

Council

8 May 2014

Agenda Item 117

Brighton & Hove City Council

Subject:	Health & Wellbeing Board		
Date of Meeting:	8th May 2014 1 st May 2014 - Policy & Resources Committee		
Report of:	Monitoring Officer		
Contact Officer:	Name:	Abraham Ghebre-Ghiorghis	Tel: 29-1500
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Ward(s) affected:	All		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 This report proposes changes to the role, purpose and ways of working of the Health & Wellbeing Board to reflect the need for greater co-ordination and integration of health and local authority functions.
- 1.2 The proposals go beyond the minimum requirements of the Health & Social care Act 2012 and involve a fundamental change to the governance of health and wellbeing in the city. They provide for a "system leadership" across health and local authority by pooling together resources and decision making between the Council and the Clinical Commissioning Group (the CCG.)
- 1.3 The proposals in this paper are intended to enable the Health & Wellbeing Board to have real decision-making powers in the commissioning and delivery of services that have a bearing on health & wellbeing outcomes, including health, adult social care, public health, children and young people, housing and other services. They also propose structures for engagement and development of shared vision and direction across all health and local authority sectors in the City

2. RECOMMENDATIONS:

- 2.1 That Committee recommends to Council that:
 - (i) the proposals set out in paragraphs 6.7 to 11.2 and appendix 2 to the report be agreed;
 - (ii) the proposed changes come into effect immediately after Annual Council meeting on 15th May 2014;
 - (iii) the Chief Executive be authorised to take all steps necessary, conducive or incidental to the implementation of the proposals, including entering into section 75 Agreements;
 - (iv) Note the intention to provide system leadership, achieve greater joint commissioning and integration of services between the Council and the CCG;

- (v) agree to keep the effectiveness of the arrangements under review.
- (vi) Agree the recommendations of the Independent Remuneration Panel regarding allowances for the Lead Member for Adult Social Services as set out in paragraph of the report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 The Council's Health & Wellbeing Board (HWB) has been in existence since 1st April 2012, initially in shadow form and, since 1st April 2013, as a statutorily constituted committee of the Council. In the days leading up to the creation of Health & Wellbeing Boards, there was considerable interest and discussion at national and local level. The expectation at that time was for Health & Wellbeing Boards to become "super committees" and fundamentally change the way that local authorities and the health service work by bringing different players together: being a catalyst for change and deeper integration.
- 3.2 Despite the laudable aims, the HWB in Brighton & Hove (as with other HWBs) has not been as effective as it could potentially be. The pressure on resources, the increasing conditionality of central government funding (through the better care system) and the new requirements under the Care Bill mean there is an urgent need to examine the existing arrangements and identify a better way forward. The current structures and governance arrangements are inadequate to deliver a more strategic, co-ordinated delivery of services.
- 3.3 There is a need for system leadership across health and local authority in the City to provide the necessary leadership and governance structure to achieve greater integration and co-ordinated approach resulting in better outcomes for the residents of the city.
- 3.4 The proposals in this paper are designed to facilitate an ever greater level of joint commissioning and integration of services between the health and local authority sectors. They will be reviewed at regular intervals with a view to ensuring that they remain relevant and reflect the health & wellbeing aspirations of the city.

4. The Legal Requirements

- 4.1 Section 194 Health and Social Care Act 2012 (the 2012 Act) requires first-tier local authorities (County Councils and Unitary Authorities) to establish a Health and Wellbeing Board for their area. More detailed requirements are set out in the Local Authorities (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013.
- 4.2 **Composition:** the 2012 Act provides that a HWB must consist of (1) at least one councillor (2) the Director of Adult Social Services, the Director of Children's Services, the Director of Public Health (3) a representative of the Local Healthwatch organisation for the area of the local authority (4) a representative of the relevant Clinical Commissioning Group, and (5) A representative of such other persons, or representatives of such other persons, as the local authority thinks appropriate.

4.3 **Functions:** the 2012 Act requires that HWBs **must**:-

- Prepare a Joint Strategic Needs Assessment;
- Prepare a Health and Wellbeing Strategy;
- Prepare a Pharmaceutical Needs Assessment (once every three years)
- Encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner;
- Provide such advice or other support they think appropriate for the purpose of encouraging the making of arrangements under s75 NHS Act 2006 (ie pooled budgets, lead commissioning and/or integrated provision of health related services);

4.4 The Act also provides that the HWB **may**:-

- Encourage persons who arrange for the provision of any health related services in its area to work closely with the HWB;
- Encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health related services in its area to work closely together;
- Exercise any other functions that are exercisable by the Council;
(NB. Please note that the Council is prohibited from delegating its health overview and scrutiny functions to the HWB – see Section 196 (4) of the Health and Social Care Act 2012).

4.5. **Decision- Making:** it is expected that most decisions are taken by consensus (acclamation) without a need for show of hands. All councillor members of the board are automatically voting members. The Council has the power to decide whether the non-elected members of the Board are voting or non-voting members of the Board (see section 6 of the Regulations). The default position is that all members of the Board have one vote each.

4.6. **Status:** A HWB is to be established as a *Committee* of the local authority (see s194(12) of the Act). The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 modify the rules in relation to committees for HWBs. The Regulations enable the functions of the HWB that are set out in the Act (referred to in paragraphs 2.2 and 2.3 above) to be discharged by a sub-committee of the Board (but not by officers.) The Regulations enable other functions (other than the 2012 Act functions) that are given to the Board by the local authority to be discharged by a sub-committee or by officers.

4.7. **Proportionality:** the Regulations disapply the rules requiring political proportionality on committees for the purposed of the HWB. This means the composition of the Board does not necessarily need to reflect the relative number of seats each political group has at Council. Indeed, it is possible for all Members of the Board to come from the same political group in the Council.

4.8. **Ways of working:** the HWB has a committee status, which means that all the rules in the Local Government Act 1972 regarding access to meetings, agenda and background papers apply to the Board. All its meetings are required to be in public unless discussing confidential or exempt business.

- 4.9. **Overview & Scrutiny of Health:** the Health Service Act 2006 and the Local Authorities (Overview & Scrutiny Committees Health Functions) Regulations 2013 make provision for overview and scrutiny of health matters by local authorities. Unlike the previous Regulations, the 2013 Regulations confer the function of health scrutiny, including referrals to the Secretary of State, on the local authority itself, not the Overview & Scrutiny Committee. Strictly speaking therefore, full Council could retain that function. The Regulations allow the Council to delegate the health scrutiny function to a committee of the Council. However, it is not allowed to delegate this to the Health & Wellbeing Board. Furthermore, the power of referral of matters to the Secretary of State is to be exercised by full Council only and cannot be delegated.

5. **The Current Arrangements in Brighton & Hove**

- 5.1 The approach adopted in Brighton & Hove at the time the Board was created was stated as intended to be “transformational” rather than “transactional.” In practice however, given the uncertainty regarding the role of the Board and the limited nature of the powers given to the board under the Act, the Council established the Board with the minimum powers necessary to comply with the Act.
- 5.2. The Board was constituted in shadow or pilot forum for the first year (1st April 2012 to 31st March 2013.) At the end of the shadow period, the Board was formally constituted as a statutory body under the 2012 Act with no substantive change to the arrangements in the pilot period.
- 5.3. **current composition:** the current composition of the Board is 7 Councillors, 3 Officers (Director of Adult Social Services, Director of Children’s Services and Director of Public Health) 2 representatives from the Clinical Commissioning Group 1 representative from Healthwatch and 1 co-optee from the Youth Council.
- 5.4. The Council or the Board (which can co-opt people in its own right) have not co-opted any other members. The current Councillor and CCG representation is above the statutory minimum specified in the Act and set out in paragraph 2.2 above.

6. **Effectiveness of current arrangements**

- 6.1. There is evidence of extensive joint working between local health and local authority services and there are good relations between local authority and NHS managers. The HWB has succeeded in overseeing the introduction of the joint needs assessment. However, the Board has been less effective in providing strategic leadership and increasing integration of health and local authority services. This is more so especially when judged against the budgetary and service challenges facing the Council and the health service over the next 5 years.
- 6.2. The LGA have developed a tool kit for diagnosis and development of Health & Wellbeing Boards with 5 indicative levels of development. Against the LGA development criteria, it seems that the Brighton & Hove’s HWB is probably at stage 2 and steps need to be taken to take it to a higher, “mature” or “exemplar,” level. Some of the shortcomings are functional and some are related to the form and ways of working. In particular:

- (a) There is a need for “system leadership” which is missing in existing arrangements and which would be difficult to achieve using existing structures;
- (b) Despite the provision in legislation authorising the delegation of additional functions to HWBs, Brighton & Hove has not used this to give the Board additional powers. Virtually all functions relating to Children’s Services and most of Adult Social Care and Public Health are still discharged through the traditional committees (Children and Young People and Adult Care & Health as well as the Joint Commissioning Board.) The committees are where “it all happens,” not at the Health & Wellbeing Board. The existence and role of the board is hardly noticed outside those attending;
- (c) The Board has the legal status of a committee and is run like any other committee. The opportunity was not taken to modify the normal procedures to make them fit for purpose;
- (d) There is lack of clarity in the relationship between the Board, the decision-making committees and the Local Strategic Partnership;
- (e) The Board could play a greater role in developing a joined up, outcome-focused budget strategy for the various functions. The existing arrangements with limited powers of the Board have not been effective in the achievement of these objectives;
- (f) There is no clear officer leadership for the Board in a way that can be seen in other committees. There is a need for active agenda shaping and a guiding role from senior officers.
- (g) The increasing pressure on resources due to the budgetary situation together with the increasingly changing demography and health needs of the population require a better co-ordinated and empowered system leadership. The requirements of the Better Care Fund and the changes to be introduced under the Care Bill also require a new and different integrated approach. The current arrangements are fragmented and not equipped to deal with the challenges.
- (h) There is no effective mechanism for securing consensus across health organisations and the local authority in the city.

6.3. It should be emphasised that any shortcomings in realising the full potential of the H&WB have been largely the result of its limited terms of reference and ways of working designed for normal committees rather than lack of effort or leadership on the part of those involved. In fact, much of what has been achieved has been despite rather than because of its limited remit and ways of working.

Experience from Other Authorities

6.4 Officers have made enquiries of many local authorities to see if there are any that have been successful in developing effective HWBs in the way it was intended when they were introduced. The result was disappointing though not surprising.

None of them seem to have delegated any meaningful functions beyond the mandatory statutory ones and most of them are operating in ways similar to the one in Brighton & Hove.

- 6.5 The LGA improvement and development tool kit referred to above is based on their review of various HWBs. This could be used as an additional tool to check where we are and identify areas for action/improvement. But what is clear is that, at the end of the day, we have to develop our own, local, Brighton & Hove arrangement that will deliver the outcomes we want.

7. The Way Forward

- 7.1 Having considered the challenges facing local authorities and the health sector, and taking into account national requirements, it is proposed to take a bold step to make fundamental changes to the existing governance arrangements. This is described in more detail in the following paragraphs.

Functions

- 7.2 It is proposed that the Health & Wellbeing Board retains all of its existing functions, including decisions regarding the Better Care Fund;
- 7.3 In addition to its existing delegated functions, it is proposed that the Board be given full delegated powers from the Council to discharge all of its public health, adult social care & health and children & young people functions;
- 7.4 It is proposed that the Board's delegated functions include the power to deal with matters currently comprised in any joint arrangements with health (section 75 arrangements, Joint Commissioning Board etc).
- 7.5 The Board should have referred functions regarding the "people" side of housing and, in particular, housing-related support to vulnerable adults and children.
- 7.6 **CCG related functions:** it is proposed that the H&WB has the following remit regarding CCG related functions:

A. Leadership and Agenda Setting and Accountability

- § To help shape the commissioning strategy of the CCG and ensure the CCG's commissioning intentions align with the health needs of the City.
- § To promote creative and innovative approach to health and wellbeing using the freedoms afforded by pooled funds.
- § To promote the agenda on integration - both in terms of sharing commissioning resource but also in terms of delivering a far more joined up service for people living in the City.
- § To hold the CCG to account for the impact of their commissioning decisions ensuring that:
 - health outcomes are improving in the way they should;

- health inequalities are proactively addressed in commissioning plans.

§ Provide collective leadership to a whole range of City wide collaborative working and whole system issues - including emergency planning, resilience and preparedness, urgent care etc.

B. Decision-making

§ To approve the commissioning plans of the CCG.

§ To manage funds that are part of a formal joint commissioning arrangement or pooled fund (e.g. the Better Care Fund).

§ To help shape and comment on the strategic direction and commissioning intentions of the CCG.

§ To hold the CCG and other partners to account.

7.7. It is proposed that the H&WB is given referred powers regarding any functions of the Council and the CCG relating to the health and wellbeing of people who live, work or visit Brighton & Hove. These will include, but are not limited to, housing, transport, environmental health, arts and culture.

7.8. The full version of the proposed terms of delegation for the Health & Wellbeing Board is set out in Appendix 2 to this report.

8. Other Structures

8.1. **Children and Young People Committee** It is proposed that the existing Children and Young People Committee be retained with general children's services functions, but with the intention that the focus of the committee will be on matters relating to education and youth services. The functions of the committee will also be comprised in the delegations to the HWB, which will mean that they have concurrent delegations, but the Director of Children's Services will decide what issues should be referred to the Children and Young People's Committee with the presumption being that all business, except matters relating to education and youth services will, as far as possible, be dealt with by the HWB. The Lead Member for Children and Young People will be consulted on any matters affecting Children and Young People. The ways of working will provide for the Lead Member being able to attend and speak at the Board meeting on matters affecting children and young people.

8.2. **Health & Wellbeing Overview & Scrutiny Committee:** It is proposed to retain the existing Health & Wellbeing Overview & Scrutiny Committee, which will serve as the statutory Health Overview and Scrutiny Committee. It is however proposed to move the statutory education co-optees from the scrutiny committee to the Children and Young People Committee. This is because the focus of H&WO&SC has been on health and, given the new focus for the Children's Committee regarding education and youth services, it makes sense for these to be co-opted into the Children's Committee. By law, they are entitled to vote as members of the committee on any matters relating to education.

- 8.3. There will be a link, though not a formal reporting line, between the **Children Safeguarding Board** and the **Adult Safeguarding Board** and the Health & Wellbeing Board.
- 8.4. **Officer Executive Board** It is proposed that there be an Officer Executive Board consisting of the Directors of Children, Adults and Public Health and Head of Housing from the Local Authority and two representatives from the CCG. Additional members from provider and other organisations, as agreed by the Board, may attend some or all meetings of the Board depending on the agenda. The function of the Board would be:
- Make decisions, under existing officer delegations, on matters that the Board considers do not require Member level decision;
 - To propose items of business to go to Member level decision-making (HWB or Children);
 - To help co-ordinate and plan the agenda of the HWB;
 - To deal with other matters that the Board members consider appropriate.
- 8.5. A structure chart showing the different parts of the arrangements together with a committee structure chart as attached as appendix 1 is shown in the appendix to this report.

9. Composition and Chairing of the Board

9.1 It is proposed that:

- (i) the Board be chaired by the **Leader of the Council**. This will reflect the important, cross-cutting, role of the Board and is in line with the practice in many authorities, including East Sussex CC;
- (ii) that the **Lead Member for Adult Care & Health** be a member of the Board;
- (iii) although there is no legal requirement to do so, it is proposed, to reflect political proportionality principles, that there be 3 opposition members of the Board (currently 2 conservative and 1 Labour);
- (iv) that the CCG be represented by 5 members. These will be decided by the CCG but are likely to include the Chair, the Chief Operating Officer, a member of the Local Members group, a lay member and the Accountable Officer;

Non-Voting Members

- (v) That the statutory officer co-optees (Directors of Children, Adults and Public Health) be non-voting Members of the Board;
- (vi) That the statutory health watch co-optee be retained as a non-voting member;
- (vii) That the Chair of the Children Local Safeguarding Board be a non-voting member of the Board;
- (viii) That a representative of NHS England be a non-voting member of the Board;

- (ix) That membership of the Youth Council Co-optee be discontinued and that a Youth Council representative/s continue to be co-opted into the Children and Young People Committee.
- 9.2. Although the Board will be chaired by the Leader of the Council, the statutory Lead Member for Adult Social Care and Health is expected to take the lead on most issues and be responsible for the discharge of the functions set out in the national guidance for Lead Members for Adult Social Services. The scope of the role was considered by the Independent Remuneration Panel and it was agreed that the role should attract the same allowance as the chair of a policy committee. As the Adult Care and Health Committee is being discontinued, this will not add any expenditure and, when the allowance for the Deputy Chair of the Adult Committee is taken into account, this would be a net saving.

10. Health & Wellbeing Partnership

- 10.1 It is proposed to create a Health & Wellbeing Partnership that brings together all key players and stakeholders at regular, at least twice yearly, intervals. The purpose is to share information, report on progress, develop a shared agenda and shared direction. The Partnership will consist of Members of the HWB and other co-optees agreed by the Health & Wellbeing Board from time to time, including representatives from Health providers in the City and the Community and Voluntary Sector.
- 10.2. Any organisation represented in the partnership may appoint a person to represent it and may send a substitute to meetings of the partnership.
- 10.3 The Health & Wellbeing Board will have the power to agree amend the terms of reference and membership of the H&W Partnership.

11. Health & Wellbeing Board Ways of Working

- 11.1 At the moment, the Health & Wellbeing Board is being run along traditional committee lines. There is an argument for exploring a different style of meetings depending on what is being discussed. These could include:
- § Traditional committee type meetings for specific decisions;
 - § More deliberative type meetings to discuss general long term strategy;
 - § Include sessions for developmental/information sharing activities;
 - § Disapplying the rules in Council standing orders regarding questions, deputations, petitions or make arrangements for these to be presented in some but not all meetings;
- 11.2 What is clear is that the overall arrangements should be such that the Board is able to make decisions quickly and operate more like a Board and less like a committee. It is therefore proposed that the following arrangements apply to the Board:
- § Anything in current standing orders (Rules of Procedure) which is the result of legal requirements and will apply to the Board;
 - § All other provisions of Standing Orders will apply to the Board unless the Board agrees otherwise;

- § In the application of standing orders, the Chair will have discretion to apply the rules with flexibility having regard to the nature of the business;
- § The above rules will be incorporated into the Council Procedure Rules

- 11.3 As part of the arrangements the Chairs of Committees whose functions are comprised in the delegations to the Board but are not members of the Board will be able to attend and speak at meetings of the Board on matters affecting the functions of their committees (for example children and young people and housing.)
- 11.4 As part of its remit, the Health & Wellbeing Board will have particular regard to equalities and inclusion and the effective engagement of communities of interest in progressing proposals affecting them.

12. COMMUNITY ENGAGEMENT & CONSULTATION

- 12.1 The proposals in this report were consulted on with Group Leaders, the Cross Party Constitutional Working Group and the CCG. The CCG are fully supportive of the proposals and any comments from the Member groups referred to above were taken into account in finalising the proposals.

13. CONCLUSION

- 13.1 For the reasons set out in the report, it is vital that the Council adopts new arrangements to reflect the challenges facing both organisations with ever increasing co-ordination, systems leadership and integration.

14. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

Under the proposed arrangements the Health & Wellbeing Board will manage funds that are part of a formal joint commissioning arrangement, pooled funds (e.g. the Better Care Fund). This will bring new accountabilities for monitoring delivery against significant funding streams including the Better Care Fund which in 2015/16 will be £19.6 million, and S75 arrangements for Children's and adults services.

The HWB will influence the development of the budget strategies for the Council and the CCG.

Finance Officer Consulted: Anne Silley

Date: 09/04/14

Legal Implications:

- 14.2 These are addressed in the body of the report.

Lawyer

Abraham Ghebre-Ghiorghis

Date: 020314

Equalities Implications:

14.3 The arrangements will enable the Council and the CCG to tackle inequalities in health more effectively by having the ability to make decisions across service areas. As stated in paragraph 11.4 of the report, the Board will be mindful of the need to engage and consult communities affected by the Board's proposals.

Sustainability Implications:

14.4 There are no sustainability implications arising directly from this report.

Any Other Significant Implications:

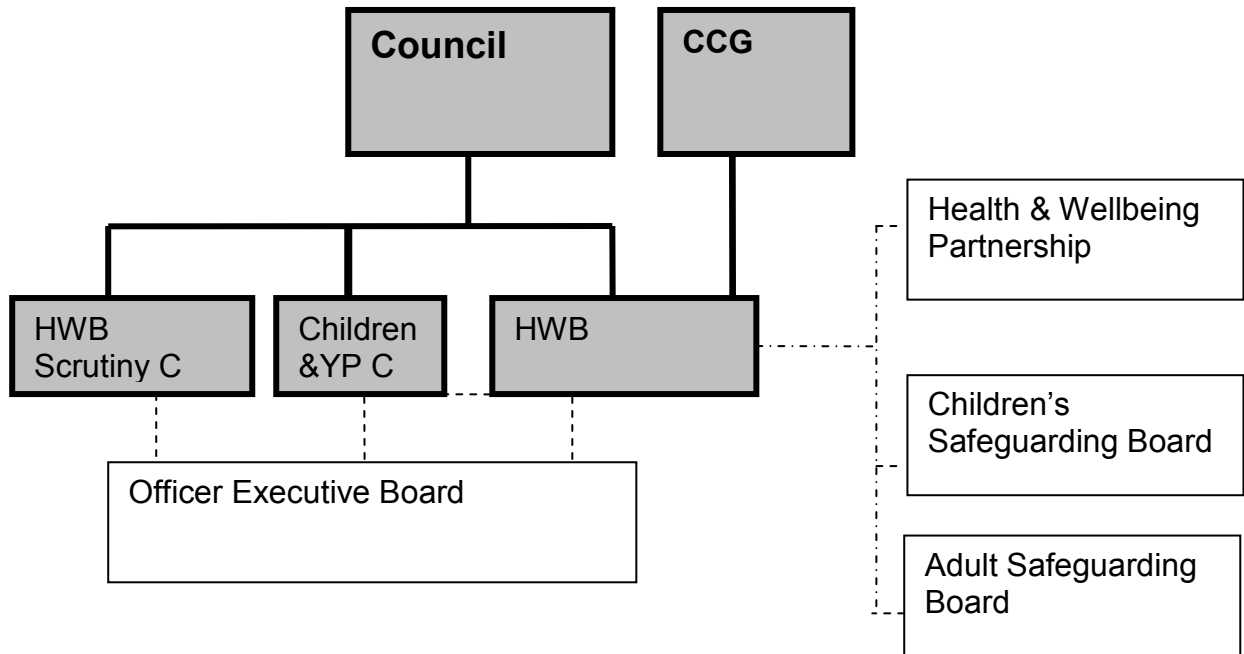
14.5 None.

SUPPORTING DOCUMENTATION

Appendices:

1. Structure Chart
2. Draft terms of reference

Appendix 1



APPENDIX 2

HEALTH & WELLBEING BOARD Explanatory Note

General

The Health & Wellbeing Board (HWB) is established as a Committee of the Council pursuant to Section 194 of the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.

Purpose:

The purpose of the Board is to provide system leadership to the health and local authority functions relating to health & wellbeing in Brighton & Hove. It promotes the health and wellbeing of the people in its area through the development of improved and integrated health and social care services.

The HWB is responsible for the co-ordinated delivery of services across adult social care, children's services and public health. This includes decision making in relation to Adult Services, Children's Services, and decisions relating to the joint commissioning of children's and adult social care and health services (s75 agreements).

Composition

Voting members:-

5 elected Members

5 CCG representatives (For CCG to decide but expected Chair; Chief Operating Officer; 1 LMG Chair, 1 lay member and the Accountable Officer)

Non-voting members

Executive Director Children Services;
Executive Director Adult Services;
Director of Public Health;
Representative from HealthWatch.
Representative NHS England;
Chair of Children's Local Safeguarding Board;

Delegated Functions

General

1. To provide system leadership to the health and local authority functions relating to the health and wellbeing of the people who live, work and visit Brighton & Hove;
2. To promote integration and joint working in health and social care services across the City in order to improve the health and wellbeing of the people of Brighton & Hove;

3. To provide City-wide strategic leadership to public health, health, adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts;
3. To approve and publish the Joint Strategic Needs Assessment (JSNA) for the City;
4. To approve and publish a Joint Health & Wellbeing Strategy (JHWS) for the City, monitoring the outcomes goals set out in the JHWS and using its authority to ensure that the public health, health, adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the City;
5. To receive the Clinical Commissioning Group's draft annual commissioning plan and to respond with its opinion as to whether the draft commissioning plan takes proper account of the relevant Joint Health and Wellbeing Strategy. Where considered appropriate by the HWB, to refer its opinion on the annual commissioning plan to the National Health Service Commissioning Board and to provide the CCG with a copy of this referral;
6. To receive the Local Safeguarding Children's Board's Annual Report for comment; and also the Adults Annual Safeguarding Report
7. To support joint commissioning and make pooled budget arrangements where agreed by the HWB that this is appropriate;
8. To establish and maintain a dialogue with the Council's Local Strategic Partnership Board, including consulting on its proposed strategies and reporting on outcomes in line with the City's Performance and Risk Management Framework.
9. To involve stakeholders, users and the public in quality of life issues and health and wellbeing choices, by
 - communicating and explaining the JHW Strategy;
 - developing and implementing a Communications and Engagement Strategy;
10. To represent Brighton & Hove on health and wellbeing issues at all levels, influencing and negotiating on behalf of the members of the Board and working closely with the local HealthWatch;
11. To appoint non-voting co-optees in compliance with relevant legislation and guidance;
12. To operate in accordance with the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013.
13. To review annual progress against city priorities in line with the national public health outcomes framework.

14. To receive reports from relevant programme boards and related multi-sector committees with a remit for public health in order to inform the Health and Wellbeing Strategy including: the Alcohol Programme Board, the Substance Misuse Programme Board, the Healthy Weight Programme Board and the Sexual Health Programme Board.

Better Care Fund

15. To discharge all functions relating to the better care fund that are required or permitted by law to be exercised by the Board, including
- (a) to agree the strategic planning;
 - (b) manage the pooled budget
 - (c) oversee and performance manage the planning as well as the practical and financial implementation of the fund.
16. To receive and approve any other plans or strategies that are required either as a matter of law or policy to be approved by the Health and Wellbeing Board.

17. Adult Social Services

- (a) To exercise the social services and health functions of the Council in respect of adults;
- (b) To exercise all of the powers of the Council in relation to the issue of certificates to blind people and the grant of assistance to voluntary organisations exercising functions within its area of delegation;
- (c) To exercise the functions of the Council in relation to the removal to suitable premises of persons in need of care and attention.

18. Public Health

To exercise the Council's functions in respect of public health, including but not limited to:

- sexual health
- physical activity, obesity, and tobacco control programmes
- prevention and early detection
- immunisation
- mental health
- NHS Healthcheck and workplace health programmes
- dental public health
- social exclusion
- seasonal mortality;

To exercise any other functions which transferred to the Council under the Health and Social Care Act 2012.

19. Partnership with the Health Service

- (a) To exercise the Council's functions under or in connection with the adult services partnership arrangements made with health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements").
- (b) To exercise the Council's functions under or in connection with the children and young people's partnership arrangements made with health bodies pursuant to section 75 of the National Health Service Act 2006 and section 10 of the Children Act 2004 ("the section 75 Agreements") to the extent they are in force;

20. Learning Disabilities

To discharge the Council's functions regarding Learning Disability.

21. Children's Services

To exercise the Council's functions:-

- (a) In relation to social services for children and young people;
- (b) All the Council's functions as a local education authority and youth services. Without prejudice to the forgoing, it is expected that this function will normally be discharged via the Children and Young People Committee who has concurrent delegated powers;)
- (c) Any other functions comprised in partnership arrangements with other bodies connected with the delivery of services for children, young people and families.

22. Clinical Commissioning Group Functions

A. Leadership and Agenda Setting and Accountability

- § To receive and comment on the commissioning strategy of the CCG, help shape the same and ensure the CCG's commissioning intentions align with the health needs of the City.
- § Promote creative and innovative approach to health and wellbeing using the freedoms afforded by pooled funds.
- § Promote the agenda on integration - both in terms of sharing commissioning resource but also in terms of delivering a far more joined up service for people living in the City.
- § Hold the CCG to account for the impact of their commissioning decisions ensuring that:
 - health outcomes are improving in the way they should;
 - health inequalities are proactively addressed in commissioning plans.
- § Provide collective leadership to a whole range of City wide collaborative working and whole system issues - including emergency planning, resilience and preparedness, urgent care etc.

B. Decision-making

- § To agree the commissioning plans of the CCG (if H&WB does not agree the plan, it can refer it to NHS England.)
- § To manage funds that are part of a formal joint commissioning arrangement or pooled fund (e.g. the Better Care Fund).
- Help shape and comment on the strategic direction and commissioning intentions of the CCG
- Hold the CCG and other partners to account.

23. Referred functions

The Board shall have referred function on any matter relating to any matter that has implications for the health and wellbeing of the City. This includes, but is not limited to:

- § Housing
- § Environmental health and licensing
- § Transport
- § Arts and Culture

24. Reserved matters

The following matters will be reserved from the delegations to the Board:

- Final decisions on any matters that are reserved to full council or the CCG by law and cannot be delegated;
- Final decisions on matters reserved to full Council under the Council's Budget and Policy framework
- Matters that have corporate budgetary or policy implications that go beyond health and wellbeing
- The Externalisation (outsourcing) or bringing in-house any Council services (which shall be referred to the Policy & Resources Committee for final decision.)