

## Integration Joint Board 30 April 2026

**Subject :** **Ayrshire Transformation Board**

**Purpose :** The purpose of this report is to seek North Ayrshire Integration Joint Board (IJB) endorsement of participation in the Ayrshire Transformation Board (ATB), established to strengthen integrated working across North, East and South Ayrshire Councils, the three Integration Joint Boards and NHS Ayrshire and Arran.

**Recommendation :** The Integration Joint Board is asked to:

- Endorse the establishment of the Ayrshire Transformation board (ATB) as the formal senior officer structure for strengthening integrated working across East, North and South Ayrshire Councils, the three Integration Joint Boards and NHS Ayrshire and Arran.
- Notes the agreed governance arrangements, including the ATB's remit, membership, reporting structures, and its alignment with existing local and national oversight frameworks;
- Approves the initial programme areas identified for system wide redesign;
- Approves the Terms of Reference as set out in Appendix 1, and,
- Note the content of the report.

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ATB	Ayrshire Transformation Board

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The Ayrshire Transformation Board has been established by senior partners across Ayrshire to respond collectively to increasing financial, operational and performance pressures across health and social care.

1.2	The ATB provides a senior officer forum to oversee whole-system transformation, support improved flow, reduce variation and duplication, and progress shared priorities under a “Once-for-Ayrshire” approach.
1.3	The ATB does not replace existing statutory or local governance arrangements. Accountability for delivery, performance and financial control remains with each partner organisation, including North Ayrshire IJB.
1.4	Each Council, Integration Joint board (IJB) and the NHS Board will confirm its own internal governance and reporting structure to ensure appropriate grip, control and delivery against agreed priorities.
<b>2.</b>	<b>BACKGROUND</b>
2.1	In February 2026, senior representatives from the three Ayrshire Councils, the three Integration Joint Boards and NHS Ayrshire and Arran met and agreed that further collective action was required to respond to escalating financial, operational and performance pressures across the system.
2.2	In order to deliver this, it is proposed to establish an Ayrshire Transformation Board to support the identification, investigation and recommendations for optimised performance, financial efficiencies and integration opportunities across the whole system in line with the ‘Once for Ayrshire’ ideology.
2.3	Integrated working and associated structures have been in place for over twelve years, beginning with the 2014 shadow year of IJBs and moving to full integration from 1 April 2015. These arrangements have served us well, including throughout the significant pressures of the COVID-19 pandemic. However, the scale and complexity of current challenges – including increasing demand, delayed discharge, Adults with Incapacity (AWI) delays and significant financial constraints – require enhanced system-level coordination.
2.4	Resources across health and social care are increasingly focused on critical need, limiting capacity for prevention and early intervention and placing further pressure on acute and community services. Over the past few years evidence demonstrates it is becoming increasingly difficult to manage financial and performance governance effectively across our current structures. All three Councils, Integration Joint Boards and NHS Ayrshire & Arran are operating within extremely challenging financial circumstances, and both community and acute services are experiencing growing waiting lists for assessment and treatment.
2.5	In communities, health and social care resources are increasingly being focused on critical need to provide essential personal care. Whilst this care is appropriate the increased utilisation of resources leaves a gap to fund preventative supports and early intervention that can improve the health and social circumstances of individuals and communities, and in so doing reduce demand on more acute services.

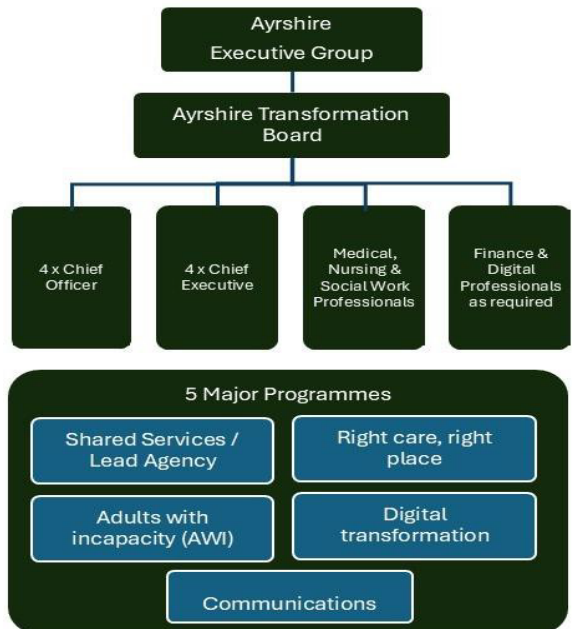
2.6 Given these pressures, we believe it is essential for Ayrshire to take greater collective control and to work more closely and consistently than we have before. To support this, we are proposing the following revised arrangements to strengthen integrated working and improve our shared oversight and decision-making.

The Ayrshire Transformation Board has been established to provide a structured mechanism to address these challenges collaboratively, without altering statutory responsibilities of the different organisations.

**ATB Structure and Programme Priorities**

2.7 The diagram below shows the multi-layered governance and operational structure designed to oversee whole system transformation across health, social care and local authority partners within Ayrshire through the ATB.

2.8 The arrangement demonstrates clear hierarchy, flowing from the Ayrshire Executive Group through the ATB, and into the operational leadership provided by four Chief Executives, four Chief Officers, medical, nursing and social work leadership, and financial/digital professionals. This structure is intended to support whole system decision making, improve accountability, and co-ordinate transformation efforts across organisational boundaries.



2.9	<p>At the core of the initial model are five major programmes: Shared Services/Lead Agency work, Right Care Right Place, Adults with Incapacity (AWI), Digital Transformation, and Communications. Together, these programmes reflect the major areas of system pressure and opportunity identified across the region.</p>
	<p><u>Shared Services and Lead Agency Approaches</u></p> <p>The shared-services programme explores opportunities for joint working across local authorities, IJB and health services. The emphasis is on what can already be achieved within existing terms and conditions, acknowledging that workforce policies may constrain progress but should not inhibit innovative proposals such as single management or single health and social care models. This strand reflects national trends in integration and aims to improve efficiency and reduce duplication.</p> <p><u>Right care, right place</u></p> <p>The programme focuses on ensuring hospitals operate at optimal occupancy levels by improving flow, reducing delays, and shifting activity from acute settings into community-based care. The programme highlights the need for coordinated planning around bed numbers, delayed transfers of care, patient flow, commissioning, and the business case implications of releasing resources from acute to community settings. This aligns with ongoing national priorities around unscheduled care performance and demand management.</p>
	<p><u>Adults with Incapacity (AWI)</u></p> <p>Ayrshire is shown as a persistent outlier in the number and duration of transfers from hospital for people with complex care needs including AWI-related delays. The programme aims to address both the time required to progress each step of the AWI process and the underlying legislative constraints. The diagram signals options for further scrutiny of the experience of individuals and families and the potential to enhance clinical and multidisciplinary decision-making to improve patient journeys. The issue remains a significant contributor to delayed discharge pressure, and thus a priority for system transformation.</p>
	<p><u>Digital Transformation</u></p> <p>Digital remains a key enabler, with the diagram identifying data systems, shared platforms, and single patient or care records as areas where significant progress is still required. While national developments will support transformation, the regional opportunity lies in accelerating local integration, improving analytics capability, and modernising infrastructure to support both operational efficiency and clinical quality.</p>

	<p><b><u>Communications</u></b></p> <p>The final programme addresses the need for clearer and more coordinated communication across all partner organisations. Financial pressures, complex decision-making, and high levels of public and political scrutiny require improved messaging that enables shared understanding. This will be particularly critical as consultation exercises and community engagement around transformation programmes become more extensive.</p>
2.10	<p>The Terms of Reference (TOR) for the ATB are attached at Appendix 1. These provide clarity on purpose, scope, membership and reporting arrangements.</p>
	<p><b>Governance Structures</b></p>
2.11	<p>The governance structure outlines how assurance, performance, and transformation activity is overseen across NHS Ayrshire &amp; Arran and its partners. The Scottish Government Assurance Board links directly with the NHS Ayrshire &amp; Arran Board, which holds responsibility for organisational performance and oversight. The Board is supported by the Performance Governance Committee, ensuring scrutiny of delivery and risk.</p>
2.12	<p>The Ayrshire Transformation Board connects the NHS structures with wider system partners including North Ayrshire Council and strengthens shared accountability between the Integration Joint Boards, Local Authorities, and the Health Board, emphasising the collaborative governance required for integrated service delivery across Ayrshire.</p>
2.13	<p>The Board will:</p> <ul style="list-style-type: none"> <li>• Enhance productivity and value for money through greater collaboration and integration</li> <li>• Ensure resources are directed as effectively and efficiently as possible towards improving resident’s care, safety and health outcomes</li> <li>• Identify redesign and transformation opportunities that will further improve services for the communities we serve</li> <li>• To consider the implications of national decisions through the new regional sub-planning arrangements for the East &amp; West of Scotland for health services and the 3 Integration Joint Boards and NHS Ayrshire and Arran and any subsequent implications for Council services outwith delegated functions to IJBs.</li> </ul> <p>The Board provides a leadership forum to identify and support the development and review of system-wide efficiency opportunities that focus on collaborative working and transformation/redesign to improve how services are delivered that reduce cost and improve outcomes for the whole Ayrshire Health and Care system.</p>

	Each involved organisation will retain responsibility for their own strategic objectives and programmes of work aligned to their local delivery plans.
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>North Ayrshire IJB is asked to:</p> <ul style="list-style-type: none"> <li>• Endorse participation in the Ayrshire Transformation Board as a system-level transformation and coordination mechanism.</li> <li>• Note the agreed governance arrangements, Terms of Reference and reporting routes.</li> <li>• Support the initial identified programme areas, which are : <ul style="list-style-type: none"> <li>• Shared services and lead agency approaches</li> <li>• Right Care, Right Place (flow and unscheduled care)</li> <li>• Adults with Incapacity (AWI) pathways</li> <li>• Digital transformation</li> <li>• Communications and engagement</li> </ul> </li> </ul>
	The ATB will make recommendations to partner organisations; any decisions requiring formal approval will continue to be progressed through existing North Ayrshire IJB governance routes.
3.2	<u>Anticipated Outcomes</u>
	<p>Anticipated benefits of participation include:</p> <ul style="list-style-type: none"> <li>• Improved system-wide planning and decision-making.</li> <li>• Reduced variation in service delivery across Ayrshire.</li> <li>• Improved flow through acute and community settings.</li> <li>• More timely and consistent AWI processes.</li> <li>• Enhanced use of shared digital infrastructure and data.</li> <li>• Clearer and more consistent communication with staff, partners and communities.</li> </ul>
3.3	<u>Measuring Impact</u>
	<p>Impact will be monitored through:</p> <ul style="list-style-type: none"> <li>• Programme-specific delivery plans and milestones.</li> <li>• Existing IJB performance and assurance frameworks.</li> <li>• Regular reporting through agreed ATB governance routes.</li> <li>• Use of quantitative and qualitative measures, including flow metrics, delayed discharge data and financial performance.</li> </ul>
	North Ayrshire IJB will retain responsibility for evidencing impact and performance within its statutory and local governance arrangements.

4.	<b>IMPLICATIONS</b>
4.1	<p><u>Financial</u> Participation in system-level transformation activity may require targeted investment, particularly in digital infrastructure and service redesign. There is an expectation that the programme will support improved productivity, reduced duplication and better value for money over time. Any financial commitments arising will be subject to North Ayrshire IJB approval processes and existing schemes of delegation.</p>
4.2	<p><u>Human Resources</u> Transformation programmes may impact workforce roles, models of working and capacity. Potential benefits include improved workflows, reduced duplication and better use of skills. Risks include workforce pressure during transition and change fatigue. These will be managed through existing HR policies, workforce planning and staff engagement arrangements.</p>
4.3	<p><u>Legal</u> The Ayrshire Transformation Board operates within existing statutory frameworks, including the Public Bodies (Joint Working) (Scotland) Act 2014. The Board has no delegated authority to make statutory decisions on behalf of North Ayrshire IJB. Legal accountability remains with individual partner organisations.</p>
4.4	<p><u>Equality/Socio-Economic</u> Initial Quality Impact Assessments have been undertaken at programme level. Full Equality Impact Assessments will be completed where proposals are sufficiently developed and where potential impacts on protected characteristics or socio-economic disadvantage are identified.</p> <p>This approach supports the Public Sector Equality Duty and the Fairer Scotland Duty.</p>
4.5	<p><u>Risk</u> Key risks include:</p> <ul style="list-style-type: none"> <li>• Inconsistent implementation across partner organisations.</li> <li>• Service disruption during transformation.</li> <li>• Workforce capacity and wellbeing impacts.</li> <li>• Financial sustainability risks.</li> </ul> <p>Risks will be managed through programme-level risk registers, established assurance routes, and appropriate escalation arrangements.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>There are no direct Community Wealth Building (CWB) implications arising from this report. However, governance arrangements should ensure that the CWB principles of local procurement, workforce wellbeing, and community empowerment are considered as part of transformation activity.</p>

4.7	<p><u>Key Priorities</u> None.</p>
5.	<p><b>CONSULTATION</b></p>
	<p>Senior officers from North Ayrshire Council, North Ayrshire IJB and NHS Ayrshire and Arran have been involved in the development of the proposals. Ongoing engagement with staff, partners, communities and service users will be progressed through the Communications programme and formal consultation will be undertaken where required.</p>

**Caroline Cameron, Director**

Appendices

- Appendix 1 – Terms of Reference Ayrshire Transformation Board

# Ayrshire Transformation Board

## Terms of Reference v 01.0

Date	Commentary	Owner
13/02/26	First Draft of new Terms of Reference v0.1	GJ
20/02/26	Second Draft comments v 0.02	GJ
24/02/2026	Third Draft comments v 0.03	GJ
16/03/2026	Final version Terms of Reference v 01.0	EF

## **1.0 Constitution and Purpose**

- 1.1 The Ayrshire Transformation Board is being developed in full collaboration with its system partners of East Ayrshire Council, North Ayrshire Council, South Ayrshire Council, NHS Ayrshire and Arran, North Ayrshire Integration Joint Board, East Ayrshire Integration Joint Board and South Ayrshire Integration Joint Board.
- 1.2 The purpose of the Ayrshire Transformation Board is to support the identification, investigation and recommendations for financial efficiencies and integration opportunities across the whole-system in line with the 'Once-for-Ayrshire' ideology.
- 1.3 The Board has been established to:
- Enhance productivity and value for money through greater collaboration and integration
  - Ensure resources are directed as effectively and efficiently as possible towards improving resident's care, safety and health outcomes
  - Identify redesign and transformation opportunities that will further improve services for the communities we serve
  - To consider the implications of national decisions through the new regional sub-planning arrangements for the East & West of Scotland for health services and the 3 Integration Joint Boards and NHS Ayrshire and Arran and any subsequent implications for Council services outwith delegated functions to IJBs.
- 1.4 The Terms of Reference will be reviewed and endorsed by each partner organisations reflecting a shared approach to collective responsibility, collaborative decision-making and a commitment to joint-success and risk-sharing approaches.
- 1.5 Each involved organisation will retain responsibility for their own strategic objectives and programmes of work aligned to their local delivery plans.

## **2.0 Authority**

- 2.1 The Ayrshire Transformation Board is authorised by the Boards/Councils of its member organisations to:
- Investigate any activity within the remit of the terms of reference.
  - Develop the strategic objectives and define the programme of collaborative work to be undertaken to deliver success
  - Create task-and-finish sub-groups to take forward specific programmes of work as agreed by the Board's members; and to determine the membership and approve the terms of reference for those sub-groups.
  - Make recommendations to or escalate issues to member Boards/Councils where they fall outside the remit of this Board.
  - While not anticipated, and for the avoidance of doubt, any financial investment to support work will be subject to each organisations scheme of delegation and standing financial instructions.

## **3.0 Roles and Remit**

- 3.1 Provide a leadership forum to identify and support the development and review of system-wide efficiency opportunities that focus on collaborative working and transformation/redesign to improve how services are delivered that reduce cost and improve outcomes for the whole Ayrshire Health and Care system.

- 3.2 Agree a programme of work, ratified by each organisation, that the Board will be responsible for monitoring, evaluating and evidencing for the benefit of residents, staff and the future financial sustainability of the whole health system.
- 3.3 To collaboratively review financial strategies, transformation / redesign and improvement activities and plans to deliver quantifiable operational and financial benefits and value for money.
- 3.4 Connect with and ensure alignment of at-scale programmes being progressed with one member organisation are considered for wider collaboration across multiple members, where appropriate.
- 3.5 Produce and manage the programme of collaborative work across the Board, monitoring actions, challenges and risks and provide assurance to each respective Board on progress.
- 3.6 Receive updates on progress from sub-groups established by this Board at a frequency to be determined.
- 3.7 Evaluate the impact of each programme of work on each partner organisation and be assured the intended outcomes sufficiently aligns with the strategic objectives and that any untoward or unintended consequences have been appropriately considered and mitigated.
- 3.8 Identification of the cultural enablers for collaboration within the Board and across system partners and seek assurance that enablers are in place, and where gaps exist that action is taken.
- 3.9 Utilise improvement and transformation approaches across programmes of work that foster an environment that engages and involves staff in shaping the direction of the workstream.
- 3.10 Support and champion a culture of improvement across the Ayrshire system that fosters a willingness to actively pursue benefits for our residents and employers and partners.
- 3.11 Ensure compliance with information governance and data security regulation, where data-sharing is needed.
- 3.12 Manage strategic communications and engagement across the Board and externally in relation to key programmes of work; where appropriate.
- 3.13 Confirm that all programmes of work are underpinned and informed by communications and engagement with key stakeholders, including the local population where required.
- 3.14 Ensure there is a consistent focus on and prioritisation of reducing cost whilst reducing health inequalities and improving clinical outcomes.
- 3.15 The structure and initial areas of focus are noted in appendix 1.

## 4.0 Membership

4.1 The Ayrshire Transformation Board shall be comprised of:

Name	Title	Organisation
Eddie Fraser	Chief Executive Officer (Chair)	East Ayrshire Council
Craig Hatton	Chief Executive Officer	North Ayrshire Council
Stephen Penman	Chief Executive Officer	South Ayrshire Council
Gordon James	Chief Executive Officer	NHS Ayrshire and Arran
Crawford McGuffie	Medical Director	NHS Ayrshire and Arran
Jenny Wilson	Director of Nursing	NHS Ayrshire and Arran
Vicki Campbell	Director of Acute	NHS Ayrshire and Arran
David Stonehouse	Interim Director Finance	NHS Ayrshire and Arran
Craig McArthur	Chief Officer	East Ayrshire IJB
Joseph McLachlan	Director of Finance and Digital	East Ayrshire Council
Marion MacAulay	Chief Social Work Officer	East Ayrshire Council/East Ayrshire IJB
Mark Boyd	Head of Finance	North Ayrshire Council
Caroline Cameron	Chief Officer	North Ayrshire IJB
Scott Hunter	Chief Social Work Officer	North Ayrshire Council/ North Ayrshire IJB
Mark Inglis	Chief Officer	South Ayrshire IJB
Tim Baulk	Chief Financial Officer	South Ayrshire Council
Jackie Hamilton	Chief Social Work Officer	South Ayrshire Council/ South Ayrshire IJB

4.2 Non-members will be invited to attend to present or speak to specific agenda items. The Chair will be notified of these individuals in advance so they can be properly introduced.

4.3 The Meetings will be chaired by the Chief Executive Officer of East Ayrshire who is also a core member of the Board.

4.4 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

4.5 Members should make every effort to attend each meeting given its significance to long-term financial sustainability.

## 5.0 Meeting Frequency, Quorum and Administration

5.1 The Board will meet bi-monthly at a day and time each month that is convenient to all members. Scheduled dates for the next twelve months will be set out in Appendix 1.

5.2 Whilst the anticipated norm will be in-person meetings, the meetings will also be offered as hybrid.

5.3 Quoracy will be reached when the following conditions are met:

- The Chair is present
- A minimum of one representative from four member organisations, including one from NHS and one from each Council

5.4 If a meeting is not quorate then the meeting may proceed if those in attendance agree, with any decisions taken subject to offline or next meet approval by members not in attendance.

5.5 The Board shall be supported by an administrator provided by NHS Ayrshire and Arran.

This will include ensuring:

- The agenda and papers are prepared and then distributed, following agreement with the Ayrshire Executive Group, no later than five working days prior to the meeting.
- Good quality minutes are taken, agreed by the Chair, and that a record of minutes, attendance and actions are circulated to members no later than five working days after the meeting.
- Assurance Report will be produced following each meeting and shared with members for them to use to update their respective organisations on progress.
- Specific actions or matters arising are taken forward between meetings.
- All papers will be stored and archived so they are available to members at future dates.

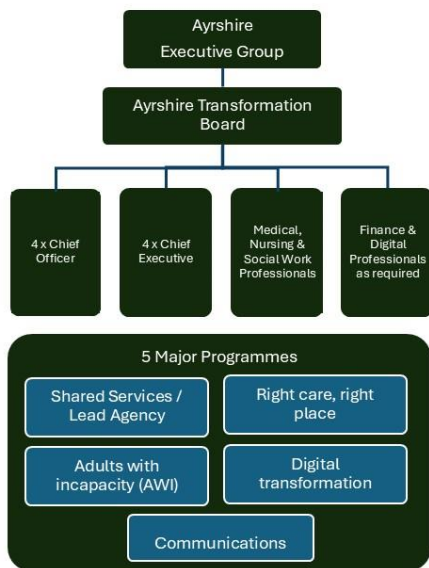
## **6.0 Review**

6.1 These Terms of Reference will be reviewed for effectiveness twelve months from their adoption.

6.2 Amendments to the Terms of Reference may occur more frequently if required and will be by agreement of a majority of members.

## Appendix 1: Structure and Initial Programme Focus Areas

### Ayrshire Transformation Board



- 1. Shared services**  
What more can we do across Council boundaries on a shared services / lead partnership basis. Assume we progress on the basis that nothing is off the table and everything is in scope. Recognise challenges with eg T&Cs but cant allow these to get in the way of robust proposals (le Single MHO / Social Care approach)
- 2. Right care, right place**  
Planning around optimal occupancy levels / bed numbers in all hospitals. This would include DToC, patient flow, commissioning plans, etc, and would hopefully support a business case that released money from acute to community. This would need to be alongside an improvement trajectory that allowed beds to close in acute.
- 3. Adults with incapacity (AWI)**  
Ayrshire still appears to be an outlier in terms of number so AWI. Lots of improvement activity to address the time associated with each step of a delay, but underlying volume remains an outlier. Options to further consider use of 13za legislation. Consider medical decision-making at the front door and MDT working to improve
- 4. Digital transformation**  
Still see scope for significant shifts around shared systems, data sets, single patient records etc. National work will help but huge opportunity locally to improve efficiency and quality.
- 5. Communications**  
Messaging around financial pressures and associated decisions are very challenging but similar across all organisations. Can we better align our messaging to improve visibility and public understanding. Especially important as we all embark on public consultation exercises - and coordination around CFA



## Appendix 2: Schedule of bi-monthly meetings

Meeting Date	Meeting Time	Meeting Format
29 February 2026	14:00-17:00	<u>In person/ MS Teams</u>
21 April 2026	14:00-17:00	<u>In person/ MS Teams</u>
24 June 2026	14:00-17:00	<u>In person/ MS Teams</u>
25 August 2026	14:00-17:00	<u>In person/ MS Teams</u>
20 October 2026	14:00-17:00	<u>In person/ MS Teams</u>
15 December 2026	14:00-17:00	<u>In person/ MS Teams</u>
16 February 2027	14:00-17:00	<u>In person/ MS Teams</u>