

UNCONFIRMED MINUTES



Public Health
England

Enclosure PHE/16/24

Protecting and improving the nation's health

Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 23 March 2016	
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
	Paul Lincoln	Associate non-executive member
	Sir Derek Myers	Non-executive member
	Richard Parish	Non-executive member
	Duncan Selbie	Chief Executive
In attendance	Bola Akinwale	Scientific Lead - Health Equity, PHE
	Shona Arora	National Workforce Lead, PHE
	Michael Beard	Head of External Community Engagement (Science Hub, PHE)
	Shirley Cramer	Chief Executive, Royal Society of Public Health and Chair of the People in UK Public Health Group
	Emily Dibble	ALB Review Team, Department of Health
	David Dipple	ALB Review Team, Department of Health
	Michael Brodie	Finance and Commercial Director, PHE
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Kevin Fenton	Director, Health and Wellbeing, PHE
	Andrew Furber	President, Association of Directors of Public Health
	Richard Gleave	Deputy Chief Executive, PHE
	Graham Jukes	Chartered Institute of Environmental Health
	Anthony Kessel	Director of Global Public Health, PHE
	Deborah McKenzie	Director, Organisational and Workforce Development, PHE
	David Malcolm	ALB Review Team, Department of Health
	Cathy Morgan	Deputy Director, Performance Planning and Strategy, PHE
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	Meradin Peachey	Director of Public Health, London Borough of Newham and Vice President for Standards, Faculty of Public Health
	Simon Reeve	PH Policy & Strategy Unit, Department of Health
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Jon Sutcliffe	Local Government Association Workforce Strategy Team
Apologies	Poppy Jaman	Non-executive member
	Quentin Sandifer	Observer, Wales

There were five members of the public present.

1. Announcements, apologies, declarations of interest

16/062 Apologies for absence were received from Poppy Jaman and Quentin Sandifer

16/063 No interests were declared in relation to items on the agenda.

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2. The Public Health Workforce of the Future

- 16/064 In the 2015/16 annual remit letter, the Government had commissioned PHE to review and make recommendations on the future capability, skills and experience of the public health workforce to operate across all the public health functions, including the duty of Local Authorities to provide public health advice to Clinical Commissioning Groups; and to understand the barriers to effective working and freedom of movement between the NHS, local government and national government and its agencies and make recommendations to feed into the planned review of the public health workforce strategy.
- 16/065 The review had been developed with the support of a large number of partners and included a literature review and series of workshops had taken place across the country. Key themes identified through this process included:
- ensuring an attractive and rewarding career path;
 - developing a stronger social movement for health;
 - building skills for the 21st century;
 - strengthening systems thinking and leadership;
 - ensuring resilience, flexibility and mobility.
- 16/066 Emerging recommendations from the review included: the importance of engaging with young people early about possible career paths in public health and ensuring that these pathways were well developed; embracing and working with the wider workforce, including strengthening connections with the NHS; and understanding and working across different systems.
- 16/067 The expert panel made the following observations:
- a) PHE's work on the review was welcomed, in particular the collaborative approach in how the report and recommendations had been prepared;
 - b) ensuring that staff were motivated was essential, particularly on prevention and the benefits that this would undoubtedly bring. The prominence of this agenda provided real opportunities for the public health workforce;
 - c) the public health workforce faced number of political and social challenges as well as opportunities in future. These included changes to local authorities' relationships with schools and wider education as well as developments on devolution and moving to place-based approaches. The public health workforce needed to be equipped with the appropriate skills and capabilities to fully participate in these changes;
 - d) public health teams were multi-disciplinary in nature and more detailed work on their composition would be beneficial, including on their management and ensuring that there was flexibility for staff to move across the system. Career frameworks should be developed to allow staff to have portfolio careers and, in their formative years, provide apprenticeship opportunities;
 - e) there should be a focus on skills and capabilities of public health staff and ensuring the highest standards across the system. To support this, the Faculty of Public Health was offering broader membership including public health practitioners;
 - f) Directors of Public Health were the focus point for developing system leadership in public health in local areas. This important role would complement the recommendations outlined in PHE's review;

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- g) it was important to create a social movement locally and to ensure that public health was embedded across all staff groups in the workforce. Tools such as *Making Every Contact Count* should be rolled out systematically across local areas.

16/068 In the subsequent Board discussion the following points were raised:

- a) how public health was embedded in clinical training, including the wider workforce such as pharmacy and opticians. While it was recognised that changes to training programmes needed time to work through the system, there was evidence of good practice including local pharmacies broadening the reach and the potential for *Making Every Contact Count*. Discussions were taking place with Health Education England on embedding public health modules as part of undergraduate programmes;
- b) clear leadership for the public health workforce was required to ensure that silo working was avoided and coalitions and partnerships were developed. A talent cohort could be developed to support this;
- c) PHE had a crucial role in supporting the public health workforce, including taking the leadership for ensuring the recommendations from the report were implemented. In addition it had a key role in setting out priorities for the public's health and ensuring that good practice was shared across the system;
- d) global public health added a new dimension for the public health workforce and provided excellent opportunities for staff to develop their skills and knowledge and benefit the recipient country.

16/069 An action plan should be developed for taking forward the recommendations. This would be discussed at a future Board meeting. The Board noted its thanks to the panel and the public health workforce team for their contributions and the valuable discussion. The points raised in the discussion would be included on the Board's watchlist.

3. Minutes of the meeting held on 24 February 2016

16/070 The minutes (enclosure PHE/16/16) were agreed as an accurate record of the previous meeting.

4. Matters arising

16/071 The matters arising from previous meetings (enclosure PHE/16/17) were noted.

5. Equality in PHE: how we met the public sector equality duty in 2015

16/072 The Director of Health and Wellbeing introduced the report on PHE's fulfilment of the equality duty under the Equality Act 2010. This was supported by two specific duties which required PHE to publish information to demonstrate compliance with the duty annually and to set and publish equality objectives at least every four years.

16/073 The report focussed on both PHE's commitment to equality in delivering its functions and for its staff internally. A great deal of work had taken place to improve the data collection on characteristics and this continued with a focus on gathering good quality data and the development of a diversity scorecard, which was reviewed by PHE's Health Equity Board. Longer term work would focus on the development of revised objectives for PHE to ensure that they were appropriate. PHE would consult internally and externally on this and the Board would be involved.

16/074 The Board noted the update and were keen to support this important work. The May

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Board meeting would therefore include a dedicated session on health inequalities with an expert panel.

6. Science Hub: Engagement Update

16/075 The Head of External Community Engagement provided an update on the work taking place with stakeholders in Harlow as part of the PHE Science Hub programme. This would include local authority members' briefings, engagement with key stakeholders and public consultation and community events. This would ensure that all views were carefully considered as PHE developed the next phases of the programme.

16/076 Public consultation events would focus on five key themes: about PHE; the Science Hub Vision; benefits to Harlow; planned timeline; and "Have your Say". These would be the first in a series of long-term engagement with further consultation events planned for the autumn. It was also proposed to develop public displays and newsletters to engage with the local community. Board members would be invited to join these events.

16/077 An update on internal communications and staff engagement would be provided at a future meeting.

7. Updates from Directors

16/078 The Director for Health Protection and Medical Director advised that:

- a) PHE continued to contribute to the international response to the Zika virus, which affected 44 countries. PHE's work focused on travel advice to UK citizens;
- b) there had been a significant reduction in the number of TB cases in the UK.
- c) the level of antibiotics prescribed in primary care had fallen substantially in the previous year. This was thought to reflect the impact of a number of activities undertaken by PHE, the NHS and others to address anti-microbial resistance. Work would take place to ensure that actions were embedded in local plans to ensure this was addressed at all levels.

16/079 The Deputy Chief Executive advised the Board that:

- a) a review of PHE's public health food and water laboratories had taken place and the recommendations were being considered. The National Mycobacterium Reference Laboratory was in the process of being re-located to PHE Colindale.
- b) work continued on developing progressing the National Infection Service, including a comprehensive staff engagement programme;
- c) PHE's Centre and Regional teams had been supporting the development of NHS Sustainability and Transformation plans. Work would take place to provide detailed support to the 44 footprint areas.

8. Chief Executive's Update

16/080 The Chief Executive advised the Board that:

- a) he welcomed the Chancellor's announcement in the Budget of a new soft drinks industry levy targeted at producers of soft drinks that contain added sugar. PHE continued to work closely with the Department of Health and across government on the development of the Childhood Obesity Strategy.
- b) the fourth edition of *Health Matters* had been published, with a focus on dementia. It was a resource for public health professionals bringing together important facts, figures and evidence of effective interventions to tackle major

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public health problems;

- c) the Diabetes Prevention programme had been launched in partnership with NHS England and Diabetes U, providing practical measures for GPs and patients in addressing diabetes. It was expected to have 100,000 referrals a year once fully established;
- d) PHE had recently launched *One You*, the world's first at scale prevention campaign aimed at 40-60 year olds. It had generated over 1 million responses in the first fortnight;
- e) Adrian Masters, currently Director of Strategy at NHS Improvement, had been appointed as PHE's Director of Strategy with effect from 1 July;
- f) Lis Birrane, PHE Director of Communications would retire in April 2016 following a distinguished career. The recruitment process for her replacement had already begun.

9. Finance Report

16/081 The Finance and Commercial Director introduced the financial review to January 2016 (enclosure PHE/16/19). PHE continued to forecast a year-end financial break-even position and delivery of its capital programme.

16/082 The Board noted the update.

10. Global Health Update

16/083 The Chair of the Global Health Committee advised the Board that:

- a) work was underway on implementing the recommendations of the external global public health review. A new post, Director of Global Public Health, had been established and would report to the Director for Health Protection and Medical Director. Anthony Kessel had been appointed to this position on an interim basis pending a recruitment exercise to fill it on a permanent basis. Comprehensive work would take place develop PHE's global public health capacity and new arrangements had been announced earlier that day, with each of the Regional Directors, in addition to their current roles, taking a leadership role for work in specific countries or part of the work;
- b) PHE continued to support the follow-up to Ebola in West Africa and was working closely with DfID and the Sierra Leone government. Work was progressing well to strengthen Sierra Leone's laboratory diagnostic capacity and emergency preparedness and response capacity;
- c) The Chief Executive was due to visit Pakistan and India the following month. PHE would have an in-country presence in the former and two members in staff would be in post from early April, working to support their government in complying with the WHO International Health Regulations;
- d) workshops held with China CDC were planned for May 2016 on nutrition, climate change, HIV and emergency infectious diseases. PHE was working closely with FCO in developing this programme;
- e) agreement had been reached with DH on the establishment of the Rapid Support Team. Further work was required to appoint its Director and confirm governance arrangements.

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11. Information items

16/084 The Board noted the following information papers:

- a) Audit and Risk Committee Update (enclosure PHE/16/20)
- b) Quality and Clinical Governance Committee update (enclosure PHE/16/21)
- c) Board forward calendar (enclosure PHE/16/22)

12. Any other business

16/085 A member of the public raised the following areas discussed by the Board during the meeting:

- a) on public health workforce, there were possible links with the approach undertaken by CQC and community health trainers which allowed a focus on local areas;
- b) on health inequalities, further advocacy work to ensure that the needs of young people were fully considered as part of PHE's work. Public engagement was essential, and equality impact assessments should be required to identify those groups which were underserved.

16/086 There being no further business the meeting closed at 1.40pm.