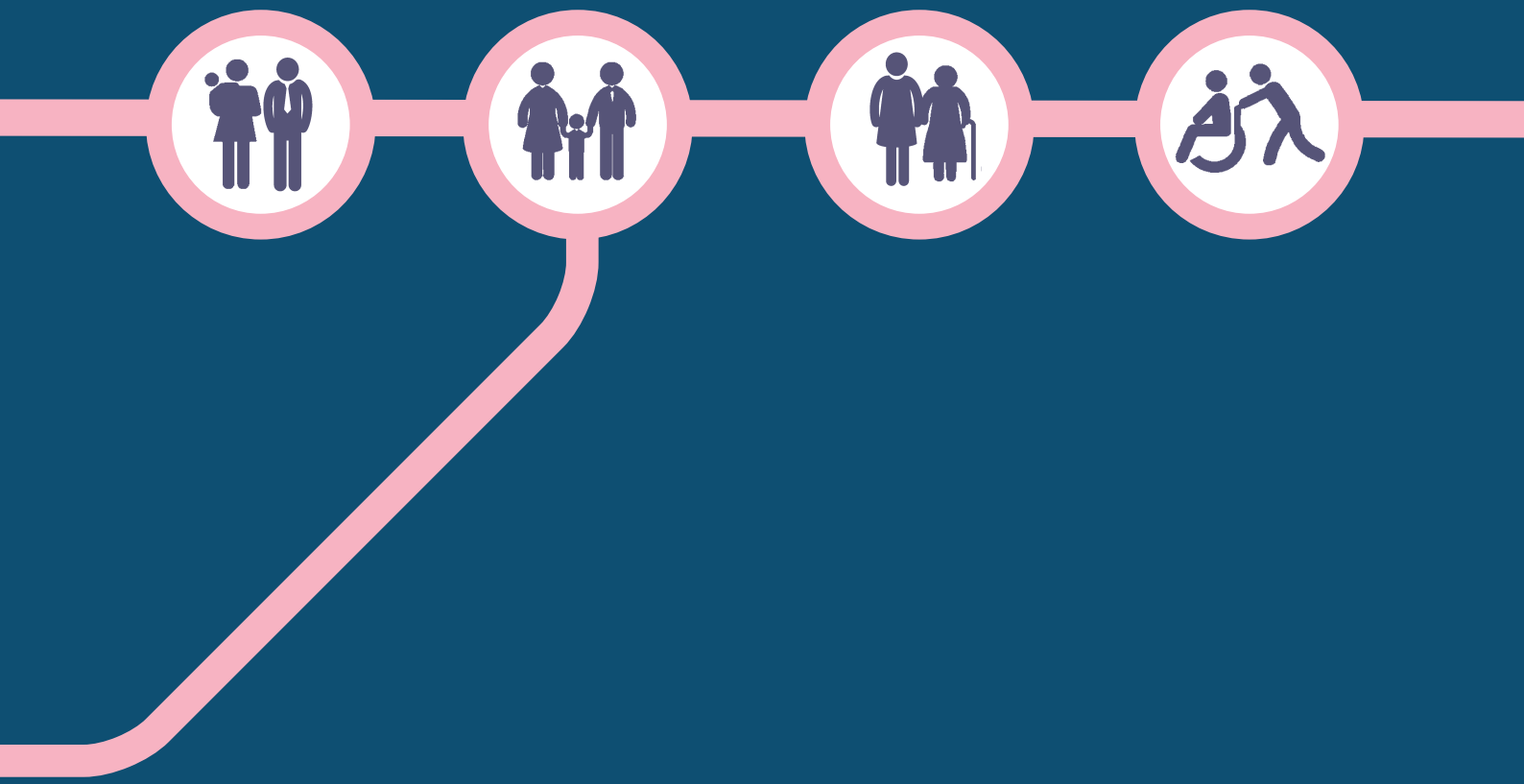
Scottish Government
Riaghaltas na h-Alba

Roles, Responsibilities and Membership of the Integration Joint Board

Guidance and advice to supplement the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 and Amendment Order 2025



Public Bodies (Joint Working) (Scotland) Act 2014
and Amendment Order 2025

Health and Social Care Integration

Contents

The Aim of This Guidance

This guidance is intended for use by all members of an Integration Joint Board (IJB), particularly the Chairs, Vice-Chairs and Standards Officers. It provides advice on best practice and supplements the existing legislative framework. The document focuses on the roles, responsibilities and membership of the IJB, setting out principles to support effective and consistent governance.

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 ("the 2025 Order") requires IJBs to extend voting rights to members with certain types of lived experience, such as service users, unpaid carers and third sector representatives, from 1 September 2026. Further information on the 2025 Order can be found in Section 1.1.

Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") requires an IJB to have regard to this guidance produced by Scottish Ministers on the exercising of its functions under or in relation to the Act. This guidance is produced under section 53 and relates to IJBs established under the body corporate model of integration under section 1(4)(a) of the Act.

For the purposes of this guidance, the term 'Lived Experience Representative' is used to collectively refer to the category members newly granted voting rights through the 2025 Order, namely:

- service users;
- unpaid carers; and
- third sector representatives.

These roles may, in some local contexts, be known as 'Public Partners'.

Section 1: Role and Responsibilities of the Integration Joint Board

1. Role and Remit of the Integration Joint Board

The Act puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. The Act requires Health Boards and Local Authorities to work together effectively to agree a model of integration to deliver quality, sustainable care services. Where a Health Board and a Local Authority agree to put in place a Body Corporate Model, an IJB will be established. This will see Health Boards and Local Authorities delegate a number of functions and resource to the IJB, who will be responsible for the planning of integrated arrangements and oversight of onward service delivery.

The Health Board and Local Authority will set out within their integration scheme which of their functions they intend to delegate to the IJB. The scope of the delegated functions will vary depending on local decision making but must adhere to the statutory minimum:

- Health Board functions - The functions that may be delegated by the Health Board to the IJB as per the Act are set out in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

- Local Authority functions - The functions that may be delegated by the Local Authority to the IJB as per the Act are set out in The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

Both sets of regulations also set out which functions must be delegated to an IJB.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under section 26 of the Act. The IJB may also have an operational role as described in the locally agreed operational arrangements set out within their integration scheme.

To fulfil its remit the IJB will:

- Follow any regulations or guidance issued by Scottish Ministers in relation to it.
- Lead, coordinate and be accountable for stakeholder engagement.
- Take into consideration national developments in policy and practice.

The Scottish Government and COSLA's jointly published Health and Social Care – Planning with People: Community Engagement and Participation Guidance sets out the IJBs community engagement responsibilities when health and social care services are being planned or when changes to services are being considered, and supports them to involve people meaningfully.

A full list of guidance and advice published to support the Act, is available at https://www.gov.scot.

1.1 The 2025 Order

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 ("the 2025 Order"), which comes into force on 1 September 2026, amends The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the 2014 Order") to extend voting rights to formally appointed lived experience members of IJBs, specifically:

- service users;
- unpaid carers; and
- third sector representatives.

Existing appointed members in these categories will automatically become voting members from 1 September 2026 and will not require reappointment. Voting rights attach to the membership category rather than being limited to a specified number of individuals within that category. Where more than one representative has been appointed to a category (for example, more than one service user representative), all individuals formally appointed under that category will have voting rights. There is no provision to confer voting rights on only one individual within a category.

From 1 September 2026, an appointed lived experience member may also arrange for a suitably experienced proxy to stand in their place at a meeting where that voting member is unable to attend such a meeting (new Article 12(2) of the 2014 Order).

The extension of voting rights will increase the number of voting members and therefore raise the quorum requirement, as set out in the 2014 Order, which requires that at least half of all voting members are present for business to be transacted. Accordingly, IJBs must update quorum calculations to reflect the revised voting membership and ensure the statutory quorum requirement continues to be met.

1.2 Other Key Requirements of the Integration Joint Board

IJBs are public bodies, and as such are subject to a range of other requirements. An IJB must ensure that arrangements are established to comply with their duties as set out in legislation. Although the responsibility of compliance sits with an IJB, they may choose to draw on the experience of and/or request support from their constituent Health Board and/or Local Authority to aid in complying with legislative requirements set out below. In such circumstances the Health Board and/or Local Authority might wish to provide the support requested.

The requirements set out below are not intended to be an exhaustive list of all legislative duties that may apply to an IJB. Responsibility for identifying and ensuring compliance with all applicable legal requirements rests with the IJB.

1.2.1 The Public Records (Scotland) Act 2011

IJBs are designated as “authorities” for the purposes of the Public Records (Scotland) Act 2011. They will be obliged, therefore, to comply fully with the legislation.

Under that Act named public authorities must prepare, implement, and maintain a Records Management Plan that sets out proper arrangements for the management of their public records. Each Records Management Plan must be submitted to, and agreed by, the Keeper of the Records of Scotland (the Keeper) and must be kept under regular review. The plan must cover all public records for which the authority is responsible and must detail matters such as the identity of the responsible persons for the management of the records and compliance with the plan, as well as ensure there are provisions on matters such as archiving and destruction of records.

To assist public authorities to comply with their obligations, the Keeper has produced a model plan in the form of an annotated list of the elements that might be expected to be covered in a robust Records Management Plan. In addition the Keeper has produced Model Records Management Plan Guidance that accompanies the model plan.

A Senior Officer of the IJB will therefore be responsible for overseeing the development and implementation of the Records Management Plan and for approving it prior to submission for the Keeper's agreement.

Further details on the National Records of Scotland and the Public Records (Scotland) Act 2011 Assessment Team, and support they provide can be found on their website.

1.2.2 Records Management

IJBs must consider how their obligations under the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004 impact on records management practices, including how information is created, stored, and accessed. The Code of Practice on Records Management sets out recommended best practice to support compliance with these duties, and each IJB should have a Records Management Plan which has been agreed by the Keeper of the Records of Scotland.

Records Management Plans must clearly specify whether information is:

- held by the IJB,
- owned by the IJB, or
- held by the IJB on behalf of a Local Authority or Health Board.

Where an IJB receives a request for information that it holds on behalf of a Local Authority or Health Board, the applicant should be informed that the IJB does not hold the information for the purposes of the request and should be directed to the relevant Local Authority or Health Board.

IJBs, Health Boards, and Local Authorities may also wish to put arrangements in place - such as Memoranda of Understanding - to support the effective handling of

information requests that relate to joint working, shared interests, or communications between the organisations.

1.2.3 Data Sharing

Health Boards and Local Authorities will continue to be responsible for answering data access requests in relation to any data for which they are the Data Controller. However, for requests in relation to any data for which an IJB is responsible, the IJB will be responsible for answering the data access request.

1.2.4 Subject Access Requests

Subject Access Requests are requests by individuals relating to their personal data. It is the responsibility of the data controller for that data to respond to these requests.

It is possible for the same data to be held by more than one public authority as a result of agreed sharing. IJBs must ensure that data sharing arrangements set out in the integration scheme are in place and that it is clear how requests are managed by both parties when shared data is involved.

Further information on Data Rights Requests can be found on the ICO website.

1.2.5 The Freedom of Information (Scotland) Act 2002 and Environmental Information (Scotland) Regulations 2004

The Freedom of Information (Scotland) Act 2002 ("FOISA 2002"), together with The Environmental Information (Scotland) Regulations 2004 ("2004 Regulations") provide any applicant with the right to request - and be provided with - any recorded information held by Scotland's public authorities. If an authority does not wish to provide information it holds, an 'exemption' or (under the 2004 Regulations) an 'exception' must be applied, for example, for legal advice or personal data.

IJBs are a "public authority" for the purpose of FOISA 2002. This means they are subject to both FOISA 2002 and the related 2004 Regulations, as well as other requirements of freedom of information legislation, and will be required to respond to information requests accordingly.

IJBs should be aware of their responsibilities under this Code of Practice which sets out recommended guidance in the handling of information requests.

As Health Boards and Local Authorities are already subject to information access legislation, IJB members are likely to already have an awareness of the requirements that FOISA 2002 and the related 2004 Regulations place on officials and organisations.

1.2.6 Publication Scheme

Section 23 of the Freedom of Information (Scotland) Act 2002 also requires that all Scottish public authorities subject to that Act maintain a publication scheme. A publication scheme sets out the types of information that a public authority routinely makes available. The IJB will need to develop and put in place a publication scheme, along with a guide setting out what information it will make available.

It is important that consideration is given to the publication scheme - and associated guides to information sharing - as early as possible. A publication scheme must be approved by the Scottish Information Commissioner. Information on publication schemes is available on the Commissioner's website.

1.2.7 Office of the Scottish Information Commissioner

The Scottish Information Commissioner promotes and enforces both the public's right to ask for information held by Scottish public authorities and good practice by authorities.

The Commissioner's staff have considerable experience in assisting authorities who are new to the Freedom of Information (Scotland) Act 2002 / Environmental Information (Scotland) Regulations 2004 responsibilities and will be pleased to help.

They can be contacted on 01334 464610, or by email to enquiries@foi.scot.

1.2.8 Ethical Standards in Public Life - Code of Conduct

IJBs are "devolved public bodies" for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000. This means that each IJB is required to produce a Code of Conduct for members. The code should be based on the model code of conduct for members of devolved public bodies.

Each IJB is required to review this model code and adopt it, with or without modifications, as its own Code of Conduct, applying to all members and business of the IJB. While some members may already be subject to another Code of Conduct, such as the Code of Conduct for Councillors, they are still required to adhere to the provisions of the IJBs Code of Conduct, as their duties as IJB members are distinct from responsibilities that they may have by virtue of other posts.

1.2.9 The Standards Commission

The Standards Commission is an independent public body which encourages high ethical standards in public life through the promotion and enforcement of Codes of Conduct for those appointed to the Boards of devolved public bodies, including the IJBs Codes of Conduct.

The Standards Commission has published guidance and advice notes which members should familiarise themselves with to support their interpretation of, and compliance with, the provisions set out in their IJBs Code of Conduct.

Members may contact the Standards Commission for advice about their responsibilities under the Code of Conduct and how to interpret any of its provisions.

The Standards Commission can be contacted using the contact us section on their website, or on the following email address: enquiries@standardscommission.org.uk.

1.2.10 The Ethical Standards Commissioner

The Ethical Standards Commissioner is an independent officeholder responsible for investigating complaints about members of devolved public bodies (including IJBs) and councillors who have breached their respective Codes of Conduct.

As IJBs are devolved public bodies for the purposes of the Ethical Standards in Public Life (Scotland) Act 2000, complaints of an individual board member breaching their Code of Conduct can be made to the Ethical Standards Commissioner. The Ethical Standards Commissioner can only consider complaints about a board member's conduct, not their performance or any decisions they make in that capacity.[1]

1.2.11 Equalities Duties

Section 149 of the Equality Act 2010 places a duty on public authorities to have due regard to the need to eliminate discrimination, harassment and victimisation; advance equality of opportunity; and foster good relations between persons who share a protected characteristic and those who do not.

All public authorities in Scotland, including IJBs, must comply with the Public Sector Equality Duty (PSED) set out in the Act.

Although the 2010 Act is largely reserved, Scottish Ministers have used their powers to support compliance with the PSED by placing detailed requirements on Scottish public authorities through The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

The Scottish Government has produced an Equality and Human Rights Mainstreaming Toolkit to support both the Scottish Government and the wider public sector in strengthening mainstreaming activity and meeting the PSED.

1.3 Liability arrangements for Integration Joint Boards and their members

IJBs are eligible to join the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) which covers the following areas of liability:

- Clinical negligence claims
- Non-clinical claims
- Employers' liability

[1] Scottish Government, *Model Code of Conduct for Members of Devolved Public Bodies*, 2021

- Public liability
- Product liability
- Professional risks
- Money
- Fidelity guarantee
- Work away from NHS premises
- External quality assurance
- Miscellaneous (i.e. employment practices liability arising out of wrongful employment practices)

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000 (as amended) makes provision for IJBs to apply to become a member of CNORIS. Membership is not compulsory, but represents a cost-effective alternative to arranging separate insurance. If an IJB decides to become a member of CNORIS then they will be indemnified as above.

If an IJB decides not to become a member of CNORIS then it will be prudent to ensure alternative arrangements are put in place to cover the IJB and its members against any claims arising in relation to liabilities listed above.

1.4 The Relationship Between the Integration Joint Board and the Strategic Planning Group

The 2014 Act places a requirement on IJBs to create a strategic plan for the area for which it is established. As part of this process, the IJB must establish a strategic planning group. The IJB must also determine the processes and procedures for the strategic planning group, subject to the provisions set out in section 32 of the Act.

After the strategic plan is published, the strategic planning group will continue to review progress of the plan, measured against the statutory outcomes for health and wellbeing, and associated indicators. It is recommended that strong lines of communication are established between the strategic planning group and the IJB. This is needed to ensure that the strategic planning group can effectively communicate its findings to the IJB which will help to inform and facilitate revisions to the strategic plan at least every three years.

A detailed explanation of the process for the development of the strategic plan can be found in the Strategic plans: Statutory Guidance.

1.5 Appointing a Committee of an Integration Joint Board

IJBs can appoint sub-committees should that be desirable. The 2014 Order extends the options available to an IJB in effectively planning for the provision of services by permitting an IJB to form a committee to carry out any of its functions as it sees fit. Any decision of such a committee must be agreed by the majority of the voting members who are members of the committee.

A committee of an IJB can only exercise the functions conferred upon it by the IJB. The purpose of the committee is to support the effective working of the IJB on matters which have been devolved to it by the IJB. This may be in an advisory capacity or, depending on the remit given by the IJB, the committee may have decision making powers to carry out certain functions of the IJB. In the interests of fairness and effective working, a committee of an IJB must include equal numbers of representatives from each constituent authority, as set out in Article 17(3) of the 2014 Order. This requirement relates to the balance of representation between a Health Board and a Local Authority/Local Authorities. It does not preclude the inclusion of lived experience members on committees.

An IJB can appoint advisory members to sit on a committee from outside the membership of the IJB, although, as before, any such decision must be agreed on by the voting members of the IJB.

1.6 Complaints Under Integration

1.6.1 Complaints About Integrated Services

Where a Health Board and Local Authority choose a body corporate model of integration, the Health Board and Local Authority will remain the responsible bodies for the delivery of health and social care services. As such, any complaints about service delivery will be dealt with through the existing health, social care and social work complaint handling procedures. These must adhere to the applicable Model Complaint Handling Procedure (MCHP) (NHS or Local Authority).

Health Boards and Local Authorities operating a Health and Social Care Partnership must ensure that the complaints process is integrated from the complainant's perspective. Integration schemes must set out arrangements for the management of complaints about jointly delivered services and the process by which a service user, and those complaining on behalf of service users may make a complaint. The arrangements set out in the integration scheme cannot alter the underlying position, described above, that complaints are to be dealt with under existing health, social care and social work complaints handling procedures.

Complaint handling staff should be familiar with the different procedures for handling complaints depending on the responsible public body. They must adhere to all legal requirements and internal policies related to confidentiality and the handling and processing of service user information.

It is recommended that the Health Board and Local Authority ensure that:

- Arrangements for complaints are well-publicised, across a range of platforms, and clearly explained. Information on the complaint procedure should be available to service users in all areas of service provision.
- The complaint process is accessible. Reasonable adjustments must be made for the specific access needs of complainants to remove potential barriers. This may include the provision of interpreting services or alternative formats when required.
- Complainants are signposted to independent advocacy services and are made aware of their supported decision making rights.

To support learning and service improvement, it is good practice for IJBs to maintain oversight of integrated service complaints. Data on integrated service complaints should be included in regular governance reporting to the IJB.

1.6.2 Complaints About Integration Joint Boards

Complaints may be made about IJBs in relation to particular functions and duties that they have responsibility for, such as strategic planning.

IJBs are listed in Schedule 2 of the Scottish Public Services Ombudsman Act 2002 and as such fall under the jurisdiction of the Scottish Public Services Ombudsman (SPSO). IJBs must adopt the SPSO's Model Complaint Handling Procedure (MCHP) for Scottish Government, Scottish Parliament and Associated Public Authorities.

The SPSO's MCHPs provide a standardised approach to dealing with service user complaints across the sector in Scotland. In particular, the aim is to implement a standardised and consistent process for service users to follow which makes it simpler to complain, ensures staff and service user confidence in complaints handling and encourages organisations to make best use of lessons from complaints. Further guidance on public bodies' responsibilities for complaints handling under the relevant MCHP is available from the SPSO.

The SPSO has powers to investigate the actions of IJBs in carrying out their duties, or any service failure attributable to an IJB. It cannot, however, investigate the merits of a decision taken within the IJBs discretion, unless the established processes have not been followed in making that decision.

Under Section 53 of the 2014 Act, IJBs are required to have regard to the guidance issued by Scottish Ministers.

Section 2: Membership of the Integration Joint Board

2. Minimum Membership

The 2014 Order and 2025 Order set out requirements about the membership of an IJB. This includes minimum required membership, and provision for additional members to be appointed.

The IJB is created as a new legal entity that binds the Health Board and the Local Authority together in a joint arrangement. The membership of an IJB reflects equal participation by the Health Board and Local Authority to ensure that there is joint decision making and accountability across both bodies.

The Local Authority and the Health Board will set out the number of representatives that will sit on the IJB within their integration scheme.

The Local Authority will nominate Councillors to sit on an IJB.

The Health Board will nominate non-executive directors to sit on an IJB. Where the Health Board is unable to fill all their places with non-executive directors, they can then nominate other appropriate members of the Health Board as long as at least two nominated members are non-executive directors.

The 2014 Order requires that the Local Authority and Health Board put forward a minimum of three nominees each. This number may be increased by local agreement, but the same number must be nominated by each party. Local Authorities can insist on nominating a maximum of 10% of their full number of Councillors. The Health Board and Local Authority may also agree that they will each nominate a larger number than this.

The IJB will make decisions about how health and social care services are planned and delivered for the communities within their areas. To do this effectively, they may require professional advice, for example, to ensure that the decisions reflect sound clinical practice. It is also recommended that IJBs include key stakeholders within the decision making processes to utilise their advice and experience.

To ensure this, the 2014 Order sets out a minimum membership, but allows local flexibility to add additional nominations as IJBs see fit. In addition to Health Board and Local Authority representatives, the IJB membership must also include:

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by the Health Board
- A Secondary Medical Care Practitioner representative, employed by the Health Board
- A Nurse representative, employed by the Health Board
- A staff-side representative
- A third sector representative
- A carer representative
- A service user representative
- The Chief Officer of the IJB
- The Section 95 Officer of the IJB

The Chief Social Work Officer will be appointed by the Local Authority, and the health professionals will be appointed by the Health Board because of the role they fulfil.

The Chief Officer must be appointed by the IJB and will provide a single point of accountability for integrated health and social care services. The IJB must also appoint the Section 95 Officer who will be the responsible officer for the financial arrangements of the IJB.

The ways in which members of the IJB are identified and appointed will differ. The IJB will co-opt staff-side, third sector, carer, and service user representatives, and this should be done as soon as practicable once the Board is established. The approach to appointing these representatives will depend on local circumstances, for example through existing carer networks or organisations operating within the IJBs area. Section 2.4 below provides guidance and best practice examples on the recruitment and appointment of board members.

Whilst there is a required minimum membership for inclusion, there is also local flexibility for the IJB to add additional members. The Independent Sector, for example provide a significant proportion of social care services and will therefore play a key role in the successful delivery of integrated services in local areas. As part of their strategic planning responsibilities, IJBs should consider their membership cohorts and seek appropriate additional representation as suggested by local priorities. IJBs might also seek additional membership to reflect delegation of functions outside the minimum scope, for example additional professional advice.

If an IJB is established by more than one Local Authority, the 2014 Order makes specific provision for how the minimum membership is to be determined.

2.1 Professional Membership

The 2014 Order requires a minimum professional membership on the IJB as follows:

- Appointment of a GP
- Appointment of a Nurse
- Appointment of a Secondary Care representative
- The Chief Officer of the IJB
- The Section 95 Officer of the IJB
- The Chief Social Work Officer of the constituent Local Authority

With the exceptions of the Chief Officer, the Section 95 Officer and Chief Social Work Officer, the 2014 Order provides some flexibility in the appointment of professional members. However, due to the particular skills and experience required, and the strategic nature of the professional roles on the IJB, the Health Board, Local Authority and the IJB should follow the principles below to ensure they identify the appropriate members of professional staff to fill these posts:

- The professional members appointed will bring professional experience and knowledge to inform the IJB decision making in terms of planning, operational

delivery and the effectiveness of major reforms. This advice will ensure the IJB can fully take account of safety and quality of care matters. As such, the appointed person should be able to demonstrate the appropriate experience, skills and competencies to fulfil this role. The appointed member should also demonstrate their ability to work at a senior level and have experience of operating at a strategic level.

- Professional members should have a named, appointed deputy, able to demonstrate a similar level of skill and experience as the substantive appointment. Deputies should be expected to attend only where absolutely necessary to ensure continuity of advice from the professional.
- The Health Board should ensure the appointed professional members have defined roles that are clearly set out, and held locally. The Health Board and/or Local Authority should ensure that they have time, resource and support to fulfil their responsibilities to the IJB for the full term of their appointment.
- As effective strategic planning is key, the Health Board and Local Authority should ensure that the appointed professional members are given specific training and support to contribute effectively to the IJB, where such training is required.

The above principles should also be considered when the IJB opts to appoint additional professional members. However, in this case the application of each principle will depend on the nature and basis on which these additional members are appointed.

2.2 Appointment of Stakeholder and Lived Experience Members

In addition to the professional membership, the 2014 Order requires that stakeholder and lived experience members are appointed to the IJB. At least one member from each of the categories listed below must be appointed:

- Staff of the constituent authorities engaged in the provision of services provided under integration functions.
- A third sector member carrying out activities related to health and social care for the area of the local authority.
- A service user residing in the area of the local authority.
- An unpaid carer providing care in the area of the local authority.

The IJB may also appoint any additional members it sees fit (e.g. representatives of private providers).

As of 1 September 2026, the 2025 Order will also ensure that the following lived experience representative members can vote alongside other voting members (see section 1.1 for further guidance):

- A third sector member carrying out activities related to health and social care for the area of the local authorities.
- A service user residing in the area of the local authority.
- An unpaid carer providing care in the area of the local authority.

The ways in which lived experience and stakeholder members will be identified and appointed to these positions on the IJB will vary due to the local circumstances of each IJB, such as type and number of the representative groups working within their area. Although there will not be a uniform approach in the appointment of the lived experience and stakeholder members, it is important that they are able to appropriately fulfil their roles. The IJB should follow the principles below to ensure they identify the appropriate lived experience and stakeholder members to fill these posts:

- Lived experience and stakeholder members will bring knowledge and insights informed by their lived experience into the IJB to contribute to discussions and inform decisions, while working in the best interests of the IJB.
- The IJB should ensure the appointed member has the resources and support they reasonably need to fulfil their responsibilities to the IJB for the full term of their appointment. The nature and level of support required may vary between individuals and should be considered by the IJB on that basis.
- As effective strategic planning is key, it is recommended that the IJB ensures that the appointed lived experience and stakeholder members are given specific training and support to contribute effectively to the IJB, where such training is required.
- Lived experience and stakeholder members have the ability to identify a suitably experienced deputy, or proxy, as required. It is recommended that deputies should receive the same training and support as substantive members so as to enable them to fulfil their responsibilities as deputies. However, it is ultimately for the lived experience and stakeholder members to determine who is a suitably experienced proxy. The appointment and investment in deputies should form part of best practice succession planning.
- The IJB should where possible encourage lived experience and stakeholder members to connect to peer support networks and organisations. Talking to people, attending forums, and listening to community views between meetings allows lived experience and stakeholder members to stay informed, and helps them make a valuable contribution to the board.

As with professional members, these principles should also be considered when the IJB opts to appoint any additional lived experience and stakeholder members. The implementation of each principle will depend on the nature and basis on which these additional members are appointed.

2.3 Good Practice in Appointing Additional Membership

The 2014 Order and the 2025 Order set out the minimum required membership for the IJB and enable it to appoint additional members across all membership categories where this is necessary to support its functions.

To ensure that all members are equipped to fulfil their roles effectively, sections 2.1, 2.2 and 2.4 set out the principles that should be applied when identifying, selecting and appointing members.

2.4 Recruitment and Appointment of Board Members

Public bodies including IJBs are expected to take positive action to increase diversity within their board appointments. Recruitment and appointment practices should be clearly inclusive, transparent, and designed to attract applicants from a wide range of backgrounds and experiences. As recruitment and appointment is undertaken at a local level, IJBs should ensure that their local recruitment and appointment approaches actively reflect and respond to the needs, demographics and experiences of their communities, and that inclusive practice is applied consistently throughout each stage of the process.

The route of appointment or recruitment will differ locally depending on the category of member; however, examples of positive action may include:

- Ensuring role descriptions use plain and inclusive language, and avoid unnecessary criteria or barriers;
- Using inclusive advertising channels - such as community media, third sector partners, equality networks and platforms reaching under-represented groups - when recruiting service user and carer representatives;
- Designing application processes that minimise unnecessary formality and allow candidates to demonstrate their suitability in different ways (e.g., guided questions, video submissions, or supported application formats);
- Ensuring recruitment panels include members trained in equality, diversity and inclusion and, where possible, external members to support independent oversight.

IJBs should take proactive steps to broaden the potential applicant pool before recruitment or appointment begins. Opportunities should be visible, accessible and appealing to people with diverse skills, experiences and backgrounds.

Practical steps may include:

- Engaging with community organisations, carers' groups, disability networks, advocacy bodies and equality forums—including the use of established forums or representative bodies to support nomination or election-based approaches where appropriate—to raise awareness of upcoming opportunities; providing pre-recruitment information sessions or "meet the Board" events to demystify the role;

- Clearly outlining the skills and experiences genuinely required for the role, emphasising the value of lived, community and professional experience;
- Offering accessible recruitment materials and ensuring publicity is available in alternative formats and community languages.

Inclusive and accessible recruitment practices should be applied, including where recruitment has traditionally been challenging. To support this, IJBs should try to ensure that reasonable resources and support are in place to remove barriers to participation and enable equitable access to Board membership.

This may include:

- Making accessible technology, communication support, interpreters, or personal assistance available during the recruitment process, including respite support for unpaid carers where needed.
- Offering flexible meeting arrangements to candidates as part of the recruitment and selection process, including hybrid or remote options where appropriate.
- Allowing job share arrangements, to be considered during the recruitment process, where appropriate; where a role is shared, the post will carry one vote jointly held, if the post is a voting role. The approach to how that vote is exercised (for example, how agreement is reached between job-sharers or who casts the vote) should be determined locally by the IJB, which may set a policy or require agreement between postholders in advance.

It is important that diversity and inclusion are embedded throughout the recruitment model and fully integrated across all aspects of IJB business and governance, rather than treated as an additional or secondary consideration.

2.5 Induction of Members

As well as their collective roles in carrying out the responsibilities of the IJB, members will have individual roles to carry out to ensure that integrated health and social care services are planned and delivered to improve outcomes for the communities they serve. In doing so, IJB members must ensure that this is carried out effectively and in line with the integration planning and delivery principles.

IJB members will come from a wide range of backgrounds, and some may have limited or no previous experience of serving on the board of a public body. All members will therefore require induction training to ensure they are able to carry out their duties to the highest possible standard. Training and development needs will vary between members, and IJBs should determine locally how best to organise and deliver induction and ongoing development.

It is recommended that all members should receive an induction which, as a minimum, covers their specific role, responsibilities, and relevant organisational policies. In line with best practice, the induction programme may include the following elements:

- Training on being an effective board member, equality and diversity, public scrutiny, developing financial skills including understanding budgets, financial reporting, and the board's role in financial oversight.
- Training on the IJBs Code of Conduct, including the requirements in respect of registering and declaring interests.
- Information about expenses policy.
- Information about IJB structures, processes and key personnel.
- Resources that will be provided to support the member to undertake their role.
- Welcome meetings with IJB members, HSCP leadership and personnel.
- Mentoring and shadowing opportunities.
- How to access papers, online meetings, and any other IT related matters relevant to the local area.

IJBs may wish to consider issuing corporate email addresses to members to ensure they can carry out their roles without needing to use personal email accounts for public-facing business.

The induction process should also explore the development needs for all new members.

In addition, it may be helpful for members to complete a Personal Learning Plan (PLP) following induction to identify individual learning and development opportunities. This is part of supporting board members to help them identify how their board role can contribute to their wider career aspirations, leadership growth and personal ambitions, both during their time on the board and beyond. PLPs can be reviewed periodically with the Chair and Vice-Chair, or with whoever is appointed locally to support training, to support ongoing development throughout a member's term. As part of the induction process, IJBs should aim to provide members with clear contact details for wellbeing support, alongside information on relevant codes of conduct and how to raise concerns or seek advice, may also be beneficial.

There are also a range of external networks and groups that lived experience members are encouraged to join to support them in their role. These include:

- The Coalition of Carers in Scotland's Carers Collaborative which supports unpaid carer representatives on IJBs.
- The ALLIANCE's IJB Lived Experience Representative Network which supports service user members on IJBs.
- TSI Scotland network which supports third sector representatives on IJBs.

The Role of Third Sector Interfaces Advice Note developed by the Scottish Government sets out the role of the third sector interface organisations on IJBs.

The Scottish Government have produced On Board: A Guide for Board Members of Public Bodies in Scotland which can be used as a standard induction pack covering generic issues such as roles and responsibilities of public bodies, and accountability and governance arrangements to supplement the tailored induction that individual IJBs will wish to produce.

The Scottish Government has also produced Leading the Journey of Integration: A Guide for Organisational Development Leaders to support the development of IJBs.

The guide highlights the important roles that are required for the integration of health and social care to be a success. It sets out key information paired with development exercises which can be used individually or collectively by an IJB. The guide can be found on the Adult Health Social Care Integration Implementation Website.

2.6 Ongoing Training and Support

All members should be encouraged to attend any ongoing or refresher training as part of their role. Ongoing training and support provided to all members may include:

- Development sessions covering areas such as finance, budget setting, workforce development, performance, strategic plan development, business transformation, and topics relating to functions delegated to the IJB.
- Mentoring or buddying arrangements.
- Online training modules.

It is recommended that IJBs proactively work with members to identify specific development needs.

The Scottish Government's Facilitating the Journey of Integration: A guide for those supporting the formation of Integration Joint Boards contains tools and resources for all members to use to support personal development.

2.7 Succession Planning

It is recommended that succession plans are put in place to support a structured approach for recruiting, onboarding, developing, and transitioning all members on IJBs. The aim is to ensure continuity, maintain diverse perspectives, and support all representatives to contribute safely, confidently, and effectively.

As best practice, the following may be considered when developing succession plans locally:

- Where possible, transitions should be planned, respectful, and minimise disruption.
- The use of trained proxies and deputies is useful in forming part of the thinking around succession planning, to aid transitions. Local areas might wish to have plans in place for supporting a pipeline of future potential representatives, e.g. through shadowing opportunities or introductory training.
- Recruitment and appointment processes should be open and accessible, giving as much warning of vacancies becoming available as reasonably possible.
- Outgoing members can be offered exit conversations, feedback, and service recognition.

Guidance on Succession Planning for Public Body Boards may be a useful resource to inform succession planning.

2.8 Handling Public Scrutiny

IJBs have a statutory duty to involve people in the planning and development of services, and in the decision making process. [2]

The decisions being made by the IJB are therefore subject to significant scrutiny by both the public and the media due to their potential impact on local communities.

It is recommended that IJBs ensure that all members are aware of, and can access the wellbeing support and resources available to support them in their role.

The Improvement Service has a dedicated page containing links to Wellbeing Resources for Elected Members which can also be used by all members of the IJB.

2.9 Expenses

IJBs may pay any reasonable travel and other expenses incurred by its members in connection with their IJB membership as set out in the 2014 Order.

Each IJB holds responsibility for developing and implementing its own expenses policy. Board members should submit expenses claims to their IJB in accordance with their local expenses policy for expenses that have been incurred due to carrying out/undertaking the duties of their role.

Local Authority and Health Board representatives will be subject to the terms, conditions and expenses policies of their employing organisations.

The Coalition of Carers in Scotland has developed an expenses policy template that may be used by IJBs to support the development and implementation of their local expenses policy for lived experience members including service users and unpaid carer representatives. IJBs can use and adapt the template to suit local processes and needs. The template provides best practice examples of when the expenses policy may be applied, and a list of the expenses which members may be able to claim for such as when members undertake work in advance of, and attend:

- IJB meetings;
- Strategic Planning Groups;
- Locality Groups;
- Other related IJB sub-groups;
- IJB related duties and events;

The suggested expenses which members can claim for include:

- Travel costs;
- Subsistence (where no meals or refreshments are provided);
- Replacement care/cover;

[2] Scottish Government and COSLA: Planning with People: Community engagement and participation guidance. The Scottish Government, 2024.

- Loss of income to attend meetings;

IJBs should apply the “out of pocket” basic principle whereby no member should be out of pocket as a result of expenses that have arisen through their role, provided such costs are reasonable.[3]

[3] The Scottish Government: Public sector pay policy: technical guide. The Scottish Government, 2025.

Section 3: Code of Conduct

3. Application of the Code of Conduct

All members have a personal responsibility to observe the rules within their IJBs Code of Conduct at all times when they are acting, or could be reasonably regarded as acting, as a member of their IJB.[4] Members are personally responsible for ensuring that they are familiar with the Guidance and Advice Notes published by the Standards Commission Scotland to support understanding of, and compliance with, the provisions on their IJBs Code of Conduct.[5]

The Standards Commission Scotland's Advice Note for Members of Health and Social Care Integration Joint Boards provides information, and specific examples, on the various provisions in the Code of Conduct. This includes what interests need to be registered and declared. The Advice Note is aimed at helping members understand the requirements of the Code and how to apply its provisions to the situations in which they may find themselves.

It is recommended that the IJB provides all of its members with training and development to ensure that they are prepared to carry out the responsibilities of their role. The IJBs Standard's Officer should consider including the ethical standards framework, the IJB Code of Conduct and the Standards Commission's Guidance as part of the training.[6]

Members should contact their IJBs Standards Officer or the Standards Commission for further advice on any of the provisions in the Code of Conduct. Further information on the Standards Officer role and responsibilities can be found in the Standards Commission for Scotland's Advice Note on the Role of a Standards Officer.

[4] The Standards Commission for Scotland, Integrity In Public Life: Advice Note for Members of Health And Social Care Integration Joint Boards. The Standards Commission for Scotland, 2025,
[5] The Scottish Government: Model Code of Conduct for Members of Devolved Public Bodies, 2021.
[6] The Standards Commission for Scotland, Integrity In Public Life: Advice Note for Members of Health And Social Care Integration Joint Boards. The Standards Commission for Scotland, 2025,

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