



Public Health  
England

# Anglia & Essex Centre prospectus

*“Working together to improve and protect health and wellbeing in Anglia & Essex”*

Archived December 2017

# 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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# Welcome to Anglia & Essex PHE Centre

Our prospectus provides information about:

- Who we are
- What we do
- How we work with others
- How to contact us

Our prospectus has been developed with the involvement of staff and stakeholders across Anglia & Essex. It has been written for our external stakeholders and partners and is intended to be a starting point for working together.

We will build on the information we have provided here as we evolve and develop our Centre and working relationships.

We welcome your feedback and suggestions.

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## Foreword

Each centre is led by a centre director who is a senior public health consultant and is a partner in the local public health system.

Our centre director is Dr Gina Radford



Welcome to this Prospectus, which aims to set out the roles and functions of the Anglia and Essex Public Health England (PHE) Centre.

The Centre was set up in April 2013. Its principle role is to support the local public health system here in Anglia and Essex. This system has as its core local authorities, who are responsible for the health and wellbeing of the local population. To undertake this role, the Centre seeks to work with, and through, a range of partners in the public, private and voluntary sector.

The Centre undertakes a number of functions, which we have described in this document. The descriptions are not exhaustive – so please do contact us if you need any further information. The Centre acts as the “front door” of PHE here in Anglia and Essex. So in addition to the range of functions we carry out locally, we have access to all the national resource and expertise that is within PHE. In addition, we act to ensure that this national work is well informed by, and linked in to, local needs and experience.

I hope you find this prospectus useful and helpful. We are here to support and play our role in improving the health and wellbeing of people here in Anglia and Essex, but we can only do this by working with others – so please do feel free to contact us at [Anglia.essexadmin@phe.gov.uk](mailto:Anglia.essexadmin@phe.gov.uk) for any further information, or to discuss any issues.

A handwritten signature in blue ink that reads "Gina Radford".

# Introduction

Public Health England (PHE) was set up in 2013 as the expert national public health agency for protecting and improving the nation's health and wellbeing and tackling health inequalities.

As an organisation we work transparently, proactively providing government, local government, the NHS, public health professionals and the public with support to measures of public health and advise on the delivery and evaluation of public health services and interventions to improve health.

We are a single dedicated service to support local innovation and provide disease control and protection.

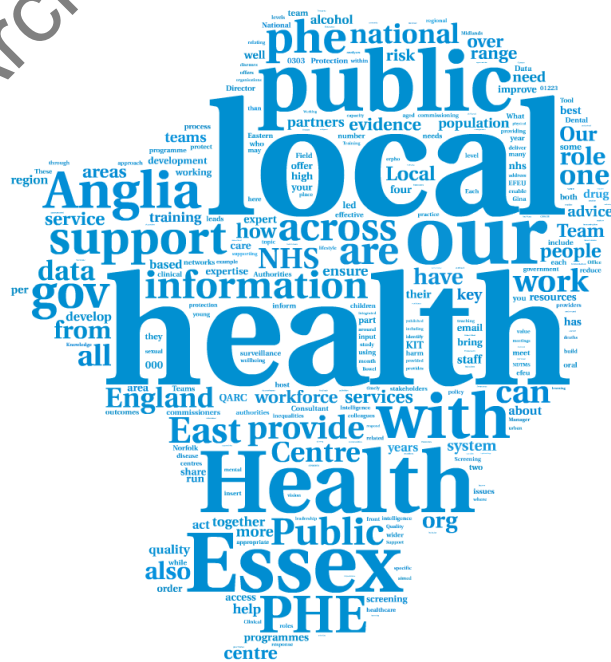
*“We want to be known for encouraging evidence-led action with scale and pace to make a significant and sustainable improvement to the public's health.”*

Source: PHE Our Priorities for 2013/2014

## What we offer

By bringing together our expertise in the three domains of public health (health protection, health improvement and healthcare public health,) PHE offers something unique to the public health system; a collaborative approach to addressing public health issues and inequalities across Anglia & Essex, and a link to national PHE activities and functions, all of which can be accessed through a coordinated and streamlined local centre.

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## **PHE national vision**

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

## **Anglia & Essex PHE Centre: Our local vision**

*“Working together to improve and protect health and wellbeing in Anglia & Essex”*

As a local centre our overarching mission is to work with local partners to develop shared priorities, while driving innovation and evidence to influence the national agenda and best public health practice. Ultimately we want to develop a truly integrated local approach that improves and protects the health and wellbeing of the population of Anglia & Essex.

## Your local centre

PHE is made up of 15 local centres across England which act as the front door for PHE, delivering an integrated range of services and expert advice which are focused on local need.

Each centre supports local government and the local NHS to improve and protect the public's health and reduce inequalities with intelligence and evidence.

The Anglia & Essex PHE Centre is one of four centres in the Midlands and East of England region, and includes Norfolk, Suffolk, Essex and Cambridgeshire, Peterborough, Southend-on-Sea and Thurrock.

The Anglia & Essex Centre is your local front door to PHE, and through us you can access national and local resources and expertise from all of our teams and people.

We can be contacted in person, online, by telephone and email. We regularly keep our partners and the public informed using newsletters, websites, forums and meetings.

In addition to our local role, many of our teams have a national capacity, developing tools and expertise that are used nationally and that you can access through your local centre. Examples of our work nationally include the National Cancer Registration Database (encore) and the development of PHOLIO (the Public Health Online Library of IndicatOrs) which is the underpinning database that facilitates the production of the Public Health Outcomes framework, Longer Lives and the National Practice profiles.

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# The local challenge

The Anglia and Essex region presents a number of public health challenges.

- in 2012, Anglia and Essex had a population of 4.2 million, an increase of 9% since 2001, slightly higher than the 8% increase seen in the UK overall over the same period<sup>1</sup>. The Anglia and Essex population is projected to continue to rise by a further 9% over the next decade<sup>2</sup>
- in 2012, in some coastal areas and parts of North Norfolk one in four of the population were aged over 65 years, while more urban areas such as Peterborough and Thurrock have populations with the highest proportion of children and young people<sup>3</sup>
- between one in four and one in five adults aged over 18 years were estimated to be smokers; and some 6,400 deaths each year of Anglia and Essex residents can be attributed to smoking. (Based on data from 2008-10)<sup>4</sup>
- it is estimated that around two out of every three adults in Anglia and Essex are overweight or obese; while levels of overweight and obesity in children aged 4 to 5 years are between one child in five to one child in four<sup>5</sup>
- the area has a diverse urban and rural make-up with many scattered urban, town and fringe areas, and a predominantly rural area in northern Norfolk. The 2011 census showed that population density across counties and unitary authorities in the Anglia and Essex area ranges from 160 people per sq km in Norfolk County to over 4000 people per sq km in Southend-on-Sea<sup>6</sup>
- the map overleaf shows the distribution of the population within the large geography of Anglia & Essex, alongside some examples of our work across the region



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<sup>1</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-315018>

<sup>2</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-274527>

<sup>3</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-294273>

<sup>4</sup> Local Tobacco Profiles (Fingertips), smoking prevalence 2011/12 Q4, smoking attributable mortality 2008-10

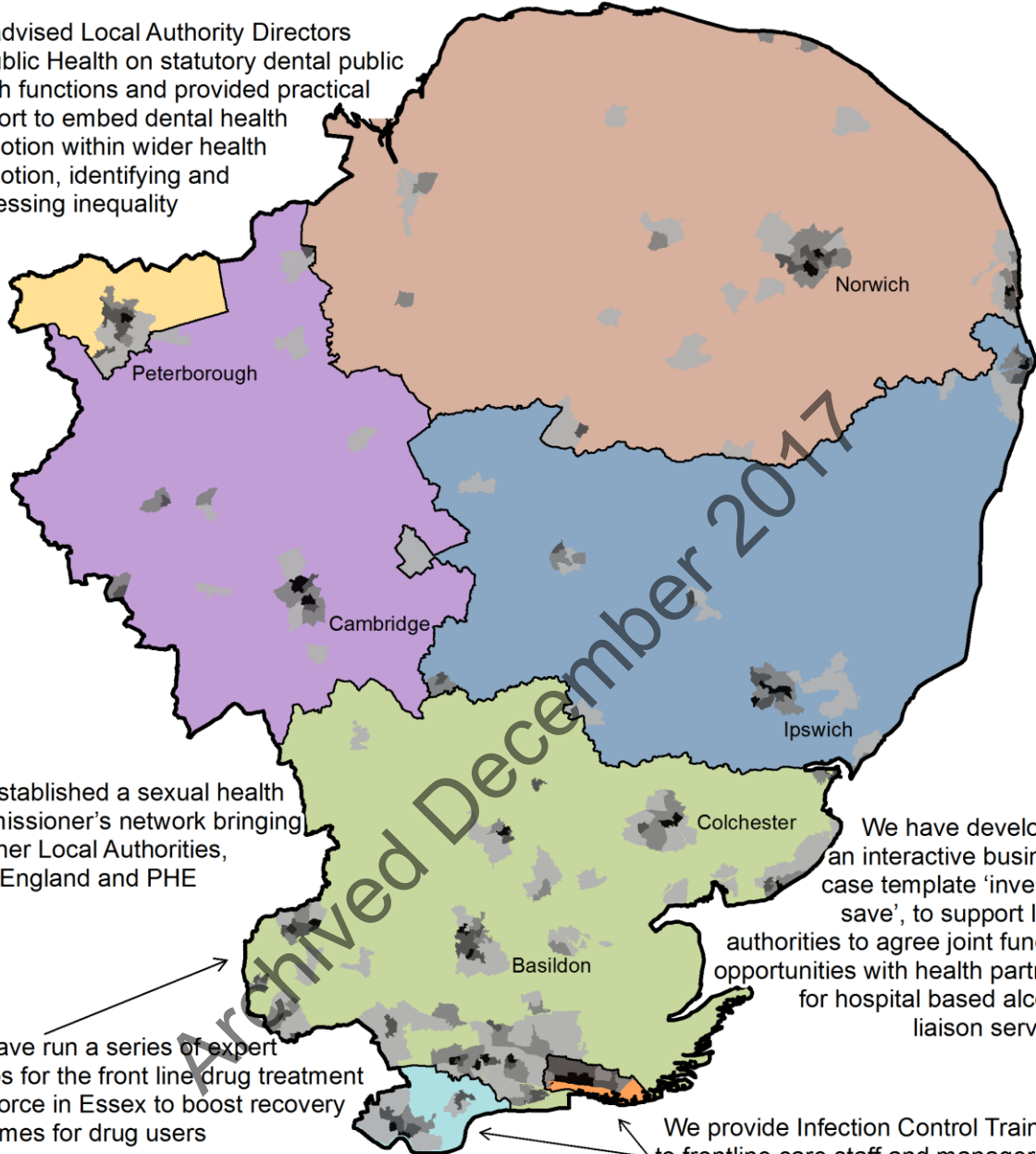
<sup>5</sup> Active People Survey 2012, and National Child Measurement Programme 2012-13, both accessed from Public Health Outcomes Framework (Fingertips)

<sup>6</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-319259>

# Anglia & Essex PHE Centre

the population of Anglia & Essex is 4.2 million

We advised Local Authority Directors of Public Health on statutory dental public health functions and provided practical support to embed dental health promotion within wider health promotion, identifying and addressing inequality



We established a sexual health commissioner's network bringing together Local Authorities, NHS England and PHE

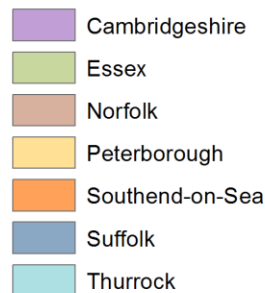
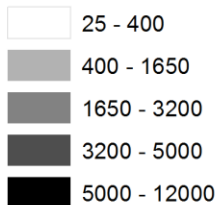
We have developed an interactive business case template 'invest to save', to support local authorities to agree joint funding opportunities with health partners for hospital based alcohol liaison services

We have run a series of expert groups for the front line drug treatment workforce in Essex to boost recovery outcomes for drug users

We provide Infection Control Training to frontline care staff and managers in Southend-on-Sea and Thurrock unitary authorities

## Population density by national quintiles

No of people per Km Square



Source: Longer Lives, PHE, 2013; Health Profiles, PHE, 2013. <http://longerlives.phe.org.uk/>  
 © Crown copyright and database rights 2013 Ordnance Survey 100016969 PHE, KIT East

# Working together

We highly value and respect the different strengths of our partners. In response to feedback already received from our external stakeholders, we will ensure that as part of our role we bring people and organisations together to share best practice and facilitate partnership working, creating enhanced benefits and relevant local solutions.

Our key aim is to ensure that we add value to the local service delivery and to work collaboratively across all sectors to develop and support local solutions.

Within our centre we offer a range of tools and services that are uniquely placed to support local partners deliver on their public health priorities and which can focus on the particular needs of our geography and population.

## We will:

- offer expert support and guidance on the assessment of the extent of drug and alcohol related harm in communities with recommendations on how to tackle specific issues
- provide authoritative advice and evidence on specific healthy lifestyle topic areas (tobacco, sexual health, diet and physical activity) as well as NHS Health checks, workplace health and wellbeing, mental health, dental health and children and the early years
- be your first point of contact for up-to-date information on communicable diseases
- be your experts in finding, accessing and using published knowledge and intelligence resources
- provide excellent management of screening and immunisation services
- play a key role in strategic partnerships such as emergency planning and sustainable development
- be the facilitator of local & national networks and training and education opportunities
- we will work with our local partners to learn and share innovation

## Place based approach

A place-based approach will encourage us to think more broadly about how we can work across the health system to tackle some of the wider determinants of health and their impact on individuals, families and communities rather than on a single risk-factor, behaviour or disease.

In order to do this we will work with our partners to understand the needs of local areas and bring together expertise and skills from across the centre to identify how we may be able to support and add value to the work of the local government teams, providing a forum for sharing knowledge and best practice as is needed.

## Public Involvement

We recognise the importance of understanding the needs and views of the public by engaging with them in the most effective way. This will help us to develop better policies, programmes and services. It will also give the public and us the confidence that we remain focussed on the public's health.

Quite rightly local government leads on public involvement as they are best placed to understand the issues that affect their local communities. Therefore, while local authorities have autonomy in how they involve local people there is much we can do together in order to share learning across the local public health system.

As a centre we will support local authority led public involvement by providing evidence and expertise that can inform local approaches. This might vary from expert evidence on a specific topic (such as water fluoridation or waste incinerators) to expertise on community engagement approaches; where local authorities request it.

We will be able to use the existing public involvement structures, for example consulting with the members of the People's Panel who live and work in the Anglia and Essex area. This might be offered to test outlying results or provide additional context and evidence to a local debate.

\*People's Panel: almost 1,000 people across England who form the largest consumer panel of its kind in the country. The People's Panel was established as an innovative way to engage with the public about health priorities, information and services. Membership was drawn from two national random survey samples giving a unique and valuable insight into public health issues that the public feels are important and how they understand and respond to health information.

## Who we are

This section provides information about each of our teams and their key function and services.

### Alcohol and drugs team

Your PHE alcohol and drugs team work as active members of locally led public health systems across the region, supporting a range of partners to address the root causes and wider determinants of drug dependence and alcohol related harm.

Problem drug and alcohol use is often concentrated within the poorest communities and can occur in combination with other high risk behaviours and negative lifestyle factors, such as isolation, family breakdown, inadequate housing, offending, low educational attainment, worklessness, and poor physical and mental health. With substance misuse interventions now part of the wider public health system we have the opportunity to deliver an even more integrated response to reduce these risk factors and build greater resilience for our local populations.

We provide expert advice, support, and guidance in assessing the extent of drug and alcohol related harm in your communities and help you to decide how best to respond.

### Cancer registry

The National Cancer Registration Service (NCRS), Eastern Office registers all malignant tumours and some pre-cancerous lesions occurring in people resident in the East of England at the time of diagnosis. The Eastern Office is also the National Brain Tumour Registry for England. The primary role is to collect, process, store and analyse all malignant tumours and some pre-cancerous and non-malignant (benign Brain and CNS tumours only) cancers newly diagnosed.

### Dental public health

Our dental public health consultants work to inform and support key partners to improve oral health and reduce oral health inequalities. In both Anglia & Essex we helped to establish a local dental network, each accountable to the medical director of the NHS Area Team. These networks enable clinicians to engage and develop the leadership skills required to transform local services. We provide service reviews to inform future commissioning and help identify



how oral health can be improved through wider policy and initiatives.

## Eastern Field Epidemiology Unit (EFEU)

The Eastern Field Epidemiology Unit (EFEU) monitors infections and other health protection issues across the Anglia & Essex, and South Midlands and Hertfordshire areas. We host and input to surveillance networks in sexually transmitted infections, health care associated infections and blood borne viruses as well as many others. Recently we have expanded routine mandatory health care associated infection and antibiotic usage analyses to provide commissioners and health care providers with timely measures to optimise antibiotic usage.

Services provided by the team include:

- producing a range of surveillance reports and analyses for use by clinical, commissioning and other health service colleagues
- maintaining laboratory-based reporting and surveillance, and enhanced surveillance on a number of important diseases
- providing technical and epidemiological support in outbreak and incident investigation at sub national and national level

## Health and Justice Services

The Anglia & Essex Centre is one of ten centres to have a Health & Justice lead responsibility. This is to specifically support the interface with both NHS England and the National Offender Management Service (NOMS.)

In close collaboration with health and justice commissioners, service providers, and other agencies allied to the criminal justice system we will:

- Ensure that services delivered in prescribed detention settings are of high quality, meet identified needs, are evidence-based and meet national policy objectives
- Gather and provide evidence and intelligence to inform and support the work of local and national commissioners and service providers
- Provide expertise at local and national level on a broad range of health protection, health promotion and disease prevention activities for offenders, as well as those at risk of offending
- Support a wide range partners in the development of care pathways for people around the detention estate and between prescribed detention settings and the community.

## Health protection teams

The primary responsibility of the Health protection teams is to identify, prepare for and respond to different types of public health threats in a timely manner to minimise risk to the local population. Our two teams across Anglia & Essex provide an acute 24 hour health protection service.

This entails the effective surveillance and public health management of cases, incidents and outbreaks. This service is provided in conjunction with our local stakeholders and we provide advice and training to stakeholders such as carehomes, schools and practice nurses, NHS commissioners and local authorities.

PHE is a Category 1 Responder in an Emergency and as such share information, cooperation and collaborate with other local responders, and warn and inform the public as part of the duties under the Civil Contingencies Act 2004. The Emergency Preparedness Manager and senior Health Protection staff regularly attend the Local Resilience Forums (Cambridgeshire, Essex, Norfolk and Suffolk) to give input into the risk assessment process, emergency plan preparation and exercising of plans.

## Health & wellbeing team

The main purpose of the Health and Wellbeing Team is to provide advice and support to central and local government to drive improvements in health outcomes and a reduction in health inequalities across the population based on evidence and cost-effectiveness. Areas of responsibility include specific healthy lifestyle topic areas (tobacco, sexual health, diet and physical activity) as well as key PHE work programme areas (NHS Health Checks, sustainability, health at work, mental health and children and the early years).

## Healthcare public health

In order to improve the health of our local population we need to ensure that individuals have access to good quality healthcare services. It is therefore important that local healthcare decision makers are supported by their public health colleagues to inform which services should be delivered and how.

We will work closely with colleagues in NHS England and public health teams in local authorities in order to ensure that healthcare services are commissioned and delivered in an evidence-based, equitable and cost-effective way in order to drive improvements in health outcomes and reduce health inequalities across the local population. We also have a role in contributing and supporting the work of the Clinical Networks and the Clinical Senate and the provision of advice on clinical effectiveness, health service planning, clinical governance, and audit and evaluation.

## Knowledge and Intelligence Team (KIT) East

The role of the KIT East is to enable policy makers, commissioners and providers of health services to access and act on evidence and information in relation to population health.

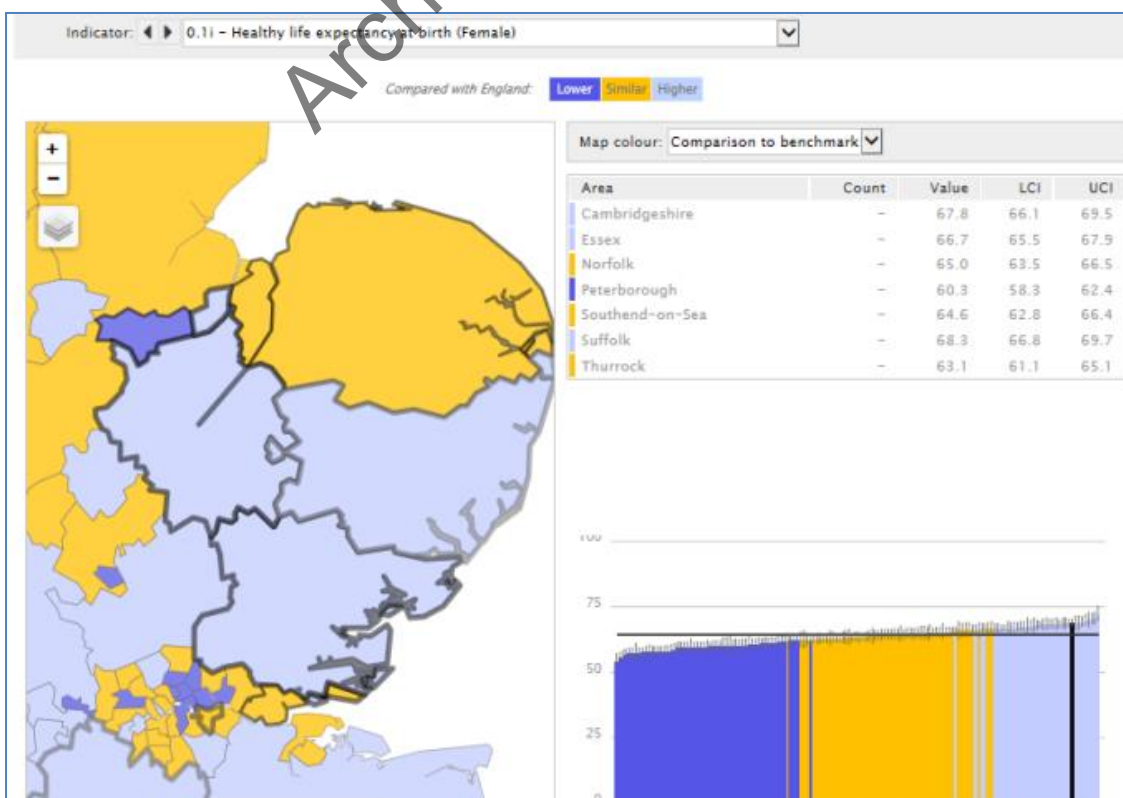
KIT East supports the Centre role in collecting, collating, analysing and disseminating information for public health Public Health action. The KIT works as part of the integrated Centre team to provide a seamless offer of public health Public Health knowledge and intelligence to support local health surveillance, needs assessment, benchmarking quality, comparison of outcomes, evaluation of impact and service planning.

We work closely with public health Public Health information teams in local government. We also work with colleagues in other Knowledge and Intelligence Teams across the country to provide national knowledge and intelligence support including the production of national resources such as the Local Health Profiles and the Public Health Public Health Outcomes Framework Data Tool.

We support the local public health Public Health system by:

- facilitating access to, and the use of knowledge and intelligence resources including those published through the Public Health Public Health England Data and Knowledge Gateway and through Fingertips Midlands and East
- providing training in the use of public health and healthcare intelligence
- facilitating joint working, sharing of good practice and professional development through the local Knowledge and Intelligence Network
- capturing the information needs of the local public health Public Health system and ensuring these are fed back to national work stream leads
- providing a data request services for knowledge and intelligence queries that can not readily be answered by signposting to published material. This service is intended to support local public health Public Health information teams, for example, by addressing queries which would be more efficiently dealt with on a Centre or Network area basis

### Public Health Outcomes Framework Data Tool





## National Drug Treatment Monitoring System (NDTMS) East

The National Drug Treatment Monitoring System (NDTMS) East team collect and quality assure data on specialist adult and young person substance misuse treatment, for both alcohol and drugs. Data is collected at the start of the month and reported on by the end of the month, the dataset itself consists of over 200 fields and changes annually. We process over 200,000 records a month, relating to approx 30,000 unique clients per year. Reports include data on drug related deaths and we also respond to ad hoc requests.

To support treatment system restructures we offer independent, expert advice on project management, data modelling and information governance. For our stakeholders we run bespoke analysis, run quarterly analyst forums and training on interpretation of data.

## Quality Assurance Reference Centre (QARC)

The QARC leads the review of the performance of the NHS cancer screening programmes for Breast, Bowel and Cervical Cancer in the East of England.

The functions of the QARC include collecting and collating data about the performance and outcomes of the screening programme, organising quality assurance visits to meet staff and view facilities at three year intervals, implementing national screening policies at regional level and advising the NHS cancer screening programme on professional matters.

We host regular regional meetings and study days, and we lead on the development of training programmes for laboratories and regional cytology training schools.

## Screening & Immunisation Teams

The Screening and Immunisation Teams are responsible for supporting commissioning and programme management of national routine screening and immunisation programmes on behalf of the population of Anglia & Essex.

We deliver system leadership, focussed on improving the quality and performance of screening and immunisation programmes, as measured against national standards.

Screening programmes include:

- Breast, Cervical and Bowel cancer,
- Abdominal Aortic Aneurysm (AAA) and Diabetic Eye Screening (DES)
- Antenatal and Newborn

Immunisation programmes cover neonatal and childhood, school age and adult immunisation programmes.

The teams also support the PHE Consultants in Communicable Disease Control (CCDCs) in response to outbreaks of vaccine-preventable illness, where immunisation is required and ensue appropriate investigation of such events.

### Specialised Commissioning

We will provide professional public health (population healthcare) leadership, advice and support to the specialised commissioning team within the NHS Area Team hosting the specialised commissioning hub. This includes providing appropriate input to the annual commissioning cycle and ensuring health improvement is a key outcome of the process. It will ensure engagement across clinical pathways by developing strong links with Clinical Commissioning Groups, local authorities, Health and Wellbeing Boards, clinical senates and networks and other agencies as appropriate.

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## What we do

The role of PHE Health Protection is to offer leadership, and scientific and technical advice at all organisational levels, working in partnership with other organisations to protect the population from vaccine-preventable diseases and reducing poor health and premature death.

This involves working with local authorities and the NHS to help put in place effective strategies to reduce rates of infection, and provide information and evidence to support the commissioning of effective and appropriate screening services.

The following case study demonstrates our health protection role.

On 15 April 2013, an outbreak of avian influenza in turkeys on a farm in Suffolk was reported to the HPT. Early tests showed that this was not the highly pathogenic H5/H7 subtype of the virus. The premises affected was a breeding site which involves workers collecting eggs with over 5,000 turkeys on site.

An Incident Management Team (IMT) was set up for the morning of 16 April in order to conduct a risk assessment and implement appropriate control measures. The HPT worked closely with the premises owners, Defra (Department for the Environment, Food and Rural Affairs) and other partners in the NHS and local authority to ensure that all necessary actions were taken to protect people who may have been exposed to the virus. Although the virus was a low pathogenic one, certain types, such as H9, have the potential to cause human disease. As a precaution, the IMT adopted a strict approach to control measures for the 13 exposed people at the farm. This involved active health surveillance, chemoprophylaxis with oseltamivir, avoidance of exposure and the use of full personal protective equipment if exposure was necessary.

All those exposed remained asymptomatic, apart from one person who had a history of mild flu like symptoms and tested positive for parainfluenza virus. The incident occurred shortly after the implementation of the 2013 public health reforms and was a good test of the multiagency response and new public health arrangements. The virus was later identified as H9N2 avian influenza virus. By taking swift action, we aimed to prevent the spread of avian flu to those humans in contact with the turkeys. This, in turn, reduces the possibility of avian and human flu viruses combining to cause a new strain with the potential for a pandemic.

Led by our Screening and Immunisation Teams, the following case study demonstrates how we work in collaboration with NHS England and local authorities to protect the health of children and young people in the region in response to a national programme of immunisation.



Following an increased number of measles cases and localised outbreaks, Public Health England and NHS England announced a national MMR catch-up programme to vaccinate unvaccinated and partially vaccinated 10-16 year olds. Specialist PHE teams including Screening and Immunisation, Health Protection and Field Epidemiology, worked with local partners such as NHS England and local authorities to commission general practices to offer the vaccination to children and young people at risk and to advise health professionals on responding to suspected cases of measles. We targetted communications to relevant groups such as teenagers, parents and health professionals using local media, social media and school and community networks and undertook an audit to provide a robust estimate of the prevalence of unvaccinated children in the target population. Local authorities had general oversight of the programme, and communicated with their populations via local media and via local schools.

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## We improve health

At PHE we take a life-course approach to influence both the social and economic determinants of health and the major behaviours that impact on health and wellbeing. This involves supporting local authorities to commission and implement programmes aimed at improving the health of the population across all stages of life.



One of PHE's priorities is to reduce the number of preventable deaths in people under 75 years. Cardiovascular disease (CVD), which includes conditions such as coronary heart disease, stroke, hypertension, high cholesterol, diabetes, chronic kidney disease, and vascular dementia is responsible for nearly a third of all deaths in the UK. The NHS Health Check programme aims to prevent CVD by identifying those with risk factors early to reduce disease progression, prevent avoidable deaths and to raise awareness of vascular dementia. The programme, which is commissioned by local authorities, invites those aged 40-74 without a diagnosis of vascular disease to attend an appointment for a risk assessment once every five years.

PHE undertook responsibility for overseeing the implementation of NHS Health Checks in April 2013. The Health and Wellbeing team have established an NHS Health Check commissioner network which meets quarterly to provide peer support and to facilitate the sharing of information, evidence and good practice. The network also works to support members in implementing quality assurance systems and in marketing and promoting health checks to improve local uptake.

## We provide evidence and information

We will develop and provide knowledge and intelligence to enable policy makers, commissioners and providers of services to access and act on evidence and information relating to population health.

This case study focuses on the Knowledge and Intelligence Team's role in responding to requests for information and how the team provides expertise in using the evidence.

KIT East was asked by a local authority public health team within Anglia and Essex to help with a review of the numbers of low priority procedures that were being undertaken. Low priority procedures are usually surgical operations or similar interventions which the scientific evidence shows are not very effective for many patients or which are judged to be of low priority for NHS funding (e.g. tattoo removal). KIT East worked closely with the local authority team to extract hospital data for the procedures of interest. The numbers of procedures were then compared with other areas with a similar population and also compared with the agreed numbers of these procedures in the Clinical Commissioning Group (CCG) contracts.

As a result of this work, the local authority team was able to work with the CCG to reduce these procedures and assist the CCG in using its financial resources to achieve best value.

## We help build capacity and develop the public health workforce

We will ensure the development of a high quality public health workforce while also acting as a facilitator to bring together those working across all aspects of the public health system including NHS England, local authorities, the voluntary sector and academia.

To support the development of a high quality public health workforce we will:

- understand the local need for workforce development
- develop and deliver high quality training and teaching to meet local need
- professional appraisal
- support local authority colleagues/ DsPH to appoint an exceptional workforce
- create, host and facilitate networks to bring people and organisations together

### Workforce development

Each PHE region has two workforce development leads who will support each centre to understand the local need and ensure that the need is reflected in workforce planning and the training provided by the local centre and nationally.

### Training & teaching

We have a number of training and education opportunities which aim to cater for the vast range of roles and knowledge requirements across the public health workforce.

These include:

#### *Future public health leaders*

We are a training location for Specialist Training in Public Health and also offers secondments to public health analysts to support the development of advanced public health intelligence capacity and capability in the region. A number of our teams support public health registrar placements.

#### *External public health workforce*

We run several courses and training sessions that are aimed at supporting the public health workforce to use data and information effectively. For example, our Foundation Course in Health Intelligence draws on analytical teaching expertise from across the area to train staff in local authorities, Clinical Commissioning Groups and voluntary sector organisations to analyse and understand data.

Every year the National Drug Treatment Monitoring System (NDTMS) dataset changes in order to respond to the policy needs of government, as well as to respond to the needs of the sector and reflect NICE guidelines. In co-ordination with PHEs local alcohol and drugs team, annual training programs are rolled out across both the Anglia and Essex and the South Midlands and Hertfordshire PHE centres.

In 2013-14 the training events focused on strategic overview, information governance (protecting clients data, safe/secure electronic data transfer,) changes to the dataset (including demonstrating outcomes for young people and alcohol treatment) and changes to national reporting.

Workshops and interactive training events were rolled out over October, with over 300 people attending and we received very positive feedback from both treatment providers and commissioners.



## Training



5

CKO Road Show East, 22nd November 2013

### *Providers*

For providers we run a number short courses on understanding data and information aimed to support decision making around commissioning and local provision.

### *Academic audience*

Many of our staff also contribute to academic teaching to undergraduates and post-graduates across the region. One example is our contribution to Cambridge University's Masters degree programmes (M.Phil) in Epidemiology and Public Health and the PHE Field Epidemiology Training Programme (FETP)



## Professional Appraisal

We will ensure that appraisers are trained and that there is an efficient system for coordinating appraisers with appraises as part of the revalidation process.

## Appointing an exceptional workforce

We will perform a crucial and active role in the appointment of directors of public health and other prominent roles. We will participate in interview panels and provide input to job descriptions and requirements.

## Bring people together

We regard this as a fundamental role for our centre; to organise, host and where appropriate facilitate networks, meetings and events to bring the public health workforce together to share learning and innovate. Examples of existing networks and meetings include a monthly Directors of Public Health meeting, sexual health commissioners network and a quarterly network for alcohol leads.

## Communications

Members of the PHE communications team are embedded in the centre. Their role is to provide expert communications advice and support, responding to media request and rolling out national campaigns. The team also play a major role in incidents and emergencies, helping the centre fulfil its category 1 responder role. In addition, team members support local and national public health networks and provide training and workshops on topics such as media awareness.

## Get in touch

### Anglia & Essex PHE Centre

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## Find out more

### National resources and information

**[www.gov.uk/government/organisations/public-health-england](http://www.gov.uk/government/organisations/public-health-england)**

The national PHE website

**<http://datagateway.phe.org.uk/>**

Public Health England resources published through the Public Health England Data and Knowledge Gateway

**[www.phoutcomes.info/](http://www.phoutcomes.info/)**

The Public Health Outcomes Framework Data Tool

### Local resources and information

**[www.erpho.org.uk](http://www.erpho.org.uk)**

For more information about the KIT Team East

**[www.erpho.org.uk](http://www.erpho.org.uk) / <http://www.erpho.org.uk/topics/efeu/efeu.aspx>**

To access many of EFEU's routine surveillance reports, including the Monthly Surveillance Bulletin which includes signposting to other services and activities

**[www.fingertips.phe.org.uk](http://www.fingertips.phe.org.uk)**

Fingertips Midlands and East, a suite of data resources to help support action to improve public health outcomes

**[www.localhealth.org.uk/](http://www.localhealth.org.uk/)**

Part of the Health profiles programme, helps the user find localised data

**[www.esqa.nhs.uk](http://www.esqa.nhs.uk)**

For more information about the Quality Assurance Reference Centre (QARC)

**[www.improvinghealthandlives.org.uk/](http://www.improvinghealthandlives.org.uk/)**

The Learning Disability Network that monitors the health of people with learning disabilities and the care they receive

### Other useful websites

**[www.nta.nhs.uk](http://www.nta.nhs.uk)**

For information about national and local drug and alcohol resources

**[www.hpa.org.uk](http://www.hpa.org.uk)**

For information on health protection