
Report To:	Inverclyde Integration Joint Board	Date:	13 May 2024
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	VP/LS/031/24
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Non-Voting Membership of the Integration Joint Board – Carers Representative		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to advise the Inverclyde Integration Joint Board (“IJB”) of a change in its non-voting membership arrangements.

1.3 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the arrangements for the membership of all Integration Joint Boards.

1.4 The carers representative member on the IJB, Christina Boyd, has intimated her resignation from the IJB. It is proposed to appoint Heather Davis in her place.

1.5 This report sets out the revised non-voting membership arrangements for the IJB.

2.0 RECOMMENDATIONS

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

- (1) notes the resignation of Christina Boyd as the carers representative non-voting member of the Inverclyde Integration Joint Board; and
- (2) agrees the appointment of Heather Davis as the service user representative non-voting member of the Inverclyde Integration Joint Board.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) sets out the arrangements for the membership of all Integration Joint Boards.
- 3.2 The carers representative member on the IJB, Christina Boyd, has intimated her resignation from the IJB with effect from 8 April 2024. It is proposed to appoint Heather Davis in her place.
- 3.3 In terms of the Order, the IJB is required to appoint stakeholder members who are non-voting members. These must comprise at least one carers representative.
- 3.4 A named proxy to cover attendance at IJB meetings will be confirmed in due course.
- 3.5 In terms of the Order and Standing Order 3.2, where a member of the IJB resigns, the person appointed in their place shall be appointed for the unexpired term of the member they replace. The term of office of the replacement carers representative will therefore be until November 2024.

4.0 PROPOSALS

- 4.1 It is proposed that the IJB agree the revised IJB non-voting membership arrangements as set out in Appendix 1 Section C.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic Plan Priorities		X
Equalities, Fairer Scotland Duty & Children and Young People		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

There are no financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

The membership of the IJB is set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

5.4 Human Resources

There are no Human Resource implications arising from this report.

5.5 Strategic Plan Priorities

This report helps deliver Strategic Plan Big Action 6 – we will build on the strengths of our people and our community.

5.6 Equalities

There are no equality issues arising from the content of this report.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None

Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Clinical or Care Governance**

There are no clinical or care governance issues within this report.

5.8 **National Wellbeing Outcomes**

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None

People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1 Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The Chief Officer has been consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Inverclyde Integration Joint Board Membership as at 13 May 2023

SECTION A. VOTING MEMBERS		
		Proxies (Voting Members)
Inverclyde Council	Councillor Robert Moran (Chair)	Councillor Francesca Brennan
	Councillor Martin McCluskey	Councillor Paul Cassidy
	Councillor Sandra Reynolds	Councillor Elizabeth Robertson
	Councillor Lynne Quinn	Councillor Drew McKenzie
Greater Glasgow and Clyde NHS Board	Mr Alan Cowan (Vice-Chair)	
	Ms Ann Cameron-Burns	
	Mr David Gould	
	Dr Rebecca Metcalfe	
SECTION B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS		
Chief Officer of the IJB	Kate Rocks	
Chief Social Worker of Inverclyde Council	Jonathan Hinds	
Chief Finance Officer	Craig Given	
Registered Medical Practitioner who is a registered GP	Inverclyde Health & Social Care Partnership Clinical Director Dr Hector MacDonald	
Registered Nurse	Chief Nurse Laura Moore	
Registered Medical Practitioner who is not a registered GP	Dr Chris Jones	

SECTION C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS

A staff representative (Council)	Ms Gemma Eardley	
A staff representative (NHS Board)	Ms Diana McCrone	
A third sector representative	Ms Charlene Elliott Chief Executive CVS Inverclyde	Proxy - Ms Vicki Cloney Partnership Facilitator CVS Inverclyde
A service user	Ms Margaret Tait Inverclyde Health and Social Care Partnership Advisory Group	Proxy – Donald McQuade
A carer representative	Ms Heather Davis	Proxy - TBC

SECTION D. ADDITIONAL NON-VOTING MEMBERS

Representative of Inverclyde Housing Association Forum	Mr Stevie McLachlan, Head of Customer Services, River Clyde Homes	
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