

Terms of Reference

<p>Portfolio</p> <p><i>Insert the name of the Committee / portfolio body</i></p>	<p>Greater Manchester Joint Health Scrutiny Committee</p>
<p>Function/Purpose</p> <p><i>Include here where functions have been given to the Committee through Government legislation, or where a joint purpose has been agreed.</i></p>	<p>The GM Joint Health Scrutiny Committee has delegated powers from the 10 Authorities of Greater Manchester (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, and Wigan) to undertake all the necessary functions of health scrutiny in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, as amended, (“the Local Health Scrutiny Regulations”), relating to reviewing and scrutinising health services matters¹ where these are at a Greater Manchester level, and to provide a body to which Health Services Providers and relevant NHS body have a duty to consult under the Local Health Scrutiny Regulations.</p>

¹ Health services matters are defined by the regulations as the ‘Planning, provision and operation of the health service in the area’ - 'health service' means a service designed by SoS to secure improvement—

(a) in the physical and mental health of the people of England, and

(b) in the prevention, diagnosis and treatment of physical and mental illness.

It also includes services provided by local authorities under section 75 agreements and the finance of local health services. Section 75 arrangements are partnership agreements between local health and social care organizations and authorities. These agreements are legally provided by the NHS Act 2006. They allow budgets to be pooled between the NHS and local authorities to carry out health and care related functions.

The Committee will scrutinise:

- a) The strategies, policies, actions, and consultations of the work of the Greater Manchester Integrated Care Partnership including:
- NHS Greater Manchester
 - Functions carried out in Greater Manchester by NHS England under delegated authority under any devolution agreement
 - The joint work of the Greater Manchester Provider Collaboratives
 - Relevant public health functions including those undertaken by the UK Health Security Agency and Office for Health Improvement and Disparities (previously public Health England (Greater Manchester))
 - Local Authorities across Greater Manchester regarding their role as providers and commissioners of social care, and as public health agencies.
 - All other cross-boundary NHS services e.g. North West Ambulance Service, Christies, Specialist Children's Services provided by the Royal Manchester Children's Hospital
- b) Any proposal for a substantial development of the health service in the area or substantial variation in the provision of such service that are considered "notifiable" as defined by Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. A "substantial" variation has not been defined within the latest

guidance; however a substantial variation may be one that affects a large number of people in a locality – such as the closure or downgrading of a specialist or community services, or of a general service such as an Emergency Department. It may be one that affects a small number of people, but which is nevertheless substantial because of the impact on a specific group.

- c) Services provided to patients living and working across Greater Manchester;
- d) Specific health issues that cut across geographical boundaries;

Individual authorities will reserve the right to undertake scrutiny of any of those authorities listed above with regard to matters relating specifically to their local population.

Objectives

- a) To ensure that the needs of local people are considered as an integral part of the delivery and development of health services; and to contribute to
 - Improving outcomes in population health and healthcare
 - Tackling inequalities in outcomes, experience, and access
 - Helping the NHS support broader social and economic development
 - Enhancing productivity and value for money

	<p>b) To review proposals for consideration or items relating to proposed substantial developments/substantial variations to services provided across Greater Manchester by the GM Integrated Care Partnership or individual NHS organisations, including:</p> <ul style="list-style-type: none"> • Changes in accessibility of services • Impact of proposal on the wider community • Patients affected <p>c) To engage pro-actively with NHS GM, GM Integrated Care Partnership and GM Integrated Care Partnership Strategy.</p> <p>d) To keep abreast of organisational changes and key policy implementation within NHS Greater Manchester and NHS England.</p> <p>e) To bring together the responsibilities of local authorities to promote health service provision, delivery, and accessibility within the remit of the Health Scrutiny function.</p>
Principles	<p>Principles of Joint Health Scrutiny's operation:</p> <ul style="list-style-type: none"> • The GM Joint Health Scrutiny Committee will be positive, objective, and constructive. It will acknowledge good practice and will recommend improvements where they could be of benefit.

The GM Joint Health Scrutiny Committee will concentrate on service outcomes and seek to add value to each service that it considers.

- The health and well-being of Greater Manchester residents is dependent upon many factors including the health services provided in partnership by NHS trusts and foundation trusts who provide services within the Integrated Care Partnership area and primary medical services providers, NHS England, voluntary services, and services provided by GM Authorities. This shared responsibility will be acknowledged by scrutiny.
- The GM Joint Health Scrutiny Committee will only be truly successful if key organisations work and co-operate together in an atmosphere of mutual respect and trust with an understanding and commitment to its aims.
- The key organisations involved in health scrutiny must be willing to share information, knowledge and reports which relate to the delivery and success of health services in Greater Manchester and carry out duties that would be expected of them to enable health scrutiny to be successfully undertaken.
- The GM Joint Health Scrutiny Committee will be open and transparent. Any person involved in health scrutiny will always declare any personal or other pecuniary interest that they have either

in a scrutiny exercise or during a meeting of the Scrutiny Committee in accordance with the Code of Conduct relating to standards of conduct and ethics.

- The GM Joint Health Scrutiny Committee whilst working in partnership, is independent of the NHS, the GMCA & AGMA Executive Board, District Health Scrutiny Panels, and the voluntary and community sector.
- The GM Joint Health Scrutiny Committee will be focused on improving services and service provision for the people of Greater Manchester and will concentrate on outputs that are intended to help improve their health.
- All dates and times of meetings of the GM Joint Health Scrutiny Committee, agendas, minutes, and reports will be circulated to members and Partners in accordance with the Local Government (Access to Information) Act 1985 or subsequent legislation.
- All members of the Greater Manchester Integrated Care Partnership Board will be consulted on Annual Work Programmes and informed in advance of scrutiny exercises that the GM Joint Health Scrutiny Committee is intending to undertake. Partners will be informed of the scope of all scrutiny exercises and will be given adequate notice of invitations to attend meetings of GM Joint Health Scrutiny Committee and any required information.

	<ul style="list-style-type: none">• All members of the Greater Manchester Joint Health Scrutiny Committee will be consulted on any draft scrutiny reviews before they are published. Final reports will be presented to the Greater Manchester Integrated Care Board, GMCA, AGMA Executive, the NHS Trusts, be published on the GMCA website and circulated in accordance with the regulations on health scrutiny.• The GM Joint Health Scrutiny Committee will not be used as a complaint procedure. Case Studies may however be used as part of supporting information for scrutiny exercises.• The GM Joint Health Scrutiny Committee will at all times comply with the Constitution of GMCA and AGMA.• The National Health Service (Notifiable Reconfigurations and Transitional Provision) Regulations 2024 Act adds a new discretionary power to the NHS Act 2006 for the Secretary of State to call in and make a decision on a reconfiguration proposal. The Secretary of State will be able to use this call-in power at any stage of the reconfiguration process, advised by the Independent Reconfiguration Panel² as required. This power is intended to be used in cases which are complex, a significant cause for public concern, or where Ministers can see a critical benefit to taking a particular course of action. Under the new arrangements, HOSCs will also be consulted where the Secretary of State has decided to “call in” a proposal for reconfiguration.
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² [Independent Reconfiguration Panel - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Expectations

Expectations upon relevant bodies:

NHS GM, Greater Manchester Integrated Care Partnership, NHS England, Public Health England, and NHS Trusts will:

- ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate and work in partnership with GM Joint Health Scrutiny Committee to provide objective and effective scrutiny of health services in Greater Manchester and the health of its residents. They will be mindful of their duty to consult on the planning, provision, or operation of a health service within Greater Manchester.
- provide information relating to the planning and operation of health services that is required by the Scrutiny Committee so that it can undertake health scrutiny. This includes responses to NHS Plans, proposals and consultations and undertaking health scrutiny reviews. This will not include confidential information that identifies individual people unless it can be presented in a way in which does not identify individuals or if an individual consents to the information being disclosed.
- provide the GM Joint Health Scrutiny Committee with such information within one month of the receipt of the request.
- respond to health scrutiny reviews within one month of receipt. A copy of such response will be sent to the GMCA & AGMA Executive, and all other organisations involved in the review.
- carry out consultations with the GM Joint Health Scrutiny Committee on plans for substantial developments in services, or substantial variations in service provision.

	<ul style="list-style-type: none"> • work jointly with GM Joint Health Scrutiny Committee to compile annual work programmes for health scrutiny. • ensure that officers attending Scrutiny Committee meetings are able to answer questions openly and are given appropriate support by their line managers.
Work Plan	The GM Joint Health Scrutiny Committee will determine in consultation with members of Greater Manchester Integrated Care Partnership, an annual work programme. The GM Joint Health Scrutiny Committee is however responsible for setting its own agenda. Members of Greater Manchester Integrated Care Partnership may only make recommendations.
Recommendations	<p>Once it has formed recommendations from any scrutiny review, the GM Joint Health Scrutiny Committee will prepare a formal report and submit it to the appropriate officer for consideration by the relevant members of the Greater Manchester Integrated Care Partnership or appropriate body.</p> <p>The relevant members of that body shall consider the report of the GM Joint Health Scrutiny Committee and make a response to the Scrutiny Committee within one month of it being submitted.</p>
Delegations	The Committee has the delegated powers from the 10 Authorities of Greater Manchester to undertake all the necessary functions of health scrutiny in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

<p><i>Include here where delegations have been given through legislation or directly by the GMCA or GM Mayor.</i></p>	
<p>Accountability</p> <p><i>Include here how the committee or portfolio body is made up, to where it directly reports etc.</i></p>	<p>GMCA, AGMA Executive Board, Greater Manchester Integrated Care Board and Greater Manchester Integrated Care Partnership</p>
<p>Statutory/Decision Making/Informal</p> <p><i>Include here whether the committee or portfolio body is statutory i.e. legally required.</i></p>	<p>Statutory</p>
<p>Membership</p> <p><i>Detail here the membership of the committee or portfolio</i></p>	<p>The membership of the GM Joint Health Scrutiny Committee will be nominated by the ten Greater Manchester local authorities.</p> <p>Each local authority will nominate one non-Executive/Cabinet member.</p>

<p><i>body, the required number of (and type of) members i.e., those who are elected members. In listing officers, ensure that these are referenced by job title/organisation.</i></p>	<p>Where possible, members will be drawn from the individual local Scrutiny Panels/Committees that have responsibility for scrutinising Health and Social Care issues within their area.</p> <p>Officers of Individual Local Authority Health Scrutiny Panels/Committees are invited to attend to support and advise Members from their local authority on health scrutiny issues and will have access to all agendas, briefing notes and minutes.</p> <p>Substitutes will be allowed but will need to be non-Executive/Cabinet members of the respective local authority.</p> <p>Members and substitutes will be appointed until the Annual Meeting of the GMCA/AGMA.</p> <p>In addition, as many of the sub-regional issues the Committee considers are also of interest to neighbouring authorities, representatives from surrounding local authorities are invited to attend all meetings if they wish as an associate member. This role is for information, questions, and comments. If a vote is taken only the 10 GM authorities have voting rights.</p>
<p>Appointment of Chair (and Vice Chair)</p>	<p>The Committee will be asked to appoint a Chair (and Vice Chair if required) at its first meeting for the municipal year.</p>

<p><i>Explain how the Chair is appointed and whether there is a legal requirement to appoint a certain person to Chair, also whether there is a designated length of term.</i></p>	
<p>Quoracy</p> <p><i>Detail how many members of the Committee or portfolio body are required to be present before a meeting can take place, and whether there are any specifications as to the breakdown of these members.</i></p>	<p>There must be five local authorities represented at each meeting in order for it to be quorate.</p>
<p>Voting</p> <p><i>Set out here how a vote will be taken, if there is a majority vote, any casting vote etc.</i></p>	<p>Voting will be made by a simple majority; the Chair will have the casting vote.</p> <p>GM Authorities may agree to confer full voting rights to some or all associate members in relation to specific issue being considered if it is felt that this issue under consideration cuts across Greater Manchester boundaries. This decision would be at the discretion of Committee Members.</p>

<p>Meeting arrangements</p> <p><i>Detail here the current meeting arrangements, i.e. frequency, location etc</i></p>	<p>The GM Joint Health Scrutiny Committee will meet as often as required, but at least six times a year in person.</p> <p>Dates of forthcoming meetings will be confirmed at the first meeting of each municipal year. In addition, extra meetings may be scheduled to effectively deliver the work programme for the forthcoming year.</p>
<p>Lead contact</p> <p><i>Include here who is the main point of contact for the Committee / portfolio body</i></p>	<p>Karen Chambers, Statutory Scrutiny Officer, GMCA</p>
<p>Date TOR were approved</p> <p><i>Detail the date that these terms of reference were approved</i></p>	<p>16 June 2026</p>