

**REPORT TO:** Health Policy and Performance Board  
**DATE:** 4 March 2014  
**REPORTING OFFICER:** Strategic Director - Communities  
**PORTFOLIO:** Health and Wellbeing  
**SUBJECT:** Joint Health Scrutiny  
**WARD(S)** Borough-wide

## 1.0 PURPOSE OF THE REPORT

1.1 To present the Board with an update with regards to the development of a protocol for the establishment of Joint Health Scrutiny arrangements across Cheshire and Merseyside, since the last meeting of the Board on 7<sup>th</sup> January 2014.

## 2.0 RECOMMENDATION: That the Board:

- i) **Note the contents of the report; and**
- ii) **Endorse the revised draft protocol attached at Appendix 1 and agree that it be presented to the Executive Board and subsequently the Council for approval.**

## 3.0 SUPPORTING INFORMATION

3.1 At the Board on the 7<sup>th</sup> January the background to the development of a Cheshire and Merseyside regional protocol for dealing with joint scrutiny committees was presented, along with an initial draft.

3.2 It was highlighted that the Chair and Vice Chair of the Health Policy & Performance Board had meet with a small group of officers to review the draft protocol with a view to returning comments; comments returned included the need to choose **OPTION 1** and the need to include reference to officer support. At the time of presenting the report to the Board, we were still waiting for feedback from Knowsley as to comments returned by the other Local Authorities and how potentially the draft would change as a result.

3.3 Information has now been received from Knowsley in relation to the comments Halton made as outlined below :-

- Page 3 Footnote – this has now been amended to reflect the current NHS ‘architecture’.
- Page 6 – Membership  
7 of the 9 authorities preferred **OPTION 1** (which included the sliding scale approach to nominations). Knowsley didn’t receive any alternative suggestions to the sliding scale.

Halton had suggested that there should only be 1 nominated elected member or nominated substitute from each participating authority whether it be 2 or 9 local authorities. However it was felt that a ‘blanket’ 1 member nomination would not

be a feasible approach as it would have the potential to allow a joint committee to consist of only 2 members.

The protocol now includes a minimum quorum of 3 and it is believed that this is the minimum number to allow a committee meeting to be viable. Membership of joint committee will therefore be as follows:-

- where 8 or more local authorities deem the proposed change to be substantial – the joint health overview and scrutiny committee will consist of 1 nominated elected member from each participating authority (or a nominated substitute)
- where between 4 and 7 local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members
- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

<b>Local authorities who consider change to be ‘substantial’</b>	<b>No of elected members to be nominated from each authority</b>
8 or more	1 member
Between 4 and 7	2 members
3 or less	3 members

- Page 7 Officer Support – An additional section 6.6.4 has been added to the protocol.

#### **4.0 POLICY IMPLICATIONS**

4.1 The aim of the joint protocol is that it would be used for all future joint scrutiny committees and would help support a more structured approach to joint scrutiny being undertaken.

4.2 Each Local Authority has been asked to consider the revised draft protocol via their appropriate political channels/structure with a view to getting it formally agreed across the Cheshire and Merseyside region.

4.3 It is hoped that the protocol can be agreed in advance of when there will be a requirement to establish another joint scrutiny committee. In terms of the current regional context this is likely to be when the cancer services proposals are made available and there will be a need for formal consultation to take place.

#### **5.0 OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this stage.

#### **6.0 IMPLICATIONS FOR THE COUNCIL’S PRIORITIES**

##### **6.1 Children & Young People in Halton**

None identified at this stage.

##### **6.2 Employment, Learning & Skills in Halton**

None identified at this stage.

6.3 **A Healthy Halton**  
The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**  
None identified at this stage.

6.5 **Halton's Urban Renewal**  
None identified at this stage.

## 7.0 **RISK ANALYSIS**

7.1 Not having a joint protocol agreed could lead to a disjointed approach to joint scrutiny committees being undertaken in the future.

7.2 Whilst each Local Authority must decide individually whether a proposal represents a substantial development/variation, it is only the **statutory joint health scrutiny committee** which can formally comment on the proposals if more than one authority agrees that the proposed change is "substantial". Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified at this stage.

## 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013	Municipal Buildings	Lynn Derbyshire <a href="mailto:Lynn.Derbyshire@halton.gov.uk">Lynn.Derbyshire@halton.gov.uk</a>