

Comments re: [SSI 2025/405: The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Amendment Order 2025.](#)

These comments were provided to Scottish Government in December 2025.

Providing only two weeks to consider a matter which may have significant impacts on the governance and operation of IJBs, as well indirect impacts on the legal and financial responsibilities of local authorities is challenging.

Your letter refers to wider and previous engagement on this matter; however, the evidence and findings of this engagement are not provided. Furthermore, it is important to note that, whilst the 2021 Scottish Government consultation paper on the National Care Service did consider the concept of extending voting rights (in principle), this was predicated on the assumption that it would apply to reformed IJBs (i.e., Community Health & Social Care Boards). Therefore, the consultation did not consider the implications of extending voting rights within the existing legal framework which still applies to IJBs and remains founded upon the principles of joint accountability between NHS boards and local authorities.

Unfortunately, due to the short consultation period, we were unable to consider a draft response through our formal governance route with elected members. The comments below have therefore been provided from an officer perspective.

If you would like to discuss any of the content further, please do not hesitate to contact Hayley Barnett, Head of Corporate Support and Monitoring Officer for East Lothian Council and Standards Officer for the East Lothian Integrated Joint Board.

Engagement, Participation, and Inclusion

Unpaid carers, individuals with lived experience, third sector organisations, and public partners make valuable contributions to the work of Integration Authorities and Local Authorities. East Lothian Council is committed to strengthening inclusive practice and supporting lived experience members of local boards, as well as improving wider participative engagement with communities.

There is a need to build on existing good local practice to enhance participation. This should include reflecting on recommendations made by organisations such as the Health & Social Care ALLIANCE and the Coalition of Carers in Scotland, working together to improve accessibility, recruitment, induction and succession planning, capacity, opportunities for involvement, and ongoing support. These measures will enable lived experience volunteers to undertake their roles effectively and ensure their contributions are valued.

Democratic Accountability

The proposals focus on altering the voting arrangements of local boards; however, this would reduce political accountability for social care. Democratically elected councillors would constitute a minority on local boards, despite being held accountable to the public for decisions taken.

Legal and Code of Conduct Implications

Integration Authorities are distinct legal entities with prescribed duties, and the current structure of boards is designed to reflect equal participation by the constituent partners. Changes to this structure require careful consideration of the risks, implications, and complexities for the Integration Authority, local authority, and health board, as well as the potential impact on fulfilling existing statutory responsibilities for all three public bodies.

The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 sets out current requirements for the membership of an Integration Joint Board (IJB), while the Public Bodies (Joint Working) (Integrated Joint Monitoring Committees) (Scotland) Order 2014 sets out requirements for an Integrated Joint Monitoring Committee. Membership reflects equal participation by the Health Board and Local Authority to ensure joint decision-making and accountability, as a legal entity binding both in a joint arrangement.

To ensure decision-making is informed by appropriate professional advice and wider experience, the Order sets out minimum professional and stakeholder (non-voting) membership on IJBs but allows local flexibility to add additional nominations and appoint members.

Voting members from the Council and Health Board engage in IJB business to represent the interests of the IJB as the strategic planning body for delegated functions, not the interests of the appointing body. Guidance from the Standards Commission is clear that councillors and health board members have a duty to represent the best interests of the IJB when acting as members, rather than those of the body that appointed them. Clarity on roles and responsibilities would be required, given stakeholder members are specifically appointed to represent the interests of their stakeholder group if voting rights were extended. This may lead to a reduced ability to represent their reviews, requirement of an 'appointments process', remuneration expectation, disclosure implications etc.

Schedule 3 of the Ethical Standards in Public Life (Scotland) Act 2000 establishes that Integration Joint Boards are "devolved public bodies" for the purposes of the Act, requiring IJBs to produce a Code of Conduct for members based on the Model Code of Conduct for Members of Devolved Public Bodies. Councillors and Health Board appointed members must not act in any way connected to their personal involvement in a policy or strategy issue.

Consideration must be given to the risks of conflicts of interest, particularly if third sector providers (currently non-voting members) gain voting rights on budget decisions where they may also be commissioned to provide services. The Standards Commission for Scotland should be fully consulted.

The discharge of public obligations, funds, and services carries responsibilities and expectations, including legal obligations on Integration Authorities to set a balanced budget and a duty on the Section 95 officer for proper financial management of the IJB. While IJBs have generally operated on a consensus basis, votes have become more common given significant financial challenges across integrated health and social care and the accompanying legal responsibility to set a balanced budget. The responsibility of discharging public obligations should not be underestimated or viewed as symbolic. Consideration should be given to the potential impacts of extending such obligations on the wellbeing of lived experience volunteers and the attractiveness of such roles, as well as the implications for the Integration Authority, local authority, and health board.