Chapter 8a – Health Scrutiny Committee

1. Status, Membership, Quorum and Meeting Frequency

1.1 The Health Scrutiny Committee is a committee established under Section 21 of the Local Government Act 2000, as amended by the Localism Act 2011.

1.2 The membership of the Committee shall be six Councillors and the quorum shall be two.

1.3 The Assembly shall appoint the membership, including the Chair and Deputy Chair, at its Annual Meeting. Political balance requirements of Section 15 of the Local Government and Housing Act 1989 apply when determining membership.

1.4 The Health Scrutiny Committee shall meet quarterly six times a year. Additional meetings may be arranged to deal with specific matters such as the Cabinet’s budget proposals, Call-in’s etc. if considered necessary.

1.5 Informal meetings of the Health Scrutiny Committee, such as task and finish groups and site visits, may be arranged as appropriate, however only one group may be in place at any one time.

2. Functions and Responsibilities

2.1 The Health Scrutiny Committee has the following functions and responsibilities:

(a) Statutory Functions

i) The Health Scrutiny Committee shall carry out health scrutiny in accordance with Section 244 (and Regulations under that section) of the National Health Services Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007 relating to local health service matters. Where a proposal to substantially vary a health service relates to more than one local authority area, it must be considered by a Joint Health Overview and Scrutiny Committee appointed by each of the local authorities in question (in accordance with Part 2, Chapter 14, paragraph 2).

ii) The Health Scrutiny Committee shall have all the powers of an Overview and Scrutiny Committee as set out in section 9F of the Local Government Act 2000, Local Government and Public Involvement in Health Act 2007 and Social Care Act 2001 (including associated Regulations and Guidance).

(b) Functions as determined by Assembly

(i) Scrutiny of the work of the NHS bodies serving Barking and Dagenham in accordance with the Health and Social Care Act 2001 and associated Regulations and Guidance and the provision, planning, management and performance of services relating to adult social care.
(ii) Scrutiny of the planning, provision and operation of the health service in the borough or accessed by Barking and Dagenham residents.

(iii) Requesting information from NHS bodies and any health service provider. Exempt from this power are requests for information that are confidential (i.e. information that identifies a living person or is prohibited under any enactment) or relate to NHS Trusts in special administration (this function may be carried out by the Joint Health Overview and Scrutiny Committee in accordance with Part 2, Chapter 14, paragraph 2).

(iv) Requesting attendance from any member or employee of a relevant NHS body or health service provider to attend before it to answer any questions; provided those questions do not relate to confidential information or information that they would be entitled to refuse to provide in a court of law. The request for attendance may also be refused if reasonable notice has not been given (this function may be carried out by the Joint Health Overview and Scrutiny Committee in accordance with Part 2, Chapter 14, paragraph 2).

(v) Acting on behalf of the Council as the statutory consultee where NHS bodies propose substantial developments or variations in the provision of services and thus have a duty to consult with the local authority before taking a decision. When being consulted with, the Health Scrutiny Committee must notify the relevant NHS body of its response to the consultation and any intention to refer the matter to the Secretary of State within the timescales agreed by both parties (this function may be carried out by the Joint Health Overview and Scrutiny Committee in accordance with Part 2, Chapter 14, paragraph 2).

(vi) Exercising the Council’s right of referral to the Secretary of State on substantial variations to local health services. The Health Scrutiny Committee will have regard to the criteria and process for making a referral to the Secretary of State which are prescribed in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

(vii) Acting on behalf of the Council to make all arrangements for establishing and participating in Joint Health Overview and Scrutiny Committees, including the appointment of three Members to the membership of the JHOSC. Any such JHOSC shall have such terms of reference and shall exist for so long as the appointing authorities may agree.

(viii) Receiving referrals from the local Healthwatch on matters relating to the planning, provision, and operation of health services in the borough, acknowledging receipt within five working days. Further to the regulations, Healthwatch can expect a referral to be discussed at the next formal meeting of Health Scrutiny Committee, or at a formal meeting within three months (whichever is most timely). In accordance with the regulations the Health Scrutiny Committee is obligated to keep the referrer informed of any action taken in relation to the matter.
(ix) Holding to account the Health and Wellbeing Board for the delivery of its functions, and in doing so, having particular regard to the robustness of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy as effective documents to ensure commissioning of health and social care services is reflective of local need.

(x) Monitoring progress of implementation of recommendations in accordance with the Council’s agreed processes, ensuring that decision-makers have due regard to findings and recommendations arising from scrutiny investigations.

(xi) Representing local people and bringing local concerns and feedback about health and social care services to the attention of leaders within the local health and social care economy, and formally advising the Health and Wellbeing Board of any such concerns in the process.

(xii) Monitoring of performance indicators that fall within the remit of the Health Scrutiny Committee.

(xiii) Addressing any Call-ins as allocated by the Designated Scrutiny Officer (to be carried out in accordance with Part 2, Chapter 8, paragraph 6). Where the decision called-in is owned by the Health and Wellbeing Board the Health Scrutiny Committee will, by default, be the receiving Committee of that Call-in regardless of the subject of the decision.

(c) General Role

(i) Review and scrutinise decisions made or actions taken in connection with the discharge of the Council’s functions in relation to health;

(ii) Assist the Assembly and the Cabinet in the development of the budget and policy framework by in-depth analysis of policy issues, as required;

(iii) Review and scrutinise the performance of the Council, other public bodies and partner organisations in the area, invite them to address the Health Scrutiny Committee, and prepare reports about their initiatives and performance;

(iv) Conduct pre-decision scrutiny to test the robustness and impact of health-related key decisions to be considered by the Cabinet;

(v) Engage with, and represent local people and create opportunities to involve them in the scrutiny process;

(vi) In all of the above, make reports and recommendations to the Cabinet and/or Assembly and/or any Committee in connection with the discharge of any functions;

(vii) Produce an annual report which the Chair of the Health Scrutiny Committee shall present to the Assembly.

2.2 Where the Health Scrutiny Committee produces a report and/or makes recommendations on health services, it will provide a copy of the report to the relevant responsible authorities, notifying them of their duty (under the Local Government and Public Involvement in Health Act 2007) to:
i) consider the report or recommendations;

ii) respond to the Health Scrutiny Committee in writing within 28 days indicating what (if any) action it proposes to take, and;

iii) have regard to the report or recommendations in exercising its functions.

3. **Petitions**

3.1 The Health Scrutiny Committee will be responsible for receiving and debating petitions relating to health matters in accordance with the Council’s Petition Scheme which can be found on the Council’s website [http://www.lbld.gov.uk/petitions](http://www.lbld.gov.uk/petitions)

4. **Scrutiny Procedure Rules**

4.1 The Scrutiny Procedure rules in Part 2, Chapter 8, paragraph 5 shall apply to the Health Scrutiny Committee.

5. **Call-in**

5.1 The Call-in rules in Part 2, Chapter 8, paragraph 6 shall apply to the Health Scrutiny Committee.

6. **Councillor Call for Action**

6.1 The Councillor Call for Action rules in Part 2, Chapter 8, paragraph 7 shall apply to the Health Scrutiny Committee.

7. **Health Scrutiny Sub Committee**

7.1 The Health Scrutiny Committee shall appoint a Sub-Committee which shall be convened as necessary to consider relevant Call-Ins, petitions, and Councillor Calls for Action upon receipt and validation.

7.2 The Sub-Committee shall consist of the Chair of the Committee and two other Members of the Committee. The quorum shall be two Members.