



Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 28 September 2016	
Present	David Heymann	Chair
	Rosie Glazebrook	Non-executive
	Sian Griffiths	Non-executive
	Martin Hindle	Non-executive
	Poppy Jaman	Non-executive
	Sir Derek Myers	Non-executive
	Richard Parish	Non-executive
	Duncan Selbie	Chief Executive
In attendance	Lee Bailey	Director of Communications, PHE
	Michael Brodie	Finance and Commercial Director, PHE
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Mark Davies	Director, Population Health, Department of Health
	Andrew Furber	President, Association of Directors of Public Health
	Kevin Fenton	Director of Health and Wellbeing, PHE
	Richard Gleave	Deputy Chief Executive, PHE
	Paul Johnstone	Director, North, PHE
	Graham Jukes	Senior Adviser - Environmental Health
	Paul Lincoln	Chief Executive, UK Health Forum
	Deborah McKenzie	Director of Organisational and Workforce Development, PHE
	Adrian Masters	Director of Strategy, PHE
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	John Newton	Chief Knowledge Officer
	John Pattullo	Chair, NHS Blood and Transplant and Chair PHE Tailored Review Project Board
	Quentin Sandifer	Public Health Wales
	Rachel Scott	Board Secretary, PHE
	Rashmi Shukla	Director, Midlands and East, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	John Watson	Deputy CMO, Department of Health

There were three members of the public present.

Announcements, apologies, declarations of interest

- 16/176 Apologies were received from George Griffin. No interests were declared in relation to items on the agenda.

Updates from the Executive

- 16/177 The Director for Health and Wellbeing advised the Board that:

- a) following the launch of the Childhood Obesity Plan on 18 September, PHE's programme on reformulation would be launched in October;

- b) PHE's drug and alcohol team was finalising evidence reviews commissioned by Ministers through the annual remit letter into harms caused by alcohol and drugs;
- c) to mark *World Heart Day*, PHE's cardiovascular prevention team had launched the second version of the Heart Age Tool and had put together the first systematic review of PHE's work to support cardiovascular disease prevention;
- d) PHE's annual public health conference had taken place in early September with 1,500 attendees from across the health and care system, including a large number of local government attendees. The conference programme had included a variety of topics with an overarching theme of evidence into action;

16/178 The Director for Health Protection and Medical Director advised the Board that:

- a) PHE's National Incident and Emergency Plan and Concept of Operations (CONOPS) for emergency preparedness and response had been revised and updated;
- b) A lessons learned exercise with the Food Standards Agency was taking place following the recent outbreak of E. coli O157. An exercise on how PHE would respond to any future outbreak was also being developed;
- c) the targets for meeting the previous year's reduction in anti-microbial prescribing had been met. PHE was working closely with NHS England on quality initiatives in both primary and secondary care for both AMR and Sepsis;
- d) the annual TB report had been published. It highlighted the reduction in the number of cases, the fourth year in a row. Work continued with both the Department of Health and NHS England to support further reductions;
- e) there was an ongoing programme of work to develop PHE's environmental health capacity.

16/179 The Chief Knowledge Officer advised the Board that:

- a) data sessions at the PHE Annual Conference had focused on new modelling for diabetes, the use of data science, behavioural insights and the work undertaken by PHE's digital team on the assessment of apps;
- b) he had been appointed Chair of the recently launched WHO-EURO Global Burden of disease network. PHE work on the Global Burden of Disease also continued, with a particular focus at a local level;
- c) PHE continued to support the implementation of the independent Cancer Taskforce report recommendations. The Chief Executive chaired PHE's Cancer Board which oversaw this work internally;
- d) the November meeting of the PHE Board have a focus on data-sharing. Helpful discussions had taken place with NHS Digital with good progress made on a number of key areas.

16/180 The Director North advised the Board that:

- a) the impact of devolution, in relation to health and wellbeing and health inequalities, was gathering pace. The Chief Executive was chairing the North East Commission on Health and Social Care Integration, which was due to report shortly and would be shared with the Board on publication. The Due North Conference, with a focus on tackling health inequalities in the north, was taking place later that week;
- b) work continued with NHS England and NHS Improvement to ensure that prevention was a core element of Sustainable Transformation Plans.

16/181 The Director, Midlands and East advised the Board that:

- a) the devolution agenda was starting to gather pace in the Midlands and East region. Health and prevention had been mentioned in a number of devolution bids and PHE was providing support where this was the case;
- b) seventeen Sustainable Transformation Plans (STP) were based in the Midlands and east Region. The regional team were providing support where required, including discussions with new models of care teams and multi-speciality providers.

Public Health England's Regional Teams

16/182 The Director, North and Director, Midlands and East outlined the role of PHE's Regional teams. The four regions were co-located with those of NHS England, NHS Improvement, CQC and HEE regional footprints and also provided clear links to local government in key areas such as emergency planning.

16/183 The role of the PHE regions had evolved as part of PHE's change programme, *Securing our Future*. They provided particular support in delivering the *Five Year Forward View*, developing PHE's assurance processes and providing the interface of national to local team working.

16/184 A key change in the role of the regions was the developing relationship with NHS England. The Regional Directors were the public health advisors to their NHS England counterparts and provided support to NHS England on screening and immunisation systems providing oversight and assurance. PHE and NHS England teams also worked closely on areas such as the Diabetes Prevention Programme, supporting local implementation.

16/185 A discussion of the Board followed and the following points were raised:

- a) the role of the regions would become ever more important as the devolution agenda progressed. PHE's Centre Director Network was sharing the learning as it evolved across all PHE teams and the Supporting Place Corporate Programme Board, co-chaired by two Regional Directors, was providing oversight;
- b) the success of the relationship building should be highlighted, for example, PHE's locally delivered programmes of work including diabetes prevention and TB control Boards;
- c) PHE Regions and Centres had an critical relationship with Directors of Public Health. The Centres provided the interface with local government, and the regions had a significant role in developing regional relationships with NHS England;

- d) the work which took place at the regional tier supported the capacity in the local system. It also enabled population health to be considered at regional level;
- e) within PHE the regions enabled consistency in the ways that teams worked together, with the development of shared tools and dissemination of best practice. This included sharing central data and establishing local knowledge and intelligence networks. They had also developed quality and assurance plans, and deep dive discussions took place at the regional level ensure that the detail was explored. The role in developing external relationships included providing support in using the tools developed for local areas and ensuring there was cohesion with stakeholders such as CCGs and NHS England;
- f) to deliver *Health in All Policies* it was essential that there was collaborative working across the system and local connections. The PHE Regional structure was key to this.

16/186 The Board noted the work of the PHE Regional teams and the importance of their work both internally to PHE as well as the wider health system.

Minutes of the meeting held on 20 July 2016

16/187 The minutes (enclosure PHE/16/43) were agreed as an accurate record of the previous meeting.

Matters arising

16/188 The matters arising from previous meetings (enclosure PHE/16/44) were noted. The watchlists were being considered at the PHE Delivery Board to manage the processes internally. A forward look for future review of previous watchlists would be developed.

Chief Executive's Update

16/189 The Chief Executive advised the Board that:

- a) he had chaired the Commission for Health and Social Care Integration in the North East and their report would be published in October. Copies would be shared with Board members;
- b) the Health Select Committee report on public health post-2013 was broadly positive and highlighted areas for further development, such as on data sharing;
- c) the recruitment for the Rapid Support Team Director was underway as a joint process with the London School of Hygiene and Tropical Medicine, ensuring that there was readily available expertise and know-how to provide support anywhere in the world in the event of an infectious disease outbreak;
- d) PHE's work on supporting food reformulation would now begin in earnest, with a particular focus on ensuring transparency and accountability of all involved. The PHE Board would have an important role in providing assurance for this work through a non-executive being involved in the corresponding corporate programme arrangements.

Observer's Update

16/190 The Observer for Wales advised the Board that:

- a) following the development of the Welsh Public Health Bill there was an introduction of the health assessments as part of the health in policies work;
- b) the new CMO for Wales, Dr Frank Atherton, had taken up post in August;
- c) the laboratory network in Wales was undergoing review;
- d) the Public Health Wales annual report would be published later that week;
- e) Public Health Wales' executive team were looking forward to meeting with PHE's executive at a joint meeting on 25 October in Cardiff.

Finance Report

- 16/191 The Finance and Commercial Director provided the monthly finance report to July 2016 (enclosure PHE/16/45). PHE continued to forecast break even by the end of the financial year. PHE's capital programme was also expected to be delivered to plan.
- 16/192 Payments had been made to local authorities for the second quarter public health grants. This was a key part of PHE's financial audit work, and a detailed update would be provided at the next Board meeting.
- 16/193 The Board noted the monthly report.

Global Health update

- 16/194 Professor Griffiths, Chair of the PHE Global Health Committee, advised that:
- a) the interviews for the post of Director of Global Public Health had recently been held, the outcome of which would be confirmed shortly by the Civil Service Commission;
 - b) the advert for the new Director of the UK Public Health Rapid Support Team was published. Recruitment of an interim team has been undertaken with permanent posts to be advertised at a later date;
 - c) a Health Education England Global Health Fellow was to be deployed to Sierra Leone from the 6 October for 6 months to support the development of the Sierra Leone Public Health Agency.
 - d) PHE had been requested by WHO to deliver and analyse an on-line questionnaire seeking views of staff deployed by WHO and the Global Outbreak Alert and Response Network (GORAN) in West Africa during the Ebola outbreak. The results would be considered to optimise pre-deployment training and post deployment psychological support.
 - e) The PHE hosted WHO Collaborating centre for Mass Gatherings and Global Health Security provided support to Brazil's Ministry of Health ahead of and during the Rio2016 Olympic and Paralympic Games.
 - f) The Chief Executive had recently met senior incoming delegations from the Kingdom of Saudi Arabia and Thailand.

Science Hub update

- 16/195 The Science Hub Programme continued to make good progress. Key issues which were being addressed included engagement with staff and HR policy development. The Second public exhibition would take place in early October, following the

successful first exhibition which had taken place in the spring.

Information items

16/196 The Board noted the following information updates:

- a) Minutes of the Audit and Risk Committee minutes held on Tuesday 7 June 2016 (enclosure PHE/16/46);
- b) Minutes of the Quality and Clinical Governance Committee held on Monday 16 May 2016 (enclosure PHE/16/47)
- c) Board forward calendar (enclosure PHE/16/48)

Any other business

16/197 A member of the public raised the role of the PHE regions in relation to the voluntary sector, and the importance of ensuring that action occurred locally as a result of this engagement.

16/198 There being no further business the meeting closed at 12.40pm.