

DRAFT The Combined Meeting of the Surrey Health and Wellbeing Board and Surrey Heartlands Integrated Care Partnership - Memorandum of Understanding (MoU)

The combined meeting of the Surrey Health and Wellbeing Board and the Surrey Heartlands Integrated Care Partnership (combined meeting of the HWB and ICP), including representation from Frimley Integrated Care Board, will have oversight of delivery of the Surrey Health and Wellbeing Strategy (a prevention strategy) and the Surrey Heartlands Integrated Care Strategy (a prevention and health and care services strategy).

The combined meeting of the HWB and ICP consists of senior representatives from key organisations, agencies and sectors that have an impact and influence upon the health and wellbeing and the provision of health and care services of the Surrey population, with a particular focus on those that experience the poorest health outcomes in order to reduce health inequalities so no-one is left behind.

As committees meeting in common, the following statutory requirements are fulfilled:

- The Surrey HWB as a statutory Board of the Council as required under the Health and Social Care Act 2012.
- Surrey Heartlands Integrated Care Partnership; all upper-tier local authorities that fall within the area of the ICB must establish as required in the Health and Care Act 2022.

However, the HWB and ICP are legally distinct entities and there may be occasions where decisions of each need to be taken separately because of the scope and limits of the functions of each.

Aim

The aim of the combined meeting of the HWB and ICP is to reduce health inequalities so no-one is left behind. This will be done through prevention and addressing the wellbeing, health and care needs of the population, with the communities they serve leading from the front, and in collaboration with all sectors in the county. The combined meeting of the HWB and ICP will agree the longer-term strategic vision and progress delivery on the agreed priorities.

Statutory responsibilities

The combined meeting of the HWB and ICP will deliver each body's statutory responsibilities together by:

- a) Ensuring the system is connected to communities (by supporting ICS place / neighbourhood, town and village, ward level engagement, utilising the HWBS Principles for Working with Communities).
- b) Providing leadership for strategic local planning to improve health and wellbeing by reducing health inequalities, and challenge the provision of services across a range of sectors and providers to ensure they contribute to this aim.

- c) Assessing the needs of the local population by leading the statutory Joint Strategic Needs Assessment ('JSNA') delivery (with an evolving refresh and publication of the JSNA and triangulating this with other community insights to support evidence-based prioritisation, commissioning, and policy decisions at the civic/system and service level).
- d) Ensuring that the JSNA and community insights drive the development and review of the Health and Wellbeing Strategy and the Surrey Heartlands Integrated Care Strategy and influences other key plans, strategies, commissioning and service delivery.
- e) Undertaking the Pharmaceutical Needs Assessment every three years or sooner if required.
- f) Preparing, agreeing, publishing and reviewing of the Surrey Health and Wellbeing Strategy. The Surrey Health and Wellbeing Strategy sets a high level joint strategic vision for reducing health inequalities through prevention, taking into account the JSNA and the Annual Public Health Report(s), as well as national policy developments and legislation. Organisations represented on the combined HWB and ICP have a duty to take heed of the Strategy, its outcomes and metrics and will be held to account for their contribution to the delivery of outcomes.
- g) Preparing, agreeing, publishing and reviewing of the Surrey Heartlands Integrated Care Strategy. The Surrey Heartlands Integrated Care Strategy sets a high level joint strategic vision for prevention and health and care, taking into account the JSNA and the Annual Public Health Report(s), as well as national policy developments and legislation. Organisations represented on the combined HWB and ICP have a duty to take heed of the strategy, its outcomes and metrics and will be held to account for their contribution to the delivery of outcomes.
- h) Discharging all functions relating to the Better Care Fund that are required or permitted by law, including agreeing the Better Care Fund and overseeing the delivery of the Better Care Fund and Improved Better Care Fund. This includes sighting a regular written progress report on each of the schemes under the Fund to the combined meeting of the HWB and ICP.
- i) Advocating for the integration of services and aligning purpose/ambitions with plans to integrate care and improve health and wellbeing outcomes where it is beneficial to do so.
- j) Facilitating joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development
- k) Championing inclusion and transparency.

The combined meeting of the HWB and ICP should review the Joint Forward Plans of the two Surrey ICBs and the Joint Capital Resource Funds of the ICBs and their partner NHS Trusts/Foundation Trusts when shared (this is a statutory responsibility of the ICBs/Trusts to do so) to ensure the opportunity to align local priorities and provide consistency with strategic aims and plans.

The combined meeting of the HWB and ICP can appoint informal sub-committees if required to carry out certain functions and to advise. Existing informal sub-committees of the HWB, not constituted under the Local Government Act 1972, include, the Prevention and Wider Determinants of Health Delivery Board (PWDHDB), the Mental Health: Prevention Board, the Communications Group, Joint Strategic Needs Assessment Oversight Group and Pharmaceutical Needs Assessment Steering Group.

In order to undertake the system leadership role, the combined meeting of the HWB and ICP will meet in public four times a year in a formal capacity (these meetings will be webcast), it will meet informally in private four times a year and hold a Deep Dive or “Walkabout” in a town, village or key neighbourhood across the four Surrey Heartlands ICS Places four times a year. These will include Frimley ICS where these neighbour or include areas within their boundary.

The combined meeting of the HWB and ICP will regularly report verbally to the Surrey Heartlands Integrated Care Board as part of the sequence of meetings on the same day.

Role of members:

- Be strategic, representative and effective
- Identify and report system/service/community issues
- Act to bring together intelligence, expertise and community and business support to identify priorities and develop solutions to maximise all determinants of health which impact on health and wellbeing.
- Ask challenging questions about and scrutinise performance
- Deal honestly and robustly with under-performance.
- Minimise bureaucracy and build upon existing structures.
- Focus on the needs of those with the poorest health outcomes so no-one is left behind and the needs of the population as a whole with regard to health and care provision.
- Will seek to act in the best interests of the population of Surrey rather than representing the individual interests of any one constituent organisation, subject to any legal obligations to the contrary.
- Ensuring awareness of and commitment to strategic priorities, direction and undertakings
- Encouraging the alignment of planning, performance, and budgetary processes between partner organisations where practicable.
- Engaging actively with the other key partnerships, and boards to ensure the achievement of outcomes in all agreed areas and to extend the reach of the Surrey Heartlands Integrated Care Strategy and Surrey Health and Wellbeing Strategy by ensuring alignment with other strategies and plans.

Membership

Representation at the combined meeting of the HWB and ICP reflects a streamlined and consistent membership across the two statutorily required boards and consists of the senior representatives (who have voting rights) detailed below:

Organisation	Title	Role at the combined meeting of the HWB/ICP	Statutory HWB member
Surrey Heartlands ICB	Chief Executive	Lead of a constituted Integrated Care System (Surrey Heartlands ICS)	Yes
Surrey Heartlands ICB	Chief Medical Officer	SHICB Medical representative	
Surrey Heartlands ICB	Executive Director Strategy and Joint Transformation, Executive Lead for Guildford and Waverley	SHICB Places representative	
Surrey Heartlands ICB	Primary Care Clinical Leader	SH Primary Care Partner representative	
Surrey and Borders Partnerships Trust	Chair	Mental Health Provider representative	
Frimley Health and Care ICB	Chief Executive	Lead of a constituted Integrated Care System (Frimley ICS)	Yes
Surrey County Council Elected Members	Leader of SCC	Chairman and nominated councillor of the local authority	Yes
Surrey County Council Elected Members	Cabinet Member (Health, Wellbeing and Public Health)	SCC Portfolio Holder	
Surrey County Council Elected Members	Cabinet Member (Adult Social Care)	SCC Portfolio Holder	
Surrey County Council Elected Members	Cabinet Member (Children, Families and Lifelong Learning)	SCC Portfolio Holder	

Surrey County Council	Chief Executive	Chief Executive SCC	
	Integration Transformation Director	To represent integration and health partnerships for SCC	
	Executive Director - Adults, Wellbeing and Health Partnerships	To represent adult services	Yes
	Executive Director - Children, Families and Lifelong Learning	To represent children's services	Yes
	Director of Public Health	To represent public health	Yes
Healthwatch	Chief Executive	To represent user voice for health and wellbeing services	Yes
Community Foundation for Surrey	Vice President	To represent CfS	
VCSE Alliance	Chief Executive, Shooting Star Children's Hospices	To represent VCSE partners across Surrey	
VCSE Alliance	Chief Executive Officer, Catalyst	To represent VCSE partners across Surrey	
VCSE Alliance	CEO at ESDAS	To represent VCSE partners across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
Carers	Independent Carers Lead	To represent Surrey's Carers Partnership Group and be the system representative for carers.	
University of Surrey	Director at University of Surrey	To represent the UoS	
Business	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	

Police	Chief Constable of Surrey Police	To represent the Police and community safety (subject to review)	
Mental Health: Prevention Board (sub group of HWB)	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
Prevention and wider determinants of health delivery board (sub group of HWB)	Chair	To represent Prevention and WDH Delivery Board	
Housing	Homelessness, Advice & Allocations Lead, Guildford Borough Council	To represent housing	

The composition of the combined meeting of the HWB and ICP should be inclusive as practicable covering a wide range of partners whilst balancing this with a realistic maximum size of the combined HWB and ICP necessary for it to be strategically effective.

The combined meeting of the HWB and ICP needs the involvement of all the appropriate partners, including the public, private, community and voluntary sectors. This should allow engagement of residents, community, other public sector and business interests that cannot be represented directly at the combined meeting of the HWB and ICP.

Membership of the combined meeting of the HWB and ICP represents personal commitment to the aim and responsibilities stated, to attend meetings personally and regularly and to prioritise combined HWB and ICP Business. Each member of the combined meeting of the HWB and ICP has equal voting rights.

Members of the combined meeting of the HWB and ICP must have sufficient delegated authority from their organisations to take a full part in the business of the combined meeting of the HWB and ICP.

It is expected that decisions or recommendations shall be reached by consensus. In exceptional circumstances where consensus cannot be achieved and a formal vote is required, the matter shall be decided by a simple majority of those members voting and present in the room at the time the proposal is considered. The vote shall be by a show of hands. If there are equal votes for and against, the Chair will have a second or casting vote. There will be no restriction on how the Chair chooses to exercise a casting vote.

Decisions taken at combined meetings of the HWB and ICP are not subject to ratification or a formal decision process by partner organisations. However, where

decisions are not within the statutory responsibilities of either the HWB or ICP, these will be subject to ratification by the constituent members.

The combined meeting of the HWB and ICP may invite representatives of partner organisations to attend for, or to present, specific items as appropriate. Co-ordinating officers will also be present. Neither will have voting rights.

Chairing arrangements

The Leader of the County Council or their appointee will be the Chair of the combined meeting of the HWB and ICP. The Chair shall appoint up to two Vice-Chairs on an annual basis at least one of which shall come from within the health service representation.

In the event that the Chair is not present, but the meeting is quorate the voting members present at the meeting shall choose which Vice-Chair is to chair that meeting.

Quorum

In line with SCC Standing Order 69.1, the quorum shall be one quarter of the total number of voting members of the HWB. A quorum may not be fewer than three voting members.

In line with SCC Standing Order 69.2, the Chair will adjourn the meeting if there is not a quorum present.

Secretariat

Secretariat for the combined meeting of the HWB and ICP will be provided by Surrey County Council's Democratic Services team.

PROCEDURE RULES FOR COMBINED HWB AND ICP MEETINGS

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1. Introduction

- 1.1 These rules also detail the rights of the public to be notified of meetings of the combined HWB and ICP, to attend and participate in those meetings, and access agendas and papers before and after meetings of the combined HWB and ICP.
- 1.2 The term 'clear days' in these rules excludes any Saturday, Sunday, Bank Holiday, Christmas Day or Good Friday, the day that an agenda is sent to the Members of the combined HWB and ICP and the day of the meeting.

2. Rights of the public to attend combined HWB and ICP meetings

- 2.1 Members of the public may attend combined HWB and ICP meetings subject only to the exceptions in these rules.

3. Notice of combined HWB and ICP Meetings

- 3.1 The Council shall give at least five clear days' notice of any public meeting of the combined HWB and ICP via its website.

4. Access to agendas and reports before Board meetings

- 4.1 Copies of agendas and reports are made available for public inspection at County Hall (contact Democratic Services: democraticservices@surreycc.gov.uk for further details) at least five clear days before a meeting of the combined HWB and ICP. If an item is added to the agenda later, the revised agenda and any additional report(s) will be made available for public inspection as soon as they have been sent to members.
- 4.2 Agendas and papers will also be available to access on the Council's website.

5. Exclusion of access by the public to HWB and ICP meetings

- 5.1 Confidential information - requirement to exclude public
- 5.1.1 The law, as set out in Section 110A of the Local Government Act 1972 regarding access to information and exclusion of the press and public from Council meetings will be applied when it is likely that confidential information will be disclosed.
- 5.1.2 Confidential information is defined as information given to the Council by a Government Department on terms forbidding its public disclosure or information which is prevented from being publicly disclosed by Court Order.
- 5.2 Exempt information - discretion to exclude public
- 5.2.1 The combined HWB and ICP may by resolution exclude press and public from meetings whenever it is likely that exempt information would be disclosed.
- 5.2.2 Exempt information is defined as information falling within the following categories as set out in Schedule 12A to the Local Government Act 1972:

Category Qualifications

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the Authority or a Minister of the Crown and employees of, or office holders under, the Authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the

Authority proposes –

(a) to give under any enactment notice under or by virtue of which requirements are imposed on a person;

or

(b) to make order or direction under any enactment.

7. Information relating to any action taken or to be taken in connection with the prevention, investigation, or prosecution of crime.

5.2.3 Information is not exempt information if it is required to be registered under the Companies Act, Charities Act etc.

5.2.4 Information is not exempt information if it relates to proposed development for which the Council may grant itself planning permission.

5.2.5 Subject to paragraphs 8 and 9 above, information which falls within paragraphs 1 to 7 of section 5.2.1 is exempt information if and so long as the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

6. Exclusion of Access by the Public to Reports and Any Other Relevant Documents

6.1 Reports containing confidential information will not be made available to the public in any circumstances. Such reports will be marked “Not for publication – Confidential Information”.

6.2 Reports and documents containing exempt information will not normally be made available to the public. They will be marked “Not for publication” and will include the description of the category of exempt information applicable.

6.3 The combined HWB and ICP has the option, when the report or documents described at paragraph 6.2 above come to a meeting, to make them available to the press and public and/or consider the report with the public present, in which case the report can at that stage be made available to the public present and for public inspection beyond the meeting.

7. Public Question Time

7.1 The following rules relate to public question time at public meetings of the combined HWB and ICP.

- (a) "Public question" is defined as the asking of any question, or making of a statement in relation to any item on an agenda.
- (b) Petitions may be presented on any matter within the overall remit of the combined HWB and ICP whether or not there is a relevant item on the agenda.
- (c) Each agenda shall include an item to allow public questions to be taken early in the meeting. However, the Chairman has discretion to take public questions when the relevant item is reached on the agenda.
- (d) A person wishing to raise a public question must give notice in writing or by email to the meeting administrator at least 7 days before the meeting.
- (e) The Chairman will invite those who have given prior notice to introduce their question / or make their statement. The individual may speak for up to two three minutes or longer with the Chairman's discretion.
- (f) There will be no debate on any question or statement made. They will be answered at the time or noted for consideration when the relevant agenda item is reached. The Chairman has discretion to allow a supplementary question.
- (g) The time allowed for public question time will not normally exceed twenty minutes unless the Chairman directs otherwise.
- (h) Where there are a large number of questioners on the same subject, the Chairman may ask those concerned to nominate one or more of their number to pose the appropriate question(s).
- (i) In exceptional circumstances the Chairman may adjourn the meeting temporarily to allow views to be expressed more freely.

8. Media Attendance and Reporting at Public Meetings

8.1 Media are welcome to attend public meetings of the combined HWB and ICP and report on proceedings. In addition, social media journalists are welcome to record and transmit business at these meetings. This permission is subject to the activity not disrupting the business of the meeting. In the event that the meeting considers confidential or exempt business then all members of the public and press must leave the room as requested for the consideration of such business.

Surrey Health and Wellbeing Board

Terms of Reference

Version: September 2024

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. Sub-committees include (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, Joint Strategic Needs Assessment Oversight Group and Pharmaceutical Needs Assessment Steering Group.

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

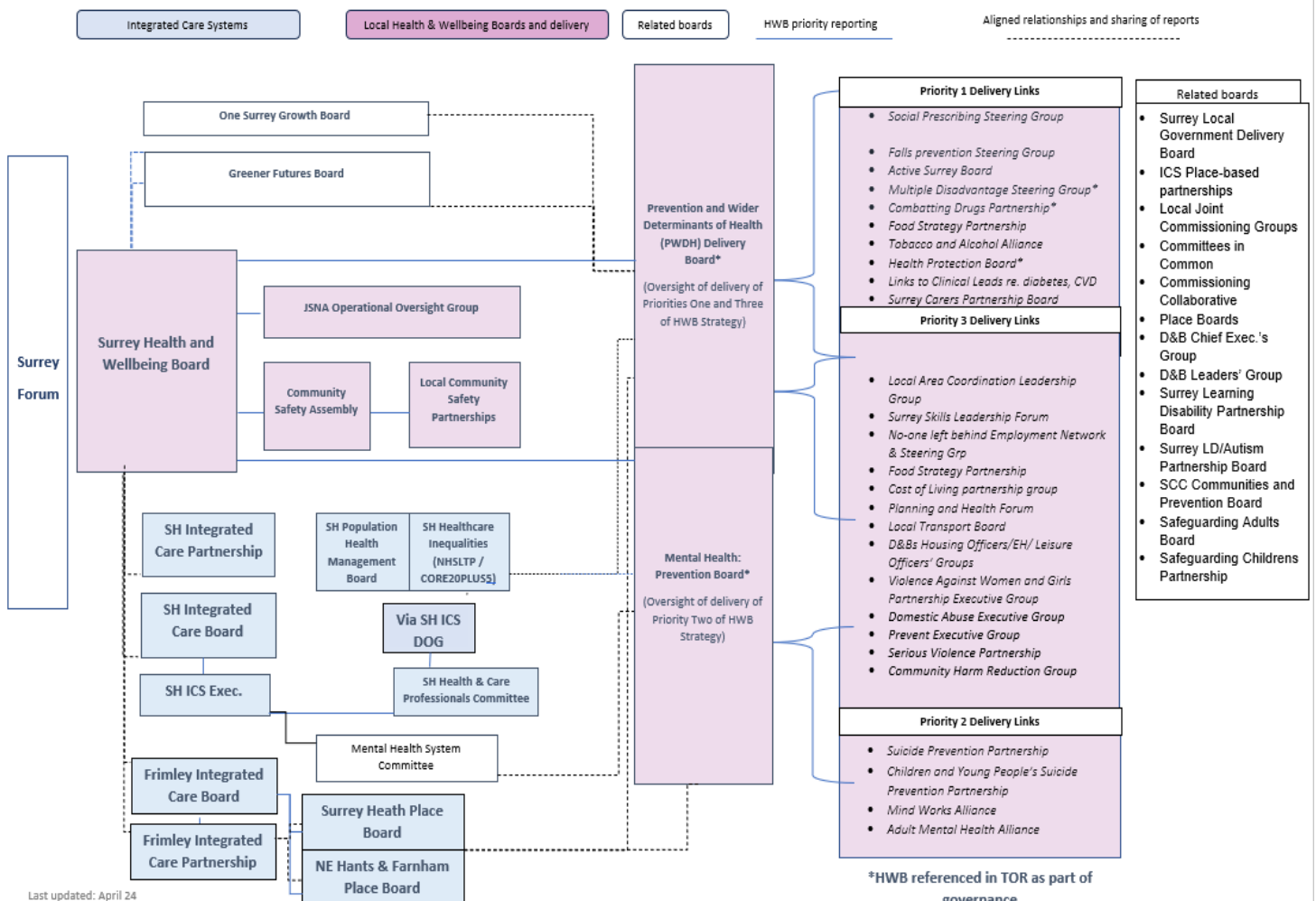
2.1 The purpose of the Surrey Health and Wellbeing Board is to ensure effective delivery against the [Surrey Health and Well-being Strategy](#) (HWB Strategy) to reduce health inequalities, so no-one is left behind.

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](#);

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 below;

Governance of delivery of prevention in Surrey



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 ICSs 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:

Organisation	Title	Role on the combined HWB/ICP	Statutory HWB member
Surrey Heartlands ICB	Chief Executive	Lead of a constituted Integrated Care System (Surrey Heartlands ICS)	Yes
Surrey Heartlands ICB	Chief Medical Officer	SHICB Medical representative	
Surrey Heartlands ICB	Executive Director Strategy and Joint Transformation,	SHICB Places representative	

	Executive Lead for Guildford and Waverley		
Surrey Heartlands ICB	Primary Care Clinical Leader	SH Primary Care Partner representative	
Surrey and Borders Partnerships Trust	Chair	Mental Health Provider representative	
Frimley Health and Care ICB	Chief Executive	Lead of a constituted Integrated Care System (Frimley ICS)	Yes
Surrey County Council Elected Members	Leader of SCC	Chairman and nominated councillor of the local authority	Yes
Surrey County Council Elected Members	Cabinet Member (Health, Wellbeing and Public Health)	SCC Portfolio Holder	
Surrey County Council Elected Members	Cabinet Member (Adult Social Care)	SCC Portfolio Holder	
Surrey County Council Elected Members	Cabinet Member (Children, Families and Lifelong Learning)	SCC Portfolio Holder	
Surrey County Council	Chief Executive	Chief Executive SCC	
	Integration Transformation Director	To represent integration and health partnerships for SCC	
	Director Adult Services	To represent adult services	Yes
	Director of Children's Services	To represent children's services	Yes
	Director of Public Health	To represent public health	Yes
Healthwatch	Chief Executive	To represent user voice for health and wellbeing services	Yes
Community Foundation for Surrey	Vice President	To represent CfS	
VCSE Alliance	Chief Executive, Shooting Star Children's Hospices	To represent VCSE partners across Surrey	
VCSE Alliance	Chief Executive Officer, Catalyst	To represent VCSE partners across Surrey	
VCSE Alliance	CEO at ESDAS	To represent VCSE partners across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Leader	To represent D&B Leaders across Surrey	
District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	

District and Borough	Chief Executive	To represent D&B Chief Executives across Surrey	
Carers	Independent Carers Lead	To represent Surrey's Carers Partnership Group and be the system representative for carers.	
University of Surrey	Director at University of Surrey	To represent the UoS	
Business	Director & Chief Executive at Watts Gallery Trust	To represent the arts and heritage community	
Police	Chief Constable of Surrey Police	To represent the Police and community safety (subject to review)	
Mental Health: Prevention Board (sub group of HWB)	Co-Chairs of the Mental Health: Prevention Board	To represent MH:Prevention Board (x1)	
Prevention and wider determinants of health delivery board (sub group of HWB)	Chair	To represent Prevention and WDH Delivery Board	
Housing	Homelessness, Advice & Allocations Lead, Guildford Borough Council	To represent housing	

- 6.2 Those members who are statutory members of the Health and Wellbeing Board are indicated above;
- 6.3 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;
- 6.4 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 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;
- 6.5 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 (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;
- 6.6 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 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 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.

Surrey Heartlands Health and Care Partnership ICS

Integrated Care Partnership

Terms of Reference

Approved:

Next review due:

1. Background and Context

- 1.1. Surrey Heartlands Integrated Care System (ICS) and Surrey County Council have resolved to establish a committee known as the Integrated Care Partnership (known as the ICP) in accordance with Schedule 1A of the National Health Service Act 2006 (as amended) ("the NHS Act").
- 1.2. The ICP is established in accordance with the NHS Surrey Heartlands Integrated Care Board (ICB) Constitution and, where agreed, the delegation by NHS under section 13Z of the NHS Act (set out in schedule 1 to these Terms of Reference). These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the ICP and shall have effect as if incorporated into the ICB Constitution. The ICP comprises membership including Surrey County Council, Healthwatch, representatives from the voluntary sector and community organisations and representatives of District and Borough Councils within Surrey and a representative of the ICB. The ICP is not incorporated into any local government or other partner constitutions.

2. Purpose & Objectives

- 2.1. The purpose of the Integrated Care Partnership, as described by NHS guidance is to:
 - Align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes.
 - Facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development
 - To develop an 'integrated care strategy' (NB: the health and wellbeing strategy and integrated care strategy can be one and the same)
 - Built bottom up from an assessment of needs and assets at place
 - Based on JSNAs
 - Focused on improving health and care outcomes, reducing inequalities, and addressing the consequences of the pandemic for communities.
 - Champion inclusion and transparency

- Support place based and neighbourhood level engagement
- Ensure system is connected to communities

3. Accountability/ Delegated Authority

- 3.1. The ICP is jointly accountable to the Integrated Care System and to Surrey County Council.
- 3.2. The minutes of ICP meetings shall be formally recorded and submitted to the ICB and the Health and Wellbeing Board. The Chair shall draw to the attention of the ICB and Health and Wellbeing Board any issues that require consideration by the full ICB and/or HWB or require executive action. (For clarity – Any minutes from the confidential part of a meeting (Part II) will be considered in the Part II ICB meeting.)
- 3.3. The ICP is authorised by the ICS to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the ICP. The ICP is authorised by the ICS to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

4. Sub Committees & Delegation

- 4.1. The ICP may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by Terms of Reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

5. Responsibilities

The statutory responsibilities of the Integrated Care Partnership are to:

- Develop an integrated care strategy for the ICS setting out how the assessed needs in relation to Surrey Heartlands are to be met by the ICB, NHSE or SCC
- Champion inclusion and transparency
- Support place based and neighbourhood level engagement
- Ensure system is connected to communities

Local priorities for the ICP

- Thriving and empowered communities that create health and wellbeing and shape health and care service design and delivery
- Personalised care, integrated care pathways and equitable experience and outcomes from care
- A well-resourced, diverse and vibrant market for services to promote emotional health and wellbeing and meet the care needs of Surrey's residents
- A healthy, resilient workforce (housing, transport and wellbeing)
- Integrated digital architecture
- Place shaping: estate and asset management, housing and transport, net zero.

6. Membership

6.1. The membership of the ICP shall consist of:

- The Leader of Surrey County Council (Chair Designate)
- Executive Director – Adults, Wellbeing and Health Partnerships, Surrey County Council
- Director for Children’s Services, Surrey County Council
- Director for Public Health, Surrey County Council
- Representative of Healthwatch Surrey
- Chief Executive Officer of Surrey Heartlands Integrated Care Board
- Lead Primary Care Network Clinical Director,
- Representative of the District/Borough Councils (Elected)
- Representative of the District/Borough Councils (Officer)
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of G&W place-based partnership
- Representative of NW Surrey place-based partnership
- Representative of Surrey Downs place-based partnership
- Representative of East Surrey place-based partnership

6.2. **Voting members (or nominated deputies):**

- The Leader of Surrey County Council (Chair Designate)
- Executive Director – Adults, Wellbeing and Health Partnerships, Surrey County Council
- Director for Children’s Services, Surrey County Council
- Director for Public Health, Surrey County Council
- Representative of Healthwatch Surrey
- Chief Executive Officer of Surrey Heartlands Integrated Care Board
- Lead Primary Care Network Clinical Director,
- Representative of the District/Borough Councils (Elected)
- Representative of the District/Borough Councils (Officer)
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of the Voluntary, Community and Faith Sector
- Representative of G&W place-based partnership
- Representative of NW Surrey place-based partnership
- Representative of Surrey Downs place-based partnership
- Representative of East Surrey place-based partnership

6.3. **Appointment of Members**

6.3.1. The members of the ICP shall be jointly appointed with approval from the ICB and Surrey County Council.

- 6.3.2. Members of the ICP should aim to attend all scheduled meetings. The Chair of the ICP will review with the Chair of the ICS any circumstances in which a Member's attendance falls below 75% attendance.

7. Co-opted members / deputies / attendees

- 7.1. The ICP may co-opt additional members subject to the following terms:
- They have subject matter expertise required to support the ICP in meeting its responsibilities
 - They represent a community, place, or organisation required to support the ICP in meeting its responsibilities.
- 7.2. ICP members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.
- 7.3. No person attending the meeting in one role can additionally act on behalf of another person as their deputy.
- 7.4. People from a range of areas may be invited to attend based on the needs of the agenda as follows:

At the discretion of the Chair observers may be permitted to attend the meetings of the ICP. Those regularly in attendance include:

- Chair of Surrey Heartlands Integrated Care System

8. Quorum

- 8.1. A quorum shall be 3 ICP members, which must include: one officer representative from SCC; one representative from SHICB; one representative from the VCSE.
- 8.2. At the start of the meeting, the Chair will confirm that the ICP is quorate, after any actions have been taken to manage any declared conflicts of interest.
- 8.3. Nominated deputies attending ICP meetings, on behalf of substantive members, will count towards quorum.
- 8.4. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Chair will have the final decision as to their suitability.
- 8.5. Any decisions put to a vote at a ICP meeting shall be determined by a majority of the votes of members present. (For clarity: members may be physically attending the meeting or participating by an agreed telecommunications link).
- 8.6. In the case of an equal vote, the Chair shall have a second and casting vote. The Chair will declare the result of the vote.

9. Meetings

- 9.1. The ICP will meet on a monthly basis and have an annual rolling programme of meeting dates and agenda items.

- 9.2. The ICP will operate in accordance with NHS Surrey Heartlands Standing Orders. Surrey County Council will be responsible for ensuring administrative support to the ICP. This will include:
- Giving notice of meetings (including, when the Chair of the ICP deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
 - Issuing an agenda and supporting papers to each member and attendee no later than 5 days before the date of the meeting; and
 - Ensuring an accurate record (minutes) of the meeting
- 9.3. The ICP will meet in public and private. Agendas and papers for public meetings will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:
- information given to any of the partners in confidence,
 - information about an individual that it would be a breach of the Data Protection Act to disclose, or
 - information the disclosure of which could prejudice the commercial interests of any of the partners or third parties.
- 9.4. Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.
- 9.5. With the agreement of the Chair, and by exception, one or more Members/ Attendees of the ICP may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.
- 9.6. An extra meeting of the ICP can be called at the request of the Chair.
- 9.7. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days' notice. Notification will be given by email.
- 9.8. The ICP may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 9.9. Non-voting people may be required to withdraw from the confidential part of the meeting
- 9.10. Members of the ICP have a collective responsibility for the operation of the ICP. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

10. Agenda Preparation

- 10.1. The ICP will develop the forward-looking rolling agenda programme, maintained by the secretariat.
- 10.2. The Chair will work with the secretariat on the preparation of the next meeting agenda and consult with the other participating Chairs.

11. Managing Conflicts of Interest

- 11.1. The members of the ICP must comply fully with NHS England Guidance and the Policy regarding Conflict of Interest¹. Officers and Members of Surrey County Council are expected to adhere to Surrey County Council's code of conduct in the performance of their duties.
- 11.2. Any conflicts or potential conflicts and mitigating actions should be identified in advance of the meeting, with advice from the Corporate Governance Team, the Director Governance and Corporate Affairs and/ or the Conflicts of Interest Guardian as appropriate, however there may be exceptional circumstances where these have to be decided at a meeting. In these circumstances, the Chair is responsible for managing conflicts of interest at a meeting of the ICP. In these cases:
 - If the Chair has a conflict of interest then the Vice Chair is responsible for deciding the appropriate course of action.
 - If both the Chair and the Vice Chair have a conflict, then the remaining non-conflicted members decide on how any conflicts should be managed.
- 11.3. At the start of the meeting, the Chair will:
 - 11.3.1. Invite members to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the Conflict of Interest Policy. In summary the information recorded is
 - the name of the person noting the interest;
 - the nature of the interest and why it gives rise to the conflict;
 - the item of the agenda to which the interest related;
 - how it was agreed that the conflict should be managed;
 - evidence that the conflict was managed as intended.
 - 11.3.2. Invite members to confirm that their current declarations are up to date and accurate and highlight any new declarations made since the last ICP meeting. If any changes are made to existing declarations, any If new declarations are made, the following information is recorded:
 - the name of the person making the declaration;
 - the nature of the interest;
 - the type of interest, e.g. financial, in line with policy;
 - the date from which this interest started/ or ceased.

¹ The Management of Conflicts of Interest is included in the Standards of Business Conduct Policy.

12. Decision-making

- 12.1. The aim of the ICP is to achieve consensus decision-making wherever possible.
- 12.2. Each voting member of the ICP shall have one vote.
- 12.3. If the Chair determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the ICP members. The vote will be passed with a simple majority the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.
- 12.4. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other ICB committees.
- 12.5. All decisions taken in good faith at a meeting of the ICP shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

13. Emergency/ Chair's action

- 13.1. The ICP will delegate responsibility for emergency powers and urgent decisions to the Chair and Vice Chair of the ICP
- 13.2. In the event of an urgent decision being required, this shall be taken by the Chair or the Vice Chair of the ICP; who must consult with at least one other member of the ICP
- 13.3. Urgent decisions must be reported to the next ICP meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the ICP prior to taking the decision.

14. Governance support

- 14.1. Surrey County Council will ensure the provision of a Secretary to the meeting who shall attend to take minutes of the meetings and provide appropriate administrative support to the ICP Chair and ICP members.
- 14.2. The Secretary will be responsible for supporting the Chair in the management of the ICP's business and for drawing the ICP's attention to best practice, national guidance and other relevant documents as appropriate.
- 14.3. The Secretary will ensure minutes of the ICP will be presented to the next meeting for formal sign off and made available on the website (by inclusion in the ICB papers). Minutes or sections of minutes which are of a confidential nature which would not be disclosed under a Freedom of Information Act request will not be made available on the website.

15. Policy and Best Practice

- 15.1. The ICP will apply best corporate governance practice in its decision-making processes, covering a clear ethical basis to the business being considered;

aligned business goals; an effective strategy incorporating stakeholder values; a well governed organisation and reporting systems to provide transparency and accountability.

16. Conduct of the ICP

- 16.1. The ICB has a code of conduct in place which defines required standards of behaviour for individuals working within this organisation, and those performing or authorising activities or advisory duties on our behalf. The ICP and its membership will conduct itself in accordance with these standards and principles.
- 16.2. The code of conduct specifically covers an employee/ member's responsibility in relation to hospitality and gifts, and has regard to:
- Professional Standards Authority Standards for Members of NHS Boards and Integrated Care Board's Governing Bodies in England;
 - NHS Business Services Authority Standards of Business Conduct Procedure; and
 - Nolan seven principles of public life.

17. Review of Terms of Reference

- 17.1. The ICP will also self-assess its performance on an annual basis (normally starting each November) referencing its work plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.
- 17.2. These Terms of Reference will be reviewed annually by the ICP membership. Any proposed significant changes to the Terms of Reference and responsibilities will be presented to the ICP for approval.

18. Review History

Date	Version no.	Reviewed by	Status	Comments/ Changes since last version

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