

**North Yorkshire's Health & Wellbeing
Partnership Board**

(Shadow Form)

**Draft Proposals
For discussion and comments**

12 Aug 2011

North Yorkshire's Health and Well-being Board. (Shadow Form)

Draft Proposals for

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Introduction

On the 12th July the NHS white paper 'Equity and Excellence – Liberating the NHS' was published. That document and consultation paper 'Local democratic legitimacy in health' outlined significant changes to local health and wellbeing governance structures, including the creation of a statutory 'Health and Wellbeing Board'.

'Healthy lives, healthy people: Our strategy for public health in England' (the public health white paper) confirmed the government's desire to establish statutory boards in each unitary / upper tier local authority. The government's response to the NHS White Paper consultation process reiterated this point and outlined that the forthcoming Health and Social Care Bill will include a specification that 'all health and wellbeing boards should have to develop a high level joint health and wellbeing strategy'.

This paper sets out suggestions for how the Health and Wellbeing Board could operate in North Yorkshire. While this presents a major opportunity for North Yorkshire County Council to strategically lead health and wellbeing by steering the commissioning of services through the work of the Board, the improvement of the health and well-being of our community requires good partnership working.

These draft proposals are designed to stimulate discussion. We hope to establish a shadow board by October/November 2011. We are proposing a tight central strategic action focussed group, broadly in line with government guidelines, but with a wide extensive network to help drive forward the health and well-being agenda across our wide community and our many groups of interest.

The Health & Well-being Board (H&W Board)

The H&W Board will enable a collaborative approach across North Yorkshire to deliver the health and wellbeing theme within the countywide Sustainable Community Strategy 2011-2014.

The board is designed to help facilitate effective engagement between local government and NHS commissioners within the new system of NHS commissioning with Clinical Commissioning Consortia at its heart. It is proposed that it is the mechanism through which joint commissioning and pooled budgets and integrated approaches to service delivery are taken forward and the board would have a lead role in determining how any place based budgets for health and social care are used.

The role outlined for local government in leading this board is significant and the opportunity to influence and steer the effective use of local health and social care resources is an important one for the Council and the H&W Board to grasp. It is also an opportunity to engage our community in improving its own health and well-being.

We hope you will take this opportunity to comment on our thinking to-date and the proposed way forward.

Cllr. John Weighell, Leader of the Council

Discussion and Comment

While the Health and Well-being Board will be in Shadow Form for nearly twelve months and we will use this period to learn and then evolve our initial proposals we would welcome people's thoughts and comments on our proposals to-date.

We are particularly interested in your thoughts about our proposal to have a relatively tight core strategic health and well-being board linked to a wide network of groups.

Does this seem to be broadly the right approach or not?
Have you thoughts and comments on the membership?

We have outlined many of the formalised groups we feel have a key role to play in assisting the health and well-being board move forward with the health and well-being agenda.

Have we included the key groups in the network?
Are there others we should consider?

There will need to be a two way engagement between the health and well-being board and its linked networks. If the health and wellbeing board is an overview strategic group, have you thoughts and proposals how H&W networks and the board might best relate?

Have you any other comments or proposals you would wish to make?

Comments please to:

by the 23rd September.

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North Yorkshire's Health & Wellbeing Partnership Board (Shadow Form)

Draft Proposals

Purpose & Function

The Health and Well-being Board exists to provide a platform for partners to work better together to deliver the necessary changes required to ensure that everyone in North Yorkshire are able to benefit from improvements in health and well-being.

The Board will

- Provide strong leadership and direction of the health and wellbeing agenda by agreeing priority outcomes for health and wellbeing within a North Yorkshire Health and Wellbeing Strategy
- Hold partners to account and promote action in order to develop and implement *North Yorkshire's* - Health and Wellbeing Strategy.
- Operate as a statutory leadership partnership within the context of the sustainable community strategy being formally accountable to the North Yorkshire's Council Executive and The National Commissioning Board.

General Role of the Shadow Board in Preparation for the Permanent Health and Well-being Board

The Shadow Health and Well Being Board will:

Set strategic objectives for Health and Local Authority Integration in North Yorkshire, in line with the government's proposals;

Deliver all essential steps to establish a permanent Health and Well Being Board in North Yorkshire;

Develop the governance and assurance arrangements for the permanent Board

Agree and oversee the transfer of public health staff, funding and resource from NHS North Yorkshire and York to NYCC;

Oversee all joint commissioning arrangements (adults and children);

Oversee strategic partnership arrangements pre and post 2013 to ensure smooth transition from current arrangements to the new permanent Health and Well Being Board;

Oversee the development of the local HealthWatch (LINKs)(A new entity) when the new framework is released;

Ensure communications and engagement with staff and the public are coordinated across partner agencies;

Ensure standards of delivery are maintained throughout the transitional period;

Delegate responsibility, as appropriate, to existing partnership structures and sub groups.

Responsibilities

The primary function of the board is described as concentrating on joining up the commissioning of local NHS services, social care and health improvement; 'allowing local authorities to take a strategic approach and promote integration across health, adult social care, children's services, and the wider local authority agenda'.

The subsequent consultation document 'Local democratic legitimacy in health' further defined the role of the board around the key functions:

1. To assess the needs of the local population and lead the statutory joint strategic needs assessment
2. To promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health
3. To support joint commissioning and pooled budgets where all parties agree it makes sense

Taking needs based approach:

To be well informed about the health and wellbeing needs of the people of North Yorkshire and take an evidenced based approach to tackling the key issues that have negative impact.

In doing so ensure it discharges it's their responsibility to complete and publish a Joint Strategic Needs Assessment and use the Joint Strategic Needs Assessment to inform the priorities of the Strategy and develop the work programme of the Board.

Strategic development:

To develop and ensure the implementation of an agreed Health and Wellbeing Strategy for North Yorkshire that tackles inequality and disadvantage and supports partners to discharge their statutory responsibility for promoting social inclusion and wellbeing. In addressing the health inequalities and improving the health and well-being of the population ensures there is an agreed framework for action.

Performance monitoring

To monitor and review performance delivery of health and wellbeing improvements and outcomes and to report progress against Health and Wellbeing action framework.

Responsible to ensure

Active engagement of the Health and Wellbeing Board in order to extend the reach of the Health and Wellbeing Strategy by ensuring strategic alignment with other strategies and plans.

Wide engagement of partners throughout the partnership structure by ensuring involvement in consultations, conferences, good practice events, and Task and Finish Groups

Shaping, directing and evaluating the work of associated Task and Finish Groups. (See proposed structure below) Ensure equalities underpin the work of the partnership and that all improvements deliver equality of access, outcome, participation and service experience.

Mobilise, co-ordinate and share resources from its membership and from others to deliver agreed priorities.

Develop and implement the Wellbeing Strategy.

Sign-off the Health and Wellbeing Strategy and Health and Wellbeing Strategy Action Plans

Review performance key strategic targets.

Hold partner agencies and clinical commissioning consortia to account for performance on agreed priorities.

Hold other theme groups to account for those aspects of the Wellbeing Strategy that they are responsible for delivering.

Approve the annual report on progress

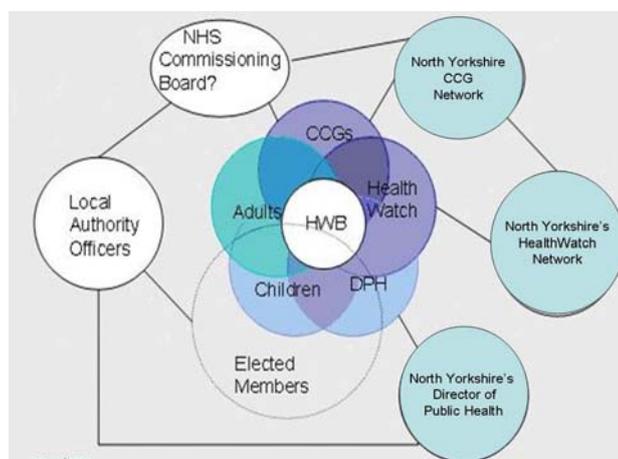
Core Processes

Meetings of the Health and Wellbeing Board will be held quarterly. They will be chaired by the Leader of the Council. The lead officer for the H&W Board will be the Corporate Director Health and Adult Services supported by the AD Health Reform and Development and meetings will be serviced through the Health and Adult Services Directorate in partnership with NYCC Committee Services. An extraordinary meeting will be called when the Chair considers this necessary and/or in the circumstances where the Chair receives a request in writing by 50% of the membership of the Board.

The H&W Board will share information about the progress made through a website, annual conference and reports.

Proposed Membership

Chair	Cllr and County Council Leader Executive Member: John Weighell
County Council Chief Executive	Richard Flinton NYCC CE
District Council Chief Officer Rep and Elected Member Rep.	1 Representative from Chief Officers of District Council 1 Elected Member from District Council Group? ¹ District Council colleagues may wish to comment on this proposal. Is this a reasonable approach?
Statutory Roles	Corporate Director Children and Young Peoples Services: Cynthia Welbourne Corporate Director Health and Adult Services: Helen Taylor
Portfolio Holders	Portfolio holders: The Cabinet Lead Member for Health (to be appointed) The Cabinet Lead Member for Health and Adult Services The Cabinet Lead Member for Children and Young People's Services
Health Watch	1 Representative (To be appointed) Events will shortly be organised to assist us in developing a North Yorkshire HealthWatch network.
Clinical Consortium	List Consortiums – To be confirmed
Director of Public Health	To be appointed
Chief Executive of NHS Cluster	Jayne Brown OBE Note this place may in time be taken by a representative of the National NHS Commissioning Board
Board Support	AD Health Reform and Development (None Voting)



Conduct of Meetings

Meetings of the Board will be conducted in public. The quorum for meetings shall be 50% of its membership. Decisions shall be made on the basis of a show of hands of a majority of members present. For avoidance of doubt, membership does not include the officers in attendance in an advisory capacity. Each meeting will have an open forum session where members of the public may ask questions. Minutes of meetings will be available on the websites of the council and partner agencies.

¹ Whether or not there is a district councillor as a member, in addition to the district council chief executive, there needs to be some regular communication (eg key messages) about who is involved and the issues being discussed, so people knew who to contact if they wanted to inform/influence the discussions.

The chair shall sign off the minutes as a true and accurate record of the meeting. Agendas and supporting papers will be available on the websites of the council and partner agencies one week before the meeting. The Secretariat and Support Officers involving Committee Services and Health and Adult Services will lead the majority of the work to support the Board's objectives, bringing in additional expertise when required and will make recommendations to the Board for consideration and approval

Governance

The Health and Wellbeing Board will be a unique body in governance terms, when it becomes statutory and is constituted as a County Council committee with executive powers, by reason of the membership being drawn from different sectors and, in the case of the County Council, from both officers and members.

It is intended the Board will be the main vehicle for key commissioning partners from both health and social care, elected members and representatives of the public to come together to:

- Assess local needs and inequalities
- Promote health and wellbeing
- Drive the delivery of improved outcomes for the population's health and well being, across the system of care (e.g. across public health, social care and NHS services) and provide improved integration of services provision
- Play a critical role in local strategic leadership for commissioning, with the Board providing one of the main "cogs" in the new system for health services envisaged in the white paper.

It is through the work of the Board that elected members, local authority and NHS commissioners and local stakeholders will shape and influence:

- The individual commissioning plans of NHS Clinical Commissioning Consortia and will work in tandem with NHS National Commissioning Board and its regional representation.
- The individual commissioning plans of local authorities for improving population level health and wellbeing, reducing inequalities and improving care services for adults, children and vulnerable people.
- The opportunities to develop improved joint commissioning arrangements across local agencies and budgets, to achieve shared outcomes.

When considering the reconfiguration of Services

The Board should ensure that the proposals for integration meet the Department of Health's criteria for reconfigured services. These are:

- Support from Clinical commissioner Groups;
- Strengthened public and patient engagement;
- Clarity on the clinical evidence base; and
- Consistency with current and prospective patient choice.

Policy Development and Review

The Board may, if it deems it necessary to improve the health and well-being of the community, direct the Health and Partner Agencies to:

- (i) undertake specific projects, conduct research, undertake community and other consultation in the analysis of policy issues and possible options;
- (ii) liaise with other external organisations whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working.

Establishing shared priorities

There needs to be 'buy-in' to the purpose and priorities of the board from all its members. A key activity in establishing the new board will be agreeing joint priorities that adequately cover the concerns of all partners and form a basis on which progress across the health and wellbeing sector can be tracked.

Priorities could include:

- Authorise and agree the process for assessing, as a critical first step, the health and wellbeing needs of the population of North Yorkshire.
- Agree the operational groups and the groups of interest engaged in a two way relationship with the Board.
- Agree among key partners and the community at large the priorities for action arising within the JSNA process accepting that not all needs can be prioritised or addressed.
- Set in motion the timetable and process for developing a joined up health and well-being strategy.

- Receive, consider and support the areas for action arising from the Independent Review of NHS North Yorkshire and York July 2011
- Others such as:
 - Allocation of the ring fenced Public Health Budget
 - Major service change including commissioning and decommissioning of services to meet financial challenges in a way that will minimise harm
 - Joint arrangements for future operational services
 - Prevention
 - Reducing emergency admissions
 - Reducing unacceptable variations in health
 - Integrated commissioning
 - Oversight of the County's health and social care sector's financial position

Shared priorities, purpose and support for the board could be established via a facilitated away days involving the key partners from the operational group membership. This group could then put recommended priorities to the Board. It would be useful to have feedback on support for this style of initial engagement. This approach could be funded via the H&W Board funds allocated on the 30th June 2011 by the SOS Health Andrew Lansley

Relationship to the other North Yorkshire wide Partnership Boards and forums and proposed structure.

The central role that the Health and Wellbeing Board will play in shaping the health and well being landscape including the shape of services in future, raises the question of what its relationship to the other boards and partnership some of which may have statutory recognition such as the Children's Trust.

The Health and Wellbeing Board is the accountable body for ensuring an improvement in the health and well-being of the county's population and for the integration of services. It therefore must hold other partners, boards, agencies and sub groups to account for their part in improving the health and well-being for the population of North Yorkshire while at the same time engaging the many communities of interests in ensuring people themselves and their communities play their part in shaping and contributing to that improvement.

Lifestyle and behaviour; community safety; education, skills and training; transport, Physical, inc housing, and biological environment; social capital; health, public health, disease, and function; poverty, economic participation, population, mindset and cultural vitality and services are some of the function are domains of interest in looking at health and well-being of North Yorkshire.

Domains contributing to health and well-being

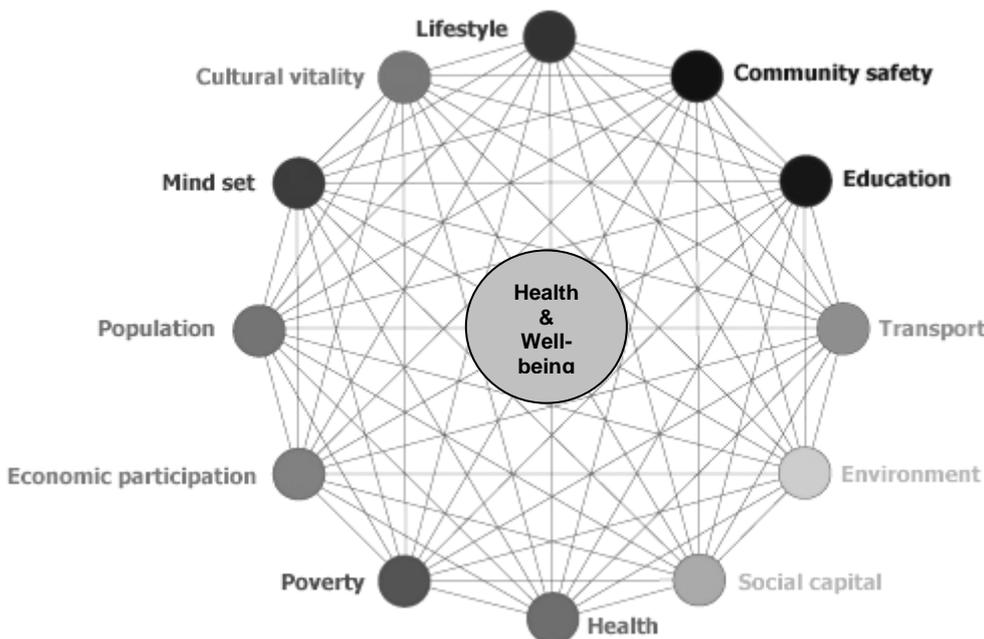


Figure 2 : The Glasgow Indicators Project - Adapted

Statutory function collectives

- Parish Councils
- Local HealthWatch North Yorkshire will play a co-ordinating role across North Yorkshire
- Children's Trust
- North Yorkshire Adult Safeguarding Board
- North Yorkshire Children's Safeguarding Board
- Substance Misuse Partnership
- Chief Executive's Forum
- Chief Housing Officers Forum
- Safer Communities Forum
- Local Government North Yorkshire and York
- Public Health Network (to be formed)

Network functions

- North Yorkshire and York Voluntary Forum

Network functions

- Local Enterprise Partnership for York and North Yorkshire

[Are there others who should be in the Health and Well-being network? Who we are missing?](#)
[Are there thoughts on how best to have a two way relationship between H&W Board and the network groups?](#)

Local HealthWatch North Yorkshire will be the local consumer champion across health and social care and will retain LINKs' existing responsibilities to promote patient and public involvement, and to seek views on services which can be fed back into local commissioning; have continued rights to enter and view provider services, and continue to be able to comment on changes to local services. They will continue to take an interest in the NHS Constitution.

Local HealthWatch additional functions will include providing complaints advocacy services and supporting individuals to exercise choice. In particular, they will support people who lack the means or capacity to make choices.

Local HealthWatch will be able to report concerns about the quality of local health and social care services to HealthWatch England. Local HealthWatch will be able to do this independently of their local authority and HealthWatch England will be able recommend that the Care Quality Commission takes action.

A HealthWatch member will also sit on the new Health and Wellbeing boards so the community has a say in local decisions.

The above groups allow the H&W being board to have a two-way line of communication and engagement with key people' networks allowing the voice of the community to be heard.

Statutory Partnerships/Forums/Boards/Associations

- The North Yorkshire Children's Trust. (NYCT)
NYCT has been set up under the requirements of the Children Act 2004 and represents all the agencies working with children and young people across the county. The Children's Trust unites all partners providing services for children and young people at both a strategic and local level. The Partners are working together to improve outcomes for children and young people across North Yorkshire.

The Health and Well-being Board will hold the Trust partnership as the key accountable body in its network shaping, with others the health and well-being of children and young people.

- North Yorkshire's Safeguarding Children's Board.
Local Safeguarding Children's Boards were established in 2006 as the statutory mechanism for the safeguarding and protection of the welfare of children. NYSCB is responsible for developing policies and procedures for safeguarding and protecting children in North Yorkshire and ensuring that they are compliant with national requirements. It also maintains an overview of practice issues and coordination of standing and project based task groups.

In its role and functions the H&W Board will need to take account in its needs assessment of the factors it should seek to address in supporting the Safeguarding Children's Board to better protect vulnerable children's health and well-being.

- **Adult Strategic Partnership**

While not on the same legal and statutory footing as the Children's Trust, the Adult Strategic Partnership (ASP) is a partnership representing the agencies working with adults needing support across the county. It unites partners providing services for adults at both a strategic and local level. The Partners are working together to improve outcomes for adults across North Yorkshire. There are proposals in development about reshaping this forum and have in its place an adult partnership trust.

The Health and Well-being Board will hold the ASP partnership as the key accountable body in its network shaping, with others the health and well-being of vulnerable adults needing support and services.²

- **North Yorkshire Safeguarding Adults Board.**

North Yorkshire Safeguarding Adults Board to protect adults who may be at risk from abuse and to promote co-operation and effective working practices between different agencies. The board membership includes lead officers from social care services, police, health, housing, the Crown Prosecution Service, the Care Quality Commission and voluntary agencies.

In its role and functions the H&W Board will need to take account in its needs assessment of the factors it should seek to address in supporting the Safeguarding Adults Board to better protect vulnerable adults' health and well-being.

Housing and Accommodation

- **Local Government North Yorkshire and York Housing Board.**

LGNYHB has a range of sub forum networks including: Rural Housing enabler networks, A Chief Housing Officers Group, a Housing forum to enable consultation, and homeless, private sector and gypsy and traveller groups and a Supporting People Commissioning Partnership Board. Its governance structure is headed by the Local Government and York Housing Board- a Board of Councillors representing all of the eight partnering local authorities, the County Council and the North York Moors and Yorkshire Dales National Parks. The Housing Needs analysis will form a critical subset of the Health and Well-beings Joint Strategic Needs Assessment and the agreed Housing Strategy and the work of the Housing Board will have impacts on the community's health and well-being

Safer Communities

- **The York and North Yorkshire Safer Communities Forum.³**

This brings together a range of organisations committed to tackling Crime and Disorder and its causes.

There is a duty on the Forum to produce an annual Community Safety Agreement for North Yorkshire. The agreement is an opportunity for the Forum to consider the data, intelligence and analysis from the district level Crime and Disorder Reduction Partnerships' annual Joint Strategic Intelligence Assessments (JSIAs).

The H&W Board will view the JSIA as another critical subset of its Joint Strategic Needs Assessment and issues such as incidence of domestic abuse, the prevalence of violent crime, the safety of our roads, the prevalence of substance misuse and the causes of anti-social behaviour as among the indicators which can give insight into the health and well-being of North Yorkshire's Community.

Economic Participation and Poverty

- **York and North Yorkshire Local Enterprise Partnership.**

² The current agreement is that the ASP will continue to meet although the structure below it will be simplified. Once the Health and Wellbeing Board is in place this will be reviewed. (NYSP Thematic partnership Chairs meeting chaired by Richard Finton 19 May)

³ It is expected that the existence and role will be reviewed when the Police and Crime Commissioner is elected.

Local enterprise partnerships seek to provide the clear vision and strategic leadership to drive sustainable private sector-led growth and job creation in our area. They encourage partnerships working in respect to transport, housing and planning as part of an integrated approach to financial growth and infrastructure delivery. The LEP will foster a strong environment for business growth in North Yorkshire and surrounding areas.

- **Market Development Board**

This is a partnership of independent residential/nursing home/domiciliary care providers, voluntary sector representation, assistive technology providers and health and social care commissioners who together seek to support and shape the care support market of North Yorkshire.

Health Services

- Clinical commissioning consortia are emerging in North Yorkshire, and these are at this time (June 2011):
 1. The Hambleton & Richmondshire and Whitby Consortium;
 2. The Vale of York Commissioning Consortium including York, Selby, Terrington, Kirbymoorside and Pocklington;
 3. The Harrogate Rural and District Consortium; and
 4. The Scarborough Practices consortium.
 5. The Ryedale Consortium made up of Pickering, Malton, Ampleforth, Helmsley, Rillington
 6. Airedale, Wharfedale and Craven Consortium involving Craven GPs and
 7. Bentham Practice is proposing to join South Lakes Commissioning Consortia.

All at present have a place at the Transitions Board and will have a seat at the Shadow H&W Board, will contribute to the JSNA, the joint Health and Social Care strategy and ensure integration of services.

Improving and Protecting the Populations Health

The Director of Public Health is a statutory member of the Health and Wellbeing Board. In response to the Public Health Reforms it is suggested that under leadership of the DPH a Healthier Communities Board/Group could be established which would seek to integrate public health outcomes across the work of the HW Board. In particular it would identify public health priorities and ensure strategies and programmes are in place to promote public health action, to maximise health gain amongst populations and to protect the most vulnerable. A number of public health networks/groups currently exist which could report into this Board/Group. Further work is required to scope and establish this new Board/Group

Role of the Lead Member for Health

In recognition of the Council's new role and responsibilities within health (including public health), a new lead member role may be created in North Yorkshire. The remit of this portfolio has yet to be formally decided but it is likely to be closely aligned to the remit of the Health and Well-being Board.

The New Health Bill and proposed amendments linked to H&W Boards

The Government, post the pause and listening exercise has proposed the following amendments to the Bill linked to H&W Boards:

Amendments 206 to 208 and 210 place a requirement on local authorities and clinical commissioning groups (which in practice will be discharged by Health and Wellbeing Boards) to involve the Local HealthWatch organisation and the people who live or work in the local authority's area when preparing their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Amendments 125 to 133 make the duty on clinical commissioning groups to consult Health and Wellbeing Boards in relation to their commissioning plans part of a broader and stronger requirement on Health and Wellbeing Board involvement. Note: There is an amendment which creates a new duty, in section 14YB, requiring clinical commissioning groups to involve Health and Wellbeing Boards in preparing or revising the plans and, in particular, to share drafts with the Board and consult it on whether the drafts take proper account of the Joint Health and Wellbeing Strategy. This new duty sits alongside the duty for Health and Wellbeing Boards to give their views to clinical commissioning groups on whether commissioning plans have taken proper account of the Joint Health and Wellbeing Strategy, and the power, where necessary, to make such views known by referring those views to the NHS Commissioning Board.

Amendments 138 to 140 place a requirement for the NHS Commissioning Board's annual performance assessment of clinical commissioning groups to include an assessment of how well the groups have discharged their duty to have regard to the Joint Health and Wellbeing Strategies. They also require the NHS Commissioning Board to consult Health and Wellbeing Boards on their views on clinical commissioning groups' contributions to the delivery of Joint Health and Wellbeing Strategies.

The amendments are designed to help reinforce the principle that effective joint working, which will be a key feature of the Joint Health and Wellbeing Strategy, is an essential element of the role of clinical commissioning groups – a given rather than an optional extra. Partners will be accountable to the H&W Board for making progress and achieving integration.

Amendment 209 introduces a requirement for local authorities and clinical commissioning groups to have regard to guidance issued by the Secretary of State in preparing Joint Health and Wellbeing Strategies. We are advised that new statutory guidance on Joint Health and Wellbeing Strategies will be produced through close working with key stakeholders such as the Local Government Association, and will be part of the Government's approach to encourage lead commissioning, pooled budgets, and integrated provision.

Amendment 134 requires that clinical commissioning groups' annual reports include a review of the extent to which they have contributed to delivering the Joint Health and Wellbeing Strategy, and that clinical commissioning groups consult Health and Wellbeing Boards when discharging this obligation.

Amendments 73 to 74 provide a new duty to promote integration on clinical commissioning groups similar to that which is being placed on the NHS Commissioning Board. As members of Health and Wellbeing Boards, clause 192 already requires clinical commissioning groups to encourage integrated working between commissioners of NHS, public health and social care services for the benefit of the health and wellbeing of the local population. However, these amendments build on that requirement and takes it further, requiring clinical commissioning groups to promote integration by exercising their functions with a view to securing that health services, health and social care services and health and other health-related services (services such as housing that may have an effect on the health of individuals but are not health services or social care services) are provided in an integrated way, where the groups consider that this would either improve the quality of health services and the outcomes they achieve, or reduce inequalities in access to and outcomes from health services.

Amendments 211 to 217 to clause 190 (joint strategic needs assessment and joint health and wellbeing strategies) require commissioners to have regard to the appropriate joint strategic needs assessment and joint health and wellbeing strategy when exercising functions.