
Report To: Inverclyde Integration Joint Board **Date:** 10 August 2015

Report By: Head of Legal & Property Services **Report No:** VP/LP/108/15

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Subject: Integration Joint Board
Integration Scheme, Standing Orders and Code of Conduct

1.0 PURPOSE

1.1 The purpose of this report is to consider the governance arrangements of the Inverclyde Integration Joint Board (IJB).

2.0 SUMMARY

2.1 This report sets out the approved Integration Scheme, together with a request to approve the procedural Standing Orders which will govern the conduct of meetings of the IJB. The report also highlights the requirement for members to subscribe to and comply with the Code of Conduct for Members of Devolved Public Bodies.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Inverclyde Integration Joint Board:-

- (1) notes the contents of the Integration Scheme detailed in Appendix 1 of this report;
- (2) approves the Standing Orders detailed in Appendix 3 of this report as the Standing Orders to govern the conduct of meetings of the Inverclyde Integration Joint Board; and
- (3) notes the terms of the model Code of Conduct for Members of Devolved Public Bodies as detailed in Appendix 4 of this report.

Gerard Malone
Head of Legal & Property Services

4.0 INTEGRATION SCHEME

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland. The Act requires health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services. The Act also provides the local discretion to allow for the inclusion of further functions – such as criminal justice and children’s health and social care (which services were already included within the previous Community Health and Care Partnership (CHCP) in Inverclyde) – should the public bodies involved agree to do so.
- 4.2 The Act requires that the Council and the Health Board jointly prepare, jointly consult upon and then approve an Integration Scheme for their local integration authority. An Integration Scheme is a document which sets out how the IJB will work once established and covers many topics including type of integration model, the scope of the services to be included within the IJB and financial arrangements.
- 4.3 The Inverclyde Integration Scheme is a legally binding document and is attached as Appendix 1 of this report.
- 4.4 The Integration Scheme covers matters such as:-
- the aims and outcomes of the IJB;
 - the Integration Model i.e. IJB;
 - the functions to be delegated to it;
 - the governance arrangements that it will operate under;
 - clinical and care governance arrangements;
 - workforce matters including the role and responsibilities of the Chief Officer;
 - financial governance and operation;
 - risk, claims and complaints;
 - information sharing;
 - participation and engagement;
 - dispute resolution.
- 4.5 The Inverclyde Integration Scheme was approved by the Scottish Ministers and the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment Order 2015 laid before the Scottish Parliament on 29 May 2015, coming into force on 27 June 2015. A copy of the Order is at Appendix 2 of this report.
- 4.6 It should be noted that the Act requires that in order for the services and functions set out in Annex 1 and Annex 2 of the Integration Scheme to be formally delegated in practice to the IJB, a local strategic plan must first be prepared and approved by it. (See separate item on this meeting’s agenda).

5.0 STANDING ORDERS

- 5.1 The Standing Orders attached at Appendix 3 are based on the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 (“the Order”). The Order lists certain mandatory provisions which require to be included within Standing Orders. Most of these are identical to the provisions of the Standing Orders of the Shadow IJB. The key additions are as follows:-
- the detailed provisions on membership of the IJB as contained in Standing Orders 2 and 3;
 - the introduction of a dispute resolution mechanism to be used in the case where there is an equality of votes, Standing Order 17.4; and
 - the provision to allow members to contribute to a meeting of the IJB through remote access – Standing Order 10.6.
- 5.2 Other aspects of the content of the proposed Standing Orders have been carried forward from the Standing Orders adopted by the Shadow IJB. For example, the existing provisions for

public access to meetings and exempt items have been retained. Essentially these provide for public access to all reports except those which are certified as exempt under Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

- 5.3 In addition, as the Chair does not have a casting vote, those provisions adopted by the Shadow IJB to address situations where consensus cannot immediately be reached between voting members have also been retained.
- 5.4 It is good practice to regularly review key governance documents. It is recommended that such a review takes place after the IJB's first year of operation.

6.0 CODE OF CONDUCT

- 6.1 The IJB is a devolved public body in terms of the Ethical Standards in Public Life etc. (Scotland) Act 2000 ("the 2000 Act"). The 2000 Act provides for Codes of Conduct for members of relevant public bodies and imposes on those bodies a duty to help their members comply with the relevant code. Accordingly, the Standing Orders for the IJB (Standing Order 19) describe that members of the IJB shall subscribe to and comply with the Standards in Public Life – Code of Conduct for Members of Devolved Public Bodies.
- 6.2 Members of the Board of NHS Greater Glasgow and Clyde have already subscribed to the Code of Conduct for Members of Devolved Public Bodies. All members of the IJB are required to subscribe to the code and a copy of the code and the related guidance note are attached as Appendices 4 and 5.
- 6.3 The code requires members to observe the rules of conduct to ensure equity and transparency and to register their interests, financial and non-financial. With this in mind, all members must review regularly, at least annually, their personal circumstances with these requirements in mind. They must not at any time advocate or encourage any action contrary to the code.
- 6.4 Members should note that the 2000 Act sets out the provisions for dealing with alleged breaches of the code and the sanctions that can be applied in the event of a breach. These are set out in Annex A to the code which is appended to this report.
- 6.5 The IJB will require to create a register of members' interests. A form and guidance will be provided to members to enable them to register relevant interests.

7.0 PROPOSALS

- 7.1 It is proposed that the IJB notes the terms of the approved Integration Scheme, approves the Standing Orders and notes the requirement of all members of the IJB to subscribe to and comply with the Model Code of Conduct for Members of Devolved Public Bodies.

8.0 IMPLICATIONS

8.1 Finance

There are no direct financial implications in respect of the proposals.

8.2 Legal

The Integration Scheme is a legally binding agreement between the Council and the Health Board. The Order attached at Appendix 2 establishes the IJB as a separate legal entity and once the strategic plan is approved, the service and functions referred to in the Integration Scheme will be fully delegated to the IJB. The IJB then has the full autonomy and capacity to act on its own behalf and so can make decisions about its functions and responsibilities as it sees fit.

The IJB is required to adopt Standing Orders for meetings under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The Standing Orders at Appendix 3 are drafted to comply with this obligation.

The Model Code of Conduct for Members of Devolved Public Bodies offers clarity as to the standards of conduct that are expected of them in the important role which they exercise. Whilst serving on the IJB, its members carry out their functions on behalf of the IJB itself and not as delegates of their respective Health Board or Council.

8.3 Human Resources

None.

8.4 Equalities

None.

8.5 Repopulation

There are no direct implications in respect of repopulation.

9.0 CONSULTATIONS

9.1 The interim Chief Officer of the Inverclyde Health & Social Care Partnership has been consulted in the preparation of this report.

9.2 The report has also been subject to consultation with representatives from Greater Glasgow and Clyde NHS Board.

10.0 BACKGROUND PAPERS

Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014

Inverclyde Health and Social Care Partnership

Integration Scheme

Between

INVERCLYDE COUNCIL

And

GREATER GLASGOW AND CLYDE HEALTH BOARD

1. Introduction

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by the Scottish Ministers; children’s health and social care services and criminal justice social work services. The Act requires the parties to prepare jointly an integration scheme setting out how this joint working is to be achieved. To achieve this, the Health Board and Local Authority can either delegate between each other, or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a “lead agency” arrangement. Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.
- 1.2 This document sets out the Integration Scheme (“the Scheme”) for Inverclyde, where Inverclyde Council and NHS Greater Glasgow and Clyde have agreed to a body corporate arrangement which will be known as the Inverclyde Health and Social Care Partnership. The Scheme sets out the detail as to how the Health Board and Local Authority will integrate services. When the Scheme has been agreed locally, the Act requires the Health Board and Local Authority to submit jointly the Scheme for approval by Scottish Ministers. The Scheme follows the chosen model and includes the matters prescribed in Regulations. The body corporate arrangement is the one which most closely reflects Inverclyde’s existing Community Health and Care Partnership arrangements, so following this option will support as smooth a transition as possible from our existing Community and Health Care Partnership (CHCP) arrangements to the new Inverclyde Health and Social Care Partnership (HSCP).
- 1.3 Once the Scheme has been approved by the Scottish Ministers, the Inverclyde Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.
- 1.4 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of elected Councillors, NHS non-executive directors, and other Members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority.

- 1.5 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme. Many of the requirements of the legislation will be met by building on the existing plans that have been developed through our integrated CHCP arrangements.

This should place the new Inverclyde HSCP in a strong starting position, as the principles and legislative intent are already firmly in place. Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Council together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Aims and Outcomes of the Integration Scheme

- 2.1 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively in the provision of health and social care services.

- 2.2 NHS Greater Glasgow and Clyde and Inverclyde Council have agreed that Children’s and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included.

- 2.3 National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

2.4 National Outcomes and Standards for Social Work Services in the Criminal Justice System are:

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

2.5 The Health and Social Care Partnership will adopt the Inverclyde CHCP vision and values which are consistent with the Act and policy intent. The vision is “Improving Lives”, underpinned the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

Integration Scheme

The Parties

The parties to this Integration Scheme are:-

The Inverclyde Council, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Municipal Buildings, Clyde Square, Greenock, PA15 1LY (“the Council”).

And

Greater Glasgow Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde“(NHSGG&C)) and having its principal offices at J B Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow, G12 0XH (“the Health Board”)

(Together referred to as “the Parties” and each being referred to as “the Party”)

1. Definitions and Interpretation

1.1 The following are definitions of terms used throughout the Integration Scheme:

“The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Chair” means the chair of the Integration Joint Board as appointed in accordance with the arrangements made under Article 4 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Chief Finance Officer” means the officer responsible for the administration of the Integration Joint Board’s financial affairs appointed under Section 13 of the Act and Section 95 of the Local Government (Scotland) Act 1973;

“Chief Officer” means the Chief Officer of the Integration Joint Board as referred to in Section 10 of the Act and whose role is more fully defined in Part 9 of the Scheme;

“Health and Social Care Partnership” is the name given to the Parties’ service delivery organisation for functions which have been delegated to the Integration Joint Board;

“Health Leads” means individuals who have the professional lead for their respective healthcare profession(s) within the Health and Social Care Partnership;

“Host” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the Health Board area;

“Hosted Services” means those services of the Parties more specifically detailed in Annex 3 which, subject to consideration by the Integration Joint Boards through the Strategic Plan process , the Parties agree will be managed and delivered on a pan Health Board basis by a single Integration Joint Board;

“Integrated Services” means the services of the Parties delivered in a Health and Social Care Partnership for which the Chief Officer has operational management responsibility;

“Integration Joint Board” means the Integration Joint Board to be established by Order under Section 9 of the Act;

“The Integration Scheme Regulations” or “the Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“The Scheme” means this Integration Scheme;

“Services” means those Services of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 3 hereof;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children and criminal justice social work in accordance with Section 29 of the Act.

- 1.2 Whereas in implementation of their obligations under section 2(3) of the Act, the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Integration Scheme Regulations therefore in implementation of these duties the Parties agree as follows:

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4) (a) of the Act will be put in place for Inverclyde Council area, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under Section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

Remit and Constitution of the Integration Joint Board

- 2.1 The role and remit of the Integration Joint Board is as set out in the Act.

Voting Members

- 2.2 The arrangements for appointing the voting membership of the Integration Joint Board are that each Party shall appoint four voting representatives.

Chair

- 2.3 The first Chair of the Integration Joint Board will be nominated by the Council from its voting representatives and the first Vice Chair will be nominated by the Health Board from its voting representatives.
- 2.4 The Chair and Vice Chair positions will rotate every two years between the Health Board and the Council, with the Chair being from one Party and the Vice Chair from the other.

Meetings

- 2.5 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business and all meetings of the Integration Joint Board shall be conducted in accordance with them.

3. Delegation of Functions

- 3.1 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, which are currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 are being delegated only to the extent that they relate to the services listed in Part 2 of Annex 1.
- 3.2 The functions that are to be delegated by Inverclyde Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services to which all of these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

4. Local Operational Delivery Arrangements

Responsibilities of the Integration Joint Board on behalf of the Parties

- 4.1 The remit of the Integration Joint Board is as set out in the Act and includes the following:-
- To prepare and implement a Strategic Plan in relation to the provision of the Integrated Services to adults and children, and criminal justice in the Inverclyde area in accordance with sections 29 to 48 of the Act.
 - To allocate and manage the delegated budget in accordance with the Strategic Plan.
 - The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer, is responsible for the operational management of the Integrated Services. These arrangements for the delivery of the Integrated Services will be conducted within an operational

framework established by the Health Board and Council for their respective functions, ensuring both Parties can continue to discharge their governance responsibilities, in line with directions from the Integration Joint Board. The framework applies only to operational delivery.

- 4.2 The Integration Joint Board will put in place systems, procedures and resources to monitor, manage and deliver the Integrated Services.
- 4.3 The Integration Joint Board is operationally responsible for directing the delivery by the Parties of the functions and services. The Parties will provide reports to the Integration Joint Board on the delivery of the functions. The Integration Joint Board will respond to such reports, via directions to the Health Board and the Council in line with the Strategic Plan.
- 4.4 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the Integration Joint Board. This will include Adult, Children and Families Health and Social Work Services and Criminal Justice Social Work Services. Payment will be made by the Integration Joint Board to the Parties to enable the delivery of these functions and services in accordance with the Strategic Plan.

Strategic Plan

- 4.5 The Integration Joint Board will establish a representative Strategic Planning Group to develop the Strategic Plan. This will include assessing the potential impact of the Strategic Plan on the Strategic Plans of other integration authorities within the Health Board area. All Integration Joint Boards within the Health Board area will share plans at consultation.
- 4.6 The Parties will provide any necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within Inverclyde, and commit to an in-year review during the first year between the Parties and the Integration Joint Board to ensure that the necessary support and information are being provided.

- 4.7 The Health Board and the Council agree that where they intend to change service provision of non-integrated functions that may have an impact on the Strategic Plan, they will advise the Integration Joint Board.
- 4.8 The Integration Joint Board is responsible for stakeholder engagement in the production of the Strategic Plan and the development of locality arrangements to support the development of the Strategic Plan.
- 4.9 The consultation process for the Strategic Plan will include other integration authorities likely to be affected by the Strategic Plan, and the Parties as consultees. Through this process the Integration Joint Board will assure itself that the Strategic Plan does not have a negative impact on the plans of the other integration authorities within the Health Board area.
- 4.10 Arrangements for emergency and acute services planning in the Health Board area will require joint planning with the other integration authorities within the Health Board area and the Health Board which retains operational responsibility for the delivery of these services.

Performance Targets, Improvement Measures and Reporting Arrangements

- 4.11 Making use of an outcome focused approach and with regard to delivering services in accordance with the national outcomes, the Strategic Plan will provide direction for the performance framework identifying local priorities and associated local outcomes. Performance targets and improvement measures will be linked to the local outcomes to assess the timeframe for change and the scope of change that is anticipated. Initially performance will be gauged on a set of high-level indicators based on the national outcomes, and related to the delegated functions and resources.
- 4.12 The Council and the Health Board will work together to develop proposals on these targets, measures and arrangements to meet these requirements to put to the Integration Joint Board for agreement based on Council strategic plans and Single Outcome Agreements and local NHS strategic direction and national NHS Local Delivery Plan and related requirements, and based on the Scottish Government prescribed format once this is issued.

- 4.13 In the first year following the delegation of functions to the Integration Joint Board, a more detailed core set of indicators will be identified from publicly accountable and national indicators and targets that the Parties currently report against. This process will focus on the core suite of indicators for integration, and indicators that relate to services which sit within the Integration Authorities, and can be regarded as proxy measures against delivering the national outcomes, and that allow assessment at local level against the Strategic Plan.
- 4.14 The Parties have obligations to meet targets for functions which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integrated functions.
- 4.15 Therefore, when preparing performance management information the effect on both integrated and non-integrated functions will be considered and details will be provided of any targets, measures and arrangements for the Integration Joint Board to take into account when preparing the Strategic Plan. Such targets, measures and arrangements will be prepared during the first year of the Integration Joint Board's establishment.

Corporate Support

- 4.16 The Parties are committed to supporting the Integration Joint Board, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the integration functions.
- 4.17 The existing Community Health and Care Partnership planning, performance, quality assurance and development support arrangements and resources will be used as a model for the future strategic support arrangements of the Inverclyde Integration Joint Board.
- 4.18 The arrangements for providing corporate support services will be subject to ongoing review in the first year following the delegation of functions to the Integration Joint Board.

5. Clinical and Care Governance

- 5.1 The Health Board's Chief Executive is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. This responsibility is delegated to the Chief Officer. The Chief Officer, as part of the Health Board's senior management team, will establish appropriate arrangements to discharge and scrutinise those responsibilities. These arrangements will link to the Health Board-wide support and reporting arrangements, including the systems for reporting of serious clinical incidents.
- 5.2 The Parties are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties are also accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act.
- 5.3 The Parties are responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan. This responsibility is delegated to the Chief Officer as part of both the Health Board's and Council's senior management team.
- 5.4 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual clinical or care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.
- 5.5 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

- 5.6 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 5.7 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.
- 5.8 In relation to Acute Hospital Services, the Integration Joint Board will be responsible for planning of such Services but operational management of such Services will lie with the Health Board and the Director for Acute Services of the Health Board.
- 5.9 As detailed in section 6 of the Scheme, the Chief Officer will be an officer of, and advisor to, the Integration Joint Board. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the Corporate Management Teams of the Parties. The Chief Officer will manage the Integrated Services.
- 5.10 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance group will be established, co-chaired by the Clinical Director and Chief Social Work Officer, and will report to and advise the Chief Officer and the Integration Joint Board, both directly and through the co-chairs also being members of the Strategic Planning Group and being non-voting members of the Integration Joint Board. The Clinical and Care Governance group will contain representatives from the Parties and others including:
- The Senior Management Team of the Partnership;
 - Clinical Director;
 - Lead Nurse;
 - Lead Allied Health Professional;
 - Chief Social Work Officer;
 - Service user and carer representatives; and
 - Third Sector and Independent Sector representatives.

- 5.11 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.
- 5.12 The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.
- 5.13 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Health and Social Care Partnership area. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.
- 5.14 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.
- 5.15 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of Integrated Services within the Partnership in order to then provide assurance to the Integration Joint Board.

Further assurance is provided through:

- (a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Clinical Director and Health Leads to report directly to the Health Board Medical Director and Nurse Director who in turn report to the Health Board on professional matters;

and

- (b) the role of the Clinical Governance Committee of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Committee will also provide professional guidance to the local Clinical and Care Governance group as required.

5.16 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.

5.17 The Health Board Clinical Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

5.18 The relationships between the different components of clinical and care governance and relationships are represented in diagram from at Annex 5.

Professional Leadership

5.19 The Health Board will nominate professional leads to be members of the Integration Joint Board. The Integration Joint Board will appoint professional leads to the Strategic Planning Group, in compliance with Section 32 of the Act.

5.20 NHS professional leads will relate to the Health Board's professional leads through formal network arrangements. The Health Board's professional leads will also be able to offer advice to the Chief Officer and to the Integration Joint Board.

- 5.21 The Health Board's Medical and Nursing Director roles support the Chief Officer and Integration Joint Board in relation to medical and nurse education and revalidation. The governance responsibilities of the Integration Joint Board and Chief Officer will also be supported by the Health Board's equalities and child protection functions.

6. Chief Officer

- 6.1 The Chief Officer will be appointed by the Integration Joint Board upon consideration of the recommendation of an appointment panel selected by the Integration Joint Board to support the appointment process, which panel will include the Chief Executives of each Party as advisors. The Chief Officer will be employed by one of the Parties and will have an honorary contract with the non-employing party. The Chief Officer will be jointly line managed by the Chief Executives of the Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities, and strategic direction in line with the Council's corporate priorities. The Chief Officer will be the accountable officer to the Integration Joint Board. The Chief Officer will become a non-voting member of the Integration Joint Board upon appointment to his/her role.
- 6.2 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both Inverclyde Council and the Health Board from an integration perspective.
- 6.3 The Chief Officer will have delegated operational responsibility for delivery of Integrated Services, except acute hospital services with oversight from the Integration Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery. The operational delivery arrangements will operate within a framework established by the Health Board and the Council for their respective functions, ensuring both bodies can continue to discharge their governance responsibilities.

- 6.4 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer will be operationally responsible through an integrated management team for the delivery of Integrated Services within the resources available.
- 6.5 In the event that the Chief Officer is absent or otherwise unable to carry out his or her functions, the Chief Executives of the Health Board and the Council will, at the request of the Integration Joint Board, jointly appoint a suitable interim replacement.
- 6.6 Inverclyde Integration Joint Board will be responsible for the strategic planning of the Integrated Services as set out in Annexes 1 and 2 of this Scheme. The Council and the Health Board will discharge the operational delivery of those delegated services (except those related to the Health Board’s Acute Division services most commonly associated with the emergency care pathway) through the Chief Officer, who is part of the Corporate Management Team of both the NHS Board and the Council.
- 6.7 The Council agrees that the relevant Council lead responsible for the local housing strategy will be required to routinely liaise with the Chief Officer in respect of the Integration Joint Board’s role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integration Joint Board.
- 6.8 The Chief Officer will have accountability to the Integration Joint Board for Workforce Governance. The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board’s Staff Governance Committee and the Council’s Staff Representative Forum.

7. Workforce

- 7.1 Sustained and successful delivery of Integrated Services will be dependent on an engaged workforce whose skill mix adapts over time to respond to the clinical and care needs of the Inverclyde population. The Parties will work together to ensure effective leadership, management, support, learning and development across all staff groups, and will produce a Workforce Plan that will be prepared and put in

place within the first year following the delegation of functions to the Integration Joint Board.

- 7.2 Workforce Governance is a system of corporate accountability for the fair and effective management of staff. Workforce Governance in the Integration Joint Board will therefore ensure that staff are;
- Well Informed
 - Appropriately trained and developed
 - Involved in decisions
 - Treated fairly and consistently with dignity and respect in an environment where diversity is valued
 - Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community
- 7.3 The Chief Officer, on behalf of the Parties, will develop a Workforce Plan during the first year describing the current shape and size of the workforce, how this will develop as services become more integrated, and what actions will need to be taken to achieve the necessary changes in workforce and skills mix. This will be linked to an Organisational Development Plan that builds on the cultural integration that has already taken place within the CHCP, bringing health and social care values closer together through integrated teams and management arrangements, and underpinned by our vision and values as noted at 2.5..
- 7.4 The Parties will engage with staff, staff representatives, stakeholders and partner organisations; and make use of relevant information and guidance from education and regulatory bodies for various staff groups; in planning this work, building a collaborative approach through co-operation and coproduction. Both the Workforce Plan and the Organisational Development Plan will be developed and put in place during the first year following the delegation of functions to the Integration Joint Board, and will be reviewed by the Parties on an annual basis.
- 7.5 Members of the management team may be employed by either the Health Board or the Council, and senior managers may be given honorary contracts from the party

who is not their direct employer. These will allow delegated responsibility for both discipline and grievance with the Health Board and the Council employee groups.

- 7.6 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. . These Partnership arrangements will meet the required national standards and link to both the Health Board and Council’s staff consultative arrangements.

8. Finance

Introduction to this clause

- 8.1 This clause sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and the Health Board.
- 8.2 The Chief Finance Officer (CFO) will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board’s financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

Budgets

- 8.3 Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.
- 8.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Council and the Health Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:

- Activity changes

- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board
- Adjustments to address equity of resource allocation

This will allow the Council and the Health Board to determine the final approved budget for the Integration Joint Board.

- 8.5 Either Party may increase its in year payment to the Integration Joint Board.
- 8.6 The process for determining amounts to be made available (within the ‘set aside’ budget) by the Health Board to the Integration Joint Board in respect of all of the functions delegated by the Health Board which are carried out in a hospital in the area of the Health Board and provided for the areas of two or more Local Authorities will be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board and will be based on:
- Actual Occupied Bed Days and admissions in recent years;
 - Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;
 - Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).
- 8.7 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Council, the Health Board and the Integration Joint Board. If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a detailed business case which is incorporated within the Integration Joint Board’s budget. This may include:
- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need;
 - Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and

timing differences (i.e. the lag between reduction in capacity and the release of resources).

Budget Management

- 8.8 The Integration Joint Board will direct the resources it receives from the Parties in line with the Strategic Plan, and in doing so will seek to ensure that the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

Overspends

- 8.9 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. In the event that the recovery plan does not succeed, the first resort should be to the Integration Joint Board reserves, where available, in line with the Integration Joint Board’s Reserves policy. The Parties may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and the Integration Joint Board. If the revised plan cannot be agreed by the Parties, or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

Underspends

- 8.10 Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board’s Reserves Strategy. Any windfall underspend will be returned to the Parties in the same proportion as individual Parties contribute to joint pressures in that area of spend., as the default position unless otherwise agreed between the Parties.

Unplanned Costs

- 8.11 Neither Party may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either the Council or the Health Board without the express consent of the Integration Joint Board and the other Party.

Accounting Arrangements and Annual Accounts

- 8.12 Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.
- 8.13 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.
- 8.14 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The year-end balances and in-year transactions between the Integration Joint Board and the Parties will be agreed in line with the NHS Board accounts timetable. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.
- 8.15 Periodic financial monitoring reports will be issued by the Chief Finance Officer to the Chief Officer in line with timescales agreed by the Parties. Financial Reports will include subjective and objective analysis of budgets and actual/projected outturn, and such other financial monitoring reports as the Integration Joint Board might require.
- 8.16 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.

Payments between the Council and the Health Board

- 8.17 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.
- 8.18 In the event that functions are delegated part-way through the 2015-16 financial year, the payment to the Integration Joint Board for delegated functions will be that portion of the budget covering the period from the delegation of functions to the Integration Joint Board to 31 March 2016.

Capital Assets and Capital Planning

- 8.19 Capital and assets and the associated running costs will continue to sit with the Parties. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

9. Participation and Engagement

- 9.1 Consultation on this draft Integration Scheme has taken place as part of the Integration transitional arrangements during the year 2014/15, and in accordance with the requirements of the Act (consultation timetable referenced at Annex 4).
- 9.2 The stakeholders consulted in the development of this Scheme were:
- All stakeholder groups as prescribed in Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 (see Annex 4)
 - The other five local authorities within the Health Board catchment area.
- 9.3 All responses received during consultation have been reviewed and taken into consideration in the production of this Scheme.
- 9.4 The Parties commit to agreeing shared principles for engagement and participation that the Integration Joint Board will use. This engagement strategy will be in line

with the principles and practice endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement, and will be developed and produced by the Strategic Planning Group that will include representation from the existing forums as detailed at 9.5. The participation and engagement strategy will be produced by the end of the first year of the delegation of functions to the Integration Joint Board.

- 9.5 Existing forums, including the CHCP People Involvement Network and Advisory Group and Third Sector Interface along with other community networks and stakeholder groups with an interest in health and social care provided by NHS Greater Glasgow & Clyde and Inverclyde Council will be part of the process of engagement.

10. Information-Sharing and Data Handling

- 10.1 The Council and the Health Board have worked along with all local authorities in the Health Board area through the Joint Information and Health Systems Group to develop, review and maintain an Information Sharing Protocol. The Information Sharing Protocol will be reviewed by the Integration Joint Board two years following the delegation of functions to the Integration Joint Board and at least every two years thereafter. The review will consider any future changes in information governance or data protection legislation, and the Integration Joint Board will consider, as part of the review process, any amendments required to improve the Information Sharing Protocol.
- 10.2 The Parties positively encourage their staff to share information appropriately about their service users when it benefits their care and when it is necessary to protect vulnerable adults or children. The document describes how the Parties will exchange information with each other - particularly information relating to identifiable living people, known legally as “personal data”. The purpose of the document is to explain why the partner organisations want to exchange information with each other and to put in place a framework which will allow this information to be exchanged in ways which respect the rights of the people the information is about and with their explicit consent to share, while recognising the circumstances in which staff must share personal data to protect others, without the consent of the individual. This

protocol complies with the laws regulating this, particularly the Data Protection Act 1998.

- 10.3 This Protocol will be reviewed every two years and, as a consequence of submission to Information Commissioners Office (ICO) for endorsement, will be subject to audit at the discretion of the Information Commissioner. All Parties agree to such auditing and undertake to provide all necessary cooperation with the ICO in the event of an audit being held or considered.

11. Complaints

The Parties agree the following arrangements in respect of complaints.

- 11.1 The Parties will work together with the Chief Officer to agree a single streamlined process for complaints relating to integrated arrangements that complies with all applicable legal requirements. This will be based on the existing Inverclyde Community Health Care Partnership complaints procedures.
- 11.2 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints can be made by patients, service users and customers or their nominated representatives using a range of methods including an online form, face to face contact, in writing and by telephone. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the complainant. If the complainant remains dissatisfied, an internal review might be offered if appropriate. If the complainant still remains dissatisfied, the final stage will be the consideration of complaints by the Scottish Public Services Ombudsman (SPSO). In relation to social work complaints these are, subject to review, presently considered by a Social Work Complaints Review Committee prior to the Ombudsman.
- 11.3 The Parties agree to work together and to support each other to ensure that all

complaints that require input from both Parties are handled in a timely manner. Details of the complaints procedures will be provided on line, in complaints literature and on posters. Clear and agreed timescales for responding to complaints will be provided.

- 11.4 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate, so long as the representative can demonstrate that the service user has authorised that person to act on behalf of the service user.
- 11.5 The Parties will produce a joint complaints report on an annual basis for consideration by the Integration Joint Board. This report will include details of the number and nature of complaints, and the proportion of complaints responded to within the agreed timescales.
- 11.6 The means through which a complaint should formally be made regarding Integrated Services and the appropriate member of staff within the Health & Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

12. Claims Handling, Liability & Indemnity

- 12.1 The Council and the Health Board agree that they will manage and settle claims in accordance with common law of Scotland and statute.
- 12.2 The Parties will establish indemnity cover for integrated arrangements.

13. Risk Management

- 13.1 The Parties along with all local authorities in the Health Board area have developed a model risk management policy and strategy to support integrated service delivery. This will be available to the Integration Joint Board at its first meeting for noting and approval. The first integrated risk register will be presented to the Integration Joint Board within six months following the delegation of functions to the Integration Joint Board.
- 13.2 The Parties will support the Chief Officer and the Integration Joint Board with relevant specialist advice, (such as internal audit, clinical and non-clinical risk managers and health and safety advisers).
- 13.3 The Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Chief Officer working with the Chief Executives of the Parties will review existing strategic and operational risk registers on a six-monthly basis, identify the appropriate risks to move to the shared risk register and agree mitigations.

14. Dispute Resolution Mechanism

- 14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the undernoted process:
- a) The Chief Executives of the Parties will meet to resolve the issue;
 - b) If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.

c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

14.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Annex 1

Part 1

Functions Delegated by the Health Board to the Integration Joint Board.

<i>Column A</i>	<i>Column B</i>
<p>The National Health Service (Scotland) Act 1978 All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978.</p>	<p>Except functions conferred by or by virtue of—</p> <ul style="list-style-type: none"> section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards). <p>and functions conferred by—</p> <ul style="list-style-type: none"> The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The Health Boards (Membership and Procedure) (Scotland)

<i>Column A</i>	<i>Column B</i>
	<p>Regulations 2001, The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004) The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and The National Health Service (General Dental Services) (Scotland) Regulations 2010. The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011</p>
<p>Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)</p>	
<p>Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by: section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical</p>

<i>Column A</i>	<i>Column B</i>
	<p>officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266: recall);</p> <p>section 281 (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by—</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations 2005;</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and</p> <p>The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p> <p>Section 23</p> <p>(other agencies etc. to help in exercise of functions under this Act)</p>	
<p>Public Services Reform (Scotland) Act 2010</p> <p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.</p>	<p>Except functions conferred by—</p> <p>section 31(Public functions: duties to provide information on certain expenditure etc.); and</p> <p>section 32 (Public functions: duty to provide information on exercise</p>
<p>Patient Rights (Scotland) Act 2011</p> <p>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.</p>	<p>Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.</p>
<p>Functions prescribed for the purposes of section 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014</p>	
<i>Column A</i>	<i>Column B</i>
<p>The National Health Service (Scotland) Act 1978</p>	

<i>Column A</i>	<i>Column B</i>
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	<p>Except functions conferred by or by virtue of—</p> <p>section 2(7) (Health Boards);</p> <p>section 2CB (functions of Health Boards outside Scotland);</p> <p>section 9 (local consultative committees);</p> <p>section 17A (NHS contracts);</p> <p>section 17C (personal medical or dental services);</p> <p>section 17I (use of accommodation);</p> <p>section 17J (Health Boards' power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 38 (care of mothers and young children);</p> <p>section 38A (breastfeeding);</p> <p>section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);</p> <p>section 48 (residential and practice accommodation);</p> <p>section 55 (hospital accommodation on part payment);</p> <p>section 57 (accommodation and services for private patients);</p> <p>section 64 (permission for use of facilities in private practice);</p> <p>section 75A (remission and repayment of charges and payment of travelling expenses);</p> <p>section 75B (reimbursement of the cost of services provided in another EEA state);</p> <p>section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);</p> <p>section 79 (purchase of land and moveable property);</p> <p>section 82 use and administration of certain endowments and other property held by Health Boards);</p> <p>section 83 (power of Health Boards and local health councils to hold property on trust);</p> <p>section 84A (power to raise money, etc., by appeals, collections etc.);</p> <p>section 86 (accounts of Health Boards and the Agency);</p> <p>section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);</p> <p>section 98 (charges in respect of non-residents); and</p> <p>paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);</p> <p>and functions conferred by—</p> <p>The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989</p> <p>The Health Boards (Membership and Procedure) (Scotland)</p>

<i>Column A</i>	<i>Column B</i>
	<p>Regulations 2001/302;</p> <p>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;</p> <p>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p> <p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;</p> <p>The National Health Service (Discipline Committees) (Scotland) Regulations 2006;</p> <p>The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;</p> <p>The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;</p> <p>The National Health Service (General Dental Services) (Scotland) Regulations 2010; and</p> <p>The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.</p>
<p>Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)</p>	
<p>Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by—</p> <p>section 22 (approved medical practitioners);</p> <p>section 34 (inquiries under section 33: cooperation)</p> <p>section 38 (duties on hospital managers: examination, notification etc.);</p> <p>section 46 (hospital managers' duties: notification);</p> <p>section 124 (transfer to other hospital);</p> <p>section 228 (request for assessment of needs: duty on local authorities and Health Boards);</p> <p>section 230 (appointment of patient's responsible medical officer);</p> <p>section 260 (provision of information to patient);</p> <p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266: recall);</p> <p>section 281 (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by—</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations</p>

<i>Column A</i>	<i>Column B</i>
	<p>2005;</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and</p> <p>The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p>Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
<p>Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by—</p> <p>section 31(public functions: duties to provide information on certain expenditure etc.); and</p> <p>section 32 (public functions: duty to provide information on exercise of functions).</p>
<p>Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p>	<p>Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.</p>

Part 2

Services delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
 - Geriatric medicine;
 - Rehabilitation medicine (age 65+);
 - Respiratory medicine (age 65+); and
 - Psychiatry of learning disability (all ages).
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting
- School Nursing
- Speech and Language Therapy
- Specialist Health Improvement
- Community Children’s Services
- CAMHS
- District Nursing services
- The public dental service.
- Primary care services provided under a general medical services contract,
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

Annex 2

Part 1

Functions Delegated by the Council to the Integration Joint Board

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948	
Section 45 (Recovery in cases of misrepresentation or non-disclosure)	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 (Reports as to arrangements for future care and upbringing of children)	
Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 6B (Local authority inquiries into matters affecting children)	
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

Column A Enactment conferring function	Column B Limitation
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 27 (supervision and care of persons put on probation or released from prison etc.)	
Section 27 ZA (advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 28 (Burial or cremation of the dead.)	
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for aliment)	
Section 83 (Variation of trusts)	
Section 86 (Recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local	

Column A
Enactment conferring function
Column B
Limitation

authority from the other local authority)

Children Act 1975

Section 34
 (Access and maintenance)

Section 39
 (Reports by local authorities and probation officers.)

Section 40
 (Notice of application to be given to local authority)

Section 50
 (Payments towards maintenance of children)

The Local Government and Planning (Scotland) Act 1982

Section 24(1)
 (The provision of gardening assistance for the disabled and the elderly.)

Health and Social Services and Social Security Adjudications Act 1983

Section 21
 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)

Section 22
 (Arrears of contributions charged on interest in land in England and Wales)

Section 23
 (Arrears of contributions secured over interest in land in Scotland)

Foster Children (Scotland) Act 1984

Section 3
 (Local authorities to ensure well-being of and to visit foster children)

Section 5
 (Notification by persons maintaining or proposing to maintain foster children)

Section 6
 (Notification by persons ceasing to maintain foster children)

Section 8
 (Power to inspect premises)

Column A Enactment conferring function	Column B Limitation
Section 9 (Power to impose requirements as to the keeping of foster children)	
Section 10 (Power to prohibit the keeping of foster children)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
Housing (Scotland) Act 2001	
Section 1 (Homelessness strategies)	
Section 2 (Advice on homelessness etc.)	
Section 5 (Duty of registered social landlord to provide accommodation)	
Section 6 (Duty of registered social landlord: further provision)	
Section 8 (Common housing registers)	
Section 92 (Assistance for Housing Purposes)	Only in so far as it relates to an aid or adaptation.

Housing (Scotland) Act 2006

Section 71(1)(b)
(Assistance for housing purposes)

Only in so far as it relates to an aid or adaptation as defined at Section 1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions) (Scotland) Regulations 2014.

Children (Scotland) Act 1995

Section 17
(Duty of local authority to child looked after by them)

Sections 19
(Local authority plans for services for children).

Section 20
(Publication of information about services for children)

Section 21
(Co-operation between authorities)

Section 22
(Promotion of welfare of children in need)

Section 23
(Children affected by disability)

Section 24
(Assessment of ability of carers to provide care for disabled children)

Section 24A
(Duty of local authority to provide information to carer of disabled child)

Section 25
(Provision of accommodation for children etc.)

Section 26
(Manner of provision of accommodation to children looked after by local authority)

Section 27
(Day care for pre-school and other children)

Section 29
(After-care)

Section 30
(Financial assistance towards expenses of education or training)

Section 31
(Review of case of child looked after by local authority)

Section 32
(Removal of child from residential establishment)

Section 36
(Welfare of certain children in hospitals and nursing homes etc.)

Section 38
(Short-term refuges for children at risk of harm)

Section 76
(Exclusion orders)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children and young persons).

Section 203
(Reports)

Section 234B
(Drug treatment and testing order).

Section 245A
(Restriction of liberty orders).

Adults with Incapacity (Scotland) Act 2000

Section 10
(Functions of local authorities.)

Section 12
(Investigations.)

Section 37
(Residents whose affairs may be managed.)

Only in relation to residents of establishments which are managed under integration functions.

Section 39
(Matters which may be managed.)

Only in relation to residents of establishments which are managed under integration functions.

Section 40
(Supervisory bodies)

Only in relation to residents of establishments which are managed under integration functions.

Section 41
(Duties and functions of managers of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions.

Section 42
(Authorisation of named manager to withdraw from resident's account.)

Only in relation to residents of establishments which are managed under integration functions.

Section 43
(Statement of resident's affairs.)

Only in relation to residents of establishments which are managed under integration functions.

Section 44
(Resident ceasing to be resident of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions.

Section 45
(Appeal, revocation etc.)

Only in relation to residents of establishments which are managed under integration functions.

Community Care and Health (Scotland) Act 2002

Section 4
(The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002)

Section 5
(Local authority arrangements for residential accommodation out with Scotland.)

Section 6
(Deferred payment of accommodation costs)

Section 14
(Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17
(Duties of Scottish Ministers, local authorities and others as respects Commission.)

Section 25
(Care and support services etc.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26
(Services designed to promote well-being and social development.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27
(Assistance with travel.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33
(Duty to inquire.)

Section 34
(Inquiries under section 33: Co-operation.)

Section 228
(Request for assessment of needs: duty on local authorities and Health Boards.)

Section 259
(Advocacy.)

Management of Offenders etc. (Scotland) Act 2005

Section 10
(Arrangements for assessing and managing risks posed by certain offenders)

Section 11
(Review of arrangements)

Adoption and Children (Scotland) Act 2007

Section 1
(Duty of local authority to provide adoption service)

Section 4
(Local authority plans)

Section 5
(Guidance)

Section 6
(Assistance in carrying out functions under sections 1 and 4)

Section 9
(Assessment of needs for adoption support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

Section 12
(Power to provide payment to person entitled to adoption support service)

Section 19
(Notice under section 18: local authority's duties)

Section 26
(Looked after children: adoption not proceeding)

Section 45
(Adoption support plans)

Section 47
(Family member's right to require review of plan)

Section 48
(Other cases where authority under duty to review plan)

Section 49
(Reassessment of needs for adoption support services)

Section 51
(Guidance)

Section 71
(Adoption allowance schemes)

Section 80
(Permanence Orders)

Section 90
(Precedence of certain other orders)

Section 99
(Duty of local authority to apply for variation or revocation)

Section 101
(Local authority to give notice of certain matters)

Section 105
(Notification of proposed application for order)

Adult Support and Protection (Scotland) Act 2007

Section 4
(Council's duty to make inquiries.)

Section 5
(Co-operation.)

Section 6
(Duty to consider importance of providing advocacy and other.)

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc)

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 16
(Right to move adult at risk)

Section 18
(Protection of moved person's property.)

Section 22
(Right to apply for a banning order.)

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Children’s Hearings (Scotland) Act 2011

Section 35
(Child assessment orders)

Section 37
(Child protection orders)

Section 42
(Parental responsibilities and rights directions)

Section 44
(Obligations of local authority)

Section 48
(Application for variation or termination)

Section 49
(Notice of application for variation or termination)

Section 60
(Local authority's duty to provide information to
Principal Reporter)

Section 131
(Duty of implementation authority to require review)

Section 144
(Implementation of compulsory supervision order:
general duties of implementation authority)

Section 145
(Duty where order requires child to reside in certain
place)

Section 153
(Secure accommodation)

Section 166
(Review of requirement imposed on local authority)

Section 167
(Appeals to Sheriff Principal: Section 166)

Section 180
(Sharing of information: panel members)

Section 183
(Mutual Assistance)

Section 184
(Enforcement of obligations on health board under
Section 183)

**Social Care (Self- Directed Support)(Scotland) Act
2013**

Section 3
(Support for adult carers.)

Only in relation to assessments carried out under
integration functions.

Section 5
(Choice of options: adults.)

Section 6
(Choice of options under section 5: assistances.)

Section 7
(Choice of options: adult carers.)

Section 8
(Choice of options: children and family members)

Section 9
(Provision of information about self-directed support.)

Section 11
(Local authority functions.)

Section 12
(Eligibility for direct payment: review.)

Section 13
(Further choice of options on material change of circumstances.)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.

Section 16
(Misuse of direct payment: recovery.)

Section 19
(Promotion of options for self-directed support.)

Annex 2

Part 2

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Re-ablement services, equipment and telecare

In addition Inverclyde Council will delegate:

- Criminal Justice Services
 - Criminal Justice Social Work
 - Prison Based Social Work
 - Unpaid Work
 - MAPPA

- Children & Families Social Work Services
 - Child Protection
 - Fieldwork Social Work Services for Children and Families
 - Residential Child Care including Children’s Homes
 - Looked After & Accommodated Children

- Adoption & Fostering
 - Kinship Care
 - Services for Children with Additional Needs
 - Throughcare
 - Youth Support / Youth Justice
 - Young Carers
-
- Services for People affected by Homelessness
-
- Advice Services
-
- Strategic & Support Services
 - Health Improvement & Inequalities
 - Quality & Development (including training and practise development, contract monitoring and strategic planning)
 - Business Support

Annex 3 – Hosting Arrangements

The Parties will recommend to the Greater Glasgow and Clyde Integration Joint Boards that the Services listed in this annex are managed by one Integration Joint Board on behalf of the other Integration Joint Boards. Where an Integration Joint Board is also the Lead Partnership in relation to a Service in this annex the Parties will recommend that:

- (a) It is responsible for the operational oversight of such Service(s);
- (b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards; and

Such Lead Partnership will be responsible for the strategic planning and operational budget of the Hosted Services.

Service Area	Host Integration Joint Board
• Continence services outwith hospital	Glasgow
• Enhanced healthcare to Nursing Homes	Glasgow
• Musculoskeletal Physiotherapy	West Dunbartonshire
• Oral Health – public dental service and primary dental care contractual support	East Dunbartonshire
• Podiatry services	Renfrewshire
• Primary care contractual support (medical and optical)	Renfrewshire
• Sexual Health Services (Sandyford)	Glasgow
• Specialist drug and alcohol services and system-wide planning & co-ordination	Glasgow
• Specialist learning disability services and learning disability system-wide planning & co-ordination	East Renfrewshire
• Specialist mental health services and mental health system-wide planning & co-ordination	Glasgow
• custody and prison healthcare	Glasgow

Annex 4

Summary of Consultation

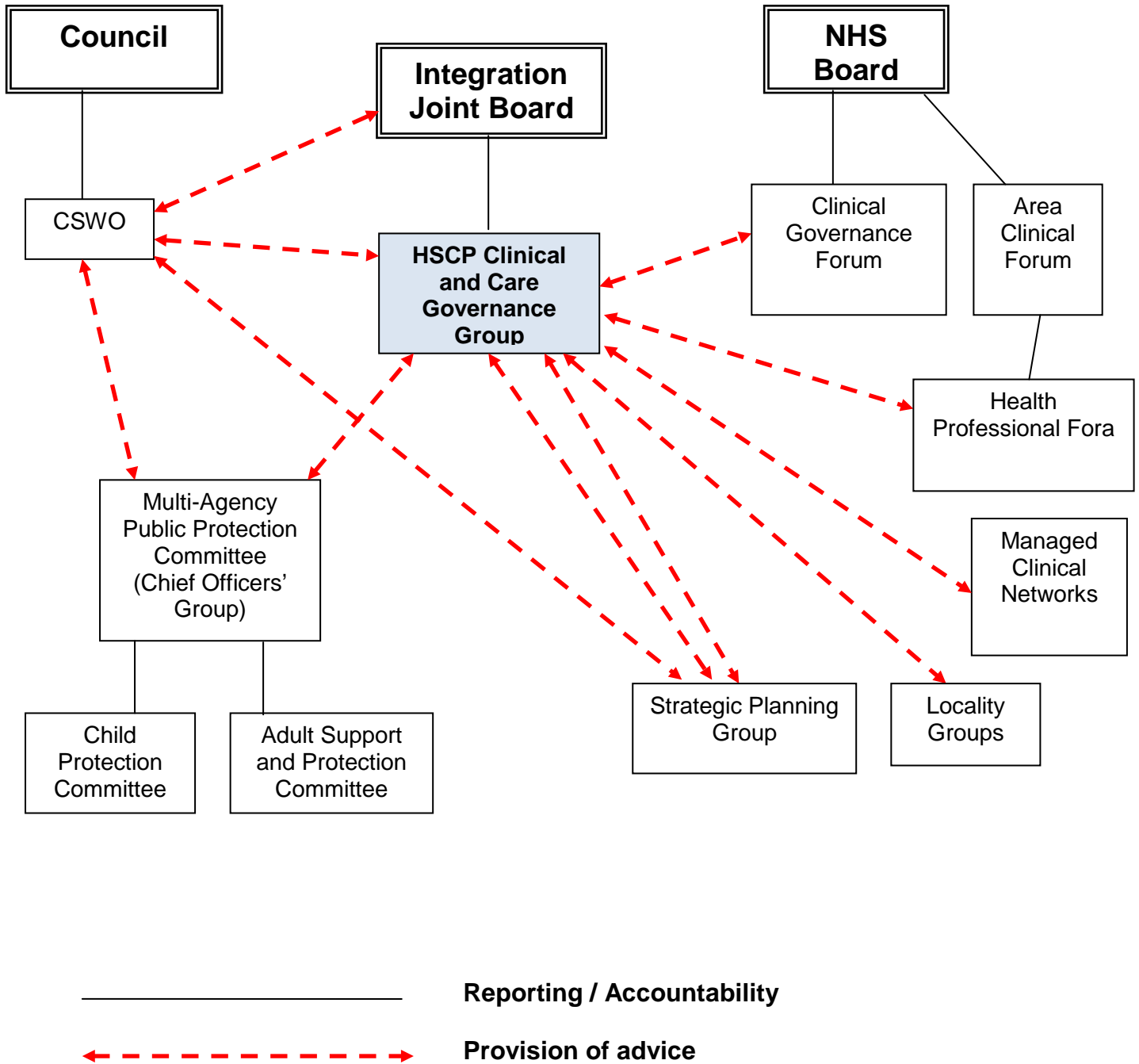
Type Of Consultee	Name of Group/Individual	Means of Consultation
Health Professionals	Inverclyde Staff Partnership Forum	Presentation at meeting and email to all staff
Social Care Professionals		
Primary Care	General Practitioners & Practice Managers	
Users of health care &/or social care	Inverclyde CHCP Advisory Group & People Involvement Network	Presentation at group meetings and distributed to network members
Carers of users of health care &/or social care	As Above and Inverclyde Carers Centre Board Inverclyde Carers Council	
Commercial Providers of health care &/or social care	Scottish Care CVS Inverclyde All Commissioned Service Providers	X 2 Provider Forum Sessions and distributed to all organisations
Non Commercial Providers of health care &/or social care	CVS Inverclyde Inverclyde Third Sector Interface All Grant Funded Third Sector Organisations	
Staff of Inverclyde CHCP who are not health or social care professionals		Via email to all staff
Senior Managers of Inverclyde Council	Corporate Management Team, Inverclyde Council	Presentations and briefing papers
Elected Members of Inverclyde Council	Inverclyde Health & Social Care Committee	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Non-Executive Directors of Health Board	Greater Glasgow Health Board	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Organisations operating in Inverclyde	Inverclyde Alliance Community Planning Partnership Board	Presentations and briefing papers
Other local authorities within the NHS GGC catchment	East Renfrewshire Council; West Dunbartonshire Council; Renfrewshire Council; East Dunbartonshire Council; Glasgow City Council.	Sharing draft Integration Scheme at various stages of development via email and officer meetings.

Notes

- Consultation has taken account of the parties' statutory obligations in relation to participation and engagement
- Consultation has been synchronised with existing consultation processes and forums to enable engagement with specific groups such as service users, carers, providers, the workforce and partners
- Consultation has taken place via a range of media to support open access for all groups

Annex 5

Clinical and Care Governance – Key Supports and Relationships



 SCOTTISH STATUTORY INSTRUMENTS

2015 No. 222

PUBLIC HEALTH

SOCIAL CARE

 The Public Bodies (Joint Working) (Integration Joint Board
 Establishment) (Scotland) Amendment Order 2015

<i>Made</i> - - - -	<i>27th May 2015</i>
<i>Laid before the Scottish Parliament</i>	<i>29th May 2015</i>
<i>Coming into force</i> - -	<i>27th June 2015</i>

The Scottish Ministers make the following Order in exercise of the powers conferred by section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(a) and all other powers enabling them to do so.

Citation and commencement

1. This Order may be cited as the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment Order 2015 and comes into force on 27th June 2015.

Amendment of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015

2.—(1) The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015(b) is amended as follows.

(2) In the Schedule, at the end and in the appropriate columns, insert—

“Integration joint boards established on 27th June 2015

Argyll and Bute Integration Joint Board	The area of Argyll and Bute Council
East Dunbartonshire Integration Joint Board	The area of East Dunbartonshire Council
East Lothian Integration Joint Board	The area of East Lothian Council
East Renfrewshire Integration Joint Board	The area of East Renfrewshire Council
Edinburgh City Integration Joint Board	The area of Edinburgh City Council
Inverclyde Integration Joint Board	The area of Inverclyde Council

(a) 2014 asp 9.
 (b) S.S.I. 2015/88.

Midlothian Integration Joint Board	The area of Midlothian Council
North Lanarkshire Integration Joint Board	The area of North Lanarkshire Council
Renfrewshire Integration Joint Board	The area of Renfrewshire Council
Shetland Islands Integration Joint Board	The area of Shetland Islands Council
West Dunbartonshire Integration Joint Board	The area of West Dunbartonshire Council”.

St Andrew’s House,
Edinburgh
27th May 2015

SHONA ROBISON
A member of the Scottish Government

EXPLANATORY NOTE

(This note is not part of the Order)

This Order amends the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 (“the establishment Order”) in order to establish integration joint boards for the purposes of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”).

The Schedule to the establishment Order contains a list of integration joint boards established for specified local authority areas. Article 2 amends this list to insert details of integration joint boards to be established on 27th June 2015.

By virtue of the 2014 Act, once an integration joint board is established, it is to carry out such statutory health and social care functions as the local authority and health board for that area delegate to it. Full provision for the delegation of functions and the local operation of each integration joint board is set out in an integration scheme prepared under section 1 or 2 of the 2014 Act, which has been approved by the Scottish Ministers in advance of the integration joint board being established.

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INVERCLYDE HEALTH & SOCIAL CARE PARTNERSHIP

INVERCLYDE INTEGRATION JOINT BOARD

STANDING ORDERS FOR MEETINGS

DRAFT

1 General

- 1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall regulate the procedure and business of the Integration Joint Board (IJB) and all meetings of the IJB or of a Committee or Sub-Committee of the IJB must be conducted in accordance with these Standing Orders.
- 1.2 In these Standing Orders “the Integration Joint Board” or “the IJB” shall mean the Inverclyde Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015, as amended by the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment Order 2015.
- 1.3 In these Standing Orders, “the Chairperson” means the Chairperson of the IJB, and in relation to the proceedings of any Committee or Sub-Committee of the IJB, means the Chairperson of that Committee or Sub-Committee.
- 1.4 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with these Standing Orders.

2 Membership

- 2.1 The IJB shall have two categories of members:
- i. Voting Members from Inverclyde Council (“the Council”) and Greater Glasgow and Clyde NHS Board (“the Health Board”) as set out in Standing Order 2.2; and
 - ii. Non-Voting Members as set out in Standing Order 2.3

For the avoidance of doubt, any reference to “Member” or “Members” throughout these Standing Orders, unless otherwise stated includes both Voting Members and Non-Voting Members.

- 2.2 Voting membership of the IJB shall comprise four persons appointed by the Council and four persons nominated by the Health Board. If the Health Board is unable to fill its places with Non-Executive Directors it can nominate other appropriate people, who must be members of the Health Board to fill their spaces, but at least two must be Non-Executive Directors.
- 2.3 Non-voting membership of the IJB shall comprise:
- a) the Chief Social Work Officer of the Council;
 - b) the Chief Officer of the IJB;
 - c) the Proper Officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973;
 - d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

- e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
- f) a registered medical practitioner employed by the Health Board and not providing primary medical services.
- g) One member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
- h) One member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
- i) One member in respect of service users residing in the area of the local authority;
- j) One member in respect of persons providing unpaid care in the area of the local authority; and
- k) Such additional members as the Integration Board sees fit. Such additional members may not be a councillor or a non-executive director of the Health Board.

2.4 The Members appointed under Standing Order 2.3 (d) to (f) must be determined by the Health Board.

2.5 The acts, meetings or proceedings of the IJB shall not be invalidated by any defect in the appointment of any Member.

3 Term of Office of Members

3.1 A Member of the IJB in terms of Standing Order 2.3 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the IJB shall be for two years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.

3.2 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

3.3 At the expiry of a Member's term of office, the Member may be reappointed for a further term of office provided that he/she remains eligible and is not otherwise disqualified from appointment.

3.4 A Voting Member ceases to be a Member of the IJB if they cease to be either a Councillor or a non-executive Director of the Health Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

4 Proxies

4.1 Named Proxy Members for Voting Members of the IJB may be appointed by the constituent authority which nominated the Voting Member. The appointment of such Proxies will be subject to the same rules and procedures for Members. Proxies shall receive papers for meetings of the IJB but shall be entitled to attend or vote at a meeting only in the absence of the principal Voting Member they represent.

- 4.2 If the Chairperson or Vice-Chairperson is unable to attend a meeting of the IJB, any Proxy Member attending the meeting may not preside over that meeting.
- 4.3 If a Non-Voting Member is unable to attend a meeting of the IJB that Non-Voting Member may arrange for a suitably experienced Proxy to attend the meeting.

5 Temporary Vacancies in Voting Membership.

- 5.1 Where there is a temporary Voting Member vacancy, the vote which would be exercisable by a Voting Member appointed to that vacancy may be exercised jointly by the other Voting Members nominated by the relevant constituent authority.
- 5.2 In the event that due to two or more temporary vacancies, a constituent authority is consequently able to nominate only one or no Voting Members and where that constituent authority also appointed the Chairperson, the Chairperson of the IJB must be temporarily appointed by the other constituent authority.
- 5.3 Where a temporary vacancy, or the circumstances in which Standing Order 5.2 applies, persist for longer than six months the Chairperson of the IJB must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.

6 Effect of Vacancy in Membership

- 6.1 A vacancy in the membership of the IJB will not invalidate anything done or any decision made by the IJB.

7 Resignation of Members

- 7.1 A Member may resign their membership of the IJB at any time during their term of office by giving notice in writing to the IJB. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.
- 7.2 If a Voting Member gives notice under Standing Order 7.1 the IJB must inform the constituent authority which nominated that Voting Member.
- 7.3 Standing Order 7.1 does not apply to a Member appointed under Standing Order 2.3 (a) to (c).

8 Removal of Members

- 8.1 If a Member has not attended three consecutive ordinary meetings of the IJB, and their absence was not due to illness or other reasonable cause as determined by the IJB, the IJB may remove the Member from office by providing the Member with one month's notice in writing.

- 8.2 If a Member acts in a way which brings the IJB into disrepute or in a way which is inconsistent with the proper performance of the functions of the IJB, the IJB may remove the Member from office with effect from such date as the IJB may specify in writing.
- 8.3 If a Member is disqualified under Article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.
- 8.4 If a Voting Member who is a Councillor appointed on the nomination of the local authority ceases, for any reason, to be a Councillor during a term of office they are to be removed from office with effect from the day that they cease to be a Councillor.
- 8.5 Subject to paragraphs 8.1 to 8.4, a constituent authority may remove a Member which it nominated by providing one month's notice in writing to the Member and the IJB.
- 8.6 Where the Health Board or the Council remove an IJB Member, they should nominate a new Member at the earliest opportunity. The ability of the Health Board and Council to remove Members includes all Members nominated by them including the Chairperson and the Vice-Chairperson. The Health Board and the Council are not required to provide reasons for removing a Member nominated by them and can do so at any time but must provide the Member with one month's notice of the decision.
- 8.7 The Health Board and the Council may not remove IJB Members that are drawn from each other's organisations, so the Health Board may not remove a Councillor who has been chosen to serve as a Member by the Council and the Council may not remove a non-executive director who has been chosen to serve as a Member by the Health Board.

9 Chairperson and Vice-Chairperson

- 9.1 The Chairperson and Vice-Chairperson will be drawn from the Health Board and the Council Voting Members of the IJB. If a Voting Member appointed by the Council is to serve as Chairperson then the Vice-Chairperson will be a Voting Member nominated by the Health Board and vice versa. The first Chair of the IJB will be appointed on the nomination of the Council.
- 9.2 The Council may appoint as Chairperson or Vice-Chairperson only a Councillor nominated by it as a Voting Member of the IJB.
- 9.3 The Health Board may appoint as Chairperson or Vice-Chairperson only a non-executive director nominated by it as a Voting Member of the IJB.
- 9.4 The appointment to Chairperson and Vice-Chairperson is time limited to a period not exceeding two years, with the roles carried out on a rotational basis between the Council and the Health Board. The term of office of the first Chairperson will be for the period to the next local government elections in 2017, thereafter the term of office of the Chairperson will be for a period of two years. The Council or Health Board may change their appointee as Chairperson or Vice-Chairperson during an appointing period.
- 9.5 At each meeting of the IJB, the Chairperson, if present, shall preside.

9.6 If the Chairperson is absent from any meeting of the IJB the Vice-Chairperson, if present, shall preside.

9.7 If both the Chairperson and Vice-Chairperson are absent from any meeting of the IJB, a Voting Member chosen at the meeting by the other Voting Members attending the meeting is to preside. In the event of a Proxy Member attending a meeting in place of a Voting Member, Standing Order 4.2 will apply.

9.8 Powers, Authority and Duties of Chairperson and Vice-Chairperson

The Chairperson shall amongst other things:-

- a) Preserve order and ensure that every member has a fair hearing;
- b) Decide on matters of relevancy, competency and order, and whether to have a recess during the meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the meeting;
- c) Determine the order in which speakers can be heard;
- d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
- e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved.

9.9 The decision of the Chairperson on all matters within his/her jurisdiction shall be final. However, on all matters on which a vote may be taken, Standing Order 17.4 applies. This means that where there is an equality of voting, the Chairperson does not have a second or casting vote.

9.10 Deference shall at all times be paid to the authority of the Chairperson. When he/she speaks, the Chairperson shall be heard without interruption and members shall address the Chairperson while speaking.

10 Meetings

10.1 The first meeting of the IJB is to be convened at a time and place determined by the Chairperson. Thereafter, the IJB shall meet at such place and such frequency as may be agreed by the IJB.

10.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such meetings will be held at a time, date and venue as determined by the Chairperson. If the office of Chairperson is vacant or if the Chairperson is unable to act for any reason, the Vice-Chairperson may at any time call such a meeting.

- 10.3 A request for a special meeting of the IJB to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the Voting Members, presented to the Chairperson.
- 10.4 If a request is made under Standing Order 10.3 and the Chairperson refuses to call a meeting, or does not call a meeting within 7 days after the making of the request, the Voting Members who signed the requisition may call a meeting.
- 10.5 The business which may be transacted at a meeting called under Standing Order 10.4 is limited to the business specified in the requisition.
- 10.6 Adequate provision will be made to allow for Members to attend a meeting of the IJB either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place.

11 Notice of Meeting

- 11.1 Before each meeting of the IJB, a notice of the meeting specifying the time, place and business to be transacted at it and approved by the Chairperson, shall be sent electronically to every Member or sent to the usual place of residence of every Member so as to be available to them at least five clear days before the meeting.
- 11.2 Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing.
- 11.3 A failure to serve notice of a meeting on a Member in accordance with Standing Orders 11.1 and 11.2 shall not affect the validity of anything done at that meeting.
- 11.4 In the case of a meeting of the IJB called by Members the notice is to be signed by the Members who requisitioned the meeting in accordance with Standing Order 10.3.
- 11.5 At all meetings of the IJB, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

12 Quorum

- 12.1 No business shall be transacted at a meeting of the IJB unless there are present, and entitled to vote both Council and Health Board Voting Members and at least one half of the Voting Members are present.
- 12.2 If within ten minutes after the time appointed for the commencement of a meeting of the IJB a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the reason for the adjournment.

13 Committees

- 13.1 The IJB may establish committees and sub-committees of its Members for the purpose of carrying out such of its functions as the IJB may determine. When the IJB establishes such a committee or sub-committee, it must determine the membership, Chairperson, remit, powers and quorum of that committee or sub-committee.
- 13.2 A committee established under Standing Order 13.1 must include Voting Members, and must include an equal number of the Voting Members appointed by the Health Board and the Council.
- 13.3 Any decision of a committee or sub-committee established under Standing Order 13.1 must be agreed by a majority of the votes of the Voting Members who are members of the committee or sub-committee.
- 13.4 The IJB may establish working groups but any working group shall have a limited time span determined by the IJB.
- 13.5 The IJB must determine the membership, Chairperson, remit, powers and quorum of any working group it establishes.

14 Alteration, Deletion and Rescission of Decisions of the Integration Board

- 14.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the IJB will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 15.

15 Suspension, Deletion or Amendment of Standing Orders

- 15.1 Any one or more of the Standing Orders in the case of an emergency as determined by the Chairperson upon motion may be suspended, amended or deleted at any meeting so far as regards any business at such a meeting provided that two thirds of the Voting Members of the IJB present and entitled to vote shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

16 Motions, Amendment and Debate

- 16.1 It will be competent for any Member of the IJB at a meeting of the IJB to move a motion directly arising out of the business before the meeting.
- 16.2 The mover of a motion or an amendment will not speak for more than ten minutes, except with the consent of the IJB. Each succeeding speaker will not speak for more than five minutes. When the mover of a motion or amendment has spoken for the allotted time he/she will be obliged to finalise speaking, otherwise the Chairperson will direct the Member to cease speaking and to resume his or her seat.
- 16.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the IJB except:-

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

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

16.5 The mover of an amendment and thereafter the mover of the original motion will have a right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate except as provided for in Standing Order 16.3. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.

16.6 Amendments must be relevant to the motions to which they relate and no Member will be permitted to move more than one amendment to any motion, unless the mover of the proposed amendment receives no votes in support of the proposed amendment.

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

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

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

- to adjourn the debate in terms of Standing Order 18; or
- to close the debate in terms of Standing Order 16.7.

16.10 A motion or amendment once moved cannot be altered or withdrawn unless with the consent of the majority of those Voting Members present at the meeting.

17 Voting

17.1 Every effort shall be made by Voting Members of the IJB to ensure that as many decisions as possible are made by consensus.

17.2 Only the four Members nominated by the Health Board, and the four Members appointed by the Council shall be entitled to vote.

17.3 Each question put to a meeting of an IJB is to be decided by a majority of the votes of the Voting Members attending and who are entitled to vote on the question. In the case of an equality of votes the Chairperson shall not have a second or casting vote.

17.4 Where there is an equality of votes, if the Members still wish to pursue the issue voted on the Chairperson may either adjourn consideration of the matter to the next meeting of the IJB or to a special meeting of the IJB to consider the matter further or refer the matter to dispute resolution as provided for in the Integration Scheme. Otherwise, the matter shall fall.

18 Adjournment of Meetings

18.1 If it is necessary or expedient to do so a meeting of the IJB may be adjourned to another date, time or place.

18.2 A meeting of the IJB may be adjourned by a motion. Such a motion shall be put to the meeting without discussion. If such a motion is carried by a simple majority of those Voting Members present and entitled to vote, the meeting shall be adjourned to another day, time and place specified in the motion.

19 Codes of Conduct and Conflicts of Interest

19.1 All Members of the IJB shall subscribe to and comply with the terms of the Model Code of Conduct for Members of Devolved Public Bodies and the Guidance relating to that Code of Conduct, both of which are deemed to be incorporated into these Standing Orders. All Members who are not already bound by its terms shall be obliged, before taking up membership, to agree in writing to be bound by the terms of the Model Code of Conduct for Members of Devolved Public Bodies.

19.2 The Chief Officer shall keep a Register in which all Members shall record their interests and hospitality offered by virtue of their membership of the IJB.

19.3 A Member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the IJB, before taking part in any discussion on that item.

19.4 Where an interest is disclosed under Standing Order 19.3 the other Members present at the meeting in question must decide whether the Member declaring the interest is to be prohibited from taking part in discussion of, or voting on, the item of business.

20 Disclosure of Information

20.1 No Member or officer shall disclose to any person any information which falls into the following categories:-

- a) Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
- b) The full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.
- c) Any information regarding proceedings of the IJB from which the public have been excluded unless or until disclosure has been authorised by the Council or the Health

Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

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

21 Recording of Proceedings

- 21.1 No sound, film, video tape, digital or photographic recording of the proceedings of any meeting shall be made without the prior written approval of the IJB.

22 Minutes

- 22.1 The names of the Members and others present at a meeting of the IJB shall be recorded in the minutes of the meeting.
- 22.2 Minutes of the proceedings of each meeting of the IJB, including any decision made at that meeting, shall be drawn up and submitted to the next ensuing meeting of the IJB for agreement after which they must be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

23 Admission of Press and Public

- 23.1 Subject to the extent of the accommodation available and except in relation to items certified as exempt and items likely to involve the disclosure of confidential information, meetings of the IJB shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the IJB by posting on the websites of constituent bodies not less than five clear days before the date of each meeting.
- 23.2 The IJB may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7A to the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence.
- 23.3 Every meeting of the IJB shall be open to the public but these provisions shall be without prejudice to the IJB's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The IJB may exclude or eject from a meeting a member or members of the Public and Press whose presence or conduct is impeding the work or proceedings of the IJB.

Model Code of Conduct for Members of Devolved Public Bodies

February 2014

MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES

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SECTION 1: INTRODUCTION TO THE MODEL CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the Act”, provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the codes.

1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. This Model Code for members was first introduced in 2002 and has now been revised following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

1.4 As a member of a public body, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Model Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board’s appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your board (if appropriate) will have agreed with the Scottish Government’s Public Appointment Centre of Expertise.

1.6 You should also familiarise yourself with how the public body’s policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Model Code of Conduct

1.7 You must observe the rules of conduct contained in this Model Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Model Code of Conduct.

1.8 The Model Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication “On Board – a guide for board members of public bodies in Scotland”. This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that shall be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The general principles upon which this Model Code is based should be used for guidance and interpretation only. These general principles are:

Duty

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

Respect

You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

2.2 You should apply the principles of this Model Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Model Code in dealings with the public when performing duties as a member of a public body.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of a public body.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term "gift" includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:

- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
- (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
- (c) gifts received on behalf of the public body.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain, or for political purposes or used in such a way as to bring the public body into disrepute.

Use of Public Body Facilities

3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

Appointment to Partner Organisations

3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Model Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations¹ as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex B** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, “Related Undertakings”.

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

¹ SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

Category Seven: Non-Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Model Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Model Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test (“the objective test”) which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair.

5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your

public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Model Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared, if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Model Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Model Code).

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non Financial Interests) of Section 4 of the Model Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Model Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Model Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Model Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of a public body and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words "I declare an interest". The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Model Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Model Code or any other relevant rule of the public body or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that

preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Model Code.

6.7 You should not accept any paid work:-

- (a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.
- (b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
 - i) all meetings of the public body;
 - ii) all meetings of one or more committees or sub-committees of the public body;
 - (iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS

“Chair” includes Board Convener or any person discharging similar functions under alternative decision making structures.

“Code” code of conduct for members of devolved public bodies

“Cohabitee” includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

“Group of companies” has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

“Parent Undertaking” is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

“A person” means a single individual or legal person and includes a group of companies.

“Any person” includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

“Public body” means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

“Related Undertaking” is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

“Remuneration” includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

“Spouse” does not include a former spouse or a spouse who is living separately and apart from you.

“Undertaking” means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.



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**GUIDANCE ON THE
MODEL CODE OF CONDUCT
for
MEMBERS of DEVOLVED PUBLIC BODIES**

I N T E G R I T Y I N P U B L I C L I F E

Standards matter: A review of best practice in promoting good behaviour in public life. Extracts from the 2013 report by the Committee on Standards in Public Life

“Codes do not have an impact simply by existing. Principles and rules are necessary but not sufficient to create high standards. Organisations also need the right culture, effective monitoring and strong leadership.”

“Many of the requirements for high standards require action at organisational level. But high standards also require individuals to take personal responsibility – by observing high standards themselves, by demonstrating high standards to others through their own behaviour and by challenging inadequate standards when they see them. Mindlessly following rules and processes is not enough if people do not also engage their judgement about what is important. An individual who has internalised sound ethical principles and the reasons they are important is better able to make appropriate decisions than someone simply following a set of rules”

“Practice what you preach – hypocrisy is very damaging to trust.

Introduction

The public rightly expects exemplary standards of behaviour from those serving on the boards of public bodies when undertaking their duties. It is your personal responsibility to comply with the requirements of the Model Code of Conduct as adopted by your public body and your actions should be part and parcel of winning the public's respect and trust in the work you do.

There is a statutory framework governing behaviour in public life, comprising:

- Codes of Conduct which members of devolved public bodies must comply with when carrying out their duties;
- A set of arrangements for dealing with complaints that a member of a public body has acted inappropriately and has contravened the Code of Conduct.

Each public body has a Code of Conduct, based on the Model Code, and each will also have its own internal policies which apply the Code in the context of the body's work.

It is essential to note that as a member of a public body
it is your personal responsibility
to make sure you are familiar with the Code of Conduct and internal policies for your public body
and that your actions accord with these.

In other words, simply ticking boxes is not enough; you have to understand the reasons behind good ethical behaviour and apply these thoughtfully on a case by case basis.

This note offers a brief guide on what the Code means for you as a Member of a public body but it is not a substitute for the Code itself, which contains more detail. As a Board Member you must read and abide by the Code.



Section 2: Key principles of the Model Code of Conduct

Exemplary standards of behaviour mean behaving and, importantly, being seen to behave in accordance with nine key principles of public life which you as a Board Member are expected to uphold in carrying your duties. More detail about each principle is provided in the Code. In brief they are:

- Duty
- Selflessness
- Integrity
- Objectivity
- Accountability and Stewardship
- Openness
- Honesty
- Leadership
- Respect

The Code of Conduct is there to help you interpret and to apply these principles. However it is your responsibility to do the thinking and make sure you are meeting the provisions of the Code. In working through this process you may need to exercise your judgement. Sometimes making that judgement is difficult but there are two crucial points: you must exercise it objectively; and

you should bear in mind that perception by informed members of the general public, who know the facts, is an important factor.

This is not the same thing as members of the public not *liking* a decision made or opinion expressed legitimately in the course of your work; it is more about whether you have acted properly.

The Code of Conduct applies to your actions as a member of a public body. However, bear in mind that opinions you express in a personal capacity will attach to you in all your walks of life. It is very difficult to persuade people that you can take a different view, or even have an open mind, in your capacity as a Member of a Devolved Public Body from a view you may have expressed in your personal capacity. This is particularly pertinent in respect of using social media where the separation of public and private comments can be very unclear to someone reading them.

If you need advice, the following sources may help:

- The Code of Conduct;
- Your public body's Standards Officer;
- Your public body's own internal policies (e.g. on use of facilities; gifts; etc.);
- The "On Board" manual published by the Scottish Government.
- Information published on the websites of the Standards Commission for Scotland and the Commissioner for Ethical Standards

You should always think ahead. If you have any concerns about a possible problem, speak to your Standards Officer, Chief Executive or Chair so that action can be taken before a situation becomes a serious problem or a complaint is made against you.

The following information provides a brief guide to the sections in the Code of Conduct – for more details about each section it is important to read the Code of Conduct:



Section 3: General Conduct

You must treat everyone you come into contact with in the course of your work for your public body with courtesy and respect, even if you disagree with their views. A board functions most effectively when diverse views are debated openly and respectfully, and the decisions reached collectively are likewise respected. It also functions most effectively when everyone understands and respects the different and complementary roles of the executive (staff) and non-executive (board members).

Gifts and hospitality

The general rule is that you should not, in your role as a Board Member, accept gifts or hospitality. If you do, there is always the risk it could be interpreted as you being given or invited to something which you wouldn't normally attend, and therefore you may potentially be influenced to show favour towards whoever offers you these gifts and hospitality. Even if this is not the case, there is a risk that your actions could be interpreted that way.

Clearly judgements have to be proportionate. The Code sets out some guidelines to help you decide what action you should take. Your public body should also have an internal policy on the acceptance of gifts/hospitality which will set the Code's guidelines in the context of your particular organisation's work.

Confidentiality

Although Freedom of Information legislation provides widespread public access to information, it is legitimate in some circumstances for a public body to require information and documents to be treated in a confidential manner. Sometimes it is a matter of timing – information that may eventually be released but for the moment it must be kept confidential. You must respect the requirement for confidentiality, even if you do not agree with this requirement.

A related point is that it is not acceptable to disclose information (even if not explicitly confidential) to which you have privileged access as a result of your position if this disclosure leads to personal or financial gain, or is used for political purposes, or would result in damage to the reputation of your public body.

Using Public Body Facilities

The equipment and assets (IT, telephones, photocopiers, meeting rooms, offices etc.) of a public body are paid for by taxpayers – you should only use them in accordance with the organisation's policies. Generally this means only using them in connection with legitimate business of the organisation.

Social Media

When using social media the distinction between work and private life can get blurred, and hastily made comments can get misconstrued. You should be mindful of your role and take care not to compromise your position as a member of a public body by publicly undermining (or appearing to undermine) the actions of the organisation, staff or colleagues. This applies whether you are using your own or the organisation's equipment to access and post comments on social media.

Appointment to Partner Organisations

If you become a director or board member of a company as a nominee of a public body, you need to be conscious of potential conflicts of interest between your two positions. The main point to bear in mind is that if you are nominated in order to represent your public body's interests, then you are still bound by the Code but you may also be required to abide by the rules of the board you have been appointed to. More is said about this in the section on declaration of interests.



Sections 4 & 5: Interests

To ensure complete transparency of decision making by public bodies, and to avoid accusations that members are being inappropriately influenced, the Code requires that you make open to public view all your relevant interests. "Relevant Interests" are all the circumstances that might be considered to affect your judgement during the course of your work for a public body. There are two elements to this – registration of interests and declaration of interests:



Section 4: Registration of Interests

Your public body has a statutory duty to keep a register of the interests of its Members, and this information must be available for public view. It is your responsibility to keep your entries in the register up to date. **You must read the relevant section of the Code for more information.**

Details about two of the categories, namely Category 1 – Remuneration; and Category 2 – Related Undertakings; are considered so important this information must be registered whether or not it is relevant to your role in the public body.

Information about the registration of other interests in relation to the remaining categories is detailed within the Code of Conduct.

Category 3 – Contracts;

Category 4 – Houses, Land and Buildings;

Category 5 – Interests in Shares and Securities;

Category 6 – Gifts and Hospitality;

Category 7 – Non Financial Interests;

Under these categories, you may need to make the judgement on whether the interest could be considered relevant to the work of the public body and whether someone looking in from the outside might consider that your vote or support for a decision could be biased as a result of your interest. If you are in any doubt you should register the interest.

There is no requirement to *register* the interests of those connected to you; however, there **may be** a requirement to *declare* such an interest.

When deciding whether to register gifts or hospitality, remember that they could be offered from any source and not only when you are taking part in official business. The important point to think about is whether these could, or the perception is that these may, influence you in your role as a board member of your public body.



Section 5: Declaration of Interests

This is an area of the Code which comes under particular public scrutiny. It is important that the public and other interested parties have confidence that decisions are being made in accord with the public interest and not for any other reason. So in addition to your entries in the Register of Interests, you may need to declare an interest at a Board or Committee meeting of

your public body prior to a particular item being discussed. Any interest you declare may or may not already be on the Register

You need to consider the objective test:
whether an ordinary member of the public with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your decision making.

- If you consider the objective test is met, you should declare your interest and leave the meeting for the duration of the item under discussion/decision.
- If you consider the objective test is not met you do not need to make a declaration and you can take part in the discussion/decision.
- Occasionally, in the interests of transparency you may wish to explain to the meeting that you have considered the matter in question and reached the conclusion that there is no conflict of interest and the objective test is not met, so you will take part in the item under discussion/decision.

The Code goes into more detail about interests which require declaration – **this is an important area, and it is your responsibility to ensure you are aware of the requirements detailed in section 5 of the Code.**

Remember that the Code only requires registration of **your** interests but you must consider whether at a Board meeting for a particular item scheduled to be discussed you should declare any financial or non-financial interests of people or organisations you are connected with. The same principle of the objective test applies.

Membership of More than One Public Body:

Sometimes members may sit on the boards of more than one public body. It is also possible that a member of staff of one public body may be a member of another. This can bring considerable benefits of experience and expertise to each board. Being a member of more than one public body is unlikely, by itself, to result in a conflict of interest, but there can be instances where this will occur. Examples which may cause an issue include:

- When you are a member of more than one body, the duty of collective responsibility applies to each of them. If you find yourself being required to take a decision on something which you have already taken a view on as part of another board or its organisation has stated a clear position on a matter, you will probably need to declare an interest and withdraw.
- In issues involving approval of funding from one body to another, there can be no doubt; you must declare an interest and withdraw if you are a member of the body potentially receiving the funding.
- Similarly in respect of any quasi-judicial decisions – you cannot be involved in the decision making if you are a member of another body which plays a part in, or is the subject of, that decision.
- In any situation where there is a potential conflict between your differing roles, a sense of proportion is needed, but ultimately you will need to make a judgement based on the objective test.

Directly Elected Members:

Direct elections: if you sit on a public body as a result of a direct election (separate from Council elections) you do not automatically have a conflict of interest (and need to declare) just by virtue of being directly elected; but you still need to apply the objective test on a case by case basis.

Dispensations

The Code does allow for dispensations and these may be granted by the Standards Commission. In the vast majority of cases, however, applying clear reasoning to the objective test should be the guide.



Section 6: Lobbying and Access to Members of Public Bodies

Public bodies aim to be open and accessible to the views and opinions of others, and to make their decisions based on the widest possible evidence and arguments. As a Member you will probably be approached by those wishing to make their views known. This is perfectly legitimate but care is needed, and in these situations you should **be guided by the Code**, in particular:

- Do not do or say, anything that could be construed as your being improperly influenced to take a particular stance on an issue;
- You must not give or be perceived to give preferential access to any one side of an argument
- You must not accept any paid work in which you give advice on how to influence the public body and its members.



Roles, Responsibilities and Sources of Information:

The Chair of the Board

The Chair has additional responsibilities over and above those of Board Members. The Chair should ensure that all Board Members have a proper knowledge and understanding of their corporate roles and responsibilities which should include strategic leadership and the conduct of the Board business. You should seek the advice of your Chair if you are unsure about how to handle an issue.

Scottish Government Sponsor Team

Sponsor teams are responsible, on behalf of Ministers, for the bodies they sponsor. They are the day to day link between the body and the Minister and should ensure, amongst other things, that the public body has in place a Code of Conduct for Board Members approved by Scottish Ministers.

Duties of Public Bodies covered by this framework:

- Promote the observance by its Board Members of high standards of conduct and assist Members in observing the Code of Conduct for Members. This could include offering training for new Members, or refresher courses from time to time;

- Must have a designated Standards Officer to assist board Members observe the requirements detailed in the Code of Conduct and to ensure that the organisation keeps the Register of Members' Interests available, up to date and open to public view

The Commissioner for Ethical Standards in Public Life in Scotland (Commissioner for Ethical Standards)

- Is independent of Government, Scottish Parliament and the Standards Commission for Scotland when investigating alleged contraventions of the Code;
- Receives complaints about the conduct of Members. Complaints can be made by anyone, including members of the public, or staff and Members of the public body you work with.
- If the Commissioner for Ethical Standards considers that there has been a breach of the Code a report about the investigation and the outcome from that process will be issued to the Standards Commission.

The Standards Commission Scotland (Standards Commission)

- Is independent of Government, Scottish Parliament and the Commissioner for Ethical Standards when considering alleged contraventions of the Code of Conduct;
- When a report is passed to it by the Commissioner for Ethical Standards, the Standards Commission determines what action will be taken following consideration of the case.
- Should the Standards Commission hold a Hearing and a breach of Code is determined it will thereafter apply one of the sanctions available to it as detailed in the Ethical Standards Act;
- Provides guidance to public bodies on;
 - the promotion and observance of high standards of conduct by members of devolved public bodies and assist them with that task.
 - the registers of interests for members of devolved public bodies.



Last Word

This guide is designed to help you abide by the Code of Conduct and meet the expectations that bear on those who serve in public life. If in doubt, and before you act, you should seek advice from your Chair, Chief Executive or Standards Officer.

Useful Addresses

Standards Commission for Scotland	www.standardscommissionscotland.org.uk
Commissioner for Ethical Standards	www.ethicalstandards.org.uk
Scottish Government – On Board Guide	www.scotland.gov.uk/Publications/2006/07/11153800/0
Scottish Government – Model Code of Conduct	Http://www.scotland.gov.uk/Resource/0000/00442087.pdf
Scottish Government – Ethical Standards	http://scotland.gov.uk/governance/ethical-standards
Audit Scotland	http://www.audit-scotland.gov.uk
Ethical Standards in Public Life etc. (Scotland) Act 2000	http://www.legislation.gov.uk/asp/2000/7/contents



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I N T E G R I T Y I N P U B L I C L I F E