

HEALTH, SOCIAL CARE AND SPORT COMMITTEE CALL FOR VIEWS

SSI 2025/405 : The Public Bodies (Joint Working)(Integration Joint Boards)(Scotland)(Amendment Order 2025

NORTH AYRSHIRE COUNCIL/HSCP RESPONSE

Following a request on 24th November 2025 from the National Care Service Development & Delivery Division in Scottish Government seeking views/comments on the Voting Rights consultation, North Ayrshire Council submitted the undernoted response on 5th December 2025.

This is shared as undernoted and the concerns set out have not changed:

Should IJB members representing service users, unpaid carers and the third sector be given voting rights?

North Ayrshire Council welcome the opportunity to comment on the proposed regulations, and would have valued the opportunity to contribute at an earlier stage, as there is now likely a level of expectation from lived experience groups.

We are aligned with the position taken by COSLA Leaders in not being supportive of the proposed changes. The Council are supportive of advocating for continued improvements in inclusive practices and proactive engagement with Integration Joint Boards, with a focus on how we can collectively enhance the support for lived experience members rather than solely on voting rights, through promoting broader participation in decision-making processes.

The concerns include:

- Dilution of democratic accountability with Elected Members who are directly accountable to the public losing an appropriate weight of influence over decision making. Reduced transparency and weakened democratic influence over social care, for which much of is now delegated to the Integration Joint Boards by Councils.
- There are no clear accountability mechanisms for individuals with lived experience which would introduce complexity and risks at a local level in applying Codes of Conduct, applying ethical standards and where there are any breaches.
- For IJBs the current declarations of interest for voting members are supported by robust arrangements and accountabilities to Councils and NHS Boards, including Councillors following the Code of Conduct issued by Scottish Ministers. There is a risk that individuals with lived experience without formal elected or appointed Council or Board positions have broader conflicts of interest, for example being directly in receipt of services or being direct service providers. Public trust in decision making by public bodies is undermined by actual and perceived conflicts of interest, this could lead to reputational damage and legal challenges.

- Integration Joint Boards have a requirement to commission services in line with the available resources alongside a range of other statutory duties. Voting in IJBs to reach decisions has not been used extensively over the last 10 years, with much decision-making being taken in consensus. However, this position is shifting with more difficult decisions relating to financial challenges. The financial positions of IJBs impact directly on the finances of Councils and Health Boards and it is for the voting members from the respective organisations to consider those difficult decisions on behalf of the partner bodies.
- Decisions taken at IJBs will become more difficult with implications for those actively involved in taking decisions, the timing of this proposal is unfortunate given the current financial landscape, officers and elected officials understand their roles and have a support network in being party to difficult decisions through their own organisations, this doesn't currently exist for lived experience representatives. In North Ayrshire the IJB has voted twice this year both in relation to contentious budget related matters, this proposed change would have created complex conflict of interest issues for current non-voting members.
- There is a different configuration across IJBs including unpaid carers, service user representatives and lived experience representation, it is very difficult to attract, secure and retain consistent high-quality representation with a breath of experience. Lived experience representatives are attracted to join the IJB to act as a stakeholder representative and bring their own experience, advice and expertise – for example carers representatives act as the voice of unpaid carers, they are not expected to be subject matter experts in all aspects of health and care services. Imposing voting rights to lived experience representatives may impact on recruitment and retention and place individuals under undue pressure and stress in light of greater responsibilities.
- The IJBs have operated under the current framework for 10 years, a change at this point risks disrupting the current governance model designed for equal partnership between the two partner bodies, this would also require a change to local integration schemes.

The Chief Officer for the IJB in North Ayrshire has offered a view that if this change is made nationally that it will be very difficult to manage this at a local level. Any conflict of interest and recruitment challenges would require to be managed appropriately at a local level and in the current operating context and challenging decisions faced by the IJB this change is strongly opposed. The IJBs are supported by a range of professional leads including Nursing, Medical, Social Work and Finance leads, this change would seek to dilute the professional views and expertise of subject matter experts.

To reaffirm North Ayrshire Council oppose the proposal to extend voting rights to lived experience members on IJBs, but remain committed to working with the IJB to continue to strengthen the voice and participation of those with lived experience.

In addition to the above, North Ayrshire Health and Social Care Partnership would also like to provide additional comments on the SSI – 2025/405 as follows :-

- As stated in the Council response, voting in IJBs has not been regularly used over last 10 years, with much of decision making taken by consensus. That is changing particularly with difficult decisions relating to savings/financial positions – there could be a foreseeable situation in an IJB with a lived experience representative for example having a swing vote in significant decisions. IJB financial positions and decisions on how to deliver services directly impact on the finances and statutory duties of health boards and councils. It would not be deemed to be appropriate for individuals not accountable back to those bodies to be voting on these matters.
- Decisions taken at IJB are becoming more difficult and contentious as financial resources are constrained. The timing of this proposal is unfortunate given the financial landscape. Officers and elected officials understand their roles and have a support network in being party to difficult decisions, this doesn't currently exist in the same way for lived experience representatives. It may also be more difficult to establish where conflicts of interest exist as representatives for the Third Sector, Unpaid Carers and Service Users have more complex conflicts and personal experience, including where they may be directly involved with, or receive, services - creating complex conflict-of-interest scenarios if they were voting on decisions that affect those services.
- Extending voting rights at this time may lead to difficulties for IJBs to set balanced budgets when financial responsibilities remain with the Council and Health Board, and in effect may leave the IJB unable to meet its own statutory duties.
- Recruiting and retaining lived experience members is difficult, members are asked to volunteer on their own time and afforded an opportunity to offer their advice and experience to shape how services are delivered. We have struggled in North Ayrshire to attract people to these roles, and for example currently do not have a Service User representative. Assigning voting responsibilities may discourage participation, increase stress, or place inappropriate pressure on individuals serving in a voluntary capacity. Lived-experience representatives bring invaluable perspective but are not expected to be subject-matter experts across the full breadth of health and social care. Voting responsibilities may shift expectations and burden.
- IJBs were designed—via the Public Bodies (Joint Working) (Scotland) Act 2014 for balanced, joint accountability between the NHS Board and the Council. Changing voting rights could require amendments to Integration Schemes and upset a governance model that has broadly functioned for a decade.
- Our IJB appointed Carer Representative is supported via the Carers Gateway and Carers Champions Board—highlighting the importance of strong support structures for their voices, irrespective of voting status. There is recognition of the huge value of unpaid carers' lived experience, with emphasis on strengthening representation, engagement, and influence—just not necessarily via formal voting powers

- The proposed changes introduce reputational, legal and governance risks. With a risk of legal challenge, perceived unfairness, or compromised integrity of public decision making. With the potential for undermining confidence among partners, communities and auditors.
- IJBs include a number of Professional Advisors, with representation and expertise from legal, social work, nursing and AHPs, medicine, legal, finance and other professionals, this change will inadvertently devalue their role and advice.
- The timescale for implementation, being September 2026, is very problematic with national guidance required to be developed, changes to the model Code of Conduct and Standing Orders and local agreement of any changes to Integration Schemes and IJB governance documents and arrangements. This may in some areas include recruitment processes being undertaken and more formalised support mechanisms being put in place.
- The HSCP is not supportive of granting voting rights, but highly supportive of strengthening engagement, support, and participative pathways for unpaid carers and third-sector voices.
- The policy note states:
 - that concerns raised can be addressed through a revision to guidance and close working with public sector partners through reviewing recruitment processes, codes of conduct and investment and support around the lived experience representatives. It is unclear how these actions can mitigate concerns which are fundamental to the governance and functioning of IJBs.
 - And that IJBs are jointly accountable to their local authority and health board for the decisions they make. Any decisions that may impact the local authority, health board can be referred to the IJB by either delegating authority if they have concerns. The extension of voting rights to lived experience representatives, which may in some circumstances include non-commercial providers of health or social care, does not change the statutory accountability of the local authority or health board, nor change any existing financial effects of the operation of IJBs.
 - It is unclear how the statement above would operate in practice and how this aligns with truly affording voting rights to members who are not Council or Health Board members. It is also unrealistic to assume there will not be unintended consequences which we have set out above in relation to decision making, setting budgets and delivering savings.

In summary the HSCP is not supportive of granting voting rights, but highly supportive of strengthening engagement, support, and participative pathways for unpaid carers and third-sector voices.

**Caroline Cameron,
Director, North Ayrshire Health & Social Care Partnership**