

Task and Finish Group on the formation of a Standing Joint Health Scrutiny Committee

Notes of a meeting held at County Hall
Colliton Park, Dorchester on 6 February 2015.

Present:

Members of the Dorset Health Scrutiny Committee

Mike Byatt, Ron Coatsworth (Chairman), Beryl Ezzard and David Jones.

Dorset County Council Officers

Andrew Archibald (Head of Adult Services), Ann Harris (Health Partnerships Officer), Dan Menaldino (Principal Solicitor) and Denise Hunt (Senior Democratic Services Officer).

Election of Chairman

Resolved

1. That Ron Coatsworth be elected Chairman of the Task and Finish Group.

Apologies for Absence

2. An apology for absence was received from Ros Kayes.

Standing Joint Health Scrutiny Committee

3.1 The Group considered a briefing report by the Principal Solicitor which had previously been considered by the Dorset Health Scrutiny Committee on 17 November 2014 and the associated minute extract which was also circulated with the agenda. At the November meeting it had been agreed to set up a Task and Finish Group to consider arrangements for a standing Joint Health Scrutiny Committee with Bournemouth Borough Council and the Borough of Poole.

3.2 The Principal Solicitor advised that the objective of the Task and Finish Group would be to consider the issues arising from the briefing report with a view to making clear recommendations where there were no alternatives and to expressing preferences or identifying a range of options on other matters. It was suggested that these recommendations would then be reported to the Dorset Leaders and Chief Executives Group for consideration at a meeting on 19 March 2015. An agreed report would then be submitted to each local authority under its own constitutional arrangements which, in the case of Dorset County Council, would be the Standards and Governance Committee and then to County Council. There were various elements that needed to be resolved and these included the terms of reference, size and membership, political balance, administrative arrangements and subsequent review of the existing Joint Protocol.

Terms of Reference

3.3 Relevant paragraphs from the legislative guidance in relation to joint health scrutiny arrangements were circulated to the group. In particular, the 3 bullet points in paragraph 3.1.17 of the guidance were highlighted in relation to Regulation 30 as follows:-

- Only the joint committee may respond to the consultation (ie rather than each individual local authority separately).
- Only the joint committee may exercise the power to require the provision of information by the relevant NHS body or health service provider about the proposal.
- Only the joint committee may exercise the power to require members or employees of the relevant NHS body or health service provider to attend before it to answer questions in connection with the consultation.

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Task and Finish Group on a Standing Joint Health Scrutiny Committee - 6 February 2015

3.4 The Chairman considered that the loss of individual committees would be of concern and asked whether the Dorset Health Scrutiny Committee would be able to continue to investigate issues on behalf of the County Council. For example, whilst he understood that the Quality Account in relation to Dorset Healthcare NHS Foundation Trust would be considered jointly by the 3 local authorities, would not the Quality Account for the Dorset County Hospital NHS Foundation Trust remain a matter for the Task and Finish Group of the Dorset Health Scrutiny Committee.

3.5 The Principal Solicitor responded that the terms of reference would be an important factor in determining items to be considered by the Joint Committee which would reduce the number of items to be considered by the individual Health Scrutiny Committees. He suggested that an audit could be undertaken after a certain period of time to assess the nature of items being considered by the Joint Committee and the individual Health Scrutiny Committees.

3.6 The Group was informed that the County Council's Joint Scrutiny Review Sub-Committee, whose membership included district and borough councils, considered matters of a joint nature. This Sub-Committee made recommendations to the Audit & Scrutiny Committee and then to County Council. In response to a question in relation to governance arrangements of the standing Joint Committee, Councillors were advised that the decision required to formalise arrangements for a Joint Committee would be taken by each individual local authority. Once that decision had been taken it would be a matter of choice whether work undertaken by the Joint Committee was referred for subsequent scrutiny and audit to the Dorset Health Scrutiny Committee or to the Audit & Scrutiny Committee.

3.7 The Group also considered paragraph 3.1.18 of the guidance which stated "these restrictions do not apply to referrals to the Secretary of State. Local authorities may choose to delegate their power of referral to the mandatory joint committee but they need not do so. If a local authority had already appointed a discretionary committee, they could even delegate the power to that committee if they choose to". The Principal Solicitor advised that there was a requirement by the government that the power to respond to issues common to the 3 local authorities would lie with the Joint Committee, but that the power to refer to the Secretary of State could remain with the individual Health Scrutiny Committee.

3.8 The Group noted that individual Health Scrutiny Committees would no longer have the power to make referrals to the Secretary of State if they had delegated this power to the Joint Committee. It was therefore recommended that the power to refer to the Secretary of State should not be delegated to the Joint Committee. The Head of Adult Services advised that an incremental approach would be sensible in this instance, as the individual committee would be giving up the ability to take up a position if this power was delegated to the Joint Committee at the very beginning. However, if experience proved delegation of this power to the Joint Committee to be necessary then the Constitution could be amended accordingly at a later stage.

3.9 The Group also considered whether what was referred to the Joint Committee was limited to major developments or changes in health service provision as specified in the regulations or whether other matters usually considered by individual committees which might be of common interest to the other local authorities were also included. An example was given of non-emergency patient transport which could be considered by an individual Health Scrutiny Committee experiencing a problem in their area, or it could ask the joint committee to scrutinise the issue. If it did not, then the matter would remain with the individual committee. It was suggested that the mechanism for this should be formalised within the Terms of Reference.

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Task and Finish Group on a Standing Joint Health Scrutiny Committee - 6 February 2015

3.10 The view was expressed of the need to maintain flexibility and discretion in the assessment of whether items which did not amount to a substantial development or change were referred to the Joint Committee or the individual Health Scrutiny Committee and that this might be achieved by way of agreement between the 3 Chairmen of the Health Scrutiny Committees.

Size and Membership

3.11 There was some debate concerning the number of representatives on the Joint Committee. Based on the population size (Dorset 416,700; Bournemouth 188,700; Poole 149,000) it was recommended that Dorset should have the majority of places on the Joint Committee, whilst recognising that political balance would remain an issue. It was suggested that political balance could be applied with respect to the Dorset district representatives.

3.12 The option to have an equal number of either 5 or 6 Dorset County Council members and 5 or 6 members in total from Bournemouth Borough Council and the Borough of Poole was suggested by the Group which could be further debated by the Dorset Leaders and Chief Executives Group with a view to making a recommendation.

Administrative Arrangements and Chairman's Term of Office

3.13 It was agreed that the administrative arrangements and chairmanship should lie with the host authority, that this should rotate between the 3 local authorities and that meetings could be held in different venues.

3.14 The Head of Adult Services highlighted the need to limit officer time in travelling to attend meetings across the County; also that the use of video links could be applied in certain instances to save on budget cost and officer time and also having regard to the County Council's green agenda. There was a further discussion about resource implications in terms of officer support for the Joint Committee.

Recommended

4. That the Dorset Health Scrutiny Committee recommends that:
 - a) That the power to refer to the Secretary of State is not delegated to the Joint Committee (paragraph 3.1.18 of the guidance refers).
 - b) That the Terms of Reference provide a mechanism for consideration of items by the Joint Committee other than those referred to in the regulations.
 - c) That for items specifically concerning the County Council area, the reporting mechanism from the standing Joint Committee will be to the Dorset Health Scrutiny Committee and County Council.
 - d) That the membership of the Joint Committee includes an equal number of either 5 or 6 Dorset County Council members and 5 or 6 members in total from Bournemouth Borough Council and the Borough of Poole and that there are 1 or 2 nominated reserves appointed on behalf the Dorset Health Scrutiny Committee.
 - f) That the chairmanship and administrative arrangements are undertaken by the host authority to be rotated every 2 years to coincide with local elections.
 - g) That meeting venues are rotated for each meeting of the Joint Committee and that maximum use of technology is applied, particularly with regard to the green agenda and limiting officer travel to different venues

Meeting duration: 10.00am to 11.35am