



# PHE Board Minutes

**Title of meeting** Public Health England Board, meeting held in public  
**Date** Wednesday 24 September 2014

**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
Sir Derek Myers	Non-executive member
Richard Parish	Non-executive member
Duncan Selbie	Chief Executive

**Expert panel**

James Anderson	Director, European Partnerships. GSK
Dame Sally Davies	Chief Medical Officer
Richard Holliman	Public Health England
Richard Kock	Royal Veterinary College
John Watson	Deputy Chief Medical Officer, Department of Health

**In attendance**

Janet Atherton	President, Association of Directors of Public Health
Viv Bennett	Director of Nursing and Midwifery
Paul Cosford	Director for Health Protection and Medical Director, PHE
Yvonne Doyle	Regional Director, London
Kevin Fenton	Director of Health and Wellbeing, PHE
Graham Jukes	Chief Executive, Chartered Institute of Environmental Health
Victor Knight	Board Secretary
Gemma Lien	Corporate Secretary
Christine McCartney	Director of Microbiology
Rachel Scott	Corporate Secretariat
Kathryn Tyson	Department of Health
David Walker	Deputy Chief Medical Officer, Department of Health

Fifteen members of the public were in attendance.

**Apologies**

Quentin Sandifer	Observer for Wales
Lesley Wilkie	Observer for Scotland
Alex Sienkiewicz	Chief of Staff

- 1. Announcements, apologies, declarations of interest**  
14/215 All members of the Board were present. There were no declarations of interest in relation to matters on the agenda.
- 2. Minutes of the meeting held on 27 May 2014**  
14/216 The minutes of the meeting held on 27 May 2014 were agreed as an accurate record.

**3. Matters arising**

14/217 The PHE Global Health Strategy had been published and the second meeting of the PHE Global Health Committee would take place shortly.

**4. Updates from Observers**

14/218 The Observer for Scotland provided a briefing to the Board on recent developments including: the European legal case on minimum unit pricing for alcohol; the introduction of smoke-free hospitals; a policy review on preventing overweight and obesity; and the recent Commonwealth Games. Scotland was working with UK and international partners on the international response to Ebola in West Africa.

14/219 PHE had contributed to public health preparedness and planning for the recent NATO summit in Wales.

**5. National Executive updates**

Health and Wellbeing

14/220 The Director of Health and Wellbeing briefed the Board on recent developments in his Directorate. Several high profile public health campaigns would be delivered over the autumn period, including *Stoptober*, to which over 130,000 people had already signed up, and *Be Clear on Cancer*, which aimed to improve early diagnosis by raising awareness of the signs and symptoms of the disease. PHE was also taking part in the cross-sectoral physical activity strategy launch.

14/221 The PHE tobacco lead briefed the Board on recent developments with respect to electronic cigarettes, including the World Health Organisation's recent report, which recognised the wide range of views on their use. This ranged from those who advocated them as a means of reducing tobacco consumption to those who believed they undermined efforts to denormalise tobacco use. The potential risks and benefits associated with prohibitive and permissive public health responses were as yet difficult to quantify. The Board therefore asked to be kept informed about the emerging evidence base.

Nursing and Midwifery

14/222 The Director of Nursing and Midwifery briefed the Board on current national developments of particular importance is the new NMC code of practice and introduction of revalidation for nurses and midwives for which PHE would be a pilot site. The Deputy Director of Nursing and Midwifery had been appointed to the National Steering Group on Antimicrobial Resistance and was overseeing the implementation of the wider Francis Inquiry recommendations as they applied to PHE.

14/223 PHE had established a children's public health forum to support a cross organisation life course approach for 0-19 years. A priority for children and young people's programme was working with the Department of Health, NHS England and the Local Government Association to support the smooth transfer of 0 to 5 year old commissioning from the NHS to local government in October 2015.

Health Protection

14/224 The Director for Health Protection and Medical Director summarised PHE's work in Sierra Leone on Ebola and port screening and preparedness in England.

14/225 PHE's health surveillance systems had identified a number of salmonella outbreaks in hospitals between June and September, which was considered to be part of a wider European trend. PHE had worked closely with colleagues from the Food Standards Agency in following up the outbreaks, which had now abated. PHE's systems had also identified a birthing pool as a source of legionella and appropriate follow-up action had been taken.

**Chief Executive's report**

14/226 *Due North*, the independent inquiry commissioned by PHE to examine health inequalities affecting the north of England, had been published the previous month. The Regional Director for the North of England would discuss the key findings with the Board at its next meeting.

14/227 Professor Derrick Crook would be joining PHE as Director of Microbiology early in 2015. He was currently Professor of Microbiology in the Nuffield Department of Medicine at Oxford University and a practicing clinical microbiologist and infectious diseases physician at Oxford University Hospitals.

14/228 PHE had reached early agreement with the Department of Health budget for 2015/16, allowing detailed business planning to start over the autumn period.

**Finance report**

14/229 At the end of month four, there was a net year-to-date underspend of £5.1m. This was expected and primarily due to staffing being below establishment. When emerging cost pressures and the spending plans to deliver PHE's priorities were taken into account, the year-end forecast was financial break-even. PHE was on track to deliver the capital programme agreed with the Department of Health.

14/230 The Strategic Review would inform plans for delivery of the savings required of PHE in 2015/16 (£65m). The National Executive was developing plans over the autumn, which would be shared with the Board when ready.

14/231 The final stage of the ring-fenced public health grant assurance process for 2013/14, which involved local authorities' Directors of Public Health signing year end assurance returns alongside Accounting Officers or Section 151 Officers, was now half-way complete. There were no issues to report so far.

14/232 The second stage of the ring-fenced public health grant assurance, which involved local authorities' Directors of Public Health, was now half-way complete. There were no issues to report so far.

14/233 The Board **NOTED** the report.

**Framework for Personalised Care and Population Health**

14/234 The Director of Nursing and Midwifery briefed the Board on the Framework, which was designed to support all frontline healthcare practitioners in the delivery of the population health aspects of their roles. It provided a menu of evidence-based actions and links to outcomes which demonstrated and measured the impact that they could make. The Framework would also support professional leaders and managers develop services that made best use of healthcare practitioners to deliver best value and the greatest health impact, and would also be of practical use to commissioners and educators.

14/235 The next iteration of the Framework would be released in November and, going forward, would become fully digital. The Board welcomed the depth and breadth of the material together with the menu-based approach.

**Ebola**

14/236 PHE's contribution to the international response to Ebola in West Africa and maintaining UK preparedness, including through port screening, was being managed as a Level 4 incident. The National Incident Control Centre had been established and the Director for Health Protection and Medical Director was in overall charge. Thomas Innes of the Field Epidemiology Training Programme and Dr Tim Brooks, Head of PHE's Rare and Imported Pathogens Laboratory, briefed the Board on PHE's work on the ground in West Africa, which was primarily focussed on Sierra Leone. The Board agreed the critical importance of combating Ebola at source and thanked all staff involved, in particular those who had volunteered to work in West Africa, as well as those who were undertaking additional work to cover for colleagues on deployment.

**Panel discussion on antimicrobial resistance**

14/237 Addressing antimicrobial resistance focussed on limiting the number of people who suffer from an infection resistant to antimicrobial drugs and who might die as a consequence. The potential lack of effective antimicrobials was also a threat to modern medicine, particularly in surgery and cancer treatments, and posed a wider risk to the health of the population.

14/238 PHE was leading the implementation of the five year UK AMR strategy across the health and care sector in four of the seven key areas and was contributing to the remaining three. The main focus was antibacterial resistance (i.e. antibiotics). PHE planned to bring together its various activities into a single AMR programme to enhance its national leadership role for AMR.

14/239 The following observations were made during the panel discussion:

- the development of diagnostics framework capable of rapidly determining the nature of an infection could allow more effective and appropriate use of antimicrobials;
- antimicrobial resistance could be included as a theme in the science syllabus;
- data collection should be made easier through information technology and suitably incentivised;
- feedback on prescribing practice was required to ensure that all doctors were aware of the problem and modified their practice accordingly;
- vaccination could play a part by reducing infections, both bacterial and viral, and so reduce demand for antibiotics, for example pneumococcal and influenza vaccines;
- the possibility of partnering with the private sector on research and development of antibiotics could be explored;
- an alternative economic model for the development of antibiotics could provide incentives that were not necessarily present in the current market. This would be need to be international in nature and require funding and strong direction;
- it was expected that AMR would feature on the national risk register in the near future; and
- the WHO was preparing a global action plan and the CMO chaired their

strategic and technical advisory group.

- 14/240 The Board endorsed the establishment of a single PHE AMR programme and recommended that the following issues be considered in its further development and delivery:
- a) internationally prescribing practice and patient expectations varied widely, including models where healthcare providers were rewarded in proportion to drug spend;
  - b) the profile of AMR as a significant public health issue and the need for behavioural change could be raised with the public through broadcast and social media;
  - c) healthcare professionals could be much better informed about AMR in their education and training. At the same time, improved point of care diagnostics would greatly increase the appropriate use of antimicrobials, including their duration;
  - d) genomics might identify infections that could still be susceptible to earlier generation antibiotic;
  - e) sufficient focus on the three “Ps” (prevent, preserve and promote);
  - f) the steps taken by Health Education England, the Royal Colleges, and others were acknowledged; and
  - g) the surveillance base of people with severe resistance should be considered.

14/241 **Questions from the Public**

Bren McInerny thanked the Chief Executive for his recent visit to the Kingfisher social enterprise in Gloucester and the constructive input of PHE staff.