Public Health England

PHE Board Minutes

Title of meeting	Public Health England Board, meeting held in public	
Date	Wednesday 26 March 2014	
Time	11.00 am	
Location	PHE London Region, 151 Buckingham Palace Road, London SW1W 9SZ	
Present	David Heymann	Chairman of PHE Board
	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 (until minute PHE/14/098)
External Panel	Eric Appleby	Chief Executive, Alcohol Concern (until minute PHE/14/098)
	Katherine Brown	Institute for Alcohol Studies (until minute PHE/14/098)
	Sir Ian Gilmore	Consultant Physician and Gastroenterologist (until minute PHE/14/098)
	Dipti Patel	Occupational Health Physician (to minute PHE/14/098)
In attendance	Tim Baxter	PHE Sponsor Unit, Department of Health
	Michael Brodie	Finance and Commercial Director (from min ref PHE/14/099)
	Paul Cosford	Director for Health Protection and Medical Director
	Kevin Fenton	Director of Health and Wellbeing
	Clive Hann	PHE staff
	Victor Knight	Board Secretary
	Gemma Lien	Corporate Secretary, Legal
	Rosanna O'Connor	Director, Alcohol and Drugs, PHE
	Alex Sienkiewicz	Chief of Staff
	David Walker	Deputy Chief Medical Officer
	Lesley Wilkie	Observer for Scotland
	Two members of the public attended.	
Apologies	Quentin Sandifer	Observer for Wales

1. Announcements, apologies, declarations of interest

14/085 The Chair welcomed newly appointed members Poppy Jaman and Rosie Glazebrook to the Board. Paul Lincoln declared an interest as his organisation was engaged in alcohol reduction advocacy.

2. Panel discussion: Alcohol (Enclosure PHE/14/08)

14/086 The Director of Health and Wellbeing introduced the subject and members of the external panel. The background paper circulated in advance of the meeting outlined the harmful impacts of alcohol, the evidence base of effective policy and interventions, the latest policy context and PHE's proposed approach to prevention and reducing alcohol related harm.

14/087 The external panel believed alcohol to be no ordinary commodity; it was far more affordable than it had been in the past, a contributory factor to the shift in consumption from pubs and bars into the home environment. Although the public well understood the adverse impact of alcohol on the liver, there was much less understanding of its wider health impacts. It was recommended that the precautionary principle be adopted in provision of public health advice related to alcohol, for example, on its consumption during pregnancy. It was estimated that up to 1.6 million people were dependent on alcohol, of whom only a small percentage were actively receiving treatment despite evidence on the health and economic benefits of doing so. Whereas most smokers wished to quit their habit, this was not often the case for consumers of alcohol.

14/088 Although the misuse of alcohol led to the need for acute clinical care, there were many others who required intermediate services. The external panel considered the Identification and Brief Advice (IBA) for frontline health and social care staff on risky drinking to be positive, but believed that a wider approach for professionals was needed. National Institute for Health and Care Excellence guidance CG115 made clear the features of a high quality alcohol service and it was recommended that PHE should work in partnership with them to help commissioners understand the importance of alcohol and drug services and the mix that would benefit their locality. The panel also believed that PHE should encourage NHS partners, including primary care, to screen for alcohol, undertake IBAs and promote new approaches to treatment.

14/089 The external panel reported that the International Labour Organisation had reported that one quarter of the workforce drank at levels which put their health at risk and up to 5% were alcohol dependent. The impact on safety in the workplace was well-understood but this was less so with respect to productivity and employee health and wellbeing. The evidence base and development of standardised methods for measuring the impact of alcohol on the workplace could be improved. There was evidence to suggest that employees believed the workplace to be an appropriate place for provision of advice and interventions on alcohol. There was potential to make better use of occupational health services, not least given the potential costs of alcohol misuse to employers.

14/090 The panel referred to a previous review into the effectiveness of Drink Aware, a charity supported by voluntary donations from the drinks industry, in reducing binge and underage drinking and suggested that this could be updated.

14/091 The panel expressed some concern at the resource available for public awareness campaigns on alcohol although they were pleased to report that Alcohol Concern's annual Dry January campaign was now working with PHE's Marketing team. Independent research into the impact of the most recent campaign had found that eight out of ten drinkers planned to

cut down.

14/092 The external panel advised that the World Health Organization had, amongst other things, identified issues of affordability and pricing, availability and licensing, marketing and promotion, and access to treatment services in tackling alcohol as a public health issue. The panel believed that PHE should be at the core of action to reduce alcohol consumption and needed to be correspondingly resourced. PHE should consider how it could work with and through others.

14/093 The external panel suggested that PHE could become the government's research think tank on alcohol-related public health issues, establishing the evidence base for effective policies and championing them in public. Copies of *Health First*: an *evidence based alcohol strategy for the UK* prepared by the Alcohol Health Alliance UK, were shared with the Board. Some established data sources were under threat and PHE could address this by supporting data collection and dissemination through local alcohol profiles and the Alcohol Learning Centre. Areas requiring further research included alcohol and inequalities, high risk groups, and independent evaluation of government policies such as the introduction of the low cost sales ban.

14/094 The Observer for Scotland advised that alcohol had been tackled at a whole population level through the 2009 framework for action as well though trying to change individual norms and behaviour. There had since been a fall in average per capita consumption. Under the Licensing (Scotland) Act there was a specific objective to protect and improve public health among the five licensing objectives, as well as public order, safety, preventing nuisance and protecting children from harm, and this approach was commended for England. Scotland had recently introduced a minimum unit pricing law. There were benefits in having good evidence and easy to understand questions and answers in changing social norms. NHS Scotland had established targets for Health Boards and Directors of Public Health in achieving a minimum number alcohol interventions.

14/095 The Board reflected on the contributions from the external panel and observers.

14/096 The Board noted the relationship between alcohol, mental health and the impact on acute services. It was suggested that the four outcome objectives on alcohol presented in the background material should include a correlation with mental health at each stage.

14/097 PHE should focus on the strong public health case for measures to address alcohol consumption. It would be important for there to be consistency across the United Kingdom. Low cost sales should be monitored and the decision on the alcohol duty escalator was highlighted. Improved awareness of the health risks of alcohol was required and the possibilities of social media in this regard should be exploited fully by PHE. There should be surveillance of marketing and application of the regulatory code, for which there were international parallels.

14/098 The Chair thanked the expert panel for their contributions, which would be considered by the executive team in their development of PHE's approach. The Board agreed that alcohol should be given greater prominence in PHE's Business Plan for the coming year. The Board PHE **Board Secretary**

should focus on promoting and developing the evidence base, supported by the implementation of PHE's Health & Wellbeing Framework, which was expected to include national and local action.

3. Minutes of the meeting held on 3 February 2014 (Enclosure PHE/14/09)

14/099 The minutes of the meeting on 3 February 2014, held in public, were agreed.

4. Matters arising (Enclosure PHE/14/10)

14/100 The Board noted the updated actions from previous meetings.

5. Chief Executive update

14/101 The Board and National Executive team had met earlier in the day to discuss the development of PHE's Business Plan for 2014/15 and the priority areas that PHE would focus on. The Board was pleased to note that an additional priority on childhood readiness for learning had been agreed.

6. Global Health Committee terms of reference (Enclosure PHE14/11)

14/102 The Board discussed the draft terms of reference, which needed to be agreed in advance of the Committee's first meeting in May.

14/103 The Board requested that the 50% quorum provision be changed so that the majority it required referred to the non-executive members.

14/104 There were many non-governmental organisations based in the UK and it was therefore suggested that this should be reflected in the membership.

14/105 The Committee was advisory in nature and would provide external input into the development and implementation of PHE's global health strategy, which was led by the executive.

14/106 The Department of Health noted that changes were taking place in the Department on international issues and invited PHE to take the views of the new Department of Health committee to help determine PHE's own purpose. The chair of the PHE committee contemplated smaller working groups on specific key issues. Engaging with the Department would help PHE to focus while avoiding duplication.

14/107 The Chair clarified with the Department the position with the government's much valued *Health is Global*. It was confirmed that the original cross-government framework was set up for five years and remained in place, but that there were currently no plans for a further revision.

14/108 The Chair summarised the outcome of the discussion: **Chair, Global Health Committee**

a) The membership and observers would be re-examined;
b) The Committee chair would work with the Department of Health on the terms of reference to understand the purpose for the group, identify its deliverables, and avoid any duplication;
c) The relationship between the Committee and the National Executive needed to be better articulated;
d) The terms of reference should be reviewed at the end of the first year of operation.

14/109 Amended terms of reference should be submitted to the Board for approval by correspondence as soon as possible. **Corporate Secretary, Legal**

7. Finance report (Enclosure PHE/14/12)

14/110 The Finance and Commercial Director introduced the finance report to the end of February 2014 (month 11). The three key segments of the budget - local authority grants, vaccines, and PHE operations - were on track, with a surplus of £1.8 million projected for the full year. Financial risk to PHE had been mitigated by negotiating an underwriting facility with the Department of Health of up to £29 million of costs, covering inherited pensions liabilities, the Science Hub and academic appointments.

14/111 With regard to the capital budget, £22 million of £47 million general allocation had been spent at month 11, but the full year position was expected to be within 10% of the budget.

14/112 The Finance and Commercial Director reported that a funding allocation had been agreed with the Department of Health that, whilst challenging, allowed a balanced and achievable budget to be set. In the 2014/15 budget there would be £12 million less cash than for 2013/14 and when accounting for unfunded pressures and pay and price increases. This 3% cash reduction represented some 15% reduction in real terms. This level was typical for other organisations in the sector. However, given the rigorous and robust budget setting process undertaken the budget would still be able to address PHE's inherited issues. The detail of the budget would be finalised in the weeks ahead. The strategic review would then inform the budgeting for the following year 2015/16.

14/113 The Board clarified some points of detail in third party income from pathology, products and grants. It clarified PHE's capacity to absorb costs in the absence of the recruitment slippage savings in the coming year.

14/114 The Board noted the report.

Minutes of Reporting Committees

8. Audit and Risk Committee minutes of the meeting of 24 February 2014 (Enclosure PHE/14/13)

14/115 The Chair of the Audit and Risk Committee introduced the unconfirmed minutes of the meeting which were endorsed by the Board.

14/116 The Board agreed the appointment of Rosie Glazebrook and Poppy Jaman to the Committee.

Information items

9. PHE response to flooding (Enclosure PHE/14/14)

14/117 The Director for Health Protection and Medical Director presented a summary of PHE's contributions to the response to flooding in parts of England in recent months. The Board noted the paper and congratulated the team.

10. Board forward calendar (Enclosure PHE/14/15)

14/118 The Board asked that calendar should include child health and the public health impact of climate change. **Board Secretary**

14/119 The Deputy Chief Executive and Chief Operating Officer would deputise

for the Chief Executive at the next meeting in light of the latter's visit to Pakistan. It was proposed that the theme for the meeting of antimicrobial resistance be deferred and instead the Board would receive a presentation on the personalisation of healthcare and a number of other short public health items. The final agenda would be settled by correspondence.

14/120 The relevant sections of the Outline Business Case for the PHE Science Hub would be submitted to the Board in July.

11. Questions from members of the public and any other business

14/121 There was no other business and no questions from the public.

12. Close

14/122 The meeting closed at 13.25.

Victor Knight
Board Secretary
April 2014