



Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 14 March 2025

A meeting of the Inverclyde Integration Joint Board Audit Committee will be held on Monday 24 March 2025 at 1pm within the Municipal Buildings, Greenock.

Members may attend the meeting in person or via remote online access. Webex joining details have been sent to Members and Officers. Members are requested to notify Committee Services by 12 noon on Friday 21 March how they intend to access the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation.

Please note that this meeting will be recorded and made available for viewing on the Council's YouTube channel with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

LYNSEY BROWN
Head of Legal, Democratic, Digital & Customer Services

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<p>The reports for this meeting are on the Council's website.</p> <p>Please note: this meeting may be recorded or live-streamed via You Tube and the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting the Chair will confirm if all or part of the meeting is being recorded or live-streamed.</p> <p>The Integration Joint Board is a Joint Data Controller with Inverclyde Council and NHS Greater Glasgow & Clyde under UK GDPR and the Data Protection Act 2018 and data collected during any recording or live-streaming will be retained in accordance with Inverclyde Council's Data Protection Policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's Internet site or You Tube. The meeting will be recorded or live-streamed to fulfil our public task obligation to enable members of the public to observe the democratic process.</p> <p>If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.</p> <p>If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at dataprotection@inverclyde.gov.uk</p>		

Enquiries to – Diane Sweeney– Tel 01475 712147

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 9 SEPTEMBER 2024

Inverclyde Integration Joint Board Audit Committee

Monday 9 September 2024 at 1.00pm

Present:

Voting Members:

David Gould (Chair)	Greater Glasgow & Clyde NHS Board
Councillor Lynne Quinn (Vice Chair)	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Charlene Elliott	Third Sector Representative, CVS Inverclyde

Also present:

Dr Rebecca Metcalfe	Greater Glasgow & Clyde NHS Board (IJB Member)
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Joyce Allan	On behalf of Jonathan Hinds, Head of Children & Families and Criminal Justice Services and Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Diane Sweeney	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Peter MacDonald	Solicitor, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council

Chair: David Gould presided.

The meeting was held at the Municipal Buildings, Greenock, with Councillor Quinn, Councillor Reynolds, Ms Elliott and Ms McCrone attending remotely.

18 Apologies, Substitutions and Declarations of Interest 18

No apologies for absence or declarations of interest were intimated.

19 Minute of Meeting of IJB Audit Committee of 24 June 2024 19

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 24 June 2024.

The Minute was presented by the Chair and examined for fact, omission, accuracy and clarity.

Decided: that the Minute be agreed.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 9 SEPTEMBER 2024

- 20 IJB Audit Committee Rolling Annual Workplan 20**
- There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee.
Ms McCrone joined the meeting during consideration of this item.
Decided: that the Rolling Annual Workplan be noted.
- 21 Internal Audit Annual Strategy and Plan 2024-2025 21**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the Internal Audit Annual Strategy and Plan for 2024-2025 for approval. The report was presented by Mr Given who acknowledged the participation of Ms Priestman, Chief Internal Auditor for Inverclyde Council, in completing the Plan and report.
The Chair asked how Internal Audit would address the organisational redesign work tied into the budgetary process with the Plan, and Mr Given advised that he would consult with Ms Priestman on this matter.
Decided: that the Internal Audit Annual Strategy and Plan for 2024-2025 be approved.
- 22 Status of External Audit Action Plans at 31 August 2024 22**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership on the status of current actions from External Audit Action Plans at 31 August 2024. The report was presented by Mr Given and being the regular progress report advised of updates since the last meeting.
Decided: that the progress to date in relation to the implementation of external audit actions be noted.
- 23 IJB Risk Register 23**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an update on the status of the IJB Strategic Risk Register, and (2) appending the most recent Risk Register reviewed by officers in August 2024. The report was presented by Mr Given.
Referring to references in the Register for workforce risk, the Committee asked if it was anticipated that this risk would reduce. Ms Rocks and Mr Given replied that addressing recruitment and retention issues should see an improvement in the risk level, but this would be a long term goal and would be changed when they were able to do so.
Decided: that the content of the report be noted.
- 24 Inverclyde Integration Joint Board – Directions Update August 2024 24**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing a summary of the Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow & Clyde in the period March 2024 to August 2024. The report was presented by Ms Pollock.
Referring to
Decided: that the contents of the report be noted.
- 25 Improvement Action Plan: Joint Inspection of Adult Services 25**
- There was submitted a report by the Chief Officer, Inverclyde Health & Social Care

Partnership (1) advising the Committee of the development of an improvement action plan, a copy of which was appended to the report, following the publication of the Care Inspectorate and Healthcare Improvement Scotland report 'Joint inspection of adult services – Integration and outcomes – focus on people living with mental illness', and (2) seeking approval to submit the plan to the Care Inspectorate, which will then guide further improvement activity. The report was presented by Ms Allan.

Referring to the areas for improvement highlighted in the report, the Chair asked when the Committee would see progress, and Ms Allan advised that Mr Hinds, the Chief Social Work Officer, would bring a further report to the Committee detailing improvement actions.

Decided:

- (1) that the proposed improvement action plan be noted; and
- (2) that approval be given to submission of the plan to the Care Inspectorate to enable ongoing monitoring of improvement activity.

26 Inverclyde Alcohol and Drug Recovery Services

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There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership providing information on ongoing budgetary spend within Alcohol and Drug Recovery Services. The report was presented by Ms Rocks.

The Committee commented that a number of posts were funded on a fixed term basis when staff wanted permanent posts, and asked if this was an issue. Ms Rocks advised that this was due to the way some funding was received on a non-recurring basis from the Scottish Government.

The Board asked if the number of vacancies within the Service impacted on service provision and if officers were lobbying on this matter. Ms Rocks advised that there was an impact but that this was being managed by officers strengthening pathways, working with the Third Sector and looking at different ways to provide services, and that the matter had been raised, and would continue to be raised, at a corporate and Board level.

Decided: that the contents of the report be noted.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 18 NOVEMBER 2024

Inverclyde Integration Joint Board Audit Committee

Monday 18 November 2024 at 1.00pm

Present:

Voting Members:

David Gould (Chair)	Greater Glasgow & Clyde NHS Board
Dr Rebecca Metcalfe	Greater Glasgow & Clyde NHS Board
Councillor Lynne Quinn (Vice Chair)	Inverclyde Council
Councillor Sandra Reynolds	Inverclyde Council

Non-Voting Members:

Diana McCrone	Staff Representative, Greater Glasgow & Clyde NHS Board
Vicky Cloney	On behalf of Charlene Elliott, Third Sector Representative, CVS Inverclyde

Also present:

Taimoor Alan	KPMG LLP (External Auditors)
Kate Rocks	Chief Officer, Inverclyde Health & Social Care Partnership
Jonathan Hinds	Chief Social Work Officer, Inverclyde Health & Social Care Partnership
Craig Given	Chief Finance Officer, Inverclyde Health & Social Care Partnership
Andi Priestman	Chief Internal Auditor, Inverclyde Council
Vicky Pollock	Legal Services Manager, Inverclyde Council
Alan Best	Interim Head of Health & Community Care, Inverclyde Health & Social Care Partnership
Lindsay Carrick	Senior Committee Officer, Inverclyde Council
Colin MacDonald	Senior Committee Officer, Inverclyde Council
Alison Ramsey	Corporate Communications, Inverclyde Council

Chair: David Gould presided.

The meeting was held at the Municipal Buildings, Greenock with Councillor Quinn, Councillor Reynolds and Ms Cloney attending remotely.

27 Apologies, Substitutions and Declarations of Interest 27

An apology for absence was intimated on behalf of:
 Charlene Elliott Third Sector Representative, CVS Inverclyde (with Vicky Cloney substituting)

28 Annual Report to the IJJB and the Controller of Audit for the Financial Year ended 31 March 2024 28

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership appending (1) the representation letter to KPMG LLP, being the IJJB's external auditor, (2) the Audited Annual Accounts 2023/24, and (3) KPMG LLP's Annual Audit Report to the IJJB and the Controller of Audit. The Chair invited Mr Alam of KPMG to present the KPMG LLP report, who thanked Mr Given and his team for providing support during the audit process.

INVERCLYDE INTEGRATION JOINT BOARD AUDIT COMMITTEE – 18 NOVEMBER 2024

The Chair formally thanked KPMG LLP and HSCP officers for their work on the Audited Annual Accounts.

Referring to the 'Recommendations' section at appendix 5 of the KPMG report, and the entry for 'Performance against national indicators' advising of a deteriorating trend, the Board asked what analysis of this officers had undertaken. Ms Rocks and Mr Given provided an overview, including development sessions and inclusion in the new Strategic Plan and outcomes framework. The Chair added that the Health Board monitored this.

Referring to the 'Recommendations' section at appendix 5 of the KPMG report, and the entry for 'Integration Scheme Review', the Board asked for it to be noted that it was not within the gift of the Inverclyde IJB to change the expected completion date of March 2025, and Ms Rocks confirmed this.

Decided:

- (1) that it be recommended to the IJJB that the Chair, Chief Officer of Inverclyde Health & Social Care Partnership and Chief Financial Officer of Inverclyde Health & Social Care Partnership be authorised to accept and sign the final 2023/24 Accounts on behalf of the IJJB;
- (2) that the Letter of Representation, as detailed at appendix 1 to the report, be endorsed and it be recommended to the IJJB that this be signed by the Chief Financial Officer of Inverclyde Health & Social Care Partnership;
- (3) that the content of the Annual Report, as appended at appendix 3 to the report, be noted; and
- (4) that the thanks of the Committee be extended to Inverclyde HSCP officers and KPMG LLP for their work on the Audited Annual Accounts.

IJB Audit Committee Rolling Annual Workplan – 24 March 2025

(Meeting in March, June and September each year)

Date	Reports	Lead Officer
24 March 2025	Internal Audit Progress Report to # February 2024 Status of External Audit Action Plans to # January 2024 Best Value Annual Statement Report Directions Update Review of Risk Register	Chief Internal Auditor Chief Internal Auditor Chief Finance Officer Legal Services Manager (Procurement, Conveyancing & Information Governance) (Min Ref - IJB 21.09.2020 - 86(3)) Chief Officer (Min ref – IJBAC 21/06/2021 22(4))
23 June 2025	Internal Audit Progress Report to # June 2025 External Audit Annual Audit Plan 2024-25 Status of External Audit Action Plans to # June 2025 Internal Audit Annual Report and Assurance Statement 2024-25	Chief Internal Auditor External Audit Chief Internal Auditor Chief Internal Auditor
TBC September 2025	Status of External Audit Action Plans to 31 August 2024 Directions Update Review of IJB Risk Register Internal Audit Annual Strategy and Plan 2024/25 That it be remitted to officers to submit a report on recruitment matters to IJB Audit Committee specifically around the Alcohol and Drug budgets (Remit from IJB 13 May 2024) (Min. Ref. 23(9))	Chief Internal Auditor Legal Services Manager (Min ref – IJB 21/09/2020 86(3)) Chief Officer (Min ref – IJBAC 21/06/2021 22(4)) Chief Internal Auditor Chief Officer REMOVE – on agenda for 09 09 2024 meeting

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Chief Internal Auditor	Report No:	IJBA/19/2025/AP
Contact Officer:	Andi Priestman	Contact No:	
Subject:	Internal Audit Progress Report from 1 June 2024 to 28 February 2025		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to enable the Inverclyde IJB Audit Committee members to monitor the performance of Internal Audit and gain an overview of the IJB's overall control environment.
- 1.3 The report also presents an update on the Internal Audit work undertaken at Inverclyde Council and NHS Greater Glasgow and Clyde (NHSGGC) from 1 June 2024 to 28 February 2025 that may have an impact upon the Inverclyde IJB's control environment.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that Inverclyde IJB Audit Committee members agree to note the progress made by Internal Audit from 1 June 2024 to 28 February 2025.

Andi Priestman
Chief Internal Auditor
Inverclyde Integration Joint Board

3.0 BACKGROUND AND CONTEXT

- 3.1 The audit plan for 2024/25 was approved at the IJB Audit Committee meeting in September 2024.
- 3.2 Internal Audit reports findings and action plans to relevant Inverclyde IJB Officers and the Audit Committee as part of the annual audit plan. A follow up process is in place to allow follow up of current internal audit actions to be co-ordinated and updated by Internal Audit on a monthly basis with regular reporting to the Audit Committee.
- 3.3 In each audit, one of 4 overall opinions is expressed:

Strong	In our opinion there is a sound system of internal controls designed to ensure that the organisation is able to achieve its objectives.
Satisfactory	In our opinion isolated areas of control weakness were identified which, whilst not systemic, put some organisation objectives at risk.
Requires improvement	In our opinion systemic and/or material control weaknesses were identified such that some organisation objectives are put at significant risk.
Unsatisfactory	In our opinion the control environment was considered inadequate to ensure that the organisation is able to achieve its objectives.

- 3.4 Individual audit findings are categorised as Red, Amber or Green:

Red	In our opinion the control environment is insufficient to address the risk and could impact the organisation as a whole. Corrective action must be taken and should start immediately.
Amber	In our opinion there are areas of control weakness which we consider to be individually significant but are unlikely to affect the organisation as a whole.
Green	In our opinion our audit highlighted areas for minor control improvement and/or areas of minor control weakness.

- 3.5 Since the last Internal Audit progress report to the June meeting of the Inverclyde IJB Audit Committee, there was one audit report finalised in relation to IJB Budgetary Control arrangements.

IJB Budgetary Control arrangements (February 2025)

- 3.6 Financial resources held by both Inverclyde Council and NHS Greater Glasgow & Clyde are used by Inverclyde HSCP to deliver the IJB's strategic objectives. For 2024/25 the Council and Health Board contributed £73.868m and £142.609m respectively to the IJB. During 2024/25 total net budgeted expenditure amounts to £216.477m and includes £0.709m from the IJB's general reserve.
- 3.7 The community care needs of local HSCP service users continue to grow and evolve due to demographic and changing health related factors. More service users have two or more care needs, some of which cannot easily be met or fully funded. It is therefore important that effective budgetary control and reporting arrangements are in place to manage the financial provision of local HSCP services.

- 3.8 The objective of this audit was to provide the IJB Audit Committee with an assessment of the adequacy and effectiveness of the governance, risk management and controls surrounding the key risks in relation to the IJB’s budgetary control arrangements.
- 3.9 The review focused on the high-level processes and procedures in relation to the IJB’s budgetary control arrangements and concentrated on identified areas of perceived higher risk, such as not regularly providing IJB members with timely and accurate monitoring information and not adequately explaining significant budget variances.
- 3.10 The overall control environment opinion was **Strong**. The audit identified one GREEN issue as follows:

Routinely reporting on IJB reserves in relation to CIPFA guidance (GREEN)

The IJB Reserves Strategy refers to CIPFA guidance on reserves as set out in CIPFA Bulletin 13 (March 2023). For the IJB, this guidance means that the unallocated reserve balance should sit between 2% and 4% of revenue expenditure, excluding set aside.

The Inverclyde IJB has two broad categories of financial reserve, ear-marked and general (unallocated)reserves. IJB budget monitoring reports include comprehensive updates on each category of reserve. However, the audit identified that IJB budget monitoring reports do not routinely cover the extent to which unallocated reserves sit within this guideline.

- 3.11 The review identified one GREEN issue which, if implemented by management, would enhance the control environment and an action plan is in place to address this issue by 31 March 2025.
- 3.12 In relation to Internal Audit Action plans there were 3 actions due for completion by 28 February, one has been reported as completed by management and a revised date has been set for 2 actions. The status report is attached at Appendix 1.
- 3.13 In addition, since the last Internal Audit Progress report to the Audit Committee meeting in September 2024, Internal Audit Reports reported to Inverclyde Council and NHSGGC which are relevant to the Inverclyde IJB are set out at paragraphs 3.14 and 3.15 of this report.
- 3.14 **Inverclyde Council – Internal Audit Progress Report Summary**

Since the last Internal Audit Progress Report considered at the September 2024 meeting of the Audit and Performance Committee, there was one Internal Audit Report reported to Inverclyde Council which are relevant to the Inverclyde IJB.

Audit Report	Report Opinion	Category/Number of Issues		
		Red	Amber	Green
HSCP Care and Support At Home Delayed Discharge Arrangements (1)	Satisfactory	0	2	1
Total		0	2	1

(1) The review focused on the high-level processes and procedures in relation to the Inverclyde HSCP’s delayed discharge arrangements and concentrated on identified areas of perceived higher risk, such as not promptly co-ordinating referrals of service users who require care packages to leave hospital and not effectively managing recurring issues which impact on the levels of delayed discharge. Two Amber issues were identified as follows:

- referrals by NHS Acute staff are not always being made timeously to the HSCP and key dates within the discharge planning process are not being routinely aligned and are not always notified to nominated HSCP officers; and
- indicative timescales have not been set for cases which require guardianship orders and those cases are not formally tracked to identify delays and required follow-up action.

3.15 NHSGGC - Internal Audit Progress Report Summary

Since the last IA Progress Report considered at the June 2024 meeting of the Audit and Performance Committee, there were five Internal Audit Reports reported to NHSGGC which are relevant to the IJB and are set out in the undernoted table. There were no Grade 4 recommendations raised (very high exposure) and no control objectives assessed as red.

Audit Title	Rating	Number and Priority of Issues			
		4	3	2	1
Hospital Discharges (1)	Substantial Improvement Required	0	2	3	0
Property Transactions	Effective	0	0	0	0
Sustainability and Value Programme (2)	Substantial Improvement Required	0	2	1	1
Succession Planning	N/A – advisory	0	0	0	0
Cyber Security Remote Access	Minor Improvement Required	0	0	2	0
Total		0	4	6	1

- (1) The Grade 3 recommendations relate to improvements to the review and update of planned dates of discharge and the process for referring patients to the relevant HSCP teams.
 (2) The Grade 3 recommendations relate to improvements in the processes for the identification, monitoring and reporting of savings.

3.16 Internal Audit within Inverclyde Council and NHSGGC undertake follow up of actions in accordance with agreed processes and report on progress to the respective Audit Committees.

4.0 PROPOSALS

4.1 The Inverclyde IJB Audit Committee is asked to note the progress made by Internal Audit for the period 1 June 2024 to 28 February 2025.

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

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

Where delays arise in delivering the Internal Audit Plan, there is a risk that this may result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance. The main basis for providing assurance is coverage of the planned risk-based audits. Every endeavour is therefore made to ensure that no material slippage occurs in risk-based audits by concentrating resources on these audits.

5.4 Human Resources

There are no human resources implications arising from this report.

5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

5.6 Equalities

(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.	N/A
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	N/A
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	N/A
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.	N/A

(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 for the following reasons: Provide reasons why the report has been assessed as not relevant.

(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**

This report relates to strong corporate governance.

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.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

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 and the Chief Financial Officer have been consulted on this report.

8.0 BACKGROUND PAPERS

8.1 Internal Audit Reports. Copies available from Chief Internal Auditor.

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
FROM 1 JUNE 2024 TO 28 FEBRUARY 2025**

Summary: Section 1 Summary of Management Actions due for completion by 28/2/25

There were three actions due for completion by 28 February 2025. One action has been reported as completed by management and a revised date has been set for 2 actions.

Section 2 Summary of Current Management Actions Plans at 28/2/25

At 28 February 2025 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 28/2/25

At 28 February 2025 there were 3 current audit action points.

Section 4 Analysis of Missed Deadlines

At 28 February 2025 there were 2 audit action points where the original deadline has been missed.

Section 5 Summary of Audit Action Points By Audit Year

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 28.02.2025

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*	No action proposed
3	1	2		

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 28.02.2025

SECTION 2

Current Actions	
Due for completion March 2025	1
Due for completion September 2025	1
Due for completion September 2026	1
Total current actions:	3

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 28.02.2025

SECTION 3

Recommendation/Agreed Action	Owner	Expected Date	Status
IJB Integration Scheme Update – Readiness Review (December 2019)			
<p>Recommendation: Specifying governance arrangements within the Integration Scheme (Amber) The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p> <p>Agreed Action: Recommendation accepted.</p>	<p>IJB Chief Officer</p>	<p>30.09.2025*</p>	<p>Ongoing</p>
IJB Performance Management and Reporting Arrangements (July 2021)			
<p>Recommendation: Reporting on progress with implementing the IJB’s Strategic Plan (Amber) Management will produce an “easy read” document which covers the progress being made with implementing the IJB’s Strategic Plan and would accompany the Annual Performance report.</p> <p>Agreed Action: Recommendation accepted.</p>	<p>IJB Chief Financial Officer</p>	<p>30.09.2024</p>	<p>Complete</p>

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 28.02.2025

SECTION 3

Recommendation/Agreed Action	Owner	Expected Date	Status
IJB Workforce Planning Arrangements (February 2023)			
<p>Recommendation: Managing Timescales within the Workforce Plan action plan (Amber) The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action. Agreed Action: Recommendation accepted.</p>	IJB Chief Financial Officer	30.09.2026*	Ongoing
Budgetary Control Arrangements (February 2025)			
<p>Recommendation: Reporting on IJB Reserves (Green) The IJB's Chief Financial Officer should use an IJB development session to discuss how CIPFA's guidance on reserves relates to the IJB. IJB finance reports should be updated to show the percentage in which the IJB operates its unallocated reserve at and when compared to the guidance. Agreed Action: Recommendation accepted.</p>	IJB Chief Financial Officer	31.03.2025	Ongoing

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
IJB Integration Scheme Update – Readiness Review (December 2019)	<p>Specifying governance arrangements within the Integration Scheme (Amber) The Scottish Government have confirmed IJBs will be required to review their current integration schemes rather than complete a new scheme. The 6 HSCP across Greater Glasgow and Clyde will contribute to a short life working group to review collectively ensuring cross cutting issues are addressed.</p> <p>The Inverclyde HSCP has identified the appropriate officer to contribute to this work. The HSCP are also working closely with Legal Services within the Council and NHS to review our current Integration Scheme.</p>	<p>31.07.22 31.05.23 30.09.24</p>	30.09.25	This action is ongoing. Work continues on a collective agreement across all IJB's with regular meetings taking place. The new timescale for this is August/ September 2025.
IJB Workforce Planning Arrangements (February 2023)	<p>Managing Timescales within the Workforce Plan action plan (Amber) The IJB Chief Financial Officer will also explore the use of the Pentana system to record milestones for actions and priorities for each action.</p>	<p>31.12.23 31.07.24</p>	30.09.26	The current HSCP Workforce Plan is due to expire in 2025 and will be superseded by a new Workforce plan. When complete, all identified actions will be added to the Ideagen system for improved collation of updates and progress reporting.

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF INTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF ACTION PLAN POINTS BY AUDIT YEAR

SECTION 5

The following table sets out the total number of agreed actions raised by audit year together with their completion status at 28 February 2025.

Audit Year	Total Agreed Actions	Total Actions Completed	Total Current Actions Not Yet Due*		
			Red	Amber	Green
2019/2020	6	5	0	1	0
2020/2021	2	2	0	0	0
2021/2022	6	6	0	0	0
2022/2023	6	5	0	1	0
2023/2024	1	1	0	0	0
2024/2025	1	0	0	0	1
Total	22	19	0	2	1

* This part of the table sets out the total number of current actions not yet due at the date of the follow up report.

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Chief Internal Auditor	Report No:	IJBAC/20/2025/AP
Contact Officer:	Andi Priestman	Contact No:	01475 712180
Subject:	Status of External Audit Action Plans at 28 February 2025		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to advise Inverclyde IJB Audit Committee members of the status of current actions from External Audit Action Plans at 28 February 2025.

2.0 RECOMMENDATIONS

2.1 It is recommended that Inverclyde IJB members note the progress to date in relation to the implementation of external audit actions.

Andi Priestman
Chief Internal Auditor
Inverclyde Integration Joint Board

3.0 BACKGROUND AND CONTEXT

- 3.1 The Chief Internal Auditor co-ordinates follow up reporting on current actions arising from External Audit Action Plans on a monthly basis with regular reporting to the Audit Committee.
- 3.2 There were no action due for completion by 28 February 2025.
- 3.3 There are 3 external audit action being progressed and completed by officers. There were no new actions arising from the 2023/24 Annual Audit which was reported to the Audit Committee on 18 November 2024. The current status report is attached at Appendix 1.

4.0 PROPOSALS

- 4.1 The Inverclyde IJB Audit Committee is asked to note the progress to date in relation to the implementation of external audit actions.

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

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

There is a risk that failure to implement agreed audit actions in a timely manner could result in an inability to provide a reasonable level of assurance over the Inverclyde IJB's system of internal control to those charged with governance.

5.4 Human Resources

There are no human resources implications arising from this report.

5.5 Strategic Plan Priorities

This report relates to strong corporate governance.

5.6 Equalities

(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 for the following reasons: Provide reasons why the report has been assessed as not relevant.

(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

This report relates to strong corporate governance.

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.	N/A
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	N/A
People who use health and social care services have positive experiences of those services, and have their dignity respected.	N/A
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N/A
Health and social care services contribute to reducing health inequalities.	N/A
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.	N/A
People using health and social care services are safe from harm.	N/A
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.	N/A
Resources are used effectively in the provision of health and social care services.	N/A

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 Relevant Officers were asked to provide updates to the report as appropriate.

8.0 BACKGROUND PAPERS

8.1 External Audit Reports. Copies available from Chief Internal Auditor.

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
AT 28 FEBRUARY 2025**

Summary: Section 1 Summary of Management Actions due for completion by 28/02/2025

There were no actions due for completion by 28 February 2025.

Section 2 Summary of Current Management Actions Plans at 28/02/2025

At 28 February 2025 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 28/02/2025

At 28 February 2025 there were 3 current audit action points.

Section 4 Analysis of Missed Deadlines

At 28 February 2025 there were 3 audit action points where the original deadline has been missed.

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF MANAGEMENT ACTION PLANS DUE FOR COMPLETION BY 28.02.2025

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
0			

* These actions are included in the Analysis of Missed Deadlines – Section 4

**INVERCLYDE COUNCIL INTERNAL AUDIT
REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 28.02.2025

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion June 2025	1
Due for completion September 2025	1
Completion date to be advised	1
Total Actions	3

**INVERCLYDE COUNCIL INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 28.02.2025

SECTION 3

Action	Owner	Expected Date
2021/22 Annual Audit Report (November 2022)		
<p>b/f Integration Scheme Review</p> <p>Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p> <p>Management Response: The Integration Scheme is currently being reviewed. The IJB are working closely with Legal Services within Inverclyde Council and NHS Greater Glasgow and Clyde to review their current Integration Scheme. This matter has been disclosed the Governance Statement in the IJB's annual accounts.</p>	Chief Officer	30.09.2025*
2022/23 Annual Audit Report (November 2023)		
<p>Longer term financial planning (Grade 2)</p> <p>Recommendation We recommend that the IJB work with partners to develop longer term forecasts/plans and saving plans to bridge the identified long-term funding gap.</p> <p>Management Response: 2023/24 Update: We are working with our partners in the Council and Health board to develop savings proposals as suggested.</p> <p>This year the IJB set a 2-year 24/26 budget with the view of addressing our longer term budget gap. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed years 3-5.</p> <p>Further initiatives will be looked into to deal with the medium to long term view once we know the outcome of the National Care service consultation and recommendation.</p>	Chief Finance Officer	To be advised*

* See analysis of missed deadlines – Section 4

**INVERCLYDE COUNCIL INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS**

CURRENT MANAGEMENT ACTIONS AS AT 28.02.2025

SECTION 3

Action	Owner	Expected Date
<p>Risk Management Strategy (Grade 3) Recommendation: We recommend timely review and update of the IJB's Risk Management Strategy.</p> <p>Management Response: 2023/24 Update: The IJB agreed to work in partnership with Inverclyde Council on updating the Risk Strategy process. The IJB and the Council have jointly funded a new post to take this forward. We still remain comfortable with the existing risk strategy and we provide regular updates to the IJB on all our main risks.</p>	<p>Chief Finance Officer</p>	<p>30.06.25*</p>

* See analysis of missed deadlines – Section 4

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
2021/22 Annual Audit Report (November 2022)	<p>b/f Integration Scheme Review Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable.</p> <p>Agreed Action: The Integration Scheme is currently being reviewed. The IJB are working closely with Legal Services within Inverclyde Council and NHS Greater Glasgow and Clyde to review their current Integration Scheme. This matter has been disclosed the Governance Statement in the IJB's annual accounts.</p>	<p>31.05.23 01.04.24 31.03.25</p>	30.09.25	Work is ongoing across the 6 Integration Joint Boards to finalise this.
2022/23 Annual Audit Report (November 2023)	<p>Longer term financial planning (Grade 2) Recommendation We recommend that the IJB work with partners to develop longer term forecasts/plans and saving plans to bridge the identified long-term funding gap.</p> <p>Agreed Action: 23/24 Update: This year the IJB set a 2-year 24/26 budget with the view of addressing our longer term budget gap. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed years 3-5.</p> <p>Further initiatives will be looked into to deal with the medium to long term view once we know the outcome of the National Care service consultation and recommendation.</p>	30.06.24	To be advised	

**INVERCLYDE INTEGRATION JOINT BOARD
INTERNAL AUDIT REPORT TO AUDIT COMMITTEE ON
STATUS OF EXTERNAL AUDIT ACTION PLAN POINTS
ANALYSIS OF MISSED DEADLINES**

SECTION 4

Report	Action	Original Date	Revised Date	Management Comments
<p>2022/23 Annual Audit Report (November 2023)</p>	<p>Risk Management Strategy (Grade 3) Recommendation: We recommend timely review and update of the IJB's Risk Management Strategy.</p> <p>Management Response: 2023/24 Update: The IJB agreed to work in partnership with Inverclyde Council on updating the Risk Strategy process. The IJB and the Council have jointly funded a new post to take this forward. We still remain comfortable with the existing risk strategy and we provide regular updates to the IJB on all our main risks.</p>			<p>We have recently updated our risk management strategy and will take this to the June 2025 IJB Audit Committee.</p>

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBAC/16/2025/CG
Contact Officer:	Craig Given Chief Finance Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 715381
Subject:	IJB Best Value Statement 2024/25		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to provide a statement in relation to how the IJB has delivered Best Value during the previous financial year.

Appendix A contains the Draft Best Value Statement for 2024/25. This is reviewed and updated annually as part of the annual accounts process.

2.0 RECOMMENDATIONS

2.1 It is recommended that the IJB Audit Committee approve the Best Value Statement enclosed at Appendix A.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs are required to have effective arrangements in place for scrutinising performance, monitoring progress towards achieving strategic objectives and holding partners to account.
- 3.2 Part of evidencing the work that the IJB does in relation to this is through officers reviewing and updating the Best Value Statement enclosed at Appendix A each year as part of the annual accounts process.
- 3.3 The statement considers Inverclyde’s position in relation to 7 key Audit Scotland Themes of Best Value. This has been updated for 2024/25 in line with an internal audit review into Best Value in the IJB. Based on this statement and placing appropriate reliance on the Best Value arrangements in place through the Council and Health Board no additional action is required by the IJB at this time over and above the actions already taking place as detailed in the statement. These 7 questions and draft responses were sent to all IJB members during the year for comment and those comments were used to update the enclosed draft statement.
- 3.4 In compiling the response, a questionnaire was sent to all IJB members in February 2025. The survey detailed the 7 Best Value prompt questions recommended by Audit Scotland and showed the proposed responses to each of those. 6 responses were received to the questionnaire. In the main respondents agreed with the proposed narrative. No significant changes were suggested in the responses. The table in Appendix B details the responses received and action taken.

4.0 PROPOSALS

- 4.1 It is recommended that the IJB Audit Committee approve the Best Value Statement enclosed at Appendix A.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic Plan Priorities		X	
Equalities		X	
Clinical or Care Governance		X	
National Wellbeing Outcomes		X	
Children & Young People’s Rights & Wellbeing		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
N/A					

Annually Recurring Costs/ (Savings)

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

5.3 **Legal/Risk**

There are no specific legal implications arising from this report.

5.4 **Human Resources**

There are no specific human resources implications arising from this report.

5.5 **Strategic Plan Priorities**

5.6 **Equalities**

(a) Equalities

There are no equality issues within this report.

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.
√	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

There are no Equalities Outcomes implications within this report.

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

5.7 Clinical or Care Governance

There are /are no governance issues within this report.

5.8 National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

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 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.

5.10 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.

5.11 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 This report was prepared in consultation with the Chief Officer and External Audit.

8.0 BACKGROUND PAPERS

8.1 None

IJB Best Value – Draft Statement 2024/25

	Audit Scotland Best Value Theme	Response
1	<p><u>Theme 1 – Vision and Leadership</u></p> <p>Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.</p> <p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders. b) Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners. c) Effective leadership drives continuous improvement and supports the achievement of strategic objectives. 	<p>The duty of Best Value applies to all public bodies in Scotland. It is a statutory duty on local authorities (Inverclyde Council) and a formal duty on Accountable Officers, such as the Chief Executive of NHS GG&C.</p> <p>The IJB is responsible via its members and its senior managers to ensure it has a clear vision and set of strategic priorities in place for the citizens of Inverclyde, key partners and other stakeholders. This clear vision and strategic priorities is set out primarily in the IJB strategic plan. At present this is seen through the achievement of the IJB's 4 Key Priorities and its outcomes framework. This is reviewed on a yearly basis with updates given to all relevant stakeholders via quarterly and yearly updates to the IJB, regular updates to the Strategic planning group and regular updates to Inverclyde Council and GG&C Health Board. Our vision is that,</p> <p>'Inverclyde is a compassionate community, working together to ensure people live active, healthy and fulfilling lives.'</p> <p>Our 4 Key Priorities are:</p> <ul style="list-style-type: none"> • Provide Early Help and Intervention • Improve Mental Health and Wellbeing • Support Inclusive, Safe and Independent Communities • Strengthen Support to Families and Carers. <p>The IJB also directly engages with local people through our locality groups where we regularly report on the work of the IJB.</p>

	Audit Scotland Best Value Theme	Response
		<p>As part of the strategic plan setting process we consult with a range of key stakeholders such as the IJB, Inverclyde Council, GG&C Health Board, The Strategic Planning Group, The Clinical and Care Governance Group, our commissioned providers and the people of Inverclyde as part of the overall development and consultation process.</p> <p>The IJB drives continuous improvement by through regular review of our progress towards our strategic objectives. The IJB monitors its performance against our outcome framework which is also reported to our IJB and Strategic Planning Group. The information is also presented in our Annual Performance Review which is also reported to our IJB, Strategic Planning Group, Inverclyde Council and GG&C Health Board.</p> <p>The feedback we receive is considered and then acted upon in a number of ways. Examples of this can be seen in the recent development of the 3 year Strategic Plan where the IJB added an outcomes framework based on the feedback at our sessions with both the IJB and Strategic Planning Group. Also, as part of the new strategic plan we have received feedback on the need to prioritise areas such as wellbeing, reducing poverty, alcohol and drug related deaths and mental health. These are all areas that feature heavily in the new plan.</p>
2	<p><u>Theme 2 – Governance and Accountability</u></p> <p>Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.</p>	<p>IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles. The IJB have effective Governance and accountability arrangements in place in all our areas of decision-making, scrutiny and performance reporting.</p>

Audit Scotland Best Value Theme	Response
<p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels. b) The existence of robust arrangements for scrutiny and performance reporting. c) The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms. 	<p>There are current arrangements for monitoring the delivery of the Strategic Plan and all our relevant decision making within various IJB/HSCP forums, including:</p> <ul style="list-style-type: none"> • Integration Joint Board Meetings • Transformation Board • Audit Committee • Social Work & Social Care Scrutiny Panel • Clinical & Care Governance Committee • Strategic Planning Group • Senior Management Team (HSCP) • Corporate Management Teams of the Health Board and Council • Regular Meetings with Commissioned partner service Providers <p>Performance is scrutinised regarding the targets met or any issues that arise from this. Systems of control within the IJB are subject to Internal Audit review and scrutiny by the IJB Audit Committee. The Committee also receives a regular summary of all internal audit reports relating to the IJBs partner organisations which provides further assurance in relation to Best Value. The IJB also places reliance on the controls and procedures of our partner organisations in terms of Best Value delivery which are also subject to regular audit and review directly through those partner organisations. Governance of our commissioned services are reported every cycle of the IJB and Social Work Scrutiny panel.</p> <p>IJB directions to the Council and Health Board clearly require them to deliver services in line with our Strategic Plan and that all services must be procured and delivered in line with Best Value principles.</p> <p>We build finance and financial reporting into all the relevant work we do with the use of regular financial monitoring, `budget setting processes, medium term financial plans and the annual financial accounts. We also provide regular financial updates on all the major projects and relevant reporting documents we provide including the</p>

Audit Scotland Best Value Theme	Response
	<p>Annual Performance review, the Chief Social Work Officer`s annual report to name a few.</p> <p>Going forward we will develop a long-term financial plan.</p> <p>MH / ADRs and Homelessness Governance Group</p> <p>This aim of the Mental Health, Homelessness, Alcohol and Drug Recovery Services Clinical and Care Governance Group is to support the delivery of consistent high quality care and to provide assurance that appropriate clinical and care governance mechanisms are in place, which will be achieved by ensuring a review progress for all reportable incidents and identify issues of compliance with all existing safety reporting systems for the HSCP. This will be a multi system approach to data reporting and analysis encompassing Local Authority, NHS, Hosted Services and the third sector as necessary. The group, furthermore, defines effective care by means of reports of exception and escalation to discuss issues of concern and identify where pressures are and agree next steps. The group reports quarterly to the Inverclyde Clinical and Care Governance Group the issues they wish to be considered by means of an exception report.</p> <p>MH/ADRs/Homelessness Incident Review Group</p> <p>The group is responsible for commissioning incidents that require either local investigation or significant adverse event review and for reviewing completed reports and ensuring action plans are implemented and reported on. The groups meets every two weeks.</p> <p>The group remit is to;</p> <ul style="list-style-type: none"> • Review, quality assure and agree action plans in partnership with local areas for all incidents, investigations, Sears • Provide a governance forum to discuss and review clinical practice, service improvement and consistency of service delivery according to themes emerging from review reports.

	Audit Scotland Best Value Theme	Response
		<ul style="list-style-type: none"> • Ensure learning from local investigation and SAERs are disseminated board wide. • Consider themes arising from incidents reports, to inform learning outcomes and service improvements across appropriate services and highlight these to IHSCP Care Governance Group for action
3	<p><u>Theme 3 – Effective Use of Resources</u></p> <p>Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, a local authority will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.</p> <p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) It makes best use of its financial and other resources in all of its activities. b) Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities. c) It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused. 	<p>In delivering financial best value, the requirement to deliver our services within the budgeted allocation is at the heart of the work we do in the IJB. To ensure this happens we provide regular budget monitoring to the IJB and Social Care Scrutiny panel. We also provide financial updates via our partners in Inverclyde Council and GG&C Health Board. We also provide regular budget monitoring updates at our Strategic planning Group and Staff Partnership Groups. Internally we provide regular financial updates at our Senior Management team meetings and provide regular budget updates to our service managers.</p> <p>To ensure best use of our financial resources we carry out detailed budget plans yearly and have these approved by our IJB and partner organisations. We also produce medium term financial strategies which are also approved by our IJB and partner organisations. All IJB papers carry a section that clearly outlines the financial implications of each proposal as well as other implications in terms of legal, HR, equality and diversity and linkage to the IJBs strategic objectives.</p> <p>All financial decisions that the IJB take link into our strategic priorities and are assessed on their level of risk. All major financial decisions require a relevant IJB paper which also need to assess its risk, be evidence based and contribute to our overall strategic priorities. Current live examples include the review of the Homelessness provision and the Children’s services redesign. This was carefully</p>

	Audit Scotland Best Value Theme	Response
	<p>d) It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.</p>	<p>planned taking into account all deliverables including link to strategic priorities, financial affordability, risk and contribution to the betterment of Inverclyde citizens.</p> <p>Robust procedures and controls are in place to ensure resources are used appropriately and effectively. These include all decision making is approved by the IJB, financial regulations are updated and set out the governance framework of allocating resources including spending limits and relevant sign off procedures. All major investment decisions require review and regular reporting to all major groups including the IJB and partner organisations.</p> <p>The IJB works with its partners to maximise the use of resources by having regular participation in all major investment decisions and regular reporting. Partners direct funding to the IJB and the IJB provides services to the citizens of Inverclyde. These services are required to meet the objectives of our partners organisations and represent our main outcomes linked to our Strategic Plan.</p>
4	<p><u>Theme 4 – Partnerships and Collaborative Working</u></p> <p>The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors.</p> <p>A local authority should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives.</p>	<p>IJB meets these criteria as we have strong working relationships with all our partners. This can be evidenced via our strategic Planning Group whereby we have representation on this group from key partners such as our 3rd sector via Your Voice, our local Social Housing providers, our caring community, our voluntary sector via CVS Inverclyde and our staff side representatives.</p> <p>In publishing our new strategic commissioning plan in 2024, it was dubbed our ‘Strategic Partnership Plan – People and Partnerships, making a difference’. This was to demonstrate the depth of partnership working with the HSCP and it’s local partners.</p> <p>We also demonstrate this via our IJB board where we again have a wide range of representation across our key partners. Our IJB has</p>

Audit Scotland Best Value Theme	Response
<p>Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. A local authority will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.</p> <p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes. b) Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones. 	<p>representations from internal officers, Staff side members, a Carers representative, our Social Landlord Providers, Local Councillors and Non-Executive members of NHS Greater Glasgow and Clyde. All Major decisions and reporting in the IJB need to go through these groups. These groups meet on a regular basis.</p> <p>The Market Facilitation and Commissioning Plan represents the communication we have had with service providers, service users, carers and other stakeholders about the future shape of our health and social care market. This ensures that we are responsive to the changing needs of Inverclyde service users. To deliver our commitment we need to ensure the people who use our services can choose from a number of care and support providers and have a variety of creative support options available to them.</p> <p>Commissioners and providers work together, to improve quality, increase choice and deliver a more responsive and efficient commissioning process which involves our third sector partners. The market facilitation and commissioning plan provides a platform for providers and commissioners to strengthen their relationship and continue to work together to improve outcomes for Inverclyde's service users.</p> <p>We have a market facilitation group comprising HSCP, Council (procurement and legal services), NHS Greater Glasgow & Clyde (procurement) and CVS representatives which enables us to agree our commissioning work plan aims and priorities Furthermore, there is broad recognition that services that are designed and delivered in partnership with service users result in improved outcomes and user satisfaction. Services delivered in a coproduction model. We aspire for all health and care services in Inverclyde to take such an approach wherever possible.</p>

Audit Scotland Best Value Theme	Response
	<p>As such, we seek evaluation and feedback on our market facilitation arrangements and commission third sector partners (CVS and Your Voice) and the independent sector (Scottish Care) to undertake this on our behalf. They speak to service users, carers and providers to measure the impact of services and outcomes for service users and their carers.</p> <p>This evaluation feedback is used by our user intelligence group (UIG) to inform the service specification for future commissioned services that support our strategic priorities around early intervention, addressing inequalities and maximising independence. This includes finance representation to ensure best value.</p> <p>Governance meetings are planned, scheduled, and arranged by the HSCP Strategic Commissioning Team and chaired by the commissioners responsible for specific HSCP service areas. The purpose of these meetings is to facilitate dialogue between the Provider and HSCP, centred on:</p> <ul style="list-style-type: none"> • Quality performance; • Financial viability; • Development opportunities; • Issues raised by either providers or commissioners <p>A significant element of the meetings is to consider the delivery and quality of externally contracted services in meeting outcomes as set out in contracts and service specifications. It allows focused review of performance, quality and compliance as identified by the Strategic Commissioning Team in an open and transparent way by both providers and commissioners.</p>

	Audit Scotland Best Value Theme	Response
		Information provided by the Strategic Commissioning Team includes Care Inspectorate grading's, Contract Monitoring status as well as issues or concerns received by the provider organisation.
5	<p><u>Theme 5 – Working with Communities</u></p> <p>Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decision-making processes that agree strategic priorities and direction.</p> <p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services. b) A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes. c) That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans. 	<p>Inverclyde HSCP Locality Groups are established in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, Section 29(3) (a) of the Act requires each integration Authority to establish at least two localities within its area. In addition to this and in compliance with the Community Empowerment Act 2015 (section 4 (9)) Inverclyde HSCP has developed an East and a West locality planning group. We will continue to build on our Locality Planning groups to support the understanding, planning and delivery of our HSCP services around communities within these localities. We are fully committed to working in partnership with our partners, third and voluntary sectors and will continue to work across our Localities in ensuring our HSCP continues to play a vital role in the vision for Inverclyde alongside our people.</p> <p>In addition to our Localities, we have longstanding community advisory networks in Inverclyde to complement our Localities, the advisory network, delivered on behalf of the HSCP by Your Voice Inverclyde, feeds into our Localities and Strategic Planning Group (SPG). We encourage our networks to ask questions and discuss topics that focus on local issues and priorities. Our SPG is chaired by our chief officer and has a wide-ranging membership from our senior management team within the partnership to service user and care representatives, and third / voluntary sector.</p> <p>We continue to implement timelines for all our engagement processes for example, our Strategic Plan, this includes engagement with our community groups and consultation on the draft plan and allows us to understand the strategic and 'community' need in Inverclyde, the feedback from our engagement and consultations processes help set our local priorities.</p>

	Audit Scotland Best Value Theme	Response
		<p>As required, we also work closely with our colleagues across Greater Glasgow and Clyde on engagement matters. Throughout 2024, we supported GGC engagement officers as they consulted on the new Board Wide Mental Health Strategy. Working closely with these officers, we have engaged in a number of venues across Inverclyde ensuring a robust level of consultation and engagement.</p>
6	<p><u>Theme 6 – Sustainable Development</u></p> <p>Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs.</p> <p>Sustainable development is a fundamental part of Best Value. It should be reflected in a local authority’s vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in a local authority, from planning to delivery and review, should contribute to achieving sustainable development.</p> <p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) Sustainable development is reflected in its vision and strategic priorities. b) Sustainable development considerations are embedded in its governance arrangements. c) Resources are planned and used in a way that contributes to sustainable development. 	<p>Inverclyde HSCP is passionate about investing in the health and wellbeing of the communities of Inverclyde. Given the financial challenges facing HSCPs and other public services, it is essential that that we deliver and implement services and supports that are sustainable over the long-term.</p> <p>Ultimately, the priority for the HSCP is to secure the long-term health and wellbeing of the local population, this entails ensuring local services are fit for purpose, efficient and able to meet the needs of the local population now and in the future.</p> <p>Since 2019, sustainable development has been evident in the HSCPs Vision and the Strategic Plan.</p> <p>The vision underlines the importance of trackline the high levels of local inequality in ensuring there are sustainable approaches to supporting people to achieve healthy, active, and fulfilling lives</p> <p>To ensure the long-term wellbeing of the people of Inverclyde, solutions and services should be developed in collaboration with local people and the partner organisations in the third and independent sector. Working together ensures we are identifying the needs of local people and communities and responding appropriately.</p> <p>The actions reflect the ambitions of the HSCP to strengthen our local communities, making them more resilient to poor health and adverse events.</p>

Audit Scotland Best Value Theme	Response
<p data-bbox="331 268 1093 336">d) Sustainable development is effectively promoted through partnership working</p>	<p data-bbox="1115 229 1912 296">The Governance Structure of the HSCP supports sustainable Development.</p> <p data-bbox="1115 300 1989 432">Our Integration Joint Board has a broad representation from across the HSCP landscape, including local elected members, NHS board members, Health and Social Care Professionals and third and Independent sector representation.</p> <p data-bbox="1115 435 1995 536">It is the Boards responsibility to effectively lead the HSCP ensuring that all decisions made ultimately has the long term sustainability of the HSCP and its services as a key priority.</p> <p data-bbox="1115 539 1995 604">What is more, any paper or proposal that is submitted to IJB for consideration must be accompanied by an established cover paper.</p> <p data-bbox="1115 608 1917 673">This paper asks for information on overall impact of proposals including impact on sustainability.</p> <p data-bbox="1115 707 2024 975">Like the IJB, the HSCPs Strategic Planning Group also contains representation from across the health and social care landscape. The role of the SPG is develop the HSCP Strategic Plan, ensuring it is appropriate to meet the local health and care needs of Inverclyde. In undertaking this role, the SPG will use their extensive knowledge of the local community in defining the strategic direction of the HSCP, and providing advice and guidance to the IJB on relevant policy proposals.</p> <p data-bbox="1115 1010 1995 1179">Further, representatives from the HSCP sit on many Local Authority and Partner Committees and Steering Groups, for example the steering group for the local Housing Strategy. Through this representation, we can ensure the priorities of the HSCP are communicated effectively and considered in all local plans.</p> <p data-bbox="1115 1214 2029 1377">The HSCP is in the process of reviewing our locality planning approaches, having now identified two distinct locality areas in Inverclyde East and West. Both varying socio-economic profiles and as such require individual considerations on how best to deliver health and care services in each area. As we progress and strengthen or</p>

Audit Scotland Best Value Theme	Response
	<p>locality approach, we will learn more about the needs and aspirations of local communities, which should lead to local service improvement and better sustainability around local health and care services. Our locality groups invite a wide range of representation from across Inverclyde, including HSCP Staff, Third and Independent Sector Partners and service user and community representatives.</p> <p>The partnership has a commitment to effective resource planning. Despite challenges in the financial envelope received by Government, the HSCP has effective resource planning structures in place, informed by the overall strategic plan and driven by the local Medium Term Financial Statement (MTFS). The use of the MTFS allows the HSCP to effectively plan services within budget, and prompting service improvements as required in order to achieve this.</p> <p>In addition, the HSCP Market Facilitation Plan is used to ensure the longer-term sustainability of the local health and care market. We are committed to ensuring Inverclyde service users are well cared for and that people who need help can stay safe and can exercise choice and control over their support. To deliver on this commitment we work together in partnership with providers, service users and their family/carers to increase choice, improve quality and strength and sustainability in locally commissioned Health and Social Care services.</p> <p>As highlighted above, Partnership Working is embedded in our governance structures. The HSCP has a strong track record of collaborating with local partners in the statutory, third and independent sectors as we share the common goal of improving the lives of people in Inverclyde.</p> <p>As an HSCP, we acknowledge that many of the factors that can impact on a person's health and wellbeing are out-with our immediate control. To this effect, we understand the importance of working with local partners to support in areas we can not.</p>

Audit Scotland Best Value Theme	Response
	<p>For example, it is widely recognised that quality housing can play a key factor in a person's health outcomes. For this purpose, we work closely with local housing services to work towards ensuring all local people, regardless of circumstances have access to quality homes that support their wellbeing and inclusion in the wider community.</p> <p>In addition, the HSCP is also committed to ensuring the sustainability of the wider environment, with a commitment to efficiencies and energy reduction.</p> <p>Environment and Climate</p> <p>As an integrated body, the HSCP follows, and is informed, by the policies and plans of its parent bodies (Inverclyde Council and NHS GG&C).</p> <p>In 2018, Inverclyde Council published its Climate Change Plan, identifying how it would help reduce local carbon emissions. It implemented a number of actions to help reduce the carbon output across all Council Services and Buildings. This looked at energy reduction in buildings, reducing the number of business miles used by staff and reviewing other priority areas across Inverclyde.</p> <p>Since COVID, there has been a greater proportion of HSCP working from home under 'Hybrid' working patterns. In addition, there has also been a rise in the number of remote or on-line meetings. This has a positive impact by reducing the business miles travelled by staff and reducing the energy consumption in HSCP/Council Buildings.</p> <p>In addition, while printing options are available to all staff, a greater focus is on paper free offices, with more staff storing and accessing files digitally for use.</p> <p>In addition, the new Inverclyde Alliance Plan 2023-33, sets out a healthy environment as one of its key themes for delivery. It places a priority on looking after Inverclyde's Natural Capital and mitigating the impacts of climate change.</p>

	Audit Scotland Best Value Theme	Response
		As a partner within the LOIP, the HSCP also considers this a priority and understands the impact a clean environment has on the health and wellbeing of local people.
7	<p><u>Theme 7 – Fairness and Equality</u></p> <p>Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.</p> <p>In achieving Best Value, a local authority will be able to demonstrate the following:</p> <ul style="list-style-type: none"> a) That equality and equity considerations lie at the heart of strategic planning and service delivery. b) A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community. c) That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements. d) A culture that encourages equal opportunities and is working towards the elimination of discrimination. 	<p>An Improvement Action plan was developed for our Equalities work, and this was approved at the IJB meeting in March 2024. Good progress has been made in delivering the improvement plan, and establishing key relationships within services, with partners and across other HSCPs. Some of the key achievements to date include;</p> <ul style="list-style-type: none"> • Establishment of both the HSCP Strategic Equalities Group and the HSCP Equalities Champions Network. • A training and awareness programme developed for staff, senior managers, SPG and IJB Board members to ensure everyone understands their role in mainstreaming equalities across all our health and social care services. Forty-eight people completed Equalities training in September 2023 and a further twelve people completed Equality Impact Assessment (EQIA) reviewer training in December 2023. • A retrospective audit of all IJB reports since April 2021 was undertaken to ensure Equality Impact Assessments (EQIAs) were completed for all new policies/ functions / strategies or substantive changes to policies /functions /strategies. Meetings and close working with individual services took place to support this process. Outstanding EQIAs have been published on our website. • Review of Equality Impact Assessment (EQIA) process is underway, including development of our template and guidance documents. • Equality Impact Assessment (EQIA) master tracker is now in place to ensure consistency and monitoring across all HSCP

Audit Scotland Best Value Theme	Response
	<p>services, which allows for central oversight of the EQIA process.</p> <ul style="list-style-type: none"> • A Communications and Engagement plan is in place for community engagement taking place, alongside our strategic plan engagement. • Professional relationships established with all other HSCP Equalities Leads, NHS Board Equalities team, Council Corporate Equalities Group and third sector colleagues. • Improved communications regarding Equality, Diversity and Inclusion for our service users and for our HSCP workforce. <p>As part of our strategic planning process for informing our HSCP Equalities Mainstream report and developing our new HSCP Equality outcomes, engagement with the public, partners and workforce has taken place. This has been done in conjunction with the engagement work taken place for our HSCP Strategic Plan. The engagement works therefore focused on both informing the Equalities work and the HSCP Strategic Plan. Equality and inclusion should underpin the delivery of our Strategic Plan and the engagement work was an excellent opportunity to ensure this happens going forward. A communications group was set up to carry out this engagement work and will continue to meet throughout the process of consultation also. Further development sessions have taken place with our Heads of Service and Service Managers to discuss strategic priorities and our Equalities action plan and workplan. At these sessions we will discuss how we will measure our strategic priorities and our new Equality outcomes. There are 4 new Equality outcomes which cover 2024-2028. Our HSCP Equalities Mainstream report and our newly developed Equality outcomes was agreed by our IJB in March 2024.</p> <p>To help identify and mitigate the impact of any new service or budget proposals on those with protected characteristics, the HSCP uses a robust Equality Impact Assessment template. These assessments</p>

	Audit Scotland Best Value Theme	Response
		<p>consider available evidence and proposed impact. Where any negative aspects are identified, these are clearly stated and any possible mitigation actions are also included.</p> <p>These assessments are scrutinised by IJB members in undertaking their decision making duty.</p> <p>Also included in the Equality Impact Assessment Template is a section on the Fairer Scotland Duty, which ensures that in the process of proposing service or budget changes, lead officer give full consideration to the local socio-economic impact of the each proposal.</p> <p>Through this approach, leaders are fully aware of the potential impact of new proposals and make more informed decisions.</p>

Appendix B

Questionnaire

Question/Prompt	Responses			
	Agree response	Disagree	Not sure/No strong opinion	Proposed change or Comments
1. Do you agree with our response on Theme 1 Vision and Leadership in line with Audit Scotland suggested criteria?	6/6			
2. Do you agree with our response on Theme 2 Governance and Accountability in line with Audit Scotland suggested criteria?	6/6			Suggestion to add in the clinical and care Governance Committee to the document. Also add in SAER's. Both have been reflected in the document.
3. Do you agree with our response on Theme 3 Effective use of resources in line with Audit Scotland suggested criteria?	6/6			
4. Do you agree with our response on Theme 4 Partnerships and collaborative working in line with Audit Scotland suggested criteria?	6/6			
5. Do you agree with our response on Theme 5 Working with Communities in line with Audit Scotland suggested criteria?	6/6			
6. Do you agree with our response on Theme 6 Sustainable Development in line with Audit Scotland suggested criteria?	6/6			
7. Do you agree with our response on Theme 7 Fairness and Equality in line with Audit Scotland suggested criteria?	6/6			

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBAC/12/2024/CG
Contact Officer:	Craig Given Chief Finance Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 715365
Subject:	IJB Risk Register		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to provide an update to the Audit Committee on the status of the IJB Strategic Risk Register.
- 1.3 The process for reporting risks across the HSCP and IJB has been summarised to highlight what is reported to the IJB and when.
- 1.4 The IJB Risk Register is fully reviewed at least twice a year by the Inverclyde HSCP Senior Management Team with any recommended changes taken to this Committee for approval.

2.0 RECCOMENDATIONS

- 2.1 That the IJB:
1. Notes the content of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The Integration Joint Board (IJB) Strategic Risk Register covers the risks specific to the IJB and its operations. In addition, the Health and Social Care Partnership (HSCP) has an operational register for Social Care and Health Service operations and a Project Risk Register for the new Greenock Health Centre Capital Project.
- 3.2 The IJB risk register is formally reviewed by the Inverclyde HSCP Senior Management Team at least twice a year, the last review took place in March 2025. The IJB Risk Register and any changes then come to the IJB Audit Committee twice each year.

4.0 IJB STRATEGIC RISK REGISTER

- 4.1 The updated IJB Strategic Risk Register is enclosed at Appendix A. Changes since the last report are:
- Risk 3 Financial Sustainability / Constraints / Resource Allocation – The narrative has been updated to reflect the ongoing challenges in the Children and Families and prescribing budgets and the work underway with our partners to address these ongoing financial challenges.
 - Risk 5 Workforce – Risk has reduced to a 9 as we now have all adult acute beds reopened as a result of having long term locums in place and have recruited to speciality grade doctors and are currently recruiting to a clinical fellow.
 - Risk 7 New Strategic Plan – Minor changes to the narrative.
 - Risk 8 National Patient Safety – Minor changes in the narrative to reflect updates in the Acute Assessment Process
 - Risk 9 Availability of RSL Housing – Additional mitigations added.

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		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Children & Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

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

N/A

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

N/A

5.6 Equalities

(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. The Equality Impact Assessment for the refreshed Strategic Plan can be accessed here
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.	All protected characteristic groups are considered as part of the risk register
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	All protected characteristic groups are considered as part of the risk register
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	All protected characteristic groups are considered as part of the risk register

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.	All protected characteristic groups are considered as part of the risk register
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5.7 Clinical or Care Governance

There are no identified Clinical or care Governance issues contained 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	Our continue focus on Home 1st approach ensure frail and elderly people can remain at home longer.
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.	Provider substantiality payments ensure our most vulnerable service users receive support during the pandemic.
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 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.

5.10 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.

5.11 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 report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 There are no background papers.

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	24/03/2025
Date Last Reviewed by Officers	16/08/2024

Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score	Change in Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
Governance								
1	<p>Effective Governance Risk through partner organisational restructures causing additional governance complexity, not having the right skills mix on the IJB, lack of clarity of role & ability to make decisions, lack of effective horizon scanning, inability to review the performance of Board, poor communications, or perceived lack of accountability by the public.</p> <p>Potential Consequences: Poor decision making, lack of critical skills lead to 'blind spots' or unanticipated risks, partners disengage from the IJB, dysfunctional behaviours, fail to deliver the strategic plan.</p>	<ol style="list-style-type: none"> 1. IJB themed development sessions carried out throughout the year to update members on key issues 2. Code of Conduct for members 3. Standards Officer appointed 4. Chief Officer is a member of both Partner CMTs & has the opportunity to influence any further governance mechanism changes 5. Regularly planning/liaison meetings between Chief Officer and Chair/Vice Chair 6. Internal and External Audit reviews of governance arrangements 7. IJB Self Assessment 8. Clinical and Care Governance arrangements and staffing 9. Development/induction programme in place for IJB members 	3	3	9	0	No additional controls required. This risk is continuously monitored.	Chief Officer
2	<p>Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change During winter pressure period there is a risk due to partnership breakdown caused by different priorities & pressures resulting from transformational change agenda leading to loss of trust or effective communication.</p> <p>Potential Consequences: relationship breakdown, dysfunctional working relationships, cannot affect or influence change or priorities, resources skewed towards acute care away from preventative, unable to deliver strategic plan.</p>	<ol style="list-style-type: none"> 1. HSCP/Acute interface joint working groups - regular interface meetings looking at risks, lessons learned, joint problem solving 2. CO on HB CMT along with Acute Colleagues 3. Daily delayed discharge meetings lead by CO across GGC and departmental winter pressure meetings reacting real time to service pressures 4. Market Facilitation Statement -Developing commissioning plans in partnership with Acute colleagues 5. Early referral system and clear planning in place for each service user/patient - Weekly Delay meetings across NHSGGC. 6. Local UCC care group established looking at ACP, Frailty, Hospital at Home, Hospital Front door and falls. UCC strategic plan presented to IJB and HSCC. 	3	3	9	0	All controls are current. The approach to winter planning is reviewed at the end of each winter(April) and at the beginning of each new winter cycle (November). This review activity allows us to make adjustments to our developing approach to winter planning with particular focus this year on avoiding admission.	Head of Health and Community Care
Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating	L'HOOD Rating	Risk Score	Change in Score	Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
Resources & Performance								

3	<p>Financial Sustainability / Constraints / Resource Allocation Risk due to increased demand for services, potentially not aligning budget to priorities, and/or anticipated future funding cuts from our funding partners which leave the IJB with insufficient resources to meet national & local outcomes & to deliver Strategic Plan Objectives. Risk of overspending on MH Budget due to high agency costs as a result of difficulties recruiting to specialist roles. Risk of financial sustainability due potential budget reductions from both Social Care and Health. Potential Consequences: IJB unable to deliver Strategic Plan objectives, reputational damage, dispute with Partners, needs not met, risk of overspend on Integrated Budget. The Children and family and prescribing budgets are the IJB's biggest risks but work in underway internally and with our partners in both Inverclyde Council and the Health Board around the implications of these risks.</p>	<p><u>Resources/Finance</u> 1. Strategic Plan 2. Due Diligence work 3. Close working with Council & Health when preparing budget plans 4. Regular budget monitoring reporting to the IJB 5. Regular budget reports and meetings with budget holders 6. Regular Heads of Service Finance meetings 7. Close working with other local Authority and GG&C Finance colleagues and HSCP CFOs to deliver a whole system approach to financial planning and delivery 8. Medium to Long Term Finance Plan</p>	4	3	12	0	<p>The IJB had a 2 year budget with clear savings plans agreed by the IJB. Work on these savings has been steady and most have already been delivered. The additional controls of the savings working Board and the various sub groups add additional mitigation to this risk. We also continue to work with our partners at Inverclyde Council and the Health Board around future funding for these areas of pressure in addition to service redesign.</p>	Chief Finance Officer
4	<p>Workforce Sustainability and Implementation of the Workforce Plan Risk in not delivering the Workforce Plan objectives. Risks within specific operational service areas of recruitment gaps for suitably qualified staff leading to inability of the IJB to deliver its Strategic Objectives Potential Consequences: Don't attract or retain the right people, don't have an engaged & resilient workforce, service user needs not met, strategic plan not delivered, & reputational damage.</p>	<p><u>Resources/Workforce</u> 1. Workforce Plan and quarterly progress reporting 2. EKSF, TURAs monitoring 3. Training budgets 4. Workforce Planning 5. Succession Planning for NHS & Local Authority Staff 6. Staff Governance Group & reports 7. Update papers to IJB on specific issues in mental health, review of roles within MDT being undertaken.</p>	3	3	9	0	<p>Our Workforce plan and the workforce plan review group adds additional mitigations here to this risk. This meets on a regular basis and regular feedback reports are given to the IJB.</p>	Chief Officer
Risk No	*Description of RISK Concern (x,y,z)	Current Controls	IMPACT Rating (A)	L'HOOD Rating (B)	Risk Score (A*B)		Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
5	<p>Workforce Mental Health In patients: Mental Health Medical Staffing: Risk of failure to maintain workforce model and service. Ongoing consultant psychiatrist vacancies across both Adult and Older People mental health have resulted in inability to provide full service function. Despite use of locum and agency medical staffing we continue to have gaps in the service which are impacting on community waiting times. This risk has reduced as we now have all adult acute beds reopened as a result of having long term locums in place and have recruited to speciality grade doctors and are currently recruiting to a clinical fellow</p>	<p>1. Vacancies advertised timeously. 2. Prioritisation of key tasks and patients presenting with higher risk factors 3. Reduction in acute admission beds 4. Consideration of alternative medical grades to fill gaps in service</p>	3	3	9	-3	<p>We continue to monitor on an ongoing basis and prioritise patients at high risk Ongoing discussions with nhs board deputy medical director and wide system to review any additional support and actions required to sustain a level of service across inpatients and community Ongoing recruitment process</p>	Head of Mental Health,

6	<p>Performance Management Information Risk due to lack of quality, timeous performance information systems to inform strategic & operational planning & decision making.</p> <p>Potential Consequences: Misallocate resources to non-priority areas, lack of focus, decisions based on anecdotal thinking or biased perspectives, & community needs not met.</p>	<p><u>Performance</u></p> <ol style="list-style-type: none"> 1. Performance management infrastructure and reporting cycle 2. Regular financial monitoring reports showing performance against budget and projected outturns 3. Locality planning arrangements - developed. 4. Robust budget planning processes 5. Quarterly Performance Reviews - being developed. 6. Data repository regularly updated 7. Quality strategy and self evaluation processes 8. Regular review of Performance reporting frameworks 	3	3	9	0	<p>Annual Performance Report (APR) and 6 monthly reviews to IJB as a new control. The HSCP has implementing Pentana in line with the new Strategic plan. A new outcomes framework will be developed in conjunction with the strategic plan. This will be used to monitor performance going forward.</p> <p>It is also anticipated that pentane will also be used for reporting against other HSCP plans and strategies.</p>	Chief Finance Officer	
Strategy									
7	<p>Strategic Plan 2024 A</p> <p>New Strategic Plan has been in place since May 2024. Risk of failure to implement the Strategic Plan which meets the requirement to deliver on the 9 National Health and wellbeing Outcomes.</p>	<ol style="list-style-type: none"> 1. Development session for Strategic Planning Group and IJB held on 6th November 2. Timeline for development and engagement developed 3. Engagement with communities integral to developing key priorities 4. Statutory guidance received from SG 5. Progress update to IJB in March 2024, to be provide in CO Report 6. Consultation timeline identified 7. Approval date for IJB May 2024 	3	3	9		<p>Strategic Planning Group (SPG) will oversee development of the plan. The new Strategic Plan was approved by the IJB in May 2024 and will be monitored through the year with a new outcomes framework. This will be in place shortly.</p>	Chief Officer	
8	<p>National Patient Safety Alert</p> <p>In August 2023 a National Patient Safety Alert was issued regarding Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls alongside updated guidance from MHRA. We have approximately 3,000 patients in the community with these pieces of equipment. Work is underway to develop a risk assessment that meets MHRA sign off across GGC. The guidance is for a professional written risk assessment for each patient. We do not have the staff capacity to carry out retrospective assessments. (Impact on Occupational Therapy, Physiotherapy and District Nursing and acute referrers.</p>	<ol style="list-style-type: none"> 1. Board Guidance and Risk Assessment Testing: Currently underway. 2. Patient Leaflets: Development in progress. 3. Community Risk Assessments, Flow Charts, and Staff Training: Risk assessments, escalation flow charts, and training modules have been developed submitted to the GGC Board Governance for approval before implementation. 4. Interim Prescribing Guidance: All prescribing staff are reminded to follow the agreed process, ensuring that clinical reasoning is documented in patient notes. 5. Acute Assessment Process: Finalising the process alongside a refresh of the inpatient bed safety rail assessment. 6. GGC Policy: Written and currently out for final consultation from a health and safety perspective. Feedback will be incorporated, with final revisions expected by late summer. The policy, developed with input from Inverclyde HSP as part of the GGC working group, will be authorized by Angela Wallace, Executive Lead, once all approvals are in place. 7. Risk Assessment Testing: Risk assessments will be tested on the appropriate decision platform, pending sign-off from the board. 8. Staff Training: Training will be required for all staff prior to implementation. 	3	3	9		<p>This is a UK-wide issue. The risk management process is being developed across GGC to address it moving forward.</p> <p>A measured approach for previous equipment in homes has been agreed, (reviewed as part of individual risk assessments annually.) Upon approval of the GGC policy and procedures, the rollout will proceed accordingly.</p>	Head of Health & community Care	
9	<p>Availability of RSL housing at time of need</p> <p>Risk of homelessness across all population groups e.g. those with positive asylum decisions, older people which is increasing delayed discharges and those with specific bail conditions.</p>	<ol style="list-style-type: none"> 1. Hotels & Airbnb's used at point of homelessness 2. Homelessness service to provide drop in support at Holiday inn Express to aid prevention 	4	3	12		<p>Longer term approaches require to be part of the new housing strategy workstreams.</p> <ul style="list-style-type: none"> • Development of Local Lettings Initiative • Implementation of SHORE standards <p>Further work to be developed - early referral process to be developed re hospital discharges</p>	Head of Addictions services and Homelessness	

Requires active management.

High impact/high likelihood: risk requires active management to manage down and maintain exposure at an acceptable level.

Contingency plans.

A robust contingency plan may suffice together with early warning mechanisms to detect any deviation from plan.

Good Housekeeping.

May require some risk mitigation to reduce likelihood if this can be done cost effectively, but good housekeeping to ensure the impact remains low should be adequate. Reassess frequently to ensure conditions remain the same.

Review periodically.

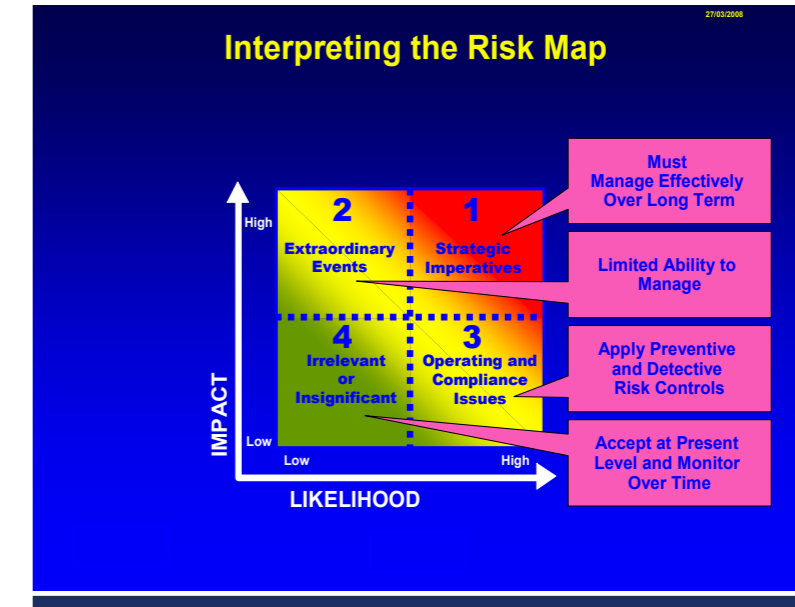
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

Very High
(16-25)

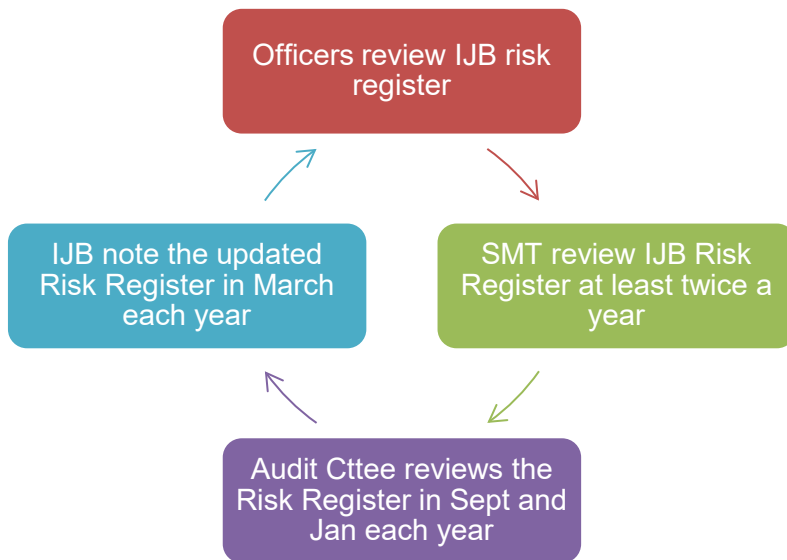
High
(10-15)

Medium
(5-9)

Low
(1-4)



Risk Impact	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
Financial	<£100k	£100k-£250k	£250k-£500k	£500k-£1,000k	£1,000k>
Reputation	Individual negative perception	Local negative perception	Intra industry or regional negative perception	National negative perception	Sustained national negative perception
Legal and Regulatory	Minor regulatory or contractual breach resulting in no compensation or loss	Breach of legislation or code resulting in a compensation award	Regulatory censure or action, significant contractual breach	Breach of regulation or legislation with severe costs/fine	Public fines and censure, regulatory veto on projects/ withdrawal of funding. Major adverse corporate litigation
Operational/ Continuity	An individual service or process failure	Minor problems in specific areas of service delivery	Impact on specific customer group or process	Widespread problems in business operations	Major service of process failure impacting majority or major customer groups
Likelihood	1	2	3	4	5
	Rare	Unlikely	Possible	Probable	Almost Certain
Definition	Not likely to happen in the next 3 years	Unlikely to happen in the next 3 years	Possible to occur in the next 3 years	Likely to occur in the next year	Very likely to occur in the next 6 months



Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer, Inverclyde Health & Social Care Partnership	Report No:	VP/LS/020/25
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Directions Update February 2025		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to provide the Inverclyde Integration Joint Board Audit Committee (IJB Audit) a summary of the Directions issued by Inverclyde Integration Joint Board (IJB) to Inverclyde Council and NHS Greater Glasgow and Clyde in the period September 2024 to February 2025.
- 1.3 A revised IJB Directions Policy and Procedure was approved by the IJB in September 2020. As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the ninth such report and covers the period from September 2024 to February 2025.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Inverclyde Integration Joint Board Audit Committee notes the content of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 Directions are the means by which the IJB tells the Health Board and the Council what is to be delivered using the integrated budget, and for Inverclyde IJB to improve the quality and sustainability of care, as outlined in its Strategic Plan and in support of transformational change. A direction must be given in respect of every function that has been delegated to the IJB. Directions are a legal mechanism, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.
- 3.2 A revised IJB Directions Policy and Procedure was approved by the IJB in [September 2020](#). As part of the agreed procedure, IJB Audit has assumed responsibility for maintaining an overview of progress with the implementation of Directions, requesting a mid-year progress report and escalating key delivery issues to the IJB. This is the ninth such report and covers the period from September 2024 to February 2025.
- 3.3 This report outlines a summary of the Directions issued by the IJB during the period in scope. The report does not provide detail of the Directions' content or commentary on their impacts, as it is considered that this level of oversight is facilitated through the normal performance scrutiny arrangements of the IJB and Inverclyde Health and Social Care Partnership.

4.0 SUMMARY OF DIRECTIONS

- 4.1 A Directions log has been established and will continue to be maintained and updated by the Council's Legal Services.
- 4.2 Between September 2024 and February 2025 (inclusive):
- the IJB has issued 5 Directions;
 - 3 of these were Directions to both the Council and Health Board; and
 - 2 were Directions to the Council only.
- 4.3 Of the 5 Directions issued by the IJB:
- 3 remain open (current); and
 - 2 have been superseded
- 4.4 The list of Directions issued by the IJB to Inverclyde Council and NHS Greater Glasgow and Clyde is set out at Appendix 1 of this report. The list is split into financial years – 2020/21, 2021/22, 2022/23, 2023/24 and 2024/25.
- 4.5 As requested by the IJB Audit Committee at its meeting on 26 September 2022, Directions noted as completed or superseded in the previous financial years 2020/21, 2021/22, 2022/23 and 2023/24 have been removed from the Directions log.
- 4.6 As part of their review of the IJB Directions Policy, Internal Audit have recommended that the IJB is provided with an annual report on the IJB's Directions. The fifth annual report will be presented to the IJB at its meeting in September 2025.

5.0 PROPOSALS

- 5.1 It is proposed that the IJB Audit Committee notes the content of report and the summary of Directions issued by the IJB between September 2024 and February 2025.

6.0 IMPLICATIONS

6.1 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

6.2 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
N/A	N/A	N/A	N/A	N/A	N/A

Annually Recurring Costs/ (Savings)

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

6.3 Legal/Risk

The IJB is, in terms of Sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, required to direct Inverclyde Council and NHS Greater Glasgow and Clyde to deliver services to support the delivery of the Strategic Plan.

6.4 Human Resources

There are no Human Resource implications arising from this report.

6.5 Strategic Plan Priorities

This report helps support the delivery of the key vision, priorities and approaches set out in the 2024-2027 Strategic Partnership Plan.

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?

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

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	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	

8.0 CONSULTATION

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

9.0 BACKGROUND PAPERS

9.1 None.

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
26/06/2023 IJB/33/2023/AB	The Future of Care and Support at Home	Council only	Inverclyde Council is directed to implement the redesign of the Care at Home Support Service as set out in the report and within the associated budget outlined in the report, including the increase from grade 3 to grade 4 for Social Care Workers and the realignment of supervisor posts (Senior Social Care Workers).	Care at Home	As outlined in Paragraph 7.2 and Appendix 2	26-Jun-23	26-Jun-23	Jun-24	Current	No	N/A	The Future of Care and Support at Home	Head of Health and Community Care	Health and Community Care	

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
27.06.20 22 IJB/31/20 22/CG	Proposed Use of IDEAS Project Surplus Funds	Council only	Inverclyde Council is directed to invest the £0.297m surplus funds provided by the IJB to: (a) support the appointment of 2 additional Money Advice posts for HSCP Advice Services; and (b) provide support to Financial Inclusion Partners to be agreed by the Financial Inclusion Partnership all as detailed in the report.	Advice Services	£0.297m as detailed in the report.	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	IDEAS Project Surplus Funds	Head of Finance, Planning and Resources	Finance, Planning and Resources	
27.06/22 IJB/27/20 22/AM	Mental Health and Wellbeing Service	Health Board only	NHS Greater Glasgow and Clyde is directed to develop and implement the Inverclyde Mental Health and Well-being Service (MHWS) all as detailed in the report, including the appointment of the proposed 13 additional posts as set out in paragraph 6.3.	Primary Care Services Mental Health Services - Young People, Adult and Older Adult	As detailed in the report. Indicative allocation from the Scottish Government: 2022/23 - £156,876.54 2023/24 - £313,263.86 2024/25 - £631,746.06	27-Jun-22	27-Jun-22	Jun-23	Current	No	N/A	Mental Health and Wellbeing Report	Head of MH, ADRS and Homelessness	Mental Health	
20/07/22 IJB/34/20 22/CG	Inverclyde Learning Disability Community Hub	Council only	Inverclyde Council is directed to proceed with the approved project on the basis of the alternative design set out in the report and through the intended procurement route via hub West Scotland with additional funding support of £1.117million from the IJB.	Learning Disability Day Services	£1.117million, through a combination of prudential borrowing and use of existing reserves.	20-Jul-22	20-Jul-22	26th June 2023	Current	No	N/A	Inverclyde Learning Disability Community Hub	Head of Finance, Planning and Resources Head of Health and Community Care	Learning Disabilities	
07.11.22 IJB/51/20 22/CG	HSCP Workforce Plan - 2022-2025	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to implement the requirements of the Workforce Plan attached as Appendix A to the report and within the associated budget outlined in the report.	All functions outlined within the report and Appendix A.	As outlined in Appendix A.	07-Nov-22	07-Nov-22	May-23	Current	Yes Supersede	24.08.2020 IJB/54/2020/LA 21.06.2021 IJB/26/2021/AM	HSCP Workforce Plan 2022-2025	Head of Finance, Planning and Resources	Finance, Planning and Resources	
28.11.22 IJB/54/20 22/CG	Cost of Living Initiatives	Council only	Inverclyde Council is directed to: 1. Extend access to Section 12 Social Work (Scotland) Act 1968 and Section 22 Children (Scotland) Act 1995 budgets to Health staff employed in Health Visiting, Family Nurse Partnership, Advice Services, Community Mental Health and Occupational Therapy in the allocation of cost of living payments to Inverclyde service users assessed as in need and in line with the Standard Operating Procedure (to be developed) to a maximum value of £0.300m. This direction does not affect access to Section 12 and Section 22 funding for staff with existing access. 2. Offer and provide an initial 500 warm boxes to service users receiving a Care at Home package from HSCP and commissioned providers through the Care at	Advice Services	£0.430m as detailed in the report	28-Nov-22	28-Nov-22	May-23	Current	No		Cost of Living Proposals	Head of Finance, Planning and Resources	Finance, Planning and Resources	

23.01.23 IJB/08/20 23/AS	Proposal to Fund Final Year MSc Social Work Students to Commit to Work for Inverclyde HSCP for 3 Years	Council only	Inverclyde Council is directed to provide financial support to self funding MSc students by paying set fees for the final year of their education in order to attract new registered social workers to employment in Inverclyde HSCP for 3 years.	Children & Families Adult Services	£150,000 as detailed in the report	23-Jan-23	23-Jan-23	Jan-24	Current	No		MSc Student Funding	Chief Social Work Officer	Children & Families Community Care	
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Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
01.11.20 21 IJB/50/2 021/AM	Advanced Clinical Practice Proposal	Health Board only	The Health Board is directed to implement a team of 6 Advanced Nurse Practitioners to work across mental health services as outlined in the report.	Mental Health Services Adult and Older Adult Inpatient Community Services	As detailed in the report. Funded from Mental Health Transformation Fund and Medical Staffing Budget	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	Private Report	Head of MH, ADRS and Homelessness	Mental Health	
01.11.20 21 IJB/49/2 021/AM	Homeless Service - Development of Rapid Rehousing Support Provision September 2021	Council only	The Council is directed to implement the Rapid Rehousing Support Service, including the creation of an Integrated Homeless Team, with 10 additional posts, as outlined in the report in order to provide intensive, wraparound support to those with the most complex needs, often caught up in a cycle of repeat, prolonged periods of homelessness.	Homelessness Service	As detailed in the report. Funded within existing budgets including from ADP, ADRS and Rapid Rehousing Transition Plan	01-Nov-21	01-Nov-21	Nov-22	Current	No	N/A	Private Report	Head of MH, ADRS and Homelessness	Homelessness	

Ref. no.	Report Title	Direction to	Full Text	Functions Covered by Direction	Budget Allocated by IJB to carry out direction(s)	Date Issued	With Effect From	Review Date	Status	Does this supersede, revise or revoke a previous Direction	Direction Reference superseded, revised or revoked	Link to IJB paper	Responsible Officer	Service Area	Most Recent Review (Date)
17.03.20 20 IJB/17/20 20/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	Recruitment to a recovery post for 12 months to support the establishment of a recovery approach including commissioned services within Inverclyde and support development of recovery concepts within communities.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	Inverclyde Alcohol and Drug Recovery Development Update	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 20 IJB/17/20 20/AH	Inverclyde Alcohol and Drug Recovery Development Update	Both Council and Health Board	allocation of £825k across 3 years from the transformation fund to support the development of a commissioned community recovery hub, if future funding from the Scottish Government to Inverclyde Alcohol and Drug partnership is not confirmed.	Alcohol & Drug Recovery Services	£825k over 3 years from Transformation Fund if future funding from Scot Govt to ADP is not confirmed	17-Mar-20	17-Mar-20		Current	No	N/A	Inverclyde Alcohol and Drug Recovery Development Update	Head of MH, Addictions and Homelessness	Alcohol & Drug Recovery	
17.03.20 20 IJB/32/20 20/AS	Social Care Case Management - Mini Competition	Both Council and Health Board	Inverclyde Council to oversee the procurement of a replacement Social Work Information system, subject to the Council approving £600,000 Capital funding, on top of the £243,000 agreed by the IJB through Prudential Borrowing	HSCP	£243k through IJB prudential borrowing	17-Mar-20	17-Mar-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	Private report	Head of Strategy & Support Services	Performance & Information	Direction will be superseded by in year subsequent update reports in year
23.06.20 20 IJB/44/20 20/LL	Unscheduled Care Commissioning Plan	Both Council and Health Board	Note the requirement to implement the Unscheduled Care Commissioning Plan once finalised	HSCP	N/A	23-Jun-20	23-Jun-20	Updates will be brought back to the IJB regularly as the project proceeds	Current	No	N/A	Unscheduled Care Commissioning Plan	Head of Strategy & Support Services	Commissioning	Direction will be superseded by subsequent update reports
21.09.20 20 IJB/68/20 20/LA	HSCP Digital Strategy 2020/21	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver the actions within the digital investment plan for 2020/21 as outlined in the report and Appendix A. (Includes SWIFT replacement).	All functions outlined in Appendix A of the report.	As outlined in Appendix A.	21-Sep-20	21-Sep-20	Sep-21	Current	No	N/A	HSCP Digital Strategy 2020/21	Head of Strategy & Support Services	HSCP	Direction will be superseded by in year subsequent Financial Monitoring reports

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Kate Rocks, Chief Officer Inverclyde Health & Social Care Partnership	Report No:	
Contact Officer:	Craig Given Chief Finance Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 715381
Subject:	External Audit – Audit Fee 2024/25		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to present the Audit Scotland External Audit Fee for 2024/25, for IJB approval.

The proposed audit fee for 2024/25 is £34,000.

2.0 RECOMMENDATIONS

2.1 It is recommended that the IJB Audit Committee approves the proposed Audit Fee.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The audit fee is set based on an estimate of the number of days and work involved in the audit. This will be our second year of audit with our external auditors KPMG.
- 3.2 The proposed audit fee for 2024/25 is £34,000, which is a 1.9% increase on the 2023/24 fee. The below shows the fees paid over the last few years for comparison:

2024/25 £34,000
 2023/24 £33,360
 2022/23 £31,470
 2021/22 £27,960
 2020/21 £27,330

4.0 PROPOSALS

- 4.1 The proposed fee is £34,000. The Committee is asked to approve the proposed fee.

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		X
Clinical or Care Governance		X
National Wellbeing Outcomes		X
Children & Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

The financial implications are as outlined in this report. Recurring budget is in place to cover the Audit Fee.

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

There are no specific legal implications arising from this report.

5.4 Human Resources

There are no specific human resources implications arising from this report.

5.5 Strategic Plan Priorities

There are no Strategic Plan implications arising from this report.

5.6 Equalities

(a) Equalities

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

There are no equality issues within this report.

	YES – Assessed as relevant and an EqIA is required.
√	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?

There are no Equalities Outcomes implications within this report.

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

5.7 Clinical or Care Governance

There are no governance issues within this report.

5.8 National Wellbeing Outcomes

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

There are no National Wellbeing Outcomes implications within this report.

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 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.

5.10 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.

5.11 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 draft plan was circulated by Audit Scotland to the Chief Financial Officer for comment and feedback and shared with the Chief Officer.

8.0 BACKGROUND PAPERS

8.1 None.

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	24 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBAC/17/2025/CG
Contact Officer:	Jonathan Hinds Chief Social Work Officer Inverclyde Health & Social Care Partnership	Contact No:	01475 715365
Subject:	Joint Inspection on Adult Services: Update		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to advise the Integration Joint Board Audit Committee of the progress made in relation the HSCP Improvement plan following the joint inspection by the Care Inspectorate and Healthcare Improvement Scotland of adult services: integration and outcomes – focus on people living with mental illness.
- 1.3 The report was published in May 2024, following inspection activity conducted between October 2023 and March 2024.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Integration Joint Board Audit Committee notes the progress made within the Improvement Plan.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

- 3.1 The joint inspection of adult services, focussed on people living with mental illness was undertaken using the Joint Inspection of Adult Services Integration and Outcomes Quality Improvement Framework¹ and structured around the following inspection question: 'how effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?'
- 3.2 The inspection report was published on 7 May 2024 and included evaluation against five key areas based on a series of key findings.
- 3.3 A number of improvement actions were already underway within adult services, however an improvement action plan based on the report findings was developed and submitted to the Care Inspectorate.
- 3.4 The integrated improvement plan, included at Appendix 1, includes a number of updates on improvement actions. These are focussed on:
- Developing outcome measures informed by the views of people living with mental illness and their unpaid carers;
 - Support to staff to identify and respond to the needs of unpaid carers;
 - Reviewing the effectiveness of arrangements for integrated and co-located teams to maximise opportunities to deliver seamless services;
 - ensure staff confidence in self-directed support to maximise choice and control for people and unpaid carers;
 - strengthened governance of social work practice, including the statutory functions of mental health officers.

4.0 PROPOSALS

- 4.1 Progress against each area for improvement and local actions to achieve these are monitored on an ongoing basis by the HSCP Clinical and Care Governance Group and, in turn, reported to the IJB Committee on a twice-yearly basis, with the next update due in March 2025.
- 4.2 In addition, the Chief Social Work Officer is updated on a minimum quarterly basis in terms of improvement activity and evaluates the impact that actions have on service users and carers.

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

¹ [JIAS Integration and Outcomes Framework V1.1 as.pdf \(careinspectorate.com\)](#)

5.2 Finance

One off Costs

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

Annually Recurring Costs/ (Savings)

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

5.3 Legal/Risk

N/A

5.4 Human Resources

N/A

5.5 Strategic Plan Priorities

N/A

5.6 Equalities

(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 for the following reasons: Provide reasons why the report has been assessed as not relevant.

(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**

The attached action plan includes update on quality assurance and governance arrangements.

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 N/A

8.0 BACKGROUND PAPERS

8.1 N/A

Joint inspection of adult services in Inverclyde Health and Social Care Partnership
Priority Areas for Improvement

Green – On Target
Amber – Progressing well
Red – Still to commence

Area for Improvement	Local Actions	How will we measure this?	Responsible Officer/s	Target Date	Progress	RAG
The partnership should develop processes for capturing information about the outcomes of people living with mental illness and their unpaid carers. This should include meaningful opportunities for people to feed back about their experience of services. The partnership should use this information	Develop suite of outcome measures that capture our processes to deliver outcomes. Mental health commissioning group established.	Quarterly reporting to HSCP Clinical and Care Governance Group	Head of Mental Health and ADRS	October 2024	Commissioning Team operate ongoing contract monitoring. New contracts with third sector providers detail the requirement for outcome measurements and service user feedback Head of service MH reviews contract data and has met with individual care providers prior to renewal of contracts and contract extensions to discuss outcome measurements and impact for service users, including service user feedback	GREEN
	Commissioning framework to be developed that captures qualitative and quantitative data whilst measuring impact.	Quarterly reporting to Mental Health Commissioning Group	Head of Finance and Commissioning	December 2024		

<p>to support plans for improving outcomes.</p>					<p>Other carer engagement processes are in place across adult and children's services</p> <p>Implementation of Inverclyde HSCP Carers Strategy Board Development plan is ongoing</p>	<p>GREEN</p>
	<p>Audit clinical and professional tools that strengthen carers' voices to better understand and improve our support.</p>	<p>Audit report to be presented to Clinical and Care Governance Group</p>	<p>Service Manager, Mental Health and Complex Care</p>	<p>June 2025</p>	<p>Mental Health Service has initiated contact with (Unity) Inverclyde carers Gateway to complete joint working on development and implementation of recommendations. This will be completed through interagency working. This joint working will also consider how we improve both the quantity and quality of Adult Carers Support Plans and highlighting where there is potential need for young Carers statements.</p>	
		<p>Audit report to be presented to Carers Strategy Board</p>	<p>Service Manager, Mental Health and Complex Care</p>	<p>June 2025</p>	<p>AMBER</p>	

	<p>Develop digital solutions that are accessible and user-friendly to capture feedback from our service users and unpaid carers.</p>	<p>Report findings and recommendations to HSCP Digital Strategy Group</p>	<p>Service Manager, Strategic Planning and Performance</p>	<p>December 2024</p>	<p>Primary care mental health team is exploring current feedback mechanisms following completion of episode of care.</p>	<p>GREEN</p>
	<p>Review existing feedback e.g.: from Care Opinion to ensure that we target to people experiencing mental health illness, and their carers.</p>	<p>Clinical and Care Governance reports</p>	<p>Chief Nurse</p>	<p>September 2024</p>	<p>Care Opinion awareness sessions being rolled out across HSCP.</p> <p>Care opinions has been revisited with specific request to assist people with MH concerns access this service and provide feedback. Training requested for MH teams.</p> <p>MH HoS has engaged with Your Voice to visit and discuss with service user forums what they think of the current services and what they would like to see</p> <p>Additional wider community sessions planned as part of locality engagement to</p>	<p>GREEN</p>

	<p>The partnership should support staff in mental health services to identify and respond to the needs of unpaid carers of people living with mental illness. It should monitor the impact of its approach.</p>	<p>Staff awareness sessions that explore our statutory duties to unpaid carers to contribute to improvement.</p>	<p>Evaluation of improved staff awareness that demonstrates that the voice of the carer is reflected in planning.</p>	<p>Commissioning and Learning & Development Manager</p>	<p>October 2024</p>	<p>present current services and to gain feedback from wider community.</p> <p>The LD service purchased tablet device to allow access to Care Opinion in kiosk mode for individuals without access to the internet.</p>	<p>GREEN</p>
	<p>Inverclyde HSCP Carers Strategy Board' Development plan -Nov 2024 Priority 4 has a focus on improved assessment of carers needs.</p> <p>The new CMHT operational policy has particular focus on identifying both caring and carers roles within initial assessment criteria.</p> <p>Awareness sessions have taken place in Dec 24 for all the Mental health Team.</p> <p>Mental Health Service are now focusing on building on the previous learning to support the completion of carers assessment, benefit support,</p>						

					<p>unpaid carers support and young carers support. A plan of intervention, recording engagement and reviewing our joint working is now being developed to ensure this information is captured and to allow for development and improvement.</p> <p>A media campaign by Unity has highlighted the service to the public.</p>	
<p>Build on what is working well for peer support across the HSCP and develop a consistent, recovery-focused approach.</p>	<p>Increased number of people participating in recovery-focused groups, in our communities.</p>	<p>Head of Health and Community Care</p>	<p>February 2025</p>	<p>MH/ADRs has peer support workers employed within its service and will look further develop support groups alongside our third sector partners.</p>	<p>GREEN</p>	
<p>Ensure that carers get the right support at the right time.</p>	<p>Increase the number of (assessments) Adult Carers Support Plans for carers of people living with mental health.</p>	<p>Head of Health and Community Care</p>	<p>December 2024</p>	<p>The new CMHt operational policy highlights the need to provide and consider carers assessment and support plans and/or young carer statements for all service users. It is a key question re</p>	<p>GREEN</p>	

					<p>caring responsibilities or dependents within initial assessment.</p> <p>This is further detailed within Inverclyde HSCP Carers Strategy Board' Development plan.</p>	
<p>The partnership should review the effectiveness of its arrangements for integrated and co-located teams, with a view to maximising opportunities for delivering seamless services for people living with mental illness.</p>	<p>We are currently carrying out a review of all our integrated front doors to simplify access to integrated services.</p>	<p>Report to Inverclyde Integration Joint Board will be produced as part of our commitment to wider redesign.</p>	<p>Head of Finance and Commissioning</p>	<p>September 2025</p>	<p>Mental Health Service Management representation at the overarching HSCP Integrated Front Doors group which seeks to ensure there is a “no wrong door” approach to referrals.</p> <p>We have explored what this might mean for MH secondary care services and how we can establish better joint working and pathways between services e.g. ADRS / LD / ACM</p>	<p>AMBER</p>
	<p>Refresh our guidance for health and social work practitioners to ensure that people receive good quality</p>	<p>Development of outcome-focused assessment and planning guidance.</p>	<p>Head of Adult Social Work</p>	<p>September 2025</p>	<p>There is currently a review of MH social work services and development sessions to implement the new cmht operational policy to ensure an integrated person centred,</p>	<p>AMBER</p>

	assessment and planning.				collaborative approach to assessment and care planning.	
The partnership should ensure that all staff working in mental health services are confident in the principles and practice of self-directed support, to maximise choice and control for people and unpaid carers.	Relaunch our strategy for person-centred assessment and planning and ensure that self-directed supports are primarily the delivery model to maximise choice and control for people and their unpaid carers.	Develop online training module that improves staff skill base and enhances professional confidence.	Commissioning and Learning & Development Manager	December 2024	Noted within new operational policy and will form part of staff training at the 3 upcoming staff engagement sessions with frontline staff. Will be monitored by Social work Service manager who will provide an overview of caseload supervision and direct supervision and governance.	GREEN
		Develop public awareness campaign that promotes self-directed supports across the HSCP.	Service Manager, Strategic Planning & Performance	October 2025	In progress.	AMBER
The partnership should strengthen its oversight and governance of social work practice, with particular reference to the statutory	Improve quality assurance, governance and professional oversight of statutory social work practice.	Develop enhanced CSWO role as part of SMT.	Chief Officer	September 2024	New Senior Service Manager for Mental Health and MHO services to provide operational governance and supervisions to all staff now in post.	GREEN

<p>functions of mental health officers.</p>	<p>Review social work assessment and planning framework.</p>	<p>Findings and action plan will be presented to CSWO at social work performance and assurance board.</p>	<p>Head of Mental Health and ADRS</p>	<p>March 2025</p>	<p>Enhanced CSWO role commences 24 February 2025. CSWO annual report 2024/25 to include update on quality assurance and governance arrangements.</p>	<p>GREEN</p>
					<p>HSCP wide workshops, facilitated by external consultant, with Service Manager and Social Work Team Leads across adult services have taken place with focus on improving person centred assessment and planning.</p> <p>Next phase is to deliver similar sessions to front line Social Workers. This is being coordinated Head of Service for adult social work.</p> <p>Report to CSWO thereafter to inform development of HSCP social work governance sub-group.</p>	<p>GREEN</p>

	<p>Review of MHO service, operational model, capacity etc.</p>	<p>Demand analysis for statutory mental health work to inform model for future practice as part of wider adult social work capacity.</p>	<p>Head of Mental Health and ADRS/CSW O</p>	<p>March 2025</p>	<p>Review commenced February 2025. Service manager MH meeting with TL from Council training department in Feb 25 to highlight local authority training responsibilities and MHO national standard requirements with a view to developing a MH Learning Pathway.</p>	<p>GREEN</p>
	<p>Standardise recording and information-sharing practice across the partnership.</p>	<p>Improved, integrated and co-ordinated approaches to information sharing and recording.</p>	<p>Service Manager, Strategic Planning & Performance</p>	<p>March 2025</p>	<p>MHO specific recording, monitoring and reporting via SWIFT going live March 2025. Thereafter development of similar for other mental health Social Work service delivery to ensure appropriate access and recording for all staff across EMIS and SWIFT systems.</p>	<p>GREEN</p>

Owners of plan: HSCP Chief Officer and CSWO **Review date:** December 2024 – **Progress Update February 2025**