

Meeting: STANDARDS COMMITTEE

Date: 13th March 2007

**THE LOCAL GOVERNMENT AND PUBLIC INVOLVMENT IN HEALTH BILL –
CHANGES TO THE ETHICAL STANDARDS REGIME FOR MEMBERS**

Author – Paul Froggatt Ext.No. 2212

1 PURPOSE

To inform the Committee of proposals to change the arrangements for dealing with the receipt and determination of allegations that a Member has breached the Code of Conduct.

2 RECOMMENDATIONS

To note the Report.

3 BACKGROUND AND DETAILS

The 2006 White Paper “Strong and Prosperous Communities” included provisions to change the role of the Standards Board for England and Local Authority Standards Committees in dealing with complaints that Members have breached the Code of Conduct.

Unlike the changes to the Code of Conduct which are considered in another report on this agenda, alterations to the way complaints are handled can only be introduced through primary legislation (an Act of Parliament). These are contained in the Local Government and Public Involvement in Health Bill which the Government is hoping to enact later this year.

Overall the Government is proposing to redefine the role of the Standards Board for England so that it would play a more strategic role, supervising the system for dealing with allegations about Members’ conduct and providing advice. It would, however, only investigate and determine the most serious individual cases.

In order to achieve this the Bill removes the requirement for allegations to be addressed to the Standards Board and provides that these can now be addressed directly to the Standards Committee.

The idea is that the Standards Committee would then determine:

1. Whether the allegation appears to show a breach of the Code of Conduct.
2. If so whether any action should be taken.
3. If the allegation should be sent to the Monitoring Officer for Investigation, or
4. if the allegation is serious, whether it should be referred to the Standards Board for England.

Where a Standards Committee decides that no action should be taken, it must then take reasonable steps to notify the complainant who would then have thirty days in which to ask for a review of the decision not to take any action. That review must be conducted within three months.

In practice, it may well be the Monitoring Officer who receives the allegation, undertakes or arranges for an initial evaluation and makes the report and recommendation. The report and recommendation will probably not go to the full Standards Committee as there is potential conflict between conducting the initial sieve of complaints and conducting a formal hearing on the same allegation. As a result, the current thinking seems to be that it will be necessary for Standards Committees to establish a referral sub committee to deal with the sieving stage.

The Bill makes no reference to any scope for local resolution of allegations. It is suggested by some commentators that this might be undertaken by the Monitoring Officer at an early stage to explore the possibilities of withdrawing the allegation. As currently drafted, however, the Bill would still require the complaint to be notified to the Standards Committee.

So far the Bill has no provision requiring a Members to be notified of a complaint against him or her.

The Bill has not, in its current form, extended the powers of Standards Committees to impose sanctions on Members. If Standards Committees are to determine most complaints, such an extension of their power might be required as currently only lesser complaints are referred back by the Standards Board and Committees have appropriately limited powers to sanction Members.

4 IMPLICATIONS

None at present

BACKGROUND DOCUMENTS

- Local Government and Public Involvement in Health Bill