**Appendix 1 – ”Call-In Request”**

**CALL-IN OF LEADER / CABINET / CABINET COMMITTEE / PORTFOLIO HOLDER DECISION - REQUEST FORM.**

**CALL-IN REQUEST FOR A MATTER TO BE CALLED-IN BY A SCRUTINY COMMITTEE.**

**TO**: The Monitoring Officer.

I County Councillor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair of the

|  |  |
| --- | --- |
| Health and Care Scrutiny Committee | YES / NO |
| Learning and Skills Scrutiny Committee | YES / NO |
| Economy, Residents and Communities Scrutiny Committee | YES / NO |

We 4 County Councillors being Members of the

|  |  |
| --- | --- |
| Health and Care Scrutiny Committee | YES / NO |
| Learning and Skills Scrutiny Committee | YES / NO |
| Economy, Residents and Communities Scrutiny Committee | YES / NO |

Request the call in of the decision referred to in Schedule 1 (Attached) to be reviewed by the Committee of which [ I am Chair] [ We are Members].

I / We confirm that the matter is one which falls within the remit of the Committee of which [I am Chair] / [We are Members].

I / We make this request on the ground(s) following written advice from the Monitoring Officer and / or Chief Finance Officer (Attached at Schedule 2):

(i) that the decision or action is contrary to the policy framework or budget, or falls outside the functions of the Cabinet; and / or

(ii) that the Cabinet or decision maker had not followed agreed procedures on consultation before reaching its decision; and / or

(iii) that the Cabinet had not followed, or had failed to take account of, any legal obligations, including regulations or statutory guidance governing the Council’s actions, or other guidance adopted by the Council.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name: | Signature: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**IMPORTANT NOTE TO CHAIRS AND MEMBERS OF A SCRUTINY COMMITTEE:**

If you consider that a Cabinet decision falls within one or more of the categories set out above it is **your** responsibility to obtain from the Monitoring Officer and / or the Chief Finance Officer their written confirmation that he / she / they agree with your view and that their written advice is appended to this request for a Call-In.

This form must be wholly completed – including Schedules 1 and 2 and must be received by the Monitoring Officer **by no later than 5 p.m. on the 5th Working Day following publication of the Cabinet decision**.

Thus by way of example where (as is usually the case) a Cabinet decision is published on a Thursday this completed form must be received by the Monitoring Officer by no later than 5 p.m. on Thursday of the following week. Where a bank holiday Monday intervenes then this deadline will be extended to 5 p.m. on the Friday of the following week.

Chairs / Members are particularly asked to note that incomplete forms **WILL NOT** be accepted nor will those received after 5 p.m. on the 5th day. No exception whatsoever will be made to this rule.

This process applies to all decisions relating to “Cabinet Functions” and so applies equally to decisions of the Leader, the Cabinet a Cabinet Committee or any decision by an individual Portfolio Holder.

**PLEASE NOTE** the following exceptions which apply to a Call-In Request:

In order to ensure that call-in is not abused or causes undue delay, certain limitations are to be placed on its use. These are:

(i) that a scrutiny committee may only call-in 5 decisions per year.

(ii) only decisions involving expenditure or reduction in service over a value of £25,000 may be called-in.

(iii) four members of a scrutiny committee are needed for a decision to be called-in.

(iv) once a member has signed a request for a call-in s/he may not do so again until a period of 6 months has expired.

(v) the decision has not been determined to be urgent and not subject to a Call-In.

**SCHEDULE 1.**

**TO BE COMPLETED BY THE CHAIR OR 4 MEMBERS REQUESTING THE CALL-IN.**

|  |  |
| --- | --- |
| **1.** | **Leader / Cabinet / Cabinet Committee / Individual Portfolio Holder Decision To Be Called-In** (*Please include Date of Meeting and Agenda Reference Number*)**:** |
|  | |

**2. Reason for Call-In:**

**2.1 What is the reason for the Call-In Request. Please tick which of the conditions which you believe apply:**

|  |  |  |
| --- | --- | --- |
| (i) | that the decision or action is contrary to the policy framework or budget, or falls outside the functions of the Cabinet; and / or |  |
| (ii) | that the Cabinet or decision maker had not followed agreed procedures on consultation before reaching its decision; and / or |  |
| (iii) | that the Cabinet had not followed, or had failed to take account of, any legal obligations, including regulations or statutory guidance governing the Council’s actions, or other guidance adopted by the Council. |  |

**2.2 Please provide an explanation in the box below as to why you believe that the conditions in 2.1 above apply.**

|  |
| --- |
| *(Please continue on a separate sheet if necessary)* |

**SCHEDULE 2.**

**TO BE COMPLETED BY THE MONITORING OFFICER AND CHIEF FINANCE OFFICER.**

**1. Chief Finance Officer’s Advice.**

|  |
| --- |
| **Chief Finance Officer’s Advice on the Call-In Request.** |
| *(Please continue on a separate sheet if necessary)* |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Monitoring Officer’s Advice.**

|  |
| --- |
| **Monitoring Officer’s Advice on the Call-In Request.** |
| *(Please continue on a separate sheet if necessary)* |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR INTERNAL USE ONLY:**

|  |  |
| --- | --- |
| (a) Date of Request to Call-In Decision (as above): |  |
| (b) Date of Cabinet Decision: |  |
| (c) Is Date of Request within 5 Working Days of Cabinet Decision: | YES / NO |
| (d) Does the matter fall within the remit of the Scrutiny Committee? | YES / NO |
| (e) Does the Chief Finance Officer’s advice support a Call-In Request: | YES / NO |
| (f) Does the Monitoring Officer’s advice support a Call-In Request: | YES / NO |
| (g) Signature(s) of Chair or 4 Members of Relevant Committee included: | YES / NO |
| (h) Call-In Notice to be Issued: | YES / NO |

|  |  |
| --- | --- |
| (i) Date of Committee Meeting to consider Call-In (within 10 working days of issue of notice): |  |
| (j) Name(s) of Relevant Cabinet Portfolio Holders to be Invited to Attend Meeting: |  |
| (k) Details of Heads of Service to be Invited to Attend Committee: |  |
| (l) Cabinet Portfolio Holders Heads of Service Advised of Committee Meeting (*insert date*): | YES / NO |
| (m) Questions and Checklist prepared for the Committee: | YES / NO |