

Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 29 August 2025

A meeting of the Inverclyde Integration Joint Board Audit Committee will be held on Monday 8 September 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 20 June 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 – 23 JUNE 2025

Inverclyde Integration Joint Board Audit Committee

Monday 23 June 2025 at 1.00pm

Present:

Voting Members:

Councillor Lynne Quinn (Chair)
Dr Rebecca Metcalfe (Vice Chair)

Inverclyde Council
Greater Glasgow & Clyde NHS Board

Non-Voting Members:

Ciorstaidh Reichle

Staff Representative, Greater Glasgow & Clyde NHS Board

Stevie McLachlan

Inverclyde Housing Association
Representative, River Clyde Homes

Also present:

Michael Wilkie
Kate Rocks

KPMG LLP (External Auditors)
Chief 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

Jonathan Hinds

Chief Social Work Officer, Inverclyde Health & Social Care Partnership

Katrina Phillips

Head of Mental Health, Inverclyde Health & Social Care Partnership

Margaret McIntyre

Head of Children & Families and Justice, 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: Councillor Quinn presided.

The meeting was held at the Municipal Buildings, Greenock, with Ms Reichle and Mr McLachlan attending remotely.

11 Apologies, Substitutions and Declarations of Interest

11

An apology for absence was intimated on behalf of:

Councillor Sandra Reynolds

Inverclyde Council

No declarations of interest were intimated.

12 Minute of Meeting of IJB Audit Committee of 24 March 2025

12

There was submitted the Minute of the Inverclyde Integration Joint Board Audit Committee of 24 March 2025.

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

Decided: that the Minute be agreed.

- | | | |
|----|---|----|
| 13 | IJB Audit Committee Rolling Annual Workplan | 13 |
| | <p>There was submitted a list of rolling actions arising from previous meetings of the IJB Audit Committee. The list was presented by Mr Given.</p> <p>Decided: that the Rolling Annual Workplan be noted.</p> | |
| 14 | Internal Audit Progress Report from 1 March 2025 to 31 May 2025 | 14 |
| | <p>There was submitted a report by the Chief Internal Auditor, Inverclyde Council on the progress made by Internal Audit during the period 1 March 2025 to 31 May 2025. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.</p> <p>Decided: that the progress made by Internal Audit for the period 1 March 2025 to 31 May 2025 be noted.</p> | |
| 15 | Status of External Audit Action Plans at 31 May 2025 | 15 |
| | <p>There was submitted a report by the Chief Internal Auditor, Inverclyde Council on the status of current actions from External Audit Action Plans at 31 May 2025. The report was presented by Ms Priestman and being the regular progress report advised of updates since the last meeting.</p> <p>Decided: that the progress to date in relation to the implementation of external audit actions be noted.</p> | |
| 16 | Internal Audit Annual Report and Assurance Statement for 2024/25 | 16 |
| | <p>There was submitted a report by the Chief Internal Auditor presenting the Internal Audit Annual Report and Assurance Statement for 2024/25, which forms part of the IJBs Annual Governance Statement. The report was presented by Ms Priestman.</p> <p>Ms Priestman responded to a question concerning 'Audit Plan Delivery' within the Performance Measures section at paragraph 3.7 of the Statement, and advised that a Development Session on CIPFA guidance should be arranged within the next six months.</p> <p>Decided: that the contents of the Internal Audit Annual Report and Assurance Statement for 2024/25 be noted.</p> | |
| 17 | HSCP Updated Risk Management Policy and Strategy | 17 |
| | <p>There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership (1) providing an updated HSCP Risk Management Policy and Strategy for approval, and (2) advising that officers will work with the IJB in 2025/26 to further develop the Strategy, taking into account the risk management policies of partners, and to make further developments including Risk Appetite Statements. The report was presented by Mr Given.</p> <p>Decided:</p> <p>(1) that the HSCP Risk Management Policy and Strategy be approved; and</p> <p>(2) that the requirement for officers to work with the IJB in 2025/26 to develop this strategy further be noted.</p> | |

18 External Audit – Annual Audit Plan 2024/25**18**

There was submitted a report by the Chief Officer, Inverclyde Health & Social Care Partnership presenting the 'Indicative External Audit Plan for the year ended 31 March 2025' produced by KPMG, the IJJB's External Auditors, a copy of which was appended to the report. The report was presented by Mr Wilkie from KPMG who provided an overview of the Plan.

Decided: that the Annual Audit Plan 2024/25 be noted.

IIJB Audit Committee Rolling Annual Workplan – 8 September 2025**(Meeting in March, June and September each year)**

Date	Reports	Lead Officer
8 September 2025	Status of External Audit Action Plans Directions Update Review of IJB Risk Register Internal Audit Annual Strategy and Plan	Chief Internal Auditor Legal Services Manager (Min ref – IIJB 21/09/2020 86(3)) Chief Officer (Min ref – IIJBAC 21/06/2021 22(4)) Chief Internal Auditor
23 March 2026	Internal Audit Progress Report Status of External Audit Action Plans 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 - IIJB 21.09.2020 - 86(3)) Chief Officer (Min ref – IIJBAC 21/06/2021 22(4))
22 June 2026	Internal Audit Progress Report to June 2025 External Audit Annual Audit Plan Status of External Audit Action Plans to June 2025 Internal Audit Annual Report and Assurance Statement	Chief Internal Auditor External Audit Chief Internal Auditor Chief Internal Auditor

Report To:	Inverclyde Integrated Joint Board Audit Committee	Date:	8 September 2025
Report By:	Chief Internal Auditor	Report No:	IJBAC/28/2025/AP
Contact Officer:	Andi Priestman	Contact No:	
Subject:	INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026		

1.0 PURPOSE AND SUMMARY

- 1.1 ☒ For Decision ☐ For Information/Noting
- 1.2 The purpose of this report is to present the Internal Audit Annual Strategy and Plan for 2025-2026 for approval.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that Inverclyde IJB Audit Committee approve the Internal Audit Annual Strategy and Plan for 2025-2026.

Andi Priestman
Chief Internal Auditor
Inverclyde Integration Joint Board

3.0 BACKGROUND AND CONTEXT

- 3.1 Internal Audit is an assurance function that primarily provides an independent and objective opinion to the organisation on the control environment comprising governance, risk management and control by evaluating its effectiveness in achieving the organisation's objectives. It objectively examines, evaluates and reports on the adequacy of the control environment as a contribution to the proper, economic, efficient and effective use of resources.
- 3.2 As stated in the IRAG (Integrated Resources Advisory Group) Guidance, it is the responsibility of the Inverclyde IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
- 3.3 The Global Internal Audit Standards (GIAS) include the requirement for the Chief Internal Auditor to prepare a risk-based plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 3.4 The Chief Internal Auditor will prepare an annual internal audit plan which will be subject to consideration and approval by the Inverclyde IJB Audit Committee.
- 3.5 The GIAS require that the annual audit plan should be kept under review to reflect any changing priorities and emerging risks. Any material changes to the audit plan will be presented to the Inverclyde IJB Audit Committee for approval.

4.0 PROPOSALS

- 4.1 The proposed Internal Audit Annual Strategy and Plan for 2025-2026 is set out at Appendix 1.
- 4.2 The total budget for the Internal Audit Annual Plan for 2025-2026 has been set at 20 days. The Plan does not contain any contingency provision. Where there are any unforeseen work demand that arise eg special investigations or provision of ad hoc advice, this will require to be commissioned as an additional piece of work which will be subject to a separate agreement.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation is 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 Legal/Risk

The Internal Audit Strategy and Plan has been constructed taking cognisance of risks which have implications for the Inverclyde IJB through discussions with management and review of the Inverclyde IJB risk register.

5.3 Strategic Plan Priorities

The establishment of a robust audit plan will assist in assessing whether the Integration Joint Board and Officers have established proper governance and control arrangements which contribute to the achievement of the strategic priorities of the Inverclyde IJB's Strategic Plan.

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 Inverclyde IJB's Chief Financial Officer has been consulted in relation to the proposed annual audit plan coverage for 2025-2026.
- 7.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the Inverclyde IJB.

8.0 BACKGROUND PAPERS

- 8.1 None.

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026**1. Introduction**

- 1.1 The Global Internal Audit Standards UK Public Sector (GIAS) set out the requirement for the Chief Internal Auditor to prepare a risk-based audit plan to determine the priorities of the internal audit activity, consistent with the organisation's goals.
- 1.2 The Chief Internal Auditor must review and adjust the plan as necessary in response to changes in the organisation's business, risks, operations and priorities.
- 1.3 The audit plan must incorporate or be linked to a strategic or high-level statement of how the Internal Audit Service will be delivered and developed in accordance with the Internal Audit Charter and how it links to the organisational objectives and priorities.
- 1.4 The strategy shall be reviewed on an annual basis as part of the audit planning process.

2. Internal Audit Objectives

- 2.1 The purpose of Internal Audit, as defined within Global Internal Audit Standards is to 'strengthen the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based and objective assurance, advice, insight and foresight'.
- 2.2 The primary aim of the internal audit service is to provide assurance services which requires the Chief Internal Auditor to provide an annual internal audit opinion based on an objective assessment of the framework of governance, risk management and control.
- 2.3 The internal audit service also provides advisory services, generally at the request of the organisation, with the aim of improving governance, risk management and control and contributing to the overall opinion.
- 2.4 The internal audit service supports the Inverclyde IJB's Chief Financial Officer in his role as Section 95 Officer.

3. Risk Assessment and Audit Planning

- 3.1 The internal audit approach to annual audit planning is risk-based and aligns to the IJB's strategic planning processes and management's own assessment of risk.
- 3.2 There will be regular ongoing discussion with External Audit to ensure respective audit plans are reviewed as circumstances change in order to minimise duplication of effort and maximise audit coverage for the Inverclyde Integration Joint Board.

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026

4 Service Delivery

- 4.1 The provision of the internal audit service is through a directly employed in-house team from Inverclyde Council.
- 4.2 In relation to the total staff days allocated to the 2025-2026 plan, each member of staff completes a resource allocation spreadsheet for the year which is split between annual leave, public holidays, training days, general administration and operational plan days. This spreadsheet is reviewed and updated each period by each member of staff against time charged to timesheets.

The operational plan is 20 days which will be resourced as follows:

Team Member

Audit Practitioner – 12 days

Chief Internal Auditor – 8 days

The Chief Internal Auditor does not directly carry out the assignments included in the annual audit plan but provides the technical quality review and oversight of the delivery of the overall plan. Time is also set aside for overall audit planning, reporting on Internal Audit performance and attending Audit Committee. Where there are any resource issues which may impact on delivery of the plan, this will be reported to Audit Committee at the earliest opportunity.

- 4.3 Given the range and complexity of areas to be reviewed it is important that suitable, qualified, experienced and trained individuals are appointed to internal audit positions. The Global Internal Audit Standards UK Public Sector requires that the Chief Internal Auditor must hold a professional qualification such as CMIIA (Chartered Internal Auditor), CCAB or equivalent and be suitably experienced.
- 4.4 Internal audit staff members identify training needs as part of an appraisal process and are encouraged to undertake appropriate training, including in-house courses and external seminars as relevant to support their development. All training undertaken is recorded in personal training records for CPD purposes.
- 4.5 Internal audit staff members require to conform to the Code of Ethics of the professional body of which they are members and to the Code of Ethics included within the Global Internal Audit Standards. An annual declaration is undertaken by staff in relation to specific aspects of the Code.
- 4.6 Following each review, audit reports are issued in draft format to agree the accuracy of findings and agree risk mitigations. Copies of final audit reports are issued to the IJB Chief Officer, HSCP Head of Service and HSCP Service Manager responsible for implementing the agreed action plan. A copy of each final audit report is also provided to External Audit.
- 4.7 The overall opinion of each audit report feeds into the Internal Audit Annual Report and Assurance Statement which is presented to the Audit Committee and is used by the Chief Financial Officer in the preparation of the Annual Governance Statement.

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026

5 Proposed Audit Coverage 2025-2026

5.1 The proposed audit coverage is set out in the table below. The IJB risk register for September 2025 was reviewed for those risk areas/themes rated Very High, High and Medium which may be relevant to internal audit coverage for the IJB.

Risk Area/Theme	Previous Assurance Work	Planned Assurance Work 2025-26	Other Assurance Work 2025-26
IJB Risk 1 – Effective Governance	16/17 – Review of Governance Arrangements 21/22 – Performance Management and Reporting Arrangements	Strategic Planning and Performance Management Arrangements	External Audit Annual Audit Plan 2024/25
IJB Risk 2 – Maintaining Effective Communication and Relationships with Acute Partners During Transformational Change	Inverclyde Council Internal Audit Annual Audit Plans: 18/19 – HSCP Contract and Commissioning arrangements 18/19 - Change Management Arrangements	None	HSCP/Acute interface joint working groups
IJB Risk 3 – Financial Sustainability/ Constraints/ Resource Allocation	17/18 - Strategic Planning and Performance Management Arrangements 18/19 – Financial Planning 19/20 Budgetary Control 22/23 Review of pandemic recovery and response 24/25 Budgetary Control Process	None	External Audit Annual Audit Plan 2024/25
IJB Risk 4/5 – Workforce Sustainability	17/18 – Workforce Planning Arrangements 22/23 – Workforce Plan Implementation	None	External Audit Annual Audit Plan 2024/25
IJB Risk 6 - Performance Management Information	17/18 – Strategic Planning and Performance Management Arrangements 18/19 – IJB Directions 20/21 – Advisory review on new IJB Directions Policy 21/22 – Implementation of IJB Directions 21/22 – Performance Management and Reporting Arrangements	Strategic Planning and Performance Management Arrangements	External Audit Annual Audit Plan 2024/25

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026

Risk Area/Theme	Previous Assurance Work	Planned Assurance Work 2024-25	Other Assurance Work 2024-25
IJB Risk 7 – New Strategic Plan 2024 onwards	New Risk identified March 2024	Strategic Planning and Performance Management Arrangements	External Audit Annual Audit Plan 2024/25
IJB Risk 8 – National Patient Safety Alert	None - New Risk identified March 2024	None	National issue with Staff representation on GGC Working Group
IJB Risk 9 – Availability of RSL housing	None - New Risk identified March 2024	None	Management review of Housing Strategy Workstreams
IJB Risk 10 – Implementation of Reduced Working Week (NHS) from 1 April 2026.	New Risk identified September 2025	None	Management are monitoring potential impacts and ensuring service changes/ redesigns are implemented by the 1st April 2026.

Planned Work		Days
Strategic Planning and Performance Management Arrangements	We will undertake a review of Inverclyde IJB's Strategic Planning and Performance Management Arrangements and highlight any areas of improvement to management.	12
CIPFA Audit Committee Guidance October 2022	C/F - We will finalise the review of current Audit Committee arrangements and highlight any areas of improvement to management.	2
Action Plan Follow Up	To monitor the progress of implementation of agreed internal audit action plans by management.	2
Audit Planning and Management	Review and update of the audit universe and attendance at Inverclyde IJB Board Audit Committee.	2
Internal Audit Annual Report 2024-2025	Annual report on 2024-2025 audit activity will be provided to CFO to inform the Annual Governance Statement for the IJB.	2
Total Staff Days		20

INTERNAL AUDIT ANNUAL STRATEGY AND PLAN 2025-2026

6 Quality and Performance

- 6.1 The GIAS require each internal audit service to maintain an ongoing quality assurance and improvement programme based on an annual self-assessment against the Standards, supplemented at least every five years by a full independent external assessment.
- 6.2 In addition, the performance of Internal Audit continues to be measured against key service targets focussing on quality, efficiency and effectiveness. For 2025-2026 targets have been set as follows:

Measure	Description	Target
1. Final Report	Percentage of final reports issued within 2 weeks of draft report.	100%
2. Draft Report	Percentage of draft reports issued within 3 weeks of completion of fieldwork.	100%
3. Audit Plan Delivery	Percentage of audits completed v planned.	100%
4. Audit Budget	Percentage of audits completed within budgeted days.	100%
5. Audit Recommendations	Percentage of audit recommendations agreed.	90%
6. Action Plan Follow Up	Percentage of action plans followed up – Internal and External Audit.	100%
7. Customer Feedback	Percentage of respondents who rated the overall quality of internal audit as satisfactory or above.	100%
8. Staff compliance with CPD	Number of training hours undertaken to support CPD	20
9. Management engagement	Number of meetings with Chief Officer and Chief Financial Officer as appropriate	2 per year

- 6.3 Actual performance against targets will be included in the Internal Audit Annual Assurance Report for 2025-2026.

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	8 September 2025
Report By:	Chief Internal Auditor	Report No:	IJBAC/27/2025/AP
Contact Officer:	Andi Priestman	Contact No:	01475 712251
Subject:	Status of External Audit Action Plans at 31 July 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 31 July 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 was one action due for completion by 31 July 2025 which has been reported as completed by management.
- 3.3 There are 2 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
People, including individuals from the above protected characteristic groups, can access HSCP services.	N/A
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	N/A
People with protected characteristics feel safe within their communities.	N/A
People with protected characteristics feel included in the planning and developing of services.	N/A
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	N/A
Opportunities to support Learning Disability service users experiencing gender-based violence are maximised.	N/A
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	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 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 31 JULY 2025**

**Summary: Section 1 Summary of Management Actions due for completion by
31/07/2025**

There was one action due for completion by 31 July 2025 which has been reported as completed by management.

**Section 2 Summary of Current Management Actions Plans at
31/07/2025**

At 31 July 2025 there were no audit reports delayed due to management not finalising the action plan within agreed timescales.

Section 3 Current Management Actions at 31/07/2025

At 31 July 2025 there were 2 current audit action points.

Section 4 Analysis of Missed Deadlines

At 31 July 2025 there were 2 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 31.07.2025

SECTION 1

No. of Actions Due	No. of Actions Completed	Deadline missed Revised date set*	Deadline missed Revised date to be set*
1	1		

* 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 EXTERNAL AUDIT ACTION PLAN POINTS**

SUMMARY OF CURRENT MANAGEMENT ACTIONS AS AT 31.07.2025

SECTION 2

CURRENT ACTIONS

Month	No of actions
Due for completion September 2025	1
Due for completion March 2026	1
Total Actions	2

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

CURRENT MANAGEMENT ACTIONS AS AT 31.07.2025

SECTION 3

Action	Owner	Due Date	Status
2021/22 Annual Audit Report (November 2022)			
b/f Integration Scheme Review Recommendation: The updated Integration Scheme should be approved and submitted to the Scottish Government as soon as practicable. 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.	Chief Officer	30.09.2025*	Ongoing
2022/23 Annual Audit Report (November 2023)			
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. Management Response: 2024/25 Update: We are working with our partners in the Council and Health board to develop savings proposals as suggested. The IJB set the 25/26 budget in line with our partners in Inverclyde Council and Greater Glasgow and Clyde Health Board. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed. We will continue to work with our partners to develop longer term financial plans. This will also tie into our timescales for our workforce and Strategic plans.	Chief Finance Officer	30.03.2026*	Ongoing

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

CURRENT MANAGEMENT ACTIONS AS AT 31.07.2025

SECTION 3

Action	Owner	Due Date	Status
Risk Management Strategy (Grade 3) Recommendation: We recommend timely review and update of the IJB's Risk Management Strategy. 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.	Chief Financial Officer	30.06.25*	Complete

* 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: 2024/25 update: We are working with our partners in the Council and Health board to develop savings proposals as suggested. The IJB set the 25/26 budget in line with our partners in Inverclyde Council and Greater Glasgow and Clyde Health Board. As part of this budget the report also highlighted an updated 5 year budget plan and the requirement for more savings to be developed.</p> <p>We will continue to work with our partners to develop longer term financial plans. This will also tie into our timescales for our workforce and Strategic plans.</p>	30.06.24	30.03.26	Ongoing.

Report To:	Inverclyde Integration Joint Board Audit Committee	Date:	8 September 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	IJBAC/26/2025/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 August 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 scoring has been increased to 12 to reflect the financial challenges facing us in 2026/27 onwards. The SMT have commenced work to identify further savings towards a £5m funding gap.
 - Risk 5 Workforce – Risk has increased to 16 to reflect the current challenges being faced in the service.
 - Risk 6 Performance Management Information – Changes to the narrative to reflect the current updates on the performance management information. Process.
 - Risk 7 New Strategic Plan – Risk has been reduced as we now have a new Strategic Plan in place with an outcomes framework. Minor changes to the narrative also.
 - Risk 8 National Patient Safety – Minor changes in the narrative to reflect updates in the Acute Assessment Process
 - Risk 10 Impact of the reduced working week – This is a new risk added to the register to reflect the impending reduction in the working week from 37 to 36 hours for our Health employees. This will require service redesigns in some areas to reflect this change.

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

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

5.4 Human Resources

5.5 Strategic Plan Priorities

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 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 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 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 groups are considered as part of the risk register

5.7 Clinical or Care 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.	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 N/A

IJB RISK REGISTER

Organisation	Inverclyde Integration Joint Board
Date Last Reviewed by IJB/Audit Committee	08/09/2025
Date Last Reviewed by Officers	01/08/2025

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</p> <p>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>	<p>1. IJB themed development sessions carried out throughout the year to update members on key issues</p> <p>2. Code of Conduct for members</p> <p>3. Standards Officer appointed</p> <p>4. Chief Officer is a member of both Partner CMTs & has the opportunity to influence any further governance mechanism changes</p> <p>5. Regularly planning/liaison meetings between Chief Officer and Chair/Vice Chair</p> <p>6. Internal and External Audit reviews of governance arrangements</p> <p>7. IJB Self Assessment</p> <p>8. Clinical and Care Governance arrangements and staffing</p> <p>9. Development/induction programme in place for IJB members</p>	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</p> <p>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>	<p>1. HSCP/Acute interface joint working groups - regular interface meetings looking at risks, lessons learned, joint problem solving</p> <p>2. CO on HB CMT along with Acute Colleagues</p> <p>3. Daily delayed discharge meetings lead by CO across GGC and departmental winter pressure meetings reacting real time to service pressures</p> <p>4. Market Facilitation Statement -Developing commissioning plans in partnership with Acute colleagues</p> <p>5. Early referral system and clear planning in place for each service user/patient - Weekly Delay meetings across NHSGGC.</p> <p>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.</p>	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		Additional Controls/Mitigating Actions & Time Frames with End Dates	Who is Responsible? (name or title)
Resources & Performance								

3	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.	<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	5	3	15	3	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. Work will turn towards the 26/27 where we have a £5m gap and will require further savings.	Chief Finance Officer
4	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.	<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.	3	3	9	0	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.	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.</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 medial grades to fill gaps in service</p>	4	4	16	7	<p>We continue to monitor on an ongoing basis and prioritise patients at high risk. Inpatient adult acute beds reduced to 12 beds; opmh HBCC bed capped at 20 with further consideration ongoing of further bed reductions 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. We are considering ANP roles to fill consultant gaps</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 Financial</u> 1. Regular financial monitoring reports showing performance against budget and projected outturns 2. Robust budget planning processes 3. Quality strategy and self evaluation processes</p> <p><u>Performance Strategic</u> 1. Performance and Information Systems team in regular contact with service areas to ensure information systems are robust and capture reporting processes effectitvely. 2. Quartely Service Reviews: in process of re-mobilisation. 3. Quarterly Strategic Partnership Plan progress update meetings (by strategic priority) 4. Strategic Plan progress reports shared with key leadership groups (IJB, SMT, SPG) 4. Regular data monitoring of key performance measures (including, MSG Indicators, national integration indicators,- daily delayed discharge figures) 5. On-going development of Pentana Corporate Performance Management system to store and report on key performance data. 6. Publication of the Annual Performance Report and Chief Social Work Officer Report. 7. Clinical And Care Governance report.</p>	3	3	9	0	<p>Review of Planning and Performance Service to strengthen service and improve quality and frequency of performance information and analysis (ongoing - End date estimate Mar 26).</p> <p>Development of PowerBI as a tool for improved performance and information reporting. (Ongoing)</p> <p>Ongoing development of an Outcomes Framework to effectively evidence the impact of the Strategic Partnership Plan.</p> <p>Proposed development of an Information Governance Board to provide oversight of data systems managed by the HSCP and ultimately improve data quality.</p>	Chief Social Work Officer
Strategy								

7	<p>Strategic Plan 2024</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>	<p>1. The Strategic Partnership Plan has been in place since May 2024 and is now the primary mechanism for supporting the HSCPs decision making process.</p> <p>2. A reporting process is now in place to collect regular updates on the identified strategic actions. Actions are collected through Priority Group Meetings, affording robust feedback on action progress and also identifying cross partnership working and collaboration.</p> <p>3. Strategic Reporting is managed and reported through the Pentana (Ideagen) Corporate Performance Management System.</p> <p>4. Regular updates on the progress of the strategic Partnership Plan are presented to Integration Joint Board, Strategic Planning Group and SMT.</p> <p>5. Strategic Planning Group and Locality Planning Group meeting agendas are structured around the 4 strategic priorities.</p> <p>6. Senior Management Team reporting template now includes a section for officers to identify how their report aligns to the four strategic priorities, further evidencing progress towards the plan.</p>	2	2	4	-5	<p>The development of a robust outcomes framework that demonstrates the impact of the Partnership Plan is underdevelopment. Work has been undertaken with services to identify and agree appropriate outcome measures. Work is ongoing to validate measures and identify clear reporting processes for data collection and reporting.</p> <p>Ongoing work to develop strategic priority stakeholder groups from across partner organisations and groups in Inverclyde. This approach will seek to put the views of those with lived experience closer to the strategic planning and decision making process.</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>	<p>Progress Update on MHRA Alert Implementation Board Guidance and Risk Assessment Testing Testing is currently underway.</p> <p>Patient Leaflets Development is in progress.</p> <p>Community Risk Assessments, Flow Charts, and Staff Training</p> <p>Risk assessments, escalation flow charts, and training modules have been developed and were presented at the Board Governance meeting on 16th June.</p> <p>All recommendations associated with the alert were approved by Angela Wallace, Nurse Director.</p> <p>Inpatient and community policies have been developed to underpin this work. These are currently under consultation with relevant groups and will be presented to Board Governance following this process.</p> <p>Revisions are being made to risk assessments and training modules in response to testing and feedback.</p> <p>The next stage involves establishing a Transition MHRA Steering Group for a 6-month period, which will include representation from Inverclyde.</p> <p>Interim Prescribing Guidance</p> <p>All prescribing staff are reminded to follow the agreed process and ensure</p>	3	3	9		<p>This is a UK-wide issue. The risk management p</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>	<p>1. Hotels & Airbnb's used at point of homelessness</p> <p>2. Homelessness service to provide drop in support at Holiday inn Express to aid prevention</p>	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

10	Implementation of the Reduced Working Week for NHS Health Staff All Health Staff will move from 37 to 36 contracted hours from the 1st April 2026. This is likely to have an impact across the HSCP with the requirement of potential backfilling of roles, potential changes to service delivery. This may require additional funding in some areas and potential service redesign in some areas.	1. Each affected area carrying out an impact assessment for their relevant areas. 2. Potential requests for funding for areas of backfill 3. Engagement with staff / managements / staffside 4. potential service reduction where safe to do so. 5. Potential service redesign	3	3	9		Monitoring potential impacts and ensuring service changes / redesigns are implemented by the 1st April 2026.	All Heads of Service

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.

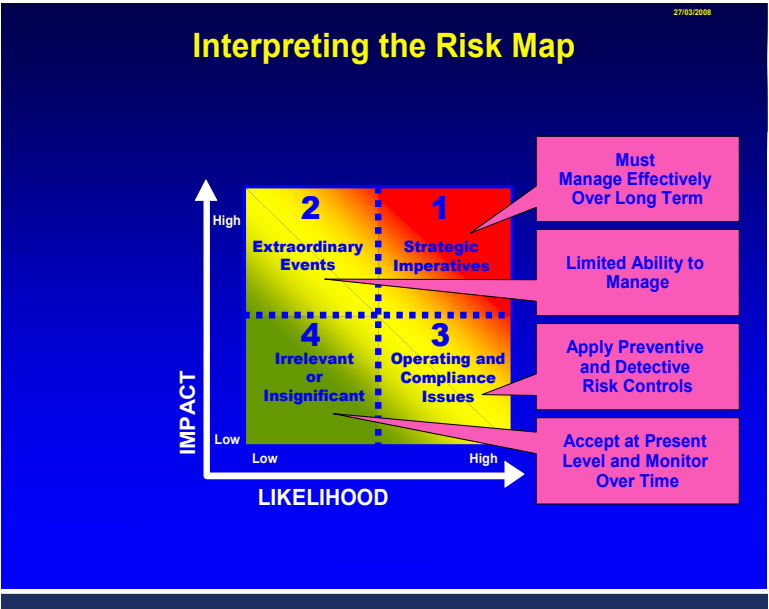
Risks are unlikely to require mitigating actions but status should be reviewed frequently to ensure conditions have not changed.

Very High
(16-25)

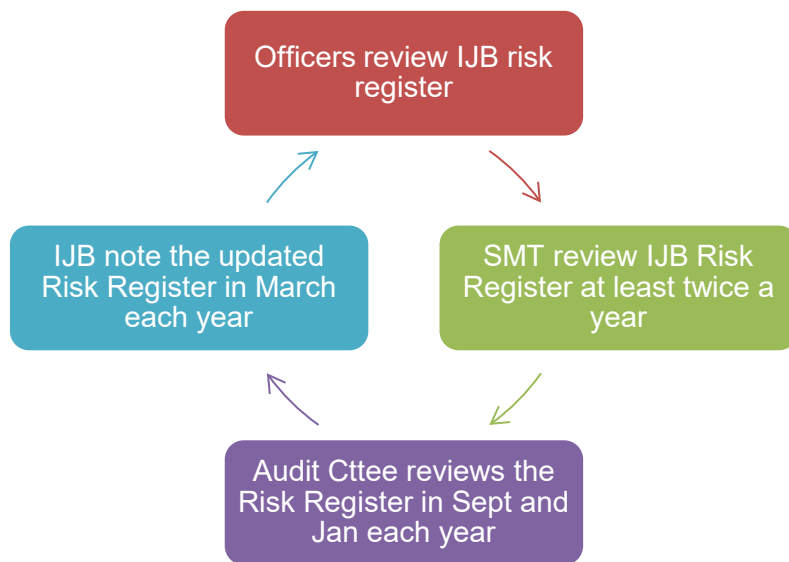
High
(10-15)

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
Opertional/ 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:	8 September 2025
Report By:	Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership	Report No:	VP/LS/110/25
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Directions Update August 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 March 2025 to August 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 tenth such report and covers the period from March 2025 to August 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 tenth such report and covers the period from March 2025 to August 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 March 2025 and August 2025 (inclusive):
- the IJB has issued 3 Directions;
 - 2 of these were Directions to both the Council and Health Board; and
 - 1 was a Direction to the Council only.
- 4.3 Of the 3 Directions issued by the IJB:
- 3 remain open (current); and
 - 0 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 from 2020/21.
- 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 and 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 March 2025 and August 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)
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

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)
27.06.2022 IJB/31/2022/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/27/2022/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/34/2022/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/51/2022/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/54/2022/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	

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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)
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)
24.06.2024 IJB/26/2024/KR	HSCP Senior Management Team Structure	Council only	Inverclyde Council is directed to implement the proposed enhanced management structure for the HSCP through: a. the realignment of the statutory role of Chief Social Work Officer through the creation of a new post of Chief Social Work Officer; b. recruitment to the operational post of Head of Service for Children & Families and Justice; and c. the creation of a dedicated service manager post for mental health (strategy) and complex care all as detailed in the report.	Functions as detailed in the report.	As detailed in paragraph 5.2 of the report.	24-Jun-24	24-Jun-24	Mar-24	Current	No	N/A	Private Report	Chief Officer	HSCP Management Team	
09.09.2024 IJB/32/2024/AB	HSCP Service Manager for Homelessness & Settlement	Council only	Inverclyde Council is directed to allocate the identified budget resource to create and recruit to an additional Service Manager post covering the areas of Homelessness and Settlement all as detailed in the report.	Homelessness and Settlement as detailed in the report.	£90, 807 - as detailed in paragraphs 4.2 and 5.2 of the report.	09-Sep-24	09-Sep-24	Mar-25	Current	No		HSCP Service Manager for Homelessness & Settlement	Head of Addiction and Homelessness Services	Homelessness	
18.11.24 IJB/49/2024/MW	Homelessness - New Model of Care and Support	Council only	Inverclyde Council is directed to oversee the decommissioning of the Inverclyde Centre, Dalrymple Street, Greenock, all as detailed in the report.	Homelessness Services	As detailed in paragraph 8.2 of the report. The options paper sets out the financial implications for each of the proposed options set out in the report.	18-Nov-24	18-Nov-24	Jun-25	Current	No		Private Report	Head of Addiction and Homelessness Services	Homelessness	
24.03.25 IJB/62/2025/CG	Financial Monitoring Report 2024/25 - Period to 31 December 2024 - Period 9	Both Council and Health Board	Inverclyde Council and NHS GG&C jointly are directed to deliver services in line with the IJB's Strategic Plan and within the associated budget outlined in Appendix 5.	All functions outlined in Appendix 5 of the report.	As outlined in Appendix 5.	24-Mar-25	24-Mar-25	May-25	Current	Yes Supersede	27.01.25 IJB/53/2024/CG	Financial Budget Monitoring Report 2024/25 - Period 9	Chief Financial Officer	Finance	

INVERCLYDE INTEGRATION JOINT BOARD
DIRECTIONS LOG 2025-26

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