



Minutes

Title of meeting Public Health England Advisory Board
Date Wednesday 23 May 2018

Present	<p>Sir Derek Myers Michael Brodie Paul Cosford Yvonne Doyle Richard Gleave Sian Griffiths George Griffin Poppy Jaman Richard Parish Duncan Selbie</p>	<p>Interim Chair Finance and Commercial Director Director of Health Protection and Medical Director Director, London Deputy Chief Executive and Chief Operating Officer Interim Deputy Chair Non-executive Non-executive Non-executive Chief Executive</p>
In attendance	<p>David Allen Viv Bennett Derrick Crook Jeanelle De Gruchy Simon Dixon</p> <p>Alison Giles Richard Gleave Martin Hindle Adrian Masters Chrissie Pickin</p> <p>Simon Reeve Rachel Scott Alison Tedstone</p>	<p>Chief Executive, Faculty of Public Health Chief Nurse and Director Maternity and Early Years, PHE Director, National Infection Service, PHE President, Association of Directors of Public Health Head of Digital Strategy and Service Design (<i>shadowing Michael Brodie</i>) Interim Chief Executive, UK Health Forum Deputy Chief Executive, PHE Independent member, PHE Audit and Risk Committee Director of Strategy, PHE Executive Director of Health and Wellbeing, Public Health Wales Department of Health and Social Care Board Secretary, PHE Chief Nutritionist, PHE</p>
Apologies	<p>Michael Hearty</p>	<p>Associate Non-executive</p>

There were two members of the public present.

Announcements, apologies, declarations of interest

18/036 Apologies were noted and no interests were declared in relation to the agenda.

PHE's Sugar Reduction and Reformulation Work

18/037 Professor Tedstone, PHE's Chief Nutritionist, provided an update on PHE's Sugar Reduction work. The Childhood Obesity Plan had been published in August 2016, which included calorie caps for certain food products. The first results of the programme had been published. Whilst it was still early on, there had been a 2% overall reduction including in sugar across four out of six of the identified food groups, including biscuits, chocolates, ice creams and yoghurts.

- 18/038 It was also reported that benchmarking work was taking place for the out of home sector. The reductions had been achieved following successful interaction with industry and discussions were ongoing on the development of future reductions.
- 18/039 As reported at the recent Health Select Committee hearing, the second part of the Childhood Obesity Plan was in development and would be published in the near future. PHE were supporting DHSC in its development.
- 18/040 The Advisory Board commended progress and raised the following points:
- a) Whether there was evidence on the amount that was consumed in terms of the reformulated products now available, for example, was it the same or less. It was confirmed that evidence suggested in the most part that people consumed about the same;
 - b) the Mayor of London's proposals to limit the advertising of junk food on London's public transport system. PHE very welcomed this development and considered that it supported the overall reformulation agenda;
 - c) whether it would be possible to monitor the pipeline of future reductions to ensure that it remained transparent, for example, further detail on each of the categories and how they could best be managed. It was recognised that the pipeline needed to be managed in a planned way with industry and the data used to provide the best possible evidence;
 - d) whether the data could be broken down to look at regional and national level trends. The team would explore what was possible, including data across different socio-economic groups;
 - e) the role of advertising was considered; and it was reported that DHSC had commissioned a policy review into advertising. PHE was supporting this work by developing the nutrient profile;
 - f) the out of home sector should be a priority for future work and in particular encouraging food outlets to commit to a 20% reduction in calories along with other measures such as calorie labelling on menus to ensure such information was provided at the point of choice;
 - g) local government had an important role in supporting this work, which needed a broader focus to include those areas such as local growth and income generation for councils. This would collectively allow a significant impact;
 - h) dental health should be included as a metric for providing evidence for change. It was confirmed that PHE's dental health teams collected relevant data; and
 - i) Professor Parish reported that he sat as a member of the Programme Board and assured the Advisory Board that the governance arrangements for the overall programme were robust.
- 18/041 Professor Tedstone and the Chief Executive had given evidence to the recent Health Select Committee sessions on Childhood Obesity and the transcript would be shared with members of the Advisory Board. While excellent progress had been made it was hoped that further developments would be demonstrated through the second part of the Childhood Obesity Plan.

18/042 The Advisory Board thanked Professor Tedstone and her team for their leadership and work and invited her back to provide a further update at a future Advisory Board meeting.

Minutes of the meeting held on 14 February and 21 March 2018

18/043 The minutes of the meetings held on Wednesday 14 February (enclosure PHE/18/09) and 21 March 2018 (enclosure PHE/19/10) were agreed as accurate records.

Matters Arising

18/044 There were no matters arising.

Directors' Updates

18/045 The Chief Nurse and Director of Maternity and Early Years advised that:

- a) she had recently provided evidence to the Science and Technology Select Committee on adversity in childhood and impact in the early years along with written evidence. The session included detailed questioning on PHE's work to improve the data, the child digital strategy and the new community data sets which would collect child health and the importance of universal services. PHE was also invited to contribute to the narrative, especially focusing on building resilience. The evidence provided demonstrated good joint local and national working;
- b) PHE was contributing to the cross-government social mobility action plan led by the Department for Education. This aligned closely with PHE's ambitions. One of the key metrics was children's ability to communicate and evidence suggested that children from disadvantaged backgrounds had fewer words at primary school starting age. This was not a language issue, but instead breadth of vocabulary and specific work was required on closing the "word gap". PHE had been funded on a two year programme to address this issue. This would include publishing indicators at child-level to track specific cohorts of children developing specific data sets and evidence for childhood interventions in early years; and
- c) PHE nursing colleagues had contributed to the Global Nursing meeting which took place the week prior to the World Health Assembly. In particular leading on nursing in practice on AMR. This had received excellent feedback with a large amount of interest generated on PHE's tools and the use of PHE's products.

18/046 The Director, National Infection Service advised that:

- a) The senior appointments for the service had been announced ahead of the service going live on 10 April. This process had been led by the Operating Officer, NIS with a focus on ensuring a smooth transition; and
- b) Following the introduction of the new service work would continue with a focus on both internal and external elements. Including continuing to develop the service and building relationships across PHE as well as excellent external partnerships.

18/047 The Director, London advised that:

- a) PHE continued to support the London Mayor's work on reducing inequalities and also contributed to the forthcoming inequalities strategy. This work had demonstrated that there was not one single action which would reduce inequalities, instead that interventions were required across

a number of areas. PHE was also learning from other cities on how to reduce inequalities. For example it was reported that Amsterdam provided a menu of interventions, including broader elements such as crime and disorder; and

- b) It was reported that similar work was also replicated in other parts of the UK, reflecting PHE's commitment to the reduction in health inequalities.

Chief Executive's Update

18/048 The Chief Executive advised that:

- a) PHE had prepared for the introduction of the General Data Protection Regulation and had provided DHSC with appropriate assurance;
- b) PHE continued to respond to the Breast Screening Programme incident. He reiterated that PHE's priority throughout had been the wellbeing of affected women and giving them the support they need.

It was reported that the Secretary of State had commissioned an independent review of the NHS Breast Screening Programme to identify any further changes and improvements that can be made to the system. The review would be chaired by Lynda Thomas, Chief Executive of Macmillan Cancer Support and Professor Martin Gore, Consultant Medical Oncologist and Professor of Cancer Medicine at The Royal Marsden;

- c) colleagues from the PHE Rapid Support Team had been deployed to support the Ebola outbreak in the Democratic Republic of the Congo;
- d) the draft Annual Report and Accounts were being finalised and the most recent iteration would be shared with members of the Advisory Board;
- e) PHE colleagues were working with Defra following the publication of the clean air plan; and
- f) work was taking place with NHS England and NHS Improvement as they considered the next stage of their proposed new ways of working. The new regional arrangements moving to work with seven regions would provide new opportunities for addressing health prevention and population health.

Finance Report

18/049 The Deputy Director, Finance and Commercial introduced the monthly report setting out PHE's financial position to January 2018 (enclosure PHE/18/11). The figures presented were provisional and subject to audit which was being undertaken as part of the annual audit of year end accounts.

Update from Four Nations Observers

18/050 The Executive Director, Health and Wellbeing, Public Health Wales, advised that:

- a) Public Health Wales was developing its 10 year strategy; and
- b) there were a number of joint areas of work underway between PHE and PHW, including obesity and implications arising from Brexit.

Global Public Health Update

18/051 Prof. Griffiths, Chair of the Global Health Committee advised that:

- a) PHE would be hosting the International Association of National Public Health

Institutes annual meeting in London in November 2018 and were working closely with the secretariat regarding arrangements;

- b) PHE's global public health team continued to work across government to ensure that health remained a core priority of work across various agenda internationally; and
- c) PHE's nursing team continued to contribute to Nursing Now! This was an important opportunity for PHE and ensured that there was strong collaboration, particularly in regards to non-communicable diseases.

PHE Harlow update

18/052 Martin Hindle, independent member of the Audit and Risk Committee and PHE Harlow Programme Board advised that work progressed well with the PHE Harlow programme and that:

- a) The Full Business Case was in development and would be submitted for approval; and
- b) The internal team continued to ensure its resource was deployed in the most effective manner. Recent developments included the recruitment of a business change manager to support the transition in future.

Information items

18/053 The Board noted the following information updates:

- a) Board forward calendar (enclosure PHE/18/12)

Any other business

18/054 There was one comment from a member of the public highlighting the importance of ensuring that local and community assets were incorporated into PHE's ways of working and appropriately highlighted in the relevant forums.

18/055 There being no further business the meeting closed at 12.45pm.

Rachel Scott

Board Secretary

May 2018