

UNCONFIRMED MINUTES



Public Health
England

Enclosure PHE/16/09

Protecting and improving the nation's health

Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 27 January 2016	
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
	Duncan Selbie	Chief Executive
In attendance	Viv Bennett	Chief Nurse, PHE
	Michael Brodie	Finance and Commercial Director, PHE
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Paul Elliot	Imperial College London
	Kevin Fenton	Director, Health and Wellbeing, PHE
	Andrew Furber	President, Association of Directors of Public Health
	Richard Gleave	Deputy Chief Executive, PHE
	Bernie Hannigan	Deputy Director, Chief Knowledge Officer, PHE
	Gemma Lien	Head of Global Health Strategy, PHE
	Tara Macleod	Deputy Director of Marketing, PHE
	Jonathan Marron	Director of Strategy, PHE
	Shelia Mitchell	Director of Marketing, PHE
	Cathy Morgan	Deputy Director, Performance Planning and Strategy, PHE
	John Newton	Chief Knowledge Officer, PHE
	Martyn Regan	PHE Centre Director, Yorkshire and Humber
	Simon Reeve	Department of Health
	Rachel Scott	Board Secretary, PHE
Apologies	George Griffin	Non-executive member
	Quentin Sandifer	Observer, Wales
	Kathryn Tyson	Department of Health

There were four members of the public present.

1. Announcements, apologies, declarations of interest

- 16/001 Apologies for absence were received from George Griffin, Quentin Sandifer and Kathryn Tyson.
- 16/002 It was reported that the Association of Physicians and Association of Clinical Professors had named their joint Distinguished Annual Lecture the "George Griffin Lecture" in recognition of his services to Academic Medicine.
- 16/003 No interests were declared in relation to items on the agenda.

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2. Minutes of the meeting held on 25 November 2015

16/004 The minutes (enclosure PHE/16/01) were agreed as an accurate record of the previous meeting.

3. Matters arising

16/005 The matters arising from previous meetings (enclosure PHE/16/02) were noted.

4. PHE Marketing: Briefing on approach, digital health and challenges

16/006 The Director of Marketing updated the Board on PHE's marketing campaigns. Recent highlights included:

- a) *Change4Life: Sugar Smart*. PHE had launched a free Sugar Smart App, which allowed users to find out the amount of sugar present in everyday products. At the time of the meeting it had been downloaded 1.2 million times.
- b) The most recent *Stoptober* campaign had resulted in 215,000 registrations.
- c) The marketing team had been providing support to teams across PHE and the wider health system to ease winter pressures through the *Stay Well This Winter* campaign.

16/007 PHE's marketing campaigns were developed using a life course approach and in future the team would be delivering campaigns across the breadth of PHE's work. This included alcohol reduction, diabetes prevention and childhood obesity.

16/008 PHE was launching a new campaign, *OneYOU* in early March, which, targeted people aged 40-60. It had been developed with key partners and the user journey had been co-created with local authorities. It would be launched with a multimedia advertising campaign and as part of the brand's development digital tools had been created to support behaviour change.

16/009 The work of the team was generating opportunities for intellectual property and asset exchange. Plans on how these could further be developed would be considered with support from PHE's business development team.

16/010 From April 2016, all Government and ALB marketing spend will be controlled by central Government. This would have important governance implications for PHE and the arrangements would need to remain clear, on the ownership of the assets. It was recognised that strict controls were already in place on marketing spend.

16/011 The work of the team was recognised as great benefit to both PHE and the wider health and care system, particularly in supporting delivery of local priorities through PHE's national resource.

5. PHE Research

16/012 PHE had a cross-system leadership role in research and the team worked in supporting and facilitating research projects, ensuring standards were raised and monitoring and reporting on progress. This ensured that evidence produced by PHE was of the highest quality.

16/013 PHE had contributed to a number of significant achievements in relation to research, including the Health Protection Research Unit's work on supporting vaccine trials to help control the spread of Ebola in West Africa, as well as the Lancet publication *Changes in health in England, with analysis by English regions and areas of deprivation, 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013*, which had been published in September 2015 at the PHE Conference

16/014 PHE's research strategy set out how it would drive research, translation and innovation to support public health practice. It was based on five strategic priorities: knowledge, infrastructure, capacity, innovation and communications and included

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success and outcomes measures. An internal implementation group had been established to support this work.

- 16/015 The strategy would help embed a strong research culture consistently across the organisation and that research resource was appropriately marketed. It was proposed to establish a “research week” to raise the profile of PHE’s research across the health and care system.
- 16/016 PHE was committed to working with external partners on its research programme, particularly those in academic public health and hosted 400 honorary contracts across a wide range of institutions and disciplines. This helped to ensure a dynamic resource of complementary skills and expertise. An example of PHE’s work with academic institutions was with Imperial College London, where there were a number of joint collaborative programmes. It was part of four Health Protection Research Units, and the links between PHE and the academic partners allowed different perspective to be taken into consideration.
- 16/017 Robust processes were in place for managing PHE’s internal research funds and an internal research performance review group (with external peer review) was in place. Systems had also been developed to ensure that PHE’s research work had a measurable and beneficial impact, which would be reported on in future annual reviews of PHE research. The reviews would also help to provide evidence of research-led improvement in public health outcomes, facilitated by investment in PHE’s health economics function.
- 16/018 There were many opportunities to embed PHE’s research work in the local system. The collective resource of PHE nationally could provide real value at local level, as in the case of Due North.
- 16/019 The future co-location of PHE’s activities as part of the PHE Science Hub would undoubtedly generate many new opportunities for research. At the same time, it was essential to ensure that established links with local and regional teams across the country were maintained.
- 16/020 Engagement and involvement in PHE’s research work should have a focus across all disciplines to ensure that there was a comprehensive approach. The points raised during the discussions would be included as part of an updated watchlist on the theme of research and reviewed by the Board at a future meeting.

6. Updates from Directors

- 16/021 The Chief Nurse advised that:
- a) revalidation was now a formal requirement for all nurses and midwives. PHE was a revalidation pilot site and was fully supporting this process;
 - b) the current Nursing and Midwifery strategy was in place until March 2016. A new strategy was under development to support implementation of the *NHS Five Year Forward View*;
 - c) the programme of work embedding new quality and clinical governance arrangements across PHE had been closed following implementation of arrangements as part of business as usual. The new Quality and Clinical Governance sub-committee of the Board had met twice since its establishment in late 2015;
 - d) the governance arrangements for Child Health and the Best Start in Life programme had moved to PHE. A Best Start programme Board had been established, co-chaired by a local authority. A Gateway Review had taken place to identify risks and ensure that they were being managed

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appropriately.

16/022 The Director for Health Protection and Medical Director advised that:

- a) PHE was providing support to the response to the *Zika* virus, primarily in South America. Advice had been issued to take appropriate caution to avoid being bitten, and any women who were pregnant/may become pregnant should consult their GP before travel to the affected areas;
- b) the response to Ebola in West Africa continued, with a particular focus on rebuilding public health capacity in Sierra Leone, which the Chief Executive and Director for Health Protection would be visiting in February;
- c) externally-led reviews commissioned by PHE of its global health work and on the Centre for Radiation, Chemical and Environmental Hazards had recently concluded, the recommendations of which had been accepted and were being acted on.

16/023 The Director for Health and Wellbeing advised that:

- a) PHE had published *Health promotion for sexual and reproductive health and HIV: Strategic action plan 2016 to 2019*, which set out PHE's approach to improving the public's sexual and reproductive health;
- b) BMJ Open had published the largest and most comprehensive national evaluation of the NHS Health Check programme to date. This was a positive evaluation and demonstrated the public health benefits of the programme;
- c) PHE's health equity team were concluding a framework on health inequalities highlighting the actions being undertaken across PHE. This would provide a visible demonstration of PHE's commitment to this area for staff and the public.

16/024 The Deputy Chief Executive advised that:

- a) work continued on the development of the National Infection Service. There was strong engagement with staff at all levels and work was taking place to fully understand the impact on the service of new technologies and the changing expectations of NHS providers;
- b) the final stages of implementing the changes to Centres and Regions under were being implemented. Work would now take place to build on the requirements presented by devolution and the recent NHS Planning guidance, which focused on a place-based approach across the country.

16/025 The Chief Knowledge Officer advised that:

- a) he had taken over as Chair of the National Information Board following Tim Kelsey's departure from NHS England;
- b) he had visited all of the PHE Centres as part of further building relationships, systems and processes and how between them they could best respond to what the frontline needed in terms of knowledge and intelligence to deliver local public health priorities;
- c) there had been a substantial amount of progress with PHE's digital programme, a fuller update on which would be provided at a future meeting.

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7. Chief Executive's Update

16/026 The Chief Executive advised that:

- a) PHE was contributing to the development of the Government's Childhood Obesity Strategy. There were three key areas of focus: reformulation; advertising aimed at children; and promotions offered in store;
- b) several PHE staff had been recognised in the New Year's honours list. There would be a concerted focus on ensuring that people working in the locally-led public health system were recognised in future rounds as well as those working on the frontline in PHE;
- c) he had agreed to Chair of the Commission for Health and Social Care Integration in the North East;
- d) the Director of Strategy was leaving PHE to join the Department of Health to lead on NHS seven day working. The Board thanked him for his contribution, which included a leading role in PHE's establishment through his work with the DH transition team.

10. Finance Update

16/027 The Finance and Commercial Director introduced the monthly Finance report for the financial position ended November 2015 (enclosure PHE/16/03). PHE continued to forecast a financial break-even position at the end of the financial year.

16/028 The Board **NOTED** the finance update.

11. Global Health Update

16/029 The Chair, Global Health Committee advised that:

- a) PHE continued to lead on establishing a number of regional laboratories, providing diagnostic capacity as well as training for Sierra Leoneans. PHE was further developing plans to support their Government to strengthen Sierra Leone's public health system more widely, together with in-country partners;
- b) recruitment for the Pakistan project was complete. The project administrators (Pakistan and UK based) and project manager started at the beginning of January, and in-country Public Health consultants would start during the first week of April. The Chief Minister for Health in Punjab Province had visited PHE in December and an MoU had been signed;
- c) work continued on the planning of the PHE - China CDC workshops due to take place in Beijing in May covering anti-microbial resistance, nutrition, climate change and HIV;
- d) PHE had been awarded three allocations of Official Development Assistance (ODA) funding over a five year period. These included funding for the development of a Rapid Response Team; work to strengthen public health systems under the International Health Regulations, and joint work with DH on international tobacco control;
- e) PHE's migrant health experts had prepared evidence-based advice for primary healthcare providers on the health of migrants. It included country specific advice, information on a range of health topics and pages on assessing migrant patients, including a checklist for assessing patients from overseas;
- f) the most recent meeting of the Global Health Committee had considered the new Sustainable Development Goals and their implications for government and in particular PHE.

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16/030 The Chief Executive advised that PHE had been invited by the French High Council of Public Health to take part in a collective hearing on e-cigarettes at which it had shared the results of its expert independent evidence review and position on the use and regulation of e-cigarettes in England.

12. Information items

Science Hub

16/031 The key issues under review by the Programme Board were that permissions required for developing the site were obtained and ensuring that staff were fully engaged throughout the process.

Audit and Risk Committee

16/032 Michael Hearty had been appointed as an independent member of PHE's Audit and Risk Committee following a competitive process.

Quality and Clinical Governance Committee

16/033 Andrew Blakeman had been appointed as an independent member of PHE's Quality and Clinical Governance Committee.

Any other business

16/034 There being no further business the meeting closed at 2.00pm