

Part 3.14 Public Health Functions and the Health Service

1 Introduction

- 1.1 On 1 April 2013, the Health and Social Care Act 2012 came into force and placed new responsibilities on the Council in respect of Public Health Functions and the Health Service.
- 1.2 The purpose of this part of *The Newcastle Charter* is to bring together the new responsibilities.
- 1.3 The new responsibilities concern:-
- ❖ Public Health Functions
 - ❖ The Director of Public Health
 - ❖ Statutory Duty to have regard to the Joint Strategic Needs Assessment¹ and the Joint Health and Wellbeing Strategy²
 - ❖ The Health and Wellbeing Board³
 - ❖ Health Scrutiny

Public Health Functions

2 Local Authority Public Health Functions

- 2.1 The “Public Health Functions of Local Authorities” are the functions of local authorities under sections 2B and 111 and paragraphs 1 to 7B and 13 of Schedule 1 to the National Health Service Act 2006.
- 2.2 The detailed functions are set out in the following Table:

	Function	Legislative Source
1.	Duty to take such steps as it considers appropriate for improving the health of the people in its area.	Section 2B(1) of the National Health Service Act 2006, inserted by section 12 of the Health and Social Care Act 2012.
	The steps that may be taken include-	
2.	Providing information and advice.	Section 2B(3)(a)

¹ Joint Strategic Needs Assessment (JSNA) - in Newcastle, partners have chosen to fulfill this statutory requirement through the **Newcastle Future Needs Assessment**.

² Joint Health and Wellbeing Strategy - in Newcastle, the statutory health and wellbeing strategy is titled the **Wellbeing for Life Strategy**.

³ Health and Wellbeing Board - in Newcastle, the statutory health and wellbeing board responsibilities are carried out by the **Wellbeing for Life Board**.

	Function	Legislative Source
3.	Providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way).	Section 2B(3)(b)
4.	Providing services or facilities for the prevention, diagnosis or treatment of illness.	Section 2B(3)(c)
5.	Providing financial incentives to encourage individuals to adopt healthier lifestyles.	Section 2B(3)(d)
6.	Providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment.	Section 2B(3)(e)
7.	Providing or participating in the provision of training for persons working or seeking to work in the field of health improvement.	Section 2B(3)(f)
8.	Making available the services of any person or any facilities.	Section 2B(3)(g)
9.	Providing grants or loans (on such terms as the local authority considers appropriate).	Section 2B(4)
10.	Requirement to provide health check assessments .	Regulations 4 and 5 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
11.	Requirement to provide sexual health services.	Regulation 6(1)(b) of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
12.	Requirement to provide a public health advice service (relating to the improvement of health) to a clinical commissioning group.	Regulation 7 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations

	Function	Legislative Source
		2013.
13.	Power to charge in prescribed circumstances while exercising certain functions under section 2B.	Regulation 9 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
14.	Prescribed functions in relation to dental public health:	Section 111 of the National Health Service Act 2006, as amended by section 29(2) of the Health and Social Care Act 2012.
15.	The dental health functions of local authorities relate to the provision of oral health promotion programmes and the provision or participation in oral health surveys.	Part 4 of the NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.
16.	Medical Inspection of Pupils.	Paragraphs 1 to 7 of Schedule 1 to the National Health Service Act 2006, as amended by sections 17(3) to (6) of the Health and Social Care Act 2012.
17.	Weighing and Measuring of Children.	Paragraphs 7A and 7B of Schedule 1 to the National Health Service Act 2006, as amended by sections 17(7) and (8) of the Health and Social Care Act 2012. Regulations 8 to 18 of Part 3 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
18.	Requirement to weigh and measure certain children.	Regulation 3 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
19.	Research etc. connected with the exercise of its functions in relation to the health service.	Paragraphs 13(2) to (5) of Schedule 1 to the National Health Service Act 2006, as substituted by section 17(13) of the Health and Social Care Act 2012.

2.3 There are also other related functions as set out in the following Table:

	Function	Legislative Source
1.	Publication of the Director of Public Health's Annual Report	Section 73B(6) of the National Health Service Act 2006, inserted by section 31 of the Health and Social Care Act 2012.
	Joint Working with the Prison Service:	
2.	In exercising their public health functions, local authorities and the prison service must cooperate with one another with a view to improving the way in which those functions are exercised in relation to securing and maintaining the health of prisoners.	Section 249(1) of the National Health Service Act 2006, as amended by section 29(3) of the Health and Social Care Act 2012.
3.	Entering into arrangements prescribed by the Secretary of State that are likely to lead to an improvement in the way functions are exercised in relation to securing and maintaining the health of prisoners.	Section 249(2) of the National Health Service Act 2006, as amended by section 29(3) of the Health and Social Care Act 2012.
4.	Special notice of births and deaths.	Section 269 of the National Health Service Act, as amended by section 284 of the Health and Social Care Act 2012. Part 3 of the National Health Service and Public Health (Functions and Miscellaneous Provisions) Regulations 2013.
5.	Provision of Healthy Start Vitamins.	Regulation 8A of the Healthy Start Scheme and Welfare Food (Amendment) Regulations 2005.
6.	Arrangements for assessing etc risks posed by certain sexual or violent offenders.	Section 325 of the Criminal Justice Act 2003, as amended by paragraph 124(b) of Schedule 5 to the Health and Social Care Act 2012.

2.4 **NOTE:**

Regulations:

The Secretary of State can make regulations requiring a local authority to exercise its public health functions by taking prescribed steps.

Secretary of State's Documents and Guidance

Local Authorities must have regard to documents published by the Secretary of State for the purpose of section 73B of the National Health Service Act 2006 in exercising the functions mentioned in section 73B(2) of that Act and the Secretary of State may also give guidance to local authorities as to the exercise of such functions.

Crown Services

For certain purposes relating to registered designs and patented inventions, services provided in pursuance of the public health functions of a local authority are to be treated as services of the Crown.

3 Secretary of State's Public Health Functions

- 3.1 The Secretary of State is also responsible for certain Public Health Functions. In certain circumstances, they may become the responsibility of the Local Authority. These are set out in the following Table:

	Function	Legislative Source
1.	Regulations may require a local authority to exercise any of the Secretary of Health's public health functions.	Sections 6C(1) and (3) of the National Health Service Act 2006, inserted by section 18(1) of the Health and Social Care Act 2012.
2.	Requirement to provide contraceptive services.**	Regulation 6(1)(a) of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
3.	Requirement to provide a public health advice service (relating to the protection of health) to a clinical commissioning group.**	Regulation 7 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
4.	** In connection with these functions, the authority may also exercise the functions of the Secretary of State under section 2 (general power) and section 12 (arrangements with other bodies) of the National Health Service Act 2006.	Regulation 2 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
5.	Requirement to provide information and advice to certain persons and bodies with regard to health protection arrangements.	Regulation 8 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
6.	The Secretary of State may arrange for a local authority to exercise any of	Sections 7A(1) (2)(c) (3) and (6) of the National Health Service Act

	the Secretary of Health's public health functions.	2006, inserted by section 22 of the Health and Social Care Act 2012.
7.	There is a duty to co-operate with the Secretary of State and <i>vice versa</i> in the exercise of public health functions similar to those of the Secretary of State.	Section 247A of the National Health Service Act 2006, inserted by section 60 of the Health and Social Care Act 2012.

4 **Director of Public Health's Additional Functions**

- 4.1 The Director of Public Health also has certain additional functions that are imposed directly on him/her. These are shown in items 14 and 15 in the Table at section 10.1.

5 **Complaints**

- 5.1 Section 73C of the National Health Service Act 2006 and Part 5 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 makes provisions for handling and considering complaints about the exercise of the local authority's public health functions and associated functions.

Director of Public Health

6 **Appointment and Dismissal of a Director of Public Health**

- 6.1 Each local authority, acting jointly with the Secretary of State, must appoint an individual to be known as its director of public health.
- 6.2 The appointment of its Director of Public Health may be terminated by a local authority, but it must first consult the Secretary of State.
- 6.3 The Secretary of State may direct the local authority to carry out a review of how the director has discharged certain responsibilities, to investigate whether the director has failed to discharge (or to discharge properly) those responsibilities, to consider taking specified steps, and/or to report on the action taken in pursuance of a direction in certain circumstances. The Secretary of State has no power to dismiss or require the dismissal of the director.

7 **Status of the Director of Public Health**

- 7.1 The Director of Public Health is to be an officer of the local authority and is designated a statutory chief officer.
- 7.2 The effect of being a statutory chief officer is that the post is a politically restricted post within the meaning of section 2 of the Local Government and Housing Act 1989.

8 **Council Procedures for Appointment or Dismissal**

- 8.1 The appointment procedure must follow the provisions in Part 4G of The Newcastle Charter (Officer Employment Procedure Rules). In particular the following provisions will apply:-

- 8.1.1 Paragraphs 5 A, C, E(c), F, 7 and Appendix;
- 8.1.2 Prescribed Standing Orders – Appointment of Chief Officers;
- 8.1.3 Prescribed Standing Orders – Staffing under Executive Arrangements.

9 Secretary of State's Guidance

- 9.1 The Council must have regard to any guidance given by the Secretary of State in relation to its director of public health, including guidance as to appointment, termination of appointment, terms and conditions and management.

10 Responsibilities of the Director of Public Health

- 10.1 The Director of Public Health has a number of statutory responsibilities. These are set out in the following Table:-

	Responsibility	Legislative Source
1.	Membership of the Health and Wellbeing Board	Section 194(2) of the Health and Social Care Act 2012.
2.	Responsibility for the exercise by the authority of its functions under section 2B of the National Health Service Act 2006 (see items 1 to 13 in the Table at paragraph 2.2).	Section 73A(1)(a) of the National Health Service Act 2006, inserted by section 30 of the Health and Social Care Act 2012.
3.	Responsibility for the exercise by the authority of its functions under section 111 of the National Health Service Act 2006 (see items 14 to 15 in the Table at paragraph 2.2).	Section 73A(1)(a) of the National Health Service Act 2006.
4.	Responsibility for the exercise by the authority of its functions under section 249 of the National Health Service Act 2006 (see items 2 to 3 in the Table at paragraph 2.3).	Section 73A(1)(a) of the National Health Service Act 2006.
5.	Responsibility for the exercise by the authority of its functions under Schedule 1 to the National Health Service Act 2006 (i.e. paragraphs 1 to 7B and 13 of Schedule 1) (see items 16 to 19 in the Table at paragraph 2.2).	Section 73A(1)(a) of the National Health Service Act 2006.
6.	Responsibility for the exercise by the authority of its functions by virtue of sections 6C(1) or (3) of the National Health Service Act 2006 (see items 1 to 5 in the Table at paragraph 3.1).	Section 73A(1)(b) of the National Health Service Act 2006, inserted by section 30 of the Health and Social Care Act 2012.

7.	Responsibility for anything done by the authority in pursuance of arrangements under section 7A of the National Health Service Act 2006 (see item 6 in the Table at paragraph 3.1).	Section 73A(1)(c) of the National Health Service Act 2006, inserted by section 30 of the Health and Social Care Act 2012.
8.	Responsibility for the exercise by the authority of any of its functions that relate to planning for, or responding to, emergencies involving a risk to public health	Section 73A(1)(d) of the National Health Service Act 2006, inserted by section 30 of the Health and Social Care Act 2012.
9.	Responsibility for the functions of the authority under section 325 of the Criminal Justice Act 2003 (see item 6 in the Table at paragraph 2.3).	Section 73A(1)(e) of the National Health Service Act 2006, inserted by section 30 of the Health and Social Care Act 2012.
10.	Responsibility for such other functions relating to public health as may be prescribed:-	Section 73A(1)(f) of the National Health Service Act 2006, inserted by section 30 of the Health and Social Care Act 2012.
11.	Responsibility for any of the authority's functions arising from it being a consultee in respect of the statement of licensing policy.	Regulation 14(a) of The Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.
12.	Responsibility for any of the authority's functions arising from it being a responsible authority under various provisions of the Licensing Act 2003.	Regulation 14(b) of The Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.
13.	Responsibility for any of the authority's functions arising from its duty to provide healthy start vitamins (see item 5 in the Table at paragraph 2.3).	Regulation 14(c) of The Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012, inserted by regulation 21 of The National Health Service and Public Health (Functions and miscellaneous Provisions) Regulations 2013.
14.	Preparation of an annual report on the health of the people in the local authority's area.	Section 73B(5) of the National Health Service Act 2006, inserted by section 31 of the Health and Social Care Act 2012.
15.	Special notice of births and deaths (see item 4 in the Table at paragraph 2.3).	Section 269 of the National Health Service Act 2006, as amended by section 284 of the Health and Social Care Act 2012.

		Part 3 of the National Health Service and Public Health (Functions and Miscellaneous Provisions) Regulations 2013.
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11 Delegations and Proper Officer Role of the Director of Public Health

- 11.1 The Director of Public Health is a statutory chief officer.
- 11.2 Within the Council's structure, the Director of Public Health is a "Deputy Chief Officer" reporting to the Director of Wellbeing, Care and Learning.
- 11.3 As well as the personal responsibility in relation to the Annual Health of People Report (for which no delegated powers is required), the Director of Public Health is a **Delegated Officer** under the terms of paragraph 1 of Part 3.13 of The Newcastle Charter. This means that they have delegated power to discharge any function of the Council. They therefore have power to make all decisions for which they are responsible as set out in section 10 above.
- 11.4 They also have power to make executive decisions and non-executive decisions that relate to their responsibilities except those matters specifically exempted by paragraphs 1.1 to 1.3 of Part 3.13 of The Newcastle Charter and provided that they act in accordance with the other provisions and protocols of Part 3.13.
- 11.5 The Director of Public Health is a **Statutory Officer** and a **Proper Officer** of the Council as provided in paragraphs 16 and 17 and Schedule 4 to Part 3.13.
- 11.6 The PH Consultant is the **Substitute Officer** for the Director of Public Health for the purposes of paragraph 18 of Part 3.13.

Statutory Duty to have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

12 Joint Strategic Needs Assessment⁴

- 12.1 Under section 116 of the National Health Service Act 2006, the Council and each of its partner clinical commissioning group must prepare a joint strategic needs assessment. The preparation of the assessment will be the responsibility of the Health and Wellbeing Board (see paragraph 16.4 below).

13 Joint Health and Wellbeing Strategy⁵

- 13.1 Under section 116A of the National Health Service Act 2006, the Council and each of its partner clinical commissioning group must prepare a joint health and wellbeing strategy. The preparation of the strategy will be the responsibility of the Health and Wellbeing Board (see paragraph 16.4 below).

⁴ Joint Strategic Needs Assessment (JSNA) - in Newcastle, partners have chosen to fulfil this statutory requirement through the **Newcastle Future Needs Assessment**.

⁵ Joint Health and Wellbeing Strategy - in Newcastle, the statutory health and wellbeing strategy is titled the **Wellbeing for Life Strategy**.

14 Statutory Duty to have regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy

- 14.1 Under section 116B(1) of the National Health Services Act 2006, the Council must, in exercising any functions, have regard to any Joint Strategic Needs Assessment and any Joint Health and Wellbeing Strategy, which is relevant to the exercise of the functions.
- 14.2 This is an overriding duty that applies to all functions of the Council, not just public health or social care functions.

Health and Wellbeing Board⁶

15 Duty to Establish a Health and Wellbeing Board

- 15.1 The Council is under a duty to establish a Health and Wellbeing Board for the City.

16 Functions of the Health and Wellbeing Board

- 16.1 There are certain “statutory functions” that the Health and Wellbeing Board may or must exercise.
- 16.2 In addition, the Council may arrange for the Health and Wellbeing Board to exercise any “additional functions” of the Council, except responsibility for scrutiny.
- 16.3 The Council may delegate these functions to the Health and Wellbeing Board (and has done so) or exercise them itself.
- 16.4 However the functions of the Council and its partner clinical commissioning groups in respect of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy must be exercised by the Health and Wellbeing Board and cannot be reserved to the Council.
- 16.5 The Terms of Reference and Delegations of the Health and Wellbeing Board are:

HEALTH AND WELLBEING BOARD	
Terms of Reference:	
1.	The responsibilities of the statutory Health and Wellbeing Board required to be established by the Health and Social Care Act 2012.
Delegations:	
1.	To encourage integrated working between persons who arrange for the provision of any health or social care services for Newcastle, in order to advance the health and wellbeing of people in the city.

⁶ Health and Wellbeing Board - in Newcastle, the statutory health and wellbeing board responsibilities are carried out by the **Wellbeing for Life Board**.

2. To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of health and social care services.
3. To encourage persons who arrange for the provision of any health related services in Newcastle to work closely with the Board.
4. To encourage persons who arrange for the provision of any health or social care services, and persons who arrange for the provision of any health-related services, in Newcastle to work closely together.
5. To lead the development of the Joint Strategic Needs Assessment.
6. To jointly develop the Joint Health and Wellbeing Strategy , which is a duty of Newcastle City Council and the clinical commissioning groups (CCGs).
7. To give the Council its opinion on whether the authority, in exercising its functions, is having regard to the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
8. To act as the inter-sectoral steering group for local work in relation to the World Health Organisation European Healthy City Network.

17 Membership of the Health and Wellbeing Board

17.1 The membership of the Health and Wellbeing Board must include certain specified persons together with such other persons, or representatives of such other persons, as the Council thinks appropriate (subject to consultation with the Board after it has been established). The Health and Wellbeing Board may appoint additional persons to be members.

17.2 The membership of the Health and Wellbeing Board shall be:

Organisation		Basis
Newcastle City Council (Chair)	Leader of Council	Statutory
Newcastle City Council (Vice-Chair)	Deputy Leader of Council	
Newcastle City Council	Cabinet Member, Children's Services	
Newcastle City Council	Cabinet Member, Adult Services	
Newcastle City Council	Deputy Cabinet Member, Public Health	
Newcastle City Council	Deputy Cabinet Member, Age Friendly City	Non-Voting
Newcastle City Council	Opposition Member	

Organisation		Basis
Newcastle City Council	Chief Executive	
Newcastle City Council	Director of Wellbeing, Care & Learning **	Statutory
Newcastle City Council	Director of Public Health	Statutory
Healthwatch Newcastle	Chair Officer	Statutory x1
NHS Newcastle North & East CCG	Clinical Chair Board Member	Statutory x1
NHS Newcastle West CCG	Clinical Chair Board Member	Statutory x1
Joint CCG	Chief Officer	
NHS England		Statutory at times
Newcastle Council for Voluntary Service	Chief Executive	
Newcastle Futures		
Newcastle University	Pro-Vice-Chancellor for the Faculty of Medical Sciences	
Newcastle upon Tyne Hospitals NHS Foundation Trust	Chair Chief Executive	
Northumberland, Tyne & Wear NHS Foundation Trust	Chair Chief Executive	
Northumbria University	Pro-Vice-Chancellor (Business and Engagement)	
North East Ambulance Service		
Voluntary & Community Sector	2 places at sector discretion	
Schools representative	Head Teacher	
<p>** The Director of Adult Social Services and the Director of Children's Services for the Council are statutory members of the Health and Wellbeing Board. Currently the Council has appointed one person to exercise both roles. Should the Council decide that the posts should be held by different persons, each post holder must be appointed as a member of the Board.</p>		

NOTE: As a public meeting, Board Members are invited to attend with organisational colleagues where there would be benefit in individuals with specialist knowledge hearing and understanding a particular discussion.

- 17.3 Subject to these provisions, the number of members and their term of office shall be fixed by the Council.

17.4 The members of the Board, sub-committees of the Board or joint sub-committees of the Board do not need to be members of the appointing authority or authorities.

17.5 A person is disqualified from being a member of the Board, a sub-committee of the Board, or a joint-sub-committee of two or more such Boards in accordance with sections 80(1)(b) and (d) of the Local Government Act 1972; that is:

(1) a person who is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or a debt relief restriction order or

(2) has within five years before or since been convicted of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

The other usual restrictions on membership of council committees etc. do not apply. For instance, paid officers of the local authority may be appointed members.

17.6 The Council has made the following arrangements to allow substitute members of the Board:

HEALTH AND WELLBEING BOARD – SUBSTITUTE MEMBERS

1. Any member of the Board who is unable to attend a meeting of the Board (or one of its committees) may appoint another person (including another Board Member) to attend that meeting as his or her substitute (“the substitute”), provided that:
 - a) written notification of that appointment from the Member, together with the substitute’s written agreement to comply with the Code of Conduct for Members of the Board, shall be given to the Chair or secretary to the Board before the start of the meeting;
 - b) A Board member shall not be replaced by a substitute at more than 25% of the Board meetings held in any period of twelve months (or at more than 25% of any meeting of any particular committee of the Board) unless the Chair of the Board agrees otherwise because of exceptional circumstances preventing the original Member’s attendance.
2. A substitute shall have the same voting rights and responsibilities at meetings of the Board (or any committee) as the Board Member who has made the appointment so long as the Board Member is not in attendance.
3. For avoidance of doubt, a substitute who is also a Board Member shall be entitled to a separate vote for his/her appointer in addition to his/her own vote as a Board Member.
4. A substitute shall be counted for the purpose of deciding whether a quorum is present unless he/she is also a Board Member.

- 17.7 The Council has decided that the quorum of the Board should be attendance by at least one third of its membership (providing that the chair or vice-chair is attending) including attendance by substitutes.

18 Status of the Health and Wellbeing Board

- 18.1 The Health and Wellbeing Board has the status of a committee of the Council as is to be treated as a committee appointed by the Council under section 102 of the Local Government Act 1972, subject to modifications made by regulations.

19 Discharge of the Functions of the Health and Wellbeing Board

- 19.1 The Council has arranged for the discharge of the functions by the Health and Wellbeing Board.
- 19.2 The Health and Wellbeing Board may arrange for the discharge of any of the statutory functions (delegations 1 to 7) by a sub-committee of the Board, unless the Council otherwise directs, but not an officer.
- 19.3 The Health and Wellbeing Board may arrange for the discharge of any of the additional functions (delegation 8) by a sub-committee of the Board or an officer of the Council, unless the Council otherwise directs. Where the Board has arranged for the discharge of any of the additional functions by a sub-committee of the Board, the sub-committee may arrange for the discharge of those additional functions by an officer of the Council, unless the Board otherwise directs.
- 19.4 Where the Council has made arrangements for the discharge of the functions by the Board or the Board has made arrangements for the discharge of the functions by a sub-committee or officer, the Council or the Board (as the case may be) can still exercise the functions itself, except in relation to the functions of the Council and its partner clinical commissioning groups in respect of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy which must be exercised by the Health and Wellbeing Board and cannot be reserved to the Council.
- 19.5 The Council and the Health and Wellbeing Board may appoint advisory committees or sub-committees as the case may be.
- 19.6 Two or more Health and Wellbeing Boards may make arrangements for any of their functions to be exercisable jointly, for any of their functions to be exercisable by a joint sub-committee of the Boards, or for a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.

20 Committee Delegations Rules

- 20.1 The Committee Delegations Rules in paragraph 5.9 of Part 3.05 of *The Newcastle Charter* shall apply to the Health and Wellbeing Board as they apply to non-executive committees of the Council as amended to take account of statutory provisions applicable only to Health and Wellbeing Boards. In particular:

- 20.1.1 The power to delegate to officers in sub-paragraph 3 of paragraph 5.9 of Part 3.05 of *The Newcastle Charter* is subject to the restrictions referred to in paragraphs 19.2 and 19.3 above.
- 20.1.2 The power to remove delegated functions in sub-paragraph 4 of paragraph 5.9 of Part 3.05 of *The Newcastle Charter* is subject to the restrictions referred to in 19.4 above in relation to the functions of the Council and its partner clinical commissioning groups in respect of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy which must be exercised by the Health and Wellbeing Board and cannot be reserved to the Council.

21 Voting

- 21.1 All members of the Health and Wellbeing Board are voting members, unless the Council directs that particular members should be treated as non-voting members. The Council must consult the Health and Wellbeing Board before it makes such a direction. Where such a direction has been made by the Council, it is identified in the Table at paragraph 17.2 above by the entry "Non-Voting" in the column headed "Status".

22 Political Balance

- 22.1 Political balance requirements do not apply to the appointment of the members of the Health and Wellbeing Board.

23 Code of Conduct

- 23.1 Members of the Board who are councillors are subject to the Council's Code of Conduct for members (Part 5.2A of *The Newcastle Charter*) as councillors. All other voting members and substitute members will also be subject to the Code of Conduct (including provisions as to the registration of interests).

Health Scrutiny

24 Functions in relation to Health Scrutiny

- 24.1 The Council has various powers and duties in relation to Health Scrutiny. These include:
- 24.1.1 The review and scrutiny of any matter relating to the planning, provision and operation of the health service in the City;
- 24.1.2 The power to make reports and recommendations to a responsible person and the Council on any matter it has reviewed or scrutinised;
- 24.1.3 The power to comment on consultations by responsible persons about proposals for a substantial development of the health service or for a substantial variation in the provision of the health service in the City and power to report to the Secretary of State;
- 24.1.4 Power to require responsible persons to provide information about the planning, provision and operation of health services in the City; and;

- 24.1.5 Power to require any member or employee of a responsible person to attend to answer questions necessary for discharging the scrutiny functions.

25 Exercise of Health Scrutiny Functions

- 25.1 The Council may exercise its health scrutiny functions itself, by a committee or sub-committee of the Council, or by one of its overview and scrutiny committees. It may not arrange for the exercise of its scrutiny functions by the executive/Cabinet of the Council or an officer. Where the Council has decided that the exercise of its health scrutiny functions should be by a committee or sub-committee of the Council (and not by one of its overview and scrutiny committees), the power to report to the Secretary of State can only be exercised by the Council itself.
- 25.2 The Council has decided that its health scrutiny functions shall be exercised by the Health Scrutiny Committee, one of its overview and scrutiny committees, as provided in Art 6, Part 3.6 and Part 4E of *The Newcastle Charter*.
- 25.3 The Council may in certain circumstances arrange for its health scrutiny functions to be discharged by another local authority or an overview and scrutiny committee of another local authority. The Council **may** appoint a joint overview and scrutiny committee with one or more other local authorities and **must** appoint a joint overview and scrutiny committee where a responsible person consults more than one local authority in respect of substantial developments and variations of the health service. The Council may not appoint a joint "ordinary" committee to discharge its health scrutiny functions.