

Health and Wellbeing Board (HWB) Paper

1. Reference Information

Paper tracking information	
Title:	Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership/Integrated Care Board Governance Review
HWBS Priority Populations:	All
Assessed Need including link to HWBS Priority - 1, 2 and/or 3:	Governance of delivery of Priority 1, 2 and 3 of Health and Well-Being Strategy and Ambition 1, 2 and 3 of Surrey Heartlands Integrated Care Strategy (ICP)/Surrey Heartlands Joint Forward Plan (ICB)
HWBS Outcome:	All
HWBS System Capability:	All
HWBS Principles for Working with Communities:	<ul style="list-style-type: none"> • Community capacity building: 'Building trust and relationships' • Co-designing: 'Deciding together' • Co-producing: 'Delivering together' • Community-led action: 'Communities leading, with support when they need it'
Interventions for reducing health inequalities:	<ul style="list-style-type: none"> • Civic / System Level interventions • Service Based interventions • Community Led interventions
Author(s):	<ul style="list-style-type: none"> • Sara Saunders, Interim Health Integration Policy Lead - Health and Care Integration, Surrey County Council, healthandcare@surreycc.gov.uk • Phillip Austen-Reed, Principal Lead - Health and Wellbeing, Surrey County Council
Board Sponsor(s):	<ul style="list-style-type: none"> • Cllr Bernie Muir, Chair, Health and Wellbeing Board • Cllr Tim Oliver, Chair, Surrey Heartlands Integrated Care Partnership • Ian Smith, Chair, Surrey Heartlands Integrated Care Board • Karen McDowell, Chief Executive, Surrey Heartlands Health and Care Partnership
HWB meeting date:	20 March 2024
Related HWB papers:	N/A
Annexes/Appendices:	Appendix 1 – Statutory Functions of ICSs, ICBs, ICPs and HWBs

2. Executive summary

The Health and Care Act 2022 established 42 Integrated Care Systems (ICSs) across England. The Surrey Heartlands ICS was formed on 1 July 2022 and consists of two statutory elements those being the Surrey Heartlands Integrated Care Board (SHICB,) which is the NHS statutory body, and the Surrey Heartlands Integrated Care Partnership (SHICP) which is a statutory committee jointly formed between SHICB and Surrey County Council (SCC), as the upper-tier local authority. Alongside the continued role of the Surrey Health and Wellbeing Board (HWB) which was established in 2012, these boards have been working in this arrangement for the past twelve months.

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Currently, SHICP, SHICB and the HWB meet separately on regular basis. In addition, the Frimley Integrated Care Partnership (which covers parts of Surrey) meets separately (on a six-monthly basis). Since the introduction of the Integrated Care Systems in 2022, due to the Surrey geography, this has resulted in an element of duplication of membership within these respective fora within Surrey and Surrey Heartlands. It has also been recognised by respective Chairs that there is a risk of overlap and potential duplication of purpose within meetings, particularly with regards to the HWB and SHICP. Following a review of practice in other areas and some initial discussion between the board's chairs, this paper proposes a package of recommendations to increase efficiency, reduce duplication and allow for more effective collaborative engagement and decision making on key issues.

These boards play differing but crucial roles in the pursuit of integrated, person-centred service provision, system change and community led action that reduces health inequality, improves health and wellbeing (including amongst the Health and Well-Being Strategy's Priority / Surrey Heartlands' [CORE20PLUS](#) Populations) and addresses the wider determinants of health across a wide range of system partners.

As the focus on achieving greater alignment at all levels of delivery and strategic oversight increases, it is imperative to review and assess how the component parts are working to enable this. Reviewing governance functions so they are efficient and effective, reduce duplication and maintain focus on delivery for residents, particularly those experiencing health inequalities, will ensure that Surrey is well positioned to deliver against its clear strategic aims and implement its delivery plans.

3. Recommendations

That the HWB approve the following:

1. The HWB and the SHICP operates with one streamlined, membership, with agendas of business designed so they run concurrently in one meeting.
2. The respective membership of the SHICP and HWB are reviewed - to reduce any duplication of organisational representation, whilst retaining existing representation from a wide range of stakeholders, including Frimley ICS.
3. This regular meeting take place on the same day and in the same location as the SHICB to be as efficient as possible for any shared membership between HWB/SHICP and the SHICB.

4. The agendas across the combined HWB/SHICP meetings and the SHICB are planned and coordinated to eliminate duplication.
5. These updated arrangements are considered for possible implementation from May 2024 prior to steps to incorporate changes in relevant Terms of Reference and constitutions by September 2024.
6. The respective boards undertake in the interim to ensure that agenda items are clear in purpose in order to provide assurance, make decisions or seek direction/commitment on key strategic issues related to the respective strategies/plans they are responsible for.
7. Items coming to the respective boards will have been previously discussed at sub-committee level.

4. Reason for Recommendations

These recommendations are intended to ensure local system governance supporting delivery of the Health and Well-Being Strategy, SHIC Strategy and SH Joint Forward Plan is configured in the most effective and efficient way to support and ensure effective delivery, avoid duplication and make best use of the input of system partners.

5. Detail

The scope of this paper with regards to local system governance is the configuration, organisation, and co-ordination of the:

- Surrey Health and Wellbeing Board (HWB), the
- Surrey Heartlands Integrated Care Partnership (SHICP) and the
- Surrey Heartlands Integrated Care Board (SHICB).

Included in the implementation scope will be any implications for sub-committees and major programmes which include these boards within their governance.

Whilst not in scope it is recognised that given their impact upon health and wellbeing and reducing health inequalities will mean any resulting changes in approach will need to continue to build links with the delivery and respective governance of Surrey's Greener Futures and Economy and Growth Boards.

Sponsors and Senior Responsible Officers (SROs):

The joint sponsors of this proposed change to governance are:

- Cllr Bernie Muir, Chair, Health and Wellbeing Board
- Cllr Tim Oliver, Chair, Surrey Heartlands Integrated Care Partnership
- Ian Smith, Chair, Surrey Heartlands Integrated Care Board, and
- Karen McDowell, Chief Executive, Surrey Heartlands Health and Care Partnership

The joint SROs overseeing the work are:

- Lucy Clements, Health Integration Policy Lead; and
- Phillip Austen-Reed, Principal Lead - Health and Wellbeing, Health and Wellbeing Team, Public Health.

Context

In recent years, the landscape with regards to health and wellbeing alongside health and social care delivery at a local level has undergone a significant transformation, marked by the emergence of Integrated Care Systems (ICSs), whose core parts include Integrated Care Partnerships (ICPs) and Integrated Care Boards (ICBs), and the continued role of Health and Wellbeing Boards (HWBs).

It is widely accepted that ICS governance is complex. Local Authority and NHS leadership are actively developing ICS governance frameworks, and the new style of working it involves, adapting pre-existing structures and arrangements that the Health and Social Care Act 2012 established for very different purposes. This is being done with the planned benefit of significant local discretion in the absence of detailed and prescriptive guidance or national governance framework for ICSs; allowing an element of permissiveness in approach to exist. This means that Surrey Heartlands ICS governance arrangements are inevitably in a state of flux and are being constantly reviewed.

Currently, the ICB, ICP and HWB meet separately. However, there is an element of duplication of membership within these respective fora. In addition, it has been recognised by respective Chairs that there is a risk of overlap and potential duplication of purpose within meetings, in particular with regards to the HWB and Surrey Heartlands ICP. Consequently, it has been requested by the Chairs of those boards that options be explored to determine if there is a way to better align and streamline governance in this area to increase efficiency, allowing for more collaborative strategic direction setting and decision making, with adequate assurance flows to be in place.

Alignment at strategic, operational and delivery levels is undoubtedly the right thing to do, however, to be effective and draw the most out of system partners, responsibilities need to be clear in order to avoid ambiguities and duplication between partners. It is necessary to establish an architecture that delivers respective statutory and related functions without compromising established partnership relationships with stakeholders.

The opportunity and key consideration in the appraisal of the options Chairs have considered was that increased alignment and effective collaboration is essential to meeting the objectives of both the SHIC Strategy and the Surrey Health and Wellbeing Strategy. Should new working arrangements between Boards be agreed and implemented, they should:

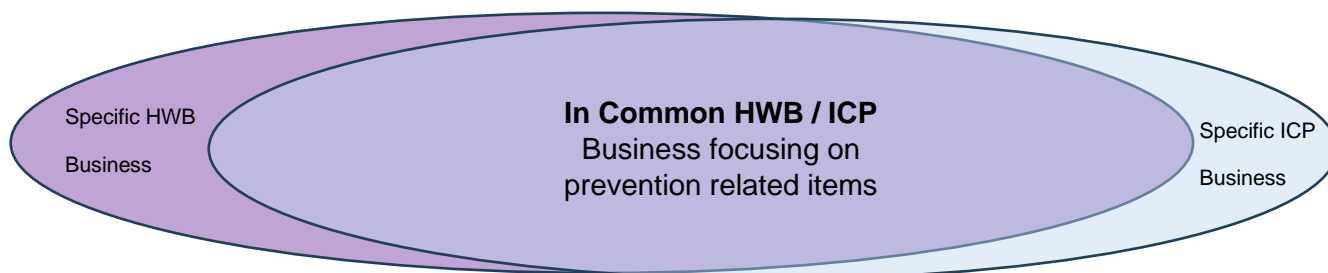
- Optimise the delivery of Surrey Health and Wellbeing Strategy, SHIC Strategy and SH Joint Forward Plan
- Support and enhance the delivery of integrated health and social care, wider outcomes relating to prevention, and the wider determinants of health
- Continue to meet their statutory obligations.

Proposal

1. 'Combine' Surrey HWB and SHICP

The recommended option is that a committees in common approach is taken with the development of a high-level partnership for integrated health and social care and health and wellbeing across Surrey (an overarching authority). A single membership sitting in common with the meeting potentially delivered in three parts.

It is noted that the HWB covers a larger geography than SHICP and includes representatives from Frimley Health and Care.



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2. To streamline agendas and planning across all three boards

To be as efficient as possible across the 'combined' HWB and SHICP and SHICB.

To achieve this it is proposed that:

- The meetings take place on the same day in the same venue to be as efficient as possible for any shared membership, and
- There is tight co-ordination across agenda planning to eliminate potential duplication,
- All the boards undertake in the interim to ensure that agenda items are either to receive assurance, seek direction/commitment and/or to make decisions and that the detail of the work and the associated partnership dialogue is delegated to sub-committee level.

It is proposed that these changes are implemented from May 2024.

6. Opportunities/Challenges

Opportunities:

- To continue to evolve the maturity of the overarching system governance and its structures alongside a shared focus on delivery of strategic aims and delivery plans.
- To focus on the culture of integration and system partnership required at all levels to achieve sustainable models that meet the integrated health and social care and health and wellbeing needs of Surrey residents.
- Reinforce accountability and transparency in decision making.

- Be more agile in identifying and responding to emerging challenges and population needs.
- Ensuring the arrangements make sense to our residents and are as navigable as possible where decisions are required.

Challenges:

- It has been identified in the appraisal process that a review of membership may lead to fewer individuals participating with specialised knowledge or expertise in specific areas relevant to healthcare, social care and population health which could impact on the boards ability to make informed decisions on complex issues and address emerging challenges.
- To mitigate this risk, it is proposed that the boards ensure that there is the relevant, agreed subject matter knowledge and expertise from appropriate organisations in the sub-committees who feed through decisions to be made to the boards.
- Secretariat functions will need to be aligned and combined.
- There is a need to assess impact of these changes on any sub-committees or programmes feeding into the boards.
- There is a need to assess impact on other governance structures within statutory organisations.

7. Timescale and delivery plan

It is proposed to implement these changes from May 2024.

An implementation group overseen by the SRO will plan and manage the transition.

8. What communications and engagement has happened/needs to happen?

This paper is the first point of engagement with those members of the boards directly impacted by the proposed change.

There are a wide range of stakeholders through the respective membership and connected committees/forums impacted. An Implementation Group has started to map stakeholders and develop a supporting communication plan.

9. Next steps

- Timescales for completing the transition – May 2024
 - This paper will be presented to the SH ICP ahead of May 2024 and with the SHICB.
 - If the decision is not supported by all boards, then the respective chairs will reconvene to consider the feedback and agree next steps.
 - If the decision is supported, then it is proposed that there is an active review process six months post change, to consider whether it has been successful in achieving the stated aims.
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Questions to guide Board discussion:

- Do you support the proposal to merge the HWB and SHICP?
- What further opportunities does a merger bring?
- What further challenges does a merger bring?
- Any opportunities/challenges relating to the relationship of merged HWB/SHICP and the SHICB?

Appendix 1 - Statutory Functions of ICSs, ICBs, ICPs and HWBs

Organisations	Statutory functions
<p>Integrated Care Systems (ICS)</p>	<p>ICSs were legally established on 1 July 2022 following the passage of the 2022 Health and Care Act. These new arrangements build on partnerships that were already in place across the country.</p> <p>They aim to:</p> <ul style="list-style-type: none"> a/ Improve outcomes in population health and healthcare; This is a key distinction with HWB who focus on Priority Populations, Core 20 Plus 5, and wellbeing; b/ Tackle inequalities in outcomes, experience and access; c/ Enhance productivity and value for money; and d/ Help the NHS support broader social and economic development. <p>Statutory ICSs comprise of two key statutory components:</p> <ul style="list-style-type: none"> • Integrated Care Boards (ICBs): statutory bodies which are responsible for planning and funding most NHS services in the area. • Integrated Care Partnerships (ICPs): statutory committees which bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.
<p>Integrated Care Boards (ICB)</p>	<p>An ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget, and arranging for the provision</p>

	<p>of health services in a geographical area. It takes over the functions previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHS England. DPHs have a duty to provide advice.</p>
<p>Integrated Care Partnerships (ICP)</p>	<p>An ICP is a statutory joint committee of the ICB and upper tier local authorities in the area. It brings together a broad set of system partners to support partnership working.</p> <p>Its main statutory responsibility is to develop an ‘integrated care strategy’, a plan to address the health care, public health and social care needs of the population.</p> <p>There is significant flexibility for ICPs to determine their own arrangements, including their membership and ways of working.</p> <p>Membership must include one member appointed by the ICB, one member appointed by each of the relevant local authorities, and others to be determined locally.</p> <p>This may include social care providers, public health, Healthwatch, VCSE organisations and others such as local housing or education providers.</p>
<p>Health and Wellbeing Boards (HWB)</p>	<p>The Health and Social Care Act 2012 introduced HWBs, which became operational on 1 April 2013 in all 152 local authorities with social care and public health responsibilities. Therefore this board covers parts of Frimley ICS too i.e. Surrey Heath)</p> <p>The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. The statutory requirements, consequently, remain the same for health and wellbeing boards which are to:</p> <ul style="list-style-type: none"> • Promote greater integration and partnership between bodies from the NHS, public health and local government; and • Produce a joint strategic needs assessment • Produce a joint health and wellbeing strategy

	<ul style="list-style-type: none"> • Conduct a pharmaceutical needs assessment for their local population. <p>The Health and Wellbeing Board in Surrey also includes the portfolio of a Surrey Community Safety board and therefore it must:</p> <ul style="list-style-type: none"> • Be accountable for the delivery and annual review of the Surrey Community Safety Agreement.
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