



Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 25 January 2017	
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
	Alison Baum	Chief Executive, Best Beginnings
	Viv Bennett	Chief Nurse, PHE
	Michael Brodie	Finance and Commercial Director, PHE
	Alison Burton	Maternity & Early Years Lead, PHE
	Lucinda Colley	Young Person representative
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Derrick Crook	Director, National Infection Service, PHE
	Mark Davies	Department of Health
	Eustace DeSousa	National Lead - Children, Young People and Families, PHE
	Yvonne Doyle	Director, London, PHE
	Andrew Furber	President, Association of Directors of Public Health
	Kevin Fenton	Director of Health and Wellbeing, PHE
	Jenny Godson	National Lead for Oral Health Improvement, PHE
	Richard Gleave	Deputy Chief Executive, PHE
	Jaime James	Governance Manager, PHE
	Graham Jukes	Senior Adviser - Environmental Health
	Paul Lincoln	Chief Executive, UK Health Forum
	Iain Mallet	Head of Public Involvement, PHE
	Shelia Mitchell	Director of Marketing, PHE
	Cathy Morgan	Deputy Director, Strategy, PHE
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	John Newton	Chief Knowledge Officer
	Wendy Nicholson	Lead Nurse - Children, young people and families, PHE
	Carey Oppenheim	Chief Executive, Early Intervention Foundation
	Emma Rigby	Chief Executive, Association for Young People's Health
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Pauli Tritter	Young Person representative
	Tony Vickers-Byrne	Director of Human Resources, PHE
	Matthew Walmsley	Deputy Director, Marketing, PHE

There were 17 members of the public present.

Announcements, apologies, declarations of interest

17/001 Apologies were received from George Griffin, who was in Germany working with counterparts in preparing for health-related preparations for the G20 summit later in the summer. No interests were declared in relation to items on the agenda.

Panel Discussion: Maternity, Children, Young People and Families

17/002 Rosie Glazebrook introduced the panel session which focused on children, young people and families. A great deal of work had taken place since the Board had last considered the topic in July 2015.

17/003 The ambitions for PHE's programme of work recognised that the first years of life were a critical opportunity for building healthy, resilient and capable children, young people and adults. *Best Start in Life* focused on:

- a) a healthy pregnancy, including pre-maternity;
- b) ensuring children were ready to learn at 2 years;
- c) ensuring all children were ready for school at 5 years;
- d) building resilience and wellbeing from ages 5-24 years;
- e) reducing childhood obesity; and
- f) ensuring that every child grew up free from tooth decay.

17/004 PHE worked across the system to provide leadership and support local authorities with information, evidence and resources. This included both place-based community support and direct, national marketing campaigns such as Change4Life.

17/005 The *Five Year Forward View* national review into maternity services "*Better Births*" chaired by Baroness Cumberlege had been published in January 2016 and the Secretary of State had announced the maternity safety ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% in 2030. To implement the two programmes the national Maternity Transformation Programme was launched, overseeing nine workstreams. PHE had a clear leadership role in implementation, and was the lead for the "Improving Prevention" workstream. This had a number of objectives including improvements in preconception health and supporting positive health and wellbeing in pregnancy.

17/006 The expert panel made the following observations:

- a) PHE had worked with Best Beginnings to provide evidence-based advice and information to parents. It was important to bridge the gap between policy and action, and Best Beginnings had supported vulnerable parents through its Baby Buddy App and "Bump to Breastfeeding Films". Further work was required to ensure that the inequalities in life chances for children born in different parts of the country were addressed;
- b) poor family relationships could influence a wide set of health outcomes and this was an underdeveloped area which required further work;
- c) opportunities to get the most out of GP or nurse appointments should be sought and resources were being developed to support this. Technology would have an impact on how such interactions were managed in future, for example, the proposed integration of childhood and maternity records;
- d) PHE's focus on oral health in children should be maintained. It was reported that 1 in 4 five years had tooth decay, which resulted in 26,000 hospital admissions in children under 5 in 2016. There were stark inequalities with some of the most vulnerable and deprived children facing oral health problems;

- e) national immunisation coverage figures for most childhood vaccinations remained high. There was some evidence that there had been a slight decrease in rates over the past three years and so PHE was working with key partners to identify reasons for this trend and establish any necessary action;
- f) PHE's programme extended to young adults aged 24. The reason for the increase in the age scope was in line with the evidence and recommendations from both the CMO and WHO and highlighted the key developmental phase of young people in early adulthood. PHE's work areas included mental health and wellbeing, obesity, sexual health, immunisation and safeguarding;
- g) PHE Centres would continue to provide local leadership to ensure there were effective networks for child public health through both health improvement and health protection work;
- h) work was taking place with the Association of Young People's Health to support the development of social and emotional skills to support young people into work;
- i) there were several examples of excellent innovation in local authorities across the country and PHE was working to ensure best practice and support was shared across the system.

17/007 Following the Children Commissioner's Takeover Day in November 2015, there had been a challenge from the participants to develop a consistent model for involving young people in PHE's work. PHE had since hosted the 2016 Children Commissioner's Takeover Day which had given young people the opportunity to gain an insight into the day to day working of PHE, including the opportunity to spend time with the Chief Executive and Chief Nurse.

17/008 A proposal on the best model of engagement was being developed, recognising their preference for an alternative to the People's Panel and the differing needs of urban and rural localities. This would build on systems already in place, including with partners such as the NHS Youth Forum and the Academy of Fab Stuff. Specific work included the Rise Above social media campaign and the success with AMR antibiotic guardian campaign, particularly in encouraging young people to become antibiotic champions.

17/009 A discussion of the Board followed on all aspects raised by the expert panel and the following points were raised:

- a) the extension of the Best Start in Life scope to 24 years was welcome and it would be important to ensure that vulnerable young people above this were supported appropriately;
- b) an area of potential future focus was how to reduce re-offending rates, which was often linked to deprivation. PHE had a full programme of offender health which included a focus on young people as part of its work. It was also recognised that further work was required with the police to tackle violence;
- c) a multi-disciplinary approach was needed to reduce health inequalities and improve outcomes, for example, on housing;
- d) further work was required on timeliness of data reporting and identifying opportunities to integrate data wherever possible, and the UK Statistics

Authority was exploring how health statistics were prepared as part of ensuring timely data to inform policy decisions;

- e) young people were a diverse group with differing needs. Recent workshops had highlighted a range of issues, including mental and emotional health and ensuring that there was a safe and secure way in which to raise health-related issues and concerns.

17/010 It was recognised that this was a key work programme and would be embedded across all areas of PHE's business planning process as the annual plan was developed. The points raised would also be included in the Board's watchlist to be reviewed at a future meeting.

PHE People's Panel

17/011 Several members of the PHE People's Panel shared their thoughts and reflections on the panel discussion, including on peer support and cross-system working. The Chair and Chief Executive thanked the People's Panel for their ongoing commitment and contribution to PHE.

PHE Marketing Strategy Briefing

17/012 The Director of Marketing updated the Board on PHE's marketing activities in 2016/17, which focussed on three life stages: starting well; living well; and ageing well. Highlights included:

- a) the launch of *OneYou*, a new health brand which focused on those aged 40+. This campaign was based on the completion of an engaging and evidence based on line questionnaire and a range of digital tools to prompt behaviour change. Over 1.7 million had completed the quiz and there had been over 500,000 downloads of the *OneYou* app;
- b) there had been 2 million downloads of the sugar smart app launched as part of the Change4Life campaign;
- c) there had been 91,000 quit attempts following the Stoptober campaign. The campaign was launched entirely on Facebook and represented at budget reduction of 65% from 2015;
- d) the *10 Minute Shake Up* campaign in conjunction with Disney had seen over 1 million children take part in the course of the campaign; and
- e) several new campaign areas had been developed. This included a sepsis awareness campaign, which within a month of its launch had generated 2.8 million views of its social media films and over 1 million orders for posters and leaflets by NHS, local authority and commercial partners. Other campaigns in development included work on sexual health and sexually transmitted infections.

17/013 Each campaign incorporated a rigorous model for evaluation and the model used by the Marketing team ensured that data was collected and assessed throughout. Looking ahead, there were opportunities to develop effective partnerships and increased innovation in digital and data to support the development of new products. Challenges included the continued dominance of TV campaigning, which was more expensive, and would increasingly be considered alongside digital delivery options.

17/014 The Board noted the update.

Minutes of the meeting held on 23 November 2017

17/015 The minutes (enclosure PHE/17/01) were agreed as an accurate record of the previous meeting.

Matters arising

17/016 The matters arising from previous meetings (enclosure PHE/17/02) were noted.

Updates from the Executive

17/017 The Chief Nurse advised the Board that:

- a) she had recently participated in the '*Closing the Health & Wellbeing Gap: The vital contribution of Nurses and Midwives*' conference, which brought together nursing and midwifery teams from across PHE. Discussion had focused on the vital contribution of nursing and midwifery teams across PHE and how best to support the WHO Collaborating Centre for Public Health Nursing and Midwifery; and
- b) PHE continued to support the implementation of the *Five Year Forward View* and the CCG Improvement and Assessment Framework for maternity, of which PHE led 3 of the 10 preventions including population health, AMR and obesity.

17/018 The Director for Health Protection and Medical Director advised the Board that:

- a) he had recently visited Totnes and Birmingham to open new acute response centres there as part of improving the efficiency and effectiveness of PHE's local emergency response function;
- b) the Environmental Public Health Strategy continued to develop, involving input from teams across PHE.

17/019 The Director, National Infection Service advised the Board that work progressed on the development of the National Infection Service with seven key workstreams underway. Careful consideration was being given to ensuring that new technology such as whole genome sequencing was appropriately embedded across the work of the service. The need to ensure surge capacity as and when required was also being considered.

Chief Executive's Update

17/020 The Chief Executive advised the Board that:

- a) interviews for the Director of the new Rapid Support Team had recently taken place, a joint appointment with the London School of Hygiene and Tropical Medicine;
- b) he and Dr Tedstone would shortly be giving evidence to the Health Select Committee's follow-up inquiry on childhood obesity;
- c) the process to appoint Professor Heymann's successor as Chair of the Board was underway.

Finance Report

17/021 The Finance and Commercial Director introduced the monthly report to the period ended November 2016 (enclosure PHE/17/04). It was reported that there was a year to spend underspend of £4.1million, which represented 1% of PHE's operating budget. Any necessary adjustments would be made through the business planning process. PHE continued to forecast a year-end breakeven financial position.

17/022 The capital programme highlighted all major projects which were being tracked. There was a small underspend on the digital programme while business cases were being progressed. This was being monitored by the Finance and Commercial team.

17/023 The Board noted the update.

Global Health update

17/024 Professor Griffiths, Chair of the PHE Global Health Committee, advised that:

- a) work continued to assist Sierra Leone on the development of their National Public Health Institute;
- b) the Chief Executive had visited Pakistan in December to meet PHE's field office and presented at two public health conferences on the Sustainable Development Goals;
- c) the International Association of National Public Health Institutes (IANPHI) had been invited by PHE to undertake an international peer-to-peer review in June.

17/025 The Board noted the update.

Science Hub update

17/026 Work on the Science Hub programme continued to progress well. Preparation for the Town and Country planning continued and was on schedule to be submit in early summer 2017 as planned. This included stakeholder engagement with approximately 250 local individuals/groups. A series of staff tours of the site would commence at the end of February until mid-summer.

17/027 The Board noted the update.

Information items

17/028 The Board noted the following information updates:

- a) Minutes of the Audit and Risk Committee meeting held on Friday 23 September 2016 (enclosure PHE/17/05)
- b) Minutes of the Quality and Clinical Governance Committee (PHE/17/06)
- c) Board forward calendar (enclosure PHE/17/07)

Any other business

17/029 There being no further business the meeting closed at 13.45.