

---

<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>24 March 2025</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b>	<b>VP/LS/019/25</b>
<b>Contact Officer:</b>	<b>Vicky Pollock</b>	<b>Contact No:</b>	<b>01475 712180</b>
<b>Subject:</b>	<b>Inverclyde Integration Joint Board – Audit Committee Membership</b>		

---

## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to agree the appointment of a non-voting member of the Integration Joint Board (“IJB”) to the Inverclyde Integration Joint Board Audit Committee (“IJB Audit Committee”)
- 1.3 The IJB last agreed the membership of the IJB Audit Committee on 27 January 2025.
- 1.4 Charlene Elliott recently intimated her resignation from the IJB Audit Committee and it is therefore necessary for the IJB to appoint a new non-voting member to the IJB Audit Committee to fill this vacancy.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that the Inverclyde Integration Joint Board:-
- (1) notes the resignation of Charlene Elliott as a non-voting member of the Inverclyde Integration Joint Board Audit Committee; and
  - (2) agrees the appointment of Stevie McLachlan as a non-voting member on the Inverclyde Integration Joint Board Audit Committee.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

3.1 The IJB last agreed its membership arrangements of the IJB Audit Committee on 27 January 2025. Since then, Charlene Elliott has intimated her resignation from the IJB Audit Committee. As membership of the IJB Audit Committee is a matter for decision by the IJB, it requires to agree the appointment of a non-voting member to the IJB Audit Committee to fill the vacancy.

### 4.0 AUDIT COMMITTEE - MEMBERSHIP

4.1 The current membership of the IJB Audit Committee is set out at Appendix 1.

4.2 Membership of the IJB Audit Committee comprises 4 IJB voting members (2 from the NHS Board and 2 from Inverclyde Council), with an additional 2 members drawn from the wider non-voting membership of the IJB.

4.3 It is now necessary for the IJB to appoint a non-voting IJB member to the IJB Audit Committee.

### 5.0 PROPOSALS

5.1 It is proposed that the IJB agree the appointment of Stevie McLachlan as a non-voting member of the IJB Audit Committee.

### 6.0 IMPLICATIONS

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

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>
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

#### 6.2 Finance

There are no financial implications arising from this report.

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>

Annually Recurring Costs/ (Savings)

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

**6.3 Legal/Risk**

Standing Order 13 of the IJB’s Standing Orders for Meetings regulates the establishment by the IJB of the IJB Audit Committee.

**6.4 Human Resources**

There are no Human Resource implications arising from this report.

**6.5 Strategic Plan Priorities**

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

**6.6 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
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	None
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	None
Inverclyde’s most vulnerable and often excluded people are supported to be active and respected members of their community.	None
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	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.

**6.7 Clinical or Care Governance**

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

**6.8 National Wellbeing Outcomes**

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

<b>National Wellbeing Outcome</b>	<b>Implications</b>
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

## 6.9 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.

## 6.10 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.

## 7.0 DIRECTIONS

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

## 8.0 CONSULTATION

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

## 9.0 BACKGROUND PAPERS

9.1 None.

**Inverclyde Integration Joint Board  
Audit Committee Membership – as at 27 January 2025**

<b>SECTION A. VOTING MEMBERS</b>		
		<b>Proxies (Voting Members)</b>
Inverclyde Council	Councillor Lynne Quinn (Chair)	Councillor Drew McKenzie
	Councillor Sandra Reynolds	Councillor Elizabeth Robertson
Greater Glasgow and Clyde NHS Board	Dr Rebecca Metcalfe (Vice Chair)  Karen Turner	
<b>SECTION B. NON-VOTING MEMBERS</b>		
A staff representative (NHS Board)	Ms Diana McCrone	
VACANT	VACANT	