Integration Joint Board Meeting

Thursday, 30 April 2026 at 10:00

Council Chambers, Cunninghame House, Irvine / Hybrid via Microsoft Teams

Meeting Arrangements - Hybrid Meetings
This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at https://north-ayrshire.public-i.tv/core/portal/home.

1 Apologies

2 Declarations of Interest
Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.

3 Minutes
The accuracy of the Minutes of the meeting held on 13 March 2026 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 Director's Report
Submit report by Caroline Cameron, Director (NAHSCP), on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

5 HSCP Locality Planning Arrangements
Submit report by Stuart Macmillan, Principal Manager (Planning, Performance & Transformation) on the Locality Planning Arrangements (copy enclosed).

6 Best Value Statement 2025 - 26
Submit report by Eleanor Currie, Chief Finance Officer and Section 95 Officer, on the Best Value Statement 2025 - 26 (copy enclosed).

7 Risk Appetite Statement
Submit report by Eleanor Currie, Chief Finance Officer and Section 95 Officer, on the Risk Appetite Statement (copy enclosed).

8 Strategic Risk Register
Submit report by Eleanor Currie, Chief Finance Officer and Section 95 Officer, on the Strategic Risk Register (copy enclosed).

9 Ayrshire Transformation Board
Submit report by Caroline Cameron, Director (NAHSCP), on the Ayrshire Transformation Board (copy enclosed).

10 Urgent Items
Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at https://north-ayrshire.public-i.tv/core/portal/home,where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

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Generally, the press and public will not be filmed. However, by entering the Council Chambers and using the press or public seating area, you acknowledge that you may be filmed and that any information pertaining to you contained in the video and oral recording 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. In making this use of your information the Council is processing data which is necessary for the performance of a task carried out in the public interest.

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 dataprotectionofficer@north-ayrshire.gov.uk

IJB Sederunt

Voting Members	
Joyce White (Chair)	NHS Ayrshire & Arran
Cllr Chloe Robertson (Vice-Chair)	North Ayrshire Council
Cllr Tom Marshall	North Ayrshire Council
Cllr Anthea Dickson	North Ayrshire Council
Cllr Nairn Angus-McDonald	North Ayrshire Council
Linda Semple	NHS Ayrshire & Arran
Tom Hopkins	NHS Ayrshire & Arran
Marc Mazzucco	NHS Ayrshire & Arran
Professional Advisors	
Caroline Cameron	Director
Eleanor Currie	Interim Chief Finance Officer
Aileen Craig	IJB Monitoring Officer
Iain Jamieson	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Thelma Bowers	Mental Health Adviser
Julie Barrett	Associate Nurse Director
Vacancy	Acute Services Representative
Dr Louise Wilson	GP Representative
Sharon Hackney	Lead Allied Health Professional
Lisa Davidson	Public Health Representative
Wendy Van Riet	Director of Psychological Services
Stakeholder Representatives	
Lorna Sim	Staff Rep - NHS Ayrshire and Arran
Lynda MacFarlane	Staff Rep
Vacancy	Carers Representative
Vacancy	Service User Representative
Vacancy	Independent Sector Representative
Vicki Yuill	Third Sector Representative

Agenda Item 3

North Ayrshire Health and Social Care Partnership

Minute of Integration Joint Board meeting held on
Friday 13 March 2026 at 2.00 p.m.
involving participation by remote electronic means and physical attendance within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members
Joyce White, NHS Ayrshire and Arran (Chair)
Councillor Chloe Robertson, North Ayrshire Council (Vice-Chair)
Councillor Nairn Angus-McDonald, North Ayrshire Council
Councillor Tom Marshall, North Ayrshire Council
Tom Hopkins, NHS Ayrshire and Arran
Linda Semple, NHS Ayrshire and Arran
Councillor Margaret Johnson, North Ayrshire Council (Substitute)

Professional Advisers
Caroline Cameron, Director of Health and Social Care Partnership
Thelma Bowers, Head of Service (Mental Health) (NAHSCP)
Eleanor Currie, Chief Finance and Section 95 Officer
Scott Hunter, Chief Social Work Officer
Sharon Hackney, Lead Allied Health Professional
Julie Barrett, Associate Nurse Director/ Lead Nurse
Lisa Davidson, Public Health Representative
Wendy Van Riet, Director of Psychological Services

Stakeholder Representative
Lynda McFarlane, Staff Representative

Also Present (Physical Participation)

Councillor Cameron Inglis, North Ayrshire Council
Councillor John Sweeney, North Ayrshire Council
Council Stewart Ferguson, North Ayrshire Council

Present (Remote Participation)

Voting Members
Marc Mazzucco, NHS Ayrshire & Arran

Stakeholder Representative
Vicky Yuill, Third Sector Representative

In Attendance (Physical Participation)

Elizabeth Stewart, Head of Service (Children, Families & Criminal Justice)
Kerry Logan, Head of Service (Health and Community Care)
Karen Andrews, Team Manager (Governance)
Loretta Galloway, Unity Enterprise
Stuart MacMillan, Principal Manager (Planning, Performance and Transformation)
Annie Johnson, Principal Manager (Business Support)
Raymond Lynch, Senior Manager (Legal Services)
Ruth Wilson, Team Leader (Litigation)
John Hutcheson, Senior Communications Officer
Hayley Young, Senior Committee Services Officer

Apologies

Councillor Anthea Dickson, North Ayrshire Council
Lorna Sim, Staff Representative NHS Ayrshire and Arran
Aileen Craig, IJB Monitoring Officer

1. Apologies for Absence and Chair Remarks

Apologies for Absence were noted.

The Chair thanked Paul Smith, Carers Representative to the Board for his valuable contributions to the work of the IJB following his resignation.

2. Declarations of Interest

There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.

3. Minutes

The accuracy of the Minutes of the meeting held on 12 February 2026 were confirmed and the Minutes signed in accordance with Paragraph 7(10 of Schedule 7 of the Local Government (Scotland) Act 1973.

4. Director's Report

Submitted report by Caroline Cameron, Director (NAHSCP) on the developments within the North Ayrshire Health and Social Care Partnership.

Noted.

5. 2025-26 – Month 10 Financial Performance

Submitted report by Eleanor Currie, Chief Finance Officer and Section 95 Officer (HSCP) on the Integration Joint Board's financial performance as at Month 10 (January). Appendix A to the report detailed the financial overview of the Partnership position, while Appendix B provided an overview of the service changes that did not have financial savings attached and the BRAG status around the deliverability of each saving. Appendix C highlighted the movement in the budget position following the initial approved budget, with further detail on the reserves set out at Appendix D. Appendix E highlighted information on the costs of bank and agency staff.

Officers responded to members' questions on various aspects of the report.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2025-26 and the current overall projected year end overspend of £2.802m reducing to £2.251m after assumed funding for the reduced working week; (b) note the progress with delivery of agreed savings; (c) approve the budget reduction in para 2.10; and (d) note the remaining financial risks for 2025-26.

6. Transformation Plan Update

Submitted a report by Stuart Macmillan, Principal Manager (Planning, Performance & Transformation) on the Transformation Plan, set out at Appendix 1 to the report. Appendix 2 provided an example of what a benefit tracker looks like for projects, with Appendices 3-5 detailed the progress within each of the three Services: Children, Families and Justice, Health and Community Care and Mental Health and Learning Disabilities.

Officers responded to members' questions on various aspects of the report.

Noted.

7. Revenue Budget 2026-2027

Submitted report by Eleanor Currie, Chief Finance Officer and Section 95 Officer (HSCP) on the financial position for the Partnership for 2026-27, including the proposed delegated funding, service budget pressures, plans developed to set a budget and the associated risks.

A summary of the 2026-27 budget and net budget increase was set out at Appendix A to the report, while Appendix B set out the proposed service pressures. Appendix C to the report detailed the proposed savings and Appendix D set out the Scottish Government Finance Settlement letters.

Officers responded to members' questions on various aspects of the report.

The Director of Health and Social Care Partnership provided clarification that the Revenue Budget 2026–2027 report and the Budget Consultation and Eligibility Criteria for Social Care Services report were presented separately to allow the Partnership adequate time to consider and scrutinise the significant decision required in respect of eligibility criteria.

The Chair agreed that the meeting be adjourned at 4.00 p.m. for a short comfort break following comments from members, reconvening at 4.20 p.m. with the same Members and officers present and in attendance.

The Chair advised that the recommendations to the Revenue Budget 2026-2027 report had been updated as follows, meaning the substantive budget decision would be made after consideration of item 8:

"That the Board:

(a) notes the proposed budget for 2026-27 for the Partnership inclusive of all pressures, savings and reserves, noting that the funding position is subject to

confirmation of the NHS Ayrshire and Arran budget. Defer further consideration to item 8.
(b) approves the new hourly rates for commissioned providers and Personal Assistants; and
(c) notes the risks associated with this budget."

Accordingly the Board agreed to (a) note the proposed budget for 2026-27 for the Partnership inclusive of all pressures, savings and reserves, noting that the funding position is subject to confirmation of the NHS Ayrshire and Arran budget. Defer further consideration to item 8; (b) approve the new hourly rates for commissioned providers and Personal Assistants; and (c) note the risks associated with this budget.

8. Budget Consultation and Eligibility Criteria for Social Care Services

Submitted report by Caroline Cameron, Director (NAHSCP), on the extensive consultation undertaken since December 2025 on "Delivering Social Care Services within Budget. The final report from Phase 1 was set out at Appendix 1 and Phase 2 report set out at Appendix 2 to the report. The Eligibility Policy was set out at Appendix 3 to the report and the full Equality and Children's Rights Impact Assessment set out at Appendix 4 to the report.

Officers responded to members' questions on various aspects of the report.

The Chair advised that the recommendations to the Budget Consultation and Eligibility Criteria for Social Care Services report had been updated as follows:

"It is recommended that the IJB:

(a) note and consider the extensive engagement with and feedback from our communities on how we Deliver Social Care Services within budget;
(b) approve the Eligibility Policy – Critical Only Access to Funded Adult Social Work and Social Care Services (Appendix 3);
(c) approve the budget for 2026-27 for the Partnership (as presented fully to IJB at Agenda Item 7) inclusive of all pressures, savings and reserves;
(d) note that the policy does not alter the HSCP's statutory duties to assess need, make inquiries, provide protection, or offer SDS options where an eligible need is being met; and
(e) note that the HSCP will monitor implementation and impact and will provide an evaluation report which will include data on demand, risk patterns, unmet need, and impact on service sustainability. A formal review of the policy will be undertaken alongside budget planning for 2027-28."

Joyce White, seconded by Councillor Johnson, moved the approval of the recommendations, as amended, set out in the officer's report.

An amendment by Councillor Angus-McDonald, seconded by Vicki Yuill, proposed the following:

"IJB notes the financial position of the HSCP for 2026/27; recognises the welcome additional £4.9m contribution from North Ayrshire Council approved by elected members at the recent budget; but acknowledges that a projected overspend for 2025/26, financial pressures and no additional funding for social care in the Scottish budget leaves a substantial gap.

The IJB notes with concern the proposals contained within the report which would move the IJB from a policy of Critical & Substantial Eligibility to Critical Only for care packages.

IJB further notes the risks, impacts and concerns raised in the Equalities Impact Assessment which shows a severe negative impact across multiple demographics.

And the IJB notes the results of the public consultation; the officers analysis of which shows that 61% are against changing our eligibility policy to Critical only.

As a result, the IJB therefore resolves to :

1. Instruct the Chair and Vice-Chair of the IJB to write to NHS Ayrshire and Arran and the Cabinet Secretary for Health, Social Care and Sport to request that both parties provide additional funding (including full funding of national policy commitments) to match the Council's additional contribution in order to avoid the devastating impact of moving to a Critical Only eligibility policy.

2. Continue consideration on the move to "Critical Only" eligibility criteria.

3. Instruct officers to prepare alternative options to moving to "Critical Only", outlining the financial and operational risks such as an increase in waiting lists, to be presented alongside the response to the funding request so the IJB can consider the full range of options to manage health and social care services within the funding envelope provided by partners, whilst mitigating the impact on those who require our services.

4. Reconvene to consider the matters so resolved prior to 31 March 2026."

The Director of Health and Social Care Partnership advised that, in the absence of a strategic decision by the Partnership, the financial position would require to be managed operationally from 1 April 2026. Consequently, the Partnership would be unable to commit expenditure, and access to care would require to be paused, other than for those with the most critical needs.

Linda Semple left the meeting during consideration of this item.

There followed debate and summing up.

On a division and roll call vote, there voted for the amendment, Councillor Angus-McDonald (1) and for the motion, Councillors Robertson, Johnson, Marshall, Joyce White, Tom Hopkins and Marc Mazzucco (6) and the motion was declared carried.

Accordingly the Board agreed to (a) note and consider the extensive engagement with and feedback from our communities on how we Deliver Social Care Services within budget; (b) approve the Eligibility Policy – Critical Only Access to Funded Adult Social Work and Social Care Services set out at Appendix 3 to the report; (c) approve the budget for 2026-27 for the Partnership (as presented fully to IJB at Agenda Item 7) inclusive of all pressures, savings and reserves; (d) note that the policy does not alter the HSCP's statutory duties to assess need, make inquiries, provide protection, or offer SDS options where an eligible need is being met; (e) note that the HSCP will monitor implementation and impact and will provide an evaluation report which will include data on demand, risk patterns, unmet need, and impact on service

sustainability. A formal review of the policy will be undertaken alongside budget planning for 2027-28.

The meeting ended at 6.00 p.m.

The full meeting proceedings can be viewed at
https://north-ayrshire.public-i.tv/core/portal/home

Agenda Item 4

Integration Joint Board
30th April 2026

Subject :	**Director's Report**
Purpose :	This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)
Recommendation :	IJB members are asked to note progress made to date.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
COSLA	Convention of Scottish Local Authorities
ALISS	A Local Information System for Scotland
NES	NHS Education in Scotland
NSS	NHS National Services in Scotland
PSD Scotland	Public Services Delivery Scotland
MWC	Mental Welfare Commission
SMHLR	Scottish Mental Health Law Review
WFWF	Whole Family Wellbeing Fund

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	**BACKGROUND**
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB.

3.	**CURRENT POSITION**
	National Developments
3.1	Scottish Families National Transitions Strategy for Young Disabled People
	On 3rd June 2026 the Scottish Government Transitions Team is hosting a sector wide online workshop focused on digital resources, tools and supports available to practitioners working with young disabled people and their families. This session will bring together national partners who deliver key actions under the National Transitions to Adulthood Strategy for Young Disabled People 2025–2030. Everyone supporting young disabled people plays a crucial role in preparing and planning for transitions into adulthood. Scotland's National Transitions to Adulthood Strategy was published on 30 June 2025 and aims to ensure every young disabled person feels confident, empowered and supported to control their own path to success. The Strategy is delivered in partnership with COSLA and is underpinned by ARC Scotland's Principles of Good Transitions, which emphasise early planning, person led approaches and coordinated support. This workshop will: • Showcase the digital tools, resources and supports available to help improve transitions. • Increase awareness of resources available across Scotland. • Provide a short "show and tell" style segment from each partner organisation. • Offer practical demonstrations to support frontline use and signposting. Confirmed Contributors Speakers will include: • The Alliance – ALISS (A Local Information System for Scotland) • ARC Scotland – Compass & eLearning / Knowledge Hub • Contact – Talking About Tomorrow Website • Family Fund – Digital Transitions Support for Families • Skills Development Scotland – My World of Work • PAMIS – Passports & PMLD Transitions Support • NDTi – Planning Live • Scottish Government – Strategy update and ecosystem overview The workshop is designed for practitioners and professionals including but not limited to: • Local authorities • Health boards • Health & Social Care Partnerships

	To reserve a place you can register online using the Eventbrite link - National Transitions Strategy for Young Disabled People - Digital Resources Tickets, Wednesday 3 June • 10 - 12:30 GMT+1 | Eventbrite
3.2	Public Services Delivery Scotland
	On 1 April, NHS Education for Scotland (NES) and NHS National Services Scotland (NSS) came together to form Public Services Delivery Scotland (PSD Scotland)—a new national partner for transformation across health, social care, and the wider public sector. By combining strengths in workforce education, digital innovation, and Once for Scotland infrastructure and national clinical services, PSD Scotland is built on trusted foundations and a commitment to continuity.
	As part of the wider ambition to reshape and modernise how national services operate, PSD Scotland will have a clear focus on reducing duplication and ensuring that frontline staff have the skills, tools, data and infrastructure they need to deliver the best possible outcomes for the people and communities they serve.
	Their aim is to work in partnership to improve outcomes for people and communities by providing joined-up national support, educating and developing the workforce, delivering Once for Scotland national clinical services and infrastructure, and accelerating safe, evidence-led digital transformation and innovation. PSD Scotland will operate according to core values of putting people first, prioritising partnership, driving evidence and data-led improvement, focusing on prevention and long-term outcomes, and upholding transparency, co-design and trust in everything we do. Over the coming months, they will continue to develop their structure and strategy, ensuring a smooth transition for staff, partners and the wider public. They will also continue to provide the services of their predecessor organisations without interruption, and existing points of contact and established communication channels will continue unchanged.
3.3	Mental Welfare Commission Strategic Plan 2026-29
	The Mental Welfare Commission (MWC) approved and published their Strategic Plan for 2026-29 on 24th February 2026.

	The 2026-29 strategic plan builds on the four priorities that have steered the Commission since 2023 : to challenge and promote change, to increase their impact, to improve their efficiency and effectiveness, and to focus on the most vulnerable. Feedback confirmed that these priorities remain relevant, but that they must be strengthen and that the MWC should be bolder in their national leadership role. The Scottish Mental Health Law Review (SMHLR) made far-reaching recommendations, including an expanded role for the Commission itself. Whilst the Scottish Government's decisions are awaited, this strategy sets out the MWC ambition to do all they can with the powers and resources they currently have.
3.4	Impact of COVID-19 on Health and Social Care in Scotland
	People living in Scotland through the pandemic – including bereaved relatives, patients, service users, carers, healthcare professionals, those separated from relatives in care homes, prisoners, people experiencing homelessness and others – will see their experiences reflected in a new publication from the Scottish COVID-19 Inquiry.
	The record summarises evidence heard from 156 witnesses over more than 16 weeks of public hearings held between October 2023 and May 2024. It covers what they told the Inquiry about their experiences of care homes, healthcare services and end of life care – reflecting witnesses' views on how Scotland's health and social care system responded to the crisis between January 2020 and December 2022. Recurring themes across the evidence include grief and bereavement, mental health, PPE availability, staffing pressures, and the quality of guidance issued during the pandemic. The record also includes a note on Anne's Law, which strengthens the rights of care home residents to maintain contact with loved ones during infectious disease outbreaks. Regulations were approved by the Scottish Parliament in March 2026.
3.5	Anne's Law
	New regulations about care home visiting that are commonly known as Anne's Law came into force on Tuesday 31 March 2026. The regulations strengthen the rights of people living in adult and older people's care homes to maintain contact with those who are important to them. They do this by introducing duties for care home providers in relation to visiting arrangements, identification of Essential Care Supporters, and transparency where visiting is restricted for any reason.

	A Code of Practice has been developed to provide guidance for care home providers, managers and staff on applying the legislation consistently and fairly. It will also support care home residents, families and friends to know what they should expect from care homes. From 31 March 2026, when care homes restrict visits for any reason, they must notify: • residents, their representatives if appropriate, and Essential Care Supporters • the Care Inspectorate • the Chief Social Work Officer for the relevant local authority. A three-month implementation period (31 March – 30 June 2026) will apply to support providers to fully embed the new arrangements. The legal duties under Anne's Law will apply from 31 March 2026. The Care Inspectorate will continue to take a proportionate and supportive approach, recognising that providers are implementing new requirements during this period. During this time, providers should take steps to ensure their policies, processes and staff awareness align with the legislation and Code of Practice. However, the new notification requirements will apply from 31 March 2026.
3.6	National Care Service Charter of Rights
	The *National Care Service Charter of Rights ('the Charter')* was published on 25th March 2026. The Charter aims to help people to better understand their existing rights and what they should expect when accessing, or waiting to access, social care, social work and community health services in Scotland. You can find the full Charter, along with a range of accessible versions at www.mygov.scot/ncs-charter.
	Publication of the Charter marks an important step in delivering a rights-based approach to care in Scotland. To ensure the Charter is put into action, the next phase of work will focus on implementation, including identifying opportunities to raise awareness of the Charter and embed it into care services.
3.7	Whole Family Wellbeing funding (WFWF) Year 3 Review
	The Scottish Government have published the review of the Year 3 WFWF activity: Analysis of Year 3 (2024-2025) Whole Family Wellbeing Funding Programme Templates - gov.scot. Established by the Scottish Government in 2022, the Whole Family Wellbeing Funding (WFWF) programme aims to drive systems change at a local level to improve the delivery of holistic whole family support in line with the National Principles – so that every family in Scotland can access the right support at the right time, reducing the need for crisis intervention and helping children to thrive within their own families. This analysis examines Year 3 (2024-25) reporting templates submitted in time to complete this research by 23 of Scotland's 30 Children's Services Planning Partnerships (CSPPs). It provides a descriptive overview of activities funded through

	Element 1 of WFWF, identifies emerging themes and highlights examples of positive practice to help CSPPs learn from each other's approaches to delivering holistic whole family support. The Lines Between, a social research company, have been thematically analysing all available annual reporting templates from Year 3 of the WFWF Programme. This work does not examine outcomes in depth as this is in scope for the Year 3-4 evaluation. However, this report provides a timely, descriptive overview of the continued progress of these activities, draws out key themes and commonalities across areas, and identify examples of positive practice.
	North Ayrshire Developments
3.8	Appointments
	Following a successful recruitment process, I am delighted to advise that John Geates has been appointed as the new Independent Chair of the North Ayrshire Alcohol and Drug Partnership, with effect from 24 March 2026. John will be taking over from Billy Brotherston, who finished in the role on 24 April 2026. I would like to acknowledge Billy's contribution as outgoing Chair – his support, leadership and steady guidance have been hugely appreciated, and we are very grateful for everything he's done during his time with the ADP. I'm sure you'll all join me in welcoming John to the role and support him to build on the strong partnership working at the ADP, and in thanking Billy for his commitment and work over the years.
3.9	Care Inspectorate Inspection Reports
	Trindlemoss
	The Care Inspectorate completed an unannounced inspection of Trindlemoss House on 23 March 2026 and reported very positive findings, with four quality indicators graded 5 – Very Good and one graded 4 – Good, and no requirements made. The inspection highlighted strong, person-centred care and support that promotes wellbeing, independence and positive outcomes; effective leadership, governance and quality assurance arrangements; a skilled, motivated and well-supported staff team; and high-quality care planning aligned to the Health and Social Care Standards, including effective Positive Behaviour Support. The physical environment was described as safe, personalised and supportive, with scope to continue strengthening this area to further enhance people's experience. A previous improvement action relating to six-monthly care reviews had been fully met, and no complaints have been upheld since the last inspection, providing strong assurance to the IJB regarding the quality and governance of the service.

	Montrose House
	The Care Inspectorate published the report following an unannounced inspection of Montrose House on 6th March 2026 and evaluated the service as 4 – Good across all five quality indicators. The inspection found that people experienced warm, respectful and person-centred care that supported health, wellbeing and dignity, with visible and responsive leadership, improving staffing stability, and effective quality assurance arrangements. Care planning and risk assessment were up to date and generally well used by staff to guide safe, personalised support, with improved review processes noted, although some anticipatory care plans would have benefited from further detail. The environment was described as clean, homely and generally well maintained, though some minor cleaning issues in communal areas were identified. One area for improvement was made in relation to ensuring the safe and correct storage of medication in people's bedrooms, including improved labelling and storage arrangements. Leaders were visible, supportive and responsive, which helped create a culture where concerns were raised early and addressed quickly. Quality assurance processes were effective and ensured resources matched people's needs. No complaints have been upheld since the previous inspection, providing overall assurance to the IJB regarding the quality and safety of the service. It should be noted by the IJB that this is the first time since inspected in 2018 that Montrose House has achieved positive Care Inspectorate gradings across all domains. The Care Inspectorate highlighted that staffing arrangements were appropriate and supported good outcomes for people. A recent reduction of the number of service users and available beds meant that the service's reliance on agency staff had been significantly reduced. Furthermore, shift patterns had been changed, which led to more staff being present at times of high support need, such as lunchtime. The improved staffing ratio meant staff had time to interact meaningfully with residents. This reduced stress, improved wellbeing and helped staff provide person centred care.
3.10	NEST team member shortlisted in National Diversity Awards
	The Neurodevelopmental Empowerment and Strategy Team (NEST) team member Celine Dyer has been shortlisted for the National Diversity Awards 2026 in the Positive Role Model – Disability category. The award recognises individuals who are helping to break down barriers and improve understanding of disability in everyday life.

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Celine, who is the only person from Ayrshire to be nominated across all categories this year, uses her lived experience to support neurodivergent individuals, families and professionals in ways that are kind, empowering and deeply human.

You can support Celine by voting online. You can also read more about her nomination and a bit about her story in this NEST blog.

Congratulations Celine on this well-deserved achievement - and wishing you the best of luck at the finals.
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<tr><td>3.11</td><td>Dementia Connect</td></tr>
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Dementia Connect is a local group that can offer advice and information to those living with dementia and their families or carers.

The group offers a free Dementia Support Pack that can help with navigating local and national supports, as well as a ‘(Get) TUIT’ newsletter that provides information on local activities. You can also sign up to the group’s WhatsApp for news and events alerts, or follow them on Facebook by searching ‘Dementia Connect Carers Group (North Ayrshire)’.

To find out more, or to request the support pack or newsletter, contact Mike by calling **07508 188 542** or emailing **michaellunn29@gmail.com**
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<tr><td>3.12</td><td>Celebrating 10 years of Woodland View Hospital</td></tr>
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A celebration of the ten-year anniversary of Woodland View Hospital in Irvine has been launched, with current and former patients and their families and carers being invited to get involved.

The hospital, which opened in the Spring of 2016, is a purpose built, integrated mental health facility serving the whole of Ayrshire, bringing together a full range of outpatient and inpatient facilities including the previous adult inpatient wards at Ailsa Hospital in Ayr and University Hospital Crosshouse.

As part of the celebrations, North Ayrshire Health and Social Care Partnership would love to hear stories from patients who have received care at the hospital, as well as those who have supported their loved ones through treatment at Woodland View. These stories could become one of the featured pieces in the Partnership’s ‘10 Years,
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	10 Stories' project, helping to highlight the impact Woodland View has had on individuals, families, and our wider community over the last decade. Whether their experience is big or small, challenging or inspiring, these can be shared by emailing MentalHealthEngagement@north-ayrshire.gov.uk or calling 07392 128 928. In addition, the Partnership is running an anonymous survey for patients and former patients to better understand your experiences of the mental health ward environment and how it assisted you in your care and recovery. The survey looks at what is working well, where improvements could be made, and how we can continue to develop an environment that supports high-quality patient care. Finally, a separate anonymous survey for families and carers can be accessed online, focussing on how the ward environment supports the person you care for, how it supports you in your role as a carer, and where improvements can be made. The closing date for both surveys is Monday 4 May.
4.	**IMPLICATIONS**
4.1	Financial None
4.2	Human Resources None
4.3	Legal None
4.4	Equality/Socio-Economic None
4.5	Risk None
4.6	Community Wealth Building None
4.7	Key Priorities None
5.	**CONSULTATION**
	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

Appendices
Nil

Agenda Item 5

Integration Joint Board
30Th April 2026

Subject :	**HSCP Locality Planning Arrangements**
Purpose :	To seek approval for moving to revised locality planning arrangements aligned with Community Planning Partnership (CPP) locality structures.
Recommendation :	That the Integration Joint Board approves the proposed integrated CPP & HSCP locality planning model and agrees the associated implementation approach.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CPP	Community Planning Partnership
LPRGs	Locality Planning Review Groups

1.	**EXECUTIVE SUMMARY**
1.1	Locality planning is a statutory requirement under the *Public Bodies (Joint Working) (Scotland) Act 2014* and the *Community Empowerment (Scotland) Act 2015*. Both legislative frameworks emphasise decision-making at a local level, partnership working, community participation and place-based planning. North Ayrshire Health and Social Care Partnership (HSCP) and the Community Planning Partnership (CPP) currently operate separate, though related, locality planning arrangements. These arrangements involve the same geographies, partners and data sources, and aim to improve outcomes for local communities.
1.2	Ongoing workforce and capacity pressures across the partnership have highlighted the need to streamline planning and governance structures. Maintaining parallel HSCP and CPP locality planning forums has become increasingly difficult and risks duplication and reduced effectiveness.
1.3	This paper proposes an integrated locality planning model, aligning HSCP locality planning with existing CPP Locality Partnership structures. This approach maintains HSCP statutory responsibilities while reducing duplication and strengthening joint

	ownership of place-based outcomes. The proposal includes a revised role for HSCP Locality Leads (Heads of Service), clear reporting arrangements and a phased implementation approach beginning in June 2026.
2.	**BACKGROUND**
2.1	**Statutory Context** Locality planning requirements within health and social care and community planning legislation seek to ensure that planning and decision-making are informed by local need, community insight and partnership action.
2.2	**CPP Locality Planning Arrangements** CPP Locality Partnerships meet quarterly in each locality and include Elected Members, Community Councils, CPP partners, the third sector and senior officers. A recent review refocused the partnerships on tackling inequality and place-based outcomes. This work is supported by wider community engagement activity and a broad network of local groups, forums and partnerships, helping to ensure strong community involvement and local insight.
2.3	**HSCP Locality Planning Arrangements** HSCP locality planning forums were paused during the Covid-19 pandemic and replaced in 2023 by Locality Planning Review Groups and two periods of engagement, known as “Locality Conversations”. Under this model, Locality Leads (HSCP Heads of Service) attend biannual LPRGs and represent locality interests at the Strategic Planning Group. While the review group model supported re-engagement, sustaining separate HSCP locality structures alongside CPP arrangements has proven resource-intensive. A single officer within the Strategic Planning and Equalities Team was required to support five LPRGs, some of which had overlapping membership and duplicated involvement with members of CPP locality forums. This duplication of effort and reliance on limited capacity made the model difficult to sustain at a consistent standard. The other Ayrshire partnerships have since adopted more integrated locality planning approaches.
3.	**PROPOSALS**
3.1	It is proposed that HSCP locality planning is formally integrated into CPP Locality Partnership structures, removing the requirement for separate HSCP LPRGs, this would not affect Arran where already established integrated arrangements will continue. **Role of HSCP Locality Leads (Heads of Service)** HSCP Locality Leads will: • Attend two CPP Locality Partnership meetings per year, aligning with the existing biannual commitment previously required for HSCP locality planning review groups; and

	• Provide leadership on HSCP locality planning through a standing agenda item at those meetings. At these meetings, Locality Leads will: • Provide an update on HSCP locality planning activity. • Present emerging priorities and draft locality plan content; and • Facilitate discussion and feedback from CPP partners. **Reporting to Remaining Locality Partnership Meetings** For the other two CPP Locality Partnership meetings held annually: • HSCP locality planning updates will be provided in written format, pulled together by the Strategic Planning and Equalities Team; and • These updates will be included alongside other partner reports to ensure ongoing visibility and accountability without additional meeting attendance. **Development and Governance of Locality Plans** HSCP Locality Plans will continue to be developed by the Strategic Planning and Equalities Team, drawing on locality data, engagement activity, service input and feedback from CPP Locality Partnerships. Locality Leads will retain responsibility for ensuring statutory locality planning requirements are met and for representing their locality at Strategic Planning Group, who have oversight of the process. **Implementation Timeline** June 2026 – Introduction and Alignment HSCP Locality Leads will attend CPP Locality Partnership meetings to: • Provide an overview of HSCP locality planning; • Explain why locality planning structures are changing; • Outline how the integrated approach will operate; and • Set out what the partnership aims to achieve through the revised model. December 2026 – Draft Locality Plans • First draft HSCP Locality Plans will be presented to CPP Locality Partnerships; • Feedback will be used to refine plans prior to finalisation and integration within wider strategic planning processes
3.2	<u>Anticipated Outcomes</u>
	• Streamlined and more sustainable locality planning arrangements. • Reduced duplication of meetings and reporting across HSCP and CPP structures. • Stronger alignment between health and social care priorities and wider community planning outcomes. • Maintained statutory locality leadership and assurance within HSCP governance. • Maintain link back to IJB Strategic Planning Group

3.3	Measuring Impact
	The effectiveness of the integrated locality planning model will be monitored through: • Ongoing reporting to Strategic Planning Group; • Review of locality plan development and implementation; • Feedback from CPP Locality Partnerships on engagement, alignment and impact; and • Feedback from locality leads on relevance and partnership working.
4.	**IMPLICATIONS**
4.1	Financial The proposal does not require additional resources and is intended to maximise existing capacity by reducing duplication.
4.2	Human Resources The revised model reduces officer time spent on multiple locality forums while maintaining leadership input at locality level.
4.3	Legal The proposal supports compliance with statutory locality planning duties under relevant legislation.
4.4	Equality/Socio-Economic Locality planning continues to focus on inequality and place-based outcomes.
4.5	Risk The proposed approach presents a moderate level of risk, which is within the Partnership's agreed risk appetite. Key risks relate to potential reduced visibility of HSCP priorities within CPP structures and loss of clarity around roles during transition. These are mitigated through clear statutory accountability remaining with HSCP, defined leadership roles for Locality Leads, formal reporting arrangements, and a phased implementation with ongoing oversight via Strategic Planning Group. The risks associated with maintaining parallel, unsustainable locality structures are considered greater than those arising from integration.
4.6	Community Wealth Building None.
4.7	Key Priorities The proposal supports delivery of the HSCP Strategic Plan 2026–2030 and alignment with CPP locality priorities whilst fulfilling our legislative duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

5.	**CONSULTATION**
5.1	As part of ongoing review and continuous improvement of locality planning arrangements, a programme of engagement was undertaken with members of the LPRGs in late 2024. This engagement was intended to provide staff involved in the LPRGs with an opportunity to reflect on the effectiveness of the revised locality planning model, one year after its implementation, and to identify any challenges or opportunities for improvement.
5.2	A digital survey of LPRG members was conducted in January, supported by direct communication via email and LPRG Microsoft Teams channels. The survey sought feedback on members' understanding of their role, the relevance and value of agenda items, meeting format and frequency, attendance, and overall views on how the LPRGs were functioning in practice.
5.3	Feedback from the survey was collated and presented to Chairs at the Joint Locality Planning Review Group meeting in February. Key themes emerging from this consultation included challenges in sustaining consistent attendance, concerns around representativeness of membership, perceived duplication with other partnership and CPP structures, and varying levels of clarity about the purpose and remit of the LPRGs. Respondents also highlighted positive aspects of the groups, particularly the value of cross-service discussion and opportunities for networking, alongside a preference for hybrid meeting arrangements.
5.4	The findings from this staff consultation were considered and the feedback directly informed subsequent discussions with LPRG Chairs and senior officers regarding the future model for locality planning governance. In particular, the issues raised through consultation reinforced the need to reduce duplication, make best use of limited officer capacity, and ensure clarity of purpose within partnership structures.
5.5	As a result, work progressed to explore closer alignment and integration with the Community Planning Partnership's locality arrangements, recognising that CPP structures were themselves under review. The decision to pause LPRG meetings and move towards a more integrated approach was therefore informed by consultation feedback from staff members involved in the LPRGs, alongside strategic considerations about effectiveness, efficiency and partnership working.

Stuart MacMillan, Principal Manager, Planning, Performance and Transformation

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Appendices
- None

Agenda Item 6

Integration Joint Board
30th April 2026

Subject :	**IJB Best Value Statement 2025-26**
Purpose :	The purpose of this report is to advise the IJB of the Best Value Statement, which sets out how the IJB delivered Best Value during the previous financial year, and to seek the IJBs approval.
Recommendation :	It is recommended that the IJB approve the Best Value Statement at Appendix A.

Direction Required to Council, Health Board or Both	Direction to :-	
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	3. NHS Ayrshire & Arran	
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Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	Integration Joint Boards have a statutory duty to make arrangements to secure Best Value. To achieve this, IJBs are required to have effective arrangements in place for scrutinising performance, monitoring progress towards achieving strategic objectives and holding partners to account.
1.2	Appendix A contains the Draft Best Value Statement for 2025/26. This will be reviewed annually and will be incorporated into the Annual Performance Report.
2.	**BACKGROUND**
2.1	A recommendation was made in the 2024/25 Annual Audit Review that a formal review of the Best Value assurance framework, and an assessment of the partnership's Best Value arrangements, should be completed and reported to the Joint Board.
2.2	The agreed action was that a Best Value framework would be developed and presented to the IJB. Thereafter, it will be incorporated into the Annual Performance Report as the mechanism for regular reporting to the IJB.

2.3	The statement considers North Ayrshire's position in relation to the seven key Audit Scotland Best Value themes. On the basis of this statement, and taking account of the Best Value arrangements in place through the Council and the Health Board, no additional action is required by the IJB at this time beyond the actions already under way (as detailed in the statement).
3.	**PROPOSALS**
3.1	The Audit Committee is asked to consider and approve the Best Value Statement at Appendix A.
3.2	**Anticipated outcomes**
	Approval of the Best Value Statement will provide assurance to the IJB, partner organisations and stakeholders that appropriate arrangements are in place to secure Best Value and support continuous improvement in the delivery of integrated health and social care services.
3.3	**Measuring impact**
	The statement will be reviewed annually and will be incorporated into the Annual Performance Report.
4.	**IMPLICATIONS**
4.1	**Financial** There are no financial implications arising from this report.
4.2	**Human Resources** There are no specific human resource implications arising from this report.
4.3	**Legal** There are no specific legal implications arising from this report.
4.4	**Equality/Socio-Economic** None
4.5	**Risk** There are no specific risk implications arising from this report.
4.6	**Community Wealth Building** None
4.7	**Key Priorities** None

5.	**CONSULTATION**
	This report was prepared in consultation with the Chief Officer and the Principal Manager (Planning, Performance and Transformation).

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Appendices
- Appendix A, Best Value Statement

North Ayrshire Health Integration Joint Board

Best Value Statement 2025-26

North Ayrshire Health & Social Care Partnership (HSCP) is committed to securing Best Value in the delivery of integrated health and social care services, in line with its statutory duties and the principles set out by Audit Scotland.

Best Value is defined as securing continuous improvement in performance, while maintaining an appropriate balance between quality and cost, and having regard to economy, efficiency, effectiveness, equality and sustainable development.

The Integration Joint Board (IJB) has arrangements in place to demonstrate Best Value through effective governance, financial management, performance monitoring and partnership working. These arrangements support delivery of the Partnership's strategic priorities and contribute to improved outcomes for the people and communities of North Ayrshire.

The IJB places appropriate reliance on the Best Value arrangements of its partner organisations, North Ayrshire Council and NHS Ayrshire & Arran, both of which are subject to independent external audit and scrutiny. This reliance is supplemented by the Partnership's own governance and assurance arrangements, including performance reporting, financial monitoring, risk management and internal audit.

Financial management arrangements support the effective stewardship of public resources and the pursuit of financial sustainability in the context of increasing demand and significant cost pressures. The Partnership uses performance information and intelligence to support decision-making, prioritisation and continuous improvement.

The IJB considers that, taken together, these arrangements provide assurance that Best Value is being achieved. The Partnership recognises the scale of the challenges facing health and social care and remains focused on strengthening the pace and depth of improvement, delivering transformation, and ensuring resources are used effectively to improve outcomes.

The IJB will continue to review and enhance its arrangements for securing Best Value and will use this assessment to inform future planning, improvement activity and assurance reporting.

Theme 1 – Vision and Leadership Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation. In achieving Best Value, a local authority will be able to demonstrate the following: a) Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders. b) Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners. c) Effective leadership drives continuous improvement and supports the achievement of strategic objectives.	Effective political and managerial leadership is central to the delivery of Best Value within North Ayrshire Health and Social Care Partnership (NAHSCP). The Integration Joint Board (IJB), supported by senior officers, provides clear strategic direction, ensures alignment with partner priorities, and promotes a culture of collaboration, accountability and continuous improvement. NAHSCP has a clearly articulated and shared vision, set out in the **Strategic Plan 2026–2030**, which was formally refreshed following a statutory review of the previous *Caring Together 2022–2030* plan. The Partnership's vision is: "To empower people in North Ayrshire to live safe, healthy and active lives with fair and equal access to sustainable health and care services." This refreshed vision reflects extensive engagement with communities, service users, staff, third sector partners and statutory partners. The vision was updated following consultation in 2025 to place greater emphasis on empowerment, accessibility, inclusion and sustainability, responding directly to stakeholder feedback. The vision and values will be communicated and embedded through: • The Strategic Plan and associated Delivery Plan. • Public IJB meetings and published papers. • Partnership engagement activity and locality planning. • Alignment with Community Planning Partnership priorities. This ensures that the Partnership's strategic direction is understood and shared across organisations and communities. The IJB sets clear strategic priorities based on robust evidence of local need, performance and engagement. The Strategic Plan 2026–2030 was developed using:

	• A comprehensive Strategic Needs Assessment undertaken in 2025. • Analysis of engagement activity conducted between 2023 and 2024. • Review of national and local policy, including the Population Health Framework 2025–2035 and the Health and Social Care Service Renewal Framework 2025–2035. • Service performance data and feedback from staff and partners. From this, the IJB agreed three Strategic Priorities: • Supporting the improvement of population health. • Addressing the changing needs of an ageing population. • Tackling the root causes of health inequality. These are complemented by six Service Delivery Priorities that guide how services are designed and delivered, including prevention, community-based services, life stages, whole person approaches, accessibility and communication, and evidence-led decision-making. The priorities align closely with partner strategies, including the North Ayrshire Community Planning Partnership Plan, NHS Ayrshire and Arran priorities, and Council strategies, ensuring a shared focus on outcomes, prevention and reducing inequalities. The IJB publishes an Annual Performance report which on an annual basis measures performance and progress against strategic plan ambitions. Political and managerial leadership within NAHSCP drives continuous improvement through clear governance, performance oversight and a strong focus on transformation. Key elements include:

	- The IJB providing strategic oversight, financial governance and assurance. - The Strategic Planning Group providing oversight of the development and implementation of the Strategic Plan and Locality Plans, monitoring progress against priorities, and advising the IJB on strategic direction. - The Chief Officer and senior management team leading operational delivery and service improvement. - A Transformation Programme (agreed March 2024) focused on service redesign, sustainability and improved outcomes. - Development of a refreshed Performance Management Framework to align performance reporting directly to the Strategic Plan priorities. Leaders promote a culture of partnership working, innovation and learning, supported by regular performance reporting to the IJB and its committees, annual performance reporting, and engagement with staff and communities. The Partnership has also committed to strengthening participation and engagement through a new Participation and Engagement Strategy (2026–2030), ensuring lived experience continues to inform service improvement and strategic decision-making. More information about the refreshed Strategic Plan 2026-2030, and other strategies can be found at: NAHSCP Strategies, plans and publications
Theme 2 – Governance and Accountability Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and	IJB directions to the Council and Health Board require them to deliver services in line with the Strategic Plan and to ensure that services are procured and delivered in accordance with Best Value principles. The IJB has effective governance and accountability arrangements in place across decision-making, scrutiny and performance reporting.

stewardship of resources. In achieving Best Value, a local authority will be able to demonstrate the following: a) A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels. b) The existence of robust arrangements for scrutiny and performance reporting. c) The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms	IJB meetings are open to the public and also live webcast to ensure transparency of decision making with papers published prior to all meetings. The Performance and Audit Committee (PAC) is an essential part of ensuring good governance and accountability. The Committee meets quarterly and provides effective scrutiny and independent oversight of the Partnership's performance. Reports are formally presented to the Performance and Audit Committee to enable members to review, challenge and understand organisational performance, risks and areas of concern. The quarterly performance report is publicly reported on the HSCP website. The reports provide performance data on the following information: • Performance indicators as set out in the Strategic Plan. • Focus on indicators that are off target and require corrective action, with input from Head of Service. • MSG performance. • Workforce absence data and trends. • Financial performance. • Updates from each area of the Partnership as well as case study information. At its meeting on 13th March, Performance and Audit Committee approved an updated and refreshed set of indicators to monitor the Strategic Plan. Finance and financial reporting are embedded across relevant activity through regular financial monitoring, budget-setting processes, medium-term financial planning and the annual financial accounts. The Partnership also provides regular financial updates within key reporting documents, including the Chief Social Work Officer's Annual Report and the Annual Performance Report. A finance working group was also established in 2024-25. It consists of senior officers from the HSCP and members of the IJB and is chaired by the IJB Chair. The remit is: • Detailed scrutiny of in-year financial projections • Monitor the delivery of the financial recovery plan

	• Monitor the progress with delivery of the Transformation Plan • Review of the 3-year Medium-Term Financial Outlook • Detailed scrutiny of budget planning for the next financial year. A Medium Term Financial Outlook was presented to the IJB in December 2025, with further updates to the range of assumptions included in the budget report in March 2026. A range of possible scenarios for the financial position in each year were presented based on the information currently available. This helps to identify the financial challenges which will be faced by the IJB, enabling the IJB to see the impact of current and future decisions on its medium-term financial health.
Theme 3 – Effective Use of Resources Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, a local authority will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement. In achieving Best Value, a local authority will be able to demonstrate the following: a) It makes best use of its financial and other resources in all of its activities. b) Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.	In delivering financial Best Value, the requirement to deliver services within the budgeted allocation is central to the IJB's work. To support this, regular budget monitoring is reported to the IJB and the Performance and Audit Committee. Financial updates are also provided to NHS Ayrshire and Arran and North Ayrshire Council. Regular budget monitoring updates are also provided to Staff Partnership Groups. Internal financial updates are provided at Senior Management Team meetings and budget updates are provided to service managers. Financial updates are also provided to the extended Senior Management Team several times per year. To support best use of financial resources, detailed annual budget plans are developed and approved by the IJB. Medium-term financial outlooks are also developed and approved by the IJB. All IJB papers include a section that outlines the financial implications of each proposal, alongside other implications including legal, HR, equality and diversity, and links to the IJB's strategic objectives. Financial decisions taken by the IJB link to the Strategic Priorities and are assessed for risk. All major financial decisions are supported by an IJB paper which sets out the risks, evidence base and contribution to the Strategic Priorities.

c) It has robust procedures and controls in place to ensure that resources are used appropriately and effectively and are not misused. d) It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes	As part of the 2026–27 budget planning process, the Chief Officer and Chief Finance Officer attended the North Ayrshire Council budget working group and meetings with political parties. The Chief Finance Officer also attended NHS Ayrshire and Arran pay and supplies meetings. The IJB Finance Working Group undertakes further detailed scrutiny of the financial position, receives deep dives and supports officers to shape proposals prior to IJB formal consideration. In that forum detailed information covering financial and activity information for services, including benchmarking where available is shared with members.
Theme 4 – Partnerships and Collaborative Working The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors. A local authority should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. A local authority will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value. In achieving Best Value, a local authority will be able to demonstrate the following:	NAHSCP has established clear and proportionate governance arrangements to support effective partnership working. These include defined structures for Community Planning Partnerships (CPP) and other collaborative arrangements, with clear lines of responsibility, accountability and decision-making. Partners from across the CPP sit on the Partnership's Strategic Planning Group (SPG), ensuring representation from key partners including health, education, communities, housing, the third sector (through Arran CVS) and service providers. The Strategic Planning Group has a key role in shaping, overseeing and assuring the development and delivery of the Partnership's strategic planning duties. This supports shared understanding of partnership arrangements and helps to reduce the risk of duplication or gaps in service provision. The refreshed Strategic Plan was developed through engagement with partners and was subject to public consultation, ensuring that a wide range of perspectives informed the Partnership's strategic direction. The Strategic Plan is monitored through the SPG, providing assurance that there is shared agreement across partners on priorities, outcomes and milestones. This enables partners to collectively monitor progress and play an active role in delivering agreed outcomes and achievements. NAHSCP has also worked closely with housing colleagues to develop a new Housing Contribution Statement, with agreed shared outcomes. This strengthens alignment between health, social care and housing priorities and

a) Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes. b) Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones	supports a more integrated approach to meeting local needs. The Partnership is also in the midst of refreshing the locality planning model, integrating the governance arrangements with CPP, ensuring a shared vision for North Ayrshire alongside local people. Partnership working is further demonstrated through the Integration Joint Board (IJB), which includes representation from key partners, including internal officers, a carers' representative, local councillors and non-executive members of NHS Ayrshire and Arran. All major decisions and formal reporting are considered through the IJB, which meets regularly and provides strategic oversight and assurance. The Partnership works closely with East and South Ayrshire HSCPs with strong established collaboration, this is evidenced more formally through lead partnership arrangements for service delivery and through a number of whole system joint working and governance arrangements.
Theme 5 – Working with Communities Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decision-making processes that agree strategic priorities and direction. In achieving Best Value, a local authority will be able to demonstrate the following: a) Early and meaningful engagement and effective collaboration with communities to	North Ayrshire Health and Social Care Partnership (NAHSCP), working with its Community Planning partners, recognises that people and communities must be at the heart of decisions that affect their everyday lives. Community bodies, as defined in the Community Empowerment (Scotland) Act 2015, are central to NAHSCP's approach to strategic planning, service design and delivery. This commitment is set out clearly in the Partnership's Final Participation and Engagement Strategy 26-30, which provides a structured, rights-based framework for meaningful and continuous engagement with communities across North Ayrshire. NAHSCP demonstrates early and meaningful engagement with communities to identify and understand local need and to inform decisions affecting service planning and delivery. Engagement is embedded as a core component of strategic and service-level activity, rather than as a one-off or retrospective exercise. The Participation and Engagement Strategy sets out the commitment to proportionate, ongoing engagement, aligned with national

identify and understand local needs, and in decisions that affect the planning and delivery of services. b) A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes. c) That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.	guidance including Planning with People and the National Standards for Community Engagement. A wide range of engagement approaches are used to ensure accessibility and flexibility, including locality-based conversations, surveys (digital and paper), focus groups, lived experience panels, Conversation Cafés, one-to-one interviews and creative engagement methods. These approaches enable individuals, carers, community groups and third sector organisations to contribute in ways that suit them and support meaningful dialogue about local priorities and service improvement Locality Planning is a key mechanism for early engagement, providing place-based opportunities for communities to share their views and influence service priorities. Feedback from locality conversations is reviewed through governance structures, including the Strategic Planning Group and the CPP Locality Planning Partnerships, ensuring that community insight informs strategic decision-making. Two Engagement Officers support the Partnership to embed engagement across service design and improvement, ensuring that communities play an active role in shaping services. NAHSCP demonstrates a clear and sustained commitment to reducing inequalities and empowering communities through the development and delivery of its Equality Outcomes 2025–2029. These outcomes were developed in line with the Public Sector Equality Duty and were informed by robust engagement with people who share protected characteristics, alongside analysis of local and national data and policy evidence. Engagement undertaken during the development of the Equality Outcomes involved community groups with shared characteristics, ensuring that lived experience was central to identifying inequality and shaping priorities. The Equality Outcomes focus on areas where inequality and disadvantage are most evident in North Ayrshire, including access to community mental health support, participation in leisure and healthy activity, support for unpaid carers, and access to clear, accessible information and communication. Each outcome includes specific aims linked to protected characteristics such as age, disability,

	sex, sexual orientation, gender identity and race, demonstrating a targeted and proportionate approach to tackling inequality. NAHSCP works in partnership with third sector organisations, community groups and statutory partners to deliver activity that empowers communities and supports people to participate in services and decision-making. The Partnership also uses its Participation and Engagement Strategy to support inclusive, rights-based engagement, ensuring that seldom-heard voices are actively sought and that barriers to participation are addressed. NAHSCP can demonstrate that engagement with communities has directly influenced strategic planning processes, the setting of priorities and the development of locality plans. The refreshed Strategic Plan was informed by extensive engagement and consultation activity, including locality conversations, service-specific engagement and feedback gathered through the *What Matters to You?* approach. These insights shaped both the strategic priorities and the service delivery priorities set out in the Plan. Community engagement has also informed wider strategic activity, including the development of Equality Outcomes, service redesign within Health and Community Care, Mental Health, Children, Families and Justice services, and commissioning activity. Looking ahead, NAHSCP has committed to the development of locality plans informed by ongoing locality conversations, ensuring that planning and delivery remain responsive to the distinct needs, challenges and assets of different communities across North Ayrshire.
Theme 6 – Sustainable Development Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of	Sustainable development is clearly reflected in NAHSCP's vision and strategic priorities. The Partnership's vision explicitly commits to fair and equal access to sustainable health and care services, recognising the need to deliver services that are viable in the long term and responsive to changing population needs. The three Strategic Priorities — Supporting the Improvement of Population Health, Addressing the

the present without compromising the ability of future generations to meet their own needs. Sustainable development is a fundamental part of Best Value. It should be reflected in a local authority's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in a local authority, from planning to delivery and review, should contribute to achieving sustainable development. In achieving Best Value, a local authority will be able to demonstrate the following: a) Sustainable development is reflected in its vision and strategic priorities. b) Sustainable development considerations are embedded in its governance arrangements. c) Resources are planned and used in a way that contributes to sustainable development d) Sustainable development is effectively promoted through partnership working	Changing Needs of an Ageing Population, and Tackling the Root Causes of Health Inequality — collectively support sustainable development by shifting focus towards prevention, early intervention and long-term planning. This approach seeks to reduce avoidable demand on acute services, improve outcomes at a population level and ensure that resources are used in ways that support long-term system sustainability. Service Delivery Priorities such as Prevention, Community-Based Services, and Life Stages further embed sustainability by promoting care closer to home, reducing reliance on hospital-based provision and supporting people to remain independent for longer. Sustainable development considerations are embedded within NAHSCP's governance arrangements. The Integration Joint Board (IJB) has responsibility for setting strategic direction, aligning resources to the Strategic Plan and ensuring that decisions support the long-term sustainability of services. The Strategic Planning Group (SPG) provides oversight of plan development and delivery, ensuring that strategic decisions are informed by evidence, engagement and an understanding of future demand. Governance processes require that strategic decisions consider population need, inequalities, financial sustainability and service impact, supporting a whole-system approach to sustainable development. Locality Planning arrangements further support sustainable governance by enabling local leadership, community engagement and place-based decision-making. This ensures that services are planned and delivered in a way that reflects local circumstances and makes best use of community assets. NAHSCP plans and uses its resources in a way that supports sustainable development within a challenging financial context. The Strategic Plan acknowledges that the current service model is not sustainable within the resource constraints with service redesign and proactive decision making on priorities required to manage future demand more effectively.

	The Partnership's Transformation Programme plays a key role in this approach, focusing on redesigning services to improve outcomes, reduce inefficiencies and make better use of available resources. This includes reviewing models of care, reducing reliance on high-cost placements, supporting care closer to home and using digital solutions to improve efficiency and access. Financial planning is aligned to the Strategic Plan, with resources directed towards priorities that support long-term sustainability, including community-based services, workforce planning and digital transformation. This ensures that short-term financial pressures are managed in a way that does not compromise long-term service viability Sustainable development is actively promoted through partnership working at local, regional and national levels. NAHSCP works closely with Community Planning Partners, the third and community sector, NHS colleagues and housing services to deliver integrated solutions that address the wider determinants of health. Good North Ayrshire: Collaboration for Health Equity (CHES) is a two-year collaboration working to strengthen and accelerate the action already underway to improve Scotland's health, increase wellbeing and reduce health inequalities. North Ayrshire is one of 3 areas across Scotland involved in this work, this is supported by Public Health Scotland and the Institute for Health Equity, London. The focus of CHES is to explore the areas most impactful to close the gap in healthy life expectancy and what actions can be taken both nationally and locally to close the recognised implementation gap between policy and impact. Simplified branding and language around North Ayrshire's CHES work has been developed. CHES work seeks to progress a Good North Ayrshire that's Fair for All, with targeted workstreams focused on Good Start, Good Jobs, and Good Health in identified localities and neighbourhoods. Good Start, Good Jobs and Good Health workstreams are currently undertaking community engagement and asset mapping work to inform the design and delivery phase of

	improvements. An emphasis is being placed on enhanced collaboration and integration of existing supports to deliver more holistic early intervention and prevention that improves health outcomes for local people. Initial discussions have taken place around the roll out of the Public Health Approach to Learning (PHAL) to improve health and education outcomes.
Theme 7 – Fairness and Equality Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities. In achieving Best Value, a local authority will be able to demonstrate the following: a) That equality and equity considerations lie at the heart of strategic planning and service delivery. b) A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community. c) That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements. d) A culture that encourages equal opportunities and is working towards the elimination of discrimination.	Equality and equity considerations underpin the Strategic Plan 2026–2030, including the vision "to empower people in North Ayrshire to live safe, healthy and active lives, with fair and equal access to sustainable health and care services." Reducing inequality is one of the three core Strategic Priorities, ensuring decisions about service design, transformation and resource allocation are informed by evidence of need, population data and lived experience. Service Delivery Priorities such as prevention, community-based services, accessibility and life stages ensure support is targeted early, locally and proportionately to reduce unfair outcomes. Equality considerations are systematically assessed as part of strategic, service and budget decision-making. Equality Impact Assessments (EQIAs) consider available evidence and the proposed impact of decisions, including any potential negative or disproportionate effects. Where adverse impacts are identified, these are clearly set out along with proposed mitigation actions to support decision making. These assessments are subject to scrutiny by Integration Joint Board (IJB) members as part of their decision-making responsibilities, ensuring equality and human rights considerations are embedded within governance and oversight processes. The Equality Impact Assessment Template also includes a specific section addressing the Fairer Scotland Duty. This ensures that, when proposing service changes or budget decisions, lead officers give full and explicit consideration to the potential socio-economic impact of each proposal on people experiencing disadvantage or poverty. This approach supports informed, transparent decision-making and strengthens the Partnership's ability to anticipate and reduce inequality.

	To promote openness and accountability, summaries of completed Equality Impact Assessments are published on the HSCP website, ensuring accessibility for stakeholders, partners and the public. The Partnership is committed to tackling discrimination and advancing equality of opportunity both within the organisation and across the communities it serves. This is reflected in updated values of being Caring, Compassionate, Respectful and Inclusive, and through delivery of the Equality Outcomes 2025–2029. Our Strategic Plan, Participation and Engagement Strategy, and Performance Framework ensure that equality considerations inform planning, implementation and evaluation, and that human rights principles such as dignity, participation, fairness and respect are reflected across partnership activity. Equality and diversity awareness training is an annual mandatory course for all Council and NHS employees.

Agenda Item 7

Integration Joint Board
30th April 2026

Subject :	**Risk Appetite Statement**
Purpose :	To approve the Risk Appetite Statement
Recommendation :	That the IJB approve the Risk Appetite Statement

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an overview of the risk appetite statement for the partnership. The purpose of the report is to allow IJB members to approve the Risk Appetite Statement.
2.	**BACKGROUND**
2.1	Risk appetite is the amount of risk which is judged tolerable and justifiable. It is the amount of risk that any organisation is prepared to tolerate or be exposed to at any one point in time.
2.2	The Risk Appetite Statement has been developed to recognise that the planning and delivery of health and social care services involves having to manage risk and that staff must have the confidence to work with uncertainty.
2.3	The Statement reflects the ‘normal’ risk appetite, but it is recognised that risk appetite accepted in responding to delivering services during exceptional circumstances e.g. a pandemic, may be higher.
2.4	The Statement focuses on the key elements of service, quality, people and finance. Appendix A details the assessed risk appetite for each of these key elements of service.

2.5	The descriptions of the low, moderate and high scenarios outlined in Appendix A have been reviewed and redrafted to reflect the feedback received when the appetite statement was presented in June 2025. Future reviews of the risk appetite statement will routinely be conducted alongside the review of the risk management strategy, with the next one due in June 2028. It may be reviewed in the interim in the event of an urgent need.
2.6	Appendix B shows the alignment of Risk Appetite Areas to Strategic Risk Register (SRR).
3.	**PROPOSALS**
3.1	It is proposed to approve the risk appetite statement and appendices.
3.2	Anticipated Outcomes
	Appropriate and effective risk management practice will be embraced throughout the IJB as an enabler of success, whether delivering better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
3.3	Measuring Impact
	The IJB aims to provide safe and effective care and treatment for patients and clients, and a safe working environment within the IJB and for others who interact with the services delivered under the direction of the IJB. Effective risk management practice will support this.
4.	**IMPLICATIONS**
4.1	Financial The Risk Appetite Statement is relevant to finance in framing the approach to value for money, the balance of risk and reward from alternative courses of action.
4.2	Human Resources None
4.3	Legal None
4.4	Equality/Socio-Economic None

4.5	Risk Failure to approve the report would result in a gap in the governance structure of the partnership.
4.6	Community Wealth Building None
4.7	Key Priorities Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
5.	**CONSULTATION**
	The risk appetite statement has been reviewed and agreed by the Partnership Senior Management Team.

Caroline Cameron, Director
Author – Eleanor Currie, Chief Finance Officer
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Appendices

- Risk Appetite Statement

North Ayrshire Integration Joint Board

Risk Appetite Statement

Version	4.0
Prepared by	Chief Finance Officer
Effective from	30th April 2026
Review Date	April 2027
Lead Reviewer	Chief Officer

Introduction

The Integration Joint Board (IJB) is committed to a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

Appropriate and effective risk management practice will be embraced throughout the IJB as an enabler of success, whether delivering better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

In doing so the IJB aims to provide safe and effective care and treatment for patients and clients, and a safe working environment within the IJB and for others who interact with the services delivered under the direction of the IJB.

The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

Risk appetite is the amount of risk which is judged tolerable and justifiable. It is the amount of risk that any organisation is prepared to tolerate or be exposed to at any one point in time.

The approved risk strategy requires a formal risk appetite statement to be agreed annually by the IJB.

The Risk Appetite Statement has been developed to recognise that the planning and delivery of health and social care services involves having to manage risk. The IJB is responsible for the oversight of services and through the Chief Officer is responsible for the operational management and delivery of these services. Caring for people, managing staff, facilities and finances are all, by their nature, activities that involve risk. These risks cannot be avoided completely but can be managed to an acceptable level.

In considering the development of the risk appetite statement the focus was on the key elements of service, quality, people and finance. The IJB's appetite for risk in each of these elements has been assessed as either none, low, moderate or high.

Risk Appetite Statement

North Ayrshire Health and Social Care Partnership's Vision is '**"To empower people in North Ayrshire to live safe, healthy and active lives with fair and equal access to sustainable health and care services."**

This vision is supported by three strategic priorities:

- Supporting the Improvement of Public Health
- Addressing the Changing Needs of an Aging Population
- Tackling the Root Causes of Health inequality

Service

We acknowledge that health and social care operates within a regulated environment and we have to meet compliance expectations from various regulatory sources. In line with Appendix A, we have a **moderate** appetite for risk in relation to compliance and regulatory requirements. This means we will maintain strong controls to ensure compliance with statutory duties and guidance and have no tolerance for unlawful practice or avoidable harm. Where service pressures require limited, time-bound tolerance of process risk, this will be subject to clear governance, assurance, corrective action and escalation.

We have a **high** appetite for risk in relation to service innovation and transformation. This reflects the need for disruptive and transformative change to improve pathways and outcomes, and to respond to demographic, demand and financial pressures. We will embrace appropriate uncertainty and experimentation where this is well governed, evaluated and focused on longer-term sustainability and improved outcomes for the people of North Ayrshire.

Quality

We are committed to a culture of quality improvement and learning, ensuring that the quality and safety of care is above all else. Safe delivery of integrated services is the highest priority for the Partnership. In line with Appendix A, there is a **moderate** appetite for risk related to the safety of service users or the workforce, with a low tolerance for harm: all safety risks must be clearly identified, escalated, mitigated and kept under regular review. Where risks are tolerated due to unavoidable constraints, this reflects operational reality rather than desired appetite.

At the same time, the Partnership has a **high** appetite for positive risk-taking that supports better outcomes, continuous improvement and the sharing of positive practice. This includes supporting staff to exercise appropriate autonomy and professional judgement within clear boundaries, and to learn from both success and adverse events. We will encourage innovation in person-centred support and service quality where this is well governed and aligned to clinical and care governance expectations.

People

We want to attract, recruit and retain the right people with the right skills in the right place. In line with Appendix A, we have a **high** appetite for addressing workforce challenges and testing new approaches to deliver our Workforce Plan, including more dynamic roles, skill-mix changes, cross-skilling and flexible/agile workforce models. This includes targeted recruitment activity, leadership development and exploring innovative learning approaches, alongside a willingness to test new wellbeing initiatives and shift models where required.

This appetite operates within clear boundaries, maintaining staff governance and wellbeing standards, partnership working with trade unions, professional standards and ethical practice, and with minimal appetite for risks to these principles.

Finance

We have a **low** appetite for taking risk in respect of adherence to standing financial instructions, financial controls and statutory financial duties. We have zero tolerance for breaches of financial regulations and will maintain strong governance, transparency and oversight, even in highly constrained financial circumstances.

We have a **moderate** risk appetite in relation to financial planning, sustainability and value for money. This means allowing some flexibility within defined limits, using a balanced approach that combines historical and predictive data, and embedding contingency planning within our financial strategy through multi-year planning. We will support selective investment in innovation and transformation where there is a clear business case, appropriate governance and evaluation.

In delivering best value, we will take a **moderate** approach to cost and quality in procurement, permitting limited trade-offs only where any impact on quality is minimal and decisions are supported by a clear business case and oversight. In relation to care provision, we will take a **moderate** approach and apply the Best Value Care Funding Framework to ensure publicly funded care is delivered fairly, consistently and sustainably: we will fund the most cost-effective option that meets the person's assessed outcomes, while supporting choice where individuals wish to select a higher-cost option by enabling them to self-fund the difference. This maintains choice while ensuring public funding is used fairly.

Overall Risk Appetite

The partnership is **open** in terms of risk appetite. The partnership encourages innovation and creativity and creates the permission, trust and support required to meet its vision. At the same time this needs to be balanced against the risk related to the safety of service users or the workforce.

Appendix A

		Low	Moderate	High
Service	**Compliance**	Zero tolerance for breaches of statutory duties, unlawful practice, harm or adverse events..	Strong controls to ensure compliance with statutory duties and guidance; zero tolerance for unlawful practice or avoidable harm. Eligibility decisions will be applied consistently in line with current policy and the recent budget decision, with clear recording, communication and oversight; discretion used only where required to meet legal duties and manage risk.	Some tolerance for managed compliance and process risk to enable service delivery (e.g., piloting improved pathways), but no tolerance for unlawful decisions or failure to meet statutory duties. Clear governance, assurance and corrective action where issues are identified.
	Innovation & Transformation	Incremental improvements only. Prefer stability and proven methods.	Mix of incremental and some transformative initiatives. Open to change with clear benefits	Disruptive and transformative innovations. Embraces uncertainty and experimentation
Quality	**Safety**	Zero tolerance for safety incidents. Minimal innovation; only proven safety practices	Low tolerance; minor incidents reviewed thoroughly. Open to piloting new safety practices with oversight	Accepts some risk in controlled environments. Encourages experimentation in safety innovation
	Positive Practice	Prefers traditional methods; avoids untested practices. Limited autonomy; strict supervision	Open to piloting new approaches with oversight. Encourages initiative within defined boundaries	Actively pursues innovative and transformative practices. High autonomy and trust in staff decision-making

People	**Workforce Challenges**	Prefers fixed roles and minimal change to staffing structures. Conservative hiring; prioritizes internal promotions. Mandatory training only; limited innovation in learning. Strong emphasis on stability and low stress environments	Open to some role flexibility and cross-skilling. Invests in CPD and some innovative training methods. Supports wellbeing initiatives with moderate change tolerance	Embraces dynamic roles and agile workforce models. Aggressive recruitment campaigns. Encourages experimental learning and leadership development. Willing to test new wellbeing strategies and shift models
Finance	**Compliance**	Strict compliance with all financial regulations; zero tolerance for breaches. Highly conservative reporting with full transparency and minimal estimation. Frequent internal and external audits with detailed scrutiny.	Compliance prioritized but allows for minor, well-managed deviations. Balanced reporting with some use of estimates and assumptions. Regular audits with risk-based focus.	Willing to challenge or test regulatory boundaries for innovation. Aggressive financial reporting with forward-looking assumptions. Minimal audit frequency; relies on internal controls.
	Financial Planning	Strict budget adherence; minimal flexibility. Highly conservative; based on historical data only. Extensive contingency reserves maintained. Annual budgeting with tight controls; minimal discretionary spending	Some flexibility allowed within defined limits. Balanced approach; combines historical and predictive data. Contingency planning integrated into financial strategy. Multi-year planning with moderate innovation funding	Flexible budgeting to support strategic goals. Forward-looking and dynamic forecasting. Minimal contingency reserves; relies on agile response. Transformational funding models; rapid reallocation of resources

	VFM - procurement	Strict cost controls; minimal flexibility. No compromise on quality for cost savings. Only essential investments with guaranteed returns. Preference for lowest-cost suppliers with proven track record. Minimal funding for innovation; focus on proven methods	Balanced approach to cost and value. Some trade-offs allowed if quality impact is minimal. Investments allowed with clear business case. Mix of cost and quality considerations in procurement. Selective funding for innovation with oversight	Flexible cost management to enable strategic goals. Willing to accept quality risks for long-term value. Aggressive investment in transformation and growth. Open to new suppliers and innovative procurement models. Significant funding for innovation and experimentation
	VFM - care provision	We will provide care based strictly on assessed eligible need and the minimum safe level required to meet outcomes. We will apply tight controls to reduce variation and avoid over-provision, with limited flexibility for higher-cost packages unless there is clear evidence of necessity. Choice will be supported within the funded care offer, with any additional preferences self-funded.	Best Value Care Funding Framework Aligned to resource limitations, the Framework ensures publicly funded care is delivered fairly, consistently and sustainably. Under this approach: • The HSCP will fund the most cost-effective option that still meets the person's assessed outcomes. • Individuals may choose a more expensive option if they self-fund the difference. This maintains choice while ensuring public funding is used fairly.	We will accept greater financial risk to secure improved outcomes, prevent escalation and support innovative models of care. Funding decisions may support higher-cost provision where there is a credible expectation of better outcomes, reduced long-term demand (e.g., avoiding admission or placement), or system-wide benefit. This will be supported by strong governance and evaluation, but with more flexibility to depart from the lowest-cost option.

Alignment of Risk Appetite Areas to Strategic Risk Register (SRR)

1. Service – Compliance & Regulation (Moderate Risk Appetite)
Relevant SRR risks: SRR06 – Governance; SRR12 – Clinical and Care Governance.

These risks relate directly to statutory, regulatory and governance compliance. The SRR shows that governance and compliance risks are actively managed and, where possible, reduced to Moderate or Low.

The Partnership therefore has a moderate appetite for risk in this area. Any tolerance of compliance risk is limited, time-bound and subject to strong assurance arrangements.

Innovation and service pressure do not justify sustained non-compliance with statutory or regulatory requirements.

2. Service – Innovation & Transformation (High Risk Appetite)
Relevant SRR risks: SRR05 – Transformational Change Programme; SRR01 – Financial Sustainability; SRR07 – Demography and Inequality Pressures.

The SRR makes clear that existing service models are increasingly unsustainable due to demand, demographic and financial pressures.

Failure to transform is itself identified as a strategic risk. As a result, the Partnership has a high appetite for well-governed innovation and transformation.

This includes accepting uncertainty and short-term disruption where this is necessary to achieve longer-term sustainability and improved outcomes.

3. Quality – Safety of Service Users and Workforce (Moderate Risk Appetite)
Relevant SRR risks: SRR12 – Clinical and Care Governance; SRR15 – Risk of Harm; SRR16 – Growth and Expansion of Specialist Complex Care Developments.

These risks highlight the potential for harm arising from capacity, demand and system pressures.

The Partnership has a moderate appetite for unmanaged safety risks. Where risks are tolerated due to unavoidable constraints, this reflects operational reality rather than desired appetite.

All safety risks must be clearly identified, escalated, mitigated and kept under regular review.

4. Quality – Positive Practice & Outcomes (High Risk Appetite)
Relevant SRR risks: SRR05 – Transformational Change Programme; SRR12 – Clinical and Care Governance.

Improving outcomes in a constrained system requires learning, innovation and the sharing of positive practice.

The Partnership has a high appetite for positive risk-taking that supports better outcomes, continuous improvement and learning from both success and adverse events.

This appetite underpins cultural change and supports delivery of transformation and quality ambitions.

5. People – Workforce (High Risk Appetite)
Relevant SRR risks: SRR08 – Workforce; SRR15 – Risk of Harm; SRR01 – Financial Sustainability.

Workforce challenges are a persistent strategic risk affecting capacity, safety and sustainability.

The Partnership therefore has a high appetite for workforce innovation, including new roles, skill-mix changes and flexible models of working.

This appetite operates within clear boundaries, maintaining staff governance, wellbeing, professional standards and ethical practice.

6. Finance – Compliance & Statutory Duties (Low Risk Appetite)
Relevant SRR risks: SRR01 – Financial Sustainability; SRR06 – Governance.

Despite significant financial pressure, the Partnership has a low appetite for risk in relation to statutory financial duties and standing financial instructions.

Strong governance, transparency and oversight are essential, even in highly constrained financial circumstances.

Financial pressure does not justify loss of financial control or non-compliance.

7. Finance – Sustainability, Planning & Value for Money (Moderate Strategic Risk Appetite)
Relevant SRR risks: SRR01 – Financial Sustainability; SRR05 – Transformational Change Programme; SRR13 – Provider Failure; SRR16 – Specialist Complex Care Growth.

The SRR demonstrates that the Partnership is already exposed to significant financial risk driven by structural factors.

There is therefore a moderate appetite for strategic financial risk-taking to secure long-term sustainability, including investment, service redesign and resource reallocation.

This sits alongside a continued low appetite for poor financial control or weak governance.

Agenda Item 8

Integration Joint Board
30th April 2026

Subject:	**Strategic Risk Register**
Purpose:	To present the updated IJB Strategic Risk Register for consideration and approval.
Recommendation:	To approve the updated IJB Strategic Risk Register

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

Glossary of Terms	
IJB	Integrated Joint Board
NHS	National Health Service
PAC	Performance Audit Committee
PSMT	Partnership Senior Management Team

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an update on the strategic risk register, to help ensure the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
2.	**BACKGROUND**
2.1	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework and as part of our Risk Management Strategy, which was last approved by the IJB in June 2025. The review focussed on updating previous risks and identifying if there were any new risks.
2.2	**New Risks:** There are no new proposed Strategic Risks.

2.3	**Risks with an increased score:**

Ref	Title	Description
SRR01	Financial Sustainability	Resources have not kept pace with the demand for and cost of social care services. Financial modelling suggests significant ongoing challenges across the medium-term with 2026/27 being particularly challenging. This results in a greater risk to the financial sustainability of the IJB. The gross risk remained at 25 (Very High) but the residual risk increased from 16 (High) to 20 (Very High).
SRR05	Transformation Programme	Failure to deliver the transformational change required to meet current and future demands and ensure our long-term financial sustainability. The gross risk remained at 12 (High) but the residual risk increased from 6 (Moderate) to 9 (Moderate).
SRR09	Local Impact of Scottish Government Policies	Risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives. The gross risk remained at 16 (High) but the residual risk increased from 12 (High) to 16 (High) mainly in relation to the ongoing uncertainty around the Reduced Working Week (RWW) and any future policy intent following the Scottish Parliamentary Elections.
SRR13	Provider Failure (commissioned services)	There is an ongoing risk of social care supplier failure due to staffing and recruitment challenges and the financial viability of care providers. Supplier failure leads to risk to service users, potential for withdrawal of care and disruption to care plans. The gross risk remained at 16 (High) but the residual risk increased from 12 (High) to 16 (High).
SRR15	Risk of Harm	A lack of resources combined with an increase in both demand and complexity is leading to increasing numbers of residents waiting for services, whether that be for referral, assessment or the provision of care and support. Resources will be directed at those with the greatest need, reducing capacity for early intervention and prevention supports. This results in a greater likelihood of residents experiencing harm as a result. The gross risk increased from 16 to 20 which reflects the current financial position and the move to critical eligibility criteria for access to social care services.

2.4	The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee.
2.5	There are 12 risks noted on the Strategic Risk Register, with a number of these graded as very high or high risk. While there are a number of controls and mitigations in place there may be further actions required to reduce the risks further in line with the level of risk tolerance. The current Strategic Risk Register is included as Appendix A. The risks are summarised below:

Ref	Title	Gross Risk (score pending further controls) 2025	Residual Risk (score after further controls) 2025	Gross Risk (score pending further controls) 2026	Residual Risk (score after further controls) 2026
SRR01	Financial Sustainability	25 Very High	16 High	25 Very High	20 Very High
SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate	12 High	9 Moderate
SRR05	Transformational Change Programme	12 High	6 Moderate	12 High	9 Moderate
SRR06	Governance	9 Moderate	3 Low	9 Moderate	3 Low
SRR07	Demography and Inequality Pressures	16 High	12 High	16 High	12 High
SRR08	Workforce	12 High	9 Moderate	12 High	9 Moderate
SRR09	Local Impact of Scottish Government Policies	16 High	12 High	16 High	16 High
SRR12	Clinical and Care Governance	9 Moderate	9 Moderate	9 Moderate	9 Moderate
SRR13	Provider Failure (commissioned services)	16 High	12 High	16 High	16 High
SRR14	Asylum Arrivals	12 High	12 High	12 High	12 High
SRR15	Risk of Harm	16 High	16 High	20 Very High	16 High
SRR16	Growth and expansion of specialist complex care developments	25 Very High	15 High	25 Very High	15 High

2.7 The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. The background to this is given in the extract of the approved risk management strategy in Appendix B.

2.8 The operational risks of the partnership are regularly reviewed and considered at service management meetings. The Clincial and Care Governance Group is responsible for the oversight of operational risks within the partnership. The Group consider any High or Very High risks (as defined by the approved risk management strategy) and if required esalate these to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.

3. PROPOSALS

3.1	It is proposed to approve the risk register detailed in Appendix A including the action required to manage, mitigate and control the risks.
3.2	Anticipated Outcomes
	Risk management is an integral part of governance, and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.
3.3	Measuring Impact
	The risk register will be monitored with the individual risk owners being responsible for keeping the register up to date under the overview of the Principal Manager – Finance. It is recommended that risk assessments be reviewed on an annual basis as a minimum. PAC will monitor the register to ensure the actions required to manage and control the risk are being progressed, with updates provided to the IJB and PAC at least annually.
4.	**IMPLICATIONS**
4.1	Financial None
4.2	Human Resources None
4.3	Legal None
4.4	Equality/Socio-Economic None
4.5	Risk The report falls in line with the agreed risk appetite statement which is **low-**risk appetite in respect to adherence to compliance duties.
4.6	Community Wealth Building None.
4.7	Key Priorities Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

5.	**CONSULTATION**
5.1	The strategic risks have been reviewed by the relevant risk owners.

For more information please contact:

Eleanor Currie, Chief Finance Officer – Finance at eleanorcurrie@north-ayrshire.gov.uk

Appendix A

Strategic Risk Register

Glossary of Terms

Term	Definition	Term	Definition
NAHSCP	North Ayrshire Health and Social Care Partnership	**ARG**	Allocation of Resources Group
SAHSCP	South Ayrshire Health and Social Care Partnership	**ICT**	Information and Computer Technology
EAHSCP	East Ayrshire Health and Social Care Partnership	**MDTs**	Multi-Disciplinary Teams
NHS/ NHS AAA	NHS Ayrshire & Arran	**EKSF**	Electronic Knowledge and Skills Framework
MTFP	Medium Term Financial Plan	**TURAS**	Training Management System
CRES	Cash Releasing Efficiency Savings	**SPOG**	Strategic Planning Officers Group
LD	Learning Disability	**ICF**	Integrated Care Fund
IJB	Integrated Joint Board	**RMP**	Records Management Plan
PSMT	Partnership Senior Management Team	**CPAG**	Child Poverty Action Group
NAC	North Ayrshire Council		

North Ayrshire Integration Joint Board
Strategic Risk Register

Risk Ref	Description of Risk	Risk Owner	Updated for April 2026	Mitigations/Control Measures	Previous Score	Gross Risk Severity	Gross Risk Probability	Gross Risk Score	Gross Risk Rating	Proposed New Control Measures	Previous Score	Residual Risk Severity	Residual Risk Probability	Residual Risk Score	Residual Risk Rating	Risk Tolerance / Appetite
	Is the description of the risk still relevant and accurate?			Have any of the proposed control measures from Sept 2024(column J) been implemented? If so, then move them to this column and rescore the risk (col F and G) based on the additional mitigation and control.		Review this score after updating the mitigation and control measures in column D				Add any new proposed measures		Review this score after updating the mitigation and control measures in column J				
SRR01	**Financial Sustainability of the Health and Social Care Partnership** - Resources have not kept pace with the demand for and cost of social care services. Financial modelling suggests significant ongoing challenges across the medium-term with 2026/27 being particularly challenging as the superannuation increase will cost £7.2m approx and this is prior to considering other pressures which takes the total pressures to £25m approx. There is no certainty around future funding against growing demand, increasing costs and demographic pressures, with one-year budget settlements remaining in place. The most recent Medium Term Financial Outlook identified that, based on the current assumptions made, there could be a budget gap across the period 2026-2029 ranging from £27.746m in the best case to £47.968m in the worst case if no new funding is provided. The 2026/27 Scottish Government budget settlement did not include any direct investment in social care. The level of 2026/27 funding will be subject to the agreement of the North Ayrshire Council budget. The ongoing work to review the Integration Scheme and to develop new risk-sharing arrangements between the Council and Health Board in relation to the acute set aside and primary care prescribing present a financial risk to the Partnership and Council. Unearmarked reserves are depleted, there is no scope to absorb in-year variances, with any overspends requiring additional funding from partners. The wider system financial challenges and impact across the whole system, for example the financial position of NHS AA and the decisions taken to reduce the Board's deficit may have impacts on other parts of the health and care system. The Partnership is projecting an overspend of £2.7m (month 10) in 2025/26, reduced to £2.251m if the additional Reduced Working Week funding is approved.	Chief Finance Officer	Updated	The IJB actively monitors the financial position with regular detailed reporting. Directors of Finance of the Council and Health Board have oversight, and regular updates are provided to the Council's Cabinet. There is an integrated approach to managing the totality of NHS and Council resources delegated to the IJB. A three-year Medium-term Financial Outlook is updated on a rolling basis each year. Previous financial settlements have seen both partners meet the Scottish Government settlement conditions with any additional resources passed to the IJB. The Partnership has developed a new 3-year Transformation Plan 2024-2027 which was approved by the IJB in March 2024. Services will continue to work towards implementing the recovery plan to deliver cost reduction targets while carefully managing the level of risk. The management actions and governance framework agreed in 2024/25 will continue throughout 2025/26. **Additional actions approved for 2025/26:** •Recruitment delay – there will be a recruitment drag with vacancy scrutiny approved vacancies being held for four weeks •High-cost care package group – the remit of this group will be expanded to include care packages for children with a disability and all UNPACs placement requests. ·Oversight group for looked after and accommodated children in residential care ·Care home placements – move to one admission for every two discharges as per PSMT approval on 20th November 2025. The care placements at CARG to be approved on the basis of risk and need rather than current care setting. This may impact on delayed discharges within our acute and community hospitals. ·Care at home – recruitment freeze to gradually reduce the overspend position. Again, this will impact on wait times and service performance. ·All care packages (outwith in house care at home and older people placements agreed via CARG) will be considered for approval by the high-cost care package group. In preparation for the 2026/27 a six week budget engagement was undertaken with the public, staff, providers and community groups. Budget updates have also been provided regularly to the IJB Finance working group.	25	5	5	25	Very High	The December 2025 Transformation Board apprroved an updated Terms of Reference and a refreshed Transformation Plan. This will see a reduction in the number of projects as a result of the following actions: ·Condensing any workstreams into one singular project with defined benefits. ·Closing or accelerating to completion any projects that are nearing their end and/or unlikely to deliver benefits. ·Removing items from the Plan which are not projects, e.g. research, reviews, strategy updates. ·Ensuring any remaining projects have clearly defined objectives and benefits and support the HSCP's financial plans All recovery plan actions will be maintained into 2026/27 as will the operation of the high cost care package group and vacancy controls. The finance working group will continue to meet throughout 2026/27 and assist in the planning of the 2027/28 budget setting. The Chief Officer and Chief Finance officer will continue to lobby the Scottish Government and make the case for investment in community based Health and Social Care and to recognise the demographic impact of demand and resources in North Ayrshire. Continued representation at the Chief Officer and CFO networks, Participation in SG sessions to outline the local and national financial position of IJBs.	16	5	5	25	Very High	Treat
SRR01 (cont)				**2026/27 Budget** - the 2026/27 budget was approved on 13th March 2026. This included £2.9m of savings classified as: •Previously agreed savings •Adjustments (payroll turnover and recharges) •Operational savings •Policy – Models of care or efficiency •Policy – Service reduction or cessation There was also a separate paper on the £5.828m balnace of savings which will be met from revised eligibility critieria. The Partnership has undertaken extensive community engagement which commenced early December 2025 on the challenges of delivering social care services within budget. The £5.828m will be met through the review of eligibility criteria and the 3 interlinked proposals which have been developed to implement the reductions to care packages, namely: Proposal 1 - Changing Eligibility – Support Only for People at Critical Risk Proposal 2 - Best Value Care Funding Framework Proposal 3 - Prioritising Personal Care												
SRR02	**Infrastructure - ICT System Integration and Property** - lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort, inaccurate or lack of data on service demand and delivery and risk to service users, patients and staff.	Principal Manager Transformation (usually updated by Neil McLaughlin)	Updated	* Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems. * Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems. * HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems * NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems. - local review linked to MH reporting completed to plan removal * Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships. * MH Digital Transformation board established * MH digital business case being developed to address future planning needs. * Digital pilot for CYP neurodevelopment transformation with Strata Health.	12	4	3	12	High	* Two groups have recently been established to better coordinate ICT issues/concerns/developments: (i) HSCP Digital Leads with NAC, SAC, EAC and NHS IT and HSCP digital leads which is chaired by NHS (ii) NAHSCP Digital Working Group which includes representatives from each Service. A ToR was recently approved at Transformation Board in February. This group will have oversight of digital projects on the Transformation Board. * Network access issues at NHS/NAC sites being explored and supported by NAC IT	12	3	3	9	Moderate	Tolerate
SRR05	**Transformational Change Programme** - failure to deliver the transformational change required to meet current and future demands and ensure our long term financial sustainability.	Principal Manager Transformation (Stuart MacMillan)	Updated	* Senior Manager leading on the delivery of the Transformation Plan. * NAHSCP Transformation Board for oversight of programme development and delivery. * Reporting regularly to NAHSCP Integration Joint Board. * Development of Workforce Plan, and Digital and Data Plan, to ensure alignment with transformed products and services. * Programme risk register in place, with high rated risks escalated to the Board. * Alignment of service change/transformation plans to Strategic Plan priorities * Raise awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements.	12	4	3	12	High	* Transformation Plan has been refreshed, updating project scopes and anticipated benefits * A benefits management approach has been introduced and all projects will have benefit trackers assigned * Transformation Board terms of reference has been approved * Regular meetings in place with planning managers and Finance colleagues to ensure coordinated approach to change and transformation	12	3	3	9	Moderate	Treat
SRR06	**Governance -** IJB governance arrangements are not conducive to effective working and decision making, Leading to a lack of confidence in the IJB and reputational damage. Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution. Statutory Instrument to revise voting membership of IJBs to include lived experience, unpaid carer and third sector representatives will come into effect in September 2026. Revisions will be required to Integration Schemes, Standing Orders.	Governance Officer (Karen Andrews)	Updated	* Statutory governance arrangements defined by Integration Scheme are in place for representation at the IJB and sub-committees and reviewed within prescribed requirements. * Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place. * Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB. * Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring including Performance and Audit Committee, Clinical and Care Governance Group, Adverse Events Review Group, Health and Safety Groups and the Staff Partnership Forum. * IJB receives 6 monthly updates on Clinical and Care Governance activity including details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned. The Adverse Event Review Group now includes a fortnightly update for all AERs across the North HSCP. *Approved a Risk Management Strategy, Strategic Risk Register and risk appetite statement. *Health and Care Governance Framework in place	9	3	3	9	Moderate	*Strengthened induction programme and governance training including code of conduct to be delivered throughout 2026 folloiwng the changes to IJB voting rights. * IJB Carer Representative was appointed following a successful recruitment campaign. Additional stakeholder appointments still to be confirmed. *Staturoty Instrument to extend IJB Voting Rights to include lived experience, unpaid carer and third sector representatives * HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs. *Ongoing Integration Scheme and Standingn Orders review is underway to ensure fitness for purpose. *Refresh of induction programme for new IJB members and refresher of code of conduct and standing orders planned during 2026. *Regular PAC/Internal Audit review of governance processes.	3	3	1	3	Low	Treat

North Ayrshire Integration Joint Board
Strategic Risk Register

Is the description of the risk still relevant and accurate?

Have any of the proposed control measures from Sept 2024(column J) been implemented? If so, then move them to this column and rescore the risk (col F and G) based on the additional mitigation and control.

Review this score after updating the mitigation and control measures in column D

Add any new proposed measures

Review this score after updating the mitigation and control measures in column J

Risk Ref	Description of Risk	Risk Owner	Updated for April 2026	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
						Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR07	**Demography and Inequality Pressures** - failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, an inability of services to provide adequate care and negative impact on health and wellbeing.	Chief Officer (usually updated by Seony Ross)	Updated	• A full review of demographics was carried out throughout 2025. The Strategic Needs Assessment was published in August 2025 and reviews information regarding general health and wellbeing, mental health, hospital and community care, children and young people, economy and inequality. This has supported the review of the Strategic Plan as well as other internal service reviews and other pieces of work, and has been shared with partners to support their workstreams. •The HSCP reviewed and refreshed its Strategic Plan 'Caring Together' for the remainder of the plan period, which will be in place from 1st April 2026 to the 31st of March 2030. In addition to identifying Service Delivery Priorities which support the health and wellbeing of our communities, the Plan identified 3 Strategic Priorities which are and intended to reduce the pressures on the HSCP by anticipating future demand and aiming to improve outcomes at a population level. • Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs. The budget has also been considered in the development of the new Strategic Plan priorities. • The transformation programme is focused on reviewing services and ensuring transformation of services is focussed on meeting the needs of service users, including ensuring appropriate support is in place for complex and intensive support needs. • A new set of Equality Outcomes was published in April 2025 which considered inequality and demographic data, and the lived experience of equality groups within North Ayrshire. The new Equality Outcomes were published alongside a set of actions to be achieved between 2025 and 2029 to support mainstreaming equality activity and equality of opportunity for marginalised groups. • Equality and Children's Rights Impact Assessments are carried out for new policies, proposed projects and service change proposals which are considered by IJB to inform decision making. These integrated assessments consider impacts for protected characteristics, socio-economic disadvantage, island consideration and impacts on consumers of services. • The HSCP has recently analysed all previous engagement carried out across the HSCP over the previous 3 years and developed a new Participation and Engagement Strategy for 2026-2030. This strategy outlines how communities, carers, and families will be able to share their views, and ensures the HSCP has the opportunity to hear people's lived experience when developing services. This will allow people's own experiences of inequalities to be considered in our review and design of services.	16	4	4	16	**High**	• The Strategic Plan outlines 3 Strategic Outcomes which aim to address future service requirements based on demographic changes and local inequalities and aim to better understand and assess how we may influence improved health and wellbeing. The Strategic Priorities are: Supporting the improvement of population health, Addressing the Changing needs of an ageing population, and tackling the root causes of health inequality. During 2026, the HSCP will begin a programme of work with Public Health Scotland Analysts to research anticipated future demographic changes, how services are currently responding to these issues and where improvements can be made. The 3 workstreams will inform the HSCPs transformation programme and complement participation in the CHES programme. • The CHES Programme will continue with extensive engagement activity to ensure lived experience influences the recommendations made through the programme. • The HSCP will develop locality plans which will consider the individual needs and circumstances of people living in smaller communities, and will outline how our services will meet the needs of those specific communities • the Strategic Planning group will continue to monitor the HSCPs Strategic plan and related strategies and respond to any demographic changes that may impact strategy delivery.	12	3	4	12	**High**	Treat
SRR07 (cont)			Updated	• A new Learning Disability learning plan was published in 2025, which comprises of service information and engagement insights, and explores where there may be further need for development for this specific client group. • A new Strategy for unpaid carers: Together we care 2026-2029 was agreed by IJB in December 2025. It advises carers of their rights, sets out plans to identify carers, routes for assessment and support, and information about local and national services. The aim is that all North Ayrshire carers are identified, supported and valued and are afforded an opportunity to live, work, thrive and stay connected to their communities enjoying a life alongside caring, where they choose to continue to care. Care needs are becoming increasingly complex in North Ayrshire due to demographic changes, and the strategy will support the unpaid carers that provide care in the community. • North Ayrshire is participating in the Collaboration for Health Equity in Scotland Programme which will consist of intensive research and engagement in order to make recommendations for reducing health inequalities for North Ayrshire Residents. In North Ayrshire, the programme will focus on 3 principles in 3 specific areas:						•In our Drug and Alcohol Services, we are implementing actions to reduce the number of local drug and alcohol related harms and deaths. This includes implementing the national MAT (Medicated Assisted Treatment) standards and increasing the number of ABIs (Alcohol Brief Interventions) delivered across North Ayrshire. * North Ayrshire is one of 3 areas in Scotland as part of the CHES programme (Collaboration for Health Equity Scotland) which launched in February 2025 - this programme is a partnership between NAC and the IJB and will involve all public sector partners to determine: - What are the most impactful areas for intervention for Scotland to make meaningful progress in closing the inequalities gap in healthy life expectancy? - What action can be taken to enable national and local organisations to work more effectively together to close the recognised implementation gap between policy intent and impact?						
SRR08	**Workforce -** failure to recruit and retain and plan workforce requirements effectively leading to an insufficient workforce (number of staff, key roles and competency levels), resulting in a reduction in capacity to safely and effectively care for local people and a negative impact on service user and patient's needs being met	Chief Officer (usually updated by Seony Ross)	Updated	•In March 2025 the HSCP submitted a workforce template to the Scottish Government which outlined workforce challenges for the HSCP including the agenda for change pay reform, demographic changes and increasingly complex needs, financial pressures, and recruitment challenges. No further guidance has yet been issued by the Government •To develop the refreshed strategic plan for 2026, service engagement was carried out which asked services for their challenges and opportunities which included staffing and resource challenges for specific teams •The learning and Development strategy for social work and social care 2023-2028 continues into its third year, continuing to offer training and succession planning. •HR and service leads will continue to meet quarterly to review, update and align workforce plans in line with evolving service demands and strategic planning requirements. Workforce Planning meetings incorporate a structured review of external factors using PESTLE to ensure workforce strategies remain responsive and proactive. •The Care at Home service has an ongoing recruitment review in place as part of budget savings plan, with regular establishment meetings taking place to review all vacancies and high-cost areas of spend to ensure all critical vacancies are being filled where applicable. This is done via regular recruitment events and advertising. The service has a robust recruitment strategy which includes a retention plan which is monitored via stay/exit questionnaire completion by senior members of the management team. •The iMatter staff experience survey continues, to ensure senior managers are able to get feedback from employees about what is important to them in the workplace. •In Arran, there are ongoing high costs of agency to support Montrose House Care Home to meet staffing legislation requirements for residents. A contract with the agency is in place to help reduce these costs and there is a rolling recruitment programme for vacant posts and a variety of recruitment opportunities have been explored including a recruitment campaign with assistance of an external agency. •Roles have been diversified to support challenges, e.g. Psychiatry has expanded MDT responsibilities to enable psychiatrists to focus on the most complex cases, and Health Care assistant roles have been developed in wards for long-term conditions. •Collaborative recruitment in A&A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership •Exit interviews with staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction	12	4	3	12	**High**	•A new workforce plan for the HSCP which considers the above information, as well as projected demographic challenges, will be developed in 2027. •With the addition of a Workforce Data Analyst, a review of workforce information was undertaken and a phased release of new efficiently produced information developed. This information is being phased into use starting with the extension of core absence information to include - absence reason, absence cost, recruitment, vacancies - now as a core element included in the Partnership's quarterly performance report to the IJB Performance and Audit Committee. •A revised approach to jointly managing waiting lists has been implemented. Adult Providers have access to current waiting lists at all times and face to face meetings are also taking place to minimise waiting times for services users as much as possible and maximise providers staffing resources. •A review of provider forums is almost complete - the focus has been on consulting with providers to ensure a clear understanding of what the key issues are that the HSCP could support providers with at this time. •The HSCP continues to review the structure on an iterative basis with opportunities progressed as they arise to look at senior roles and to undertake gap analysis on roles and levels within the HSCP to better deliver on team and partnership outcomes. Examples of this being the recent review of the leadership structure in relation to finance and transformation and the review of disability services which introduced Senior Practitioner roles to the team. The review will continue on that basis, led by opportunity and service need •Increased focus on vacancy management and recruitment alongside service impact and for service areas with workforce shortage proactively looking to skill mix and different roles to address recruitment challenges - examples being SLT and OT.	9	3	3	9	**Moderate**	Treat
SRR09	**Local Impact of Scottish Government Policies:** risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives, examples include theNHS Agenda for Change in the Reduced Working Week, the Promise, the Living Wage, Free Personal Care and other future policy developments including the now amended National Care Service. The impact being the inability to deliver on these alongside strategic plan commitments and objectives and the impact of funding for new policy and legislative commitments.	Chief Officer	Updated	* Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams * Regular liaison with Scottish Government and COSLA senior officers * Attendance and participation at the national Chief Officer network. * Responses to consultations on potential implementation of new policy areas * Early impact assessments locally for national policies, including operational and financial service impact * Financial modelling to respond to requests for information to support full funding * Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns	16	4	4	16	**High**	* Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation * Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes.	12	4	3	12	**High**	Treat
SRR12	**Clinical and Care Governance:** Failure to have an appropriate framework in place leading to an adverse impact on the culture resulting in a reduction in the quality of the delivery of the highest quality of care and support is understood.	Chief Social Work Officer and Associate Nursing Director	Updated	*continuous review of arrangements for Clinical and Care Governance are essential for the delivery of statutory, policy and professional requirements and the achievement of our quality ambitions. *ongoing review of established structures and processes to assure Integration Joint Boards, Health Boards and Local Authorities *empowering clinical and care staff to contribute to the improvement of quality *making sure that there is a strong voice of the people and communities who use our services. * ensure that professional leadership develops good governance for each of the following components: culture, systems, practices, performance, vision and leadership. * delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams, and between health and social care professionals and managers. * Health and community Care have developed a governance Board to ensure feedback to the overarching Clinical and Care Governance arrangements.	9	3	3	9	**Moderate**	* Continue to develop and monitor key performance indicators and report effectively through governance framework. * Ensuring we further develop clear and consistent reporting frameworks acknowledging the growing risks posed to service delivery due to financial and resource contraints.	9	3	3	9	**Moderate**	Tolerate

Appendix B

Extract from the Risk Strategy on Risk Scoring

***SEVERITY CONSEQUENCE MATRIX* - Description and definition of the** CONSEQUENCE / IMPACT of the risk should it occur (these are a guide)

Severity

"Domains"	**1** **Insignificant**	**2** **Minor**	**3** **Moderate**	**4** **Major**	**5** **Extreme**
Objectives and projects	▪ Barely noticeable reduction in scope / quality / schedule	▪ Minor reduction in scope / quality / schedule	▪ Reduction in scope or quality, project objectives or schedule.	▪ Significant reduction in ability to meet project objectives or schedule.	▪ Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	▪ Adverse event leading to minor injury not requiring first aid.	▪ Minor injury or illness, first-aid treatment needed. No staff absence required.	▪ Significant injury requiring medical treatment and/or counselling.	▪ Major injuries or long-term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling.	▪ Incident leading to death or major permanent incapacity.
Patient experience / outcome	▪ Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	▪ Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	▪ Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk	▪ Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk	▪ Unsatisfactory patient experience / clinical outcome continued ongoing long-term effects.

Complaints / claims	▪ Locally resolved complaint	▪ Justified complaint peripheral to clinical care	▪ Below excess claim. ▪ Justified complaint involving lack of appropriate care.	▪ Claim above excess level. ▪ Multiple justified complaints.	▪ Multiple claims or single major claims.
Staffing and competence	▪ Short term low staffing level (< 1 day), where there is no disruption to patient care.	▪ Ongoing low staffing level results in minor reduction in quality of patient care ▪ Minor error due to ineffective training / implementation of training.	▪ Late delivery of key objective / service due to lack of staff. ▪ Moderate error due to ineffective training / implementation of training. ▪ Ongoing problems with staffing levels	▪ Uncertain delivery of key objective / service due to lack of staff. ▪ Major error due to ineffective training / implementation of training.	▪ Non delivery of key objective / service due to lack of staff. ▪ Loss of key staff. ▪ Critical error due to insufficient training / implementation of training.
Service / business interruption	▪ Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	▪ Short term disruption to service with minor impact on patient care.	▪ Some disruption in service with unacceptable impact on patient care. ▪ Temporary loss of ability to provide service.	▪ Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	▪ Permanent loss of core service or facility. ▪ Disruption to facility leading to significant "knock on" effect.
Financial	▪ Negligible organisational financial loss (£< 1k).	▪ Minor organisational financial loss (£1-10k).	▪ Significant organisational financial loss (£10-100k).	▪ Major organisational financial loss (£100k-1m).	▪ Severe organisational financial loss (£>1m).
Inspection / assessment / audit	▪ Small number of recommendations which focus on minor quality improvement issues.	▪ Minor recommendations made which can be addressed by low level of management action.	▪ Challenging recommendations but can be addressed with appropriate action plan.	▪ Enforcement Action. ▪ Low rating. ▪ Critical report.	▪ Prosecution. ▪ Zero Rating. ▪ Severely critical report.

Adverse publicity / reputation	▪ No media coverage, little effect on staff morale.	▪ Local Media – short term. ▪ Minor effect on staff morale / public attitudes.	▪ Local Media – long term. ▪ Impact on staff morale and public perception of the organisation.	▪ National Media (< 3 days). ▪ Public confidence in the organisation undermined. ▪ Usage of services affected.	▪ National Media (> 3 days). ▪ MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	▪ Damage, loss, theft (£< 1k).	▪ Damage, loss, theft ▪ (£1-10k).	▪ Damage, loss, theft ▪ (£10-100k).	▪ Damage, loss, theft ▪ (£100k-1m).	▪ Damage, loss, theft (£>1m).

	1 **Remote**	**2** **Unlikely**	**3** **Possible**	**4** **Likely**	**5** **Almost Certain**
Probability	▪ Will only occur in exceptional circumstances.	▪ Unlikely to occur but definite potential exists.	▪ Reasonable chance of occurring – has happened before on occasions.	▪ Likely to occur – strong possibility.	▪ The event will occur in most circumstances.

Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	**5**	**10**	**15**	**20**	**25**
4 Likely	**4**	**8**	**12**	**16**	**20**
3 Possible	**3**	**6**	**9**	**12**	**15**
2 Unlikely	**2**	**4**	**6**	**8**	**10**
1 Remote	**1**	**2**	**3**	**4**	**5**

Agenda Item 9

Integration Joint Board
30 April 2026

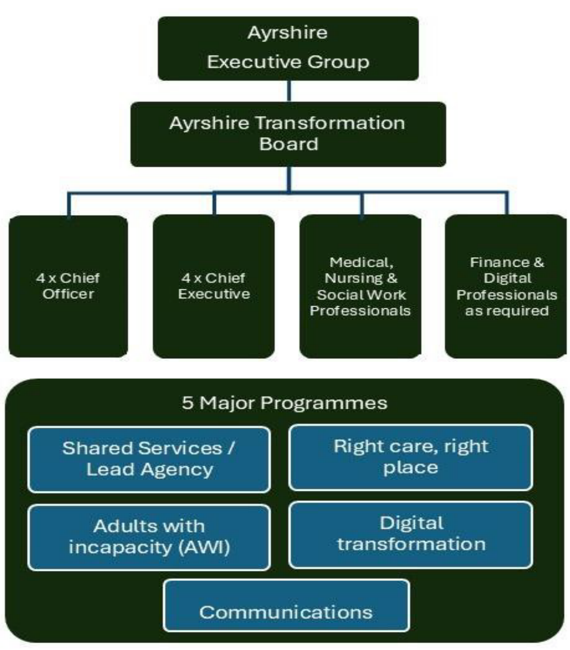
Subject :	**Ayrshire Transformation Board**
Purpose :	The purpose of this report is to seek North Ayrshire Integration Joint Board (IJB) endorsement of participation in the Ayrshire Transformation Board (ATB), established to strengthen integrated working across North, East and South Ayrshire Councils,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

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

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

1.	**EXECUTIVE SUMMARY**
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.
2.	**BACKGROUND**
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	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.
	<u>Shared Services and Lead Agency Approaches</u> 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. <u>Right care, right place</u> 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.
	<u>Adults with Incapacity (AWI)</u> 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.
	<u>Digital Transformation</u> 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.

	<u>Communications</u> 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.
2.10	The Terms of Reference (TOR) for the ATB are attached at Appendix 1. These provide clarity on purpose, scope, membership and reporting arrangements.
	Governance Structures
2.11	The governance structure outlines how assurance, performance, and transformation activity is overseen across NHS Ayrshire & Arran and its partners. The Scottish Government Assurance Board links directly with the NHS Ayrshire & 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.
2.12	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.
2.13	The Board will: • 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. 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.

	Each involved organisation will retain responsibility for their own strategic objectives and programmes of work aligned to their local delivery plans.
3.	**PROPOSALS**

3.1	North Ayrshire IJB is asked to:
	
	• Endorse participation in the Ayrshire Transformation Board as a system-level transformation and coordination mechanism.
	• Note the agreed governance arrangements, Terms of Reference and reporting routes.
	• Support the initial identified programme areas, which are :
	
	  • Shared services and lead agency approaches
	  • Right Care, Right Place (flow and unscheduled care)
	  • Adults with Incapacity (AWI) pathways
	  • Digital transformation
	  • Communications and engagement

	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>
	Anticipated benefits of participation include: • Improved system-wide planning and decision-making. • Reduced variation in service delivery across Ayrshire. • Improved flow through acute and community settings. • More timely and consistent AWI processes. • Enhanced use of shared digital infrastructure and data. • Clearer and more consistent communication with staff, partners and communities.
3.3	<u>Measuring Impact</u>
	Impact will be monitored through: • Programme-specific delivery plans and milestones. • Existing IJB performance and assurance frameworks. • Regular reporting through agreed ATB governance routes. • Use of quantitative and qualitative measures, including flow metrics, delayed discharge data and financial performance.
	North Ayrshire IJB will retain responsibility for evidencing impact and performance within its statutory and local governance arrangements.

4.	**IMPLICATIONS**
4.1	Financial 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.
4.2	Human Resources 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.
4.3	Legal 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.
4.4	Equality/Socio-Economic 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. This approach supports the Public Sector Equality Duty and the Fairer Scotland Duty.
4.5	Risk Key risks include: • Inconsistent implementation across partner organisations. • Service disruption during transformation. • Workforce capacity and wellbeing impacts. • Financial sustainability risks. Risks will be managed through programme-level risk registers, established assurance routes, and appropriate escalation arrangements.
4.6	Community Wealth Building 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.

4.7	Key Priorities None.
5.	**CONSULTATION**
	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.

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 Join 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.

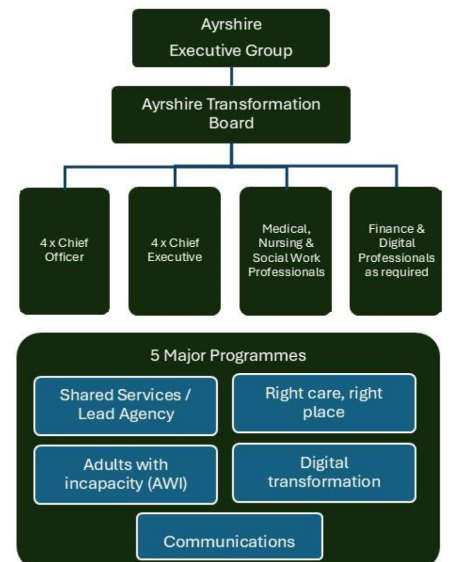
6.0 Review

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 int he way of robust proposals (Ie 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	In person/ MS Teams
21 April 2026	14:00-17:00	In person/ MS Teams
24 June 2026	14:00-17:00	In person/ MS Teams
25 August 2026	14:00-17:00	In person/ MS Teams
20 October 2026	14:00-17:00	In person/ MS Teams
15 December 2026	14:00-17:00	In person/ MS Teams
16 February 2027	14:00-17:00	In person/ MS Teams