

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP FRAMEWORK OF GOVERNANCE

1. NATURE OF THE PARTNERSHIP

- 1.1 West Lothian Community Health and Care Partnership (CHCP) is a vehicle that permits an equal partnership between NHS Lothian and West Lothian Council (“the partners”) to further the delivery of the corporate goals of both organisations. This offers a unique opportunity to improve joint health and social care services to local people. The CHCP was initially set up as an annexe to the Scheme of Establishment of Community Health Partnerships for NHS Lothian, which brought Community Health Partnerships into effect from 1 April 2005.
- 1.2 The CHCP is not an autonomous body from the partners and has no legal personality of its own, but draws its ability to strategically influence the partners through the authority conferred to the members and officers of both organisations who are employed to discharge the remit of the CHCP.
- 1.3 The CHCP Partnership Board will operate as a decision-making body within NHS Lothian, as determined by the wider governance structures and policies and procedures of NHS Lothian. The CHCP Partnership Board will act as an advisory body to West Lothian Council.

2. REMIT OF THE CHCP

- 2.1 The CHCP exists to deliver the Vision as described in the NHS Lothian Scheme of Establishment, namely: - “To develop a partnership that will further enhance and develop the delivery of integrated health and social care services to the people of West Lothian.”
- 2.2 This Vision will be delivered through the delivery of the following strategic Aims:
 - Improve health and wellbeing.
 - Provide safer care and development of children.
 - Improve quality of life for older people.
 - Reduce life inequalities.
 - Maximise resources.
 - Reduce bureaucracy.
 - Strengthen service delivery.

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP FRAMEWORK OF GOVERNANCE

2.3 The service areas within the remit of the West Lothian CHCP are:-

- Mental Health
- Learning Disability
- Physical Disability
- Older people's Services
- Accommodation Services
- Home Care
- Community Care and primary Care services
- Children's Services
- Health Improvement
- Any service hosted on behalf of NHS Lothian.

2.4 The specific services managed through the CHCP as at the date of execution of this Framework of Governance are in Appendix 1 to this Framework (to follow).

2.5 The remit of the CHCP is the provision of guidance, direction, advice and assistance to the CHCP Director and to the partners in the delivery of the CHCP services and in that regard:-

- To enhance and develop the delivery of integrated health and social care services to the population of West Lothian
- To increase the well-being of the citizens of West Lothian and reduce health inequalities across all the communities of West Lothian
- Contribute to the development and modernisation of public services
- To co-ordinate the planning, development and provision of better and more efficient and effective health and social care services for West Lothian
- To contribute to the achievement of the corporate goals of the partners through the direction and efficient management of the CHCP services
- To participate in the development and realisation of the goals of the West Lothian Community Planning Partnership through the Single Outcome Agreement entered into between the Community Planning Partnership and the Scottish Government
- To promote joint working at all levels between the partners and their officers and employees
- To plan, co-ordinate and align the resources and services of the partners in the improvement of the health of the population of West Lothian
- To ensure the efficient linking of service delivery between acute care, primary care and social care.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP FRAMEWORK OF GOVERNANCE

2.6 For the avoidance of doubt, the partners retain their respective statutory responsibilities in connection with the CHCP Services, and have not delegated those responsibilities to the other by entering into this Framework. Decisions on the setting of goals and targets, the setting of budgets and their management, the allocation of resources and the making of policy in relation to the CHCP Services remains with the partners, and is delivered through the CHCP by way of delegations of authority to the CHCP Director and through partnership working at all levels in the partner organisations.

3. CHCP DIRECTOR

- 3.1 The parties will appoint a CHCP Director to lead the CHCP and fulfil its remit. A Joint Appointment Committee of the partners, with equal membership from each partner, will recommend this appointment for approval by both the Council and the NHS Lothian Primary & Community Partnership Committee. Whoever is the Chair of the Partnership Board will chair any Joint Appointment Committee. The CHCP Director shall be an officer or employee of both partners and the Chief Executives of the partners shall ensure for their respective organisations, following approval by the partners of the appointment, that the necessary contractual arrangements are put in place.
- 3.2 The CHCP Director shall be jointly accountable to the Chief Executives of the partners for the strategic and operational management of CHCP activities. Both Chief Executives will ensure that the CHCP Director has delegated authority and resources in order to discharge his or her role. It shall be the responsibility of the CHCP Director to develop and maintain a set of Operational Arrangements for the CHCP, which must be approved by the partners taking into account the views expressed by the CHCP Board.
- 3.3 The individual partner organisations maintain responsibility for their own organisational performance and their employees. These responsibilities will be discharged through the normal line management arrangements for functions directly controlled by each partner, and the appointment of the CHCP Director, and holding this individual to account for the effectiveness of this Partnership. All employees engaged in CHCP responsibilities are consequently accountable to the CHCP Director.
- 3.4 Employees are subject to the terms and conditions and policies and procedures of their employing organisation.
- 3.5 In the event of the CHCP Director wishing to alter the staffing establishment in his or her area of responsibility, the Director must follow the establishment control mechanism that is in place in either or both of the partner organisations.
- 3.6 The CHCP Director will ensure that a schedule of services provided by the CHCP, together with details as to the budgets and staffing establishments, is established and presented to the Partnership Board at least once per year. It is

**WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE**

the responsibility of the Director to maintain this schedule, and to revisit the schedule as and when CHCP services evolve.

4. CHCP PARTNERSHIP BOARD

4.1 The CHCP Director shall be responsible and accountable to the Chief Executives of the partners, but will also report into the CHCP Partnership Board.

4.2 The Partnership Board shall provide governance oversight to the activities of the CHCP, to ensure the remit of the CHCP is being effectively discharged, and shall:-

- Participate in setting key performance indicators for the partners in relation to the CHCP services and to monitor the performance of the partners in achieving those key performance indicators and those set for the partners externally
- Monitor the financial performance of the partners in their management of the CHCP services, and to monitor the partners' aligned budgets in relation to the CHCP services
- Monitor and review the remit and powers of the CHCP and recommend from time to time amendments and improvements to that remit and those powers, and to influence the partners to agree to the delivery of those improvements
- Assist the CHCP Director in the discharge of his or her duties to the Board and to the partners
- To approve the Operational Arrangements for the CHCP and their review and the agreed list of services.
- Liaise with and work with the CHCP Sub-Committee and assist in the discharge by the CHCP Sub-Committee of its statutory functions under sections 4A and 4B of the National Health Service (Scotland) Act 1978 and the Community Health Partnerships (Scotland) Regulations 2004.

4.3 The membership of the Partnership Board shall be as follows:

West Lothian Council	NHS Lothian
Elected Member of the Council	Non-executive Lothian NHS Board Member
Elected Member of the Council	Non-executive Lothian NHS Board Member
Elected Member of the Council	Nominee from the NHS Lothian Area Partnership Forum
Elected Member of the Council	A General Practitioner appointed by the Partnership Board for a period not exceeding 4 years.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP FRAMEWORK OF GOVERNANCE

- 4.4 The Chair of the Partnership Board shall be drawn from the above membership (as per 4.3). The appointment shall be for 3 years, and thereafter the Chair will rotate to a Partnership Board member from the partner that did not hold the Chair. The Chair must be a non-executive member of NHS Lothian Board.
- 4.5 The Vice-Chair of the Partnership Board shall be drawn from the above membership (as per 4.3), and will be a member from the partner organisation that does not hold the chair, in line with the cycle of rotating the Chair. The appointment shall be for 3 years.
- 4.6 Subject to 4.4& 4.5, it is entirely within the gift of the partner organisation that respectively has the right to appoint the Chair or Vice-Chair, to appoint an individual whom the partner organisation believes would best serve the Partnership Board and the discharge of this Framework of Governance. The process of arriving at that appointment will be in accordance with whatever mechanisms the respective partners have put in place. The Chair, as for all Board members, will have to satisfy the eligibility standard set at 4.8 of this Framework.
- 4.7 It is the responsibility of the Chair and the CHCP Director to ensure that the Standing Orders of the Partnership Board are fit for purpose. Both partners must approve the Standing Orders of the Partnership Board. As a minimum, the Standing Orders should be formally reviewed and agreed by the partners every two years. The Standing Orders of the Partnership Board are at **Appendix 2** to this Framework Agreement.
- 4.8 Elected members of the Council and non-executive Lothian NHS Board members are subject to the Ethical Standards in Public Life etc. (Scotland) Act. Those appointed to the Partnership Board will be expected to continue to observe the requirements of their respective Codes of Conduct when discharging their role in the activities of the Partnership Board. The two remaining nominees from NHS Lothian will also be expected to observe the requirements of the NHS Lothian Code of Conduct whilst discharging their responsibilities to the Partnership Board (albeit for these two members, this will not be subject to enforcement by the Standards Commission).
- 4.9 The minutes of the CHCP Partnership Board shall be received at Lothian NHS Board meetings and the Council Executive of West Lothian Council.

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP FRAMEWORK OF GOVERNANCE

5. WEST LoTHIAN CHCP SUB-COMMITTEE

- 5.1 The Sub-Committee is an advisory body concerned with input to the operational management of the CHCP through the involvement of frontline staff, independent contractors and other stakeholders in ensuring that the CHCP meets local needs and service development priorities.
- 5.2 Under the NHS Lothian Scheme of Establishment, NHS Lothian is required to establish CHP Sub-Committees that are chaired by a non-executive director of NHS Lothian Board. These Sub-Committees must also be established in accordance with The Community Health Partnerships (Scotland) Regulations 2004 (*Scottish Statutory Instrument 2004 No 386*).
- 5.3 The CHP Sub-Committee in West Lothian shall be referred to as the West Lothian CHCP Sub-Committee. The CHCP Sub-Committee is a Sub-Committee of NHS Lothian Board. The Sub-Committee will operate in accordance with the model set of Standing Orders approved by the NHS Lothian Primary & Community Partnership Committee, with the exception that the Vice-Chair appointment will be in accordance with paragraph 4.5 of this Framework, and that any references to General Manager shall be replaced with “Director”.
- 5.4 The minutes of the CHCP sub-committee shall be received at meetings of NHS Lothian Primary & Community Partnership Committee and NHS Lothian Board. Furthermore, with respect to the remit of the CHCP Partnership Board, it will receive the minutes of the Sub-Committee for information.
- 5.5 The remit of the CHCP has been described at Section 2 of this Framework. The CHCP Sub-Committee has a specific function. However its activities should complement the strategic remit of the CHCP. The *NHS Lothian Scheme of Establishment* states that Lothian CHPs generally “will bring together those who plan, manage and provide community based services for a common population together with their service budgets and with delegated authority”. CHPs aim to:-
- create the capacity to deliver services more innovatively and effectively for local communities;
 - shape services to meet local needs by directly influencing NHS Board level planning, priority setting and resource allocation;
 - integrate health services, both within the community and with acute/specialist services, underpinned by service redesign and clinical networks, and by appropriate contractual, financial and planning mechanisms;
 - work in conjunction with Local Authorities across community planning and through the Single Outcome Agreement process, to improve the health of local communities, tackling inequalities and promoting policies that address poverty and deprivation;

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

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- be the main NHS focus for ensuring the recommendations of *For Scotland's Children* are implemented in partnership with Local Authorities;
- be the principle partner in Integrated Community and Health Promoting Schools on behalf of NHS Lothian;
- lead the implementation and monitoring of child health surveillance and relevant aspects of screening of children;
- promote involvement of, and partnership with, staff whether employed by or contracted to the NHS; and
- secure effective public, patient and carer involvement by building on existing or developing new mechanisms.”

5.6 The membership of the CHCP Sub-Committee shall be consistent with the Regulations (5.2). However with respect to the remit of the CHCP, the minimum prescribed membership has been enhanced to permit proportionate representation from West Lothian Council to reflect the services being provided by the CHCP.

5.7 The membership of the CHCP Sub-Committee shall be:

MEMBERSHIP OF WEST LoTHIAN CHCP SUB - COMMITTEE	
1	A medical practitioner whose name is included in a list of primary medical services performers prepared in accordance with section 17P of the Act;
2	A nurse who is registered on the Nursing and Midwifery Council's professional register and who is employed by the Board or a person or body other than a Board which is party to a general medical services contract. This member shall also represent the Nursing Professional Forum.
3	A registered pharmacist whose name is included in, or who is fully or substantially employed by a person or body whose name is included in, a pharmaceutical list prepared by a Board in accordance with Regulation 5 of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995
4	A dental practitioner who is either included on Part A of the dental list prepared by a Board in accordance with regulation 4(1) of the National Health Service (General Dental Services) (Scotland) Regulations 1996 or is performing services by virtue of section 39 of the Act
5	An ophthalmic optician whose name is included on an ophthalmic list prepared by a Board in accordance with regulation 6(1) of the National Health Service (General Ophthalmic Services) (Scotland) Regulations 1986[7]
6	A person registered as an allied health professional with the Health Professions Council This member shall also represent the AHP Professional Forum.

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

7	By virtue of the Partnership Agreement with NHS Lothian Board an officer of the Board who is a member of, or is selected by the area partnership forum
8	The Vice-Chair of the Partnership Board, who shall be the Vice-Chair of the Sub-Committee ¹
9	A member of the West Lothian Public Partnership Forum
10	A member of a voluntary organisation whose activities include the provision of a service similar or related to a service provided by the Board under or by virtue of the Act
11	West Lothian CHCP Director
12	A registered medical practitioner not providing primary medical services
13	Non-executive member of NHS Lothian Board (Chair), who is also Chair of the Partnership Board ¹
14	Head of Council Services
15	Head of Health Services
16	A member from the Social Policy Management Team
17	An officer representative from Housing & Building Services
18	A senior officer from Education Services
19	Health Improvement Manager
20	A representative from the Scottish Ambulance Service
21	A nominee by the Chief Operating Officer (UHD) to represent the acute sector
22	A representative of Carers
23	Chair of the Mental Health Management Forum
24	Nominee from the Director of Public Health & Health Policy
25	A representative from West Lothian College
26	A representative from Lothian & Borders Police
27	A representative of the West Lothian Tobacco, Alcohol & Drug Partnership
28	Public Involvement Worker

Note: 1. One of these members must be a member of West Lothian Council.

5.8 The process followed to fill sub-committee positions depends on the particular sub-committee position.

CHCP Sub-Committee Position	Process of Appointment
Chair, Vice-Chair, Joint Director	Appointed by the partners
Where the position belongs to a specific post in the Council or NHS Lothian structure	Recruitment and appointment by the relevant partner organisation.
Area Partnership Forum Representative	By virtue of the Partnership Agreement with NHS Lothian Board, the process of nomination and appointment is delegated to the Lothian Partnership Forum.
All other positions on the CHCP sub-committee	Process will be initiated by the Chair and Director, and the appointment made by the NHS Lothian Primary & Community Partnership Committee (PCPC), as delegated by NHS Lothian Board.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

- 5.9 The Sub-Committee shall have formal terms of reference. It is the responsibility of the Chair and the CHCP Director to ensure that the terms of reference of the Sub-Committee are fit for purpose. The Partnership Board and the NHS Lothian Primary & Community Partnership Committee must approve the terms of reference of the Sub-Committee.

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

APPENDIX 2

**NHS LoTHIAN and WEST LoTHIAN COUNCIL
STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF THE
WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
BOARD**

1 General

- 1.1 These Standing Orders are for the regulation of the conduct and proceedings of the West Lothian Community Health and Care Partnership Board (“the Board”) and are made by the partners to the West Lothian CHCP Framework of Governance (the Framework). Members of the Board are expected to subscribe to and comply with the Framework, and observe any supporting policies and procedures issued by either partner.
- 1.2.1 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.3 In these Standing Orders, references to the male gender shall apply equally to the female gender.
- 1.4 The CHCP Director shall provide a copy of these Standing Orders to all Members of the Board and to senior managers on appointment.
- 1.5 The acts, meetings or proceedings of the Board shall not be invalidated by any vacancy in its membership or by any defect in the appointment of any member.

2 Resignation of Members

- 2.1 A member may resign office at any time during the period of appointment by giving notice in writing to the Director and that person thereupon shall cease to be a member. The resignation shall take effect from the date notified in the notice, or the date of receipt by the Director if no date is notified.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

3 Chair

- 3.1 The Chair of the Board shall be appointed in accordance with the Framework. The Chair of the Board shall also chair the CHCP Sub-Committee
- 3.2 At every meeting of the Board the Chair, if present, shall preside. If the Chair is absent from any meeting the Vice-Chair, if present, shall preside. In the event of the Chair having an interest in a particular item on the agenda, he may hand over the position of Chair to the Vice-Chair for the discussion of that particular item.
- 3.3 The duty of the person presiding at a meeting of the Board is to ensure that the Framework and these Terms of Reference are observed, to preserve order, to ensure fairness between Members and to determine all questions of order, relevance and competence. This could include the suspension of a meeting of the Board. The ruling of the person presiding shall be final and shall not be open to question or discussion
- 3.4 The Chair may resign the position of Chair at any time on giving notice to the partner organisation that nominated him or her, and that person shall thereupon cease to be the Chair of the Board. This in itself does not constitute resignation of the position that the Chair substantively holds in the partner organisation or as an ordinary member of the Board.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

4 Vice-Chair

- 4.1 The Vice-Chair of the Board shall be appointed in accordance with the Framework. The Vice-Chair of the Board shall also be the Vice-Chair of the CHCP Sub-Committee.
- 4.2 The Member appointed as Vice Chair may at any time resign from the office of Vice-Chair by giving notice to the partner organisation which nominated him or her and the Chair of the Board, and that person shall thereupon cease to be the Vice-Chair of the Board. This in itself does not constitute resignation of the position that the Vice-Chair substantively holds in the partner organisation, or as an ordinary member of the Board.
- 4.3 Where the Chair has died, ceased to hold office, or is unable to perform his/her duties due to illness, absence from Scotland or for any other reason, the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board and references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to the Vice-Chair.

5 Ordinary Meetings

- 5.1 The Board shall normally meet every 6 weeks but not less than 6 times in a year, in accordance with a timetable of meetings fixed annually by the Board and as amended from time to time by the Board. Meetings of the Board, unless otherwise determined in relation to any particular meeting, shall be held at a date, time and venue determined by the Board or the Chair and specified in the notice calling the meeting.
- 5.2 Subject to section 7 below, the Director shall convene meetings of the Board by issuing to each Member, not less than five clear days before the meeting, a notice detailing the place, time and business to be transacted at the meeting, together with copies of all relevant papers (where available at the time of issue of the agenda).
- 5.3 Notice of Board meetings shall be given by the person convening the meeting in accordance with the provisions of the Public Bodies (Admission to Meetings) Act 1960.
- 5.4 Meetings of the Board may be conducted in any other way in which each member is enabled to participate although not present with others in such a place.
- 5.5 A meeting shall be conducted by virtue of the above only on the direction of the Chair/Vice-Chair of the Board.

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

- 5.6 The notice shall be delivered to every Member or sent by post to the place of residence of members, or such other address, which may include an email address, as notified by them to the Director.
- 5.7 Lack of service of the notice on any Member shall not affect the validity of a meeting.

6 Process of Delegation

- 6.1 The Board may delegate its responsibilities for the conduct of its business to senior officers.
- 6.2 With respect to the Framework, the Board will operate within the delegated authorities granted to it by the partner organisations, and will manage the activities of officers of both organisations, who have delegated authorities, who are employed to discharge the remit of the CHCP.
- 6.3 Notwithstanding 6.1 and 6.2 the Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself.

7 Requisitioned (Special) Meetings

- 7.1 The Chair of the Board may call a special meeting of the Board at any time and shall specify the business to be transacted at that meeting. A special meeting may also be called through the submission of a requisition in writing for that purpose, which specifies the business to be transacted at the meeting, and is signed by at least two members (1 from each partner organisation). A special meeting shall be arranged to take place within 14 days of the date of its requisition and the terms of Standing Order 5 shall apply.
- 7.2 No business shall be transacted at the meeting other than that specified in the requisition.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

8 Conduct of Meetings

- 8.1 Subject to Section 9, no business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least four members of the Board (N.B: this must include two members from each partner organisation). Furthermore all meetings must have the Chair (as determined by Section 3) and the Director (or his or her nominated deputy) present for them to be considered in quorum.
- 8.2 In the event of absence of a member, any deputies sent on the absent member's behalf will not be recognised as members in the quorum calculation described at 8.1.
- 8.3 All members of the Board will have one vote.
- 8.4 No business shall be transacted at any meeting of the Board other than that specified in the agenda except on grounds of urgency and with the consent of the Chair, subject always to Standing Order 3.3. Any request for the consideration of an additional item of business shall be raised at the start of the meeting and the consent of the Chair must be obtained at that time.
- 8.5 Every question at a meeting shall be determined by a majority of votes of the members present at the meeting. Majority agreement may be reached by consensus without a formal vote.
- 8.6 Where there is doubt, a formal vote shall be taken by Members by a show of hands, or by ballot, or any other method determined by the person presiding at the meeting. In the case of equality of votes, the Chair shall have a second or casting vote.
- 8.7 A motion which contradicts a previous decision of the Board shall not be competent within six months of the date of such decision, unless notice of the proposed variation is provided in the notice of the Board meeting and the Chair rules that there has been a material change of circumstances since the Board decision was taken. Where a decision is rescinded, it shall not affect or prejudice any action, proceeding or liability which may have been competently done or undertaken before such decision was rescinded.

WEST LoTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

9 Minutes

- 9.1 The names of Members and officers and employees of the CHCP and its partner organisations present at a meeting of the Board shall be recorded in the minutes of the meeting.
- 9.2 Minutes of the proceedings of meetings of the Board and decisions thereof shall be drawn up by the Director (or his/her authorised nominee) and be submitted to the next ensuing meeting of the Board for approval as to their accuracy and the partner organisations shall secure the publication of those minutes through their respective websites.
- 9.3 Minutes of meetings of the Board shall also be reported for information to the partner organisations in accordance with the Framework.

10 Order of Debate

- 10.1 Prior to any formal motions and amendments being moved, the Chair shall permit members of the Board to ask questions of CHCP officers on an item of business, and shall allow all members of the Board and CHCP Officers a reasonable opportunity to participate in discussion on an item of business. Thereafter, any motion or amendment shall, if required by the Chair, be reduced to writing, and after being seconded, shall not be withdrawn without the leave of the Chair. No motion or amendment shall be spoken upon, except by the mover, until it has been seconded.
- 10.2 After debate, the mover of any original motion shall have the right to reply. In replying he shall not introduce any new matter, but shall confine himself strictly to answering previous observations, and, immediately after his reply, the question shall be put by the Chair without further debate.
- 10.3 Any Member in seconding a motion or an amendment may reserve his speech for a later period of the debate.
- 10.4 When more than one amendment is proposed, the Chair of the meeting shall decide the order in which amendments are put to the vote. All amendments carried shall be incorporated in the original motion which shall be put to the meeting as a substantive motion.
- 10.5 A motion to adjourn any debate on any question or for the closure of a debate shall be moved and seconded and put to the meeting without discussion. Unless otherwise specified in the motion, an adjournment of any debate shall be to the next meeting.

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

11 Adjournment of Meetings

- 11.1 A meeting of the Board may be adjourned by a motion, which shall be moved and seconded and be put to the meeting without discussion. If such a motion is carried, the meeting shall be adjourned until the next scheduled meeting or to such day, time and place as may be specified in the motion.

12 Declaration of Interests and Register of Interests

- 12.1 Paragraph 4.8 of the Framework acknowledges the responsibility of members to observe the requirements of the Ethical Standards in Public Life etc. (Scotland) Act 2000. Over and above any obligations incumbent on members of the Board under that Act or a Code of Conduct made under that Act, the partner organisations accept that further provision in relation to the conduct of the business of the CHCP is desirable whilst accepting that the conduct of members of the Board and any decisions taken by them are decisions which are their own personal responsibility.
- 12.2 Any Board member who has a clear and substantial interest in a matter under consideration by the Board should declare that interest at any meeting where the matter is to be discussed, whether or not that interest is already recorded in the register of interests.
- 12.3 Board members who are also principals or other employees of bodies which receive funds from the Community Health & Care Partnership or NHS Lothian or West Lothian Council may participate in general discussions and decisions regarding such bodies, but should withdraw and not participate in any discussion or decision which relates principally to the particular institution with which they are associated. The Chair should take particular care to ensure that no possible conflict of interest in this area is allowed to arise.
- 12.4 In all cases, 'members' interests' covers also the interests of any related parties, including family members or members of the same household who may be expected to influence, or be influenced by, Board members.
- 12.5 In all circumstances, Board members should ask themselves whether members of the public, knowing the facts of the situation, could reasonably conclude that the interest involved might influence the approach taken to the actions of the Board. If so, the interest is sufficient to oblige the member to withdraw.
- 12.6 In case of doubt as to whether any interest or matter should be the subject of a notice or declaration under the respective Code of Conduct, members should err on the side of caution and submit a

WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP
FRAMEWORK OF GOVERNANCE

notice/make a declaration or seek guidance from the Chair, or the Director as to whether a notice/declaration should be made.

- 12.7 Where a Code requires an interest to be registered, or an amendment to be made to an existing interest, the members shall follow the procedures stipulated by the partner organisation that they represent.
- 12.8 Persons appointed to the Board as Members shall have one month to give notice of any registerable interests which arise, or to make a declaration that they have no registerable interest in each relevant category as specified in the documentation provided to them. If no such declaration is made, the member will be deemed to be in breach of the Framework, and his or her responsibilities as defined by the partner organisation whom he represents. In this scenario, the member will be subject to the procedures of his or her partner organisation.

13 Admission of Public and Press

- 13.1 Persons who are not members of the Board and representatives of the press may be admitted to meetings of the Board at the discretion of the Board. Unless subject to a specific decision by the Board, meetings of the Board shall take place in public.
- 13.2 Members of the public and representatives of the press admitted to meetings of the Board may be excluded from any meeting by a decision of the Chair to take items in closed session, where, in his or her opinion, publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or such other special reason as may be specified in the decision.
- 13.3 Representatives of the press and members of the public admitted to meetings shall require the authority of the Chair for each occasion they may wish to record the proceedings of the meeting other than by written notes.
- 13.4 Members of the public may, at the Chair's sole discretion, be permitted to address the Board or respond to questions from members of the Board, but shall not generally have a right to participate in the debate at Board meetings.
- 13.5 Nothing in this section shall preclude the Chair from requiring the removal from a meeting of any person or persons who persistently disrupts the proceedings of a meeting.