



Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 20 July 2016	
Present	David Heymann	Chair
	Rosie Glazebrook	Non-executive member
	George Griffin	Non-executive member
	Sian Griffiths	Associate non-executive member
	Martin Hindle	Non-executive member
	Sir Derek Myers	Non-executive member
	Richard Parish	Non-executive member
In attendance	Viv Bennett	Chief Nurse
	Michael Brodie	Finance and Commercial Director, PHE
	Sofia Brunson	PHE People's Panel
	Karen Carr	Public Involvement, PHE
	Ann Marie Connolly	Deputy Director, Health Equity and Impact, PHE
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Jeanelle De Gruchy	Vice-President, Association of Directors of Public Health
	Andrew Dougal	Chair, Public Health Agency, Northern Ireland
	Paul Farmer	Chief Executive, MIND
	Kevin Fenton	Director of Health and Wellbeing, PHE
	Richard Gleave	Deputy Chief Executive, PHE
	Peter Gosling	PHE People's Panel
	Gregor Henderson	Director, Wellbeing and Mental Health, PHE
	Graham Jukes	Senior Adviser - Environmental Health
	Paul Lincoln	Chief Executive, UK Health Forum
	Lily Makurah	Deputy National Lead - Mental Health and Wellbeing, PHE
	Iain Mallett	Head of Public Involvement, PHE
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	John Newton	Chief Knowledge Officer
	Adem Oyekan	Health Equity and Mental Health Policy Support Manager, PHE
	Gina Radford	Deputy Chief Medical Officer, Department of Health
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Jonathan Tritter	Aston University
	Karen Turner	Head of Mental Health Policy, NHS England

There were thirteen members of the public present.

Announcements, apologies, declarations of interest

16/147 Apologies were received from Duncan Selbie and Poppy Jaman. No interests were declared in relation to items on the agenda.

The Mental Health Taskforce and Five Year Forward View for Mental Health, the Public's mental health and the role of PHE

16/148 The Director of Health and Wellbeing introduced the update on PHE's mental health work and the implications of the Five Year Forward View's Mental Health Taskforce report (enclosure PHE/16/36).

- 16/149 PHE was responsible for leading several of the recommendations in the recently published implementation plan, including development of the Mental Health Intelligence Network and the National Prevention Concordat programme.
- 16/150 More generally, PHE had adopted an asset-based approach to addressing mental health issues, for example, the mental health team had worked with health protection colleagues when assessing the impact of flooding. There had been a particular focus on early years, suicide prevention, smoke free mental health services, as well as joint work with marketing team colleagues on the *OneYou* programme. PHE had supported several local authorities in the development of their prevention plans and on evaluating evidence on what worked.
- 16/151 Attitudes to mental health and wellbeing were beginning to change with interventions such as the *Time to Change* campaign which aimed to reduce stigma and encourage greater openness about mental health and wellbeing.
- 16/152 The expert panel made the following observations:
- a) there was an increased understanding of mental health and the importance of identifying unmet need for mental health support services. There was much scope for ensuring a better balance between physical and mental health;
 - b) in addition to the implementation plan, PHE had a potential role to play in supporting partners in delivering other recommendations, including on suicide prevention, workforce planning, access standards, health and justice care, challenging stigma and innovation for devolved areas;
 - c) the “healthy NHS workforce” element of the implementation plan included: financial incentives for trusts to improve health and wellbeing schemes offered to staff; action on unhealthy food; and improving staff uptake of flu vaccination. It also included incentives to develop staff mental health improvement plans and ensure uptake and access metrics were met. The development of initiatives for stress management, psychological therapists, mindfulness and NHS health checks were also strongly encouraged;
 - d) there was a particular focus on ensuring that transformation was sustainable across a number of areas, for example, workforce planning, innovation and technology and data and transparency, including the development of the five year data plan with NHS Digital; and
 - e) there was potential for more work on prevention of mental illness, particularly in the case of psychosis. This should take into account the wider social determinants of health, such as poor housing; lack of education; unemployment and health behaviours such as substance misuse; poor physical health; and lack of engagement with health services. These also needed to be supported by a well-resourced, skilled workforce.
- 16/153 A discussion of the Board followed and the following points were raised:
- a) a fuller understanding was required of the different protocols for management of young people in crisis. This would require an integrated and sustainable view across the system;
 - b) PHE should consider developing performance metrics to track progress on achieving its aims and demonstrating impact in the field of mental health and wellbeing;
 - c) there were likely to be several opportunities related to mental health as part of

PHE's global public health work, and PHE could play an important leadership role across the global health system;

- d) there were likely to be opportunities arising from the prioritisation process currently taking place as part of the development of NHS Sustainability and Transformation Plans. For example, Joint Strategic Needs Assessment (JSNA) tools were being explored for the design and delivery of drug and alcohol treatment services. This was likely to generate a large amount of relevant data and would need to be managed appropriately;
- e) there needed to be well co-ordinated effort within PHE and across the health and care system on addressing children's mental health. Internally, this could build on approaches such as PHE's corporate programme on the Best Start in Life, which provided support and resilience for mental health. At a system level, one important area was access to mental health services, including the waiting time for full assessment;
- f) the impact of financial and related scams on mental health and wellbeing was an emerging issue for consideration. Others included arts and health, on which there was currently an All Party Parliamentary Group inquiry; and

16/154 These observations would be captured and monitored through the watchlist in the usual way. In addition, a Board seminar on mental health would be organised for later in the year to consider the issue in further detail.

16/155 The future work of the PHE mental health team would focus on suicide prevention, promoting a place-based approach and exploiting opportunities offered by the STP process, addressing the determinants of health and ensuring that there was parity of mental health across all of PHE's work.

Board watchlist

16/156 The Board agreed the Director of Corporate Affairs' proposal on how this would be taken forward:

- a) the Board Secretary would ensure the watchlist was more concise than before, capturing the key observations and suggestions from each panel discussion;
- b) where it related to corporate programmes, the Board Secretary would share them with the relevant Programme's Senior Responsible Owner (SRO) for consideration and action. Each SRO would then report on them as part of their regular updates to the Delivery Board (which reported to the PHE Management Committee) - being clear as to whether or not they had accepted the suggestions and, if so, how they were being implemented and by when;
- c) where it related to parts of the business other than corporate programmes, for example on rural health, the Board Secretary would send the key observations to the relevant Director(s) and progress would be reported by them through to the Board by the Secretariat, who would be responsible for tracking their progress.

16/157 The Board would then be updated through a non-executive lead for each topic, a process introduced earlier in the year, with this being informed by the steps set out above.

16/158 The PHE scorecard would be shared with the Board following each quarterly accountability meeting with the Department of Health. This would ensure that the

Board could focus on areas where any course correction was required, and the plans for doing so.

Public Involvement

- 16/159 Iain Mallett, Head of Public Involvement, introduced the range of PHE's public engagement work and the benefits to delivering its mission to protect and improve the health of the public. The PHE People's Panel continued to grow in size and membership now stood at over 1,600 members, many of whom had taken part in PHE workshops, and 20 were directly involved with key work programmes.
- 16/160 Peter Gosling, a recent member, shared his personal experience of joining the Panel and how he had already been able to contribute to PHE's work, for example, on the importance of ensuring that public facing information was accessible and easy to understand. Sofia Brunson, another member, gave an update on the young people's workshop that had taken place earlier in the month. A suggested output from the day was to develop an online platform for young people to enable them to connect on public health issues.
- 16/161 The Board noted the update and thanked the Panel for their contribution to PHE's work. They represented a rich resource that could benefit the wider public health community and it was therefore suggested that the Panel's work could be co-ordinated with similar initiatives in other organisations, including those of the Association of Directors of Public Health and Royal Society of Public Health, as well as the NHS Five Year Forward View's People and Communities Board. Going forward, the diversity and inclusiveness of the Panel should be more actively monitored and appropriate steps taken to ensure that it was representative of the wider population.

Minutes of the meeting held on 25 May 2016

- 16/162 The minutes (enclosure PHE/16/38) were agreed as an accurate record of the previous meeting.

Matters arising

- 16/163 The matters arising from previous meetings (enclosure PHE/16/39) were noted.

Updates from Directors

- 16/164 The Chief Nurse advised that:
- a) PHE was supporting implementation of the National Maternity Services Review (*Five Year Forward View* for Maternity) chaired by Baroness Cumberledge. A transformation board had been established and PHE was working with colleagues across the wider health and care sector to ensure that prevention was considered explicitly in their work, for example, through a focus on good health before and during pregnancy; and
 - b) PHE was supporting local government-based health and care professionals in implementing the All our Health framework, which aimed to maximise the impact they could have on improving health outcomes and reducing health inequalities.
- This included the preparation of topic guides on specific issues.
- 16/165 The Director for Health Protection and Medical Director advised that:
- a) PHE staff continued to provide cross-system response and support to the ongoing *E.coli* 0157 outbreak, and internationally to combatting Zika;
 - b) the government's ambition on antimicrobial resistance (AMR) was for a 50%

reduction in inappropriate prescribing and 50% reduction in health care acquired infections by 2020. The PHE corporate programme team was being configured to ensure national support for local action;

- c) further to the 2016/17 annual remit letter, work was underway to determine a cross-organisation programme of work to deliver PHE's contribution to the development of wider government strategy on improving air quality;
- d) work continued on implementing the recommendations from the independent review of CRCE; and
- e) recruitment campaigns for both the Director of Global Public Health and Rapid Support Team Director were underway.

16/166 The Chief Knowledge Officer advised that:

- a) work was taking place to understand at a practical level the implications of the recent Caldicott Review on those areas of PHE's work where access to healthcare-related data was a pre-requisite in order to discharge its functions. As highlighted at the recent Health Select Committee hearing, PHE recognised that there was more work to do to ensure appropriate and timely data flows across the public health system and a deep-dive on this was being organised for the November Board meeting;
- b) NHS England had appointed Professor McNeil as their Chief Clinical Information Officer and Will Smart as Chief Information Officer. Professor McNeil would chair the NHS National Information Board;
- c) work was underway to implement the PHE-related recommendations of the National Cancer Taskforce, and a Cancer Board, chaired by the Chief Executive, had been established to oversee development and implementation of PHE's strategy in this area.

16/167 The Director for Health and Wellbeing advised that:

- a) PHE was continuing its technical work on supporting the government's forthcoming Childhood Obesity Strategy;
- b) the recent International AIDS conference had highlighted global progress in tackling the diseases, in particular, through the development of world leading science. It was recognised that the UK was performing well in meeting the United Nations' HIV/AIDS 90-90-90 targets and ensuring that those who were diagnosed were in appropriate treatment;
- c) PHE had held its second symposium on e-cigarettes, focussing on the emerging evidence and the building of consensus across the public health family on their use; and
- d) work was nearing completion on two evidence-based reviews commissioned through the annual remit letter from Ministers, namely on the public health impacts of alcohol and on the impact on children of drug and alcohol use by parents.

Chief Executive's Update

16/168 The Deputy Chief Executive advised the Board that:

- a) since the time of the last meeting, PHE had given oral evidence to the Health Select Committee's inquiry on the impact of the 2013 reforms to public health

and to a Lords Committee inquiry into the long-term sustainability of the NHS;

- b) as part of the DH2020 programme, their Director General for Public and Global Health vacancy was being recruited to through open competition; and
- c) as part of the PHE Science Hub engagement programme, he had recently met Robert Halfon, MP for Harlow, who had recently been appointed as who Minister for Skills. Their discussion had focused on the apprenticeships which PHE could offer to local people, particularly in light of the move to Harlow.

Finance Report

16/169 The Finance and Commercial Director introduced the monthly finance report (enclosure PHE/16/40). The NAO, PHE's external auditors, had recently concluded their audit of PHE's annual report and accounts for 2015/16 and had provided a clean audit opinion.

16/170 The Board noted the finance report.

Global Health update

16/171 Professor Griffiths, Chair of the PHE Global Health Committee, advised that:

- a) the Committee had received an update on progress on PHE's contribution to rebuilding public health capacity in Sierra Leone, funded by DfID. A further update would be provided to a future Board meeting;
- b) the PHE-hosted WHO Collaborating centre for Mass Gatherings and Global Health Security was providing support to Brazil's Ministry of Health ahead of the Rio 2016 Olympic and Paralympic Games. This included co-leading the WHO taskforce for the Games, focusing on Zika, water quality, and provision of travel advice;
- c) PHE contributed to a bid for funding under the health umbrella of the cross-government Prosperity Fund. If approved, the programme would concentrate on supporting middle-income countries move from reliance on international aid to improve their populations' health to a more self-sufficient approach;
- d) further to the MoU with the Chinese CDC, work continued with partners to follow-up the successful workshops held in May; and
- e) the Operating Framework for Global Health in PHE was being developed and would be considered by the Committee at a future meeting.

Science Hub update

16/172 The Science Hub Programme remained on tracked and progress was being carefully monitored by the Programme Board. A detailed programme of support for PHE staff was in development.

Information items

16/173 The Board noted the following information updates:

- a) Quality and Clinical Governance Committee (enclosure PHE/16/41); and
- b) Board forward calendar (enclosure PHE/16/42)

Any other business

16/174 A member of the public emphasised the importance of housing when addressing

mental health issues, and in particular the lack of affordable housing available. Sustainable and affordable housing was needed. It was recognised that PHE did pursue work in this area, related to homelessness and unsuitable housing.

16/175 There being no further business the meeting closed at 12.15pm.