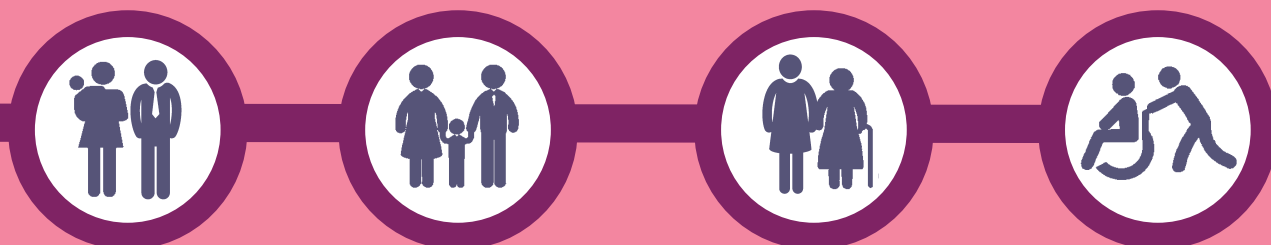




The Scottish
Government
Riaghaltas na h-Alba

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



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The Aim of this Guidance

This guidance is intended for use by all members of an Integration Joint Board particularly the Chair - and provides further advice to supplement the existing legislation. The document focuses on the roles, responsibilities and membership of the Integration Joint Board.

[Section 53](#) of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) sets out an Integration Joint Board is required to have regard to this guidance when exercising its functions under the Act. This guidance relates to Integration Joint Boards that must be established when a Health Board and Local Authority choose a Body Corporate Model of integration (under section 1(4)(a) of the Act).

Section 1: Role and Responsibilities of the Integration Joint Board

1.1 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 Integration Joint Board will be established. This will see Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, who will be responsible for the planning of integrated arrangements and 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 Integration Joint Board. The scope of the delegated functions will vary depending on local decision making but must adhere to the statutory minimum.

The functions that must be delegated by the Health Board to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\) \(Prescribed Health Board Functions\) \(Scotland\) Regulations 2014](#).

The functions that must be delegated by the Local Authority to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\) \(Prescribed Local Authority Functions etc.\) \(Scotland\) Regulations 2014](#).

The Integration Joint Board 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 25](#) of the Act. The Integration Joint Board will also have an operational role as described in the locally agreed operational arrangements set out within their integration scheme.

To fulfil its remit the Integration Joint Board will:

- Adhere to the content of any future regulations or guidance issued by Scottish Ministers
- Ensure stakeholder engagement
- Take into consideration national developments in policy and practice

1.2 Duties placed on Integration Joint Boards by the Public Bodies (Joint Working) (Scotland) Act 2014

- [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), “the Act”, places a duty on Integration Joint Boards to develop a strategic plan for integrated functions and budgets. For more information, please see the guidance on [Strategic Commissioning Plans](#).
- Each Integration Joint Board must establish a strategic planning group to support the strategic planning process. For more information, **see section 1.5 of this guidance**.
- An Integration Joint Board must review its strategic plan at least every three years.
- Sections [4](#) and [31](#) of the Act set out the integration principles which underpin delivery of integrated health and social care services. These principles describe “how” integrated care should be planned and delivered. Integration Joint Boards are under a duty to have regard to these principles when preparing a strategic plan. For more information, please see the guidance on the [Integration Planning and Delivery Principles](#).
- [Section 37](#) of the Act places Integration Joint Boards under a duty to have regard to the [National Health and Wellbeing Outcomes](#) (the Outcomes) when preparing a strategic plan. These Outcomes are high-level statements of what Integration Joint Boards are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.
- Integration Joint Boards are required to issue directions to Health Boards and Local Authorities as to how integration functions are to be carried out. Details relating to this are set out in sections [26](#) and [27](#) of the Act.
- Integration Joint Boards are required to prepare an annual performance report. This must comply with the requirements of the [Regulations on the Content of Performance Reports](#).
- An annual financial statement must be published setting out the total resources included in the plan for that year. For more guidance, please see the [Professional Guidance, Advice and Recommendations for Integration Arrangements](#).
- A full list of guidance and advice published to support the Public Bodies (Joint Working) (Scotland) Act 2014, is available at <http://www.gov.scot/HSCI>.

1.3 Other key requirements of the Integration Joint Board

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

The Public Records (Scotland) Act 2011

Integration Joint Boards are designated as “Bodies Corporate” for the purposes of the [Public Records \(Scotland\) Act 2011](#). They will be obliged, therefore, to comply fully as public authorities under the legislation.

The Public Records (Scotland) Act 2011 requires named public authorities to prepare and implement a records management plan which sets out proper arrangements for the management of their records. Records management plans must be agreed with the Keeper of the Records of Scotland (the Keeper) and regularly reviewed by authorities. The plan must account for all the public records for which the authority has responsibility.

The plan must detail the functions of each authority and the types of records created in pursuance of these functions. It will show the policies and procedures in place for the appropriate storage, retention, disposal, archiving and security of these 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 [guidance](#) that accompanies the model plan.

A Senior Officer of the Integration Joint Board 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](#).

Records Management

It will be necessary for an Integration Joint Board to consider how Freedom of Information (Scotland) Act 2002 / Environmental Information (Scotland) Regulations 2004 obligations impact on its records management practices, including how information is stored. The [Code of Practice](#) on Records Management sets out recommended ‘best practice’.

The records management plan will need to be clearly set out if information is held by the Integration Joint Board or the information held is owned by the Integration Joint Board or held 'on behalf of' the relevant Local Authority or Health Board. If a request is sent to an Integration Joint Board for information it holds 'on behalf of' the Local Authority or Health Board, the applicant should be informed by the Integration Joint Board that it does not hold the information and they should then be directed to the relevant Local Authority or Health Board.

Integration Joint Boards, Health Boards and Local Authorities may also wish to consider putting systems in place, for example, Memoranda of Understanding, to support effective handling of requests where the scope of which includes communications between the bodies, or information on topics of shared interest/joint working.

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 that Integration Joint Boards are responsible they will be responsible for answering any data access request.

Data (Subject) Access Requests

Data Access Requests (*called Subject Access Requests under the [Data Protection Act 1998](#)*) are requests by individuals for their personal data and work on the basis of whichever body is the Data Controller.

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

Further information on Subject Access Requests can be found in the [Subject Access Requests Code of Practice](#).

[The Freedom of Information \(Scotland\) Act 2002](#) and [Environmental Information \(Scotland\) Regulations 2004](#)

The Freedom of Information (Scotland) Act 2002 - and the related Environmental Information (Scotland) Regulations 2004 - 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 Environmental Information (Scotland) Regulations 2004) an 'exception' must be applied, for example, for legal advice or personal data.

Integration Joint Boards are a “public authority” for the purpose of Freedom of Information (Scotland) Act 2002. This means they are subject to both Freedom of Information (Scotland) Act 2002 and the related Environmental Information (Scotland) Regulations 2004, as well as other requirements of Freedom of Information legislation, and will be required to respond to information requests accordingly.

Integration Joint Boards 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, Integration Joint Board members are likely to already have an awareness of the requirements that Freedom of Information (Scotland) Act 2002 and the related Environmental Information (Scotland) Regulations 2004 place on officials and organisations.

While, in due course, Integration Joint Boards may wish to develop their own guidance and training, it is suggested that members may initially wish to familiarise themselves with existing guidance and training. For example, [the Scottish Government guidance and training on information request handling](#).

Publication Scheme

[Section 23 of Freedom of Information \(Scotland\) Act 2002](#) also requires that all Scottish public authorities subject to the Act maintain a publication scheme. A publication scheme sets out the types of information that a public authority routinely makes available. The Integration Joint Board 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 – 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](#).

Office of the Scottish Information Commissioner (OSIC)

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@itspublicknowledge.info.

Ethical Standards in Public Life - Code of Conduct

Integration Joint Boards are “devolved public bodies” for the purposes of the Ethical Standards in Public Life (Scotland) Act. This means that each Integration Joint Board 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 Integration Joint Board 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 Integration Joint Board. All members are required to sign the code of conduct. Some members may have already signed similar codes of conduct i.e. Code of Conduct for Councillors; however they are still required to sign the Integration Joint Board’s code of conduct as their duties as Integration Joint Board members should be independent of the responsibilities that they may have by virtue of other posts.

[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.

[The Commissioner for Ethical Standards in Public Life in Scotland](#)

The Commissioner is an independent office holder who works in two areas:

Public appointments, regulating how people are appointed to the Boards of public bodies in Scotland; and

Public standards, where the Commissioner can investigate a complaint about a Councillor or a member of a devolved public body who is alleged to have contravened the Councillors’ or the appropriate public body’s Code of Conduct. It is in this capacity that the Integration Joint Board would be under the remit of the Commissioner.

Equalities Duties

All public authorities in Scotland, including Integration Joint Boards, must comply with the [public sector equality duty](#) set out in the [Equality Act 2010](#). The duty places an obligation on public authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity.

The duty has a two tier structure - a general duty set out in the [Equality Act 2010](#), and specific duties set out in [Regulations](#) made by Scottish Ministers.

To better enable public authorities to locate equality data and evidence, the Scottish Government has developed an [evidence finder](#).

The Scottish Government has also produced an [evidence toolkit](#) to help authorities source supporting evidence to help with their Scottish specific reporting duties.

Diversity

The Scottish Government expects all public bodies to champion diversity and mainstream equal opportunities in their work. Scottish Ministers particularly welcome under-represented groups having membership on Scotland's public bodies. The Scottish Government's Programme for Government encourages public bodies to set a voluntary commitment for gender balance on their Boards of 50/50 by 2020, with the aim of ensuring that Boards of public bodies are broadly reflective of the wider Scottish population. The Scottish Government has already committed to achieving gender balance on its Board by 2020. Public bodies, including Integration Joint Boards, are expected to take positive action to support and enable greater diversity in the membership of and appointment to their Board.

1.4 Liability arrangements for Integration Joint Boards and their members

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

- **Clinical Negligence**
- **Employers Liability**
- **Public Liability**
- **Personal Injury, Loss, Damage to Property or other Wrongful Act**
- **Dishonest, Fraudulent, Criminal or Malicious Activities**
- **Defamation**
- **Directors and Officers Liability**
- **Consequential or Ancillary Expense**
- **Financial Loss Suffered by Member as a result
Fraud/Dishonesty/Theft**

[The National Health Service \(Clinical Negligence and Other Risks Indemnity Scheme\) \(Scotland\) Regulations 2000](#) (as amended) makes provision for

Integration Joint Boards to apply to become a member of CNORIS.

Membership is not compulsory, but represents a cost-effective alternative to arranging separate insurance. If an Integration Joint Board decides to become a member of CNORIS then they will be indemnified as above.

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

1.5 The relationship between the Integration Joint Board and the strategic planning group

The Public Bodies (Joint Working) (Scotland) Act 2014 places a requirement on Integration Joint Boards to create a strategic plan for the area for which it is established. As part of this process, the Integration Joint Board must establish a strategic planning group. The Integration Joint Board must also determine the processes and procedures for the strategic planning group, subject to the provisions set out in [section 32](#) of the Act.

In developing the processes and procedures for the strategic planning group, the Integration Joint Board must be mindful that the work of the strategic planning group does not end with the publication of the strategic plan.

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. Strong lines of communication will need to be established between the strategic planning group and the Integration Joint Board. This is needed to ensure that the strategic planning group can effectively communicate its findings to the Integration Joint Board 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 Commissioning Plan Guidance](#).

1.6 Appointing a Committee of an Integration Joint Board

Integration Joint Boards can appoint sub-committees should that be desirable. [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) extends the options available to an Integration Joint Board in effectively planning for the provision of services by permitting an Integration Joint Board 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 Integration Joint Board can only exercise the functions conferred upon it by the Integration Joint Board. The purpose of the committee is to support the effective working of the Integration Joint Board on matters which have been devolved to it by the Integration Joint Board. This may be in an advisory capacity or, depending on the remit given by the Integration Joint Board, the committee may have decision making powers to carry out certain functions of the Integration Joint Board. In the interests of fairness and effective working, a committee of an Integration Joint Board must consist of equal numbers of representatives from each constituent authority, as set out in [the Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014 \(article 17\(3\)\)](#).

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

1.7 Complaints under Integration

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 procedures and social care/social work complaints procedures.

To ensure complaints are joined up from the perspective of the complainants, Health Boards and Local Authorities are required to agree and set out within their integration schemes arrangements for the management of complaints relating to integrated service delivery 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 procedures and social care/social work complaints procedures.

The Health Board and Local Authority must ensure that the arrangements that they have jointly agreed are:

- Clearly explained
- Well-publicised
- Accessible
- Allow for timely recourse
- Complainants are signposted to independent advocacy services

Complaints about Integration Joint Boards

Integration Joint Boards are new public bodies and complaints may be raised against an Integration Joint Board in relation to particular functions, such as strategic planning. Complaints against the Integration Joint Board are not covered under current complaints procedures and therefore Integration Joint Boards will need to establish a complaints procedure in relation to the functions that have been delegated to them. In addition, where the Integration Joint Board has a greater involvement in the operational delivery of services, it may be that a complaint will be made in respect of a direction that the Integration Joint Board has issued. An Integration Joint Board will, therefore, require to operate suitable procedures for handling such complaints.

[The Scottish Public Services Ombudsman](#) and their internal unit, the Complaint Standards Agency, have developed a Model Complaints Handling Procedure which seeks to improve complaints handling across Scottish Public Services. The Scottish Public Services Ombudsman Model Complaints Handling Procedure Guidance places an emphasis on 'getting it right first time'. The Scottish Public Services Ombudsman Model Complaints procedure is firmly focused on quicker, simpler and more streamlined complaints handling with local, early resolution by empowered and well trained staff.

The Scottish Government expects Integration Joint Boards to implement a complaints handling procedure that embraces the structure, principles and time scales set out in the [Scottish Public Services Ombudsman Model Complaints Handling Procedure Guidance](#).

The Scottish Government intends to consult on a proposal to add Integration Joint Boards to schedule 2 of the Scottish Public Services Ombudsman Act.

This will have the effect of providing for the Scottish Public Services Ombudsman to investigate actions of the Integration Joint Boards in carrying out its duties, or any service failure attributable to an Integration Joint Board. It cannot, however, investigate the merits of a decision taken within the Integration Joint Board's discretion, unless the established processes have not been followed in making that decision.

It is expected that there will only be a small number of complaints against an Integration Joint Board that can be investigated by the Scottish Public Services Ombudsman – most issues raised about, for example, strategic planning, will likely be about the merits of a decision rather than in relation to carrying out a consultation.

The proposed legislative change, once implemented will allow Integration Joint Boards to fulfil the final independent stage of the Scottish Public Services Ombudsman Model Complaints Handling Procedure.

Section 2: Membership of the Integration Joint Board

2.1 Minimum Membership

[The Public Bodies \(Joint Working\) \(Membership and Procedures of Integration Joint Boards\) \(Scotland\) Order 2014 \(“the Order”\)](#) sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.

The Integration Joint Board 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 Integration Joint Board reflects equal participation by the Health Board and Local Authority to ensure that there is joint decision making and accountability.

The Local Authority and the Health Board will set out the number of representatives that will sit on the Integration Joint Board within their integration scheme. The 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 Local Authority will nominate Councillors to sit on the Integration Joint Board.

The Health Board will nominate non-executive directors to sit on an Integration Joint Board. Where the Health Board is unable to fill all their places with non-executive directors, they can then nominate other members of the Health Board.

The Integration Joint Board 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 will require professional advice, for example, to ensure that the decisions reflect sound clinical practice. It is also essential that Integration Joint Boards include key stakeholders within the decision making processes to utilise their advice and experience.

To ensure this, the Order sets out a minimum membership, but allows local flexibility to add additional nominations as Integration Joint Boards see fit. In addition to Health Board and Local Authority representatives, the Integration Joint Board 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 Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Chief Social Work Officer of the Local Authority, Section 95 Officer of the Integration Joint Board and the health professionals will be appointed by the Health Board or the Local Authority because of the role they fulfil. The Chief Officer will be appointed by the Integration Joint Board and will provide a single point of accountability for integrated health and social care services.

The ways in which the members of the Integration Joint Board are to be identified and appointed to the Integration Joint Board will differ. The Integration Joint Board will co-opt the staff-side, third sector, carer and service user representative, and this should be done as soon as practicable once the Integration Joint Board is established. How the Integration Joint Board approaches the appointment of the staff-side, third sector, carer and service user representative members will be dependent on local circumstances, for example, through existing carers networks or the organisations operating within the area of the Integration Joint Board, therefore section [2.4](#) sets out principles that should be implemented in the identification of members.

Locally, the Integration Joint Board might wish to add additional members, perhaps because they are a key stakeholder locally or because the Integration Joint Board might seek more representation from a particular group. Alternatively, this might occur because the Health Board or Local Authority have included functions out with the minimum scope and they require additional professional advice.

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

2.2 Good Practice in the identification and appointment of members of Professional and Stakeholder members

The Order sets out the minimum required membership. All Integration Joint Board members have equal responsibility as Board members and the reference made between professional members and stakeholder members in the following section only reflects the difference in the routes of appointment.

The Order also makes provision for the Integration Joint Board to appoint additional professional and/or stakeholder members, as required.

To ensure that members are able to successfully fulfil the roles they are appointed to, sections **2.3** and **2.4** set out principles that should be implemented in the identification of members.

2.3 Professional Membership

The Order requires a minimum professional membership on the Integration Joint Board as follows:

- Appointment of a GP
- Appointment of a Nurse
- Appointment of a Secondary Care representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board
- 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 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 Integration Joint Board, the Health Board, Local Authority and the Integration Joint Board 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 Integration Joint Board decision making in terms of planning, operational delivery and the effectiveness of major reforms. This advice will ensure the Integration Joint Board can fully take account of safety and quality of care matters. As such, the appointed person must be able to demonstrate the appropriate experience, skills and competencies to fulfil this role. The appointed member must 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 must ensure that they have time, resource and support to fulfil their responsibilities to the Integration Joint Board for the full term of their appointment.
- As effective strategic planning is key, the Health Board and Local Authority must ensure that the appointed professional members are given specific training and support to contribute effectively to the Integration Joint Board, where such training is required.

The above principles should also be considered when the Integration Joint Board 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.

2.4 Appointment of Stakeholder members

In addition to the professional membership, the Order also requires stakeholder members be appointed to the Integration Joint Board as follows:

- A staff side member
- A third sector member
- A carer member
- A service user member

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

- Stakeholder members will reflect the views of the groups they represent on the Integration Joint Board; naturally the individuals that comprise these stakeholder groups will be diverse. As such, the appointed person must be able to demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the individuals or groups that they represent.
- The Integration Joint Board should ensure the appointed member has the resources and support to fulfil their responsibilities to the Integration Joint Board for the full term of their appointment.
- As effective strategic planning is key, the Integration Joint Board must ensure that the appointed stakeholder members are given specific training and support to contribute effectively to the Integration Joint Board, where such training is required.

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

2.5 Induction of Members

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

Integration Joint Board members will come from a variety of backgrounds. Some members may not have had much/any experience of sitting on the board of a public body. All Integration Joint Board members will require induction training to ensure that they are able to carry out their duties to the highest standard. The training and information requirements will of course vary from member to member, and Integration Joint Boards locally decide how best to organise and operate their induction training requirements.

All members should receive an induction; as a minimum this should cover the member's specific post requirements, roles, responsibilities and policies.

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 Integration Joint Boards 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 Integration Joint Boards. 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 Integration Joint Board. The guide can be found on the [Adult Health Social Care Integration Implementation Website](#).



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