



# MORAY INTGRATION JOINT BOARD

## MEMBER HANDBOOK

# INTRODUCTION

This handbook is designed to provide you with the information, support and guidance that you need to effectively fulfil your role as a member of the Moray Integration Joint Board (IJB).

It is divided in to 16 sections and 23 Appendices. Further sections and appendices can be added as needed so if you think there is something not currently included that you would find useful then please suggest this.

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# 1. Member Role and Responsibilities

The IJB was established as a public body on 6 February 2016. It is made up of **6 Voting Members** (Moray Council and Grampian Health Board each nominate 3 members). In addition there are **6 Non-voting Members/Professional Advisors**: the Chief Social Work Officer of the local authority; the Chief Officer of the IJB; the Section 95 (Chief Finance) Officer of the IJB; a General Medical Practitioner; a registered nurse either employed by the Health Board or a general medical practitioner; and a medical practitioner who is not a GP. The latter three post holders are on the nomination of the Health Board. There are also **Non-voting Members/Stakeholders comprising** at least one representative of the following groups all of whom must be operating within the area of the IJB: staff working within an integrated function; third sector bodies carrying out health or social care activities; service users; and unpaid carers. The IJB may appoint **Additional Non-voting Members as they see fit** provided they are not a councillor or non-executive director of the Health Board. Currently there are **5 Non-voting stakeholder members and 2 additional non-voting members**. The Board may decide at any time to add to its membership, for example to seek more representation from local stakeholder groups or to gain additional professional advice.

See **Appendix U** for information on certain matters that the Board has agreed in relation to Stakeholder Member Appointments.

No matter the route to appointment as a Board member, all members collectively have responsibility to act in the interests of the Board and plan strategically for, and have operational oversight of, the range of integrated health and social care functions and services set out within the Moray Health and Social Care Integration Scheme (**Appendix A**).

Board members have a responsibility to act in accordance with relevant legislation (see the legislative context section) and the Integration Scheme as well as have regard to any guidance issued by Scottish Ministers. In particular, the Scottish Government has issued **Guidance on Roles, Responsibilities and Membership of the Integration Joint Board** (see Guidance section) and members are required to have regard to this.

Other key responsibilities – see Information Handling and Equalities sections.

**The role of a Board member** is a complex one that requires you to:-

- **work constructively and collaboratively with the other members of the IJB and with the board's officers.**

Effective working relationships are crucial for the operation of the IJB. It is important that you follow the principles of the **Code of Conduct** (see Standards and Ethics Section and **Appendix B**) and treat your fellow members, officers and employees or related organisations supporting the operation of the Board with respect. Members will sometimes have differing opinions but these should not become personal or threaten the work of the Board.

- **work constructively with other planning and delivery organisations that contribute to health and social care.**

You should understand and develop key relationships with partners. Note also that the Board is a statutory partner within the Moray Community Planning Partnership and you may be invited to attend community planning meetings to represent the IJB. This is an opportunity to work closely with local partners to get the most out of resources across the public service in Moray.

- **provide leadership by :**
  - balancing competing demands for resources when making decisions in the best interests of the Moray area.
  - ensuring everyone's voice is heard and valued.
  - resolving potential conflicts. With so many different stakeholders and interests represented on the Board it is likely that there will be times of disagreement from respective organisational points of view but these should not be allowed to impede the work of the Board.
  - influencing others to work to common purposes and outcomes.
  - once decisions have been agreed, working together to make sure that what has been agreed happens.
  - example and model inclusive and collaborative behaviour and the culture change required to support integration.
- **make decisions and in doing so :**
  - ensure that the IJB has a clear vision, direction and priorities.
  - engage with the community/localities in developing and determining strategic policy.
  - ensure that integration principles and outcomes are central to decision making.

- allocate resources to achieve objectives.
  - ensure that the IJB achieves what it sets out to do.
  - ensure that all members contribute to the business of the Board.
  - ensure transparent decisions.
  - ensure that appropriate professional advice is sought as appropriate.
  - ensure constructive challenge and rigorous scrutiny of proposals that are put before the Board.
- **scrutinise performance by:**
    - monitoring how well and effectively services are delivered by the Council and Grampian Health Board against the IJB Strategic Plan.
    - measuring success against the national health and wellbeing outcomes and locally agreed indicators.

In addition, the Board must prepare an annual performance report that complies with relevant regulations.

- **get to know the rules, standards and information set out in this handbook.**

### **What the role does not involve ...**

- **You are not expected to be an expert on all the services covered by the IJB.** There are too many for any individual to know in detail. Your Chief Officer and other managers are experts in their areas and can provide you with information and briefings.
- **You are not expected to manage service delivery.** Your Chief Officer and Council/NHS managers will do this. However, you have to be satisfied that the right arrangements are in place to deliver services efficiently and effectively. You must also ensure that priorities are clearly decided and that the Chief Officer understands these priorities.

### **Additional responsibilities of Chair**

The Council and Health Board alternate which of them is to appoint the Chair in respect of successive 18 month periods. The role of the chair is to preside at and regulate Board meetings by ensuring that proceedings are properly conducted according to the law and according to the Board's Standing Orders for the Regulation of Meetings (see section on How the IJB works). The chair must also ensure that all shades of opinion are given a fair hearing and that decisions are made.

Some key responsibilities include:

- opening and closing the meeting;
- welcoming members and the public to the meeting;
- introducing each agenda item, or asking officers to introduce the item;
- ensuring that the discussions keep to the point of the agenda;
- inviting members to speak when they have indicated they wish to do so;
- summarising at the end of each item;
- indicating when and if voting should take place;
- maintaining order at meetings and warning and, if necessary, excluding unruly individuals;
- determining all matters of procedure not expressly covered in the Board's Standing Orders.

### **Depute/proxy members**

It is for the Council and Health Board to identify a suitably experienced proxy, or deputy, member for their voting members to ensure that business is not disrupted by lack of attendance by any individual. A deputy member for a voting member may vote but may not chair a Board meeting.

For non-voting members, dependent on their role, not all have deputies but where necessary they may arrange for someone else who is suitably experienced to attend on their behalf.

## 2. Member Standards and ethics

As a member of the Board you will have been asked to sign and agree to abide by the **Moray Integration Joint Board Code of Conduct (Appendix B)**. This code plays a vital role in setting out, openly and clearly, the standards members must apply when undertaking their IJB duties and when interacting with officers. It applies to all members of the IJB and it is your personal responsibility to make sure that you are familiar with, and that your actions comply with, its provisions. It is important that you familiarise yourself with this Code.

The **Standards Commission for Scotland**, the public body with responsibility for promoting and enforcing the code, has issued **Guidance on the Code of Conduct for Members of Devolved Public Bodies**, on which the MIJB code is based, and you should also familiarise yourself with this (see Guidance section).

The **Commissioner for Ethical Standards in Public Life in Scotland** is an independent office holder who can investigate a complaint about a member who is alleged to have contravened the Code of Conduct and, if he believes there is a case to answer, the case will be referred to the Standards Commission who will make a final decision, usually after a public hearing. Provisions for dealing with alleged breaches of the Code of Conduct and the sanctions that can be applied by the Standards Commission in the event of a breach are set out in Annex A to the Code.

If you are unsure about anything in the Code, you are encouraged to seek advice and support from the Chair of the Board and the Standards Officer (see Contacts section).

Members should review regularly, at least annually, their personal circumstances with the Code in mind. They must not at any time advocate or encourage any action contrary to the Code.

Some members of the Board may also be bound by other Codes of Conduct, for example, the Councillors Code of Conduct or the NHS Board Members Code of Conduct. The Standards Commission for Scotland has issued Specific Dispensations to Councillors and to NHS Members under both these Codes in relation to their membership of the Integration Joint Board (see Guidance section).

### 3. Standards Officer Role and Responsibilities

The Standards Officer has key responsibilities as regards holding various documents for the Board, advising and guiding members of the Board on issues of conduct and propriety and liaising with the Standards Commission, and the Commissioner for Ethical Standards in Public Life in Scotland.

The Standards Officer may report to the Board from time to time on matters relating to the Ethical Standards Framework that may require review and reporting any concerns about compliance with the Code of Conduct to the Chief Officer.

The Standards Officer will attend any events arranged by the Standards Commission in order to be kept up to date with all relevant developments in respect of the Ethical Standards Framework and to help keep the Standards Commission abreast of any issues or trends that emerge with the Board. The Standards Officer will also respond to any relevant Standards Commission's consultations including any consultations in respect of proposed revisions to its guidance.

The Standards Officer has one deputy who provides cover for the role for when the Standards Officer is absent and who can also undertake certain aspects of the role as directed by the Standards Officer.

#### **Declarations of Acceptance of Office**

The Standards Officer arranges for the issue of and holds all signed declarations received from Board members.

#### **Register of Interests**

The Standards Officer issues all Board members after appointment forms to complete to enable them to register any interests described at Section 4 of the Code of Conduct. The information provided in these forms is recorded in a Register of Interests for the Board, which is held by the Standards Officer. The register is available to the public for inspection and will be published on the Board's web site once established.

Should your circumstances change then you must register any new interests with the Standards Officer. Where an interest no longer exists it is equally important that this is notified so that it may be removed from the register.

The Standards Officer will write out to members not less than once per year inviting you to update interests already registered.

### **Register of Gifts and Hospitality**

The Standards Officer ensures that your Register of Gifts and Hospitality is maintained and that a reminder to update entries on the Register of Gifts and Hospitality is issued to Board Members at least once a year. Members have a duty to report any change in their circumstances to the Standards Officer within one month.

### **Training**

The Standards Officer is responsible for ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the Guidance issued by the Standards Commission on the Model Code of Conduct. This includes ensuring training is provided on induction and also on a regular basis thereafter.

The Standards Officer will develop relationships with Standards Officers for other Boards to share knowledge, experience and information about best practice and to see whether any joint training sessions for Board Members can be arranged.

The Standards Officer is also responsible for ensuring that all officers involved with the Board are aware of/familiar with the requirements of the members Code of Conduct.

### **Advice and Support**

The Standards Officer contributes to the promotion and maintenance of high standards of conduct by providing advice and support to Board members on the interpretation and application of the Code of Conduct.

The Standards Officer should be familiar with the content of the Standards Commission's professional briefings and will ensure that these are circulated to Board Members, as well as regularly reviewing the Standards Commission's decisions and advising Board Members of any relevant learning points that have arisen at recent Hearings.

The Standards Officer would also provide support to the Board's Governance or Standards Committee, if such a committee is established.

## **Complaints**

The Standards Officer is the principal liaison officer between the Board and both the Standards Commission and the Commissioner for Ethical Standards in Public Life in Scotland. The Standards Officer will assist whenever necessary in connection with any complaints against a Board Member and in all matters relevant to the Ethical Standards Framework.

The Standards Officer may have an investigatory role if local resolution is attempted in respect of complaints or concerns made about a Board Member's conduct. This includes providing information and evidence as requested and making arrangements for the interviewing of any officers or other Board Members if required.

If local resolution in respect of complaints or concerns made about a Board Member's conduct is deemed inappropriate in the circumstances or is unsuccessful, the Standards Officer is responsible for reporting any alleged breach of the Code of Conduct to the Commissioner for Ethical Standards in Public Life in Scotland.

## 4. How the IJB works

### Board meetings

Board meetings are where all key decisions must be made. The Board's current agreed calendar of meetings can be found in **Appendix C**. Preparation for meetings is important. Agendas are issued to members 5 working days prior to meeting dates and this will alert you to what business is to be discussed. You should read the agenda and any attached papers before the meeting. You should decide what questions you want to ask at the meeting. You may also want to raise a question on a report with an officer beforehand.

### Committees

You can choose to delegate some decision making to committees made up of Board members or you can set up a committee for advisory purposes only. If this is something that you choose to do then you should be specific about what you are asking committees to do and set their remit and powers out in a document. This is something that can be decided as the need arises.

When establishing a committee you must agree its membership and the committee must include an equal number of voting members from both the Council and Health Board, identify who will act as chair of the committee and set the quorum.

See **Appendix D** Scheme of Administration for information on Committees already established by the Board.

### Standing Orders

Meetings of the Board, and any committees that it chooses to set up, must be run in accordance with Standing Orders for the Regulation of Meetings. This is a document that sets out various matters, some set out in legislation and some within the discretion of the Board, to ensure that meetings are run properly and decisions made in an open and accountable way.

See **Appendix E** for the Board's current Standing Orders.

## **Integrated Services**

The IJB plans strategically for, and has operational oversight of, the range of integrated health and social care functions and services set out within the **Integration Scheme for Moray (Appendix A)** but services are delivered through Moray Council and Grampian Health Board employees or by them commissioning services from other organisations.

The **Policy and Legislative Context** section provides guidance on the national policy and legal frameworks within which the IJB operates. You should familiarise yourself with this section.

## **Hosted services**

The Board can enter into agreements with other IJB's for the hosting of services so that one IJB can plan and oversee delivery of integrated services for another IJB. Agreements entered into for the hosting of services by the Moray IJB can be seen in **Appendix F**.

See **Responsibilities and Accountability Flowchart (Appendix G)** for a mapping of relationships, responsibility and accountability amongst the Moray IJB, other IJB's, the Council and Health Board.

## **Strategic Plan**

The IJB has a duty to prepare this for integrated functions and budgets, and to establish a Strategic Planning Group with certain prescribed members, to support the planning process. Localities and locality planning are integral to this. For more information see the **Guidance on Strategic Commissioning Plans** (Guidance section).

The IJB then oversees the implementation of this plan and the plan must be reviewed at least every 3 years. The Board must have regard to the **Integration Planning and Delivery Principles** as well as the **National Health and Wellbeing Outcomes** (see Guidance section). The Board's Strategic Plan sets out the plan for delivery of services for Moray over the medium term, using integrated budgets under the Board's control to deliver the national

outcomes for health and wellbeing, and achieve the core aims of integration. Moray is divided into localities and the arrangements for each locality are set out separately. See the Board's current **Strategic Plan (Appendix H)**.

## **Directions**

These are the Board's mechanism to implement its Strategic Plan. Binding written directions are issued from the Board to one or both of the Health Board and Local Authority. A direction must be issued in respect of every function that has been delegated to the Board and must set out how each function is to be delivered and the budget associated with that. Where appropriate one direction can cover more than one function. In totality, all directions issued by the Board should show the disposition of all the resources of the Board.

Directions should set out a clear framework for operational delivery of the functions. A function can be described in terms of delivery of services, achievement of outcomes, and/or by reference to the strategic plan. A direction may also specify what the health board and/or local authority is to do in relation to carrying out a particular function so can include detailed operational instructions in relation to particular functions (and the associated services). Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is payment, or an amount made available) is to be used.

The mechanism of directions has flexibility to ensure that delivery of integrated health and social care functions is consistent with the strategic plan, and takes account of any changes in local circumstances. Directions are the means by which resources will be made available for delivery of the Strategic Plan and the means by which the Board will make changes to service delivery and funding to deliver the national outcomes and planning principles, i.e. investment and disinvestment decisions.

Once agreed, the directions are formally issued on behalf of the Board by the Chief Officer to the Chief Executives of the Moray Council and Grampian Health Board as appropriate.

A direction does not have a fixed life and will remain in place until it is varied, revoked or superseded by a later direction issued by the Board in respect of the same function. It would be good practice to generally review directions at regular intervals and particularly when there are any changes to strategic and/or operational plans or when action is needed to balance budgets.

**For more information see the Best Practice Note on Directions (Guidance section).**

### **Directions and Hosted Services**

The Board still need to issue directions for services even where hosted by another IJB but may wish to consider issuing joint directions with the other IJB's.

### **Corporate Support Services**

The Board requires to have in place all relevant corporate support services to ensure that it can operate efficiently and effectively as a body in its own right separate from both the Council and Health Board and thus discharge its duties. Ensuring the availability of adequate corporate support services to support decision making and ensure the availability of relevant information and advice is an aspect of good corporate governance. Both the Council and Health Board are statutorily obliged to ensure suitable provision of support services to the Board to enable it to discharge its duties. It is a matter for agreement amongst the Council, Health Board and the Moray IJB as to the scope of these services and how they will be provided.

**A future report will come to the Board on support services and this section will be updated following that.**

### **Review of Integration Scheme**

Note that the Council and Health Board have a duty to review the Integration Scheme every 5 years to identify whether any changes are necessary or desirable.

The next review is due to be completed **by April 2023**.

## 5. Chief Officer Role and Responsibilities

One of the most important relationships you will have is with the Chief Officer who is your principal advisor. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the IJB.

### **Operational management – integrated services**

The Council and Health Board are responsible for operational delivery of integrated services in implementation of Board directions but the Chief Officer has a role in this, although this role is not to displace Council and Health Board responsibilities for complying with directions and their governance arrangements to manage risk re service delivery.

The Chief Officer is responsible for operational management and plans for integrated services other than some integrated hospital services listed in Annex 4 of the Integration Scheme, is to deliver agreed outcomes within total delegated resources and is accountable to the Board for this.

The Chief Officer, as well as reporting to the Board, is line managed by the Chief Executives of both the Council and Health Board and is a member of each organisations senior management teams. The Council and Health Board are to provide such info to the Chief Officer as may be required to enable planning, monitoring and delivery of integrated services.

The Chief Officer is to: liaise with relevant officers within the Council and Health Board in relation to day to day asset related matters including consolidation or relocating of operational teams; to develop business cases for any change to use of existing assets or proposed use of new assets and for capital investment for Council and Health Board consideration as part of their respective capital planning processes; and work with trade unions, staff side representatives and professional organisations to ensure a consistent approach to their continued involvement in the integration of health and social care.

The employment status of staff does not change as a result of the Integration Scheme and staff providing integrated services will continue to be employed by their current employer

and retain their current terms and conditions. However, the Integration Scheme outlines that over time staff will be working as part of multi-disciplinary teams where it is possible that line management will be provided by a colleague employed by another body. The Chief Officer will engage with and address any concerns raised by the joint workforce regarding this issue and will also work closely with trade union and employee representatives.

### **Operational management – under 18 community health services**

The community health services for persons under 18 years of age set out in Part 3 of Annex 1 of the Integration scheme are operationally devolved by the Chief Executive of the Health Board to the Chief Officer who will be responsible and accountable to him for the operational delivery and performance of these services.

### **Operational role – integrated hospital services**

In relation to the Acute Services for which the Integration Joint Board will have strategic planning responsibility, the Chief Executive of the Health Board will be responsible for their operational delivery and performance and will provide updates on a regular basis to the Chief Officer on the operational delivery of those services and the set aside budget on a regular basis.

The Chief Officer will have a formal relationship with the acute sector management team and will meet monthly with the General Manager of Acute Services under chairmanship of the Chief Executive of the Health Board at the NHS Grampian Operational Board.

See the **Responsibilities and Accountability Flowchart (Appendix G)** for a mapping of the Chief Officer's relationships, responsibility and accountability for services.

### **Integrated Workforce**

The Chief Officer will work with managers in both the Council and Health Board and with the Joint Workforce Forum (see **Appendix I**). An Organisational Development Plan for employee engagement and developing a healthy employee culture has been agreed by the Board – see **Appendix V**.

**Joint Workforce Plan update is due by March 2022 and will be taken to the MIJB. This section will be updated following that.**

## **Strategic Planning**

The Chief Officer also has a role in strategic planning as the Strategic Planning and commissioning executive group will report through the Chief Officer to the Board and the Chief Officer will lead the Executive level group in oversight of the strategic plan, implementation and allocation of funds and regular reporting to the Board.

The Chief Officer is also responsible for establishing a risk strategy and profile and developing the risk reporting framework. See **Appendix J** for the Board's current Risk Policy and **Appendix K** for the current Strategic Risk Register.

**Appendix L** sets out further arrangements for the **Chief Officer's Responsibilities** as agreed by the Board.

It is not yet possible to delegate any of the Board's decision making to the Chief Officer. This will only be possible after the Scottish Government has made regulations allowing this.

## 6. Chief Finance Officer Role and Responsibilities

This Chief Finance Officer is the principal financial advisor to the Board and is responsible for the proper administration and governance of the Board's financial affairs.

The Chief Finance Officer is accountable to the Board for its financial management and administration including the planning, development and delivery of the Board's financial strategy, is responsible for the provision of strategic financial advice and support to the Board and Chief Officer. The Chief Finance Officer's responsibility includes assuring probity, sound financial governance and responsibility for achieving Best Value.

The Chief Finance Officer will provide regular financial reports to the board and also be responsible for the annual accounts preparation and production and publication of the annual financial statement setting out the total resources included in the plan for that year. The Chief Finance Officer is also responsible for creating, in conjunction with those responsible for finance in the Council and Health Board, a collaborative arrangement to ensure the appropriate and timely sharing of financial information.

The Chief Finance Officer will help the Board to plan, develop and implement business strategy and to resource and deliver the Board's strategic objectives sustainably and in the public interest. The Chief Finance Officer leads the promotion and delivery of good financial management to make sure that the Board is open and honest when dealing with public money and that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.

The Chief Finance Officer should be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term financial implications, opportunities and risks are fully considered and aligned with the Board's financial strategy.

This officer is fundamental to ensuring sound financial management and has an important role in establishing and maintaining financial controls and in providing professional advice to members on all aspects of the Board's finances.

See the Board's current **Financial Regulations (Appendix M) and Reserves Policy (Appendix N)**.

## 7. Chief Internal Auditor Role and Responsibilities

The Chief Internal Auditor provides an independent and objective opinion on the control environment comprising risk management, governance and control of delegated resources. The role of the Internal Auditor within the Board is to understand key risks faced by the Board and to examine and evaluate the adequacy and effectiveness of the system of risk management and internal control in support of the governance arrangements operated by the Board.

The Chief Internal Auditor has responsibility for reporting to the Chief Officer and Board on proposed annual audit plans, which will be prepared and submitted to the Board for approval at the start of each financial year. The Chief Internal Auditor is responsible for ongoing delivery of the plan, the outcome of reviews and producing an annual report on delivery of the plan.

The Chief Internal Auditor shall also report to the Board at agreed intervals throughout the year on the outcomes of audit work completed and on progress towards delivery of the agreed annual plan; and provide an annual assurance opinion based on the overall findings from the audit arrangements.

The Chief Internal Auditor may report directly to the Board in any instance where it is deemed inappropriate to report to the Chief Officer, Chief Finance Officer or any committee established by Board.

Audit work is undertaken in compliance with the **Public Sector Internal Audit Standards** (see Guidance section).

## 8. Chief Social Work Officer Role and Responsibilities

The Council is required by law to appoint a Chief Social Work Officer to oversee and make decisions in relation to specified social work services, some of which are delegated to the Board, and to report to and alert the Council and elected members of any matters of professional concern in the management and delivery of those functions. He or she has a duty to make an annual report to the Council in relation to the discharge of the role and responsibilities.

The Chief Social Work Officer is a non-voting member of the IJB. If required, he or she shall make an annual report to the IJB in relation to the aspects of his or her position which relate to integrated functions.

The Chief Social Work Officer retains all of the statutory decision-making and advisory powers given by statute and guidance, and Board members shall not be entitled to countermand or over-rule any decisions or instructions given by the Chief Social Work Officer in carrying out that statutory role.

## 9. Medical and Nursing Director Roles and Responsibilities

Medical Directors and Nursing Directors are ministerial appointments made through health boards to oversee systems of professional and clinical governance within the NHS Grampian. Their professional responsibilities supersede their responsibilities to their employer.

These Directors continue to hold professional responsibility for the actions of Health Board clinical staff that deliver care through integrated services and have a role in overseeing the clinical governance arrangements of all services delivered by health care staff employed by NHS Grampian.

# 10. Information Handling

The Board, as a public body, has various responsibilities under the Public Records (Scotland) Act 2011, the Data Protection Act 2018 and the Freedom of Information (Scotland) Act 2002 and is registered as a Data Controller with the Information Commissioners Office. The Board must have in place a **Records Management Plan**, a **Publication Scheme** and agree how it handles **requests for information/access to data** that it holds and data that is shared amongst the Board, the Health Board and Council.

As Grampian Health Board and Moray Council are already subject to the above legislation Board members are likely to already have some awareness of the requirements that are placed on officials and organisations but members should also familiarise themselves with the Board's documents and guidance below.

## **Records Management Plan**

The Board must prepare and implement a Records Management Plan in line with a model plan and guidance (see Guidance section) issued by the Keeper of the Records of Scotland (the Keeper) who must also approve the plan, and having regard to the Code of Practice issued by the Scottish Government (see Guidance section). The plan (**Appendix W**) sets out the arrangements for the proper management of the Board's records and will need to be regularly reviewed.

## **Freedom of Information (FOI) Requests and Publication Scheme**

The board has approved a publication scheme (**Appendix R**), which it must maintain. It sets out the types of information that the Board routinely makes available, along with a guide setting out what information it will make available. The publication scheme has been submitted for approval to the Scottish Information Commissioner who promotes and enforces both the public's right to ask for information held by the board and good practice.

Members of the public have the right to request – and be provided with - any recorded information held by the Board unless any of the exemptions apply, for example, for legal advice or personal data. The Board has agreed processes for handling such requests (**Appendix S**) in line with the law, and applicable Code of Practice (see Guidance section).

## **Subject Access Requests**

The Board will be responsible for dealing with any requests by individuals to access personal data that may be held by the Board about them in line with the legislation and applicable Codes of Practice (see Guidance section). The Health Board and Council will separately continue to be responsible for dealing with access requests in relation to any data for which they are the Data Controller.

# 11. Equalities

The public sector **General Duty** set out in the Equality Act 2010, places an obligation on the Board to take action to eliminate discrimination and to pro-actively advance equality of opportunity and foster good relations.

The General Duty is supplemented by further **Specific Duties** set out in Regulations made by Scottish Ministers:-

**Mainstreaming** is an approach to delivering equality within an organisation. It is primarily a long-term strategy aimed at ensuring that equal opportunity principles and practices are integrated into every aspect of an institution from the outset. The focus should not only be internal (mainstreaming equality principles into procedures and systems) but also external (mainstreaming equality principles into policies and service delivery.) Mainstreaming provides a framework that facilitates and complements equal opportunities legislation and other equality measures. The Board must report periodically on progress towards mainstreaming.

Training is also integral to mainstreaming equalities. Members and staff all need to have an awareness of equalities issues as well as an understanding of their responsibilities under legislation and in terms of any adopted strategy. Members of the Board who are also members or employees of the Council and Health Board are subject to their training programmes. However, this will not be specific to this Board's work and there are additional members who will not be covered by these training programmes. **The Board should consider its own training programme for Board members.**

The Board must periodically prepare and publish **Equality Outcomes** showing how it intends to fulfil its general duty and periodically report on progress with these.

See **Appendices O and P** for the Board's current Mainstreaming Report and Equality Outcomes Report.

**Impact Assessments** involving consideration of relevant evidence and consultation should be undertaken and published re any new or revised policies and practices. An equality impact assessment was carried out in relation to the Moray Strategic Plan 2019-2029. This was published alongside the plan during the consultation period and sits within the appendices of the plan.

Equality criteria must be built into systems of **procurement/contracts** and into the conditions attached to these. This is being progressed with the procurement leads in The Moray Council and NHS Grampian, who continue to hold the existing contracts for services.

# 12. Complaints

## **About the Board**

Complaints may be raised against the Board in relation to its functions, such as strategic planning, and in respect of a direction that the Board has issued to the Council and/or Health Board where this is specific about operational delivery.

Complaints against the Board are not covered under Council and Health Board complaints procedures and therefore the Board will need to establish its own procedure for these that are in line with the model complaints procedure guidance set out by the Scottish Public Services Ombudsman (see Guidance section).

See **Appendix T** for the Board's current Complaints Handling Policy and Procedures.

## **About Integrated Services**

Complaints about service delivery will be dealt with through the existing Health Board and Council processes. The Board's Chief Officer will have an overview of these as they will be recorded and reported to her regularly.

## **Scottish Public Services Ombudsman (SPSO)**

The SPSO is the final stage for complaints. The SPSO will independently investigate the actions of the Board in carrying out its duties, or any service failure attributable to the Board but not the merits of a decision taken within the Board's discretion, unless the established processes have not been followed in making that decision.

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

The SPSO is also the final stage for complaints about the Council and Health Board in relation to integrated services.

# 13. Member Development and Support

All members have been issued with the Scottish Government’s “**On Board: A Guide for Board Members of Public Bodies in Scotland**” (see Guidance section). This covers generic issues such as roles and responsibilities of public bodies, and accountability and governance arrangements.

This Moray IJB members’ handbook contains further and more specific information, to help support you to effectively fulfil your role as a member of the Moray IJB.

The Chief Officer has organised various Development Sessions for members and will continue to work with members to produce a **Board Development Plan** to pull together themes and areas for action. This will ensure an on-going development programme that is tailored to members’ collective needs.

Members bring a variety of different skills, knowledge and understanding of particular issues to the Board and each will have individual development and support requirements too. Members may wish to consider developing **Personal Action Plans** to identify and address these.

For more information see “**Facilitating the Journey of Integration – A Guide for those supporting the formation of Integration Joint Boards**” (Guidance section).

## **Member’s expenses**

Members will from time to time incur expenses in performing their duties as members. A policy has been developed to ensure that members are fairly reimbursed for expenditure necessarily incurred in performing these duties. This policy applies only to members who are not already covered by their respective organisations’ expenses policies as those members will continue to claim business expenses in accordance with the policy of their respective organisations.

See **Moray Integration Joint Board Members’ Expenses Policy (Appendix Q)**

# 14. Key Contacts

Chair of Board:	Jonathan Passmore
Vice chair of Board:	Shona Morrison
Chief Officer:	Simon Bokor-Ingram, 01343 563552 <a href="mailto:hscmchiefofficer@moray.gov.uk">hscmchiefofficer@moray.gov.uk</a>
Chief Finance Officer:	Tracey Abdy, 01343 563631 <a href="mailto:tracey.abdy@moray.gov.uk">tracey.abdy@moray.gov.uk</a>
Chief Internal Auditor:	Atholl Scott, 01343 563055 <a href="mailto:atholl.scott@moray.gov.uk">atholl.scott@moray.gov.uk</a>
Standards Officer:	Alasdair McEachan, 01343 563080 <a href="mailto:alasdair.mceachan@moray.gov.uk">alasdair.mceachan@moray.gov.uk</a>
Depute Standards Officer:	Aileen Scott, 01343 563020 <a href="mailto:aileen.scott@moray.gov.uk">aileen.scott@moray.gov.uk</a>

## 15. Guidance

- Roles, Responsibilities and Membership of the Integration Joint Board.  
<http://www.gov.scot/Resource/0048/00484578.pdf>
- Guidance on the Code of Conduct for Members of Devolved Public Bodies  
<http://www.standardscommissionscotland.org.uk/guidance/guidance-notes>
- Dispensations issued by the Standards Commission  
<http://www.standardscommissionscotland.org.uk/guidance/dispensations>
- Strategic Commissioning Plans Guidance.  
<http://www.gov.scot/Resource/0046/00466819.pdf>
- Guidance on the Principles for Planning and Delivering Integrated Health and Social Care.  
<http://www.gov.scot/Resource/0046/00466005.pdf>
- Guidance Framework on the National Health and Wellbeing Outcomes.  
<http://www.gov.scot/Resource/0047/00470219.pdf>
- Public Sector Internal Audit Standards.  
<http://www.cipfa.org/policy-and-guidance/standards/public-sector-internal-audit-standards>
- Model Records Management Plan  
<http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>
- Guidance for Model Records Management Plan  
<http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-plan-guidance>
- Code of Practice on Records Management  
<http://www.gov.scot/Resource/0046/00465761.pdf>

- Freedom of Information Code of Practice  
<http://www.gov.scot/Resource/0046/00465757.pdf>
- Subject Access Requests Codes of Practice  
<https://ico.org.uk/media/for-organisations/documents/1065/subject-access-code-of-practice.pdf>
- Guidance on a Model Complaints Handling Procedure  
[http://www.spsso.org.uk/sites/spso/files/communications\\_material/leaflets\\_buj/Guidance-on-a-Model-Complaints-Handling-Procedure.pdf](http://www.spsso.org.uk/sites/spso/files/communications_material/leaflets_buj/Guidance-on-a-Model-Complaints-Handling-Procedure.pdf)
- Facilitating the Journey of Integration – A Guide for those supporting the Formation of Integration Joint Board's.  
<http://www.gov.scot/Resource/0049/00491526.pdf>
- Good Practice Note – Directions  
<https://www.gov.scot/publications/good-practice-note-directions-integration-authorities-health-boards-local-authorities/pages/1/>

The full range of guidance and advice issued by the Scottish Government can be accessed here:

<http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

# 16. The policy and legislative context

## The public sector reform agenda

In 2011, Dr Campbell Christie produced a report, commissioned by the Scottish Government on the future delivery of public services. This is commonly referred to as the Christie Commission and Report. Within this he called for organisations delivering public services to work together and integrate in order to provide a more efficient and effective service to people.

See the full report here: <http://www.gov.scot/resource/doc/352649/0118638.pdf>

Health and social care integration is part of this wider agenda of public sector reform.

## Health and Social Care Integration Nationally

“Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.”<sup>1</sup>

The Public Bodies (Joint Working) (Scotland) Bill was introduced to the Scottish Parliament on 29 May 2013 and aimed to take forward this agenda.<sup>2</sup>

The policy ambition of the Bill was to:

“...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.”<sup>3</sup>

“There is no single definition of what constitutes integrated care but the term is commonly used to refer to the joined up delivery of health and social care services. Integration is

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<sup>1</sup> <http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration>

<sup>2</sup> Was consultation in 2012 prior to introduction of the Bill. Govt published a response to this consultation in Feb 2013.

<sup>3</sup> Explanatory Notes to Bill

viewed as a way of tackling a number of problems such as unscheduled admissions to acute care, delayed discharges, budgetary battles between bodies, delays in accessing care and duplication of efforts. It is also seen as a way of 'shifting the balance of care' from the expensive acute sector, to care in less expensive community settings. More money is spent by the NHS in caring for emergency admissions in people over 65, than local authorities spend on social care for the same group (£1.32bn versus £1.27bn).

The concept of integration is not new to Scotland and the Bill is the latest in a line of attempts to achieve integrated care. Previous attempts have included the Joint Futures Group and the creation of Community Health Partnerships. The research evidence on integration has shown that there is little evidence that integration improves outcomes for individuals or that structural integration delivers the anticipated service improvements. However, research has found some key factors for success. These have included leadership, a clear vision and involvement of service users.”<sup>4</sup>

The history of integrated care, the Scottish Government’s evidence and case for integration is set out more fully in the Policy Memorandum to the Bill and SPICe Briefing on Bill:-

[http://www.parliament.scot/S4\\_Bills/Public%20Bodies%20\(Joint%20Working\)%20\(Scotland\)%20Bill/b32s4-introd-pm.pdf](http://www.parliament.scot/S4_Bills/Public%20Bodies%20(Joint%20Working)%20(Scotland)%20Bill/b32s4-introd-pm.pdf)

[http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB\\_13-50.pdf](http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf)

The Bill became the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”), which came into force on 1 April 2014 and provided the legislative framework for the integration of health and social care in Scotland by requiring local integration of adult health and social care services, but leaving it to Health Board and Local Authority partnerships to decide whether or not to include other services in their integrated arrangements.

## Health and Social Care Integration in Moray

In accordance with the Act, the Moray Council and Grampian Health Board prepared an Integration Scheme for health and social care services in the Moray Council area (**Appendix A**). Following consultation, the Integration Scheme was submitted by the Council and Health Board to Scottish Ministers for approval. The Integration Scheme was approved by Scottish Ministers and Scottish Ministers by order established the Moray Integration Joint Board as a new public body on 6 February 2016.

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<sup>4</sup>SPICe Briefing on Bill - [http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB\\_13-50.pdf](http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_13-50.pdf)

The Integration Scheme is a legally binding agreement between the Council and the Grampian Health Board. The Council, Health Board and the Integration Joint Board must act in accordance with the Integration Scheme as well as the Act and its associated regulations and guidance.

The Integration Scheme sets out:

- the local governance arrangements;
- the Board governance arrangements;
- the functions to be delegated to the Board;
- the local operational delivery arrangements;
- the arrangements for corporate support for the Board;
- the support for Strategic Planning;
- targets and performance measures;
- Clinical and Professional Governance arrangements;
- the arrangements in relation to the Chief Officer;
- the arrangements in relation to the integrated workforce including a Joint Workforce Plan and an Organisational Development Strategy;
- the finance arrangements;
- arrangements for participation and engagement;
- the information sharing and data handling arrangements;
- the complaints procedure;
- the claims handling, liability and indemnity arrangements;
- the development of a risk management strategy; and
- a dispute resolution mechanism.

In relation to delegated functions and their associated services, these are listed in Annex 1 and Annex 2 of the Integration Scheme and are subject to the exceptions and restrictions specified or referred to. There are certain services in respect of which functions are delegated for all age groups and certain services in respect of which functions are delegated for people over the age of 18 only. Equally, there are some services for which the Board will plan strategically and others for which they will additionally have operational oversight (see **Appendix F**).

Functions detailed in the Integration Scheme were delegated to the Integration Joint Board from 1 April 2016. The IJB is to carry out the functions delegated to it and when exercising a delegated function the IJB is required to do this with the same powers and subject to the same constraints as applied to the health board or local authority.

Various documents/ agreements will supplement the Integration Scheme e.g. re hosted services and corporate support services. Where supplementary agreements/documents exist, they will have been referred to earlier within this handbook.

## 17. Version Control

May 2021	Pg 26 updated mainstreaming and equalities appendices and date of EIA
July 2020	Introduction and Section 14 Key Contact details update.
April 2019	Section 14 Key Contact details updated.
Jan. 2019	Sections 1, 3, 4, 5, 10, 12 and 15 updated. Index updated and new Appendices T to W included.
Aug. 2018	Section 14 Key Contact details updated.
May 2017	Updated section 10 and new appendices R and S issued.
Nov. 2016	Handbook developed and issued.