Public Health England

Enclosure PHE/15/02

Minutes

Title of meeting	Public Health England Board, meeting held in public	
Date	Wednesday 26 November 2014	
Present	David Heymann	Chairman
	Rosie Glazebrook	Non-executive member
	Martin Hindle	Non-executive member
	Poppy Jaman	Non-executive member
	Paul Lincoln	Associate non-executive member
	Sir Derek Myers	Non-executive member
	Richard Parish	Non-executive member
	Duncan Selbie	Chief Executive
Expert panel	Sophie Corlett	Director of External Relations, Mind
	Professor Sarah Stewart-Brown	Warwick Medical School
	Dr Peter Byrne	Royal College of Psychiatrists
	Jenny Edwards	Chief Executive, Mental Health Foundation
	Lord Victor Adebowale	Chief Executive, Turning Point
	Professor Dinesh Bhugra	Institute of Psychiatry, King's College London
In attendance	Michael Brodie	Finance and Commercial Director
	Paul Cosford	Director for Health Protection and Medical Director
	Jeanelle De Gruchy	Association of Directors of Public Health
	Kevin Fenton	Director of Health and Wellbeing
	Gregor Henderson	National Lead, Wellbeing and Mental Health
	Richard Heron	President, Faculty of Occupational Medicine
	Victor Knight	Board Secretary
	Lord Richard Layard	Centre for Economic Performance, London School of Economics
	Jonathon Marron	Director of Strategy
	Sarah McClinton	Department of Health
	Jane Rossini	Centre Director, Cumbria and Lancashire
	Rachel Scott	Corporate Secretariat
	Tracey Sharp	Deputy Director, North of England
	Alex Sienkiewicz	Chief of Staff
	Melanie Sirotkin	Centre Director, Cheshire and Merseyside
	Kathryn Tyson	Department of Health
	Helen Walters	Greater London Authority
	John Watson	Deputy Chief Medical Officer, Department of Health
	Lesley Wilkie	Observer for Scotland
	Five members of the public were in attendance.	
Apologies	Richard Gleave	Deputy Chief Executive and Chief Operating Officer
	George Griffin	Non-executive member
	Sian Griffiths	Associate non-executive member
	John Newton	Chief Knowledge Officer
	Quentin Sandifer	Observer for Wales

1. Announcements, apologies, declarations of interest

14/257 Apologies had been received from Sian Griffiths, George Griffin, and from the Observer for Wales. There were no declarations of interest in relation to matters on the agenda.

2. Panel Discussion: Mental Health

14/258 Poppy Jaman introduced the topic (enclosure PHE/14/36). Panel members were invited to speak on public health priorities in mental health from their different perspectives and to give their views on what PHE could do to support improvements:

- data on parity of esteem was insufficiently granular; there was nothing measurable on mental health in the same way as for 18 weeks and other standards relating to physical health;

- mental health was all pervasive; there was a link to the management of long-term conditions and dual diagnosis, for example, alcohol, which was a significant public health issue in its own right. There was concern amongst stakeholders at the withdrawal of funding for alcohol treatment given its link to good mental health;

- several stakeholders were concerned about the quality of Children and Adolescent Mental Health Services (CAMHS). It was suggested that PHE and NHS England could specify what level of service should be provided in all localities across the country, including credible indicators at primary care level together with a robust methodology;

- PHE should be clearer on how it influenced the commissioning of services in terms of what gets delivered. It could partner with NHS England to establish a specification of things that were proven to work;

- there should be a stronger ambition for Improving Access to Psychological Therapies (IAPT), which should form the basis for building a wide range of interventions;

- young people should be proactively targeted in terms of prevention and mental health promotion. PHE should consider mental health wellbeing as a core component of overall wellbeing and look at parity of outcomes given the evidence to suggest that both men and women experiencing poor mental health died some ten to fifteen years younger. Dialogue was required across government, including with education and employment. Change was required in the next ten to twenty five years rather than across generations; it was therefore important to get into schools and change the way that mental health and wellbeing was considered;

- PHE should continue to press for Minimum Unit Pricing for alcohol to reduce mental health misery and violence;

- collectively, the health and care sector should instil in local communities that the teaching of parenting skills works, and there should be increased focus on this;

- suicide rates had risen 8% since the time of the economic downturn in 2008;

- a recent Freedom of Information request to local authorities suggested that less than 2% of their public health budgets were spent on mental health, with spend sometimes being classified as miscellaneous. There was scope for more to be included in Joint Strategic Needs Assessments on what was being done with respect to mental health and wellbeing, including the links to housing, green spaces and other factors that were known to have a bearing;

- PHE could explore the possibility of evidence-based social marketing campaigns about what to do at a population level to support people with their own mental health resilience;

- PHE had the potential to work with people, not patients; a people-based approach had much more potential, for example, working with children and their parents before they became patients, and working with schools and employers to focus more on wellbeing and prevention. PHE could establish a framework for good mental health and say to stakeholders "this is what it looks like". Investment was needed at scale on the evidence base; and

- PHE and NHS England could work together to highlight the positive return on investment of investing in mental health and wellbeing.

14/259 The Director of Health and Wellbeing thanked the panellists for their contributions and responded to the points raised. PHE was committed to integrating mental health in all appropriate physical public health programmes and a specialist team had been established to support partners and the NHS. Going forward, PHE wished to initiate a different dialogue that focussed on mental health and wellbeing. It was acknowledged that there should be an appropriate balance between PHE's leadership and partnership roles, which allowed for local leadership and innovation, but also advising on return on investment and how fast proven initiatives could be implemented at scale.

14/260 Each of PHE's seven priorities had a mental health or wellbeing component, which stakeholders would hold PHE to account for. PHE was supportive of parenting skills and early intervention, including with expectant mothers, and working with and beyond schools on mental health and wellbeing prevention and promotion. Suicide prevention was an issue firmly on PHE's agenda and the National Lead for Mental Health and Wellbeing was collaborating with NHS England and local government on this. Similarly, addressing inequalities was a key part of what PHE would be doing as it took forward its work on mental health and wellbeing.

14/261 The Board invited comments from members of the public attending the meeting. Lord Layard suggested that there was a potentially significant lobbying role for PHE to play. For example, PHE could consider running a campaign in schools whereby one of their future key objectives should be to ensure the wellbeing of their pupils. This might include measuring wellbeing separately, evidence-based teaching of life skills and ensuring that all teachers had a basic understanding of mental health issues.

14/262 The President of the Faculty of Occupational Medicine advised that there was great scope for working with employers and employees on mental health and wellbeing, an environment in which relevant and timely data could be readily collected, and offered the Faculty's support in taking this forward.

14/263 The Board welcomed the contributions that had been made and, in particular, the focus on children and young people.

14/264 The Chief Executive was keen that PHE looked at the best models internationally and that these were adapted accordingly. The relative lack of data on mental health and wellbeing had been highlighted during the panel discussion. This could be addressed by firstly identifying what data was readily available and by whom it was held. Together with examples of best practice and opportunities, this could be shared widely to deliver efficiencies in the financially constrained environment within which the health and care sector was operating.

14/265 PHE had a leadership role to play in helping to assemble, with agencies such as NICE, NHIR, NHS England and others, a "green book" for public health professionals on mental health and wellbeing as well as other mechanisms. Putting mental health once and for all at the heart of public health was a key role for PHE and, as such, was reflected across its seven priorities. PHE was committed to using all the tools available to it, including making the case for minimum unit pricing for alcohol. There was scope to work with employers on mental health and wellbeing and the possibility of PHE awarding a "kitemark" to recognise best practice would be explored.

14/266 The Board thanked all the contributors to the discussion and endorsed the next steps set out at section 6 of the accompanying paper, in particular, the production of a PHE approach to public mental health and the embedding of mental health in all of its activities.

3. Minutes of the previous meeting

14/267 The minutes of the meeting held on 20 September (enclosure PHE/14/37) were approved.

4. Actions from previous meetings

14/268 The Board noted the disposition of the actions form previous meetings (enclosure PHE/14/38).

5. Directors updates

14/269 The Director for Health Protection and Medical Director advised the Board that:

- there had been two outbreaks of *E. Coli* in England, both of which were under control. One was material with more than 100 cases, the source of which was being identified. There was also an outbreak of the rare *E. Coli O55* cases in Dorset in at least three clusters, with five cases;
- PHE was working closely with DEFRA colleagues and the Chief Veterinary Officer on avian flu;
- NHS England had confirmed its commitment to fund jointly the tuberculosis strategy, which would be launched in January;
- PHE was working with the academic sector and DEFRA on an implementation plan to counter air pollution;
- PHE's contribution to the Ebola response involved many staff, whose contribution was greatly appreciated. This included the screening arrangements at five UK ports of entry as well as sixty to seventy staff being deployed to West Africa at any one time.

14/270 The Director of Health and Wellbeing reported on campaigns including the physical activity framework *Everybody Active Every Day*. Uncontrolled blood pressure was the second major cause of premature mortality in England and PHE's campaign on this had been launched recently. Social marketing in the new year, included four campaigns: smoke-free, sugar swaps *Be Clear on Cancer* for early diagnosis and symptom awareness, and alcohol - *Dry January.*

14/271 The Board viewed a short video on PHE's recent health and wellbeing campaigns and commended the work of the Director of Marketing and her team.

6. Updates from Observers

14/272 The Observer for Scotland advised that Scottish ministers had asked for a review of public health, which would report in 2015. The Director for Heath Protection and Medical Director expressed willingness to support the review in Scotland.

14/273 Shona Robison, the new Cabinet Secretary for Health, had accepted the 75 recommendations of the Vale of Leven Hospital Inquiry into the *C. Difficile* outbreak in 2008.

7. Chief Executive's update

14/274 The Chief Executive advised the Board that the 5 Year Forward View, a joint publication with NHS England, had been well received. PHE was convening and chairing the NHS Prevention Programme Board.

14/275 The Outline Business Case for the PHE Science Hub had been referred to Ministers and a decision was awaited.

8. Due North report

14/276 The Regional Director, North of England introduced the draft response (enclosure PHE/14/39) to the independent *Due North* report, in particular, the recommendations addressed to PHE. The report, which was one aspect of the wider health equity north movement, had been well received by the local authorities and was being considered by their Cabinets and Health and Wellbeing Boards.

14/277 There were 22 recommendations for national government on devolution of powers to local authorities and communities, investment in early years, tackling poverty and monitoring progress and impact.

14/278 Whilst the recommendations for PHE were well aligned to the PHE Remit Letter, three of them (1, 3 and 5) required the Board's view on the extent to which PHE should develop its role in supporting local government and other partners in assessing the impact of policy change on health and health inequalities.

14/279 The Board agreed that PHE should take a lead on health impact assessment, bringing public health science into policy making.

14/280 The Chief Executive suggested that Board members could be particularly involved in guiding this process, which PHE and the Department of Health would carry out together in recognition of their respective roles.

14/281 The Board noted the paper and agreed its recommendations.

9. Finance report for six months 30 September 2014

14/282 The Board noted the forecast year-end break-even financial position.

14/283 Savings of around £1 million on travel costs were being delivered due to the introduction of the Lync conferencing system, which also reduced carbon omissions and benefitted staff health and wellbeing.

14/284 The capital spending budget was forecast to be delivered on target. There had been an over-programming allowance of some 15% during the year which was now running down.

14/285 All 152 local public health grant assurance statements had been received.

10. Minutes of the Global Health Committee

14/286 The Board noted the minutes of the Global Health Meeting of 10 July 2014 (enclosure PHE/14/41).

11. Minutes of the Audit and Risk Committee

14/287 The Board noted the minutes of the Audit and Risk Committee 23 September 2014 (enclosure PHE/4/42).

12. Other business

14/288 Bren McInerney, a member of the public, conveyed his thanks to PHE for their support of the Kingfisher Community Project in Gloucester. The PHE Chief Executive was visiting on 20 January 2015.

The Chair closed the meeting at 13:47