

Surrey Prevention and Wider Determinants of Health Delivery Board

Terms of Reference

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1. Context

1.1 In 2019, the Surrey Health and Well-Being Board published a ten-year Health and Well-Being Strategy which aims to improve the health and well-being of all people living in Surrey, closing the gap between communities that experience good health outcomes and those that are more likely to experience ill-health. The Strategy was developed collaboratively with the NHS, County Council, Boroughs and Districts, Community and Voluntary Sector and wider partners, including the police. The Strategy outlines a fundamental shift in approach to focus on prevention by addressing the root causes of ill health.

1.2 In 2021, a refresh of the Strategy was undertaken to strengthen the focus on reducing health inequalities so no-one is left behind through civic level, service based and community-led interventions. This will be achieved by systematic delivery of actions targeted to the needs of specified priority population groups of identity and geography. Action will continue to be driven through the three priority areas:

- Priority One: Supporting people to Lead Healthy Lives by Preventing Physical Ill Health and Promoting Physical Well-being
- Priority Two: Supporting People's Mental Health and Emotional Well-Being by Preventing Mental Ill Health and Promoting Emotional Wellbeing
- Priority Three: Supporting People to reach their Potential by Addressing the Wider Determinants of Health

1.3 To support an integrated approach across health and wider determinants outcomes, the Prevention and Wider Determinants of Health Delivery Board ('the Delivery Board') has oversight and responsibility for the development and implementation of Priority One and Priority Three. It will act to enable collaboration between the NHS, County Council, Boroughs and Districts, the Community and Voluntary Sector, and wider partners deliver across the five outcomes in Priority One and the five outcomes in Priority Three:

Priority One

- People have a healthy weight and are active
- Substance misuse is low (drugs/alcohol/smoking)
- The needs of those experiencing multiple disadvantage are met
- Serious conditions and diseases are prevented
- People are supported to live well independently for as long as possible

Priority Three

- People's basic needs are met
- Children, young people and adults are empowered in their community
- People access training and employment opportunities within a sustainable economy
- People are safe and feel safe
- The benefits of healthy environments for people are valued and maximised

- 1.4 To achieve the impact required to address Priority One and Three, a whole systems approach is required. This will include primary prevention through community asset-based approaches and addressing the wider determinants of health. Secondary and tertiary prevention will also be required via targeted services.

2. Purpose

- 2.1 The purpose of the Delivery Board is to:

- 2.1.1 Provide Surrey-wide oversight on the implementation of Priority One and Priority Three.
- 2.1.2 Ensure that local partners work together to share knowledge and develop systematic approaches to deliver the outcomes in strategy.
- 2.1.3 Provide assurance that local, organisational delivery plans are aligned to the Health and Well-Being Strategy.

3. Role and Responsibilities

- 3.1 The Health and Well-Being Strategy provides the Surrey framework for partnership working to improve outcomes in reducing health inequalities. The Delivery Board focuses on the implementation of Priority One and Priority Three, with much of the delivery happening through pre-existing structures such as local health and well-being boards, local joint commissioning groups and existing partnerships such as the Substance Misuse Partnership Board. The Delivery Board will enable escalation of local issues to a Surreywide level.
- 3.2 The Delivery Board will:
 - 3.2.1 Oversee the delivery of Priority One and Three by encouraging local accountability, maintaining oversight of Surrey-wide progress or changing trends and ensuring alignment of local plans;
 - 3.2.2 Oversee programme development and implementation to ensure each relevant outcome is focussed on priority populations and is reviewed and addressed;
 - 3.2.3 Report to the Health and Well-Being Board and other Boards as required. This reporting will include progress against outcomes and highlight areas for attention where the Health and Well-Being Board may offer support with wider Surrey partners and networks;
 - 3.2.4 Work closely with the Mental Health Delivery Board for Priority Two to ensure alignment.

4. Principles

- 4.1 The following principles describe how Delivery Board members will work together. Delivery 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 Hold each other (and the organisations and partnerships represented by Delivery Board members) to account for delivering on commitments made and agreed actions and ensure all partners are engaged in activity to deliver the Health and Well-Being Strategy;
- 4.1.5 Seek to align and add value to local and system level success wherever possible;
- 4.1.6 Champion the Principles for Working with Communities of the Health and Well-Being Board;
- 4.1.7 Support the strengthening of the system capabilities of the Health and Well-Being Strategy;
- 4.1.8 Agree opportunities to reduce health inequalities through organisational change and partnership working.

5. Chair

- 5.1 The Chief Executive of Reigate and Banstead Borough Council will be the chair of the Delivery Board. This will be reviewed annually.
- 5.2 The Director of Public Health will be Deputy Chair of the Delivery Board. This will be reviewed annually.

6. Membership

6.1 The Delivery Board membership will be as follows:

- **Chair** Chief Executive of Reigate and Banstead Borough Council
- **SCC Representatives**
 - *Director of Public Health (Deputy Chair)*
 - *Public Health*
 - *ASC Communities and Prevention*
 - *Community Safety Team*
 - *Community, Partnerships and Engagement Team*
 - *Economy and Growth*
 - *Adult Education*
 - *Active Surrey*
 - *Environment, Transport and Infrastructure*
- **ICS Representatives**
 - *Place-based Representatives Frimley and Surrey Heartlands ICS*
 - *System Convenors*
 - *Clinical Lead*
- **NHSE&I Representatives**
 - *NHSE&I Regional Team Deputy Director of Healthcare*

- o NHSE&I Regional Team Population Health Programme Manager
- **Districts & Boroughs Representatives**
 - o Community Services
 - o Health and Well-Being Leads
 - o Housing
 - o Social Housing Provider
 - o Environmental Health
- **Criminal Justice**
 - o Surrey Police
- **OPCC Representative**
 - o Community Safety Commissioning Manager
- **Acute Hospital Trusts Representative**
 - o Medical Director
- **Voluntary, Community and Faith Sector Representative**
- **Lay Member**
- **Carers Lead**
- The Programme Managers for Priority One and Priority Three will also be in attendance.
- Senior Responsible Officers for Priority One and Priority Three outcomes who wish to present papers will also attend and SROs will be circulated all Delivery Board papers.

Additional representation as required.

6.2 Delivery Board members will ensure consistent attendance at the Delivery Board.

6.3 Delivery Board members will need to be a member of their organisation's/directorate's Senior Management Team and have the ability to progress and address issues raised at the Delivery Board.

6.4 Delivery Board members will have responsibility for communicating key decisions and actions back to their own organisations, relevant work streams and networks.

6.5 Delivery Board members are able to nominate a deputy who can attend in their absence but deputies must have delegated authority to make decisions. There should be a consistent deputy appointed to attend for members in their absence.

7. Quorum

7.1 For all meetings, there should at least be **50%** representation from all members or their nominated deputy.

7.2 The intention is that the membership provides place-based programme oversight to the Delivery Board. The Delivery 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 Delivery Board. All partners are committed to finding solutions that everyone actively supports.

8.2 Decision-making authority is vested in individual members of the Delivery Board. Members will ensure that any decisions taken are with appropriate authority from their organisation.

9. Meeting Frequency

9.1 The Delivery Board will meet every six weeks. The frequency of the meetings will be kept under review.

10. Reporting and Relationships

10.1 The Delivery Board will report to the Surrey Health and Well-Being Board and the Boards of system partners across Surrey as necessary.

10.2 Existing or future groups that manage delivery of prevention work that sits under Priority One and Priority Three of the Health and Wellbeing Strategy will be of key interest to the PWDH Delivery Board. The PWDH Delivery Board will coordinate closely with such groups. If a group is appointed as a formal sub-group to the PWDH Board, this will be reflected in an amended Terms of Reference and the minutes from any sub-groups will be circulated to the PWDH Delivery Board members.

11. Review of Terms of Reference

11.1 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 Delivery Board members and approved by the Health and Well-Being Board.

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