

# Health & Social Care Partnership

## East Ayrshire Health & Social Care Partnership Integration Joint Board 22 June 2022 at 2pm MS Teams

**Present:**

Councillor Douglas Reid, East Ayrshire Council (Chair)  
 Mr Craig McArthur, Director of Health and Social Care  
 Mr Alex McPhee, Interim Chief Financial Officer  
 Mr Michael Breen, NHS Non-Executive Director  
 Councillor Elaine Cowan, East Ayrshire Council  
 Mr Mahanth Manuel, Associate Medical Director  
 Councillor Maureen McKay, East Ayrshire Council  
 Mr Neil Kerr, ADP Independent Chair  
 Ms Sheila Cowan, NHS Non-Executive Director  
 Councillor Neill Watts, East Ayrshire Council  
 Dalene Steele, Associate Nurse Director  
 Ms Jennifer Wilson, NHS Nurse Director  
 Ms Alexia Pellowe, Clinical Director  
 Ms Marion MacAulay, Chief Social Work Officer  
 Dr Sukhomoy Das, NHS Non-Executive Board Member

**In Attendance:**

Mr Allan Munro, Workforce Lead  
 Ms Arlene Bunton, Scottish Care Representative  
 Mr Charles Rocks, Senior Manager Children & Families  
 Diane Norwood, Service Manager Business Support  
 Mr Ewan McGill, Communications Officer  
 Mr Jim Murdoch, Senior Manager Planning, Performance & Wellbeing  
 Mr Erik Sutherland, Head of Locality Health & Care  
 Ms Vicki Campbell, Head of Primary Care & Out of Hours  
 Ms Jo Gibson, Head of Wellbeing & Recovery  
 Ms Lorna McIlreavy, Community Engagement Officer  
 Ms Amanda McInnes, Senior Manager Business Support  
 Ms Laura Doherty, Public Health Research Officer  
 Ms Aileen Anderson, Committee Secretary

Agenda	Discussion	Action
1.	<p><b><u>Welcome &amp; Apologies</u></b></p> <p>Councillor Reid welcomed everyone to the meeting and noted apologies from Irene Clark, Kathleen Winter and Catherine Adair.</p>	

2.	<p><b><u>Good News Story – Care Opinion</u></b></p> <p>Erik Sutherland shared a short video on Care Opinion and a number of patient stories which had been shared on the platform. The Board welcomed the use of Care Opinion and felt that this was good practice for Services.</p>	
3.	<p><b><u>Declarations of Interest</u></b></p> <p>There were no declarations of interest.</p>	
4.	<p><b><u>Minutes of the Previous Meeting held on 23 March 2022</u></b></p> <p>The minutes of the previous meeting were agreed as an accurate record of discussions.</p>	
5.	<p><b><u>Matters Arising</u></b></p> <p>There were no matters arising.</p>	
6.	<p><b><u>Unscheduled Care Performance</u></b></p> <p>Mr Craig McArthur presented the report to highlight the responsibilities of the Integration Joint Boards in commissioning and oversight of performance in relation to Unscheduled Hospital Care in relation to the Acute Set Aside resource. Highlighted areas of concern in relation to performance and to see regular updates on the programme of work to improve patient experience and outcome.</p> <p>In line with the Public Bodies (Joint Working)(Scotland) Act 2014, the following hospital services are provided within large hospitals and delegated to the IJBs:</p> <ul style="list-style-type: none"> <li>• Accident and Emergency Services provided in a hospital;</li> <li>• Inpatient hospital services relating to the following branches of medicine <ul style="list-style-type: none"> <li>(a) General medicine;</li> <li>(b) Geriatric medicine;</li> <li>(c) Rehabilitation medicine; and</li> <li>(d) Respiratory medicine.</li> </ul> </li> </ul> <p>These are the services which are included in the set aside arrangements, all other acute specialities and activity is outwith the scope of responsibility for IJBs.</p> <p>East, North and South Health and Social Care Partnerships have been working together to review unscheduled care performance and the report detailed the findings of the work.</p> <p>As with other parts of the whole system during the pandemic Primary Care Services were impacted and many GP practices moved to urgent</p>	

	<p>'on the day' work only; which also incorporated vaccine delivery and screening programmes, with all non-routine work paused. Since late 2021 many practices have restarted some routine work such as chronic disease management, but many are struggling to deliver a hybrid of urgent on the day appointments as well as routine appointments due to the significant increase in demand on a daily basis.</p> <p>By May 2021 numbers of consultations in GP Practice had almost returned to pre-pandemic levels at around 195,000 consultation per month and this position has been sustained. A large proportion of patients attending their PG Practice regularly or accessing urgent care are linked to their long waits for planned care appointments, diagnostics or previously agreed procedures. These patients are also the patient cohort who will reach crisis and require and unscheduled admission. There are some specialities who offer urgent access for same day assessment which avoids referring a patient for admission.</p> <p>General Practice is also facing a workforce sustainability challenge with current workforce gap of 4.32% compared to just under 3% in March 2022. The workforce gaps are linked to GPs retiring early, reducing sessions in the Practice to maintain work life balance or career changes.</p> <p>The IJBs will require to fund an element of the unscheduled capacity for Unscheduled Care from the additional COVID funding earmarked in IJB reserves, the cost of the additional acute beds is estimated to be £9million.</p> <p>Regular conversations are taking place between the three Chief Officers to share learning and experience in managing delayed discharges and to apply learning where possible.</p> <p>Mr Craig McArthur advised that there was no specific carer implications to the report as this focused on high level concerns however carers are regularly engaged through all discharge processes to ensure people are looked after as well as possible through their journey.</p> <p>Following discussion it was agreed that Mr Craig McArthur would add an additional recommendation to the report around the split responsibility in managing delayed discharge from acute.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"><li>i. Note the ongoing programme of work in relation to Unscheduled Care and specifically the improvements required in length of stay for patients and performance in relation to the four hour ED compliance standard. The IJB should receive a performance update at the next meeting in August and thereafter consider any further interventions required; and</li><li>ii. Note that any additional resources require to facilitate performance improvement activity should be through a spend</li></ul>	
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	to save methodology by closing all 138 additional acute hospital beds during 2022-23.	
7.	<p><b><u>Financial Management Report 2021/22: Month 12</u></b></p> <p>Mr Alex McPhee presented the report to provide details of the draft final outturn position for East Ayrshire Health and Social Care Partnership for 2021/22. The report provided an analysis of movements on the Annual Budget 2021/22, approved by the IJB on 24 March 2021, as well as an update on the outturn position in relation to the Partnership's response to the Covid 19 pandemic and includes progress against approved recurring cash releasing efficiency savings, as well as confirmation of funds within the IJB Reserve Balance. The report also provided a summary of the outturn on services managed under Lead Partnership/ Hosted Services arrangements, as well as information on Acute Services budgets in relation to the large hospitals Set Aside resource within the scope of the Strategic Plan. A draft version of the report was presented to the Audit &amp; Performance Committee on 31 March 2022.</p> <p>The month 12 Financial Management Report for the Partnership has been compiled following financial analysis and budget monitoring at East Ayrshire Council and NHS Ayrshire &amp; Arran.</p> <p>The consolidated draft final outturn for the Partnership on a population basis for 2021/22 is an uncommitted balance of £4.205m. This comprises net underspends of £2.107m on Council commissioned services and £2.098m on NHS commissioned services. This represents 1.6% of the £257.205m population basis budget.</p> <p>The 2021/22 draft underspend of £28.339m included funding balances for earmarking to offset future commitments within the IJB Reserve totalling £20.642m.</p> <p>The overall underspend on directly managed services is after taking account of an underspend of £8.708m related to East Ayrshire hosted services managed under routine NHS Lead Partnership arrangements. Draft final outturn figured for North Ayrshire Lead Partnership services highlight an underspend of £6.216m, with draft South Ayrshire Lead Partnership services figures highlighting an overspend of £0.061m.</p> <p>The draft final outturn for 2021/22 includes an uncommitted balance totalling £4.205m, which when added to the contingency balance brought-forward from 2020/21, totals £7.189m. This represents an increase of £0.508m which relates to sums carried-forward as earmarked balances within the IJB Reserve, and which were separately accrued by NHS Ayrshire and Arran. The cumulative contingency balance equates to approximately 2.4% of the initial approved directly managed services budget for 2022/23. This is higher than the aspirational 2% contingency balance at the end of the three year budget cycle per the Reserve Strategy approved by the IJB on 23 March 2022.</p>	

	<p>It was intended that the transformational change programme funding retained within the IJB Reserve will be used to mitigate a number of financial risks associated with cost and volume budget pressures, as part of the work being taken forward through the Strategic Commissioning Board, with funding set aside for workforce development purposes, in recognition of ongoing recruitment challenges in essential health and social care services.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> <li>i. Note the draft final outturn position for East Ayrshire Health and Social Care Partnership at 31 March 2022;</li> <li>ii. Note the draft final outturn position and ongoing financial risk to the IJB in relation to the response to the Covid-19 pandemic;</li> <li>iii. Approve that, subject to completion of the external audit of the Annual Accounts, the transfers to earmarked IJB Reserve balances of £20.642m, as set out at the table at paragraph 28 of the report;</li> <li>iv. Note the position in respect of earmarked IJB Reserve balances, taking account of the approval of recommendations (iii);</li> <li>v. Approve that, subject to completion of the external audit of the Annual Accounts, that the £4.205m uncommitted balance be applied to increase the IJB general contingency balance by £2.796, in recognition of the IJB Reserve Strategy, with £0.909m to be allocated to the Transformational Change Fund and £0.500m set aside for workforce development purposes;</li> <li>vi. Note the position in respect of the uncommitted balance in the IJB Reserve, taking account of approval of recommendations (v);</li> <li>vii. Note progress towards achievement of approved cash releasing efficiency savings in 2021/22;</li> <li>viii. Note the draft final outturn position in respect of services managed under Lead Partnership/ Hosted Services arrangements;</li> <li>ix. Note the current position in respect of large hospital Set Aside budget; and</li> <li>x. Note the key issues and risks for the IJB going forward.</li> </ol>	
8.	<p><b><u>Unaudited Accounts 2021/22</u></b></p> <p>Mr Alex McPhee presented the report to advise the Board of requirements introduced by the Local Authority Accounts (Scotland) Regulations 2014, to submit Annual Accounts for the year ended 31 March 2022 to the IJB for approval and thereafter the Accounts to the Controller of Audit.</p> <p>The net cost of provision of services in 2021/22 was £263.251m. The net revenue expenditure represents the running costs of the IJB and</p>	

indicates the significant size and complexity of the organisation. Directly managed expenditure for the 2021/22 financial year is £28.339m less than the budget delegated to the IJB and is partially offset by an adjustment of £3.492m in respect of the Partnership's share of services managed on a pan-Ayrshire basis on Lead Partnership arrangements. Of the resultant population based £24.847m net underspend for 2021/22m £20.642m has been earmarked for specific commitments in future financial years. These commitments include £11.363m Covid-19 funding, £0.908m Interim Care funding, £0.386m Children & Young People Mental Health and Wellbeing funding, £1.021m Alcohol and Drugs Partnership funding, £0.741m Urgent Care Pathway funding, £0.706m Mental Health Recovery and Renewal funding, £2.351m Primary Care Improvement Fund and £0.205m Mental Health Action 15 funding. After taking account of earmarked commitments, there is an uncommitted balance for 2021/33 of £4.205m.

Definitive management action to alleviate cost and additional demand pressures and achieve case releasing efficiency savings in various budgets, has contributed to the Partnership spending less in 2021/22 than originally budgeted. The 2021/22 budget was approved by the IJB on 24 March 2021 on a 'business as usual' basis, however the COVID19 pandemic has had a significant impact on the expenditure on mainline services over the course of 2021/22 and this is reflected in the draft final outturn position. All COVID19 attributable expenditure totalling £7.273m has been wholly offset by Scottish Government funding in 2021/22, including £3.110m brought forward within the IJB Reserve from 2020/21. Going forward, the final costs of the response to the pandemic will depend on the recovery timescale. Other than £619m allocated in February 2022, the Scottish Government will not receive any Barnett Consequential funding in 2022/23 in relation to COVID19 costs. Projected costs for 2022/23 therefore require to be reduced as far as possible, with a recovery plan within available resources being a key requirement. NHS Ayrshire & Arran received a letter from the Scottish Government on 01 June 2022 to advise the funding of £16.5m is to be provided to offset non-delegated spending in 2022/23. The Health Board is awaiting further clarity on how this funding is to be utilised.

Turnover of personal carers has been recognised as a concern and this was due to new requirements and time allocated by SSSC and the Partnership putting plans in place to support staff to achieve this qualification.

There is significant pressure on the workforce due to vacancies with some teams reporting a 50% staffing gap.

The Board noted the report and agreed the following recommendations:

- i. Approve the unaudited Annual Accounts for 2021/22; and
- ii. Note the timetable for approval of the audited Annual Accounts for 2021/22.

<p>9.</p>	<p><b><u>Annual Complaints Report</u></b></p> <p>Ms Amanda McInnes presented the annual report for Social Work and IJB complaints for the year 2021/22.</p> <p>This year the number of complaints received is starting to rise again but is not back to the levels prior to the Pandemic. Most complaints are dealt with at Stage 1 indicating that they are low level complaints that can be dealt with quickly. Although the time taken for Stage 1 complaints has increased slightly, the time taken for Stage 2 complaints has dropped by one or two days on average; this is a welcome development as Stage 2 complaints are by their nature more complex.</p> <p>There have been no IJB complaints received therefore there is no information pertaining to the IJB Complaints Handling Procedure, the report deals with all Social Work complaints received and responded to within the Partnership over the course of the complaints year 2021/22.</p> <p>Approximately 46% of complaints received were upheld or partially upheld and just under 9% of complaints were withdrawn. Withdrawn complaints usually relate to duplicate complaints being received, or where a complaint has been received about an issue which has already been dealt with. In such circumstances applicants are usually signposted to the Ombudsman as the appropriate route when unhappy with a complaint outcome.</p> <p>In the forthcoming year there will be discussions with East Ayrshire Council's Performance and Planning Service regarding some consolidated reporting given that the Partnership now uses the Local Authority Complaints Handling Procedure. The HSCP will continue to produce its own reporting to have oversight of our complaints, but will continue to work closely with East Ayrshire Council's Performance and Planning Service to enable them to have a more complete picture of all complaints handled under the Local Authorities Complaints Handling Procedure. We will also develop additional reporting mechanism to include a facility whereby each quarterly report enables a wider time window to be viewed and so provide a more comprehensive view of complaints handling.</p> <p>The Board noted the report.</p>	
<p>10.</p>	<p><b><u>Annual Duty of Candour Report</u></b></p> <p>Ms Amanda McInnes presented the report for the Board to consider the Partnership's Duty of Candour Annual Report for 2021/22.</p> <p>31 March 2022 concluded the latest year for Social Work and Social Care Organisations to report where the Duty of Candour procedure has been activated or to otherwise confirm a null report.</p>	

	<p>For 2021/22 East Ayrshire will be submitting a Null Report as there have been no activations of the procedure. A copy of the single page report for each year was shared and the report was produced following the recommended format for a Null Report which was provided by the Scottish Government's Duty of Candour Reporting and Monitoring Sub-Group.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> <li>i. To note and comment on the 2021/22 Duty of Candour Annual Reports.</li> </ol>	
<p><b>11.</b></p>	<p><b><u>Whistleblowing Report</u></b></p> <p>Ms Amanda McInnes presented the report to provide the Board with an update following the implementation of the National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) introduced on 01 April 2021.</p> <p>The Whistleblowing Standards were introduced on 01 April 2021 and have been implemented successfully across NHS Ayrshire &amp; Arran and Health &amp; Social Care Partnerships.</p> <p>The report provided details of Whistleblowing concerns raised across NHS Ayrshire &amp; Arran by staff and those who provide services on behalf of NHS Ayrshire &amp; Arran during the periods October to 31 December 2021 and January to 31 March 2022.</p> <p>The report notes that during Q3 there were two concerns received through the whistleblowing process, one which was received via the INWO. This concern was considered and it was not appropriate for the whistleblowing process. Feedback was provided to those raising concerns to direct to the appropriate policy and at the time of the report being presented to the NHS Board this was being managed through the Boards Grievance policy.</p> <p>Although the second concern was initially received anonymously, the whistle-blower subsequently came forward. At the time of the Q3 report being presented, this whistleblowing concern was being managed at Stage 2 of the process as the investigation was ongoing.</p> <p>The Board noted the report.</p>	
<p><b>12.</b></p>	<p><b><u>Governance Report</u></b></p> <p>Mr Craig McArthur presented the report to provide the Board with an update on membership of the IJB, changes to the Audit and Performance Committee, and arrangements for attendance at future IJB meetings.</p>	



	<p>The report provided an update on the voting membership of the IJB following the recent local government elections and the non-voting membership following other recent appointments. The report also notes that two of the Elected Members who left the IJB were members of the Audit and Performance Committee and there is therefore a requirement to nominate new members. An update was provided on attendance at future IJB meetings to maximise opportunities to attend, and increase transparency of decision-making.</p> <p>The voting membership of the IJB is make up of eight voting members, four of whom are elected members appointed by EAC and four of whom are appointed by NHS Ayrshire &amp; Arran. Local government elections were held on Thursday 05 May 2022 and therefore elected members term of office came to and end at midnight on 04 May 2022.</p> <p>Following the recent statutory Council meeting on 19 May 2022 appointments were made and EAC have confirmed the elected members to the Board are Councillor Douglas Reid, Councillor Elaine Cowan, Councillor Maureen McKay and Councillor Neil Watts.</p> <p>Councillor Douglas Reid was appointed as Leader of the Council and therefore retains his role as Chair of the IJB. Councillor Reid will remain as Chair until June 2023 at which time the Chair will rotate to an NHS Board appointed Chairperson, as set out in clause 2.4 of the Integration Scheme, where the role of Chair alternates between voting members nominated from EAC and NHS Board on a biennial basis.</p> <p>Recruitment of new members of the Audit and Performance Committee will be progressed through the Chair of the IJB and the Chair of the Audit and Performance Committee. Appointments should be made ahead of the next meeting on 02 August 2022.</p> <p>During the Coronavirus pandemic, meetings moved initially to tele-conference and subsequently to video-conference. This allowed decision making to continue during a period of restrictions on face-to-face meetings. Restrictions have now been significantly lifted, and there are increased opportunities to conduct meetings in person. Recognising that video technology can support increased attendance at meetings, future IJB meetings will be delivered in a hybrid approach. To improve transparency of decision making, future IJB meetings will once again be open to attendance from the press and public.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"><li>i. Note the update on the EAC appointed Elected Members to the IJB;</li><li>ii. Note the additional changes to membership of the IJB;</li><li>iii. Note the requirements to nominate members to the Audit and Performance Committee; and</li><li>iv. Note the arrangements for attendance at future IJB Meetings.</li></ol>	
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**IRT Best Value Service Review Stage 7/8**

Mr Charles Rocks delivered a presentation and report to advise the Board of the outcome of the Best Value Service Review (BVSR) undertaken on the Children & Families Localities Initial Response Team, in addition to the redesign of Locality Services with the implementation of the East Ayrshire Wellbeing Model (HEART). The report has previously been presented to the Strategic Commissioning Board in December 2021 who have provided approval to the review.

The report provided details of the final recommendations of the Review Group, who have led the Review of the Initial Response Team over the last 24 months. It will also provide an update on the progress to date of the actions included in the services Improvement Action Plan and will outline the Implementation Schedule for the new service model recommended by the Review Group.

The proposal at it currently stands would be for the current Initial Response and Focussed Intervention Teams which make up locality services to be realigned into six locality teams, each aligned to one of East Ayrshire's non-denominational secondary school clusters. The teams would sit within the existing management structure with Team Managers for each cluster responsible to existing Service Managers and Senior Manager for locality services.

The proposed option is a full cluster model with the service entirely organised around the six secondary school clusters: Stewarton, Loudon, Grange, Kilmarnock, Barony and Doon with each of the Teams organising their own intake through a duty system. The St Joseph's education group will not be aligned to any individual team and will instead work across different teams.

The Review identified a number of key challenges currently facing the service. These challenges included reducing the large number of inappropriate referrals that continue to be received by the service. Securing a reduction in the level of inappropriate referrals would help greatly in improving staff capacity within the service, allowing staff to devote more time to complex referrals and also enable the service to target resource to those families/ cases requiring the most support.

In addition, challenges are also present in respect of the changing nature of referrals as a result of the increasingly diverse cultural backgrounds of those families supported by the service, and the professional impact on staff as this requires a process of constant reflection and ongoing learning and development for staff.

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	<p>greatly in improving staff capacity within the service, allowing staff to devote more time to complex referrals and also enable the service to target resources to those families/ cases requiring the most support.</p> <p>In addition, challenges are also present in respect of the changing nature of referrals as a result of the increasingly diverse cultural backgrounds of those families supported by the service, and the professional impact on staff as this requires a process of constant reflection and ongoing learning and development for staff.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> <li>i. Note the findings and recommendations detailed in the Report; and</li> <li>ii. Note the preferred model for service delivery identified by the Review Team.</li> </ul>	
14.	<p><b><u>Workforce Plan 2022-2025</u></b></p> <p>Mr Allan Munro presented draft Health and Social Care Partnership Workforce Plan 2022-25.</p> <p>The Scottish Government issued revised Workforce Planning Guidance on 01 April 2022 advising that all NHS Boards and HSCPs are required to develop an 3 year Workforce Plan to cover the period April 2022 until March 2025.</p> <p>A draft version of the plan should be forwarded to Scottish Government for review by 31 July 2022 with a final version published on the website by 31 October 2022.</p> <p>The Scottish Government guidance follows the publication of the National Workforce Strategy for Health and Care on 11 March 2022. The guidance constitutes the first iteration of new medium term workforce planning guidance for health and social care, with the express intention of improving the strategic alignment between organisations workforce, financial and service planning.</p> <p>Actions in the Workforce Plan to meet local projected short-term recovery and medium term growth requirements are aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> <li>i. Approve the onward submission of the draft Health and Social Care Partnership Workforce Plan 2025-25 to the Scottish Government for review and further consideration;</li> <li>ii. Note that the final Health and Social Care Partnership Workshop Plan 2022-25 will be submitted to the IJB for formal approval prior to publication by 31 October 2022.</li> </ul>	

<p>15.</p>	<p><b><u>We Are With You Contract Extension</u></b></p> <p>Ms Jo Gibson presented the report to seek approval to continue contractual agreement for one East Ayrshire Alcohol and Drug Partnership (ADP) Adult Service Contract to 11 October 2024.</p> <p>The report relates to the proposed extension of the contact with We Are With You (WAWY) for the provision of Recovery Focused service for individuals, families and carers affected by sustained alcohol and drug use. WAWY are also key partners in the delivery of East Ayrshire’s Rapid Access (RADAR) Service, this service is funded through East Ayrshire ADP.</p> <p>The Service has operated under a traditional framework contract via the ADP for a number of years. Although the Service has been reviewed and adjusted accordingly throughout the contract period, the imperative and priority outlines and highlighted by the First Minister to reduce drug related deaths via the National Mission has brought to the fore the contribution to this objective by WAWY.</p> <p>Consultation have taken place with people who use our services, partners and providers locally via the work/ development of the Partnership Provider Statement. Members may wish to note that WAWY does not sit in isolation within the overall National Mission and within the ADP strategic plan 2020-24. The Service contributes to and is part of the ADPs Recovery Oriented System of Care that includes contributions from our recovery outreach peer workers, our new and innovative Recovery Hub, community services and partners within the NHS.</p> <p>The service entered into its final +1 year extension on 12 October 2021. The current contract value is £282,000 per annum. An extension of an additional 1 +1 years to 11 October 2024 will allow time to complete a strategic commissioning review to assess the alignment of this provision within the vision for future service delivery.</p> <p>Councillor McKay sought clarity on the service and suggested having a one year extension to allow a range of agencies to be considered and reported on with the option to extend the contact further if the review hasn’t been completed within the initial year. It was agreed that this amendment would be upheld and presented to Council.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> <li>i. Agree the proposed extension for the contract in terms of Paragraph 21 of the Standing Orders Relating to Contracts; and</li> <li>ii. Issue a Direction to East Ayrshire Council in respect of the implementation of the revised contractual arrangements.</li> </ul>	
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16.	<p><b><u>AOCB</u></b></p> <p><u>National Care Service Bill</u> Mr Craig McArthur advised that there had been a large amount of documentation issued in the last two days following the National Care Service Bill being passed through Parliament. A full brief will be presented to the Board as information becomes available.</p> <p>It was highlighted that the information received to date doesn't align with the response submitted by the IJB however there was opportunities to co-design as the Service is developed and this can be shaped locally with positive engagement through the process.</p>	
17.	<p><b><u>Date of Next Meeting</u></b></p> <p>17 August 2022 at 2pm MS Teams</p>	