

### **Health Scrutiny Committee**

(Thirteen County Councillors and twelve non-voting Co-opted district Members)

To review and scrutinise issues around public health and health inequalities. The Committee will review and scrutinise the work and performance of any relevant part of the County Council and its partners and the functions of the relevant Cabinet Members

To discharge the statutory health overview and scrutiny functions under the provisions of the Health and Social Care Act 2012. For this purpose the Committee shall include twelve non-voting Co-opted district council Members.

**The following Terms of Reference should be read in conjunction with the above summary.**

### **Health Scrutiny Committee**

Note: The Committee shall, for the purpose of discharging the statutory health overview and scrutiny functions, comprise twelve non-voting district council Members

1. To review decisions made, or other action taken, in connection with the discharge of any relevant functions undertaken by the Cabinet collectively, or the relevant Cabinet Members or Cabinet Committee.
2. To make reports or recommendations to the Full Council, the Cabinet or the relevant Cabinet Member or Cabinet committee with respect to the discharge of any relevant functions undertaken by the Cabinet collectively or the relevant Cabinet Member or Cabinet committee.
3. In reviewing decisions (other than decisions designated as urgent under Standing Order 34(3)) made in connection with the discharge of any relevant functions undertaken by the Cabinet collectively or the relevant Cabinet Member or Cabinet committee, but which have not been implemented, the Committee may recommend that the decision be reconsidered by the person who made it or to refer the decision to the Full Council for it to decide whether it wishes it to be reconsidered by the decision taker.
4. To request a report by the executive to Full Council where a decision which was not treated as being a key decision has been made and the Health Scrutiny Committee is of the opinion that the decision should have been treated as a key decision

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5. To hold general policy reviews and to assist in the development of future policies and strategies (whether requested by the Full Council, the Cabinet, the relevant Cabinet Member, Cabinet committee or decided by the Committee itself) and, after consulting with any appropriate interested parties, to make recommendations to either the Cabinet, the relevant Cabinet Member, Cabinet committee or to the Health and Well Being Board or the Full Council as appropriate.
6. To review and scrutinise any County Council services planned or provided as part of the Council's wider public health responsibilities, and to make recommendations to the Full Council, the Health and Well Being Board or the Cabinet or Cabinet committee, as appropriate.
7. To review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate,
8. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
9. To review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate
10. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
11. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
12. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
13. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999.
14. To request that the Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
15. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.

16. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
17. To consider any relevant matter referred to the Committee by the Scrutiny Committee following a request by a County Councillor or a Co-optee of the Committee who wishes the issue to be considered.
18. To request that the Scrutiny Committee establish task groups and other working groups and panels as necessary.
19. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
20. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
21. To invite to any meeting of the Committee and permit to participate in discussion and debate, but not to vote, any person not a County Councillor whom the Committee considers would assist it in carrying out its functions.
22. To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
23. To require any Councillor who is a member of the Cabinet, the appropriate Executive Director or a senior officer nominated by him/her to attend any meeting of the Committee to answer questions and discuss issues.
24. To recommend to the Scrutiny Committee appropriate training for members of the Committee on health related issues