

Revised Terms of Reference

Cheshire and Merseyside Directors of Public Health Executive Board, April 2017

1. BACKGROUND

Directors of Public Health (DsPH) work with partners to promote healthy lifestyles and prevent disease, protect against threats to health and improve healthcare services. The Cheshire and Merseyside (C&M) DsPH meet regularly to make decisions collectively on public health priorities which affect the people of C&M and to work more effectively and efficiently by collaborating together.

The DsPH established as a collective group in 2002 and continuously review the working practices of the group to improve collective influence and impact on public health priorities across the sub-region. In February 2013 the DsPH agreed new governance arrangements and established an Executive Board (hereafter called the “Board”) that would oversee the Champs Collaborative and a Leadership Group that would oversee the Collaborative business function.

2.1 PURPOSE OF THE DPH EXECUTIVE BOARD

- To lead the Champs Collaborative on behalf of the local authority Chief Executives, ensuring the relevance, resourcing, implementation, monitoring and evaluation of the Business Plan, supported by the Leadership Group.
- To agree high level public health system priorities and strategic action collaboratively with PHE and NHS E.
- To be visible influential strategic public health system leaders in C&M and effectively mandate local public health teams and partners to help deliver the agreed strategy and actions of the Board, with support from ‘Champs Champions’.
- To provide a vehicle for collective decision making and peer support to enable a unified public health voice and influence on public health matters locally, regionally and nationally.
- To develop and improve innovative strategies, assurance systems and policies relevant to public health across C&M.
- To identify health needs in C&M and collectively commission health and well-being programmes, agreeing disinvestment and new business cases with advice from the mandated Commissioning Leads Group (CLG).
- To horizon scan and consider emerging issues, opportunities, potential threats and risks to inform a long term strategic approach to public health in C&M

2.2. PURPOSE OF THE CHAMPS COLLABORATIVE

- To improve local health and wellbeing outcomes in C&M by collective strategic action
- To enable and deliver strong public health system leadership and collaborative working
- To promote effective and innovative public health interventions and the use of the evidence base
- To facilitate shared learning, expertise, knowledge transfer and peer support
- To collectively commission cost-effective sub-regional public health programmes and interventions

3. ACCOUNTABILITY

- The Board is accountable to the C&M local authority Chief Executives Groups and will provide expert advice and make clear and timely recommendations on public health issues. This includes an annual Champs Collaborative report.
- Board members are accountable to each other for their commitment, participation and communication in the collaboration.
- Board members are accountable to each other for the engagement and participation of their local teams.

4. MEMBERSHIP

- The members with decision-making powers are the DsPH from each local authority in C&M. In the event of a decision being taken by voting, each DPH will have one vote.
- Champs Collaborative Director will be a Board member with non-voting rights.
- Other Support Officers for the Board with none voting rights will include: Head of Commissioning and Mobilisation, Communication and CPD Lead.
- Wider public health partners to the Board with non-voting rights will include: PHE, NHS England.

5. MEETINGS

5.1 Attendance

- Members are committed to attending as many of the scheduled meetings as possible. When this is not possible they will have an opportunity to comment on papers that require Board decisions by email or via another member.
- All DsPH will make every effort to attend meetings but in exceptional circumstances deputies will be welcomed.
- The Board meetings will not include public health partners.

- Some System Leadership meetings may consist of a closed session and open session.
- The **closed session** will be for C&M DsPH, Collaborative Director, Head of Commissioning and Mobilisation and Communications and CPD Lead and will predominately be allocated for discussion and agreement of financial decisions.
- The **open session** is for all members.

5.2 Location

- Meetings will be held in a location that provides equitable travel time for all participants and is accessible by public transport. Locations will be published in advance alongside the annual schedule of meeting dates.

5.3 Chair & Vice Chair

- The Chair and Vice-Chair positions will be filled by members who volunteer to take up the role for a 12 month term commencing 1st September
- The Chair and Vice Chair will make all necessary arrangements to ensure that all meetings are chaired and that cover is provided all year round to handle agenda items as they arise.
- Normally the Vice Chair will take up the position of Chair in the following year.

5.4 Agenda setting

- The Chair and the Collaborative Director (in absence Head of Commissioning and Mobilisation) will be responsible for receiving items and deciding whether they should be presented to the Group for information, discussion or action via a scheduled meeting or via email.
- Members wishing to raise an item with the Group should forward it to the Chair or Collaborative Director (in absence Head of Commissioning and Mobilisation) but no later than one week before a scheduled meeting if the member wishes Board decisions to be made at a specific meeting.
- The System Leadership meetings may include a closed session but not the Board. Each agenda will have an open session. Actions agreed against each item will be recorded.
- Members should indicate which part of the meeting they wish to present their agenda item i.e. open or closed session.
- The Board will receive progress updates three times a year on the Collaborative that include: Finance Report, Risk Report and progress against the Collaborative Business Plan report.
- System leadership meetings will include a short planned verbal update from lead DsPH on their wider system leadership roles, including those specific to C&M to share learning across the sub-region.

- The System Leadership meeting closed sessions will include a peer support/hot topics item. This will allow DsPH to discuss current issues and can be organised by short fast moving scan across the group of the top three issues challenging individuals. Topics can then be agreed for a future agenda item and more discussion or a paper, or other action as required.
- The System Leadership meetings will include knowledge transfer items presented by DsPH and partners to widen learning around the system priorities.

5.5 Administration

- Administration on the day of the meeting will be provided by the Collaborative Support Team.
- Collation of agenda items and preparation and sharing of agenda will be handled by the Collaborative Support Team.

5.6 Availability of action points from meetings

- Action points will be emailed to all members and associate members within one week of a formal meeting and key messages will be posted on the Collaborative website.
- A new visually appealing infographic briefing will be prepared quarterly for each DPH to cascade to their local public health team with support from the local Champs Champion, portfolio lead, DASS, DCS and CEO.

5.7 Schedule of meetings

- The future programme of monthly meeting dates will be available by 1st September each year for the whole of the following calendar year and will be issued by the Collaborative Support Team. Meetings will be held on Friday mornings.
- Two annual Board meetings will focus primarily on reviewing the Collaborative and the System Leadership meetings will focus on wider system influence.
- Two annual workshop style meetings will be convened over a business year, one in January for horizon scanning, strategic planning and priority setting and a summer workshop focused on hot topics and professional development. Both work-shops will be facilitated and one will include a session considering the collective leadership of the Board.

6. DECISION-MAKING

- 6.1** Items of business that require a decision will be issued to members either with the agenda for a scheduled meeting 2 weeks before or an alternative method such as email if a response from members is required quickly or between meetings.
- 6.2** For items that will be decided at a scheduled meeting the following decision-making rules will apply:

- 50% of the current membership must be present at the meeting
- Members who cannot attend the meeting can express their view by emailing the Chair & Vice-Chair no later than noon the day before the meeting. Their viewpoint will be counted in the meeting in their absence.
- It is expected that the majority of decisions will be made by consensus, however in the case of disagreement within the group the Chair can put the decision to a vote, if the item needs to be decided on the day. The view of the majority of members i.e. 51% of DsPH in post at the time will carry the decision.
- The Chair (or Vice chair in his/her absence) has the casting vote.
- Decisions will be confirmed by DsPH raising their hand to avoid ambiguity
- All decisions will be reported formally in the action notes.
- All financial decisions will be a closed session.
- Collaborative commissioning requires a minimum of five authorities to contribute to justify Collaborative Support Team resources to oversee the commissioning process.
- Decisions regarding the funding of the core funding of the Collaborative require agreement from all voting members of the Executive Board.

7. ARRANGEMENTS FOR REVIEW OF TERMS OF REFERENCE

The Board will review these terms of reference in April of each year and produce an updated version annually to reflect the developing role of the Board.

Appendix 1

Champs Collaborative DsPH Lead roles (April 2017)

CM Executive Board Chair	Eileen O'Meara Halton Council
CM Executive Board Vice Chair	Sandra Davies Liverpool Council
Leadership Group Chairs	Fiona Johnstone Wirral Council Eileen O'Meara Halton Council
Commissioning/Alcohol Lead	Fiona Johnstone, Wirral Council
CPD Lead	Eileen O'Meara, Halton Council
Communications/Workforce/ Employment & Skills	Fiona Reynolds, Cheshire East Council
Health Protection/5YFV Lead	Eileen O'Meara Halton Council
Strategic Intelligence & Partnerships Lead	Matt Ashton, Knowsley Council and Sefton Council
Mental Wellbeing Lead (Children)	Sandra Davies Liverpool Council
Public Health Healthcare Lead (Hypertension)	Muna Adel Aziz, Warrington Council
Suicide Prevention Lead	Sue Forster, St Helens Council

Key Principles for a Champs Lead DPH

Coherent DsPH leadership is fundamental to maximise public health influence across the sub-region and beyond. These principles are intended to both support and enable the success of Lead DsPH and are based on discussions at the Champs DsPH Strategic Planning Day in January 2017.

1. The lead DPH should have some **expertise** in the subject but this is not always necessary however **passion and enthusiasm** will enable perseverance.
2. The role is an opportunity to: **gain knowledge, leadership skills, and raise your personal profile** regionally and potentially nationally and internationally.
3. It is essential for the lead DPH to be **fully briefed** by the right person at the right time.
4. The lead DPH absolutely needs **peer support and the expertise of the DPH Group and teams** to be truly successful. DsPH must understand the strengths within each other's areas to draw in support / resources to assist and always **pass on compliments as well as constructive feedback** to enable greater success.
5. The group must **trust** the lead DPH and recognise that sometimes quick judgements may be required.
6. **Briefing the Board and thrashing issues and challenges** is an important part of the role. It is essential to discuss key or politically sensitive decisions with colleagues, checking back and **being accountable to each other**. It can be frustrating but the majority view must be accepted.
7. Maintaining a **united front and the positive reputation of DPH peers** is vital to the integrity of the whole group. Peer challenge is essential but should take place in the group context or privately if required.
8. The lead DPH should recognise that **all DsPH work in different contexts, and may be coping with conflicting directions locally** yet still retains willingness to reach a consensus and progress. It may be that some decisions have personal professional ramifications.
9. The lead DPH must be **prepared to travel and present and represent the Collaborative**.
10. **Celebrating success** is highly beneficial for our wellbeing and resilience. We are also committed to **thanking local leaders and partners for their contribution**.



Appendix 2

DPH Group meeting schedule for 2017

Please note unless otherwise indicated all meetings will start at 09:30 and finish at 12:30.

<u>DATE</u>	<u>PURPOSE</u>	<u>VENUE</u>
13 th May 2016	System Leadership	Mike Gregory Lounge, The Halliwell Jones Stadium, Mike Gregory Way, Warrington, Cheshire, WA2 7NE
17 th June 2016 (full day)	Strategic Planning	Walton Hall, Walton Hall Gardens, Lea Road, Higher Walton, Warrington, WA4 6SN
15 th July 2016	System Leadership	Mike Gregory Lounge, The Halliwell Jones Stadium, Mike Gregory Way, Warrington, Cheshire, WA2 7NE
19 th August 2016	System Leadership	Mike Gregory Lounge, The Halliwell Jones Stadium, Mike Gregory Way, Warrington, Cheshire, WA2 7NE
16 th September 2016	Executive Board	Mike Gregory Lounge, The Halliwell Jones Stadium, Mike Gregory Way, Warrington, Cheshire, WA2 7NE
14 th October 2016	System Leadership	Mike Gregory Lounge, The Halliwell Jones Stadium, Mike Gregory Way, Warrington, Cheshire, WA2 7NE
11 th November 2016	System Leadership	Mike Gregory Lounge, The Halliwell Jones Stadium, Mike Gregory Way, Warrington, Cheshire, WA2 7NE
16 th December 2016	Executive Board	Walton Hall, Walton Hall Gardens, Walton Lea Road, Higher Walton, Warrington, WA4 6SN



working together to improve health and
wellbeing in Cheshire & Merseyside