

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on:	13th May 2026
Agenda Item:	9
Title:	Ayrshire Transformation Board
Summary:	
<p>The purpose of this report is to seek Integration Joint Boards endorsement of the arrangements put in place by the Chief Executive – along with the Chief Executives of North and East Ayrshire Councils and NHS Ayrshire and Arran – to establish a Transformation Board aimed at strengthening integrated working in Health and Social Care services.</p>	
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Action required:	
Note the introduction of the Ayrshire Transformation Board	
Route to meeting:	
Discussion with South Ayrshire Chief Executive	
Directions:	Implications:
1. No Directions Required <input type="checkbox"/>	Financial <input type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>	HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>	Equalities <input type="checkbox"/>
	Sustainability <input type="checkbox"/>
	Policy <input type="checkbox"/>
	ICT <input type="checkbox"/>

AYSHIRE TRANSFORMATION BOARD

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek Council endorsement of the arrangements put in place by the Chief Executive – along with the chief executives of North and East Ayrshire Councils and NHS Ayrshire and Arran – to establish a Transformation Board aimed at strengthening integrated working in Health and Social Care services.

2. RECOMMENDATION

- 2.1 Endorse the establishment of the Ayrshire Transformation Board (ATB) as the formal senior officer structure to strengthen integrated arrangements across the three Ayrshire Councils, NHS Ayrshire and Arran, and the three Integrated Joint Boards.
- 2.2 Note the agreed governance arrangements, including the ATB's membership, reporting structures and alignment with existing frameworks.
- 2.3 Endorse the initial priority programme areas.
- 2.4 Endorse the Terms of Reference for the ATB.
- 2.5 Otherwise notes the contents of the report.

3. BACKGROUND INFORMATION

- 3.1 IJB members will be aware of the significant challenges facing Integrated Joint Boards and Health and Social Care Partnerships in managing financial and performance governance. Audit Scotland, in its most recent report on IJB finance across Scotland, noted that the majority of IJBs were in deficit and that the majority of savings were on a one-off basis. They also stated: "IJBs need to work collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable."
- 3.2 IJB members will also be aware of the significant financial pressures facing councils and health boards. South Ayrshire Council, the IJB and NHS Ayrshire and Arran are not immune from these pressures, and these pressures extend across Ayrshire as a whole.
- 3.3 Both community and acute services are experiencing growing demand and waiting lists for assessment and treatment. NHS Ayrshire and Arran continue to face pressures arising from people receiving care in settings not appropriate to their needs, in turn constraining our ability to maintain elective care activity.
- 3.4 In communities, health and social care resources are increasingly focused on critical need for essential personal care. While this is appropriate, this leaves

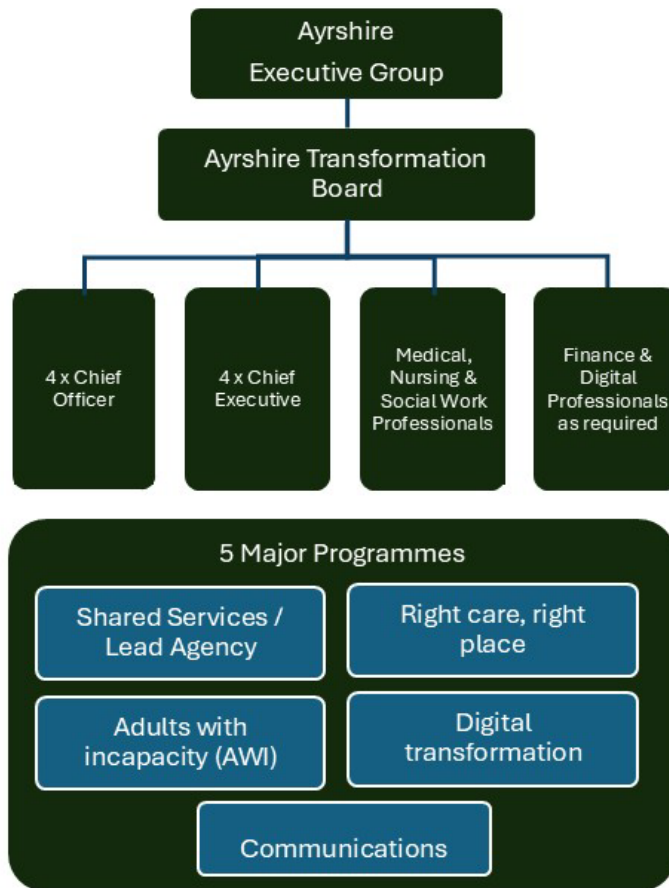
a gap to fund preventative supports and early intervention that can have better long-term benefits to outcomes for people and communities.

- 3.5 Given these pressures, it is both appropriate and necessary for senior officers to examine opportunities to strengthen integrated working and to improved oversight of the whole system. This will include sharing of best practice across the system.
- 3.6 To that end, representatives from the three Ayrshire Councils, three IJBs and NHS Ayrshire and Arran met on February 2026 to discuss how we could collectively deliver more effective health and care services. It was agreed that an Ayrshire Transformation Board would be established to support the identification, investigation and recommendations for optimised performance, efficiencies and integration opportunities across the whole system in Ayrshire.

4. REPORT

- 4.1 Diagram 1 presents a multi-layered officer-level governance structure designed to oversee whole system transformation across health, social care and local authority partners within Ayrshire.
- 4.2 The arrangement demonstrates a clearly defined hierarchy, flowing from the Ayrshire Executive Group (comprised of the chief executives of the three Councils and NHS Ayrshire and Arran) into the operational leadership provided by the Executive Group plus:
- the three Health and Social Care chief officers
 - medical, nursing and social work professional leadership
 - finance and digital leadership
- 4.3 This structure is intended to support whole-system decision-making, improve accountability and coordinate transformation efforts. The Terms of Reference for the ATB are at appendix 1 to this report. The Terms of Reference provide clarity on purpose, scope, membership and reporting arrangements, ensuring the group operates within a defined governance framework.
- 4.4 IJB Members should note that any significant decision about service change arising from the consideration of ATB will be subject to approval by the IJB or Council as appropriate: each IJB and Council retains responsibility for decisions affecting it and accountability for those decisions.
- 4.5 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.

Diagram 1



4.6 Shared Services and Lead Agency Approaches

4.6.1 The shared services and lead agency 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.

4.7 Right care, right place

4.7.1 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 Hospitals to community settings. This aligns with ongoing national priorities around unscheduled care performance and demand management.

4.8 Adults with Incapacity (AWI)

4.8.1 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. There will be 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. However, it is acknowledged that South Ayrshire have made significant improvements in this area and there is opportunity for learning across the whole system which could impact upon Delayed Transfers of Care.

4.9 Digital Transformation

4.9.1 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.

4.10 Communications

4.10.1 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.

5. **Strategic context**

5.1 As set out in the South Ayrshire Integration Joint Board Strategic Plan 2021 – 2031, 2025 refresh our wider strategic priorities include:

- *‘We nurture and are part of communities that care for each other’*
- *‘We are an ambitious and effective Service Partnership’*
- *‘We are transparent and listen to you’*
- *‘We make a positive impact beyond the services we deliver’*

6. Implications

6.1 Financial Implications

6.1.1 There are no direct financial implications arising from this report

6.2 Human Resource Implications

6.2.1 There are no direct HR implications arising from this report.

6.3 Legal Implications

6.3.1 There are no legal implications arising from this report.

6.3.2 There are no procurement implications arising from this report.

6.4 Equalities implications

6.4.1 There are no Equalities implications

6.5 Sustainability implications

6.5.1 There are no sustainability implications

6.6 Clinical/professional assessment

6.6.1 Chief Social Work Officers are part of the Board and contribute to the Transformational agenda.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 This a full partnership approach with the three IJB's represented, three Councils and Ayrshire and Arran Health board.

7.2 The HSCP Portfolio Holder is aware of the Ayrshire Transformational Board.

8. RISK ASSESSMENT

8.1 There are no risks associated with adopting the recommendations. The contents of this report enable the Council to support continued development of services and increased efficiency

APPENDICES

None

BACKGROUND PAPERS

None

REPORT AUTHOR AND PERSON TO CONTACT

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