

# Public Document Pack



A meeting of the **Health And Social Care Integration Joint Board** will be held on **Wednesday, 8th November, 2017 at 3.30 pm** in Board Room, NHS Borders, Newstead

## **AGENDA**

<b>Time</b>	<b>No</b>		<b>Lead</b>	<b>Paper</b>
15:30	<b>1</b>	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	Stephen Mather Chair	<i>Verbal</i>
15:31	<b>2</b>	<b>DECLARATIONS OF INTEREST</b>	Stephen Mather Chair	<i>Verbal</i>
15:32	<b>3</b>	<b>MINUTES OF PREVIOUS MEETING</b>	Stephen Mather Chair	(Pages 3 - 12)
15:35	<b>4</b>	<b>MATTERS ARISING</b> Action Tracker	Rob McCulloch- Graham, Chief Officer	(Pages 13 - 16)
	<b>5</b>	<b>FOR DECISION</b>		
15:40	5.1	Discharge to Assess - IJB Direction	Rob McCulloch- Graham, Chief Officer	(Pages 17 - 24)
15:55	5.2	Pilot for Discharge to Assess	Rob McCulloch- Graham, Chief Officer	(Pages 25 - 28)
16:10	5.3	Emergency Powers	Rob McCulloch- Graham, Chief Officer	(Pages 29 - 42)
16:20	<b>6</b>	<b>ANY OTHER BUSINESS</b>	Stephen Mather, Chair	
16:25	<b>7</b>	<b>DATE AND TIME OF NEXT MEETING</b> Monday 18 December 2017 at 2.00pm in Committee Room 2, Scottish Borders Council	Stephen Mather, Chair	

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Minutes of a meeting of the Health & Social Care **Integration Joint Board** held on Monday 23 October 2017 at 2.00pm in Committee Room 2, Scottish Borders Council

**Present:**

(v) Cllr J Greenwell	(v) Dr S Mather (Chair)
(v) Cllr S Haslam	(v) Mr D Davidson
(v) Cllr H Laing	(v) Mrs K Hamilton
(v) Cllr D Parker	(v) Mr T Taylor
(v) Cllr T Weatherston	Dr C Sharp
Mr R McCulloch-Graham	Dr A McVean
Mr M Leys	Mrs C Pearce
Mr D Bell	Mr J McLaren
Mrs J Smith	Ms D Rutherford
Mr C McGrath	Mrs S Swan

**In Attendance:**

Miss I Bishop	Mrs J Davidson
Mr P Lunts	Mrs J Stacey

### 1. Apologies and Announcements

Apologies had been received from Mr John Raine, Mrs Tracey Logan and Mrs Carol Gillie.

The Chair confirmed the meeting was quorate.

The Chair welcomed Mr Robert McCulloch-Graham, Chief Officer Designate.

The Chair welcomed Mrs Susan Swan, Interim Chief Financial Officer.

The Chair welcomed Mr Colin McGrath the new Public Partnership Forum representative to the Health & Social Care Integration Joint Board.

The Chair welcomed Ms Debbie Rutherford who was deputising for Mrs Lynn Gallacher.

The Chair welcomed members of the public to the meeting.

### 2. Formal Appointment of Chief Officer Health & Social Care

*Mr Robert McCulloch-Graham left the room.*

The Chair confirmed that the Health & Social Care Integration Joint Board was required to appoint a Chief Officer. He had received confirmation from the Chief Executive of Scottish Borders Council that she was content for Mr Robert McCulloch-Graham to be seconded from Scottish Borders Council to fulfill the Chief Officer role.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** formally appointed Mr Robert McCulloch-Graham as Chief Officer Health & Social Care.

### 3. Declarations of Interest

*Mr Robert McCulloch-Graham rejoined the meeting.*

The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

#### **4. Minutes of Previous Meeting**

The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 28 August 2017 were amended at page 3, paragraph 7, line 1, amend “brining” to “bringing” and again at page 4, paragraph 8, line 4 delete “rotation” and with those amendments the minutes were approved.

#### **5. Matters Arising**

**5.1 Minute 11: Terms of Reference:** Mr Colin McGrath suggested the Terms of Reference might be revisited in light of the Joint Older People’s Services Inspection Report.

**5.2 Action Tracker:** It was suggested and agreed that the progress box should always be completed.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

#### **6. Chief Officer’s Report**

Mr Robert McCulloch-Graham thanked the Board for formalising his appointment. He advised that this was day 11 of him being in post and had met a range of Board members and officers. He recognised the difficulties experienced by the partnership in regard to stranded patients and the financial position and intended to work through suggestions and directions with both Chief Executives and officers in the partner organisations. He commented that there appeared to be strong working relationships between the partnership organisations and he was looking forward to the future.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

#### **7. Commissioning & Implementation Plan 2017-2019**

Mr Tris Taylor commented that he felt over-all the document that made up the commissioning and implementation plan was good. He then enquired if the plans within it were prepared sequentially, which he suggested would lead to a delay in their activation given the strategic plan was a 3 year cycle.

Mr Robert McCulloch-Graham advised that it was an iterative process and the partnership would improve its functions and processes as it evolved. There was a necessity to have different iterations and strategies and he concurred that if they could be pulled together quicker progress should be made.

Mr McCulloch-Graham advised that the Commissioning and Implementation Plan would be updated annually, based on the traction received in year, along with cognisance of the Joint Older People's Services Inspection report.

Further discussion highlighted suggested amendments including: “? Palliative”; more detail in the carers sections, especially on support for carers; suggested mention of IT as a key lever to increase efficiency; reducing health inequalities and reference to working with those who are disadvantaged; criteria for critical care needs; transformation programme specifically focusing on IT; increased narrative on carers and eligibility criteria; working with the disadvantaged; locality planning and community involvement; inclusion of a measure around engagement for reducing health and inequalities; and a broad overview of expenditure in the localities including deprived areas.

Mrs Jane Davidson suggested that more measures would be helpful, and the Board may also wish to be more sighted on the strategies that were overseen by the Community Planning Partnership.

Cllr Shona Haslam reminded the Board of the conversation at the previous meeting where the positive work of the Community Capacity Team had been recognised and discussion had suggested that funding would be concluded in March 2018. She sought assurance as to whether that work would continue circa March 2018. Mr Murray Leys advised that an evaluation of the project had been requested by the Executive Management Team before the festive period, so that consideration could be given to the future of the service and a recommendation made to the Integration Joint Board.

The Chair commented that he was pleased that Cllr David Parker, Vice Chair, would be the new Chair of the Strategic Planning Group and would be injecting a new pace and urgency and identity to that Group. Cllr Parker commented that it was early days and at the last meeting the Strategic Planning Group had agreed to refresh the plan and he would ensure that was actioned.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Commissioning and Implementation Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Commissioning and Implementation Plan 2017-2019 subject to the amendments suggested.

## **8. Issuing of Formal Directions**

Mr Robert McCulloch-Graham commented that he had discussed with the Chief Executives the subject of stranded patients and significant pressures on the systems. He was aware that there were people who were medically fit for discharge and awaiting assessment. He was keen to move the assessment process into the community, people's homes or other appropriate facilities. He suggested the assessments would be more accurate if undertaken in those environments, however it would require a Direction to be issued from the Integration Joint Board to the Health Board and Local Authority. He suggested an Extra Ordinary meeting of the Integration Joint Board be held within the next 2 weeks to agree the content of such a direction, given there would be a significant amount of work to be done by both

partners to be able to enact the direction. There would also be a cost implication for such a change.

He further suggested that a paper on emergency procedures be brought to the Integration Joint Board for consideration to enable emergency decisions to be made quickly outwith the usual meeting cycle, when required.

Further discussion included: comments from those unable to attend the Extra Ordinary meeting, being received in advance; potential of movement of people from the acute sector to primary care services would potentially place a significant amount of work on community staff; recognition of the significant costs of stranded patients to both the Health Board and Local Authority; and urgent identification of a date for the Extra Ordinary meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the discussion.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold an Extra Ordinary meeting to discuss and agree the issue of a Direction to the Health Board and Local Authority on a change in policy to move to discharge to assess.

#### **9. Statutory Requirements: Climate Change, Model Publication Scheme, Complaints Scheme**

Mrs Jill Stacey confirmed that as a public authority and under the local code of corporate governance the Integration Joint Board was required to produce a number of integrated public reports as per those submitted for noting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the requirements of the Integration Joint Board as a public authority to produce a Climate Change Report, an Integrated Complaints Handling Procedure and a Model Publication Scheme.

#### **10. Joint Winter Plan 2017/18**

Mr Philip Lunts presented the final version of the joint winter plan for the partnership and advised that the majority of actions within the plan had been addressed. He emphasised the criticality of the plan, additional staffing in key areas, management of the anticipated additional activity generated by the winter period, and the ability to have capacity and resource available within the community.

Mr David Davidson sought assurance in regard to staff and capacity to address anticipated additional surge activity. Mr Lunts assured the Integration Joint Board that plans were in place to address additional activity over the winter period as well as more creative options around alternatives to traditional staffing.

Mr Davidson enquired if funding was available. Mr Lunts advised that the majority of the proposals in the winter plan were funded. Each action that was identified had been required to include a funding source.

Mr Davidson enquired who would be undertaking the external review of Community Hospitals. Dr Cliff Sharp advised that Mrs Anne Hendry has been asked to undertake an external review

of community hospitals. She had agreed to undertake the review over 10 days to analyse what they do, options for how they could be used taking into consideration the Prof John Bolton work, and how they could be shaped for the best outcomes for the Scottish Borders population.

Cllr Shona Haslam noted the slippage in commencing the external review of community hospitals and requested that the document be updated.

Cllr Helen Laing enquired if the 50% target rate for flu vaccination of staff should be higher. Dr Cliff Sharp advised that the Public Health Department were well sighted on the issue and were working on the winter flu plan given the flu epidemic currently being experienced in Australia. Publicity and open sessions had been organised for staff across the Scottish Borders to take up the flu vaccination, especially for those working with the most vulnerable in society, and whilst the target was set at 50% there was an expectation that it would be surpassed.

Mrs Karen Hamilton enquired about transport and discussions that were due to take place with the Red Cross during September. Mr Lunts advised that discussions were on going with the Scottish Ambulance Service and the voluntary and third sector in regard to transport issues.

Mrs Jane Davidson commented that the joint winter plan was for health and partners to have in place. It was an operational plan that had been tried and tested over the years and was reviewed and revised on a weekly basis, and was a mechanism well used by both the Health Board and the Local Authority. She suggested that the Integration Joint Board should be assured that the plan was robust and would address the winter period. She further commented that the impact of stranded patients would affect its operational value and therefore the suggestion of moving to a discharge to assess arrangement should strengthen the plan further.

The Chair commented that stranded patients had been at 30 plus for some time and he enquired how that would be mitigated considering the plan had been formulated on a smaller number of stranded patients. Mr Lunts commented that stranded patients had been 9 higher each day since April 2017 compared to the previous year. The plan had been developed on the basis of reducing the number of stranded patients or increasing the number of beds available to accommodate patients.

Further discussion highlighted: version control of the document, page numbers, paragraph numbers and updating the actions and addressing the outstanding matters; continual Borders wide programme of house insulation; integrated care fund utilisation for the transport hub project; and it was a live document to be constantly reviewed and updated.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Joint Winter Plan 2017/18.

## **11. Quarterly Performance Report**

Mr Robert McCulloch-Graham gave an overview of the content of the report and drew the Integration Joint Board's attention to the schematic that had been tabled.

Cllr Helen Laing enquired if the Falls Strategy had been finalised. Mr Murray Leys commented that he would find out and advise outwith the meeting.

Several issues were raised during discussion including: page 12 update required on delayed discharges; page 23 carers section confirmation required that there were just 2 exceptions as opposed to 4; preference for run rates against the previous year and the Scottish average and the inclusion of RAG rates within the next quarterly report instead of legends; anomaly of the Margaret Care Unit being included within the Borders General Hospital end of life care statistics instead of the community based statistics; inclusion of narratives; immenseness of the issue of combining stranded patients with care closer to home; performance in community spend and receipt of the anticipated figures for 2015/16.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the additional themes and measures for reporting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key performance issues highlighted.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** advised of changes to be included in future quarterly performance reports.

## **12. Locality Plan Consultation Update**

Mr David Davidson commented on the low number of responses received across the Borders. Mr Murray Leys assured the Integration Joint Board that the plans had been produced by communities through community involvement. Engagement sessions had been held across the localities on a regular basis and given the input that had been received to the locality plans, he had been surprised at the low consultation response rates.

Mr John McLaren commented that Berwickshire had a higher response rate than the other localities and he enquired if equality impact assessments had been carried out to evidence engagement from older people, those with disabilities and those identifying as carers. Cllr John Greenwell suggested that the higher response rate for Berwickshire could have been due to the Area Forum in that area which was always well attended.

Mr Colin McGrath suggested that from his perspective and as part of the Cheviot Locality Planning Group, that group had not engaged well with the public and volunteering groups. He suggested the process should be run again and issues of GP clusters should be looked.

Dr Angus McVean reminded the Integration Joint Board that when GP clusters were set up it was for GP Practices to group themselves with the colleagues that they thought they could have the best working relationship with in their close area. It was apparent that 5 GP clusters to mirror the 5 localities would not work for GPs and whilst 4 GP clusters created an overlap it was not viewed as an issue by GPs either then or now.



Cllr Greenwell commented that as the Local Authority Equality & Diversity champion he had been pleased to see that equality impact assessments had been completed on the plans and he expected impact assessments to be undertaken on the responses received. He enquired if the positive and negative responses had been separated in the numbers reported. Mr Leys advised that he was unaware of how the responses had been analysed but would seek confirmation from the locality coordinators and provide assurance to the Integration Joint Board on the process that had been followed to bring together the views of the communities.

During further discussion various views were expressed in regard to: engagement and consultation processes; refresh of the communication and stakeholder plan; engagement processes to reflect partnership working; pick up concerns under the actions within each plan; and include the process of engagement with the public on a future Integration Joint Board Development session agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the number of questionnaires returned and the key themes emerging from feedback received and sought further information on the community engagement process.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the proposals to revise the plans based on feedback received and sought to further encourage the public to engage with the proposals.

### **13. Update on Buurtzorg in the Borders**

Mrs Claire Pearce gave an update on the Buurtzorg project and explained the key principles of the initiative and the progress that had taken place to date.

Mrs Jane Davidson advised that whilst the project might seem miniscule it was a huge step forward in enabling integrated care to be delivered to people in the community. She suggested the pilot would assist in the cultural change required and be the first step in making real change happen on the front line in the community.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress to date and welcomed hearing more at a later date.

### **14. Inspections Update**

Mr Murray Leys gave an update on the Joint Older People's Services Inspection report had had been published on 28 September. He advised that discussions continued with colleagues in the Care Inspectorate and Healthcare Improvement Scotland and an action plan had been produced following publication of the report, which would be shared with the Integration Joint Board once finalised.

Discussion ensued which focused on: the media response issued in regard to the publication of the Inspection report; differences between the positive verbal feedback received during the inspection and the negative written feedback contained within the actual report; improvements to the process of producing the inspection report; perspectives from the Chief Executives of the Health Board and Local Authority; a review of the report; adult protection seen as an area of weakness; and improvement work to be undertaken.

Cllr Tom Weatherston commented that one of the criticisms within the report related to a facility within his constituency and when he had spoken to the public and users of the facility within his ward area they had been shocked at the report content as they viewed the facility as well run and a positive service.

The Chair asked for assurance that the matters that had been brought up in the report pertaining to adult care in both secondary and primary care were being addressed. Mrs Davidson suggested the Integration Joint Board receive the action plan once finalised by the Health Board and Local Authority.

Mr Robert McCulloch-Graham commented that the judgements published within the report, were not supported by details of the evidence used by the inspectorate, to reach their conclusions. He was seeking a meeting with the Care Inspectorate to examine their evidence base. In this way the partnership's improvement action plan would be better informed, and appropriate actions put in place to address concerns. The meeting would also seek to reach agreement with the inspectorate on the evidence to be collated which would demonstrate improvement.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to receive the Action Plan at the next meeting.

#### **15. IJB Business Cycle 2018**

*Dr Angus McVean left the meeting.  
Mr David Bell left the meeting.*

Miss Iris Bishop gave a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed meeting dates and business cycle for 2018.

#### **16. IJB Annual Accounts**

Mrs Susan Swan gave an overview of the content of the Annual Accounts and advised that they had been presented to and endorsed by the Integration Joint Board Audit Committee in September 2017.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the 2016/17 Annual Accounts as endorsed by the Integration Joint Board Audit Committee.

#### **17. Interim Transformation and Efficiencies Programme Tracker**

*Mr Tris Taylor left the meeting.*

Mrs Susan Swan provided the Integration Joint Board with an update to the presentation received at the previous meeting in August. She highlighted the detail in regard to the financial gap in terms of recurring efficiency savings, the review to be undertaken over the

next 2 accounting cycles and aligning the financial plans of the partnership to the transformational programme projects to fill the financial gap.

Mr John McLaren suggested staff side representation could be offered to the programme leads and also enquired if there were any funds to work with the locality groups. Mrs Swan advised she would find out and advise outwith the meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and requested an update on the delivery of efficiencies in 2017/18 and future years from the Transformation Programme.

#### **18. Monitoring of the Health & Social Care Partnership Budget 2017/18**

Mrs Susan Swan gave an overview of the content of the report. She advised that future iterations of the report would be revised to be more user friendly and less technical in terms of accountancy speak.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the monitoring position on the partnership's 2017/18 revenue budget at 31st August 2017 and requested details of the financial recovery plan for 2017/18 at the next meeting.

#### **19. Ring Fenced Resources - Update on Social Care Fund, Integrated Care Fund and Change Fund**

*Cllr David Parker left the meeting.*

*Cllr Shona Haslam left the meeting.*

Mrs Susan Swan gave an overview of the content of the report. She highlighted the request to direct £1m of resources as discussed earlier in the meeting to assist in addressing the surge bed situation linked to stranded patients. She further explained the background to the request to direct £0.285m to the Border Ability Store equipment budget.

Cllr John Greenwell asked that the financial discussions be moved earlier up the meeting agenda given the current financial pressures facing the partnership.

Cllr Tom Weatherston noted the potential for adverse publicity given the content of the papers and that their status as public documents.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report and the status of resources on the Social Care Fund, the Integrated Care Fund and the Change Fund.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the recommendation by the Executive Management Team to direct £1m of Social Care Fund resources on a non recurring basis for 2017/18 to NHS Borders to cover the costs of surge bed capacity used across the health system linked to the level of delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the recommendation by the Executive Management Team to direct £0.285m of Social Care Fund

resources on a non recurring basis for 2017/18 to the Borders Ability Store - equipment budget.

## **20. Committee Minutes**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

## **21. Any Other Business**

**21.1 Health & Social Care Integration Joint Board Development Session: 27 November 2017:** The Chair highlighted the subject matter for the next Development session to be held on 27 November.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the item.

**21.2 Transformation Programme:** Mr Colin McGrath suggested inviting Mr Grant Laidlaw, Programme Manager for Planned Care and Commissioning to a future Development session to talk about patient optimisation. Mrs Susan Swan reminded the Integration Joint Board that the subject matter was operational and was being picked up under the Transformation Programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the item.

## **22. Date and Time of next meeting**

The Chair confirmed that the next meeting of Health & Social Care Integration Joint Board would take place on Monday 18 December 2017 at 2.00pm in Committee Room 2, Scottish Borders Council.

*The meeting concluded at 4.20pm*


Signature: .....  
Chair



## Health & Social Care Integration Joint Board Action Point Tracker


Meeting held 17 October 2016

**Agenda Item:** Clinical & Care Governance – Integrated Joint Board Reporting

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
8	5	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> agreed that it would undertake a Development session on clinical and care governance.	Robert McCulloch-Graham, Claire Pearce, Cliff Sharp	2017	<b>In Progress:</b> Item scheduled for 27 November 2017 Development session.	


Meeting held 19 December 2016

**Agenda Item:** Further Direction of Social Care Funding – Borders Ability & Equipment Services

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
11	12	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> agreed to receive a further report on the operation of the BAES at a future meeting.	Robert McCulloch-Graham	March 2017	<b>In Progress:</b> Item scheduled for 27 March 2017 meeting agenda. <b>Update:</b> Item rescheduled to December meeting.	


## Meeting held 27 February 2017

### Agenda Item: Health & Social Care Delivery Plan

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
13	8	Tracey Logan advised that there were already strong links to Live Borders in place and she would be happy to provide an update to the IJB if it wished.	Tracey Logan	June 2017	<b>In Progress:</b> Item rescheduled to December meeting.	


## Meeting held 28 August 2017

### Agenda Item: Monitoring of the Health & Social Care Partnership Budget 2017/18 at 30 June 2017

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
16	12	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> asked the Chief Officer to bring forward a plan for the delivery of remedial savings to address the shortfall attributable to the part-year only impact of the Integrated Transformation Programme in 2017/18.	Robert McCulloch-Graham	December 2017	<b>In Progress:</b> Item scheduled for December meeting agenda.	


## Meeting held 23 October 2017

### Agenda Item: Locality Plan Consultation Update


Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
17	12	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> noted the number of questionnaires returned and the key themes emerging from feedback received and supported further	Robert McCulloch-Graham	December 2017	<b>Complete:</b> Each locality plan indicates the ongoing interaction with local communities.	

		dialog with local communities.				
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#### Agenda Item: Locality Plan Consultation Update

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
18	12	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> endorsed the proposals to revise the plans based on feedback received and sought to further encourage the public to engage with the proposals.	Robert McCulloch-Graham	December 2017	<b>Complete:</b> Plans have been revised accordingly.	


#### Agenda Item: Update on Buurtzorg in the Borders




Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
19	13	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> noted the progress to date and welcomed hearing more at a later date.	Robert McCulloch-Graham	April 2018	<b>In Progress:</b> Item scheduled for April 2018 meeting agenda.	

#### Agenda Item: Interim Transformation and Efficiencies Programme Tracker

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
20	17	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> noted the report and requested an update on the delivery of efficiencies in 2017/18 and future years from the Transformation Programme.	Robert McCulloch-Graham Susan Swan	December 2017	<b>In Progress:</b> Item scheduled for December meeting agenda.	

**Agenda Item:** Monitoring of the Health & Social Care Partnership Budget 2017/18

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
21	18	The <b>HEALTH &amp; SOCIAL CARE INTEGRATION JOINT BOARD</b> noted the report and the monitoring position on the partnership's 2017/18 revenue budget at 31st August 2017 and requested details of the financial recovery plan for 2017/18 at the next meeting.	Susan Swan	December 2017	<b>In Progress:</b> Item scheduled for December meeting agenda.	

KEY:	
	Overdue / timescale TBA
	<2 weeks to timescale
	>2 weeks to timescale
<b>Blue</b>	Complete – Items removed from action tracker once noted as complete at each H&SC Integration Joint Board meeting



## **DISCHARGE TO ASSESS – IJB DIRECTION**

### **Aim**

- 1.1 To introduce a new policy of discharging patients from hospital to undertake an assessment of need at home or at least in a homely setting.
- 1.2 To direct the Health and Social Care Partnership, and in particular Scottish Borders Council and NHS Borders to determine an operational model, which will enable a Discharge to Assess policy.
- 1.3 The new policy will aim to reduce the time patients spend waiting for discharge after being declared medically fit to do so.

### **Recommendation**

- 2.1 The Health & Social Care Integration Joint Board (IJB) is asked to **approve** the issuing of a Direction to NHS Borders and Scottish Borders Council to introduce a policy of Discharge to Assess.
- 2.2 Under this new “Direction” the IJB would request the Health and Social Care Partnership to provide a detailed and costed proposal to the IJB for the introduction of such a policy over the Winter period of 17/18.
- 2.3 That a review of the methodology be undertaken in June 2018 and a report brought to the IJB with further recommendations based on the experience of the first six months of “Discharge to Assess” practice.

### **Background**

- 3.1 The number of patients “stranded” in hospital had improved last year. This year however has seen a return to the figures of 2014/15. The number of bed days associated with delayed discharges for residents over 75 years, was 647 in August of this year compared with 522 in August 2016.
- 3.2 In terms of bed days lost, when analysed per head of the population, these figures are amongst the worst in Scotland. This is clearly an avoidable financial pressure. In many areas of Scotland efficiencies have been achieved by adopting a version of discharge to assess, which reduces stays in acute hospital beds as well as ensuring that people arrive back in their own home or their new home sooner.
- 3.3 In addition, we are fully aware that any additional days spent in a hospital setting increase the risk of secondary infections as well as increasing dependency levels. This makes discharge more complex, difficult and costly for health and social care and has a significant impact on the overall capacity of the hospital.

### **Summary**

- 4.1 This paper puts forward an instruction from the IJB to both the Council and NHS Borders, to work together to plan and introduce a new process whereby patients can be safely discharged from hospital to either their home, or a facility which can

provide a homely setting. A full assessment of their care needs can then be undertaken, in a more appropriate environment.

- 4.2 The IJB, under the powers of the Public Bodies (Joint Working) Act 2014, can issue “Directions” to either or both, the Local Authority or Health Board, within the delegated functions outlined within the scheme of integration. See *appendix A. “Good Practice Note, Directions from Integration Authorities to Health Boards and Local Authorities.*
- 4.3 This instruction will substantially change current practices of assessment of care needs in an acute hospital setting. Where appropriate and possible, patients will be discharged from an acute hospital bed either to their own home or to an identified discharge to assess facility, where an assessment of strengths and critical needs will be undertaken.

### **Risk**

- 5.1 The success of this policy is reliant on the provision of resources and facilities being able to keep pace with discharge flow both from hospitals and from assessment facilities. Whilst an element of this can be controlled through operational management processes, there will remain potential difficulties with sourcing longer term placements in a care home and packages of support to enable independence at home to be achieved sooner rather than later. Further work is required by the Council and contracted partners to secure increased capacity in care at home provision.

<b>Policy/Strategy Implications</b>	Introduction of a new policy of discharging patients to assess within the community.
<b>Consultation</b>	This proposal is for a trial period over this winter. Depending on the outcome of this test, consultation would be more appropriate in the spring of 2018.
<b>Risk Assessment</b>	A risk assessment will be undertaken through the plans designed to implement the “Discharge to Assess” policy.
<b>Compliance with requirements on Equality and Diversity</b>	This policy will target those patients most likely to benefit from an assessment in a specialist discharge to assess facility. The overall policy direction of discharge to assess will apply equally where possible.
<b>Resource/Staffing Implications</b>	There are no implications within this paper. However further funding bids will need to be considered by the IJB as the Health Board and the Local Authority progress their plans.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Robert McCulloch-Graham	Chief Officer Health & Social Care		

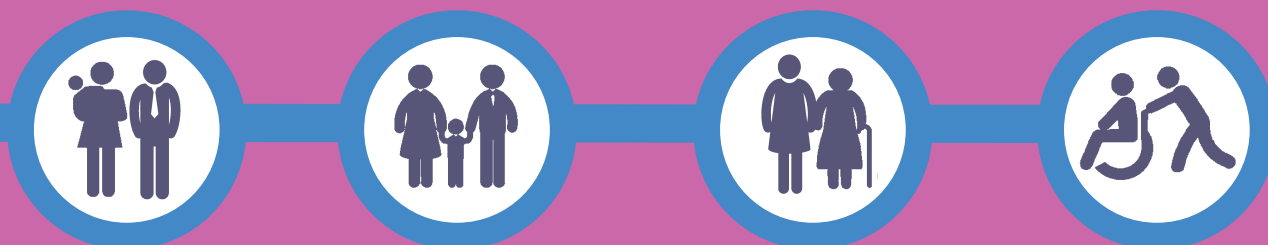
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# Good Practice Note

Directions from Integration Authorities to Health  
Boards and Local Authorities



## Introduction – the wider context for directions

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a “strategic plan” (also known as a strategic commissioning plan) for integrated functions and budgets under their control.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding<sup>1</sup> directions from the Integration Authority to one or both of the Health Board and Local Authority.

1.4 In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB<sup>2</sup>. Where the lead agency model is used, the Integration Authority *may* issue directions or may carry out functions itself.

1.5 In either case, a direction must set out how each integrated health and social care function is to be exercised, and the budget associated with that.

## 2 Form and content of directions

2.1 Directions must be in writing<sup>3</sup> and should set out a clear framework for operational delivery of the functions that have been delegated to the Integration Authority.

2.2 Directions must clearly identify which of the integrated health and social care functions<sup>4</sup> they relate to. The Integration Authority can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

2.3 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is payment, or an amount made available) is to be used<sup>5</sup>.

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<sup>1</sup> Section 27(4).

<sup>2</sup> Section 26(1). This requirement may be removed or varied in relation to a particular Integration Joint Board if an application under section 27(7)(a) is made by the Health Board and Local Authority for the area of the Integration Joint Board.

<sup>3</sup> Section 27(5)(b)

<sup>4</sup> The functions that have been delegated by the Local Authority and Health Board, as described in the relevant Integration Scheme.

<sup>5</sup> Section 27(1)(a),(b) and (c)

2.4 The exercise of each function can be described in terms of delivery of services, achievement of outcomes, and/or by reference to the strategic commissioning plan.

2.5 Directions may stipulate which of the health board or local authority is to carry out a particular function, or may require a function to be carried out jointly. The direction may also specify what the health board and/or local authority is to do in relation to carrying out a particular function.

2.6 The financial resource allocated to each function in a direction is a matter for the Integration Authority to determine. The Act makes particular provision in relation to the allocation of budgets for the sum “set aside” in relation to large hospital functions<sup>6</sup>, which gives flexibility for the Integration Authority to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes.

### **3 Process for issuing and revising directions**

3.1 A direction will remain in place until it is varied, revoked<sup>7</sup> or superseded by a later direction in respect of the same function.

3.2 The legislation does not set out fixed timescales for directions. This flexibility allows directions to ensure that delivery of integrated health and social care functions is consistent with the strategic commissioning plan, and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in relation to particular functions (and the associated services).

3.3 Directions issued at the start of the year should be subsequently revised during the year in response to developments.

3.4 For example, should an overspend be forecast on either of the operational budgets – for health or social care services provided by the Health Board and Local Authority – the Chief Officer will need to agree a recovery plan to balance the overspending budget (in line with the provisions in the Integration Scheme and statutory guidance<sup>8</sup> for finance under integration). This may require an increase in the payment to either the Health Board or Local Authority, funded by either:

- Utilising an underspend on the other arm of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance on the general fund, if available, of the IJB.

3.5 A revision to the directions will be required in either case.

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<sup>6</sup> Section 28, which allows the integration authority to allocate a “specified amount” of the set-aside budget, but requires top-up payments should additional resource be required.

<sup>7</sup> Section 27(5)(a)

<sup>8</sup> <http://www.gov.scot/Resource/0048/00480494.pdf>



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This publication is available at [www.scotland.gov.uk](http://www.scotland.gov.uk)

Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78652-191-0 (web only)

Published by The Scottish Government, March 2016

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS68207 (03/16)



## **PILOT FOR DISCHARGE TO ASSESS**

### **Aim**

- 1.1 To introduce a new policy of discharging patients from hospital to undertake an assessment of need at home or at least in a homely setting.

### **Recommendation**

- 2.1 The Health & Social Care Integration Joint Board is recommended to **agree** to the implementation of discharge to assess facilities at Haylodge Community Hospital and at Craw Wood.
- 2.2 The Health & Social Care Integration Joint Board is recommended to **agree** the allocation of a Hospital to Home provision through the health care support team.
- 2.3 The Health & Social Care Integration Joint Board is recommended to **approve** the use of Integrated Care Fund resources to cover the total estimated cost of £850k, for the discharge to assess options recommended by the Executive Management Team (EMT).
- 2.4 The Health & Social Care Integration Joint Board is recommended to **request** an evaluation of this provision as part of the wider winter plan.

### **Background**

- 3.1 On 13<sup>th</sup> October 2017, EMT approved a paper proposing the opening of:
  - 6-8 beds at Haylodge Community Hospital - as 'Boarding' beds, where patients can be moved from Borders General Hospital (BGH).
  - and up to 15-beds at Craw Wood (Tweedbank) for Discharge to Assess (DTA), where patients capable of giving consent can be moved from BGH.
- 3.2 Following the approval by EMT to the implementation of DTA facilities and the Chief Officer Health & Social Care paper on 'Discharge to Assess – IJB Direction', this paper outlines the options, estimated costs and recommendations to setup a pilot for Discharge to Assess facilities.

### **Options/Proposal**

- 3.3 The following proposals have been developed, by a dedicated short-life cross Partnership Project Team, for the implementation of discharge to assess facilities within Borders.

### 3.4 *Haylodge*

It is proposed that the day hospital and day service on the lower floor of Haylodge Community Hospital should be relocated to create space to accommodate 6-8 'boarding-beds' at Haylodge. To enable this, the current Day Service would be required to move to Dovecot (on a temporary basis) to allow works to be undertaken at Victoria Park. Once these works are completed, it is proposed that the Day Service be permanently located at Victoria Park. It is proposed that for Day Hospital patients, a domiciliary (at-home) approach is tested. Additionally, there may be scope to utilise Victoria Park for some Day Hospital patients, depending on their level of need.

### 3.5 *Hospital to Home Service*

Further support to increase capacity and flow across the Community Hospitals is proposed, through the use of Health Care Support Workers. They will facilitate discharge and assessment at home. This team will be supported by the Matching Unit to access on going care provision.

### 3.6 *Craw Wood*

A further facility proposed for use as part of the discharge to assess patient pathway is Craw Wood. The Care Inspectorate are supportive of the short-term use of Craw Wood for DTA, but have been very clear that registration will only be for the short-term, to support winter planning, and that they expect the use of Craw Wood to cease by the end of April 2018. The EMT supported immediate work to bring the Craw Wood premises up to acceptable standards for use and refurbishment works are due to complete by the middle of November. SB Cares are progressing staffing for the facility for up to 15-beds.

3.7 With regard to timescales, it is anticipated that Craw Wood will be operational from 1<sup>st</sup> December 2017, Haylodge by January 2018 and the Hospital to Home Service by December 2017.

## Costs

5.1 The summarised costs of the options described above are detailed in the following table:

Location	Beds	Est. Cost £'000s	Operational period
Haylodge	6 beds	246	1st Jan 2018 - 30th April 2018
Hospital to Home	-	108	1st Dec 2017 - 30th April 2018
Craw Wood	8 beds	168	1st Dec 2017 - 30th April 2018
Craw Wood	extra 7 beds	274	1st Jan 2018 - 30th April 2018
		<b>796</b>	

The total cost to implement all options is estimated at £796k. As a result of the timeline of development of these options a contingency sum of £54k is recommended to meet any unforeseen costs as the options are implemented.

- 5.2 The implementation of discharge to assess facilities supports the aim of the Integration Joint Board (IJB) to ensure delayed discharge levels are reduced. The use of Integrated Care Funding (ICF) to pilot this new patient pathway is supported by the partnership EMT. The IJB received an update on the level of uncommitted resources on the ICF at its meeting on 23rd October 2017. The uncommitted resource on ICF totals £2.188m.

<b>Policy/Strategy Implications</b>	Introduction of a new policy of discharging patients to assess within the community.
<b>Consultation</b>	This proposal is for a trial period over this winter. Depending on the outcome of this test, consultation would be more appropriate in the spring of 2018.
<b>Risk Assessment</b>	A risk assessment will be undertaken through the plans designed to implement the “Discharge to Assess” policy.
<b>Compliance with requirements on Equality and Diversity</b>	This policy will target those patients most likely to benefit from an assessment in a specialist discharge to assess facility. The overall policy direction of discharge to assess will apply equally where possible.
<b>Resource/Staffing Implications</b>	Further funding bids will need to be considered by the IJB as the Health Board and the Local Authority progress their plans.

#### Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Rob McCulloch Graham	Chief Officer Health & Social Care		

#### Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Murray Leys	Chief Social Work Officer, Scottish Borders Council		

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## **EMERGENCY POWERS**

### **Aim**

- 1.1 To seek approval to an amendment to the Standing Orders of the Health & Social Care Integration Joint Board to include a provision of emergency powers.

### **Recommendation**

- 2.1 The Health & Social Care Integration Joint Board is asked to **approve** the amendment to the Standing Orders to introduce emergency powers for decision making outside of formal Integration Joint Board meetings.

### **Background**

- 3.1 The Standing Orders encourage transparent and accountable decision making with sufficient provisions in place to ensure the smooth running of the Integration Joint Board, including arrangements for such matters as membership, chairing of meetings, notice of meetings and how voting will be carried out.
- 3.2 The Standing Orders were amended on 28 August 2017 by the inclusion of a change to the rotation period of the Chair and Vice Chair to two years.

### **Summary**

- 4.1 The Health & Social Care Integration Joint Board currently holds no provision for an urgent decision to be taken outside a Board meeting or Audit Committee meeting. If a decision is required outwith the normal meeting cycle then an Extra Ordinary meeting is called which in the case of urgent issues can lead to a delay in decision making.
- 4.2 There are occasions where it may be necessary for a decision to be taken urgently which cannot wait for an ordinary or an extra ordinary meeting. As a result it is proposed to add a paragraph into the Standing Orders that will allow the Chief Officer, in consultation with the Chair and Vice Chair, to take decisions that are urgent and could not wait until the next meeting. To ensure appropriate oversight of this power the Standing Order does require the Chief Officer to report to the next meeting informing the Integration Joint Board or its committee of the action taken. It is not expected that this Standing Order will be required to be used regularly.
- 4.3 One amendment is recommended for inclusion to the Standing Orders in regard to emergency powers on Page 11, Item 25 (Appendix A attached). *"If a decision which would normally be made by the Integration Joint Board or its Committee, requires to be made urgently between meetings of the Integration Joint Board or Committee, the Chief Officer, in consultation with the Chair and Vice Chair, may take action, subject to the matter being reported to the next meeting of the integration Joint Board or Committee."*

<b>Policy/Strategy Implications</b>	The Standing Orders of the Scottish Borders Health & Social Care Integration Joint Board are set up in accordance with
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	the Public Bodies (Joint Working) (Scotland) Act 2014.
<b>Consultation</b>	None.
<b>Risk Assessment</b>	Delay to decision making.
<b>Compliance with requirements on Equality and Diversity</b>	Compliant
<b>Resource/Staffing Implications</b>	None.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Robert McCulloch-Graham	Chief Officer Health & Social Care		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Iris Bishop	Board Secretary		



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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Scottish Borders Health & Social Care  
Integration Joint Board

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**STANDING ORDERS**

<b>Version</b>	<b>6</b>
<b>Date</b>	<b>08.11.17</b>
<b>Author</b>	<b>Iris Bishop, Board Secretary</b>

## **1. General**

- 1.1 The Standing Orders of the Scottish Borders Health & Social Care Integration Joint Board are set up in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.2 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

## **2. Membership**

- 2.1 The Integrated Joint Board shall comprise five NHS Non-Executive Directors appointed by Borders Health Board, and five Elected Councillors appointed by Scottish Borders Council. In addition, there will be non-voting representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers as identified by the Integration Joint Board. The Chief Officer of the Integration Joint Board, Chief Financial Officer and the Chief Executives of NHS Borders and Scottish Borders Council, and any other senior officers as appropriate, will be invited to attend the Integration Joint Board as non-voting members.
- 2.2 The term of office of voting Members of the Integration Joint Board shall last as follows:
  - (a) for Local Government Councillors, three years, thereafter Scottish Borders Council will identify its replacement Councillor(s) on the Integration Joint Board,
  - (b) for Borders Health Board nominees, three years, thereafter Borders Health Board will identify its replacement Non Executive(s) on the Integration Joint Board.
- 2.3 Where a Voting Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Voting Member they replace.
- 2.4 On expiry of a Voting Member's term of appointment the Voting Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.
- 2.5 Any Voting Member appointed to the Integration Joint Board who ceases to fulfil the requirements for membership detailed in the Scheme of Integration approved by the Scottish Ministers shall be removed from membership on the serving by the Board Secretary of notice to that effect.
- 2.6 A Voting Member of the Integration Board may resign his/her membership in writing at any time during their term of office by giving notice to the Board Secretary or the Clerk to the Council. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 2.7 If a Voting Member has not attended three consecutive Ordinary Meetings of the, Integration Joint Board, the Board Secretary shall, by giving notice in writing to that Voting Member, remove that person from office unless the Integration Joint Board are satisfied that :-



- (a) The absence was due to illness or other reasonable cause; and
- (b) The Voting Member will be able to attend future Meetings within such period as the Integration Joint Board consider reasonable.

2.8 The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.

### **3. Chair**

3.1 The first Chair of the Integration Joint Board shall be from the body not employing the Integration Joint Board's Chief Officer, with the Vice-Chair from the body employing the Chief Officer. The Chair and Vice Chair posts shall rotate on a two year basis between the NHS Board and the Council, with the Chair being from one body and the Vice-Chair from the other.

3.2 The Vice-Chair may act in all respects as the Chair of the Integration Joint Board if the Chair is absent or otherwise unable to perform his/her duties.

3.3 At every Meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any Meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a chair shall be appointed from within the voting members present for that meeting.

3.4 Powers, authority and duties of Chair and Vice-Chair.

The Chair shall specifically:-

- (a) Preserve order and ensure that every Member has a fair Hearing;
- (b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;
- (c) Determine the order in which speakers can be heard;
- (d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- (e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- (f) Maintain order and at his/her discretion, order the exclusion of any Member of the public who is deemed to have caused disorder or misbehaved;
- (g) The decision of the Chair on all matters within his/her jurisdiction shall be final;
- (h) Deference shall at all times be paid to the authority of the Chair. When he/she rises to speak, the Chair shall be heard without interruption and
- (i) Members shall address the Chair while speaking.

## **4. Meetings**

- 4.1 The Integration Joint Board shall meet at such place and such frequency as may be agreed by the Integration Joint Board and no less than four times per year.
- 4.2 The Chair may convene Extra Ordinary Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a Meeting.
- 4.3 If the Chair refuses to call a Meeting of the Integration Joint Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of voting Members, has been presented to the Chair or if, without so refusing, the Chair does not call a Meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

## **5. Notice of Meeting**

- 5.1 Before every Meeting of the Integration Joint Board a Notice of the Meeting, specifying the time, place and business to be transacted at it shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least seven clear days before the Meeting. Members may opt in writing addressed to the Chief Officer to have Notice of Meetings delivered to an alternative address. Such Notice will remain valid until rescinded in writing. Lack of service of the Notice on any Member shall not affect the validity of a Meeting.
- 5.2 In the case of a Meeting of the Integration Joint Board called by Members in default of the Chair, the Notice shall be signed by those Members who requisitioned the Meeting. The meeting will consider the business specified in the notice. Such meeting shall be held within fourteen days of receipt of the notice by the Chief Officer.
- 5.3 At all Ordinary or Special Meetings of the Integration Joint Board, no business other than that on the Agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the Meeting as a matter of urgency.
- 5.4 The Board Secretary shall be responsible for giving public notice of the time and place of each Meeting of the Integration Joint Board by posting within the main offices of the Integration Joint Board not less than three clear days before the date of each Meeting.

## **6. Quorum**

- 6.1 No business shall be transacted at a Meeting of the Integration Joint Board unless there are present, and entitled to vote both Council and NHS Board members. Three

Elected Members from Scottish Borders Council and three Non Executive members from NHS Borders shall constitute a Quorum.

## **7. Codes of Conduct and Conflicts of Interest**

- 7.1 Members of the Integration Joint Board shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and Councillors Code of Conduct and Guidance made in respect thereto which are incorporated into the Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.
- 7.2 If any Member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any Meeting at which the matter is to be considered, he/she must as soon as practical, after the Meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.
- 7.3 If a Member or any business associate, relative or friend of theirs has any pecuniary or any other interest direct or indirect, in any Contract or proposed Contract or other matter and that Member is present at a Meeting of the Integration Joint Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any Contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that Contract or matter.
- 7.4 A Member who has an interest in service delivery may participate in the business of the Integration Joint Board, except where they have a direct and significant interest in a matter, unless the Integration Joint Board formally decides and records in the Minutes of the Meeting that the public interest is best served by the Member remaining in the Meeting and contributing to the discussion. During the taking of a decision by the Integration Joint Board on such matter, the Member concerned shall absent him/herself from the Meeting.

## **8. Adjournment of Meetings**

- 8.1 A Meeting of the Integration Joint Board may be adjourned by a motion, which shall be moved and seconded and put to the Meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the Meeting shall be adjourned to another day, time and place specified in the motion.

## **9. Disclosure of Information**

- 9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-
- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.

- The full or any part of any document marked not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.
- Any information regarding proceedings of the Integration Joint Board from which the Public have been excluded unless or until disclosure has been authorised by the Council or the NHS Board or the information has been made available to the Press or to the Public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board, the Council or the NHS Board.

## **10. Recording of Proceedings**

10.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior approval of the Integration Joint Board.

## **11. Admission of Press and Public**

11.1 Members of the public and representatives of the Press will be admitted to every formal meeting of the Board but will not be permitted to take part in discussion (Public Bodies (Admission to Meetings) Act 1960; Local Government (Scotland) Act 1973)

11.2 The Board may exclude the public and press while considering any matter that is confidential. (Local Government (Scotland) Act 1973, Schedule 7; Freedom of Information (Scotland) Act 2002 (the Act) and Environmental Information (Scotland) Regulations 2004 (the Regulations)

11.3 The terms of any resolution specifying the part of the proceedings to which it relates and the categories of exempt information involved shall be specified in the minutes.

11.4 Members of the public and representatives of the press admitted to meetings shall not be permitted to make use of photographic or recording apparatus of any kind unless agreed by the Board. (Local Government (Scotland) Act 1973; Public Bodies (Admission to Meetings) Act 1960)

11.5 Members of the public and press should leave when the meeting moves into reserved business. It is at the discretion of the Chair of that meeting if officers can remain.

11.6 Subject to the extent of the accommodation available and subject to the terms of Sections 50A and 50E of the Local Government (Scotland) Act 1973, and Public Bodies (Admission to Meetings) Act 1960 meetings of the Integration Joint Board shall be open to the public.

11.7 Every Meeting of the Integration Joint Board shall be open to the public but these provisions shall be without prejudice to the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a Meeting. The Integration Joint Board may exclude or eject from a Meeting a

member or members of the Press and Public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

## **12. Reception of deputations**

- 12.1 Every application for the receiving of a deputation must be in writing, duly signed and delivered or e-mailed to the Board Secretary at least seven clear working days prior to the date of the meeting at which the deputation wish to be received. The application must state the subject and the action which it proposes the Integration Joint Board should take.
- 12.2 The deputation shall consist of not more than ten people.
- 12.3 No more than two members of any deputation shall be permitted to address the meeting, and they may speak in total for no more than ten minutes.
- 12.4 Any member of the Integration Joint Board may put any relevant question to the deputation, but shall not express any opinion on the subject matter until all questions have been asked. If the subject matter relates to an item of business on the agenda, no debate or discussion shall take place until the relevant minute or other item is considered in the order of business.
- 12.5 The Integration Joint Board may make the following decisions regarding any deputation:
- (i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;
  - (ii) that the issue(s) raised do not merit or do not require further action.

## **13. Receipt of petitions**

- 13.1 Every petition shall be delivered to the Board Secretary at least seven clear working days before the meeting at which the subject matter may be considered. The Chair will be advised and will decide whether the contents of the petition should be discussed at the meeting or not.
- 13.2 The Board may make the following decisions regarding any petition:
- (i) refer the petition to another organisation or Officer of another organisation, with or without a recommendation or comment. That Organisation or Officer shall then make the final decision which could include taking no further action;
  - (ii) that the issue(s) raised do not merit or do not require further action.

## **14. Alteration, Deletion and Rescission of Decisions of the Integration Joint Board**

- 14.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Joint Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order.

## **15. Suspension, Deletion or Amendment of Standing Orders**

- 15.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such Meeting provided that two thirds of the voting Members of the Integration Joint Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

## **16. Order of business**

- 16.1 For ordinary meetings of the Board or its Committees, the business shown on the agenda shall normally proceed in the following order:

- Business determined by the Chair to be a matter of urgency by reason of special circumstances
- Reception of deputations, followed by consideration of any items of business on which the deputations have been heard
- Petitions
- Minutes of the previous meeting for approval
- Minutes of Sub-Committees
- General Business
- Questions and motions of which due notice has been given

- 16.2 No item of business shall be transacted at a meeting, unless either:

- It has been included on the agenda for the meeting; or
- It has been determined by the Chair to be a matter of urgency by reason of special circumstances

## **17. Motions, Amendment and Debate**

- 17.1 It will be competent for any voting Member of the Integration Joint Board at a Meeting of the Integration Joint Board to move a motion directly arising out of the business before the Meeting.

- 17.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.

- 17.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any Meeting of the Integration Joint Board except:-

- On a question of Order
- With the permission of the Chair
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

In all of the above cases no new matter will be introduced.

- 17.4 The mover of an amendment and thereafter the mover of the original motion will have

the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chair will call for the vote to be taken.

17.5 Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

17.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

17.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.

17.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate; or
- to close the debate.

17.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

## **18. Voting**

18.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

18.2 Only the five Members nominated by the NHS Board, and the five Members appointed by the Council shall be entitled to vote. Those Members drawn from health and social care professionals, staff, the third sector, users, the public and carers shall not be entitled to vote.

18.3 Every question at a Meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote. In the event of an equality of votes, the matter shall be referred to the NHS Borders Board and to Scottish Borders Council for final decision.

## **19. Minutes, agendas and papers**

19.1 The Board Secretary is responsible for ensuring that Minutes of the proceedings of a meeting of the Integration Joint Board or its Committees, including any decision or

resolution made at that meeting, shall be drawn up. The minutes shall be submitted to the next meeting of the Integration Joint Board, or relevant Committee, for approval by members as a record of the meeting subject to any amendments proposed by members and shall be signed by the person presiding at that meeting. A Minute purporting to be so signed shall be received in evidence without further proof.

19.2 The names of members present at a meeting of the Integration Joint Board or of a Sub-Committee of the Board shall be recorded in the Minute, together with the apologies for absence from any member.

19.3 Minutes of Meetings shall be submitted by the Chief Officer or an officer so designated by him/her to the Council and the NHS Board for noting.

19.4 The Freedom of Information (Scotland) Act 2002 gives the public a general right of access to all recorded information held. Therefore, when minutes of meetings are created, it should be assumed that what is recorded will be made available to the public. This does not apply to Minutes of a private section of any meeting.

19.5 The Minute of a meeting being held where authority or approval is being given by the Integration Joint Board and the Minutes are intended to act as a record of the business of the meeting, then the Minute should contain:

- A summary of the Integration Joint Board's discussions
- A clear and unambiguous statement of all decisions taken
- If no decision is taken, a clear and unambiguous statement of where the matter is being referred or why the decision has been deferred
- Where options are presented, a summary of why options were either accepted or rejected
- Reference to any supporting documents relied upon
- Any other relevant points which influenced the decision or recommendation
- Any recommendations which require approval by a higher authority

19.6 The contents of a Minute will depend upon the purpose of the meeting. If the meeting agrees actions they will be recorded in an Action Tracker:

- A description of the task, including any phases and reporting requirements
- The person accepting responsibility to undertake the task
- The time limits associated with the task, its phases and agreed reporting

19.7 The agendas and papers for all Integration Joint Board, Committee and Sub-Committee meetings shall be circulated to members by post or electronic means at least seven days before any given meeting.

19.8 The draft minutes and action trackers from all Integration Joint Board, Committee and Sub-Committee meetings shall be issued as soon as possible following a meeting, ideally within five working days.

## **20. Freedom of Information (Scotland) Act 2002**

20.1 The Freedom of Information (Scotland) Act 2002 (FOI(S)A) was introduced by the Scottish Parliament to ensure that people have the right to access information held



by Scottish public authorities. The Act states that any person can receive information that they request from a public authority, subject to certain exemptions such as protection of personal data and commercial interests, or national security. It came into force on 1 January 2005 and is retrospective.

Under FOI(S)A NHS Borders and Scottish Borders Council are required to:

- Provide applicants with help and assistance in finding the information they require within a given timescale
- Maintain a publication scheme of information to be routinely published
- Put in processes for responding to enquiries and undertaking appeals against decisions to withhold information

20.2 Information as defined under FOI(S)A includes copies or extracts, including drafts, of any documents such as:

- reports and planning documents
- committee minutes and notes
- correspondence including e-mails
- statistical information

20.3 The FOI(S)A provides a range of exemptions which may be applied allowing the public authority to withhold information. Exemptions must be considered on a case by case basis and may be applied to all or only part of the information requested.

- All documents will be scrutinised for information which may be withheld under an exemption to the Act prior to release.
- Full details of the FOI(S)A exemptions and how to apply them can be found in the Freedom of Information (Scotland) Act 2002.
- Briefings on how to apply exemptions can be found on the Scottish Information Commissioners website <http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp>.

## **21. Records management**

21.1 Under the Freedom of Information (Scotland) Act 2002, NHS Borders and Scottish Borders Council must have comprehensive records management systems and process in place which must give clear guidance on time limits for the retention of records and documents.

## **22. Reserved Business**

22.1 A Private meeting of the Integration Joint Board may be called at any time by the Chair, or one third of the Members. Generally a minimum notice period of three days should be observed. However, in exceptional circumstances and provided the majority of Integration Joint Board members are present and given the opportunity to attend, appropriate matters pertaining to a Private session may be conducted at the conclusion of an Integration Joint Board meeting. To allow for appropriate notice periods to be observed the wording "At the conclusion of the Board meeting, the board will reconvene for any matters of reserved business." should be clearly stated at the bottom of each Integration Joint Board meeting agenda.

## **23. Suspension and Disqualification**

23.1 Any Member of the Integration Joint Board may on reasonable cause shown be suspended from the Integration Joint Board or disqualified from taking part in any business of the Integration Joint Board in circumstances specified for NHS Board appointed nominees by the NHS Board, and for Council appointed nominees by the Council.

## **24. Working Groups**

24.1 The Integration Joint Board may establish any Sub-Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.

24.2 The Membership, Chair and quorum of any Sub-Committee or Working Groups will be determined by the Integration Joint Board.

24.3 The Terms of Reference of the Sub-Committee or Working Group will be determined by the Integration Joint Board.

24.4 A Sub-Committee or Working Group does not have any delegated powers to implement its findings and will prepare a Report for consideration by the Integration Joint Board.

24.5 Agendas for consideration at a Sub-Committee or Working Group will be issued by electronic means to all Members no later than seven working days prior to the start of the Meeting.

## **25. Urgent Decisions**

25.1 If a decision which would normally be made by the Integration Joint Board or its Committee, requires to be made urgently between meetings of the Integration Joint Board or Committee, the Chief Officer, in consultation with the Chair and Vice Chair, may take action, subject to the matter being reported to the next meeting of the integration Joint Board or Committee.