

PUBLIC HEALTH BOARD MEETING	AGENDA ITEM No. 2
DATE OF MEETING: 27 May 2015	

DIRECTOR: Public Health

Peterborough City Council

Public Health Board

Terms of Reference

1. Purpose

The Public Health Board will be responsible, at senior officer level, for providing direction, oversight and assurance of public health commissioning and delivery. The Board will consider activity and associated outcomes across all public health framework domains (<http://www.phoutcomes.info/>) i.e. the wider determinants of health; health improvement; healthcare public health and preventing premature mortality, and health protection.

2. Objectives

The Council has a statutory duty to improve the health of the population and to consider health inequalities. This requires a consistent and systematic approach, and to have assurance mechanisms for statutory public health functions. The Board has six key objectives focused on this approach:

- 2.1 **Assurance** – deliver assurance that the statutory public health functions of Peterborough City Council are being delivered, in line with the Health and Social Care Act (2012)
- 2.2 **Strategy** – develop a draft strategic framework to set out the Council’s vision for public health, key strategic objectives and defined timeframes, both ‘short-term’ and ‘long-term’.
- 2.3 **Evidence and Learning** – become a forum by sharing evidence and learning to inform strategy and delivery, including:
 - Relevant local evidence , policies and plans and part of key strategy docs such as transport and housing over next 12 months.
 - Relevant national guidance (e.g. NICE public health guidance), evidence, policies and plans
- 2.4 **Outcomes** – agree realistic and clearly defined short-term and long-term public health outcomes and key performance indicators, and ensure frameworks are in place to monitor these.
- 2.5 **Review current programmes** - Review the Council’s main public health programmes, and assess whether they provide the most effective and cost effective way of delivering strategic priorities and outcomes. Propose changes to the commissioning/delivery of programmes when appropriate.
- 2.6 **Public health grant** – review allocation of the public health grant to services and support the DPH in providing professional assurance to Public Health England that grant conditions have been met.

3. Membership

Dr. Liz Robin	Director	Public Health	(Chair)
Wendi Ogle-Welbourn	Corporate Director	People and Communities	
Simon Machen	Corporate Director	Growth and Regeneration	(Vice-chair)
Adrian Chapman	Service Director	Adult Services and Communities	
Lou Williams	Service Director	Children's Services and Safeguarding	
Janet Dullaghan	Head of Commissioning	Children's Health and Wellbeing	
Belinda Child	Head of Housing and Health Improvement	Communities and Targeted Services Department	
Oliver Hayward	Head of Business Management and Commercial Operations	Communities	
Annette Joyce	Service Director	City Services and Communications	
Peter Gell	Strategic Regulatory Service Manager	City Services and Communications	
Fiona Chapman	Management accountant	Finance	
CsPH	Consultants in Public Health	Public Health	
Julian Base	Head of Health Strategy	Public Health	
Lisa Roberts	Culture & Leisure Partnership Manager	Resources	

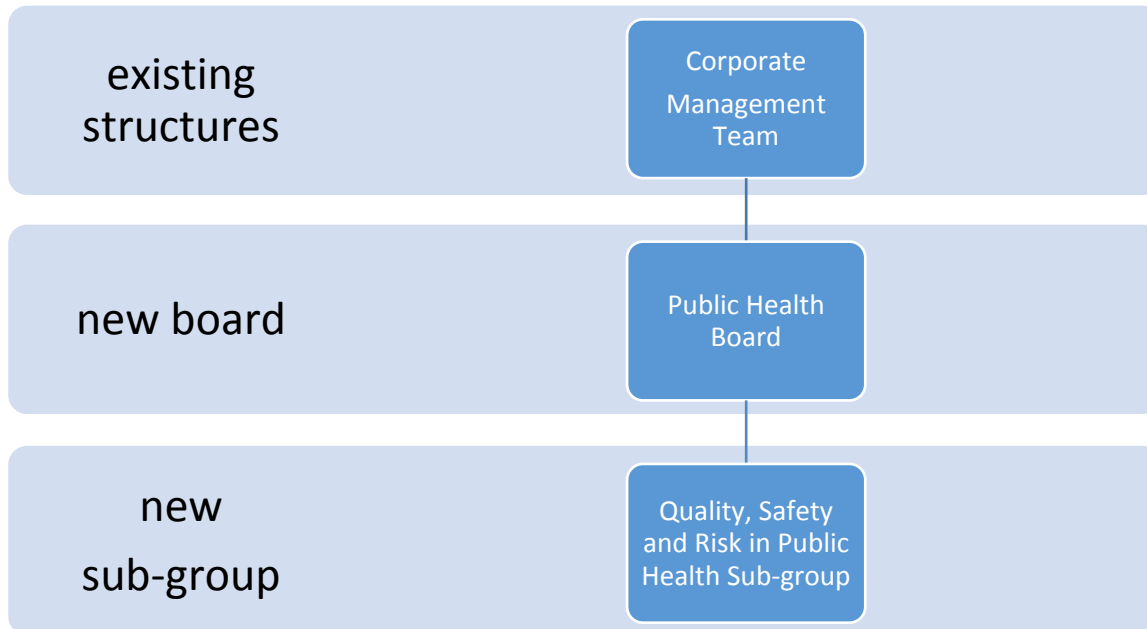
Attendance by appropriate theme or programme leads will be by agreement with the Chair. Members unable to attend may send a nominated representative as a substitute.

4. Meeting Arrangements

- 4.1 **Quorum**- Three representatives including the Chair and at least one other Director. In the event of a meeting not being quorate, items requiring decision may be actioned by written procedures.
- 4.2 **Frequency** - The Board shall meet on a quarterly basis and will be timetabled for 2 hours.
- 4.3 **Administrative support** - The Public Health directorate will support the PH Board meetings. The contact officer will be: Mary Leen, Personal Assistant, Director of Public Health
- 4.4 **Papers** for the Board will be issued by email one week in advance of a Board meeting. Any papers relating to urgent business may be considered at the meeting subject to the Chair's discretion. The Chair may add an item to the agenda less than one week before the meeting on request from a member of the Board. The Chair may also deal with appropriate business through written communication with the Board.
- 4.5 **Minutes** of each meeting will be circulated by email within 10 working days.

5. Accountability

Accountability will be to the Corporate Management Team in line with the agreement that the Board's initial focus would be internal to PCC. Partnership issues will be referred to the appropriate Partnership Board.



6. Review date

The terms of reference will be reviewed after six months.

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