

Surrey Health and Wellbeing Board

Draft Terms of Reference

Version: December 2023

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1. Context

1.1 The Health and Social Care Act 2012 sets 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).

1.3 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modifies provisions in primary legislation relating to a committee appointed under section 102 of the Local Government Act 1972 (c.70) ("the 1972 Act") in so far as those provisions relate to Health and Wellbeing Boards and provides that certain provisions do not apply to Health and Wellbeing Boards. The following modified provisions are prescribed:

1.3.1 Health and Wellbeing Boards can appoint a sub-committee to carry out certain functions of the Board and to advise the Board. Currently there are two informal sub-committees (not constituted under the Local Government Act 1972) namely, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB) and the Mental Health: Prevention Oversight and Delivery Board;

The PWDHDB covers Priority 1 and 3 of the HWB Strategy; the MHPODB covers Priority 2 of the HWB Strategy;

The Delivery Boards:

- 1) Provide quality assurance to the programmes that sit under the HWB Strategy / auspices of the Health and Wellbeing Board, acting as critical friend to programmes (e.g., have logic model, meet the criteria for inclusion in the HWB Strategy Summary Implementation Plan ([link](#)), and have adopted HWB Strategy's Principles for Working with Communities);
- 2) Consider new programmes to sit under the HWB Strategy / auspices of the Health and Wellbeing Board;
- 3) Review the HWB Strategy's [Highlight Reports](#);
- 4) Look to mitigate challenges and increase / add value to issues raised in the Highlight Reports;
- 5) Review the HWB Strategy Index regularly to understand direction of travel in terms of the mission to reduce health inequalities;

1.3.2 A sub-committee of the Board can arrange for functions under section 196(2) of the 2012 Act to be carried out by an officer of the authority.

1.3.3 All Members of the Board have voting rights unless the local authority directs otherwise.

2. Purpose

- 2.1 The purpose of the Surrey Health and Wellbeing Board is to ensure effective delivery against the [Surrey Health and Well-being Strategy](#) (HWB Strategy) to reduce health inequalities, so no-one is left behind.
- 2.2 The Board will encourage all partners – public, private and voluntary sector - in Surrey to work together with residents to reduce health inequalities for the HWB Strategy's Priority Populations including those in the Key Neighbourhoods and improve community safety (i.e., to deliver the priorities set out in the HWB Strategy and the [Community Safety Agreement](#) (Appendix A);
- 2.3 The Board will also promote adherence to the HWB Strategy's Principles for Working with Communities, in order to support subsidiarity and for decisions to be made at a local level, so communities are leading the way;
- 2.4 The Board will ensure the HWB Strategy drives a focus on reducing health inequalities in the prevention landscape in Surrey (see Appendix B);

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; including working with Integrated Care Partnerships and Boards (ICPs and ICBs) to determine the integrated approach that will best deliver holistic care and prevention activities, including action on wider determinants in their communities;
- 3.1.2 Oversees delivery of the priorities set out in the Joint Local HWB 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 Local HWB Strategy;
- 3.1.3 Has a statutory function to assess the current and future needs of the population and prepare a Joint Strategic Needs Assessment (JSNA), consider where there is a lack of such evidence and identify research needs in JSNAs that could be met by ICBs, local authorities and NHS England via the exercise of their research function, and ensure the JSNA is informed by research, evidence, local community insight and intelligence, as well as more detailed local needs assessments such as at a district or ward level. This should look at specific groups (such as those likely to have poor health outcomes);
- 3.1.4 It also has a statutory function to produce a Joint Local HWB Strategy (ensuring the involvement of the Local Healthwatch organisation, the people who live and work in Surrey and each relevant District and Borough Council) to improve the health and

wellbeing of its local population and ensure the identified needs will be addressed, including addressing health inequalities, and reflecting the evidence of the JSNA; in this regard the Health and Wellbeing Board must be cognisant of the NHS Mandate.

- 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 and ensure these align with the HWB Strategy;
 - 3.2.2 To work with local organisations and partnerships to ensure alignment of the Joint Local HWB Strategy and the JSNA with other locally developed plans or reports. For example, through receiving and providing comments on the ICBs Annual Reports and the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership 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;
 - 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 (CSA), 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 their duties;
 - 3.2.7 Be involved in the review of Surrey Heartlands and Frimley Health and Care Integrated Care Strategies;
 - 3.2.8 Be consulted on ICBs Joint Forward Plans and their annual reviews before the start of each financial year, ensuring that the Joint Forward Plan includes steps for implementing the Health and Well-being Strategy, and produce a statement of its final opinion for each Joint Forward Plan to include in the Plan;
 - 3.2.9 Be consulted on ICB annual reports and performance assessments to ensure they include delivery against the HWB Strategy;
 - 3.2.10 ICBs (and their partner NHS trusts and NHS foundation trusts) must share their joint capital resource use plan (including any revisions) with the Health and Wellbeing Board to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

3.3 Health and Wellbeing Board business will focus on:

- 3.3.1 Overseeing delivery of the implementation plans that sit under the HWB Strategy (not performance management of individual organisations);
- 3.3.2 Monitoring the HWB Strategy Index at regular intervals to ensure long term progress and identify risks to that progress;
- 3.3.3 Securing agreement amongst partners about how to overcome challenges facing the health and care system or barriers to the delivery of the HWB Strategy;
- 3.3.4 Working with and alongside other partnerships, individual organisations or bodies to align work programmes and inform/ensure the most effective use of local time and resources;
- 3.3.5 Overseeing the development of, and approving Surrey-wide plans where appropriate or required by regulations / national guidance (e.g., Surrey Better Care Fund Plan);
- 3.3.6 Discussing and highlighting key strategic issues in relation to existing health inequalities and interventions at a civic/system, service-based and a community-led level (as per the Surrey adapted Population Intervention Triangle), only focusing on single organisational issues where they have a significant impact on the HWB Strategy Priority Populations;
- 3.3.7 Horizon scanning, through the JSNA, for potential future health inequalities;
- 3.3.8 Ensuring a significant increase in the focus on prevention and in the movement of funding upstream in the system to facilitate this;
- 3.3.9 Using/upholding its statutory functions to improve and protect health;
- 3.3.10 Exerting influence regionally and nationally on issues that impact on the health of our residents;
- 3.3.11 Ensuring evidence of effectiveness, value for money and return on investment are used routinely in decisions making.

4. Principles

- 4.1 The following principles describe how Board members will work together. Board members will:
 - 4.1.1 Prioritise resources and make decisions on prevention in the best interests of the Surrey's Priority Populations, based upon evidence, data and agreed targets.
 - 4.1.2 Embrace the opportunity for the collective leadership of place-based working, recognising and balancing the needs and opportunities presented by Surrey's geography;

- 4.1.3 Work in an open, transparent and inclusive way, ensuring all members are able to participate fully and that 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;
- 4.1.7 Regularly disseminate the HWB Strategy, the Board’s relevant formal Board papers and the quarterly Highlight reports within Board members’ own organisations and networks;
- 4.1.8 Champion the Health and Well-Being Strategy’s Principles for Working with Communities across the system and Surrey services in order to focus commitment of the Board to Surrey’s residents/communities, and to strengthen the system’s Empowered and Thriving Communities system capability.
- 4.1.9 Ensure community insights are sought and presented to the Board to inform discussion, strategic direction and decision-making.

5. Chair

- 5.1 The Leader of the County Council or their appointee will be the Chair of the Health and Wellbeing Board.
- 5.2 A Vice-chair will be nominated from one of the organisations / partnerships represented on the Health and Wellbeing Board. This will be reviewed as part of the Annual review of the Terms of Reference.

6. Membership

6.1 The Board membership will be as follows:

- **The Leader of Surrey County Council or their appointee (Chair)**
- Joint Chief Medical Officer, Surrey Heartlands Integrated Care System (Vice-Chair)
- Cabinet Member for Health and Wellbeing, Public Health, Surrey County Council
- Cabinet Member for Adult Social Care, Surrey County Council
- Cabinet Member for Children and Families, Lifelong Learning, Surrey County Council
- Chief Executive of Surrey County Council
- **Executive Director for Adults, Health and Wellbeing, Surrey County Council**
- **Executive Director for Children, Families and Lifelong Learning, Surrey County Council**
- **Director of Public Health, Surrey County Council**
- **Representative of Healthwatch Surrey**
- **Leads of each constituted Integrated Care Systems (ICS) (Frimley Health and Care/Surrey Heartlands)**
- Place based representatives from Surrey Heartlands 4 Places*
- Police and Crime Commissioner for Surrey
- Representatives of the District/Borough Councils (1 x Council Leader and 1 x *Chief Executive Officer)
- Representative of further education/universities

- Representative of mental health/wellbeing service providers
- *HWBS Priority 1 Sponsor
- *HWBS Priority 2 Co-Sponsors
- *HWBS Priority 3 Sponsor
- Co-Representatives of the VCSE Alliance x 3
- *Chair of the Prevention and Wider Determinants of Health Delivery Board
- *Chair of the Mental Health: Prevention Oversight and Delivery Board
- **Representative of Surrey Police (CSB)**
- **Representative from the National Probation Service (CSB)**
- **Representative from Interventions Alliance (CSB)**
- **Representative of Fire and Safety: Cabinet Member for Fire and Rescue, and Resilience, Surrey County Council (CSB)**
- Carers System Representative
- Associate Member - District and Borough Housing Representative (non-voting)

6.2 Those members listed above in bold are statutory members of the Health and Wellbeing Board and members listed with an asterisk have dual roles;

6.3 The four members listed with (CSB) are statutory members following the merger of the Board with the Community Safety Board in 2020;

6.4 Board members are able to nominate a substitute (as agreed by the Chair) who can attend and vote in their absence but must have delegated authority to make decisions;

6.5 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 Local 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;

6.6 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 (Associate) 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;

6.7 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 formal meetings, the quorum will be one quarter of the total number of voting members of the Board. A quorum may not be fewer than three voting Members.

7.2 Board members will inform the Board, via Democratic Services, in advance if they are unable to attend a formal 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 Where there are co-representatives/co-sponsors, only one per shared role is required for quorum.

7.4 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 Well-Being Team are responsible for the Board's 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, recording the actions and the organisation of the meetings.

10. Meeting Frequency

10.1 The Board will meet quarterly in public (formal meeting) and at least quarterly in private (informal meeting). The Board may also hold additional development sessions and workshops as necessary to further develop its role and partnership arrangements. The meetings will usually be held at Surrey County Council's headquarters, Woodhatch Place, Reigate, or other venues across Surrey as agreed by the Board. The frequency of the meetings will be kept under review.

11. Review of Terms of Reference

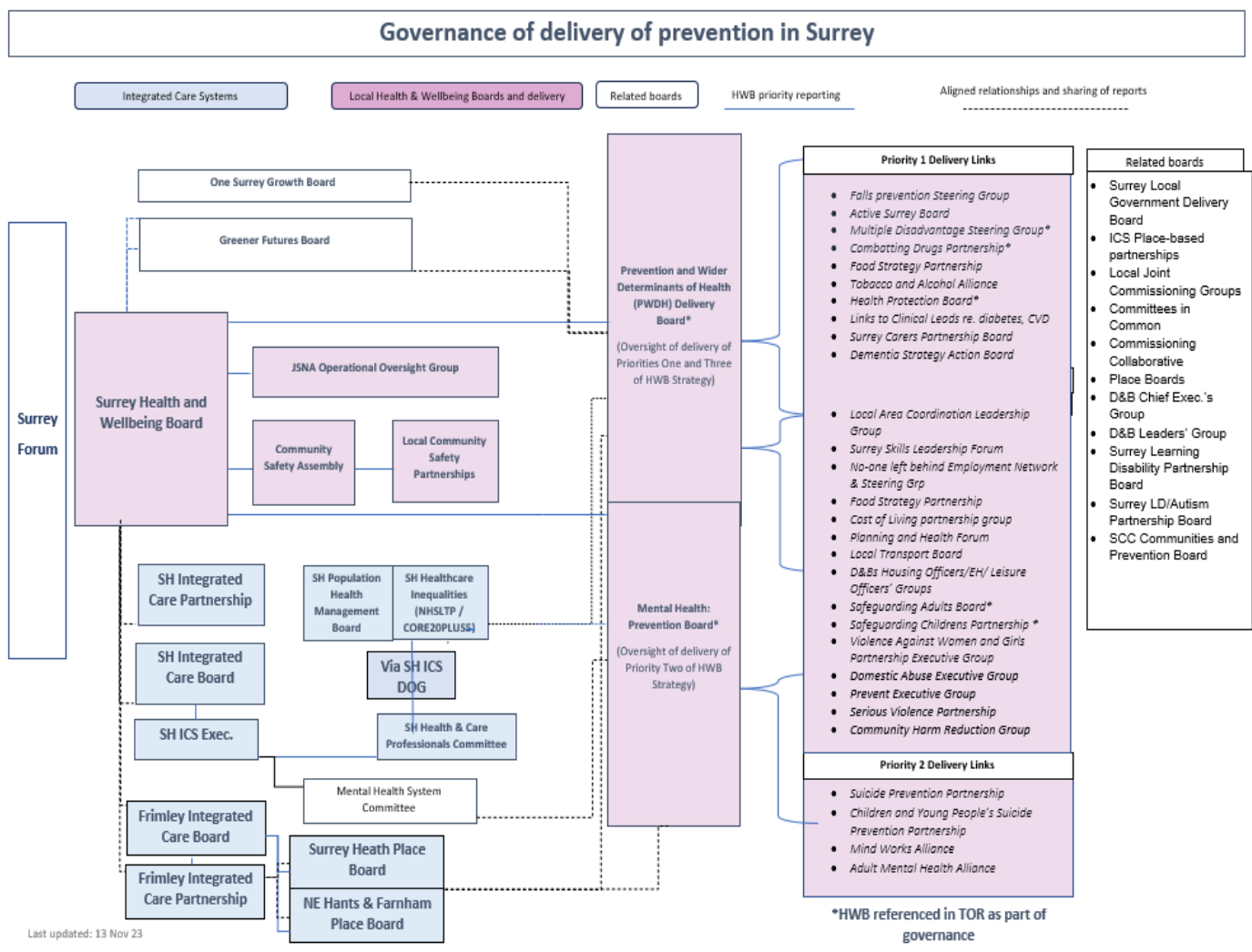
11.1 These Terms of Reference will be formally reviewed by the Health and Wellbeing Board by mutual agreement of its members bi-annually. Reviews will be undertaken to reflect any significant changes in circumstances as they arise. These Terms of Reference, together with any amendments, will be signed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

Appendix A: Surrey Community Safety Agreement 2021-2025

Website: [Community Safety Agreement 2021 to 2025 | Healthy Surrey](#)

Appendix B

Surrey's Prevention Governance



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