

<b>Classification</b>	<b>Item No.</b>
<b>Open</b>	

<b>Meeting:</b>	<b>Health Scrutiny Committee</b>
<b>Meeting date:</b>	<b>24<sup>th</sup> June 2026</b>
<b>Title of report:</b>	<b>Health Scrutiny Overview</b>
<b>Report by:</b>	<b>Josh Ashworth Senior Scrutiny Officer</b>
<b>Decision Type:</b>	<b>For Information</b>
<b>Ward(s) to which report relates</b>	<b>All</b>

## 1.0 BACKGROUND

The Local Government Act 2000, introduced a requirement for local authorities with Executive arrangements to have one or more overview and scrutiny committees. It placed minimum requirements as to the power of those committees, their ability to appoint sub-committees, membership, access to information and provided them with the power of ‘call-in.’

The current overview and scrutiny structures, stem from this legislative requirement and has been in place for 6 years, following an internal review. The review reflected on the learning of the previous five years and put forward suggested amendments to ensure an integrated, thematic overview and scrutiny function moving forward. The main change was the establishment of a third scrutiny committee with a focus on Children and Young People.

Moving to a model of themed scrutiny panels, with the work managed and co-ordinated by a the Scrutiny Chairs meeting regularly, has allowed individual panels to build up expertise and subject knowledge of particular areas of the Council’s work. This new system does also allow (following consultation with the Monitoring Officer and the Statutory Scrutiny Officer) for cross cutting themes to be looked at jointly and also the establishment of task and finish groups.

- **Membership of Scrutiny Panels**

Overview and scrutiny is a good arena for new councillors to learn about the Council and develop skills. However there is a need for membership to be balanced with the involvement of experienced members who have the ability and skills to lead or contribute to overview and scrutiny work.

Scrutiny should be led by councillors who can put personal interests to one side and commit the time needed to the role. To be effective in holding the Cabinet to account, the Chair and Scrutiny Panel needs to have a constructive relationship with their respective Cabinet portfolio holders and Executive Directors. Unless this is underpinned by effective communication and planning, scrutiny will be unable to effectively exercise the power of influence over decisions to be made, as required by the Local Government legislation.

The membership of the Health Scrutiny Committee will consist of the Committee Chair, Councillor FitzGerald (Labour) and 11 other elected Members, in line with political balance calculations.

With regard to sub groups and tasks and finish groups, political balance will be sought where possible, but balance requirements will not be mandatory as any findings/recommendations will be reported back to the balanced “parent” body for approval.

The Chair of the Health Scrutiny Committee shall not be members of the corresponding partnership bodies such as the Health and Wellbeing Board.

Deputy Cabinet Members are permitted to be members of individual scrutiny panels, for which the remit does not conflict with their portfolio responsibilities.

## **2.0 EFFECTIVE OVERVIEW AND SCRUTINY**

The key components of overview and scrutiny work would fall broadly into the categories below:

**Pre decision scrutiny** - providing an opportunity for non-executive councillors to influence proposed decisions before they are made. If the Council increases the number of scrutiny panels, this will enable more councillors to have the opportunity to develop an understanding of the changing nature of the Council provision and contribute to and challenge the development of proposals in key areas.

**Performance monitoring** - Scrutiny has a role in asking searching questions, drilling down into information and data, ensuring targets are kept to and agreed actions implemented. Included in this will be monitoring the implementation of any agreed Scrutiny recommendations.

**Service delivery** - at the current time of change across the Council, Scrutiny Panels will largely focus on plans to review how services are delivered, the impacts on citizens, consultation and engagement, decision making processes, the implementation of change and evaluating outcomes and impacts. Scrutiny should encourage forward planning and communication that provides councillors with the opportunity to be better informed and clear on how proposed change affects their role.

**Policy Review** - If capacity is added to the current scrutiny arrangements through the addition of the proposed new panels, then there would be the opportunity for the scrutiny process to undertake some policy review work and contribute to policy development.

**Partnerships and Regional Working** - Where appropriate Scrutiny Panels will also look to scrutinise partners and regional working.

**Holding decision makers to account** – this cuts across all strands of overview and scrutiny work. In establishing a panel structure, Scrutiny Panels and the whole scrutiny process can build on practice over recent years with Cabinet portfolio holders and other decision makers, attending panel meetings and being held to account in a public arena for the decisions they are making, thereby enhancing transparency and accountability. It is also important that the scrutiny process considers the impact of significant decisions and whether the Cabinet achieves the anticipated outcomes.

### **3.0 HEALTH SCRUTINY COMMITTEE**

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe. The new legislation extends the scope of health scrutiny and increases the flexibility of local authorities in deciding how to exercise their scrutiny function.

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working. At the same time, health scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service

The following specific functions have been delegated to the Health Scrutiny Committee:

To review the policies and performance of the Council and external organisations in relation to the following areas:

- Adult social care (including adult safeguarding)
- Health and wellbeing board
- Housing
- Public health
- Adults and Communities budget and policy framework
- Statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning provision and operation of health services for children and young people, including transitional health care services, affecting the area and to make reports and recommendations on these matters

The Committee discharges the statutory health scrutiny functions of the council (excluding referrals to the Secretary of State, but including receipt of referrals from the local Healthwatch) and scrutinises local health services. The Committee also considers the work and policies of the Health and Wellbeing Board, and also the services provided by the council's Adult Services and Children's Services Directorates.

The Committee also holds responsibility for the scrutiny of partners or key contractors relevant to the work of the Committee; and service performance monitoring. The Committee may also undertake its own studies and reviews.

- Power to review and review and scrutinise any matter relating to the planning provision and operational of health services

Where there are concerns about proposals for substantial developments or variation in health services (or reconfiguration as it is also known) local authorities and the local NHS should work together to attempt to resolve these locally if at all possible. If the decision is ultimately taken to formally refer the local NHS's reconfiguration proposals to the Secretary of State for Health, then this referral must be accompanied by an explanation of all steps taken locally to try to reach agreement in relation to those proposals. In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operates and should therefore take into account the effect of the proposals on sustainability of services, as well as on their quality and safety.

The Health Scrutiny Committee may refer NHS substantial reconfiguration proposals to the Secretary of State if a local authority considers:

- The consultation has been inadequate in relation to the content or the amount of time allowed.
- The NHS body has given inadequate reasons where it has not consulted for reasons of urgency relating to the safety or welfare of patients or staff.
- A proposal would not be in the interests of the health service in its area.

#### 4.0 HOW DOES THIS WORK IN PRACTICE

The Health Scrutiny Committee may identify topics for study and review to be undertaken. The committee may wish to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services.

The Committee can

- Require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny.
- Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions.
- Make reports and recommendations to certain NHS bodies and expect a response within 28 days.
- Set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.

**Local Healthwatch** organisations and contractors have specific roles which complement those of health scrutiny bodies. For example, they can “enter and view” certain premises at which health and social care services are provided. This can enable local Healthwatch to act as the “eyes and ears” of patients and the public; to be a means for health scrutiny to supplement and triangulate information provided by service providers; and to gain an additional impression of quality of services, safety and issues of concern around specific services and provider institutions. Health scrutiny bodies and local Healthwatch are likely each to benefit from regular contact and exchange of information about their work programmes. It may also be helpful in planning work programmes, to try to ensure that certain aspects are aligned.

Representatives from Healthwatch are invited to all meetings of the Health Scrutiny Committee.

As well as the Local Health Scrutiny Committee the Council appoints to the Greater Manchester Scrutiny Committee. This body compliments the work of individual Council

Scrutiny Committees Reviews and scrutinises health services and acts as a consultative body to local health providers when they have a duty to consult.

If you would like more information on how Scrutiny Operates within Bury, contact the Councils Statutory Scrutiny Officer, Rachel Everitt or the Senior Scrutiny Officer, Josh Ashworth – [J.R.Ashworth@bury.gov.uk](mailto:J.R.Ashworth@bury.gov.uk)

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**List of Background Papers:-**

Health Scrutiny Committee - Terms of Reference