



Health and Wellbeing Board
6 December 2018

Surrey Health and Wellbeing Board membership

Purpose of the report

To ask the Health and Wellbeing Board to endorse changes to its membership.

Recommendations

It is recommended that the Health and Wellbeing Board:

- a) endorses the proposed new membership of the Board; and
- b) where named representatives have yet to be agreed, ask the co-chairs of the Board to work with relevant partner organisations to agree this ahead of the next meeting of the Board.

Introduction

1. The Health and Wellbeing Board has been reviewing its priorities to reflect changes in the health and care system in Surrey, to strengthen its connection further with Surrey residents and to be clearer about its role in improving outcomes for residents.
2. An important part of these discussions has been a review of Board membership to ensure it reflects both the emerging place-based models of governance and delivery, as well as the focus on prevention and the wider determinants of health.
3. The Surrey Health and Wellbeing Board is responsible for setting the strategic direction of health and social care in Surrey with the express aim of reducing health inequalities and promoting integration in the delivery of health and social care services. In the New Year, the Board will be asked to approve a new 10 year health and wellbeing strategy which will provide a clear focus for the partnership - ensuring the right people are around the table to drive this work forward is crucial.

Proposed new membership

4. The following membership proposal has come about as a result of two major changes:
 - Firstly, the Board membership must provide leadership of 'place' in respect of people's health and wellbeing and there is recognition by the Board that membership should reflect emerging place-based models of governance and delivery. The development of Surrey Heartlands ICS, Frimley Health ICS and East Surrey and Sussex STP have resulted in a need to ensure the Health and Wellbeing Board fully represents the evolving health and care system in Surrey. Surrey health and social care organisations are forming partnerships, working across organisational boundaries and in multi-disciplinary teams, taking a person-centred and community focused approach to providing care. The Surrey health and care system stretches across eleven districts and boroughs, and seven clinical commissioning groups.
 - Secondly, the membership must reflect the Board's focus on prevention and the wider determinants of health, making the links to housing, the environment, crime and poverty, identifying key pressure points the system can come together on, and maintaining a focus on the most vulnerable.

5. Whilst recognising the need to continue to meet the statutory membership requirements (a county councillor, CCG representatives, SCC Directors of Adults and Children's Services and Public Health, Healthwatch representative) the Board is clear that its membership must recognise and reflect the role of a much wider group of organisations in improving the health and wellbeing of the population.

6. The Board is asked to endorse the following membership:
 - 2 x Surrey County Council elected members: The Leader and Cabinet Member for People
 - 3 x statutory Surrey County Council officers (Director of Adult Social Care, Director of Children's Services, Director of Public Health)
 - CEO Healthwatch Surrey
 - Surrey Heartlands Partnership Senior Responsible Officer
 - Voluntary and Community Services Representative – CEO Surrey Community Action
 - The Police and Crime Commissioner
 - 4 x District and Borough Council representatives: 2 elected members and 2 officers
 - 6 x representatives of each of the six Integrated Care Partnership (ICP) 'places' (defined by the boundaries of the six Clinical Commissioning Groups currently represented on the Health and Wellbeing Board)
 - A housing representative
 - An representative of a Surrey Local Enterprise Partnership
 - A further education / universities representative
 - Mental health provider representative
 - Surrey County Council, Chief Executive (Co-opted member)

7. The six ICP representatives will provide that statutory representation of the six Clinical Commissioning Groups and an update will be provided at the meeting to confirm the named representatives for new members of the Board.

This page is intentionally left blank