



Public Health
England

Protecting and improving the nation's health

Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 15 July 2015	
Present	David Heymann	Chair
	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
In attendance	Viv Bennett	Chief Nurse, PHE
	Michael Brodie	Finance and Commercial Director, PHE
	Eustace DeSousa	National Lead - Children, Young People and Families, PHE
	Jenny Harries	Director, South, PHE
	Ann Hoskins	Deputy Director Health and Wellbeing, Healthy People, PHE
	Graham Jukes	Chief Executive, Chartered Institute of Environmental Health
	Anthony Kessel	Director of International Public Health, PHE
	Victor Knight	Board Secretary, PHE
	George Leahy	Deputy Director, Health Protection, PHE
	Anne Longfield	Children's Commissioner for England
	Alison Morton	Specialist Practice Teacher and Professional Advisor for Health Visiting, PHE
	Virginia Pearson	Director of Public Health, Devon County Council
	Quentin Sandifer	Observer for Wales
	Rachel Scott	Corporate Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Kathryn Tyson	Director of International Health and Public Health Policy, DH
Apologies	Lesley Wilkie	Observer for Scotland

There were five members of the public present.

1. Announcements, apologies, declarations of interest

15/141 No interests were declared in relation to items on the agenda.

2. Panel Discussion: Public health issues for children, young people and families

15/142 The Chief Nurse introduced the panel discussion. The background paper (enclosure PHE/15/30) outlined the key public health priorities and the steps being taken by PHE to address these as well as setting out the ambition to ensure that every child has the best start in life.

15/143 The expert panel made the following observations:

- a) a population approach was required in addition to providing targeted support for the most vulnerable families. Children from deprived areas were three times more likely to be obese and there was up to a 15% increase in mental health issues compared to children from more affluent areas. They were also more likely to do poorly at school and have chronic health issues which were preventable. Universal assessment was important, but there was also a need to focus on the specific areas of deprivation. The support provided during the first three years of a child's life was vital; an example was provided of the NSPCC baby steps programme, which was an intensive antenatal programme for disadvantaged families. An evaluation across 4,000 families had demonstrated improved outcomes, including fewer caesarean births and higher birth weights;
- b) many of the issues which had been raised by PHE resonated with the Children's Commissioner for England, whose role was to promote and protect children's rights;
- c) it was important to listen to children and young people. One good example of where this had been done well was in expanding parental support in Devon to include 5-11 year olds, which had been developed following discussion and feedback from children and young people in the area;
- d) mental health was a topic that arose in most conversations with children and young people, for example, on rising levels of anxiety, access to mental health support, and the stigma associated with mental health. Children were increasingly heavy users of social media, which brought with it both benefits and challenges in terms of their health and wellbeing and this needed to be better understood;
- e) the move of public health functions to local authorities had provided an excellent opportunity to better align public health and children's services and better design services around improving young people's wellbeing. It was acknowledged that the system was complex and could be difficult to navigate. Support needed to be as easily available as possible, and the voices of families and young people needed to be taken into consideration when developing services;
- f) the important role of health visiting was stressed, in particular, for health promotion where there were good outcomes in terms of behavioural change. There was, however, significant variation as to what was available and success depended on measured outcomes. There was a need to support the development of better outcome measures for health visiting, as well as improved way of measuring their impact;
- g) the impact on children on older people's health should also be included. This included the success of the children's flu pilots as well as the "pester-power" of children to stop smoking and eat healthier diets.
- h) cross-cutting issues included both sub-standard housing and the pressures faced by local authorities in housing families. The development of an all systems approach should be considered, for example with *Making Every Contact Count*, environmental health officers who visit various housing and premises as part of the work and could support this agenda. Housing and associated affordability issues were of particular concern in tourist areas where a vast number of properties were engaged as second homes or for holiday lets. The role of private rented sector also needed to be taken into consideration;

- i) the approach in Wales was highlighted, where the context was set by the Welsh Government Framework. This provided an early year 10 year plan where the key themes of health and wellbeing were linked with education. This was emphasised into Public Health Wales' strategic plan as one of its key priorities.

15/144 Following the contribution the expert panel, a discussion of the Board followed and the following points were raised:

- a) it was proposed to broaden the topic areas to include both further educational colleges and those who leave school early and the support which would be available to them, in particular supporting those who were in hostels. The role of personal and social education was also considered; it would be important to have well trained tutors delivering structured and planned sessions.
- b) it was proposed to link the work of the Children and Young People's Forum to the People's Panel to ensure that there was engagement in this area. 'Takeover Day' would take place in November 2015. Young people would be invited to fully participate in the PHE November Board meeting;
- c) primary care arrangements were considered, in particular out of hours arrangements and access to care. This in particular would impact the use of accident and emergency services, and social marketing campaigns have been developed in order to support this. Accident and Emergency admissions were a high impact area for the outcomes of health visiting;
- d) the spending review would be an important opportunity for PHE to make the case for prevention and highlight its importance. The *NHS Five Year Forward View*, government focus on childhood obesity and the possibilities offered by devolution offered significant opportunities.

15/145 The Board **NOTED** the comments and recommendations of the external experts which would be added to the Board's Watch List.

3. Minutes of the meeting held on 26 June 2015

15/146 The minutes (enclosure PHE/15/31) were agreed as an accurate record of the previous meeting.

4. Matters arising

15/147 The matters arising from previous meetings (enclosure PHE/15/32) were noted.

5. Updates from Directors

15/148 The Director - South advised the Board that:

- a) the Chief Executive, Regional and Centre Directors would be meeting with the Minister for Public Health the following week. This was an opportunity to develop a shared understanding across all aspects of public health;
- b) the new arrangements for the PHE Centres had gone "live" on 1 July. There was still work required to finalise the recruitment for some posts.

15/149 The Chief Nurse advised the Board that:

- a) preparations were underway for the bi-annual conference for school nursing. A number of colleagues from across PHE were involved in the planning for this event;
- b) she was working with WHO to increase the role of prevention in nursing and

midwifery;

- c) "Sound Foundations", the task and finish group which would ensure robust quality and clinical governance systems were embedded across PHE was progressing its work well and would be providing a report to PHE's Management Committee at the end of July;
- d) nursing specialisms were being explored. These included working to support patients with learning disabilities and health protection nursing, in particular, Tuberculosis nursing. The aim was to ensure that there were clear development and career pathways.

The Deputy Director, Health and Wellbeing advised the Board that:

15/150

- a) the Scientific Advisory Committee on Nutrition (SACN) would be releasing its report into sugar reduction on the following Friday. PHE was developing the evidence package to support this which would be available later in the year;
- b) the e-cigarettes evidence report was nearing completion and would be shared with Ministers in the coming months.

6. Update from Observers

15/151 The Observer for Wales advised the Board that:

- a) the Public Health Wales Bill had been placed before the Senate on 9 June 2015. Public Health Wales had provided written evidence to its consultation and also provided evidence at a recent committee session;
- b) a legislative framework was being put in place for tattoo and piercing studios in Wales. It was hoped this would prevent any future outbreaks associated with them, such as the recent cases in south Wales;
- c) there were a number of issues being considered at the political level in Wales. These included the provision of public toilets and the use of pharmaceutical services in Wales;
- d) "*Our health, Our Health Service*" a green paper which offered proposals to improve quality and governance across the NHS in Wales was currently subject to a consultation which would close in November 2015.

7. Update from the Chief Executive

15/152 The Chief Executive advised the Board that:

- a) he had signed a Memorandum of Understanding along with the local authorities of Greater Manchester, their NHS partners and NHS England which set out the collective intention to place public health at the heart of public sector reform. A copy would be shared with Board members for information;
- b) PHE was contributing to the spending review. This was an important programme and would shape PHE's work in the coming years;
- c) the SACN report would be published later in the week. PHE was finalising its evidence review which would be submitted later in the year. The evidence package would be shared once finalised. This would also apply to similar reports as outlined in the Remit Letter, including alcohol and tobacco;
- d) the Cancer Taskforce report was scheduled for publication on the coming

Friday. This was important for a number of PHE's work areas including immunisation and early diagnosis. A copy of the report would be shared with Board members;

- e) a decision was still pending on the Science Hub. The case for decision was with the Chancellor. An urgent resolution was sought to enable PHE to start planning its workforce for the future;
- f) a hard copy of PHE's Annual Report and Accounts for 2014/15 was provided to Board members. The National Audit Office had certified the report and accounts.

8. Global Health update

- 15/153 The Chair of the Global Health Committee reported on its meeting of 1 July, which had focussed on global mental health. Future work areas would include the sustainable development goals, which would impact on all areas across PHE. Early discussions to explore the full impact of this agenda had already taken place.
- 15/154 The Director of International Health gave a brief update on a number of key areas and programmes of work. A proposal had recently been submitted to DfID for an 18 month work programme in Pakistan. He had also recently returned from a visit to China with the Director for Health and Wellbeing which had built on the visit by the Chief Executive in December 2014. This had focused on non-communicable diseases and offered many opportunities for learning for PHE, in particular the salt reduction programme in Xiandong province. Further work would take place with China on an antimicrobial resistance programme and a climate change workshop in the new year.
- 15/155 A review of PHE's global health activities would take place over the coming months. The draft terms of reference had been shared with Board members in correspondence.
- 15/156 The Board **NOTED** the update.

9. Information Items

- 15/157 The Board noted the following information items:
- a) Minutes of the Audit and Risk Committee held on Friday 12 June (enclosure PHE/15/33)
 - b) Board forward calendar (enclosure PHE/15/34)
- 15/158 The Board forward calendar included the proposed non-executive leads for each of the watch-list topics in order for the Board to receive future updates on progress. A proposal would be developed for the Board to consider how the agenda of future meetings should be structured and Board members would be invited to comment in correspondence.

Victor Knight

10. Any other business / Questions from the public

- 15/159 The following comments were received from members of the public:
- a) the discussions had demonstrated clear examples of national to local work;
 - b) young people could provide substantial leadership and this should factor a change of viewing young people as passive recipients of services; and
 - c) young people had been interviewed as part of the development of the new care models. This would support this agenda as it progresses.

- 15/160 The meeting closed at 1.40pm