

**Surrey Health and Wellbeing Board**

**Terms of Reference**

**Amended March 2020**

**1. Context**

1.1 The Health and Social Care Act 2012 set out the requirement for each upper tier local authority to have a Health and Wellbeing Board in place from April 2013. The Surrey Health and Wellbeing Board will meet the obligations set out in the Health and Social Care Act 2012 and modified under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The statutory purpose of the Health and Wellbeing Board is defined in the Health and Social Care Act 2012.

1.2 Article 8A of Surrey County Council's Constitution sets out the role, membership and governance arrangements for the Health and Wellbeing Board. The Health and Wellbeing Board has the power to decide its own detailed operating procedures, as set out via this document, within the framework of the Article. Whilst the Health and Wellbeing Board is a formal committee of the council, the regulations do not apply some of the requirements of other committees of the council set out in the Local Government Act 1972 (e.g. such as requirements for political proportionality or allowing council officers to be a member of the committee).

**2. Purpose**

2.1 The purpose of the Surrey Health and Wellbeing Board is to improve the health and wellbeing of all people living in Surrey, closing the gap between communities that are doing well and those that are doing less well.

2.2 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to improve health outcomes, community safety and to deliver the priorities set out in the Health and Wellbeing Strategy and the Community Safety Agreement (appendix A).

**3. Role and Responsibilities**

3.1 The Health and Wellbeing Board:

3.1.1 Provides Surrey-wide systems leadership for the integration of health and wellbeing services, promoting partnership working to secure the best possible health and wellbeing outcomes for the residents of Surrey;

3.1.2 Oversees delivery of the priorities set out in the joint health and wellbeing strategy, encouraging local accountability in the health and social care system, maintaining oversight of Surrey-wide progress or changing trends and ensuring local plans align with the joint health and wellbeing strategy;

3.1.3 Has a statutory function to prepare a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council.

3.2 The Health and Wellbeing Board has the following additional statutory functions:

- 3.2.1 A duty to encourage integrated working between health and social care commissioners, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services;
- 3.2.2 Works with local organisations and partnerships to ensure alignment of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment with other locally developed plans or reports. For example, through receiving and providing comments on the CCG Annual reports and commissioning plans / intentions, and the Surrey Safeguarding Adults' and Children's' Boards Annual Reports;
- 3.2.3 A power to encourage closer working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services;
- 3.2.4 A power to encourage close working between commissioners of health-related services and the board itself; and
- 3.2.5 Has responsibility for developing and updating the Surrey Pharmaceutical Needs Assessment.
- 3.2.6 Be accountable for the delivery and annual review of the Surrey Community Safety Agreement (CCSA), set out in the statutory duty under Section 17 of the Crime and Disorder Act 1998 (as amended by the Police and Justice Act 2006) in which responsible authorities are required to consider crime and disorder in the delivery of all of their duties.

### 3.3 Health and Wellbeing Board business will focus on:

- 3.3.1 Overseeing delivery of the priorities and workstreams associated with the health and wellbeing strategy, not performance management of individual organisations;
- 3.3.2 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the Joint Health and Wellbeing Strategy;
- 3.3.3 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and ensure the most effective use of time and collective resources;
- 3.3.4 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g. Surrey Better Care Fund Plan); and
- 3.3.5 Discussing and highlighting key strategic issues in relation to the health and wellbeing of the population, only focusing on single organisational issues where they have a significant impact on the population of Surrey.

## 4. Principles

- 4.1 The following principles describes how Board members will work together. Board members will:

- 4.1.1 Prioritise resources and make decisions in the best interests of the Surrey population based upon evidence and data;
- 4.1.2 Embrace the opportunity for the collective leadership of place, recognising and balancing the needs and opportunities presented by Surrey's geography;
- 4.1.3 Work in an open and transparent way ensuring there are no surprises for other partners – 'nothing about me without me';
- 4.1.4 Use consensus as the primary driver for decision making;
- 4.1.5 Hold each other (and the organisations and partnerships represented by Board members) to account for delivering on commitments made and agreed actions;
- 4.1.6 Seek to align local and system level success wherever possible; and
- 4.1.7 Champion an inclusive approach to engaging residents in the work of the Health and Wellbeing Board.

## 5. Chair

- 5.1 The Leader of the County Council will be the chair of the Health and Wellbeing Board.
- 5.2 A deputy chair will be nominated from one of the NHS organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed annually.

## 6. Membership

6.1 The Board membership will be as follows:

- *The Leader of Surrey County Council*
- Cabinet Member for Adults, Surrey County Council
- Cabinet Member for Children, Surrey County Council
- Chief Executive of Surrey County Council
- *Director for Adult Social Care, Surrey County Council*
- *Director for Children's Services, Surrey County Council*
- *Director for Public Health, Surrey County Council*
- *Representative of Healthwatch Surrey*
- <sup>1</sup>Leads of each constituent Integrated Care Systems (ICS) / Sustainability and Transformation Partnerships (STP).
- <sup>2</sup>Representatives of each of the six integrated health and care partnerships across Surrey (defined by CCG geography). *At least one of these representatives should be a CCG representative to meet the statutory CCG representation membership requirement.*

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<sup>1</sup> These representative roles can be undertaken by another member of the Board with agreement from the respective ICS/STP.

<sup>2</sup> These representative roles can be undertaken by commissioners or providers as agreed by the integrated health and care partnership. Statutorily, each of the six CCGs must appoint a representative to the Health and Wellbeing Board BUT an individual can represent more than one CCG.

- Surrey Police & Crime Commissioner
- 4 x representatives of the District/Borough Councils (2 x Council Leaders and 2 x Chief Executive Officers)
- Representative of the housing sector
- Representative of further education / universities
- Representative of mental health / wellbeing service providers
- *Representative of Fire and Safety*
- *Representative of Surrey Police*
- *Representative from the National Probation Service*
- *Representative from Community Rehabilitation Company*
- *Cabinet Member for Community Safety, Surrey County Council*
- Representative of a Local Enterprise Partnership
- Representative of the Voluntary, Community and Faith Sector

6.2 Those members above denoted in italics are Statutory Members of the Board.

6.3 Board members are able to nominate a deputy (as agreed by the chair) who can attend and vote in their absence but must have delegated authority to make decisions.

6.4 NHS England are a consulting member of the Board. They must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of Joint Health and Wellbeing Strategies and to join the health and wellbeing board when it is considering a matter relating to the exercise, or proposed exercise, of the NHS England's commissioning functions in relation to the area and it is requested to do so by the board.

6.5 In addition to the statutory membership of the Board the Health and Wellbeing Board may appoint such additional persons as it thinks appropriate. The Board may determine the role, for example as a full voting member or as an advisory member, and the term of such additional appointees e.g. for one year, the length of council or as a permanent addition to the full membership.

6.6 Surrey County Council may also appoint such other persons, or representatives of such other persons, as the local authority thinks appropriate however it must consult the Health and Wellbeing Board before appointing another person to be a member of the Board.

## 7. Quorum

7.1 For all meetings, there should at least be representation from all *statutory* members or their nominated deputy.

7.2 Board members will inform the Board, via Democratic Services, in advance if they are unable to attend a full Board meeting and will make arrangements to ensure their named substitute attends and is provided with the support necessary to contribute to the meeting.

7.3 The intention is that the place-based membership of the Health and Wellbeing Board will provide a range of voices from the health sector from commissioners to providers. The board will keep membership under review to ensure we achieve this.

## 8. Decision-making

- 8.1 Decisions will be made by consensus – the intent of all partners is to achieve a dynamic way of reaching agreement between all members of the Health and Wellbeing Board. All partners are committed to finding solutions that everyone actively supports.
- 8.2 Decision making authority is vested in individual members of the Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

## 9. Board Support

- 9.1 The Surrey County Council Health and Social Care Integration team are responsible for the Board forward plan, developing the agenda and support for Board members to fulfil their role.
- 9.2 Surrey County Council Democratic Services team are responsible for the distribution of the agenda and reports, recording minutes, maintaining the actions tracker and the organisation of the meetings.

## 10. Meeting Frequency

- 10.1 The Board will meet quarterly in public following an agreed calendar of meetings. The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will be held at venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

## 11. Review of Terms of Reference

- 11.1 These terms of reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members at least annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed off by the board members at a public meeting.

## Appendix A: Surrey Community Safety Agreement 2017 (currently being refreshed)

### 1. Introduction

Crime and anti-social behaviour can have a significant impact on the health and wellbeing of everyone who lives or works in or is visitor to Surrey. Community safety is an area of work concerned with protecting people, individually and collectively, and their quality of life, from hazards or threats that result from the criminal or anti-social behaviour of others.

The Surrey Community Safety Board (CSB) was established to provide strategic leadership to tackle crime and disorder across the county. The partner organisations that come together to make up the board share a collective aim to make the residents of Surrey feel safer and improve their quality of life; the boards priorities reflect this and focus on areas where we can / need to work better together to the benefit of all residents.

I am clear that the improvements we want to see can only be achieved by a coordinated effort and commitment on behalf of all CSB organisations and our wider partners. This is why, on behalf of the board, I am pleased to offer my support and commitment to this strategic plan.

*David Munro*  
*Police and Crime Commissioner for Surrey*

### 2. Purpose

The CSB's purpose is to provide strategic leadership on crime and disorder issues that affect the whole the county.

The CSB will achieve this through:

**Effective / Strong Leadership:** The board leads partners in improving the safety of Surrey residents

**Integration:** The board encourages community safety organisations to work together and produce joined-up, co-ordinated services

**Understanding Need:** The board identifies the needs of Surrey's residents; this information informs our responses

The senior political and executive officer membership of the board work collectively to apply consistent solutions to shared problems; it is acknowledged there will be some local variation in delivery, but the oversight and accountability of issues is strategic.

The CSB's rationale is decision making. There will be an ongoing flow of information items and sharing of best practice, but the focus of meetings is on the delivery of action plans, and where the board can challenge and look in detail at the progress which has been made against priorities. At each meeting, a topic from the list of priority areas will be selected for an in-depth report back.

Each priority is underpinned by a management board (see the governance diagram below), responsible for setting strategies and action plans, and supported by a delivery group, responsible for coordinating and leading on activity.

The CSB works closely with other partnership boards (see governance diagram) on overlapping agendas, such as safeguarding, to ensure coherent roles and responsibilities for these issues.

### 3. Priorities

For 2017, the CSB has adopted a 'two-tier' approach to strategic priorities, dividing issues between those which require coordinated action and those where the board will maintain a watching brief.

The first tier (priorities for action) includes issues where the board needs to initiate or closely oversee partnership activity, where the issue is emerging or has a particularly high impact, or where there are significant decisions to be made about the direction of travel. In these cases, the board will expect to receive regular updates for discussion and decision and focus on one issue in detail at each meeting to check progress and identify blockages.

This tier includes high harm crimes as an umbrella term for low volume, high impact issues.

The second tier (areas of oversight) includes issues where the board is confident the strategic direction has been set and delivery is being successfully managed by a sub-group. In these cases, the board will expect to receive regular updates for information only and may occasionally receive a report for discussion when a decision needs to be made.

#### **Priorities for action:**

Domestic abuse

'High harm' crime (child sexual exploitation, serious organised crime, modern slavery, human trafficking)

Prevent

#### **Areas of oversight:**

Anti-social behaviour, mental health crisis, reoffending, resilience, road safety, substance misuse

## Community Safety Board - Governance

