Public Health England

Enclosure PHE/14/30

PHE Board Minutes

Title of meeting	Public Health England Board, meeting held in public	
Date	Friday 23 May 2014	
Location	Skipton House, 80 London Road, London SE1 6LH	
Present	David Heymann	Chairman
	Rosie Glazebrook	Non-executive member
	George Griffin	Non-executive member
	Sian Griffiths	Associate non-executive member
	Martin Hindle	Non-executive member
	Poppy Jaman	Non-executive member
	Paul Lincoln	Associate non-executive member
	Derek Myers	Non-executive member
	Richard Parish	Non-executive member
	Duncan Selbie	Chief Executive
In attendance	Ibrahim Abubakar	Head of TB
	Janet Atherton	President, Association of Directors of Public Health
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Yvonne Doyle	Regional Director, London
	Kevin Fenton	Director of Health and Wellbeing, PHE
	Richard Gleave	Deputy Chief Executive and Chief Operating Officer, PHE
	Victor Knight	Board Secretary, PHE
	Gemma Lien	Corporate Secretary, PHE
	Christine McCartney	Director of Microbiology
	David Moore	London School of Hygiene and Tropical Medicine
	Aaron Oxley	Executive Director, Results UK
	Quentin Sandifer	Observer for Wales
	Alex Sienkiewicz	Chief of Staff, PHE
	Rachel Scott	Corporate Secretariat
	Kathryn Tyson	Department of Health
	Sotiris Valdoulakis	Group Leader, Air Pollution and Climate Change, PHE
	David Walker	Deputy Chief Medical Officer, Department of Health
	Timothy Walker	Nuffield Department of Medicine, Oxford
	John Watson	Deputy Chief Medical Officer, Department of Health
	Three members of the public attended	
Apologies	Lesley Wilkie	Observer for Scotland

1. Announcements, apologies, declarations of interest

14/178 The Chair welcomed Janet Atherton, President of the Association of Directors of Public Health (ADPH), to the meeting.

14/179 There were no new declarations of interest in relation to matters on the agenda.

2. Dementia Friends

14/180 Two three-minute video films were shown to the meeting of the launch material for the Dementia Friends campaign and the production to the finished film. The Board congratulated all of those involved in the campaign.

3. Panel discussion: Tuberculosis

14/181 The Director for Health Protection and Medical Director introduced the public health theme of tuberculosis. This was followed by contributions from the invited external panel members:

Aaron Oxley, Executive Director Results UK
Professor David Moore, London School of Hygiene and Tropical Medicine
Dr Timothy Walker, Nuffield Department of Medicine, Oxford University
Dr Yvonne Doyle, PHE, Regional Director, London

14/182 The Board was shown a graph of annual TB cases in England compared to the USA since 2000. On current trends, the number of TB cases in England would soon overtake that in the whole of the United States. The position in England was on a rising trend, poor relative to other nations, and was at its highest level in decades.

14/183 The profile of the disease was explained, which had latent and active forms. The triggers for TB becoming active were not yet fully understood, but poverty, smoking and diabetes were all known to be contributory factors. Normal treatments took up to six months whereas treatment of multi drug resistant TB could take up to two years and could entail severe side-effects. TB levels had fallen after the second world war but had risen again with the rise of HIV and the collapse of the former Soviet Union. It was reported that 8.6 million people worldwide developed TB each year and 1.3 million died. 20% of HIV positive people died of TB. The world population with latent TB was around 2 billion.

14/184 Incidence rates for whole populations were 3 per 100,000 in the USA and around 15 per 100,000 in the UK. The number of annual cases in the UK was comparable to leukemia.

14/185 Significant advances had been made in the science of TB, the diagnostic methods and genomic identification of strains, and tracing the source and spread of outbreaks. However, these had not been reflected in reducing the absolute number of cases in England. It was important to diagnose TB early to stop transmission to others and to control those with latent TB, including those with HIV and transplant patients.

14/186 UK research was strong in this field and PHE's contribution included its large back catalogue of TB samples which could be used for genomic analysis. The advances in genomics applied to TB were described in greater detail. Whole genome sequencing of the TB bacterium allowed strains to be identified and related to other cases and sources, with appropriate drug treatment regimes (including 'multi drug resistant' (MDR) TB and 'extensively drug resistant' (XDR) TB. The technology was becoming cheaper and mobile, but had to be translated into effective systems and processes to manage the disease. It was suggested that health improvement and health protection aspects of TB should be emphasised rather than the clinical aspects for the time being.

14/187 PHE London had made TB one of its five priorities, aiming to reduce incidence by 50% in five years. PHE had worked with local authorities and with the third sector, which had established effective ways of engaging TB sufferers at a community level.

14/188 The expert panel considered that:

- 'Find and treat' capability was good but walk-in TB facilities would be beneficial;
- direct observation of therapy for example by family or community members would improve compliance with treatment regimens;
- TB resources needed mandated leadership and to be adequately funded;
- basic tests by GPs for new migrants should include testing for latent TB;
- the traditional social determinants of health in terms of better housing and conditions applied to TB; and
- awareness amongst General Practitioners and nurses could be improved.

14/189 The Board questioned the panel and commented on the presentations.

14/190 The Board noted that there was also an economic case to be made because of the high cost of multi drug treatments. The expert panel confirmed that this existed and supported a 'pay now or pay a lot more later' outlook. There was, however, a low awareness of TB costs with policy makers. It was also noted that TB incidence might increase initially in future if identification and diagnosis were improved.

14/191 In conclusion, the Board was clear that TB was an area for major focus for PHE, and that it was important that research was directed to effective methods and treatment so that the advancement in knowledge was converted into reduced incidence.

14/192 The Board would monitor the incidence of TB cases in a year's time. Director for Health Protection

4. Update from Observers

14/193 The Observer for Wales reported that new head of Public Health Wales had been appointed. A public health Bill for Wales included a proposed 50p per unit minimum price for alcohol, a ban on e-cigarettes, and a licensing process for cigarette retailers. A Future Generations Bill would be introduced building on a vision for Wales in 2050.

5. Chief Executive's update

14/194 The Chief Executive noted that England had much to learn from Wales and the other devolved administrations.

14/195 He reported on the recent visit to Pakistan with the Department for International Development, including an ambitious plan for combatting tuberculosis. He noted that Pakistan was managing cases of tuberculosis acquired in Britain.

14/196 The highest executive priority for the months ahead was the ongoing development of the Health and Wellbeing Framework.

6. Update from the National Executive
Health and well-being

14/197 The Director of Health and Wellbeing reported on the Dementia Friends campaign, the films for which had been shown earlier on in the meeting.

14/198 The nutrition survey showed that too much fat, sugar and salt were being consumed and not enough fish, fruit and fibre. Extrinsic sugar average intakes were 14 to 15%, exceeding guidelines of about 11%. The Scientific Advisory Committee on Nutrition (SACN) would shortly be publishing new guidelines on nutrition and part of a PHE update would be published at about the same time.

14/199 An e-cigarettes symposium had taken place the previous week. There were two key papers on the PHE website and the PHE blog had been very active.

14/200 The Board noted that some pharmacies had introduced e-cigarettes. There was an urgent need for guidance on e-cigarette sales from health-related premises. It was reported that the Medicines and Healthcare Regulatory Agency was acutely aware of its obligations and that the Chairman and Chief Executive would engage with the agency.

Operations

14/201 The Regional Director, London reported on behalf of the Directorate, including progress, participation in the National Audit Office's review of local relationships in the public health system, and emergency planning work led by Centre Directors.

Chief Knowledge Officer

14/202 The Chief Knowledge Officer reported on a constructive meeting on the NHS Health Check to maximise benefits and knowledge. A forthcoming meeting on surveillance would review progress across the board and identify any gaps.

14/203 PHE had engaged constructively with the Health and Social Care Information Centre as part of their review on use of data and hoped that the flow of data to PHE for public health purposes would resume in full in the near future.

14/204 **Health protection**

The first pandemic influenza event across government had been held.

14/205 Two UK cases of MERS coronavirus on flights to the United States had raised international concern. A significant increase in cases probably reflected improved case detection. The source of the disease had been traced to dromedary camels and a respiratory issue.

14/206 The World Health Organisation was concerned about polio as an international public health issue because of the spread and export of the disease in Pakistan, Syria and Cameroon and seven countries where polio was spreading internally.

7. Minutes of the meeting held on 30 April 2014

14/207 The minutes of the previous meeting (enclosure PHE/14/20) were **AGREED** subject to noting the relationship of the personalisation of healthcare and genomics and that the Chief Knowledge Officer had attended the meeting. Board Secretary

8. Matters arising

14/208 The recommendations on research had been incorporated into the new strategy and the implementation of those on global health would be overseen up by the Global Health Committee once established. The watch list actions would be scheduled to come back as reports to future meetings of the Board.

9. Finance Report

14/209 The full-year result for 2013/14, subject to audit, was reported as a £7.7 million underspend on a £3.5 billion budget, despite the uncertainties of the first year of a new organisation. The capital budget was 95% spent at £46 million.

14/210 The Board **NOTED** the finance report.

10. Annual report and accounts 2013/14 process

14/211 The Finance and Commercial Director introduced the arrangements for adopting the first annual report and accounts of PHE for 2013/14 (enclosure PHE/14/22). He explained the Accounting Officer's responsibility and the role of the Audit and Risk Committee. Copies of the report would be made available to all Board members during the final stages of the audit and sign off by the Accounting Officer and the National Audit Office.

10. Information items

Forward calendar

14/212 The Board reviewed the dates for future meetings and their availability (enclosure PHE/14/23). There was a desire for greater interaction with the executive and time for Board discussion.

11. Questions from the public / any other business

14/213 There were no questions from the public and no other business.

14/214 The meeting closed 14:00

Victor Knight
Board Secretary
June 2014