



Public Health  
England

Protecting and improving the nation's health

## Minutes

<b>Title of meeting</b>	Public Health England Board	
<b>Date</b>	Wednesday 23 September 2015	
<b>Present</b>	David Heymann	Chair
	Rosie Glazebrook	Non-executive member
	George Griffin	Non-executive member
	Sian Griffiths	Associate non-executive member
	Martin Hindle	Non-executive member
	Paul Lincoln	Associate non-executive member
	Sir Derek Myers	Non-executive member
	Richard Parish	Non-executive member
	Duncan Selbie	Chief Executive
<b>In attendance</b>	Michael Brodie	Finance and Commercial Director, PHE
	Richard Gleave	Deputy Chief Executive, PHE
	Ann Hoskins	Deputy Director, Health and Wellbeing, PHE
	Graham Jukes	Chief Executive, Chartered Institute of Environmental Health
	Jonathan Marron	Director of Strategy, PHE
	John Newton	Chief Knowledge Officer, PHE
	Rachel Scott	Corporate Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	John Simpson	Director of Emergency Response, PHE
	Alison Tedstone	Chief Nutritionist, PHE
	Kathryn Tyson	Director of International Health and Public Health Policy, DH
<b>Apologies</b>	Poppy Jaman	Non-executive member
	Quentin Sandifer	Observer, Wales

There were eight members of the public present.

### 1. Announcements, apologies, declarations of interest

15/161 Paul Lincoln declared an interest in relation to the agenda. The UK Health Forum oversaw the National Obesity Learning Forum.

### 2. Minutes of the meeting held on 15 July 2015

15/162 The minutes (enclosure PHE/15/35) were agreed as an accurate record of the previous meeting.

### 3. Matters arising

15/163 The matters arising from previous meetings (enclosure PHE/15/36) were noted.

15/164 A number of actions were outstanding and these would be reviewed in advance of the next meeting.

### 4. Obesity

15/165 This was the first non-executive led review of recommendations and comments from the Board's previous discussions on public health themes to which external expert panels had contributed.

- 15/166 There was no single action that would solve the problem of obesity, rather a range of measures was required.
- 15/167 Since the time of the Board's previous discussion, the Scientific Advisory Committee on Nutrition (SACN) had published its expert advice, including landmark recommendations on sugar. These had been accepted by all the governments of the UK.
- 15/168 PHE's evidence package on sugar reduction, which had been commissioned by Ministers in the annual remit letter, was nearing completion and would be shared with them shortly. The Government had committed to preparing a childhood obesity strategy and PHE was an integral part of discussions on this.
- 15/169 Tackling obesity in children and adults was one of PHE's seven priorities, the corporate programme for which had been designed in consultation with Directors of Public Health. It was structured around the five key areas: systems leadership; community engagement; monitoring and evidence base; supporting delivery; and the obesogenic environment.
- 15/170 PHE provided intelligence for the local system, including obesity prevalence maps, which assisted in making the case for action. Obesity treatment services were not a mandated local authority service and there was variation in quality across the country. PHE was providing support through its Health Improvement Hub to support local decision making on how local needs could be best met and was working with local authorities to pilot a whole systems approach.
- 15/171 A range of work was underway to address the obesogenic environment, including toolkits on healthy catering, with a particular emphasis on the public sector. Guidance had also been produced on planning to support local authorities in making licensing decisions, for example, on fast food outlets. Work was also underway to enhance the National Child Measurement Programme, providing additional support to schools, engaging parents, and improving the data provided to local authorities.
- 15/172 The NHS Prevention Board, chaired by PHE's Chief Executive, was one of five that would oversee delivery of the NHS Five Year Forward View, which recognised the importance of prevention. Its initial focus was on the introduction of a nationwide diabetes prevention programme, a first in the world at this scale.
- 15/173 The following points were made during the Board's subsequent discussion:
- a) education in early years was critical;
  - b) the collective purchasing of the public sector could be exploited to drive change, including the control of purchasing specifications on food procurement;
  - c) a "health in all policies" approach had potentially significant benefits. Work was taking place with local authorities to look at how this would work at local level;
  - d) the economic case for reducing obesity should be emphasised;
  - e) the potential health dividend was not just for children but for the adults they went on to become. Tackling obesity should therefore be considered as part of a broader approach to improving health and wellbeing;

- f) there were short, medium and long term activities for PHE and its partners in central and local government, which could usefully be set out as a framework to assist understanding the various priorities and where the benefits and impacts could be demonstrated;
- g) future updates on key public health themes previously considered by the Board should set out the resources allocated to each theme.

15/174 These points would be added to the Board watchlist for future review.

## 5. Updates from Directors

15/175 The Chief Knowledge Officer advised the Board that:

- a) The latest *Global Burden of Disease Report* had been published. For the first time, it ranked the diseases and risk factors that caused death and disability in England compared with other high-income countries. If levels of health in the worst performing regions in England matched the best performing ones, then England would have one of the lowest burdens of disease of any developed country;
- b) PHE, NHS England and NHS Right Care had recently published the third and largest *NHS Atlas of Variation* to help commissioners, service providers and health professionals deliver the best healthcare;
- c) the latest Routes to Diagnosis data published by PHE showed a positive trend in how cancer is diagnosed in England. These improvements followed several years of work across the health and care sector to improve early diagnosis in England;
- d) *Health Matters* had been launched at the recent PHE Annual Conference, a new resource for public health professionals designed to support commissioning and delivering services across local areas;
- e) the independent Cancer Taskforce had recently been published. PHE was preparing a response to the recommendations both relevant to its work and more broadly.

15/176 The Deputy Director, Health Protection advised the Board that:

- a) a review of PHE's Centre for Radiation, Chemical and Environmental Hazards would commence in October. A review of PHE's international functions was also due to commence. Both were being managed as part of the *Securing our Future* programme;
- b) PHE was working with the Department of Health and NHS England to develop a strategy for the management of highly infectious diseases;
- c) PHE's internal Incident and Emergency Response Plan (IERP) was being updated following the lessons learned from its contribution to the international Ebola response;
- d) Exercise Cygnus, the cross government exercise to test the country's pandemic flu response, which had been postponed due to the Ebola crisis, would now take place in the spring of 2016.

15/178 The Deputy Director, Health and Wellbeing advised the Board that:

- a) a roundtable had taken place with the Children Commissioner on child sexual exploitation;
- b) PHE was supporting *Older Person's Day*, which would take place on 1 October 2015;
- c) the evidence review into the reduction of alcohol consumption, as commissioned in PHE's annual remit letter, was underway. An evidence review into improving drug recovery rates was also in development;
- d) the National Screening Council was consulting on some major screening programmes. An update would be provided to the Board at a future meeting.

## 6. Update from the Chief Executive

15/179 The Chief Executive advised the Board that:

- a) PHE continued to contribute to the government's spending review and the Board would be kept informed of developments;
- b) following the publication of the e-cigarette evidence review, PHE had worked with public health stakeholders to develop a consensus statement, highlighting the importance of reducing harm to existing smokers;
- c) the Chancellor had announced a £350m investment in laboratories at Harlow, replacing ageing facilities at Porton Down. This was an initial decision on the OBC, the Colindale and HQ elements being considered through the spending review;
- d) PHE's response to the Ebola outbreak in West Africa continued with staff providing operational support to the laboratories there;
- e) the Fire and Rescue Service were contributing to national work on prevention. It was hoped this would increase the number of effective interventions, particularly on reducing the number of avoidable winter deaths.

## 7. Finance Update

15/180 The Finance and Commercial Director introduced the finance report for the four months ended July 2015 (enclosure PHE/15/38).

15/181 PHE was developing a model to demonstrate how PHE allocated its resources by topic and theme. Further work was required to agree how the costing should be categorised and a further iteration would be provided at a future meeting.

15/182 PHE continued to forecast a break-even position for the year and was on track to deliver its capital programme.

15/183 The Board **NOTED** the finance and capital updates.

## 8. Global Health update

15/184 The Chair of the Global Health provided the following updates:

- a) the next Committee meeting would be taking place on 8 October, focussing on the Sustainable Development Goals, a report on from the All Party Health Group on Global Health and a presentation from the Commonwealth Secretariat;

- b) a dialogue meeting with China had recently taken place involving the Secretary of State, Permanent Secretary and Chief Medical Officer. The Chinese Vice-Premier had highlighted public health as a key priority area of work. The Memorandum of Understanding which had been signed between the Chinese CDC and PHE was also highlighted;
- c) The Director, North and Director of International Health had recently visited Qatar at their invitation to contribute to the review public health services there;
- d) DfID was supporting PHE's work in Pakistan support public health capacity development. Similar work was proposed in Sierra Leone.

15/185 The Board **NOTED** the update.

**9. Information Items**

15/186 The Board **NOTED** the following information items:

- a) Board forward calendar (enclosure PHE/15/39)

15/187 Future topics suggested for future meeting included Climate Change and Air Pollution.

**10. Any other business / Questions from the public**

15/188 A member of the public attended a meeting commented that the discussions throughout the meeting had highlighted the importance of partnership working across the system, especially with the voluntary sector. The Board concurred with this observation.

15/189 The meeting closed at 12.15pm