DEPARTMENTAL BOARD
Boardroom, Richmond House, London

Thursday 29 September 2016, 1:30pm – 4:00pm

DRAFT MINUTES

Present:

Chris Wormald	Permanent Secretary (chair)
David Williams	Director General – Finance and Group Operations
Charlie Massey	Director General – Acute Care and Workforce
Tamara Finkelstein	Director General – Community Care
Chris Whitty	Chief Scientific Adviser
Peter Sands	Lead Non-Executive Board Member
Gerry Murphy	Non-Executive Board Member

In attendance:

Naomi Abigail	Head of System Oversight, Planning and Legislation
Cariad Hazard	Senior Private Secretary to the Permanent Secretary
Name Redacted	Assistant Secretary to the Departmental Board

Apologies:

Jeremy Hunt	Secretary of State for Health
Philip Dunne	Minister of State for Health
Lord David Prior	Parliamentary Under Secretary of State for NHS Productivity
David Mowat	Parliamentary Under Secretary of State for Community Health and Care
Nicola Blackwood	Parliamentary Under Secretary of State for Public Health and Innovation
Sally Davies	Chief Medical Officer
Chris Pilling	Non-Executive Board Member

Welcome and introductions

1. Chris Wormald opened the meeting, noting apologies from members. There was no ministerial attendance due to the House of Commons summer recess and the upcoming party conference season. Since the last meeting of the Board, Theresa May had been invited by the Queen to form a government, and the following junior ministers had subsequently been appointed to the Department:

    - Philip Dunne MP, Minister of State for Health
    - David Mowat MP, Parliamentary Under Secretary of State for Community Health and Care
    - Nicola Blackwood MP, Parliamentary Under Secretary of State for Public Health and Innovation

2. This was Charlie Massey's last Board meeting. He would be leaving the Department on the 31 October to take up post as the Chief Executive of the

Infectious diseases deep dive

21. Helen Shirley-Quirk began by explaining that the Department was the lead government department for infectious diseases and pandemics. There were three known reservoirs of infectious diseases and pandemics: endemic diseases in hot or poor countries, emerging diseases with a high ability to spread, and a deliberate terror attack using a known or unknown biological agent. Whilst relevant to the Department, the latter would not form part of the deep dive.

22. The import of an infectious disease into the UK, though relatively rare, gives rise to the risk of infection of healthcare workers and the general population. This is particularly acute where spread could be rapid, or where there was no known treatment – H5N1, H7N9, and MERS-CoV being contemporaneous examples, with the latter having already been imported into the UK. Early diagnosis by clinicians is essential in preventing spread.

23. The human response to the risk may sometimes be disproportionate, and can drive in two opposing ways. People may overestimate the risk and restrict travel, which would lead to a detrimental impact on the UK's economy. People may also underestimate the risk, which may lead to increased transmission.

24. The Department had been planning for a major outbreak or pandemic for many years, and the UK is recognised as one of the most prepared counties in the world: for example it had invested more in anti-viral stockpiles than most other countries. The Department is taking part in Exercise Cygnus, which would take place between 18 and 20 October 2016 and be modelled on a pandemic scenario. It had been cancelled twice: once because of Ebola outbreak and once because of the junior doctors' walkouts.

25. It was more likely than not that even a moderate pandemic would overrun the system. At the extreme, there would be significant issues if it became necessary to track or quarantine thousands of people. A decision to fund high-end quarantine facilities had already been deferred by ministers.

26. All decisions in response to an outbreak or pandemic would need to be made by the Department, as a department of state, though ALBs would have their role to play. There were, however, concerns about how resilient the somewhat fragmented system would be – especially in light of previous or future funding cuts.

27. Helen Shirley-Quirk concluded by explaining that the question is not necessarily about how much money was spent on tangible assets, such as building new hospitals or stockpiling medicines, rather it was about how much planning the Department and the system should undertake.

28. In discussion, the following points were made:

- Chris Whitty explained that, on average, there is usually one major global infectious disease outbreak per decade; for example, HIV in the 1980s, Ebola in the 1990s, SARS in the 2000s, and Ebola again in the 2010s. Any