Public Health England

Protecting and improving the nation's health

Enclosure PHE/17/02

Minutes

Title of meeting	Public Health England Board	
Date	Wednesday 23 November 2016	
Present	David Heymann	Chair
	George Griffin	Non-executive
	Sian Griffiths	Non-executive
	Martin Hindle	Non-executive
	Poppy Jaman	Non-executive
	Sir Derek Myers	Non-executive
	Richard Parish	Non-executive
	Duncan Selbie	Chief Executive
In attendance	David Allen	Chief Executive, Faculty of Public Health
	Viv Bennett	Chief Nurse, PHE
	Peter Bradley	Deputy Director, CKO, PHE
	Michael Brodie	Finance and Commercial Director, PHE
	Simon Capewell	Faculty of Public Health
	Emma Carragher	Ipsos MORI
	Paul Cosford	Director for Health Protection and Medical Director, PHE
	Derrick Crook	Director, National Infection Service, PHE
	Andrew Dougal	Public Health Agency, Northern Ireland
	Yvonne Doyle	Director, London, PHE
	Andrew Furber	President, Association of Directors of Public Health
	Kevin Fenton	Director of Health and Wellbeing, PHE
	Richard Gleave	Deputy Chief Executive, PHE
	Lorraine Jackson	Deputy Director, Department of Health
	Jaime James	Governance Manager, PHE
	Graham Jukes	Senior Adviser - Environmental Health
	Paul Lincoln	Chief Executive, UK Health Forum
	Deborah McKenzie	Director of Organisational and Workforce Development, PHE
	Iain Mallet	Head of Public Involvement, PHE
	Adrian Masters	Director of Strategy, PHE
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	John Newton	Chief Knowledge Officer
	Rosanna O'Connor	Deputy Director, Health and Wellbeing, PHE
	Louise Park	Ipsos MORI
	Simon Reeve	Department of Health
	Quentin Sandifer	Public Health Wales
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Jonathan Tritter	Aston University
	Andy Williams	Chief Executive, NHS Digital

There were 22 members of the public present.

Announcements, apologies, declarations of interest

16/199 Apologies were received from Rosie Glazebrook. No interests were declared in

relation to items on the agenda.

Health Select Committee Report on Public Health Post-2013

16/200 The Director of Strategy outlined the recommendations from the Health Select Committee Report on Public Health Post-2013. The Committee had considered the impact of the structural changes on the delivery of public health functions, the effectiveness of local authorities in delivering the envisaged improvements to public health, the public health workforce and public health spending. PHE was contributing to the Government's response to the report, in particular, on those regarding access to public health data, which was being discussed later on in the meeting.

16/201 The Board noted the update.

Data Access for Public Health: Panel Discussion

16/202 The Chief Knowledge Officer introduced the panel discussion. Following the Health and Social Care Act 2013, responsibilities for the collection and management of data and the specialist workforce had changed and were the responsibility of different organisations. The challenges of data access for local authorities had been identified as a key issue in the recent Health Select Committee report, including: logistical and organisational barriers to accessing anonymised data; the lack of a common local authority requirement for data access and information services; and variation in local health intelligence capability and capacity.

16/203 Work was already underway to address these issues, including agreement between PHE and NHS Digital on a joint Memorandum of Understanding for data sharing, which the Information Commissioner's Office had provided supportive advice and guidance on during its development.

16/204 The Department of Health had committed to implementing a patient consent model for the sharing of NHS data. The National Data Guardian, Dame Fiona Caldicott, had chaired a review of this model, and DH had consulted on a set of proposals, the responses to which were now being considered. PHE continued to support and engage on the review and with the implementation team.

16/205 The expert panel made the following observations:

a) data access was a complex issue, with broad system-wide issues including governance, which needed to be addressed following the transition post 2013. There had been significant progress over the past six months and data sharing arrangements had provided a very helpful step in developing mechanism for access to data for local authorities;

b) a key issue facing local authorities was the variation in the workforce capacity across the country, particularly in knowledge and intelligence, and this needed to be recognised. Secondments and other opportunities would be explored to ensure the workforce was flexible;

c) it was important for local authorities to be made aware of what data was available and for the appropriate amount of support to be provided in order for them to access it;

d) potential learning from the commercial sector should be explored, especially in relation to the use and management of big data;

e) some of the data provided and managed by PHE was designated as Official National Statistics and therefore needed to conform to relevant requirements

on publication and sharing;

f) more work was required to ensure that the data flow was secured. This included ensuring that there was safe access to each data set, linking health and social care data, and that there was the flexibility to do this at local level. Approaches were also being developed for handling novel data sets such as those derived from smart technology as well as more traditional data sets;

g) there were a number of parallel trends which would impact on all organisations which manage data, including: public perception of data, particularly regarding concerns of its use and cyber security; and concerns as to how data was used; both the public perception and trusting the data, both aspects of which needed to be achieved; and ensuring that data was published appropriately following information governance guidelines;

h) the government response to both the Health Select Committee and the NHS Digital "Partridge Review" were in process of being prepared and agreed;

i) further work would take place to ensure that there was linkage of the models of use of data taking into account diverse local models. It was hoped to resolve the issues around linking health data with traditional local authority models;

j) the work of the National Information Board had a significant focus on data, not just for public health but also on how data was used for research and for clinical care. There was also a focus on ensuring the timeliness of data and that data was shared in a timely way; and

k) data sharing and data security needed to be considered as one to ensure they were beneficial for individual patient care as well as the efficient and effective running of health systems.

16/206 A discussion of the Board followed and the following points were raised:

a) It was important to ensure that the systems for inputting data were robust and transparent and that there were checks and balances in place for assessing the validity of data. This was essential as data was the lifeblood of public health practice and research;

b) PHE had an important role in supporting new ways of working, particularly on supporting local authorities in developing workforce plans, ensuring that there were clear data flows throughout the system and ease of access;

c) the various forms of data, such as GP data, had a key role in supporting reductions in health inequalities. Excellent examples of this in practice included the "Connect Cities" initiative in Leeds which was taking forward a number of various data projects in a collaborative way. PHE could also support the development of the public health workforce which included ensuring there were exciting and accessible career pathways for young statisticians;

d) the Chief Executive of NHS Digital was committed to ensuring that local government remained a priority for his organisation;

e) PHE would continue to champion the ambition for clearly available data with linked data sets on public health; and

f) PHE was fully supportive of the review of data functions with was being led by Professor Keith McNeil.

16/207 The points raised would be included in the Board's watchlist to be reviewed at a future meeting.

Ipsos MORI: Public Opinion Survey Results

16/208 Louise Park, Associate Director of Ipsos MORI and Iain Mallet, PHE's Head of Internal Engagement presented the results of PHE's Public Opinion Survey. Awareness of PHE was increasing, with 50% of respondents stating that they heard of PHE. This was an increase of 16% from when the survey was first carried out in 2014.

16/209 Confidence in PHE's advice was increasing, with 83% of respondents stating that they were very or fairly confident of the advice provided by PHE. Cancer remained the biggest prompted and unprompted health concern followed by obesity, diabetes, heart disease, dementia and mental health. These concerns varied by age and social grade.

16/210 Traditional media, such as television and print newspapers continued to be people's preferred communication channel, however these was a growing use of digital channels, particularly in younger age groups.

16/211 While the awareness of PHE by those in younger groups was slightly lower than those in older groups, the views of young people had highlighted that there was a high level of optimism when approaching their health, as well as concerns of health behaviours. It was proposed that PHE may wish to consider adopting a specific messaging approach for this group.

16/212 A further positive outcome for PHE was that the survey demonstrated that the public continued to have an appetite to get involved in the work of PHE, with 24% stating they were willing to be contacted by PHE about its work.

16/213 The Board noted the results of the Public Opinion Survey which included a useful number of reflections for PHE, including how best to promote its messages, particularly with young people, and would assist in moving to the next stages of its development.

Minutes of the meeting held on 28 September 2016

16/214 The minutes (enclosure PHE/16/51) were agreed as an accurate record of the previous meeting.

Matters arising

16/215 The matters arising from previous meetings (enclosure PHE/16/52) were noted.

Finance Update

16/216 The Finance and Commercial Director provided an update on PHE's preliminary financial assessment of the 2015/16 published revenue outturn data for local authorities. An initial review had confirmed that the ring-fenced public health grant had been appropriately accounted for and the finance team were now reviewing the data in more detail, particularly at individual authority level.

16/217 The finance report to September 2016 (enclosure PHE/16/53) was presented. It was reported that PHE had achieved a year to date surplus of £5.1million which equated to approximately 3% of the core budget. PHE was expected to breakeven by the end of the financial year. A key cost pressure was expected redundancy costs but this would be mitigated by transitional funding from the Department of Health.

16/218 The capital budget was also forecast to breakeven, as in previous years.

16/219 The Board noted the monthly report.

Chief Executive's Update

16/220 The Chief Executive advised the Board that:

a) PHE teams continued to provide support to the Sustainability Transformation Plan areas (STPs), particularly in promoting prevention and closing the health gap. This has included publishing the most effective interventions and this work would continue with further updates provided to the Board;

b) PHE had started a series of meetings with industry regarding the sugar reformulation plan and further updates would be provided to the Board at future meetings;

c) The leadership teams of PHE and Public Health Wales had recently had a very productive and constructive meeting in Cardiff. Further meetings would be arranged, as well as visits to colleagues in Scotland and Northern Ireland.

d) PHE staff had been engaged with a number of Parliamentary Select Committees, a key part of PHE's parliamentary accountability work. These included:
   i. The Director of Health and Wellbeing presenting evidence to the Health Select Committee on suicide prevention;
   ii. The Director for Health Protection and Medical Director presenting evidence to the Science and Technology Committee on Antimicrobial Resistance; and
   iii. The Director of Strategy providing evidence the House of Lords Committee on NHS Sustainability.

e) The Director of Organisational and Workforce Development had been appointed on a secondment to the Cabinet Office as a joint appointment with PHE to lead the development of a Civil Service Leadership Academy.

Global Health update

16/221 Professor Griffiths, Chair of the PHE Global Health Committee, advised that:

a) The strategic outline case for the country scoping missions to strengthen international efforts to improve global health security, through increased compliance with the International Health Regulations had been approved.

b) PHE's work in Sierra Leone remained focused on supporting the Resilient Zero programme.

c) The Chief Nurse Directorate had been designated as the first WHO Public Health Nursing and Midwifery Collaborating Centre.

16/222 The Board noted the update.

Science Hub update

16/223 The work of the Science Hub programme continued to progress well. This included an extensive approach to public and stakeholder engagement, building on the success of the 2nd public exhibition held in Harlow.

Information items

16/224 The Board noted the following information updates:

a) Board forward calendar (enclosure PHE/16/54)

Any other business

16/225 Professor Capewell from the Faculty of Public Health raised the technical discussions which were underway on the sugar reformulation process. He thanked PHE for its role and the positive impact this would have.

16/226 Two members of the public raised the following points:

a) when managing data and access it would important to ensure that there were strong linkages across the system; and

b) it was of upmost important for national organisations to have clear transparent processes in place when issues arise to ensure that the trust of the public was maintained.

16/227 There being no further business the meeting closed at 1.20pm.