



Minutes

Title of meeting	Public Health England Advisory Board	
Date	Wednesday 22 February 2017	
Present	David Heymann	Chair
	Michael Brodie	Finance and Commercial Director,
	Paul Cosford	Director for Health Protection and Medical Director
	Rosie Glazebrook	Non-executive
	Richard Gleave	Deputy Chief Executive and Chief Operating Officer
	Sian Griffiths	Non-executive
	Poppy Jaman	Non-executive
	Sir Derek Myers	Non-executive
	Richard Parish	Non-executive
	Duncan Selbie	Chief Executive
In attendance	Lee Bailey	Director of Communications, PHE
	Ann Marie Connolly	Deputy Director, Health and Wellbeing
	Alex Daley	Senior Strategy Officer, PHE
	Professor Dame Anne Johnson	Professor of Infectious Disease Epidemiology, University College London
	Jaime James	Governance Manager, PHE
	John Middleton	President, Faculty of Public Health
	Cathy Morgan	Deputy Director, Strategy, PHE
	Modi Mwatsama	UK Health Forum
	Vasanthini Nagarajah	Secretariat Assistant, PHE
	John Newton	Chief Knowledge Officer
	Louise Park	Ipsos MORI
	Simon Reeve	Department of Health
	Rachel Scott	Board Secretary, PHE
	Alex Sienkiewicz	Director of Corporate Affairs, PHE
	Rashmi Shukla	Director, Midlands and East, PHE
	Tony Vickers-Byrne	Director of Human Resources, PHE
	Naho Yamazaki	Academy of Medical Sciences

There were 4 members of the public present.

Announcements, apologies, declarations of interest

17/030 Apologies were received from Yvonne Doyle and Martin Hindle.

17/031 No interests were declared in relation to items on the agenda.

Improving the health of the public by 2040

17/032 Professor Dame Anne Johnson introduced the Academy of Medical Sciences report *Improving the health of the public by 2040*, which explored the likely health challenges the UK population would face and the opportunities to address them. The working group had broad representation from across the health system, including PHE.

17/033 The key recommendations of the report were outlined:

- a) research should be optimised to improve the health of the public. This included ensuring that research was transdisciplinary, conducted at scale and strategically co-ordinated with a focus on promoting health and preventing the onset of disease;
- b) the digital revolution provided an opportunity to understand the broad range of the determinants of health. This therefore required a cross system approach to address issues such as data access and management, ethics, regulation and governance, and community engagement and trust;
- c) an ambitious plan was required to develop the next generation of researchers and practitioners. It was important to ensure that the workforce was skilled to work with the evidence and develop the evidence base. Discussions were taking place with the Faculty of Health to support this ambition; and
- d) in order to achieve substantial and ongoing improvements in health and health equity a cross system approach was required, with a focus on prevention.

17/034 The report suggested that PHE's regional structure would be able to provide support in the development of regional hubs of engagement between both practitioners and researchers, building on existing networks, bringing in a wide range of sectors, ensuring co-ordination and establishing a pilot year to allow hubs to gain experience and establish best practice.

17/035 A discussion of the Board followed and the following points raised:

- a) the report had received a warm reception from the Academy of Medical Sciences and there had been good discussions with the Office of Strategic Coordination of Health Research. There had also been good discussions with ALBs. There had also been support from the Health Foundation and National Institute for Health Research. Further work was required to engage on research with local authorities;
- b) it was recognised that there needed to be a clear plan on how to translate the recommendations in the report into action building on the work which had already taken place;
- c) support was needed at the local level, including through sector-led improvement and involving a wider range of stakeholders, for example, the Engineering Research Council had identified public health as one of its areas of work;
- d) ensuring that recommendations were focused at a local level was essential to ensure that the whole health and social care system was engaged;
- e) there were opportunities associated with "big data", including on connecting data sets and how they were used;
- f) opportunities for exploring joint and blended sources of funding to implement the report recommendations should be explored, including evaluation through return on investments tools;
- g) PHE had a unique opportunity to provide support in translating national to

local practice, included through the development of the National Infection Service.

Rural Health update

- 17/036 The Director, Midlands and East and Professor Parish introduced the rural health update outlining work which had taken place since the Board considered this topic in January 2015 (enclosure PHE/16/08). The approach which had been undertaken was to focus on a number of specific areas, including identifying needs and highlighting areas of innovative local practice. PHE had worked closely with local authorities in developing this work.
- 17/037 PHE and the LGA were developing a joint publication *Health in Rural Areas* which was aimed at local authority members. Despite overall health outcomes being better overall in rural areas, it was important to note that rural communities differed substantially with wide-ranging needs. There were also a number of particular issues which impacted on rural communities such as fuel poverty, social isolation, transport infrastructure (including car ownership), and poor access to digital services.
- 17/038 In collaboration with the Small Area Health Statistics Unit (SASHU), MRC-PHE Centre for Environment and Health and Imperial College, the PHE Rural Health Group had explored whether it would be possible to modify the English Index of Multiple Deprivation to be more sensitive when displaying rural disadvantage. The methodology included the removal of urban areas and created an index for rural areas only, using quintiles specific to rural areas. This had been effective in displaying the level of deprivation experienced, for example, in coastal communities. The work had been welcomed by Directors of Public Health and had been presented at the PHE Annual Conference in September 2016.
- 17/039 Areas such as housing required focus and PHE aimed to build on its links with other government departments, in particular DEFRA and DBEIS to support the Housing White Paper. This included supporting work locally and considering those homes which were not on the energy grid.
- 17/040 A discussion of the Board followed and the following points raised:
- a) deprivation was widely dispersed in rural areas, the work on the new models of care and the role of community pharmacies should help address these inequalities;
 - b) the role of small business in rural communities was highlighted, particularly when distributing information and implementing toolkits, for example, work was taking place with Business in the Community to share PHE's mental health toolkit through its membership, including those in rural areas;
 - c) the role of research and providing support for local authorities in future was highlighted, in particular sharing best practice and what works. It was recognised that there was a great deal of emerging evidence and evaluation would continue. The place based agenda continued to be a focus for PHE, with the Centres having a key role in providing support; and
 - d) the National Information Board was providing support to address digital exclusion.
- 17/041 The Board noted the update and the points raised would be included in a revised watchlist and considered by the executive team.

PHE Stakeholder Survey 2016/17

17/042 Louise Park, Associate Director at Ipsos MORI presented the PHE 2016/17 Stakeholder Survey results. The key findings were:

- a) respondents reported that PHE was a maturing organisation;
- b) PHE had demonstrated that it was a listening organisation with stakeholders increasingly satisfied that PHE listened and acted on their views;
- c) 57% of PHE's stakeholders would positively advocate about the organisation to others, this compared favourably to other organisations that Ipsos MORI had surveyed;
- d) following the reorganisation under *Securing our Future* key organisation contact points had been re-established with 58% of respondents agreeing that they had a clear point of contact, this was an improvement from 45% in the previous year;
- e) stakeholders had a clear opinion on what they depended on PHE for, this included: bringing together evidence and knowledge, maintaining a system focus on prevention; and the support to local authorities from PHE's health protection function;
- f) 36% of stakeholders had responded that they had "very good" working relationships with PHE, particularly at a local level where there were strong relationships and connections;
- g) 91% of stakeholders responded that PHE worked in partnership with them;
- h) there was demand for PHE to broaden its support to local authorities, particularly in the light of the changing political landscape, such as the STPs and shaping the future workforce;
- i) PHE's perceived impact was increasing and it was seen as increasingly effective, particularly across key work areas such as tobacco control, AMR and the best start in life; and
- j) limits to PHE's effectiveness were recognised, included its presence in national conversations, particularly when much of the focus was on the NHS; more was required to support moving evidence into action; and helping stakeholders better understand the work which was happening behind the scenes, particularly when influencing government;

17/043 PHE would seek to continue to measure the influence and impact it had with its stakeholders and this would be reflected in the annual plan which was in development.

Minutes of the meeting held on 25 January 2017

17/044 The minutes (enclosure PHE/17/09) were agreed as an accurate record of the previous meeting.

Matters arising

17/045 The matters arising from previous meetings (enclosure PHE/17/10) were noted.

Updates from the Executive

17/046 The Director, Midlands and East advised the Board that:

- a) the West Midlands Combined Authority Mental Health Commission Action Plan, *Thrive West Midlands*, had been published at the end of January. This aimed to drive improvements for those with mental health illness and ensure they were supported by public services and employers;
- b) the diabetes prevention programme in the Midlands and East region was progressing well. Discussions had taken place with local authority public health teams to ensure there was continued engagement.

17/047 The Director for Health Protection and Medical Director advised the Board that:

- a) PHE teams were engaged in a two day exercise to test resilience of PHE's systems and response in the event of significant concurrent public health incidents. This involved both national and centre teams; and
- b) he had recently attended the European Centre for Disease Control (ECDC) Advisory Forum where discussions had focused on shared experiences regarding seasonal flu, mortality, increasing the uptake of immunisation in healthcare workers.

Chief Executive's Update

17/048 The Chief Executive advised the Board that:

- a) he had recently given evidence to the Health Select Committee inquiry on the Childhood Obesity Plan alongside Dr Tedstone and the Minister for public health;
- b) Professor Kevin Fenton, PHE's Director for Health and Wellbeing, would be joining Southwark Council on a secondment as Director of Public Health;
- c) with the agreement of Professor Parish, the chair of PHE's Devolved Administrations Committee, it was proposed to hold the May Board meeting in Edinburgh as part of building a close and mutually beneficial working relationship with Scottish counterparts.

Finance Report

17/049 The Finance and Commercial Director introduced the monthly report to the period ended December 2016 (enclosure PHE/17/11). As reported at previous Board meetings PHE maintained a small underspend which would be used to manage planned spending.

17/050 Also as reported at the previous meeting the capital programme was forecasted to breakeven with a forecast underspend of £5 million having previously been reported and returned to DH.

17/051 The Board noted the update.

Global Health update

17/052 Professor Griffiths, Chair of the PHE Global Health Committee, advised that:

- a) In support of the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030, a working group was formed to define indicators and methods for the measurement of the achievement of its seven targets and main goal. Professor Virginia Murray, PHE's Consultant in Global Disaster Risk Reduction contributed to the process as Vice-Chair of the UNISDR Scientific and Technical Advisory Group. The UN General Assembly endorsed the recommendations of the working group in early February 2017. The Board recorded its congratulations to Professor Murray for this achievement.

Science Hub update

17/053 Preparation for the planning application continued and the tender packs for the next stage of procurement were expected to be issued during March. Detailed work continued on ensuring that security arrangements were appropriately embedded into the planning and design phases.

17/054 The dates for the staff tours had been launched and over 300 members of staff had registered to attend a site visit so far.

17/055 It was reported that the framework for development of relocation policies had been agreed with PHE staff side colleagues.

17/056 The Board noted the update.

Information items

17/057 The Board noted the following information updates:

- a) The Audit and Risk Committee meeting had taken place the previous day and it was reported that National Audit Office had welcomed the work undertaken on further strengthening financial governance processes;
- b) The Quality and Clinical Governance Committee would meet on Monday 27 February;
- c) Board forward calendar (enclosure PHE/17/12)

Any other business

17/058 There being no further business the meeting closed at 13.55.