



Public Health
England

Protecting and improving the nation's health

Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 25 November 2015	
Present	David Heymann	Chair
	Rosie Glazebrook	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
	Sir Derek Myers	Non-executive member
	Richard Parish	Non-executive member
In attendance	Luwa Adeniji-Fashola	Young People's Takeover Day
	Viv Bennett	Chief Nurse, PHE
	Michael Brodie	Finance and Commercial Director, PHE
	Karen Carr	Public Involvement Co-ordinator, PHE
	Mary Cauthery	PHE People's Panel
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Barr Creamer	PHE People's Panel
	Jennifer Crockford	PHE People's Panel
	Derrick Crook	Director, National Infection Service, PHE
	Stephanie Crowe	Ipsos MORI
	Eustace DeSousa	National Lead - Children, Young People and Families, PHE
	Andrew Dougal	Chair, Public Health Agency Northern Ireland
	Geoff Driver	PHE People's Panel
	Bethany Durrant	Young People's Takeover Day
	Kevin Fenton	Director, Health and Wellbeing, PHE
	Lisa Fontanelle	Young People's Takeover Day
	Andrew Furber	President, Association of Directors of Public Health
	Richard Gleave	Deputy Chief Executive, PHE
	Roger Gibb	PHE People's Panel
	Alan Gray	PHE People's Panel
	Michaela Hodge	Young People's Takeover Day
	Deborah McKenzie	Director, Organisational and Workforce Development, PHE
	Iain Mallett	Head of Public Involvement, PHE
	Jane Malone	PHE People's Panel
	Emily Moriarty	Young People's Takeover Day
	John Newton	Chief Knowledge Officer, PHE
	Wendy Nicholson	Chief Nurse Directorate, PHE
	Louise Park	Ipsos MORI
	Quentin Sandifer	Observer, Wales
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	George Sloan	Young People's Takeover Day
	Jonathan Tritter	Aston University
	Robert Wemyss	PHE People's Panel
	Spencer Wrighton	Young People's Takeover Day
Apologies	George Griffin	Non-executive member

Graham Jukes
Duncan Selbie
Kathryn Tyson

Chartered Institute for Environmental Health
Chief Executive
Department of Health

There were seven members of the public present.

1. Announcements, apologies, declarations of interest

15/190 Apologies for absence were received from George Griffin, Duncan Selbie, who was in Malta representing PHE in advance of the forthcoming Commonwealth Heads of Government meeting in Malta, Kathryn Tyson and Graham Jukes.

15/191 No interests were declared in relation to items on the agenda.

2. Takeover Day: Young People and Emotional Health and Wellbeing

15/192 The Chair shared PHE and the Board's pleasure in taking part in the Children's Commissioners Takeover Day Challenge and welcomed the young people who were leading this section of the meeting.

15/193 The Director of Health and Wellbeing and Chief Nurse highlighted the importance of young people's mental health and wellbeing. The *Best Start in Life* programme was one of PHE's priorities and the recent transfer of 0-5 commissioning services to local authorities would provide clear evidence to improve the resilience of these services. PHE had a Children and Young People's Forum which co-ordinated its activities across the organisation and wider system.

15/194 George Sloan and Luwa Adeniji-Fashola presented on the importance of involving young people under the age of 13 in engagement and the barriers of access to services young people face, specifically related to mental health services. The following points were raised:

- a) engaging young people under the age of 13 offered real opportunities to improve mental health in children and young people;
- b) a proposal to ensure that younger people were involved included the development of a short film to highlight mental health issues and how they affected younger people;
- c) further support could also be provided to teachers, particularly those in primary schools, so that they were more aware of the mental health issues facing young people and the support that they required;
- d) there were several accessibility issues and barriers to young people accessing mental health services. This meant young people faced the choice of either missing appointments or school, college or work commitments;

15/195 A discussion followed on the steps that PHE could take to address some of these issues, for example:

- a) social media and involving young people in the design and development of PHE's public health campaigns;
- b) ensuring that education and support was available to parents to support children experiencing mental health issues. This should be provided in close conjunction with schools and education settings;
- c) the role of schools in providing support to improve mental health and

wellbeing, particularly encouraging the development of peer support and building positive mental health;

- d) improving the quality of advice made available to young people and ensuring it was universally available.

15/196 A question was raised on the availability of good quality information on self-harm for parents and schools. Whilst this was generally available, high quality personal and social education was essential to ensure it was delivered and communicated effectively.

15/197 The Chair thanked George Sloan for chairing the discussion and all the young people for their contributions to a valuable and lively discussion. The following points would be incorporated into the Board watchlist for review and discussion at a future meeting:

- a) Young people should be more involved and engaged in the development of all PHE's programmes of work;
- b) There should be continuous dialogue between PHE and the contributors to the discussion, with updates provided throughout the year;
- c) Information to young people should be of consistently high quality and easily available;
- d) Senior leaders should be more approachable, and it should be easier to discuss the issues;
- e) Young people were under-represented on PHE People's Panel and this would be addressed.

3. Ipsos MORI and public opinion survey results

15/198 The Head of Public Involvement provided an update on the work of the PHE People's Panel. Awareness of its work was increasing and it ensured that public engagement was integral to the development of PHE's work.

15/199 Louise Park, Associate Director, Ipsos MORI presented the results of PHE's public awareness and opinion survey 2015. Over 1,600 members of the public had been interviewed and the results data had been weighted to take into account the composition of the wider population. The main findings were:

- a) 41% of those surveyed had heard of PHE, a 7% increase on the previous year (2014); over a third of this number stated that they knew a little about PHE, and 11% indicated they knew a great deal;
- b) when provided with a brief description of PHE's role, 76% of those surveyed stated that they would be very or fairly confident in PHE's advice, an increase on the previous year's result (66%);
- c) when questioned about their public health concerns, the majority of respondents raised cancer (43%), obesity (20%) and diabetes (17%);
- d) public health concerns varied according to gender, social class, ethnicity and age, with older respondents more concerned with dementia, diabetes, heart disease and other age related illnesses. Younger respondents were more concerned with smoking, alcohol and drug misuse, mental health and STIs;
- e) when asked about how they would like to receive information from PHE, 53% of respondents chose national TV, 33% chose national newspapers and 39%

preferred if it came via websites, social media or apps, again this varied by the age of the respondents, but demonstrated that the role of traditional media was still important;

- f) 22% of participants indicated they would be willing to be become involved in PHE's work, and 357 respondents would be happy to be contacted to collect their views and become part of the PHE Peoples' Panel. This would be followed up by the PHE's Public Involvement Team.

- 15/200 The results demonstrated positive progress, particularly on the growth of recognition of PHE. It was recognised that PHE needed to adapt its messages for different groups to support this growth and improvement.
- 15/201 The importance of clear information was discussed, in particular the accessibility of information available on the PHE website and NHS Choices, the latter of which contained a significant amount of advice and information to the public from PHE. This would be reviewed at a future meeting.
- 15/202 The Board **NOTED** the results of the survey, and thanked Ipsos MORI and members of the People's Panel for their contributions both to the meeting, and PHE's wider work. An update of the work of the Panel would be presented at a future meeting, including proposals to involve more young people in the work of the panel.

4. Minutes of the meeting held on 23 September 2015

- 15/203 The minutes (enclosure PHE/15/42) were agreed as an accurate record of the previous meeting.

5. Matters arising

- 15/204 The matters arising from previous meetings (enclosure PHE/15/43) were noted.
- 15/205 The January Board meeting would have a focused discussion reviewing the Board's previous discussion on PHE research.

6. Observer Update

- 15/206 The Observer, Wales advised the Board that following the *United in Improving Health: A Healthier, Happier, Fairer Wales*, conference in early November, work was taking place to align the public health agenda in Wales.

7. Update from Northern Ireland

- 15/207 The Chair, Public Health Agency advised the Board that changes to the public health system were being implemented in Northern Ireland, particularly to commissioning arrangements. The Public Health Agency would continue with its current responsibilities.

8. Updates from Directors

- 15/208 The Director for Health Protection and Medical Director advised the Board that:
- a) The Office for National Statistics (ONS) had released the excess winter mortality figures, which were the highest since 1999-2000. PHE undertook a significant programme of work to support winter resilience including the surveillance of respiratory illnesses and development of the Cold Weather Plan. The seasonal flu vaccination programme was underway, including the vaccination of younger aged children;
 - b) Government funding was being made available for a Rapid Response Taskforce to respond to international public health threats. PHE would be bidding to be the provider with the support of an academic partner.

15/209

The Director, National Infection Service advised the Board that:

- a) as part of establishing the new National Infection Service, work had taken place to: examine and determine communicable disease activities across PHE; develop the intellectual base for the service and external review had taken place to support this work; and finalise the new structure and manage the transfer of staff into the service. An interim corporate management team was being established to lead the next stages of the work;
- b) there were a number of challenges, including the impact of future technological change, management of which would be crucial to the success of the service.

15/210

The Chief Knowledge Officer advised the Board that the independent Cancer Task Force had published its report and recommendations. The PHE Chief Executive had agreed to chair the Cancer Programme Board, which would oversee the implementation of the Task Force's recommendations, including those that PHE was responsible for delivering.

15/211

The Director, Health and Wellbeing advised the Board that:

- a) the publication of the evidence reviews into e-cigarettes and sugar had generated much media and stakeholder interest. Work was taking place to implement the work which has emerged as a result of the reviews;
- b) the Government's Childhood Obesity Strategy was due to be published in early 2016, with PHE closely involved in its development.

15/212

The Chief Nurse advised the Board that:

- a) her team was providing support for the implementation of the *NHS Five Year Forward View*, including on applying knowledge into practice;
- b) a full update on the transfer of funding for 0-5 commissioning services to local authorities would be provided at a future meeting.

9. Global Health Update

15/213 The Director for Health Protection and Medical Director advised the Board that:

- a) a review of PHE's Global Health functions was being led by Professor Paul Corrigan;
- b) the Global Health Committee had established a sub-group to explore how PHE could respond to a request to provide support to primary care in China;
- c) The MOU between PHE and the Chinese Centre for Disease Control and Prevention had been announced by the Secretary of State at the UK-China People to People Dialogue in September. Work was already underway to explore collaboration in the areas of salt, hypertension, sugar, diabetes, climate change, MDR-TB and AMR. The first PHE/China CDC workshops were planned for May 2016;
- d) PHE was working with the Department for International Development (DfID) to support the legacy work in Sierra Leone following the Ebola outbreak. A PHE team based in Sierra Leone was exploring with DfID the details for the next

(longer term) phase of support from January 2016 onwards. This would focus on supporting the Sierra Leone Ministry of Health and Sanitation to rebuild Sierra Leone's public health system;

- e) DFID has funded a £1.85 million project for PHE to work with the Pakistan government, and multiple stakeholders in Pakistan, on development of an integrated system of infectious disease surveillance and response alongside compliance with the IHR.

10. Finance Update

- 15/214 The Finance and Commercial Director introduced the finance report for the six months ended September 2015 (enclosure PHE/15/44).
- 15/215 PHE continued to forecast a break-even position for the year and was on track to deliver its capital programme.
- 15/216 The Board **NOTED** the finance and capital updates.

11. Any other business

- 15/217 There being no further business the meeting closed at 1.35pm