



Minutes

Title of meeting Public Health England Advisory Board
Date Wednesday 14 February 2018

Present	Sir Derek Myers Michael Brodie Yvonne Doyle Richard Gleave George Griffin Poppy Jaman	Interim Chair Finance and Commercial Director Director, London Deputy Chief Executive and Chief Operating Officer Non-executive Non-executive
In attendance	Mark Driver Abdul Ghafoor Jeanelle De Gruchy Bernie Hannigan Martin Hindle Graham Jukes Yasmin Kahn George Leahy Adrian Masters Vasanthini Nagarajah Simon Reeve Rachel Scott Tony Vickers-Byrne	Deputy Chief Operating Officer Partnerships Manager, PHE Vice-President, Association of Directors of Public Health Director, Research, Translation and Innovation Independent member, PHE Audit and Risk Committee Senior Advisor – Environmental Health Diversity and Inclusion Manager, PHE Deputy Director, Health Protection Director of Strategy Secretariat Assistant Department of Health Board Secretary, PHE Head of Diversity and Inclusion and Staff Health and Wellbeing Unit
Apologies	Paul Cosford Sian Griffiths Michael Hearty Richard Parish Duncan Selbie	Director of Health Protection and Medical Director Interim Deputy Chair Associate Non-executive Associate Non-executive Chief Executive

There were two members of the public present.

Announcements, apologies, declarations of interest

18/001 Apologies were noted and no interests were declared in relation to the agenda.

PHE's Diversity and Inclusion Work

18/002 Tony Vickers-Byrne gave a presentation on PHE's diversity and inclusion work, which included the development of strong links with key external partners and to ensure that best practice was widely shared.

18/003 PHE was taking a number of proactive steps to address the difference in pay between male and female staff. This included reviewing strategies for pay, making best use of data and promoting flexible working roles across the organisation. The team were also working with communications and HR colleagues to ensure the language used in PHE publications and job descriptions was appropriate and supportive to all staff groups.

18/004 The possibility of developing targets relating to future recruitment was being considered. The team also highlighted the positive role impact that senior leadership could have on improving diversity and inclusion across the organisation, an example of which was the recent launch of PHE's shadowing scheme that focused on raising aspirations. A number of staff networks had been established as well as a number of pathway to work schemes.

18/005 The following points were made in the subsequent discussion:

- a) the number of women joining similar professions such as medicine was higher than men but was not yet reflected in the composition of senior teams. This was also an issue for PHE and needed to be actively considered;
- b) recruitment was key when driving improvements in diversity and inclusion;
- c) PHE could explore the possibility of establishing a graduated development programme supported by appropriate corporate policies;
- d) it would be important to understand whether there were any patterns and trends in grievance and bullying and harassment cases, the number of which were reported as part of the Workforce Racial Equality Standard (WRES);
- e) further work should be carried out to encourage staff to voluntarily provide as much relevant data as possible to inform PHE's approach.

18/006 The Advisory Board noted the ambition for the work being undertaken but recognised that more work was required to establish the best use of the data within PHE. The team agreed to develop an appropriate set of metrics against which progress could be measured, which would be shared with the Advisory Board once completed.

Minutes of the meeting held on 29 November 2017

18/007 The minutes (enclosure PHE/18/01) were agreed as an accurate record of the previous meeting.

Directors' Updates

18/008 The Chief Operating Officer, National Infection Service advised that:

- a) the new structure would go live in mid-April following a significant programme of staff engagement. A range of key functions were being brought together to amplify the scientific skills and expertise available across the scientific campuses at Colindale, Porton and the Regional Laboratory Network together with Field Epidemiology;
- b) a comprehensive recruitment campaign was underway to staff the new senior structure, who, once appointed, would then finalise and deliver the new arrangements.

18/009 The Director, London advised that:

- a) the Mayoral consultation for the reduction of health inequalities had recently closed and the final strategy was due to be published in June. A copy of would be shared as soon as it was available;
- b) she was working closely with colleagues in Amsterdam as part of an initiative to better understand childhood obesity rates. Interesting trends had recently emerged in London showing a significant drop in obesity in those aged 4-5

years. This was different to the data for the rest of England and would be explored to develop a fuller understanding;

- c) there had been a reduction in the incidence of HIV in London, particularly in men who had sex with men, reflecting access to PReP and regular testing; and
- d) the London Devolution agreement had been signed in November. As part of this, PHE had worked across government on prevention in a number of areas, including the environment and health and work.

18/010 The Deputy Director, Health Protection advised that:

- a) teams in PHE continued to provide key support to the NHS in the management of winter pressures;
- b) work continued on commissioning the resource for the evidence reviews on air quality;
- c) the National Incident Emergency Response Plan was undergoing a review. This was an important cornerstone of PHE's work and the plan had been refined in response to a number of ongoing incidents; and
- d) the Five Year Strategy for AMR was in the process of being refreshed with a revised plan scheduled for launch in the autumn.

18/011 The Director, Translation, Knowledge and Innovation advised that:

- a) the new Health Improvement Directorate structure was being finalised;
- b) PHE's calorie reduction programme continued, progress on which would be reported at a future meeting;
- c) PHE had recently published its updated review into the evidence on e-cigarettes;
- d) PHE had contributed to the Health Select Committee inquiry into minimum unit pricing. PHE's evidence particularly focused on the proportion of high drinkers which would be impacted by minimum unit pricing;
- e) PHE had hosted a conference on Cardiovascular disease which had been well attended and provided an opportunity to share good practice; and
- f) PHE's Annual Review of Research had been published in December and included a focus on how PHE could continue to attract external income to support its research work.

Deputy Chief Executive's Update

18/012 The Deputy Chief Executive advised that:

- a) The Framework Agreement with the Department of Health and Social Care had been refreshed and published on gov.uk;
- b) PHE was in the latter stages of the business planning process for 2018/19;
- c) the leadership team had recently met with counterparts from the Food Standards Agency. A series of technical workshops were now scheduled to

enable teams from both organisations to share learning in more detail.

Finance Report

18/013 The Finance and Commercial Director reported that work was underway to finalise the 2018/19 budget.

18/014 PHE remained on track to deliver its financial targets for 2017/18.

18/015 The Advisory Board noted the monthly report (enclosure PHE/18/02)

PHE Harlow update

18/016 Martin Hindle, independent member of the Audit and Risk Committee and PHE Harlow Programme Board, advised the Board that work progressed well with the programme, including included focused work on leadership and engagement.

Information items

18/017 The Board noted the following information updates:

a) Board forward calendar (enclosure PHE/18/03)

Any other business

18/018 There were two comments from members of the public present

a) It was reported that the Chief Executive had supported a key discussion to join national leadership with local neighbourhood and community groups. This would involve further work, with a particular focus on addressing health inequalities; and

b) A written response would be provided to the questions on National No-Smoking Day and the most recent evidence report on e-cigarettes.

18/019 There being no further business the meeting closed at 12.00pm.