

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

10 JUNE 2010

**REPORT OF CORPORATE
MANAGEMENT TEAM**

COUNCIL DECISION

**Corporate Management and Finance – Lead Cabinet Member – Councillor Laing
Adult Services and Health – Lead Cabinet Member – Councillor Beall**

ESTABLISHMENT OF A REGIONAL HEALTH SCRUTINY COMMITTEE

1. Summary

The powers of health scrutiny enable the Council's Health Select Committee to influence, monitor and maintain an overview of, health services as they affect residents of the Borough. These powers also allow relevant local authorities to form joint arrangements with other Councils in order to consider matters that affect residents of more than one area (either on a discretionary basis, or in response to statutory NHS consultations, for example Momentum).

Cabinet are asked to consider the update in relation to recent regional health scrutiny work, to endorse to Council the Regional Health Scrutiny Committee Protocol that has arisen from that work, to recommend to Council that the Chair of the Health Select Committee should be the Council's representative on the new North East Regional Health Scrutiny Committee, and that the Vice Chair of the Health Select Committee should be the named substitute; to recommend that delegated authority be given to the Director of Law and Democracy, in consultation with named Members, to finalise and sign up to the protocol; and to ask Council to note the proposed internal governance arrangements regarding the Joint Committee's scrutiny work.

2. Recommendations

It is recommended to Council that:

1. The Regional Health Scrutiny Committee Protocol be endorsed;
2. The Chair of the Health Select Committee be appointed to serve on the proposed Joint Committee;
3. The Vice-Chair of the Health Select Committee be approved as the substitute Member for the Chair of the Health Select Committee on the joint body;
4. The Director of Law and Democracy be authorised to finalise and sign up to the Protocol on behalf of the Council, in consultation with the Cabinet Members for Corporate Management and Finance, and Adult Services and Health, and with the Chair of the Health Select Committee; and
5. The proposed internal governance arrangements outlined at paragraph 6 of the report be noted.

3. Reasons for the Recommendations/Decision(s)

Approval of the protocol and nominations by Council would enable Stockton Council to participate in the newly established regional health scrutiny committee. The Committee would strengthen existing arrangements by building on the work of individual Council committees and by creating a forum to consider matters appropriate to that level. The authority delegated to the Director of Law and Democracy in consultation with named Members will enable the protocol to be finalised and signed up to on behalf of the Council without the requirement for further reports.

The proposed internal governance arrangements regarding the Joint Committee's proposed scrutiny work and the communications about that work will ensure that all relevant Members and Officers are able to have appropriate input on an informed basis.

4. Members' Interests

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

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REPORT OF CORPORATE MANAGEMENT TEAM

COUNCIL DECISION

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SUMMARY

The powers of health scrutiny enable the Council's Health Select Committee to influence, monitor and maintain an overview of, health services as they affect residents of the Borough. These powers also allow relevant local authorities to form joint arrangements with other Councils in order to consider matters that affect residents of more than one area (either on a discretionary basis, or in response to statutory NHS consultations, for example Momentum).

Cabinet are asked to consider the update in relation to recent regional health scrutiny work, to endorse to Council the Regional Health Scrutiny Committee Protocol that has arisen from that work, to recommend to Council that the Chair of the Health Select Committee should be the Council's representative on the new North East Regional Health Scrutiny Committee, and that the Vice Chair of the Health Select Committee should be the named substitute; to recommend that delegated authority be given to the Director of Law and Democracy, in consultation with named Members, to finalise and sign up to the protocol; and to ask Council to note the proposed internal governance arrangements regarding the Joint Committee's scrutiny work.

RECOMMENDATIONS

It is recommended to Council that:

1. The Regional Health Scrutiny Committee Protocol be endorsed;
2. The Chair of the Health Select Committee be appointed to serve on the proposed Joint Committee;
3. The Vice-Chair of the Health Select Committee be approved as the substitute Member for the Chair of the Health Select Committee on the joint body;
4. The Director of Law and Democracy be authorised to finalise and sign up to the Protocol on behalf of the Council, in consultation with the Cabinet Members for Corporate Management and Finance, and Adult Services and Health, and the Chair of the Health Select Committee; and
5. The proposed internal governance arrangements outlined at paragraph 6 of the report be noted.

DETAIL

1. The Health Select Committee has in the past taken advantage of the free support days provided by the Centre for Public Scrutiny to deliver Member training on Health Scrutiny. The most recent programme of support from the Centre consisted of 10 free days to Overview and Scrutiny Committees (OSCs) in each Strategic Health Authority area. An application to use this support was made last year on behalf of the region and was successful.

2. As a result of the bid, an expert advisor was appointed to the 12 North East Councils. It was agreed that this support would be used to develop health scrutiny structures on a regional basis. On 28 February a joint meeting of health scrutiny chairs from across the region was held to discuss a draft protocol and possible working arrangements and a consensus was reached that there should be a standing regional health scrutiny committee to scrutinise regional health issues (for example the work of the Strategic Health Authority) and respond to statutory health consultations affecting all North East Councils.
3. An example of a statutory health consultation affecting the full region was the recent North East Ambulance Service consultation on their application to become a Foundation Trust (this took place during summer 2009). In that case a committee had to be formed at short notice in order to be able to respond to the consultation. Having a standing committee in place would ensure that if and when similar regional issues arose, they could be expedited in a quick and efficient way. It is planned that the Committee will meet twice a year, and so this would not place an unreasonable burden on host authorities. The Committee may also choose to undertake discretionary scrutiny reviews on issues that affect the region as a whole.
4. A protocol has been drafted regarding a new standing regional scrutiny committee (**Appendix 1**). Members are asked to endorse the protocol to Council, and to endorse the proposal that the Chair of the Health Select Committee be the Council's representative on the Committee when formed. It is also recommended that the Vice Chair of the Health Select Committee be the named substitute on the joint body.
5. In order to enable the Protocol to be finalised and signed up to on behalf of the Council without the need for further reports, Cabinet is asked to recommend to Council that the Director of Law and Democracy be authorised to agree and sign up to the Protocol, in consultation with the Cabinet Members for Corporate Management and Finance, and Adult Services and Health, and with the Chair of the Health Select Committee.
6. In order to ensure that all relevant Council Members and Officers are able to have appropriate input to the work of the Joint Committee, it is proposed that the following are discussed in advance with the Chair and/or Vice Chair of the Health Select Committee; the relevant Cabinet Member (s); the Chief Executive and the Corporate Director of Children, Education and Social Care, or their nominees:
 - proposed scrutiny topics or work;
 - agenda items/business;
 - urgent action in between Joint Committee meetings;
 - review reports (draft and final);
 - proposed media communications.

FINANCIAL IMPLICATIONS

7. There are no specific financial implications at this stage. Should Stockton-on-Tees Borough Council act as the host authority under the terms of the protocol, the costs would be met by existing resources and are likely to be minimal.

LEGAL IMPLICATIONS

8. The protocol and proposed Committee would be established in accordance with sections 244 and 245 of the National Health Service Act 2006 ("NHS Act 2006") and associated regulations.

RISK ASSESSMENT

9. This report on Regional Health Scrutiny is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

10. The Committee would have an implication for the Healthier Communities and Adults theme. Health scrutiny, both at the regional and local level, has a key role to play in relation to three of the ambitions under this theme: reduce health inequalities, improve access to health services and promote healthy living. Improvements in these areas may be identified through the work of the Committee, and the Committee may respond to statutory consultations in relation to the re-configuration of health services.
11. There are no specific implications on community safety, however the work of the Committee may cover issues including regional alcohol services, for example, and this would have links to the community safety agenda.

EQUALITIES IMPACT ASSESSMENT

12. This report is not subject to an Equality Impact Assessment because it is an extension to existing scrutiny arrangements (these have already been subject to the EIA process).

CONSULTATION INCLUDING WARD/COUNCILLORS

13. Consultation has taken place with Health Select Committee, Executive Scrutiny Committee, and all 12 north east councils have been involved in extensive discussions as part of the project outlined at paragraphs 1 and 2.

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Education related? No

Background Papers

Reports to Health Select Committee on 14 December 2009, 8 March 2010 and 24 May 2010.

Ward(s) and Ward Councillors:

Not ward specific

Property

No property implications.