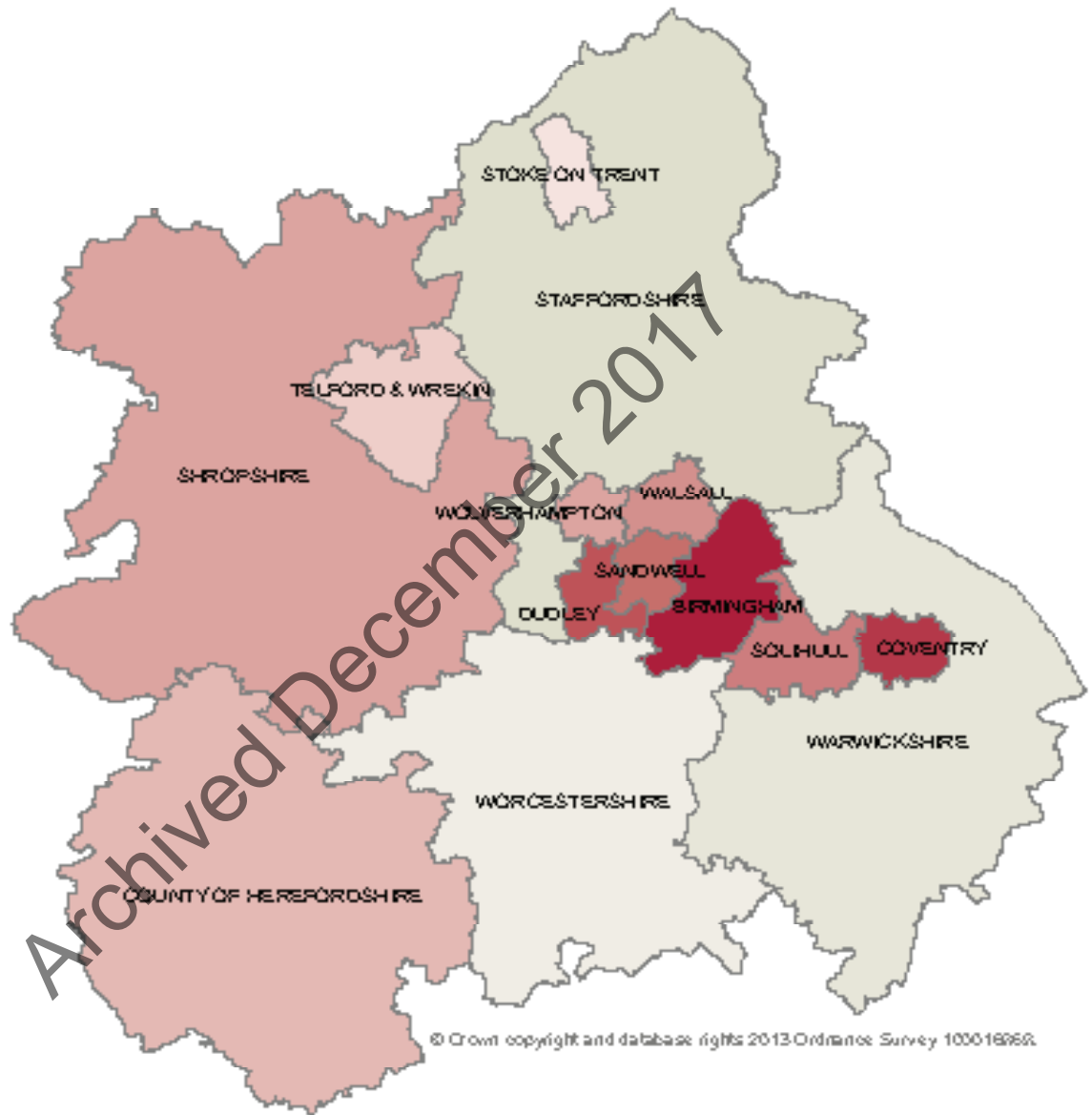
Solihull

Coventry

Warwickshire

Worcestershire

Herefordshire



We also cover 3 NHS England Area Teams:

Shropshire & Staffordshire

Arden, Hereford & Worcestershire

Birmingham, Solihull & Black Country



# How we will work

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# Our values

Our Board has developed a national set of values that we strongly support.

We think they are very important standards for how we work together.

They are:

- 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 and large

We will try to live these values and welcome challenge if we don't always succeed.

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# What we will do

- we will support the local Directors of Public Health in their role and through them, all of local government and the Clinical Commissioning Groups
- we will continue to build strong relationships with Local Authorities and provide professional support to enable them and other partners to maximise health improvement for their population
- we will support Local Authority colleagues to develop place based approaches to address the wider determinants of health. We will do this by signposting and sharing good practice, covering and supporting networks and by contributing to the further development of West Midlands wide partnership work
- we will continue to provide specialist health protection leadership, advice and specialist services to support localities within the West Midlands
- we will provide health improvement advice to address the social determinants of poor health in the localities
- we will continue to work with NHS clinicians and managers to give high quality public health advice, including: embedding staff in our NHS England Area Teams and providing system leadership and commissioning support for all public health and other services commissioned by NHS England, including: Immunisation programmes; non-cancer and cancer screening programmes; children's public health services (from pregnancy to age 5); child health information systems; public health care for people in prison and other places of detention; sexual assault services
- we will work with NHS clinicians and managers to improve the quality of health services
- we will support the development of the generalist and specialist public health workforce and manage Public Health England's relationship with the local education and training boards of Health Education England
- we will continue to support the local strategic partners in the delivery of high quality evidence based drug and alcohol services
- we will support the development of the evidence base of what works in practice with our partners

# Becoming part of local public health and care systems

We want to make the best contribution to local health systems and so we will adopt a way of working to ensure that our partners know how to engage with us.

Our staff will work as part of multiple teams: place teams, programme teams and functional teams. This will enable us to make use of all the talent and expertise in Public Health England in the West Midlands.

We have a strong vision of what Public Health England in the West Midlands stands for. We feel that no matter who we are line managed by or what team we belong to we will endeavour to work seamlessly to provide a consistent coherent service for and with our partners.

At the end of this prospectus you will find a key contact directory. This is not a definitive list of all the staff working in Public Health England in the West Midlands but does identify key people and teams within our West Midlands Centre.

Our staff have come into PHE from multiple predecessor/sender organisations and we are still learning about the breadth and depth of expertise, services and resources that we now share. However we are working together to quickly understand what we have and how we can use it to best effect.

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## Relationships in our local places

Responding to a need we have heard from Directors of Public Health and Chief Executives we are in the early stages of developing senior lead roles for each of our fourteen upper tier and unitary authorities. This is a new way of working for us as an organisation. Nominated representatives will become our (account managers) in local areas, maintaining relationships with public health leaders in each of our 14 upper tier / local government areas. They will be the lynch pin to ensure that we make the best contribution we can to support local health priorities and Joint Strategic Needs Assessment (JSNA) and the development of Health and Wellbeing Strategies.

The proposed role of the place lead will be to:

- maintain our strategic relationship in one of the 14 local government areas in the West Midlands particularly with the Director of Public Health as well as with other key players in the local health system
- act as a senior point of liaison for local partners but not replace existing lines of communication for example in relation to specific functions such as health protection
- maintain an overview of the local priorities, strengths and challenges, and understand local health and care systems
- maintain a strategic overview of our work in the area
- signpost and facilitate access to our specialist staff and support local areas to address priorities and needs. Once again, the role won't replace existing direct lines of communication but will allow local areas to engage a PHE representative where the answer to a question or the contact in PHE isn't obvious
- support the identification and sharing of best practice from and with the local area
- ensure we are making an appropriate contribution to the JSNA, Joint Health and Wellbeing Strategy and Director of Public Health's Annual Report

# How will we know if we have been successful?

What success looks like is very important to us. We will want to gather our partners views regarding what our indicators of success will be.

These may include:

- local stakeholder views including perceptions of value added
- feedback from national evaluations
- our internal staff views
- our staff numbers and absence rates
- our contribution to the JSNAs, Health and Well Being Boards, Public Health Outcomes Framework e.g. immunisation uptake rates
- debrief reports following major incidents

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# Priorities and challenges

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# West Midlands profile

Life expectancy across the West Midlands is varied, a man living in the Sandwell Local Authority area can expect to live to about 75 years, this is some 5 years less than a man living in the Solihull Local Authority area. A woman living in the Stoke-on-Trent Local Authority area can expect to live to about 80; about 4 years less than a man living in the Warwickshire Local Authority area.

The following gives an indication of some of challenges that our region faces that in turn have impacts upon individuals' health and wellbeing and life expectancy<sup>1</sup>:

- between 1996 and 2012 we were the only region where poverty and child poverty increased
- the productivity of our region was 84% of the UK average
- however, we accounted for 17% of all inward investment jobs in England
- we were the only region to lose jobs between 2000 and 2010
- the West Midlands has the highest proportion of working age people with no qualifications and has the third highest proportion of jobs requiring no qualifications in the UK
- we have the highest homelessness rate in the country
- over a fifth of workers in our region earn less than a living wage (£7.20/hour)
- people living in our region are among the least satisfied with their lives in the UK

Living longer comparisons<sup>2</sup>: The challenges of a diverse West Midlands

- the rate of premature deaths in Stoke is 349 per 100,000 (138th worst rate out of 150 Local Authorities in England) compared with 240 per 100,000 in Shropshire (36th)
- the death rate from cancer in Birmingham is 78 per 100,000 (ranked 124th) compared with Warwickshire where the rate is 53 per 100,000 (33rd)
- the death rate from liver disease in Wolverhampton is 25 per 100,000 (ranked 142nd) compared with 19 per 100,000 in Solihull (38th)

1: Source: Centre for Local Government, State of the West Midlands Working Paper May 2013  
[http://www.shropshire.gov.uk/jsna.nsf/viewAttachments/MJOS-99WEBQ/\\$file/CLGWM%20State%20of%20Region.pdf](http://www.shropshire.gov.uk/jsna.nsf/viewAttachments/MJOS-99WEBQ/$file/CLGWM%20State%20of%20Region.pdf)

2: Source: Public Health England, Longer Lives: <http://longerlives.phe.org.uk>

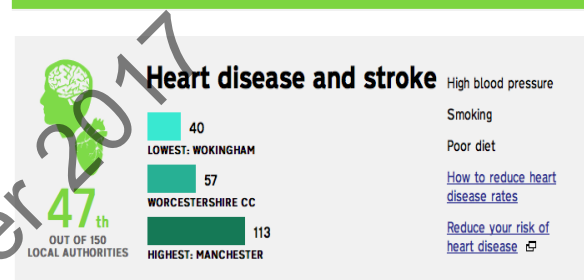


# West Midlands challenges

The West Midlands is a region of contrasts with urban and rural areas facing different challenges. The following are some examples of these.

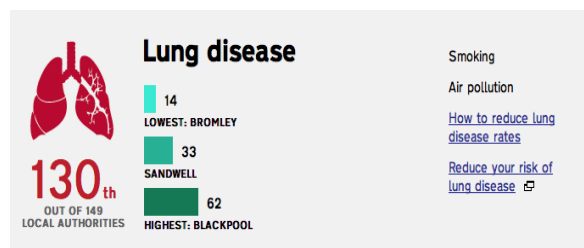
## Rural<sup>3</sup>

- our people living in rural areas are typically older: 23.6% of population in Malvern Hills is over 65 years
- our rural areas are sparsely populated areas: Herefordshire has 82 people per square km
- the travelling community has the UK's largest number of caravan sites in Herefordshire and Wychavon
- our rural areas generally have low wage economies: 19% of employees in 'very rural' districts are paid less than £7/hour compared to 16% in other districts



## Urban<sup>3</sup>

- our urban areas tend to have a younger age profile with the highest proportion of young people under 16 than for any other region
- our urban areas are densely populated: Birmingham has 3,469 people per square km
- our region has the largest non-white population outside of London
- we have large numbers of Asylum Seekers and Refugees in Birmingham, Sandwell and Coventry
- the highest level of unemployment in the region is in Sandwell at 13.9%



<sup>3</sup>: Source: Office for National Statistics

# Public Health England priorities

As Public Health England (PHE) we will work closely with our partners helping them tackle local priorities. We have looked at the local Health and Wellbeing strategies across the West Midlands and found great diversity reflecting different local challenges and also many common themes, issues and priorities. These include:

- giving every child the best start in life
- enabling all children, young people and adults to maximise their capabilities and have control over their lives
- creating and developing healthy sustainable places and communities
- reducing health inequalities and improve life expectancy
- improving the health and wellbeing of older people
- improving the mental health and wellbeing of all communities

Local action will drive sustainable change in the public's health. As PHE we are committed to taking action across the country where it makes sense and when it is needed. Working with our local partners we will seek to influence national policy and practice to help us make a real difference. We will focus our energies on five high-level nationwide enduring priorities that are:

- helping 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
- reducing 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
- protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
- supporting 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
- improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

To underpin these outcome-focused priorities we will:

- promote the development of place based public health systems
- improve our staff's capacity and capability to provide professional, scientific and delivery expertise to our partners, with greater impact

# The health and wellbeing of children and young people must be our West Midlands priority (CYP)

Our partners, stakeholders and staff are telling us that Children and Young People (CYP) are a priority. There is a general consensus that early intervention in a child's life can lead to better outcomes, reduce demand pressures and yield cost savings in the long term. The majority of Local Authority Joint Health and Wellbeing Strategies focus on CYP and are framed by one of the key principles of Sir Michael Marmot's review of health inequalities<sup>4</sup>.

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill health prevention

Together we must try to make significant improvements for the health and wellbeing of children and young people.

Delivering improvements for CYP requires action across the whole system. We will work with our partners in Local Authorities, the NHS, Clinical Networks and the Voluntary Sector to add value to local work. We will place a high priority on making improvements to children and young people's health and wellbeing through advocacy and leadership; sharing good practice; developing intelligence and benchmarking data; organisational development and networking.

Health and Wellbeing Boards have a crucial leadership role and we will support them in their focus on children and young people.

We will work alongside the Child and Maternal Health Network to provide information and intelligence to improve decision-making for high quality, cost effective services.

4: Source: The Marmot Review Team, The Marmot Review, 2010

# Improving the public's health and wellbeing

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# Health and wellbeing: What value will we add?

Health and wellbeing (or health improvement) aims to help people live longer and more healthy lives by reducing the burden of disease and disability while tackling inequalities in health. Local Authorities are the local leaders for improving health and wellbeing. Improving health and wellbeing includes working across the life-course and influencing both the social and economic determinants of health and the major behaviours that impact on health and wellbeing.

We will work alongside local government, the NHS, voluntary, community and social enterprise sectors, and other regional and local partners to champion the health of people in the West Midlands.

We will provide local government with professional support by:

- providing high quality information and intelligence
- identifying and sharing best practice from the West Midlands across the country
- creating the evidence base by supporting evaluation, research and development
- translating and supporting getting the evidence into practice
- co-designing outputs recognising the unique needs of individual areas
- supporting local access to our national resources e.g. social marketing and behaviour change evidence
- supporting public health practice through a variety of network arrangements

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# Health and wellbeing: Our approach

Health and wellbeing is integral to our work and we will take an integrated tiered approach which recognises that Local Authorities take the lead role with us supporting them.

- tier 1: Health and Wellbeing is everyone's business. We will promote Making Every Contact Count and 5 Ways to Wellbeing<sup>7</sup>
- tier 2: Health and Wellbeing will be integrated into healthcare public health and health protection work
- tier 3: We will lead, support or contribute to specific Health and Wellbeing / Health Improvement programme / projects or initiatives

7: New Economics Foundation: 5 Ways to Wellbeing  
<http://neweconomics.org/projects/five-ways-well-being>

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# Health and wellbeing: Some examples of our work

- we will support our partners to enable Children and Young people to get the best start in life by undertaking an advocacy role, providing leadership (where appropriate) and aiding the development and implementation of the evidence base specifically for:
  - Early years, early intervention pilot & the agenda for the health visiting service
  - Childhood obesity
  - Vulnerable children and young people
- we will support local government to commission and deliver the NHS Health check programme through tailored support approaches
- we will support the transfer of commissioning for 0-5 year olds from the NHS to Local Authorities through our contribution to local networks
- we will contribute to leadership in tobacco control working with the West Midlands Tobacco Control Network
- we will support the commissioning and delivery of effective sexual health services by local government by providing access to specialist knowledge and support
- we will support local government's work on oral health
- we will act as a link between local and national networks and help shape national policy.
- we will advise and assist national and local colleagues to improve public mental health and wellbeing through providing specialist knowledge and support
- we will support local government in their work on reducing inequalities and health inequity with a focus on the wider determinants of health e.g. housing, planning, transport, employment and environment. We will support and develop coalitions to try to address the wider determinants of health e.g. child poverty, mental health, domestic abuse. We will explore opportunities for more joint organisational development and sector led improvement work aligning with Learning for Public Health, the Centre for Local Government West Midlands, Health and Wellbeing Boards and Improvement & Efficiency West Midlands
- we will focus on health and wellbeing of vulnerable populations e.g. people in the justice system, people with mental health problems and learning disabilities

# Drugs and alcohol

We will continue to support Local Authorities to address the root causes and wider determinants of drug dependence and alcohol misuse to reduce the harm it has on communities and troubled families. We will achieve this by providing:

- co-designed support to Local Authorities to improve drug recovery rates using a range of products including bespoke data tools, analysis and evidence based applications, practice guidance, benchmarking tools, workforce training initiatives and analysis
- practical support to reduce risky behaviour in key drug using groups by sharing the emerging evidence base in relation to novel substances and addiction to prescribed medication
- continued engagement with Local Authorities via 'Evidence into Practice' sessions, forums, events, clinical groups and bespoke meetings to share best practice and assist in adherence to NICE guidance and national directives
- local level expertise to NHS England, criminal justice partners and other stakeholders in commissioning and providing appropriate services to people in prescribed settings
- support to Local Authorities to reduce the harmful impact of alcohol by fostering a culture where sensible drinking is the easier choice for people who drink. We will support delivery via evidence based, primary, secondary and tertiary prevention activity
- facilitated support to improve joint working between treatment and employment services
- improved linkage between drug treatment and mutual aid to support individual recovery and wellbeing

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# Health and justice

In addition to the priority of CYP that Public Health England in the West Midlands has identified we are also focusing a significant amount of efforts towards the health and justice agenda. People in the criminal justice system often represent some of the most disadvantaged in society. To achieve improvements in the physical and mental health of this group we must work in partnership with: NHS England, the National Offender Management Service, Police and Local Authorities.

To give an indication of the scale of the problem:

- nationally as at 2/8/2013 there are 84,022 people in prison: 3,851 female and 80,171 male.
- 8,161 people in prison across the West Midlands
- 70% of offenders have reported misusing drugs, 35% have an active addiction and 6% acquire a drug addiction whilst in prison
- the youngest person in secure custody is 12yrs old and oldest person in prison is 92yrs
- we have 11 prison establishments in the West Midlands and this includes a range of facilities from High Security to Open prisons for male, female and young people.
- people can be in prison custody from 1 day to life
- people in prison can present with a large range of health needs spanning the life course from birth, with pregnancy and Mother & baby units, to death with the provision of palliative care. Drug and alcohol problems are all too common resulting in cycles of conviction, prison and discharge. Similarly, infectious diseases such as Hepatitis B & C and TB are not uncommon
- continuity of care for health services upon release can be a challenge when the individual may not have a GP, they are homeless, they have no work, or family, no money, and physical and mental health issues. This is sadly not uncommon

We are going to work with our partner organisations to focus our specialist knowledge and skills upon early intervention and prevention with a focus on breaking the cycle of reoffending and poor health. We will develop a joint work program with our NHS England Area Team colleagues and identify priorities and key deliverables for the for the coming year. Our Health Protection Teams will continue to respond to outbreaks of infectious diseases in prisons. We will contribute and support the development and implementation of evidence and intelligence systems to gather data for purposes of detecting emerging threats, informing JSNAs, commissioning and service delivery.

# Protecting the public's health

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## We provide a specialist health protection service

We have three local health protection teams in the West Midlands based in Birmingham, Stafford and Kidderminster who work alongside the NHS, local authorities and emergency services by providing specialist support in communicable disease, infection control and emergency planning.

We aspire to provide a high quality specialist health protection response to infectious disease incidents & outbreaks and health incidents resulting from chemicals and other environmental hazards 24 hours a day 365 days per year building upon the work of the predecessor organisation, the Health Protection Agency.

We will ensure that the systems for preventing and controlling infectious diseases are safe and reliable and try to prevent further outbreaks from occurring. We will work closely with Directors of Public Health to develop practical mechanisms to support local health protection committees.

Through our own work and with discussions with stakeholders we have identified the need to specifically work with partners to:

- understand how the new health system can tackle the complex issues surrounding TB
- escalate any significant concerns during a period of increased incidence of infection or outbreak management appropriately
- develop a strategic approach for Health Care Associated Infections to address the growing problem of antimicrobial resistance
- provide sexual health data in a format that is more user friendly for our partners and stakeholders
- work to increase awareness, acceptability and reduce late diagnosis of HIV

# Emergency planning, resilience & response

We are a Category 1 responder under the Civil Contingencies Act 2004.

We will provide specialist advice and respond to emergencies and incidents that might include “big bang” types of incidents, extreme weather events, infectious diseases, and chemical biological and radiation hazards. We are able to draw upon the expertise and capacity of our wider organisation as and when required.

Our three local health protection teams, supported by an Emergency Planning Manager based in Birmingham, will plan, train, and exercise with a wide range of other agencies, for example establishing and staffing a Scientific Technical Advisory Cell (STAC).

We will work in partnership with the four Local Resilience Fora (LRFs) and Local Health Resilience Partnerships (LHRPs) across the West Midlands and work with them to ensure a locally integrated approach to risk assessment, emergency planning and incident response systems.

We will also work closely with the Directors of Public Health to provide assurance and governance on emergency preparedness issues to the Health and Wellbeing Boards

Working as part of LHRPs we will put in place agreements with Local Authorities and the NHS to improve and assure the response to incidents, outbreaks and emergencies that threaten people’s health.

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## We respond to chemical incidents, environmental hazards and radiation releases

Potential public health threats might originate from incidents such as chemical fires, chemical contamination of the environment from, spills, deliberate release or from industrial legacies. Our strategic goal is to anticipate and prevent the adverse effects of acute and chronic exposure to hazardous chemicals and other poisons where possible. We use the information from incidents and their health impacts, to enable us to identify in advance potential incidents and be able to respond to these including participating in table top and live exercises.

We share a specialist team between Birmingham and Manchester with some members being physically located in Birmingham. This team will:

- provide specialist authoritative scientific public health advice, to health care professionals, members of the public, stakeholders and other organisations about the known health effects of chemicals, poisons and environmental hazards. Advice is also available on radiation issues via our radiation team based in Chilton. Staff also contribute to a national out of hours service which ensures that our advice is available 24-hours a day, 365 days a year
- work closely with our health protection teams and liaise across partner agencies locally and nationally in areas of shared responsibility
- provide advice that covers both acute and chronic incidents that have the potential to impact on public health from sources such as pollution to air, water and soil. We are consulted with respect to potential public health impacts from industrial regulation by environmental permits and planning applications. Advice is available covering diverse areas such as shelter and evacuation, decontamination, remediation, toxicology, bio monitoring and epidemiology regarding impact on public health

## We provide a field epidemiology service

To protect the health of the population it is important to understand the trends in ill health resulting from infectious diseases or environmental hazards and the relationships or links between different case of infectious diseases. A specialist Public Health England field epidemiological team is based with in Birmingham. They work closely with our local health protection teams and as part of PHEs national expert service.

Our field epidemiology service provides a flexible expert resource that can be deployed in a timely manner to inform public health action working through and with our health protection teams.

We will:

- undertake intelligence and surveillance activities for infectious diseases and Health Protection related issues required for public health work
- lead and/or support field investigations and response to outbreaks, incidents and other situations arising from actual or potential exposure to infectious agents or environmental hazards that require prompt public health action
- contribute to/support staff in our health protection teams and local government to apply epidemiological methods to assess and develop the evidence base to inform public health actions including the evaluation of public health interventions
- support the identification of training needs and delivery of defined education and training required to improve the capacity and capability for field epidemiology within the health economy

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# We provide a specialist microbiological service

In the West Midlands we are fortunate to have one of eight Public Health England laboratories who provide Public Health Specialist Microbiology services to help protect the country from infectious diseases. Our laboratory is based in Birmingham and is part of a network supported by Collaborating Centre Laboratories in Leicester and Nottingham. Our specialist microbiology staff work closely with the health protection teams to:

- provide comprehensive and specialist diagnostic testing with links to National Reference Centres at Porton Down and Colindale
- provide state of art technology infrastructure that delivers cutting edge diagnostic microbiology testing
- provide an on site Regional Centre for Mycobacteriology and Clostridium difficile ribotyping
- support emergency planning and response to incidents of national and international significance
- provide support for the Health Protection teams across the Midlands with microbiological expertise and timely investigation of outbreaks
- discriminate types of organism, one from another
- provide external expertise for acute trusts in the investigation of Health Care Associated Infections as required
- provide a network of Food, Water and Environmental testing laboratories for the investigation of food and water borne outbreaks in healthcare environments
- provide 24 hour support, 365 days a year access to laboratory and clinical / public health microbiological expertise
- undertake research in collaboration with academic institutions in the region to further our understanding of microbial infections and to enhance our public health duties
- provide excellent facilities and expertise for training of microbiology and public health medical staff, clinical scientists and biomedical scientists
- provide a clinical and infection control service to the services host NHS Trust

Improving the healthcare provided  
to the public

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# We support NHS England in their commissioning functions

We will provide public health advice and support to any stage of the commissioning cycle undertaken by NHS England in order to maximise the health benefits to our population and reduce inequalities. We have embedded staff in NHS England Area Teams to support the commissioning of the mandated section 7a services<sup>8</sup> and in addition a Consultant in Public Health providing advice and support for the wider aspects of commissioning for the 3 NHS England Area Teams in the West Midlands.

We will:

- provide an advocacy and leadership function for the Public Health agenda with the wider NHS by working with our NHS Area Team colleagues and network
- provide a link between local and national networks and help shape national policy
- support the patient safety and quality agenda through:
  - Representation on, as a provider of intelligence, and support to the development of the three Quality Surveillance Groups
  - Core member of the Clinical Senate and four Strategic Clinical Networks through membership on the Oversight Group
- provide support for the Primary Care Quality role of the NHS England Area Teams: this area of work is under development but will include joining up with the work that is being undertaken nationally e.g. Clinical Commissioning Group (CCG) value packs being developed by the PHE Knowledge and Intelligence Directorate
- provide support for the CCG assurance role of the NHS England Area Teams: which is under development in partnership with national colleagues
- support for commissioning Section 7a services
- provide support for Local Authority Public Health colleagues who are supporting CCGs commissioning through the core offer: the Healthcare Public Health Consultant will be a 'bridge between' Local Authority support to CCGs commissioning and the specialised end of the commissioning pathway. A West Midlands Healthcare Public Health network is being developed bringing together Local Authority, generalised and specialised Public Health colleagues to reduce duplication, identify and share good practice and address learning needs through linking into our PHE workforce development colleagues

8: NHS England: Public Health Functions to be exercised by NHS England  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213153/s7A-master-131114-final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213153/s7A-master-131114-final.pdf)

# Specialised services commissioning

We will support the specialised services commissioning team hosted by the Birmingham, Solihull & Black Country NHS England Area Team. The team oversees the delivery of specialised services as defined in the NHS England list of prescribed services. We have a Consultant in Public Health who has many years of experience in specialised commissioning.

We will:

- use the available clinical evidence and its interpretation for the delivery of services both at a local level and by supporting consistency at a national level
- advise on the strategic implications of any issues arising from service delivery or the introduction of new developments, such as service changes or new clinical interventions
- manage service changes working with clinicians from provider trusts and use clinical data to understand how patient outcomes can be improved
- work across a number of organisational boundaries to ensure that the clinical pathways for patients work well and to facilitate ways of lessening the severity of disease where this sits outside of specialised services
- although our consultant for specialised services will sit with and support the lead Area Team (termed embedded) there will also be a need to work with colleagues at a national level to deliver consistent services across England
- support commissioners to make prioritisation decisions on services through a fair and reasonable process so that the available budget is spent in a way that is acceptable to the wider public

Priorities for 2013 /2014:

- supporting local specialised services team in establishing the new ways of commissioning
- providing public health advice and support for the management of Individual Funding Requests (IFRs) for specialised services including links with any policies needed to manage service developments. This includes working with the Midlands and East IFR screening team and liaising with other regions
- providing input to the Clinical Reference Groups and Programme of Care Boards as appropriate to support the development of commissioning tools
- contributing to the national co-ordination of public health advice both through NHS England directly and through the links between PHE and NHS England

# Screening and immunisation (S&I)

Our Screening and Immunisation Teams are embedded within the three NHS England Area Teams and our specialist advice on immunisation is provided by our Health Protection Teams. We are supporting the commissioning of existing and new S&I programmes and are working to continuously improve coverage, quality and safety of S&I programmes and to reduce inequalities in health.

We will:

- be accountable for the local system leadership of S&I programmes
- coordinate the local delivery of national programmes & respond to the introduction of new initiatives (MMR catch up, new immunisation & screening programmes)
- gain timely assurance of performance through our leadership of programmes boards.
- provide health intelligence based on surveillance data to inform continuous improvements and reductions in health inequalities
- provide advice to primary care practitioners for complex immunisation queries.
- lead the NHS England Area Team response to S&I incidents
- provide assurance & clarity to local authorities, sharing risks & collaborating on mitigating actions
- support providers regards their responsibility to ensure practitioners are adequately trained

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# Quality assurance for screening services

We will work closely with our national colleagues regarding the quality assurance aspects of the of screening programs.

The UK National Screening Committee National Quality Assurance service for NHS screening programmes will work with providers and commissioners to ensure that screening programmes continue to deliver their expected population benefits in reducing avoidable mortality and morbidity and provide a safe and satisfactory service for individuals.

## **We will do this through:**

- developing a QA service culture which providers and commissioners will have confidence in to deliver improving quality for screening programmes that recognises the changing landscape of the NHS
- establishing a comprehensive regional QA service which will be the source of expert advice on NHS Screening programmes; provide a peer review process and analyse information from a range of sources to support providers and commissioners to drive up quality in local screening programmes
- understanding and reducing areas of risk in screening programmes through effective and timely advice/support where there are quality concerns; a surveillance system to collect and analyse information on incidents and to feed this back through National Screening Programmes, commissioners and providers, so that action can be taken by appropriate organisations
- developing tools and systems to effectively monitor the quality of screening tests
- Developing a business model for a national QA service that realises opportunities to generate income through providing expert bespoke support to providers and commissioners of screening programmes wishing to improve the quality of screening services

# Dental public health

Our Dental Public Health team is co-located with the three NHS England Area Teams and will continue to work across the three domains of public health to improve oral health and reduce oral health inequalities, help ensure patient safety and support the commissioning of high quality dental services.

Improving oral health and reducing oral health inequalities

We will:

- work with Local Authorities to help them gain an understanding of their new responsibilities and the current evidence base in relation to oral health improvement programmes, dental epidemiology and water fluoridation
- support Local Authorities to deliver these statutory functions appropriately

Supporting the commissioning of high quality dental services

We will:

- provide Dental Public Health expertise and professional leadership to support the commissioning process
- support NHS England to develop effective clinical networks and implement dental care pathways

Ensuring patient safety

We will:

- support the development and implementation of processes to ensure patient safety
- provide support to NHS England in identifying and managing issues of poor performance

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# Knowledge and intelligence

A major part of our role is to support local government and NHS partners by providing specialist expertise and advice, including public health intelligence support. Our Knowledge and Intelligence Team (KIT) is based in Birmingham and works as part of a national network. We will work in collaboration locally with colleagues in local government, NHS England and Commissioning Support Units to ensure that public health intelligence support is provided consistently and efficiently. Our KIT will act as the local presence for topic-based specialist intelligence resources, including the health intelligence networks that are being developed covering cancer, child and maternal health, cardiovascular disease, mental health and end of life care.

We will:

- provide access to robust evidence and information to support local health surveillance, needs assessment, benchmarking quality, comparing outcomes, developing plans and evaluating impact
- be involved in undertaking a combination of national and locally tailored knowledge and intelligence work
- produce knowledge and intelligence products and develop new ones on a 'do once for all' basis as a resource for local partners; this will include indicators, profiles, tools and reports. We can help support partners to navigate their way around the products and services that we currently provide a full list is available via our website
- take an active lead in working with local intelligence partners to support the local use of nationally produced knowledge and intelligence output through active dissemination, helping with the local interpretation and application of national output, and facilitating the feedback process
- provide a local intelligence enquiry service to respond to queries from local partners regarding our local and national products, including signposting to available resources and sources of information, and referring enquiries to local and national intelligence experts where appropriate
- contribute to training and professional development in the areas of public health evidence and intelligence and continue to facilitate a regional intelligence network, for the purposes of sharing learning and supporting continuing professional development
- local stakeholders will also have the option of negotiating a fee-based locally enhanced intelligence service from us

## PHE West Midlands key contacts

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