

Public minutes of the meeting of the UKPHR Board held on Wednesday 18 June 2025 via Teams at 14.30 hours

**Present:** Andrew Jones (AJ) (Chair)  
 Jessica Lichtenstein (JL) (Chief Executive)  
 James Sandy (JS)  
 Marianne Coward (MC)  
 Linda Smith (LS)  
 Ranjit Khutan (RK)  
 Joanna Dowd (JD)  
 Rachel Flowers (RF)  
 Kate Lees (KL)  
 Anisah Ali (AA)  
 Pavenpreet Johal (PJ) (Secretariat)

**Apologies:** Jenny Douglas (JD)  
 Gill Jones (GJ) (Registrar)  
 David Evans (DE)

**1. Welcome, apologies for absence and new declarations of interest**

The Chair welcomed everyone to the meeting. Apologies were noted as above. RF declared an interest in practitioner registration as a senior lecturer at LSBU and in FPH as a Board member.

**2. Minutes of Board meeting held on 23 April 2025**

The public and private minutes of the meeting held on 23 April 2025 were agreed as a true and accurate record.

| ACTION | WHO | WHAT  | BY WHEN |
|--------|-----|---|---------|
|        | JL  | Publish the 23 April 2025 public Board minutes on website | ASAP    |

**3. Actions and matters arising**

JL reported that the future of the office project remains on track. Further discussion is scheduled later in the agenda. JL thanked JS and JD for volunteering to support as board directors. A meeting with the current landlord is scheduled for 24th June, to be held in person at the office. The landlord will review the current premises and show alternative options within the building. JS offered to attend, subject to availability. The analysis of the staff survey concerning the future of the office has been completed. The options paper regarding the office has not yet been completed and will remain open.

The communication regarding the transition away from X has been completed and sent out.

Following the recent strategy day, additional actions were discussed at the Audit and Risk Committee. JL will update the organisation's financial rules (including sign-off authorities and quality assurance of accounts), which are overdue for review. The updated rules will be presented to the Audit and Risk Committee in July and subsequently to the board.

JL noted the appointment of a new minister with a public health portfolio (Ashley Dalton) and other new senior appointments in the devolved countries, including a new Chief Medical Officer (CMO) in Wales. It was agreed that introductory letters should be sent to these individuals. The Chair will confirm the start date for the new CMO in Wales before the letter is sent. JD reported a new

permanent secretary for health in Northern Ireland. LS suggested checking whether the current Chief Medical Officer in Scotland, Gregor Smith, had previously received a letter upon appointment and, if not, to consider sending one now.

|               | WHO | WHAT  | BY WHEN     |
|---------------|-----|---|-------------|
| <b>ACTION</b> | JL  | <b>Draft introductory letters for the new minister, new CMO in Wales (pending confirmation), and the new permanent secretary for health in NI. Also check records regarding correspondence with the Scottish CMO and draft a letter if appropriate.</b> | <b>ASAP</b> |

#### 4. **Governance forward planner – 2025**

The Board noted that, at present, there are no significant new items for discussion beyond the usual annual cycle. Many matters are scheduled for consideration by the Education and Standards Committee in July, with RK to provide further updates in the coming weeks. Any new policies or related issues arising from that committee will be brought to the board in due course.

It was highlighted that once further details regarding the future of the office are confirmed, this will become a substantive item for board discussion. Additionally, the annual report and accounts will be circulated over the summer, with a view to board approval in September.

*JL left the meeting*

#### 5. **For decision**

##### **Practitioner Standards – light touch review**

The Board received a proposal from KL, Practitioner Moderator, regarding a light touch review of the practitioner standards, last reviewed in 2019. The review is considered timely given the forthcoming Department of Health and Social Care (DHSC) review of the public health knowledge and skills framework and will ensure alignment between both initiatives.

Key points of the proposal included:

- The review will be light touch, focusing solely on the standards themselves, not on processes, roles, guidance, needs assessments, or the value of registration.
- The aim is to confirm that the standards remain relevant, evidence-based, and fit for purpose, particularly in light of changes in the profession and the introduction of the public health apprenticeship, which will be reviewed in 2026.
- The approach will involve forming a small steering group with broad system representation, holding 3–4 focused meetings, and conducting a desk-based review with targeted stakeholder engagement. Broader engagement will occur at the product stage rather than throughout the process.
- The timeline and scope may be adjusted once more is known about the DHSC framework review to ensure alignment and avoid duplication.
- Resource implications were outlined, including moderator and administrative support, with hours estimated based on the proposed scope.

Board members expressed support for the review, highlighting the importance of aligning with other ongoing work in the sector and the need for careful communication about timelines to avoid confusion if the DHSC review impacts scheduling. Suggestions were made to consider a peer review approach for stakeholder engagement to maintain the light touch scope. It was acknowledged that this work had been budgeted for and due to a possible shift in the timeline, may cross over into the following financial year.

The Board agreed in principle to proceed with the light touch review of practitioner standards as outlined, subject to ongoing updates provided to the Board and adjustments as further information about the DHSC review becomes available

|        | WHO | WHAT  | BY WHEN |
|--------|-----|---|---------|
| ACTION | JL  | Initiate practitioner standards light touch review and ensure updates are provided to the Board | ASAP    |

## To Note

### 6. Conference update

The Board received an update from AA on preparations for the 2025 Public Health Practitioner Conference.

- **Conference Format and Date:** The conference will be held virtually on 4 November 2025, in line with the Board’s decision to alternate between in-person and virtual formats each year.
- **Theme:** The proposed overarching theme is “AI: Transforming Public Health” (final title to be confirmed). The theme is intended to explore the growing role of artificial intelligence and technology in public health decision-making, social media and health messaging, emergency planning, and system resilience. The steering group expressed strong support for the theme, noting its timeliness and relevance.
- **Programme Development:** Initial ideas for breakout sessions include introduction to AI tools for public health practitioners; crisis communications in the digital age and the future of AI in public health practice. A panel session is also planned to showcase diverse practitioner journeys, reflecting feedback from last year’s attendees. Past award winners have agreed to host virtual breakout sessions.
- **Speakers:** The search for keynote speakers is ongoing; Board members are encouraged to suggest potential speakers.
- **Awards:** Award entries are now open, with refinements made to categories:
  - Digital and social media have been combined into “Best Digital and Communications Initiative.”
  - A new “Sustainable Initiative” award will maintain an environmental focus.
  - The “Reducing Public Health Inequalities” award has been updated to emphasise equality, diversity, and inclusion.
- **Next Steps:** A draft agenda has been prepared and is under review. Suggestions for breakout topics and speakers remain welcome.

Board members welcomed the update and commended the progress. They emphasised the importance of a balanced approach to the theme of AI, highlighting both opportunities and risks, and the need to consider issues such as digital poverty, ethics, data use, and environmental impact. The Board encouraged ensuring the programme reflects the full range of public health domains and promotes healthy debate around AI’s role in the sector.

### 7. The future of the office: update

The Board received a written update from PJ regarding ongoing work to review office accommodation options.

- **Current Status:** The Board noted that while a detailed proposal was not yet available due to outstanding costings from the landlord, significant progress had been made. Staff

consultation has been completed, with survey results summarised in the accompanying paper.

- **Staff Survey Findings:** The survey indicated broad agreement among staff on key points:
  - Face-to-face collaboration is valued, but a balance with remote work is preferred.
  - The current office is larger than required.
  - There is a strong preference to remain in Birmingham, with relocation to London viewed unfavourably due to cost and potential staff retention issues.
  - Staff expressed confidence that UKPHR would support them through any transition.
  - Downsizing within Birmingham and maintaining the current frequency of office attendance is the preferred option.
  - A virtual office was ranked higher than moving to London and could be considered as part of a gradual transition.
- **Landlord Engagement:** PJ and JL met with the landlord, who confirmed:
  - The lease requires the office to be returned to its original state, at an estimated cost of £10,000.
  - There is potential flexibility to remain in the current premises on a rolling contract after the lease expires in March 2026, subject to written confirmation.
  - New serviced office options within the building are being developed, potentially offering cost savings and flexibility.
- **Financial Considerations:** Rent could increase from £18 to £22 per square metre, representing an annual increase of just over £5,000 (exclusive of VAT). Awaiting final costings for all options, including serviced offices and potential rolling contracts.
- **Decision-Making Process:** Considering the incomplete information, the Board was recommended that they delegate authority to a small group of directors to make a final decision once all costings are available, to avoid delaying the process until the September or November Board meetings. The Board discussed the composition of this group and alternative governance options, including holding an extraordinary Board meeting if required. The Chair proposed that, subject to further discussion with JL, the group could comprise the Chair, two Vice Chairs, and Joanna (already involved in the work).

The Board welcomed the honest staff feedback and emphasised the importance of staff welfare and engagement in decision-making. The Board agreed on the need to clarify and prioritise decision-making principles (e.g., staff welfare, cost, community benefit, and potential for co-location with public health partners).

The Board will revisit this item once full costings and further information are available, which may be via an extraordinary meeting before the next Board meeting in September.

| ACTION | WHO | WHAT  | BY WHEN   |
|--------|-----|---|---|
|        | PJ  | Finalise options paper for future of office | Before September meeting via an extraordinary meeting |

## 8. Registration reports

The Board received and noted the minutes of the Registration Approvals Committee.

## 9. **Audit, Risk and Remuneration Committee report**

DV provided an update on the annual deep dive review of the risk register, as discussed at the recent Audit and Risk Committee meeting.

The Board was reminded that while the risk register is not discussed in detail at every Board meeting, it is reviewed at each Audit and Risk Committee meeting to provide ongoing assurance. Once a year, a dedicated meeting outside the quarterly financial reporting schedule is used for an in-depth review.

The risk register, included with Board papers, categorises risks into three themes:

- **Inherent Risks:** Sector-wide risks faced by all professional regulators. These are predominantly rated green and are retained on the register in line with PSA expectations for accredited registers.
- **UKPHR-Controlled Risks:** Risks within the organisation's control, generally rated yellow after mitigation. Key risks include the potential failure to grow practitioner registration.
- **System-Wide Risks:** External risks that may impact UKPHR, such as changes in NHS commissioning responsibilities, the emergence of parallel public health systems, and potential legislative changes affecting professional regulation. These remain rated red.

This year, financial risks were separated into two categories: those under UKPHR's direct control (e.g., financial processes and governance, which are considered robust) and those relating to wider system impacts (e.g., public health system funding), which are classified as system-wide risks.

The Committee consolidated and clarified several risks to improve the register's usability. It was noted that risks relating to changes in NHS commissioning, parallel healthcare systems, and the regulatory landscape require ongoing monitoring, especially regarding devolved versus UK-wide regulatory decisions.

The Committee also discussed risks associated with public health apprenticeships. While there is no evidence that apprenticeship graduates are not meeting required standards, there is a risk of variation between programmes and limited quality assurance powers. This will be discussed further at the next meeting.

The Board noted the thorough review and thanked the Audit and Risk Committee for their work. No further issues were raised for discussion.

## 10. **Education and Standards Committee report**

The Board acknowledged that there was no Education and Standards Committee meetings since the last Board meeting and therefore no update from RK.

*JL returned to the meeting*

## 11. **Chief Executive Report**

Discussed in private meeting.

## 12. **Any other business**

Discussed in private meeting

## 13. **Date, time and venue of next meeting**

Thursday 26th June 2025 at 14.00 via Teams for *Getting to Know the Board – Coffee Connections*

Tuesday 30th September 2025 at 11am till 3pm in person at UKPHR office - *Board meeting and AGM*

**Action points from this meeting**

| ACTIONS | WHO | WHAT   | BY WHEN   |
|---------|-----|--|---|
|         | JL  | Publish the 23 April 2025 public Board minutes on website  | ASAP  |
|         | JL  | Draft introductory letters for the new minister, new CMO in Wales (pending confirmation), and the new permanent secretary for health in NI. Also check records regarding correspondence with the Scottish CMO and draft a letter if appropriate. | ASAP  |
|         | JL  | Initiate practitioner standards light touch review and ensure updates are provided to the Board  | ASAP  |
|         | PJ  | Finalise options paper for future of office  | Before September meeting via an extraordinary meeting |

The Chair closed the meeting at 15.55 hours.

DRAFT