



Minutes

Title of meeting	Public Health England Advisory Board	
Date	Wednesday 27 September 2017	
Present	Sir Derek Myers	Interim Chair
	Michael Brodie	Finance and Commercial Director
	Yvonne Doyle	Director, London
	Richard Gleave	Deputy Chief Executive and Chief Operating Officer
	George Griffin	Non-executive
	Sian Griffiths	Interim Deputy Chair
	Poppy Jaman	Non-executive
In attendance	Jane Anderson	Vice Chair, External Advisory Group on Sexual and Reproductive Health
	Aliko Ahmed	Centre Director East of England, PHE
	Julian Brookes	Deputy Chief Operating Officer, PHE
	Derrick Crook	Director, National Infection Service, PHE
	Noel Gill	Department Head, HIV and STI, PHE
	Bernie Hannigan	Deputy Director, Research, Translation & Innovation, PHE
	Martin Hindle	Independent member, PHE Audit and Risk Committee
	George Leahy	Deputy Director, Health Protection and Medical Directorate, PHE
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	Simon Reeve	Department of Health
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Catherine Swann	Deputy Director, Health Improvement, PHE
	Justin Varney	National Lead for Adult Health and Wellbeing, PHE
Apologies	Paul Cosford	Director of Health Protection and Medical Director
	Michael Hearty	Associate Non-executive
	Richard Parish	Associate Non-executive
	Duncan Selbie	Chief Executive

There were eight members of the public present.

Announcements, apologies, declarations of interest

17/097 Apologies were noted, including from the Chief Executive and Director of Health Improvement, who were in Seattle participating in the Global Burden of Disease twentieth anniversary event.

17/098 Poppy Jaman declared an interest as the Chief Executive of Mental Health First Aid, a Community Interest Company.

Sexual Health, Reproductive Health and HIV

17/099 Sexual health was a key area of focus for PHE and was embedded in the work of the organisation to support delivery of the Government's Framework for Sexual Health. Published in 2013, the Framework set out the overarching ambition and core principles and included four priority areas, three of which were tracked by the Public Health Outcomes Framework. These focused on reductions in HIV and STI

incidence, and unplanned pregnancies and teenage conceptions.

17/100 Representatives from across the PHE teams and externally provided an update and made the following observations:

- a) unwanted pregnancy was a complex area involving a number of different factors that were challenging to measure;
- b) there had been a downturn in the numbers of gay men becoming infected with HIV in London, which most likely reflected the scale up of testing and offering of immediate antiretroviral drug treatment for those who tested positive. Other STIs however were on the increase, for example, syphilis rates were at their highest levels since 1949 and emerging gonorrhoeal antibiotic resistance was being monitored closely;
- c) in December 2016, PHE and NHS England jointly announced a large scale clinical trial of HIV PrEP involving 200 GUM clinics and collaboration across the health and care system;
- d) in 2016, PHE and the Association of Directors of Public Health, supported by NHS England and clinical commissioners, had carried out a survey of local authorities, NHS England and Clinical Commissioning Groups to highlight areas of challenge within the commissioning framework. The findings formed the basis of a subsequent action plan within the review that had been published in August.

17/101 The results of (d) had been discussed with the commissioners together with key partners, including Association of Directors of Public Health (ADPH), the Local Government Association, NHS Clinical Commissioners as well as with provider and interest groups such as the British HIV Association. There was acceptance that a more co-ordinated and collaborative commissioning model was needed, but which needed to reflect local circumstances and ways of working.

17/102 An action plan had been developed in response to the survey findings, the key elements of which concerned:

- a) reducing fragmentation of commissioning and resolve contracting barriers;
- b) supporting commissioners in the delivery of effective commissioning;
- c) building capacity and capability in sexual health commissioning;
- d) providing evidence and data to commissioners to support commissioners and monitoring of outcomes.

17/103 On reflecting on the presentations, the Advisory Board was concerned that the system was under-performing on sexual health.

17/104 The Advisory Board was therefore pleased to note that sexual health was being actively considered through the business planning round as a PHE priority area for 2018/19. As part of this, it was suggested that it might be helpful to define a smaller number of success measures and more sharing of best practice. It was agreed that an update would be included within the Board's forward programme of business for the next 12 to 18 months.

Minutes of the meeting held on 26 April 2017

17/105 The minutes (enclosure PHE/17/25) were agreed as an accurate record of the previous meeting.

17/106 The Director for London, the Mayor's statutory public health advisor, briefed the Advisory Board on the consultation document *Better Health for all Londoners*. The strategy aligned with other Mayoral ambitions and there were cross cutting thematic topics such as air quality. Work would continue with the Greater London Authority's Health team to ensure appropriate alignment with PHE's objectives.

17/107 The Advisory Board recommended that:

- a) it would be important to engage with those who commuted into London as well as with the business community;
- b) there should be a comparison on how the proposed ambitions related to other initiatives such as *Thrive London*. This would help to identify the most appropriate measures against which progress could be reported; and
- c) there should be a focus on those areas that were particularly relevant to London including air quality, TB, housing and migrant health.

Deputy Chief Executive's Update

17/108 The Deputy Chief Executive advised that:

- a) PHE's annual conference had once more been a great success, with over 1,500 participants from local government, PHE, academia and the third sector. The Advisory Board placed on record its thanks to the Chair of the organising Committee, Professor John Newton, and the Head of Events, Fiona Cowan;
- b) PHE was providing support to the NHS on winter preparedness. Professor Paul Cosford was providing leadership both locally and nationally to a system-wide effort, which included PHE's cold weather plans and public campaigns such as Stay Well This Winter. There was also an increased emphasis on engagement with the wider sector on the use of antivirals in care homes;
- c) PHE was finalising a new public health dashboard for local government focusing on seven key areas of activity: best start in life (including 0-5 health visitor checks), child obesity, drug treatment, alcohol treatment, NHS Health Check, sexual health services, and tobacco control. This would be available from October onwards;
- d) the International Association of National Public Health Institutes (IANPHI) was finalising the report of its peer review of PHE, which was due to be published later in the autumn;
- e) the latest Stoptober campaign would be launching in the coming weeks and would feature e-cigarettes for the first time;
- f) PHE continued to support the recently-elected Metro Mayors, including through the development of a guide to how they could put health and wellbeing at the heart of their plans.

Directors' Updates

17/109 The Director, National Infection Service advised that:

- a) appointments were now being made to senior positions in his leadership team in readiness for the new structure going live in Spring 2018; and
- b) PHE had recently signed the Concordat on Openness of Animal Research as part of its ongoing commitment to being transparent with the public about its scientific work in protecting the nation's health.

The Deputy Director, Health Protection advised that:

17/110

- a) PHE continued to provide emergency response support across a number of incidents, including follow-up to the recent terrorist attacks in London and Manchester, the Grenfell Tower disaster and a Hepatitis A outbreak;
- b) as part of its plan published in July for tackling roadside nitrogen dioxide concentrations, the Government had requested PHE to review the evidence for effective interventions and provide practical recommendations for any actions not currently included in this plan which will significantly reduce harm from air pollution. In doing so the UK government had requested PHE to stratify any recommendations by their health and economic impacts. The findings of PHE's review, which would conclude in August 2018, would form part of the Government's ongoing commitment to improve air quality and inform future decision making; and
- c) PHE continued to support the Anti-Microbial Resistance (AMR) programme, with a broad national campaign in development.

Finance Report

17/111

The Finance and Commercial Director briefed the Advisory Board on the overrun figures for the use of the local public health grant by local authorities in the 2016/17 financial year. It was reported that there had been a total spend of £3.387 billion against a total allocation of £3.465 billion. The total amount of reserves had reduced.

17/112

The Finance and Commercial team were analysing in detail the data from local authorities, which would provide a more detailed picture of trends.

17/113

The Advisory Board **NOTED** the update.

17/114

The finance report was presented (enclosure PHE/17/27) to the period ended July 2017. PHE continued to maintain a strong financial position with a slight underspend, which was in line with the planned position at this point in the year.

17/115

PHE had a capital budget of £130 million, and was on track to deliver the plan to time and on budget.

17/116

The Advisory Board **NOTED** the report.

Global Health update

17/117

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

- a) PHE staff had been deployed to support the rebuilding of public health services and prevent the risk of infectious disease in the Caribbean Islands following the recent hurricanes, including in UK Overseas Territories;
- b) the first deployments of the UK Public Health Rapid Support Team had taken place, one to assist with the aftermath of flooding and landslides in Sierra Leone, and the other to a meningitis outbreak in Nigeria;

- c) progress continued with the International Health Regulations (IHR) programme. PHE would bring its technical expertise to support global health security capacity building and strengthen IHR compliance in a number of priority countries; and
- d) the Director of Global Public Health had recently visited China as part of a UK delegation led by DfID. A PHE-China strategy was in development, led by the Director, London.

17/118

The Advisory Board **NOTED** the update.

PHE Harlow update

17/119 Martin Hindle, independent member of the Audit and Risk Committee and PHE Harlow Programme Board advised the Board that:

- a) the programme continued to make positive progress and the planning application had been submitted for consideration by the local authority;
- b) the procurement process for construction phase remained on track;
- c) a business change workshop had taken place involving a number of key partners who provided external challenge to the programme.

17/120 The Advisory Board **NOTED** the update.

Information items

17/121 The Board noted the following information updates:

- a) Board forward calendar (enclosure PHE/17/28)

Any other business

17/122 Audit and Risk Committee: Sir Derek Myers advised that, by agreement with the Department of Health, Michael Hearty, independent member of the Audit and Risk Committee, had been appointed as its Interim Chair for the duration of his tenure as Interim Chair of the Advisory Board.

Opportunity for members of the public to ask questions

17/123 A member of the public shared a letter addressed to the Advisory Board requesting that PHE review its dietary advice. A written response would be provided by the nutrition team.

17/124 Another shared their view on the importance of Boards in health arms-length bodies engaging with people and local communities, which would help to ensure supportive and constructive discussions both locally and nationally.

17/125 There being no further business the meeting closed at 12.00pm.