



# Prevention of Alcohol Related harm Leadership Board

## Terms of Reference

### 1.1 Committee Accountability

The Prevention of Alcohol Related Harm Leadership Board is the accountable body for the collective programme of work on delivering PHE's alcohol programme.

This Leadership Board will be the most senior committee overseeing *collective* work.

Any activities led *individually* by member organisations which contribute to the wider programme of work, other than those which have been directly commissioned by this Leadership Board, will be overseen by the member organisation's own governance arrangements.

As convener of this Leadership Board, Public Health England (PHE) will be responsible for reporting internally to the PHE National Executive about the progress of the alcohol programme including work overseen by this Leadership Board. XXXX and XXXX will be Senior Responsible Officers for this Leadership Board and the collective programme of work, but the intent is that this work is co-produced and owned jointly by partners.

### 2.1 Objective and Scope of Activities

This Leadership Board brings together representation of key interested parties from across the public health system and professions who have interest, expertise, influence and responsibility relating to the programme aim "to improve the prevention and treatment of alcohol related harm."

This aim is reflected in PHE's 'From evidence into action: opportunities to protect and improve the nation's health' (October 2014). Over the next eighteen months, Public Health England will:

- Use alcohol as a trailblazer for a new whole-system approach that establishes what works and is clear on the return on investment, enabling Government, local authorities and the NHS to invest with confidence in evidence-based policies, prevention and treatment interventions

The Leadership Board will support Public Health England in delivering its alcohol programme in line with its role as defined in the remit letter which states that '*PHE is ideally placed to provide the public health system at the national level with strong leadership, make evidence-based contributions to the policy debate and support those with responsible for delivery with the evidence and the tools to make a real difference to the health of their communities.*' The letter also specifies that, in carrying out its role, PHE should (amongst other things):

- Stick to what the evidence shows to be the most effective interventions for meeting that need
- Make recommendations to central government, local government, the NHS and others on the basis of the evidence and scientific judgement



# Public Health England

- Provide accessible advice, information and support products to the public to help them make the best choices for their health and wellbeing
- Mobilise support for tackling the major challenges to the public's health

The objectives are to:

- Steer and oversee development of a shared approach and shared outputs which provide leadership in the prevention and treatment of alcohol related harm
- Stimulate and influence activity from partners to contribute to improvements in the prevention of alcohol related harm

## 3.1 Description of Duties

This Leadership Board will:

- Provide strategic leadership on the prevention and treatment of alcohol related harm in England
- Provide advice on key PHE policy positions, publications, analyses and other products of the alcohol programme
- Provide oversight, challenge and ideas for reform, in relation to the performance of the health and public health systems in relation to alcohol (looking at programmes and data)

To enable this Leadership Board to carry out this role, there are expectations on members on behalf of the organisations they represent:

- Maintain an overview of work relevant to the alcohol programme within their organisation, and be prepared to update on this to the Committee
- Pro-actively share relevant information and analysis which could support the Leadership Board
- Seek opportunities to advocate for and further the objectives of the Leadership Board

The Joint Chairs of this Leadership Board will act as the main spokespersons for the group, with media related activities on our collective work being managed by the communications team in PHE. However, group members will be asked to peer review major communications, and opportunities sought to share media work.

**Please note that other government departments are observers on this group.**

## 4.1 Frequency and Description of Meetings

The Leadership Board will convene every 3 months, usually for 2 hours. Agenda and supporting papers to be circulated one week ahead of the meeting.

The group will receive update reports from PHE and partners commenting and advising on the work.

Meetings will be face-to-face and typically held in central London, but teleconference facilities will be provided where feasible for those unable to join in person.

The group will typically have themed meetings, receiving presentations on proposed work and advising on evidence and opportunities to deliver that work most effectively.





# Public Health England

The group will use email communications to communicate any key programme information between formal meetings to ensure members are informed of relevant programme developments.

The duration of the Leadership Board will be open and continuing whilst the programme remains active, with activity and membership to be reviewed between 12 - 18 months.

The meetings will be generally closed to members and the secretariat, but guest speakers may be invited or temporary membership extended if relevant to a discussion item.

## 5.1 Membership and Designation

The group membership will initially be agreed by Public Health England but later agreed and modified in consultation with the Joint Chairs.

Members shall be invited to serve for a term of 18 months, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Certain appointments may be asked to serve for repeated terms.

### Regular membership

XXXX, (Joint Chair)

XXXX, (Joint Chair)

## 6.1 Subcommittees

Subcommittees composed of members and non-members of the parent committee may be established with the approval of the Chair or Vice Chair, to lead on major areas of collective work. The Leadership Board will be notified upon establishment of any subcommittee and will be provided with information on its name, membership, function, and estimated frequency of meetings.

For specific pieces of work led by individual organisations, there may be committees formed but it is not presumed that they feed into the Leadership Board.

## 7.1 Recordkeeping

The PHE secretariat will be responsible for producing records of the Leadership Board's activities via notes of actions and decisions, to be circulated within seven days of each meeting. Records will be available for public inspection and copying, subject to the Freedom of Information Act.

## 7.2 Conflicts of interest

In accordance with Public Health England's Conflict of Interest Policy and Procedure, the Leadership Board will ensure that the interests of the general public remain paramount at all times and be impartial and honest in the conduct of official business.

Personal conflict of interests may occur where a member of the Board (or their close family) has a personal interest which might lead a reasonable person to question the independence of their judgment or action



# Public Health England

when participating in the Board. Board members are therefore required to complete, sign and return a declaration of interests form. All declarations are held by XXXX in confidence.

**Approved**

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**Committee Chair**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice Chair**

\_\_\_\_\_  
**Date**