

Public Health Programmes Board

Chair: Matthew Cole, Director of Public Health, London Borough of Barking and Dagenham

Performance

Please note that no performance targets have been agreed as yet.

Meeting Attendance

28 May 2013: 80% (8 of 10)

Action(s) since last report to the Health and Wellbeing Board

This group has not reported to the Health and Wellbeing Board before, therefore this is instead a list of recent actions to demonstrate the work that the Public Health Programmes Board is doing and to give context to future reports to the Board.

- (a) The sub-group agreed that meetings should take place every 6 weeks, for 1½ hours each time, and that a representative from Community Safety should be invited to discuss drug and alcohol issues. It was agreed that this would be Dan Hales, Group Manager Community Safety and Integrated Offender Management (LBBD).
- (b) A dedicated accountant for Public Health has been recruited for one year.
- (c) A Task and Finish group on obesity in primary care has been set up, chaired by Councillor Worby to discuss an industrial scale programme (in every school) to tackle childhood obesity.
- (d) A programme of training for healthcare professionals about encouraging weight management was commissioned from The Public Health Action Support Team (PHAST), a not for profit public health consultancy. The training programme is accredited, and local GPs and other frontline staff will be targeted to attend the course.

Action and Priorities for the coming period

- (a) Establish a performance framework, taking account of returns to the Department of Health and CCG performance reporting. This work has already been started.
- (b) Charting who is responsible for delivery and performance management across the life course.
- (c) Preparing a Commissioning Intentions Paper by the end of July, and recommending priorities for the Public Health budget. There was agreement that large-scale programmes with large impacts would be preferable, but final decisions are to be taken by the Health and Wellbeing Board.

Items to be escalated to the Health & Wellbeing Board

- (a) Can a clear indication of the work of each subgroup be drawn up to avoid duplication across groups?
- (b) Can it be established exactly what needs to be reported up to the H&WBB?
- (c) Is there an adequate information sharing agreement in place across the partnership? Especially in the light of Caldecott and the fact that information sharing is not covered under the Health and Social Care Act.

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