

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **18 June 2025, 2 pm – 5 pm** Clackmannanshire Council Chambers, Kilncraigs, Alloa and hybrid via MS Teams

Please notify apologies for absence to:
fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

1. Welcome and Apologies
2. Notification of Substitutes
3. Declaration(s) of Interest
4. Draft Minute of the Integration Joint Board meeting held on 21 May 2025
5. Action Log
6. Chief Officer Update Joanna Macdonald

For Noting

7. Modernising the Approach to Residential Respite Provision Judy Stein
8. Primary Care GP Sustainability Update Tom Cowan/Louise McCallum

For Decision with Direction

9. Proposed Delivery Plan for Dementia Wendy Forrest
10. Palliative and End of Life Care Commissioning Approach Wendy Forrest
11. Commissioning of Independent Advocacy Services Wendy Forrest
12. Supported Housing Best Value Review Wendy Forrest

For Decision without Direction

- | | |
|---|----------------|
| 13. Draft 2024/25 Year End Financial Report | Ewan Murray |
| 14. Strategic Risk Register | Ewan Murray |
| 15. Review of Meetings | Lesley Fulford |

For Consideration and Noting

16. Minutes
- a. Strategic Planning Group – 23.04.2025
 - b. Joint Staff Forum – 13.02.2025

Date of next meeting

13 August 2025

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
21 May 2025

For Approval

Approved for Submission by	Joanna Macdonald, Interim Chief Officer
Paper presented by	N/A
Author	Sandra Comrie, PA
Exempt Report	No

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 21 May 2025 2 pm – 5 pm, in the Boardroom, Carseview House, Stirling and hybrid via MS Teams

PRESENT

Voting Members

Councillor David Wilson (**Chair**), Stirling Council
Councillor Neil Benny, Stirling Council
Councillor Denis Coyne, Clackmannanshire Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Allan Rennie (**Vice Chair**), Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Joanna Macdonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Natalie Masterson, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Robert Clark, Employee Director, NHS Forth Valley
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Mike Evans, Localities Representative
Kevin McIntyre, Union Representative, Clackmannanshire
Abigail Robertson, Union Representative, Stirling

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement
Ross Cheape, Head of Service Mental Health and Learning Disability Services
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability
Paul Cameron, Head of Community Health and Care
Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Councillor Martha Benny, Clackmannanshire Council
Andrew Murray, Medical Director, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
Councillor Rosemary Fraser, Stirling Council
Councillor Martin Earl, Stirling Council
Anthea Coulter, Third Sector Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Lorraine Robertson, Chief Nurse HSCP

2. NOTIFICATION OF SUBSTITUTES

Councillor Denis Coyne for Councillor Martha Benny, Clackmannanshire Council
Councillor Neil Benny for Councillor Martin Earl, Stirling Council

3. DECLARATIONS OF INTEREST

Councillor David Wilson (Chair) is also a Trade Union representative for Clackmannanshire Council.

4. DRAFT MINUTE OF MEETING HELD ON 26 March 2025

The draft minute of the meeting held on 26 March 2025 and the special IJB meetings held on 25 April 2025 and 02 May 2025 were approved.

5. ACTION LOG

The action log was approved.

6. CHIEF OFFICER UPDATE

Ms Macdonald provided a verbal update to the IJB.

Ms Macdonald provided an update on the Right Care Right Time front door service, which ensures referrals are directed to the most appropriate service as early as possible. This approach has had a positive impact on individuals accessing care and support. The multi-disciplinary team (MDT) continues to provide daily assistance.

She was pleased to share that the Community Link Worker Team from Stirling and Clackmannanshire received the Inaugural Scottish Link Worker Network Award 2025.

Engagement on the Mental Health and Wellbeing Strategic Commissioning Plan is currently underway and will close on 3 June 2025. The aim is to align with the Scottish Government's Mental Health and Wellbeing Strategy, which was published in June 2023. Ms Macdonald outlined the three key pillars of the strategy. A link to the draft plan was emailed to Board members on 28 April 2025 to invite their feedback.

Following discussion, Ms Borthwick agreed it would be beneficial to bring further feedback on the draft Mental Health and Wellbeing Strategic Commissioning Plan to a future Integration Joint Board (IJB) meeting.

7. BUDGET UPDATE

Mr Murray provided a verbal update to the IJB

Mr Murray had planned to deliver a verbal update to the Board regarding the draft financial outcome for 2024/25. However, due to ongoing challenges in finalising the figures, he is not yet able to present the information with full confidence. Although a preliminary outcome has been prepared, additional verification is needed to confirm its accuracy.

Mr Murray anticipates that the final outturn will show an improvement compared to the verbal update provided at the special IJB meeting on 2 May 2025. The remaining work will be completed as soon as possible, after which he will update Board members on the confirmed position.

A formal written report outlining the year-end financial outcome will be presented at the IJB meeting on 18 June 2025. In the meantime, efforts to identify further financial recovery options will continue, with a strong emphasis on delivering the implementation plan.

8. CARE AT HOME CONTRACT IMPLEMENTATION

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest confirmed that presentations regarding the implementation of the Care at Home Contract were delivered at the IJB Development Session on 25 March 2025, and at the Finance, Audit and Performance Committee on 19 February 2025. The paper incorporates updates aligned with the National Living Wage, in accordance with current guidance and accountability standards. This framework supports the management of operational risks associated with provider capacity and impact, while ensuring effective financial oversight.

The paper also included detailed technical comparisons between Clackmannanshire Council and Stirling Council, illustrating a clear and consistent approach across both local authority areas.

Ms Rezendes outlined the potential implications should a Council fail to meet their statutory obligations.

Following discussion, Ms Forrest recommended that a briefing on the current monitoring arrangements could help provide assurance to the Board. Ms Rezendes presented an overview of the quality assurance activities associated with the social work and social care aspects of service delivery.

Addressing concerns about potential inconsistencies in service provision between Clackmannanshire and Stirling, Ms Macdonald shared an update on the dispute resolution process. She explained that efforts are ongoing to review both the process used to update the Integration Scheme and the current Strategic Commissioning Plan. She reaffirmed the IJB's commitment to delivering high-quality, sustainable services.

The Integration Joint Board:

- 1) Noted the national and local arrangements being put in place to implement the contract;
- 2) Approved the local arrangements being put in place to monitor the Contract including the setting of rates for each delivery Group under the Tier system;
- 3) Issued the Direction as set out in Appendix 1.

9. QUARTER 3 PERFORMANCE REPORT

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

The report outlined performance across key areas as outlined in the Strategic Commissioning Plan. Ms Forrest is working to ensure system-wide data reflects all delegated services, with this work still evolving. She noted ongoing improvements in reducing hospital discharge delays and praised staff efforts. She and the Senior Planning Manager met with IJB Service User representatives to explore ways to ensure technical detail of the reports was clear, proving the opportunity to provide clarity and understand public feedback on performance.

The Board discussed the prevention work contributing to the reductions in falls, The Right Time Right Care dashboard and noted continued investment into the Community Link Worker model.

In response to a query regarding the declining performance indicator for psychological services, Ms Borthwick attributed the issue to an increase in referrals alongside a reduction in workforce capacity. She confirmed that a comprehensive improvement plan is being developed for submission to the Scottish Government and provided a summary of its key components.

The Integration Joint Board:

- 1) Reviewed the Q3 Performance Report.
- 2) Noted the actions identified and taken to address the issues identified where performance needs to be improved.
- 3) Approved Quarter Three (October to December 2024) Executive Summary (Appendix 1) & Report (Appendix 2).

10. COMMISSIONING CHANGE TO THE MODEL OF CARE LONG TERM PROVISION

The IJB considered the paper presented by Paul Cameron, Head of Community Health and Care

Mr Cameron provided an update on progress made since the decision made at the IJB on 26 March 2025 and the associated Direction issued to Clackmannanshire Council. He confirmed that suitable new accommodation has been found for the remaining seven residents of Menstrie House. The building itself will remain with Clackmannanshire Council.

Mr Cameron met with trade unions on 14 May 2025, he confirmed staff engagements remain ongoing and there have been discussions in terms of redeployments options. The full consultation period can take up to six months.

In response to concerns regarding the IJB communications process following the approval of Directions, George Barbour, Executive Officer and Communications Manager at Stirling Council, confirmed that significant collaborative work has been ongoing. This includes coordination among communications teams from all constituent authorities and the three Chief Executives, with continued collaboration planned. The existing communication protocols are currently under review to ensure they are effective and appropriate. Going forward, enhanced communication planning will be introduced to improve coordination across the partnership.

The Integration Joint Board:

- 1) Noted the update on progress regarding delivering on the decisions taken and directions issued at the 26 March 25 meeting.

11. LEARNING DISABILITY COMMISSIONING PLAN

The IJB considered the paper presented by Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability

The paper provided an update to the paper presented to the IJB on 20 November 2025, which included a Direction to implement a revised model of care for adults with learning disabilities in Clackmannanshire and Stirling. Ms Borthwick highlighted the main elements of this initiative, noting that improvement plans are currently in progress, along with a review of existing care packages. The paper outlines the progress made so far, and Ms Borthwick

will continue to report on developments and ongoing work at future IJB meetings.

A new dedicated steering group has been established to lead the development of day services, with strategic support provided by Ms Forrest's team. This collaboration is focused on producing a comprehensive Learning Disability Service Plan that will align and integrate all related initiatives. Once finalised, the plan will be submitted to a forthcoming IJB meetings to provide assurance on the strategic approach and progress to date.

On 23 April 2025, Ms Borthwick delivered a detailed presentation to the Strategic Planning Group. The presentation was positively received, with strong support expressed by supported individuals, carers, and members of the wider community for the proposed review and redesign of Learning Disability services.

Ms Borthwick confirmed that, as work progresses, there will be ongoing engagement with carers directly impacted by specific areas of development. In addition, dedicated sessions will be arranged for families of individuals attending day services to ensure inclusive communication and participation.

Ms Borthwick provided an update on the work being carried out at the Whins Day Centre and will continue to provide the IJB with updates as work continues. Ms Robertson, Trade Union Representative for Stirling, explained that the staff at Riverbank Day Centre, are concerned about their future, it is essential that staff engagement starts soon to get their views and have discussions. Ms Forrest confirmed that trade union colleagues will be involved in the steering group.

The Board reviewed concerns regarding recent changes and the redesign of services and funding for care packages. Mr Murray clarified that the approach is guided by professional assessments of individual needs and how best to address them. The Senior Resource Allocation Group provides high-level oversight of high-cost care packages. It has become evident that there are limited suitable alternatives available locally to meet the needs of service users. Collaborative efforts with Clackmannanshire and Stirling Council are necessary to identify and develop more viable options for the future.

Mr McIntyre, Trade Union Representative for Clackmannanshire, enquired about the two Senior Social Care Officer vacancies, Ms Borthwick confirmed she is still progressing this matter and will keep him informed.

The Integration Joint Board:

- 1) Noted the content of this report and drew assurance from the progress being made.
- 2) Agreed that a further report is brought to a future IJB meeting.

12. APPOINTMENT OF FINANCE, AUDIT AND PERFORMANCE COMMITTEE CHAIR AND VICE CHAIR

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager

Ms Fulford outlined that the Public Bodies (Joint Working) (Scotland) Act 2014 mandates collaboration between NHS Boards and Local Authorities to deliver integrated health and social care services through Health and Social Care Partnerships. Under Section 12(1)(e) of the Act, Integration Joint Boards (IJBs) are authorised to establish committees for any purpose. In line with Section 22 of the Clackmannanshire and Stirling IJB Standing Orders, the IJB holds the authority to determine the membership, remit, and Chair of any committee it forms.

The Board were asked to approve the appointment of Councillor Janine Rennie as Chair and Councillor Martin Earl as Vice Chair of the Finance, Audit and Performance Committee.

The committee will include two non-voting members, one professional and one non-professional. Although a call for volunteers was issued via email a number of times, no responses have been received to date.

The Integration Joint Board:

- 1) Approved the nomination for Chair
- 2) Approved the nomination for Vice Chair
- 3) Noted engagement for non-voting members

13. EQUITY IMPACT ASSESSMENT – MAINSTREAM PROGRESS REPORT

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager

The Equality Act 2010 requires that public bodies in Scotland report on Mainstreaming and Outcomes in terms of progress. This report is attached at appendix 1 and sets out progress over the last two financial years, these being 23/24 and 24/25.

Ms Fulford highlighted the ongoing requirement for all services to record equality data within clinical and care systems to support statutory reporting. She emphasised that embedding equality across all IJB activities is essential. Mainstreaming equality within the IJB's structure and culture will support continuous improvement and enhance data quality and performance.

The Integration Joint Board:

- 1) Noted the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.
- 2) Noted the requirement to produce and publish an Equality Mainstreaming and Outcomes report on progress for March 2025.
- 3) Approved the Equality Mainstreaming and Outcomes report on progress to March 2025.
- 4) Approved publication of the Equality Mainstreaming and Outcomes report on progress to March 2025.

14. HEALTH AND CARE (STAFFING) SCOTLAND ACT 2019

The IJB considered the paper presented by Ross Cheape, Head of Service, Mental Health and Learning Disability Services

Mr Cheape reported that Forth Valley Health Board published a paper in April 2025 outlining its legislative responsibilities. The paper confirmed compliance with the relevant duties under the Act across the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP), with no issues identified.

Mr Cheape also provided an update on staffing challenges currently affecting all professional groups, with significant pressures noted in nursing. Despite these pressures, full recruitment is anticipated by the end of the calendar year. In the meantime, all service areas continue to be adequately staffed and operational.

The Integration Joint Board:

- 1) Noted the information that will be provided in the first annual report update to the Scottish Government which will be published by NHS Forth Valley Board in April 2025.

15. INTEGRATED WORKFORCE PLANNING – YEAR 2 REVIEW

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest noted that although the year 2 review was not requested by Scottish Government, it was shared with the Board to ensure understanding of concerns around recruitment and retention of staff and key vacancies. The review supports oversight of vacancy management and workforce planning across the HSCP. She also highlighted ongoing collaboration with third sector partners and local independent sector forums, in line with guidance to incorporate third and independent sector workforce data into the integrated workforce plan.

Ms Rezendes presented an overview of the “grow your own” initiative, which supports and funds staff to complete social work training and transition into permanent roles.

The Integration Joint Board:

- 1) Noted the Integrated Workforce Plan Year 2 Review (in Appendix I)
- 2) Noted the next steps outlined in this paper.

16. RIGHT CARE RIGHT TIME: PROGRESS ON IMPLEMENTATION OF MULTIDISCIPLINARY TEAM MEETINGS

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest provided an update on the implementation of Multidisciplinary Team (MDT) meetings as a new approach to managing service demand and improving outcomes for individuals seeking care, support, and treatment. She outlined the current structure of the MDTs, their daily operational processes, and the collaborative working practices being adopted across teams.

Ms Forrest advised that Multi-Disciplinary Team (MDT) activity is expected to be reflected in quarterly performance reports. This will support the Board in tracking the number of individuals who are supported, signposted, or referred for services such as social work, carers assessments, or care at home. She also noted that regular updates and communications will be provided to maintain visibility of progress and impact.

The Integration Joint Board:

- 1) Noted the approach being delivered through the implementation of daily multi-disciplinary team (MDT) meetings as part of ongoing implementation of the Right Care Right Time programme.
- 2) Noted the early indicators of impact and the need to continue to implement and adapt the approach and develop ways to monitor and report impact.
- 3) Noted that further updates will be presented in due course including consideration of a development session for IJB members.
- 4) Noted that work is ongoing with Clackmannanshire and Stirling Councils on reviewing and refreshing the approach to Eligibility Criteria.

17. MINUTES

- a. Strategic Planning Group – 12.02.2025
- b. Joint Staff Forum – 05.12.2024

18. ANY OTHER COMPETENT BUSINESS (AOCB)

None

19. DATE OF NEXT MEETING

18 June 2025



Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
6. Chief Officer Update	Further feedback on the Draft Mental Health and Wellbeing Strategic Commissioning Plan to be presented at a future IJB meeting.	Jennifer Borthwick	13 August 2025	Ongoing	Ongoing
8. Care at Home Contract Implementation	A briefing on current monitoring arrangements to be provided at a future meeting to offer assurance to the IJB.	Wendy Forrest	27 June 2025	Ongoing	Ongoing
13. Equality Impact Assessment – Mainstream Progress Report	Update the Clackmannanshire Council website details.	Lesley Fulford	22 May 2025	Complete	Complete
	Ensure the Social Model of Care is incorporated into the report.	Lesley Fulford	22 May 2025	Complete	Complete

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 7

Modernising the Approach to Residential Respite Provision

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Judy Stein, Locality Manager
Author	Judy Stein, Locality Manager
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	
Stirling Council	
NHS Forth Valley	

Purpose of Report:	This report provides the Integration Joint Board with an update on the current residential respite provision in Clackmannanshire and Stirling HSCP.
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the current residential respite provision within Clackmannanshire and Stirling HSCP. 2. Agree that a further paper with proposals for changes to residential respite provision for decision with direction is brought to the September IJB meeting for approval.
-------------------------	---

1. Background

In March 2025 the Integration Joint Board approved the Clackmannanshire & Stirling Health & Social Care Partnership Short Breaks Services Statement (Appendix 1).

In line with the Self Directed Support legislation and Carers Short Breaks Service Statement agreed in March 2025, there is a need to review and consider how we modernise our current residential respite provision.

2. Context

- 2.1. There is a currently a model of care for unpaid carers which is specific to residential respite provision. Access to carers resources can be found [here](#).
- 2.2. This paper specifically relates residential respite provided within Ludgate Resource Centre. Within this context there is a need to understand and deliver residential respite provision based on local demographics.
- 2.3. The detail in this paper relates to older adults service provision only. Mental Health and Learning Disabilities residential respite provision considerations will be incorporated within the Mental Health and Learning Disabilities transformation programmes.

3. Existing Residential Respite Provision in Clackmannanshire and Stirling

- 3.1 Current residential respite provision for older adults in the Partnership area includes:

Ludgate Resource Centre, Alloa: 10 bed capacity: 4 beds are allocated to residential respite provision and 6 beds are utilised as short-term assessment beds. There is one staff team who work flexibly supporting all 10 beds.

Independent sector care homes. There is one 'block booked' residential respite provision bed in Annfield House Care Home, Stirling. All other residential respite provision beds are requested on an 'as-required' basis by social work teams across the Partnership based on assessment of need.

During 2024/25, there were 5,802 days residential respite provision offered across all sites, broken down as follows:

	Number of days	Number of Service Users	Total Cost	Cost per day
Clackmannanshire				
Ludgate	1,047	68	293,464	280
Care home places	126		16,488	131
Stirling				
Care home places	4,629	108	495,976	107
	5,802		805,928	

In 2025/26 there are currently more than 80 pre-booked residential respite provision spaces for Ludgate Resource Centre until the end of the financial year.

4. Conclusions

- 4.1. A working group has been established, chaired by one of the Locality Managers. This multi-disciplinary group will develop a proposal for new approach in relation to residential respite provision, to meet current policy and legislative requirements including Self Directed Support, support for carers and choice and control for those accessing services. The working group will ensure there is further consultation with staff members, Trade Union representatives and work initiated with service users and their families. A paper will be brought to the September IJB with proposals for residential respite provision for decision with direction.

5. Appendices

Appendix 1: Short Breaks Statement

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒

Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	<p>Costs related to the implementation of the Short Breaks Services Statement will be met within existing budgetary provisions and support the delivery of the 3-year Delivery Plan and Medium-Term Financial Plan.</p> <p>IJBs as Section 106 Public Bodies have a statutory obligation to secure best value. Therefore, we require to ensure effective management of resources to deliver the best possible outcomes for our citizens within resources available.</p> <p>If carers are no longer supported appropriately to continue in their caring role this would have substantial financial and resource implications on services due to the replacement care that would then be required.</p>
Other Resources:	This report does not affect other resources. Care provided via more person centred / outcomes focused approaches will be enabled as part of the Adult Social Care review.
Legal:	This will aid compliance with relevant requirements within the Carers Act.
Risk & mitigation:	Risk and impact will be monitored and overseen by the Carers group.
Equality and Human Rights:	The content of this report does not require an EQIA. Which will be produced for next report to IJB.
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The contents of this report were considered in terms of the Fairer Scotland Duty and were determined not to be of strategic importance.</p>

Appendix 1



Carers Short Breaks Services Statement

Updated March 2025

Why do we have a Short Breaks Services Statement?

The Carers (Scotland) Act 2016 requires local authorities to prepare and publish a short breaks services statement that sets out short breaks available for carers and their loved ones that they care for.

The caring journey is unique to each carer due to their individual circumstances, some may care for short periods of time, some may care more intensively, and many may have fluctuating demands. Carers generally begin their caring role due to the relationship with the person they care for, the relationship dynamics with their family member or friends may contribute to the type of break they would prefer to take from their caring role. Carers will not necessarily live with the person they care for and may be caring for more than one person at any one time.

With this in mind, the Short Breaks Services Statement is designed to provide information to carers to enable choice and control to be exercised when making a decision on the short break that is right for them. Clackmannanshire and Stirling Health and Social Care Partnership want carers to know:

- What short breaks are
- Who can access them
- The types of short breaks available
- How carers can access short breaks and find further information

What is a short break?

[Shared Care Scotland](#) describes a Short Breaks as:

“Any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities. It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation.”

A short break provides the opportunity for carers to take a break from their caring role either;

- with those they care for,
- care/support for the cared for person away from home overnight
- care/support for the cared for person in their own home by a care provider

Short breaks can have a positive impact on both the carer and those they care for, therefore Clackmannanshire and Stirling Health and Social Care Partnership want carers to know that:

- Short breaks are available
- They can take place in a range of ways, for short or extended periods
- Carers have a choice of breaks that can meet their needs
- Short breaks can be a positive experience benefiting both the carer and those they care for

- Carers can be supported to identify the right break for them

Who can access short breaks from caring?

Unpaid carers are people who care and support their loved ones who are often family members or friends who may be affected by disability, poor physical or mental health, frailty, or substance use.

Clackmannanshire and Stirling Health and Social Care Partnership’s Carer Support Framework outlines the levels of access to support for carers, referred to as eligibility, this was co-produced with carers and carer support organisations, and can be found [here](#).

However, proposals currently progressing through parliament will see a change in how short breaks are provided, with due consideration to regular sufficient breaks from caring forming part of an Adult Carer Support Plan/Young Carers Statement. This will therefore apply a right to a break from caring for unpaid carers where eligibility criteria will not apply, this Short Breaks Service Statement will be reviewed to reflect such developments when further detail is known.

How to access a short break from caring

Carers can contact the local Carers Centre or local Short Breaks Service for information to support them caring for their loved one. The Carers Centre and local Social Work teams will provide the opportunity for carers to complete an Adult Carer Support Plan or Young Carers Statement to help carers explore options to meet their needs so they have a life alongside their caring role.

Clackmannanshire Area	Stirling Area
<p>Clackmannanshire Social Services Tel: 01259 452498 / 450000 Email: adultcare@clacks.gov.uk Or use the online Contact Us form</p>	<p>Stirling Social Services Telephone: 01786 404040 website: Social care and health Stirling Council</p>
<p>Falkirk & Clackmannanshire Carers Centre Telephone: 01324 611510 email: centre@centralcarers.co.uk Website https://centralcarers.org</p>	<p>Stirling Carers Centre Telephone: 01786 447003 email: info@stirlingcarers.co.uk Website https://www.stirlingcarers.co.uk/</p>
<p>Short Breaks Service Telephone: 01786 237886 email: sbs@stirling.gov.uk Website https://clacksandstirlinghscp.org/find-a-service/carers/</p>	

What does a good break look like?

Clackmannanshire and Stirling Health and Social Care Partnership will ensure carers are supported to identify the need for a short break, as well as ensuring the short break meets their outcomes in relation to their caring role. The outcomes of a short break will be personal to each carer and those they care for, but may include:

- Carers having more opportunities to enjoy a life outside of/ alongside their caring role
- Carers feeling better supported
- Improved confidence as a carer
- Reduced social isolation and loneliness
- Increased ability to support the caring relationship
- Improved health and wellbeing
- Improved quality of life

Types of Short Breaks

Universal (Community) Services

These are services which, among other things, are available to assist carers within the local community. These types of services may allow a carer to get out the house and enjoy an activity away from their caring role. The Carer Support Pack lists many of these local opportunities [here](#)

Carer Support Groups

Local carer support groups provide an opportunity for carers to meet up, share information and have a short break from caring. There is a range of regular support groups and one-off activities for carers in the Clackmannanshire and Stirling area, in both urban and rural locations. Many are facilitated by our local Carers Centres, and can be found at the links below:

[Clackmannanshire Support Groups](#)

[Stirling Support Groups](#)

Online Carer Support Groups

Online cuppas for carers to talk about the things that are important to them, a small group of carers joining a video call for peer support. To join, carers need a device with access to the internet, a microphone and speakers. A camera is useful but not essential. Most smartphones will work fine. Please see link below:

[Fancy a Cuppa with other unpaid carers?](#)

Time to Live (TTL) Grants

'Time to Live' is part of the Creative Breaks funding facilitated by Shared Care Scotland on behalf of the Scottish Government. The project enables local Carers Centre to provide carers with grants up to £400 for a 12 month period to fund a short break that meets their needs.

[Time to Live | Shared Care Scotland](#)

Respitivity

Respitivity (Respite + Hospitality) is a unique way for Carers Centre's to work with the hospitality sector to provide short breaks for carers. See [here](#) for more information or contact your local Carers Centre.

Replacement Care to enable the carer a break

When a carer is taking a short break, there is often need for 'replacement care' to be provided for the cared-for person. This 'replacement care to enable the carer a break' can take many different forms and may include family or friends providing assistance to enable the carer to have some time off. This could be anything from a few hours of support to 24-hour care home support, at agreed times throughout the year.

To view current residential replacement care providers locally or out with area please refer to the Care Inspectorate website [here](#) and search within the chosen location.

Short breaks are supportive in sustaining the caring relationship and are therefore mutually beneficial to the cared-for person as well. Increasingly, carers are finding creative ways to take a break that don't necessarily involve external services. For example, they might use leisure equipment, computers, gardens, or something else that provides a break from routine.

More information on what the types of short break someone can access can be found at the following link, <https://www.sharedcarescotland.org.uk/directory>.

Will I have to pay for my short break?

Charges will not apply to carers when short breaks are arranged to give them a break from caring. In some circumstances, charges may apply to support for the cared-for person when funding is provided for the carer and cared-for person to take a break together. This will be explained and agreed before the break takes place.

Feedback, monitoring & review

Clackmannanshire & Stirling Health and Social Care Partnership (Social Work Adult Services) and Children's Services associated with both Clackmannanshire and Stirling Council are responsible for the Short Breaks Service Statement. If you have any queries regarding this statement, please contact:

CSHSCP Short Breaks Service
Tel: 01786 237886
Email: sbs@stirling.gov.uk

National short break websites

<p>Shared Care Scotland www.sharedcarescotland.org.uk This website also provides information on 'Time to Live (TTL) here, Creative Breaks here, or Better Breaks here, funds provided by the Scottish Government's voluntary sector Short Breaks Fund for easy access breaks, available to carers in each Local Authority area in Scotland. Details of funded projects for short breaks can be found here.</p>	<p>Take a Break https://takeabreakscotland.org.uk/ Funded by the Scottish Governments voluntary sector Short Breaks Fund for easy access breaks, Take a Break provides short breaks funding for carers of disabled children, young people and their families. Take a Break grants can be used for a break away, towards leisure activities or outings; sports equipment and more.</p>
<p>Euan's Guide www.euansguide.com Euan's Guide is the disabled access review website that includes many reviews sharing disabled access information. Breaking down barriers of exclusion, this site gives everyone the freedom to explore and try new places.</p>	<p>Alzheimer Scotland www.alzscot.org Alzheimer Scotland are a Scottish charity focusing on supporting and informing those who suffer from dementia and dementia-related illnesses, as well as family and friends looking for support.</p>
<p>ALISS www.aliss.org ALISS (A Local Information System for Scotland) provides information on health and wellbeing resources, services, groups, and support within local areas, enabling people and professionals to find and share the right information, at the right time. Helping people to live well and stay connected to their community.</p>	<p>Scotland's Service Directory www.nhsinform.scot Scotland's Service Directory provides details of health and wellbeing services in Scotland. This includes GP practices, dental services and support groups.</p>

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 8

Primary Care GP Sustainability Update

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Tom Cowan, Head of Strategic Planning and Transformation, Falkirk HSCP
Author	Louise McCallum, Interim Primary Care Senior Service Manager
Exempt Report	No

Directions	
No Direction Required	X
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To update IJB members on Primary Care General Practice Sustainability in Forth Valley, this paper highlights challenges in General Practice, such as recruitment, financial sustainability, rising public expectations, and growing demand, exacerbated by the pandemic. It also addresses these challenges in the context of sustainability and health improvement, with examples of progress and forward plans.
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the report and the recommendations below. 2) Note the challenges to sustainability for GP Practices across Forth Valley. 3) Consider the actions being taken to support GP Practices 4) Discuss the activity to clarify and mitigate the risks within Primary Care in the assurance section.
-------------------------	---

Key issues and Risks:	<p>General Practice plays a key role in the health of citizens, handling undifferentiated presentations, long-term condition management, and coordinating wider NHS interventions.</p> <p>Recent national challenges, including economic factors and changing demands, have raised concerns about the sustainability of General Practice. Key challenges include:</p> <ul style="list-style-type: none"> • GP practice sustainability, with most practices as independent businesses facing recruitment difficulties • Challenges in community health and care recruitment • Premises and infrastructure limitations • Limited support from the Primary Care Improvement Plan (PCIP) • Rising demand, compounded by the pandemic • GP practices returning Enhanced Service Contracts and reduced uptake of new services
------------------------------	---

	<p>Broader issues, like escalating prescribing costs, affect the entire sector, not just Forth Valley.</p> <p>This paper focuses on GP Contractor challenges and their impact on the wider system. The Scottish Government's focus is on GP access, but understanding capacity is equally important.</p> <p>Further detail and exploration of risks associated with General Practice Sustainability is contained in the body of the report.</p>
--	---

1 Background

- 1.1.** The Primary Care Medical Services (Scotland) Act 2004 requires NHS Boards to provide primary medical services. In 2014, the Public Bodies (Joint Working) (Scotland) Act was passed, delegating services, with Primary Care remaining 'Hosted' by NHS Forth Valley until 2023.
- 1.2.** In October 2022, responsibility for Primary Care strategic planning and operational management was transferred to Falkirk Health & Social Care Partnership for both Clackmannanshire & Stirling IJB and Falkirk IJB, including GP Out of Hours/Urgent Care Services. This transfer was completed in February 2023.
- 1.3.** General Practice plays a key role in healthcare, supporting patients at home and managing a wide range of health concerns. It provides around 5,471 daily appointments, mostly face-to-face. Some practices report GPs managing over 25 patients daily, in addition to non-patient-facing tasks like prescribing and reviewing clinical correspondence.

2 Key Issues Affecting General Practice Sustainability

2.1. Sustainability in Context

Notable trends indicate GP Practice sustainability is at risk:

- The Forth Valley population is around 305,570, with 330,328 registered GP patients. Aging populations, multi-morbidities, and long secondary care waiting lists increase primary care demand.
- Recruitment and retention of GPs, nurses, and multidisciplinary team members remain a challenge. While the GP headcount is higher (236 in 2024 vs 220 in 2019), full-time equivalent (FTE) figures have only marginally increased (169.8 in 2024 vs 165 in 2019).
- Most Practices are independent businesses with funding linked to staffing, which impacts business sustainability. Practices have merged, reduced service areas, or returned contracts due to these pressures.

GP Practices are spread geographically to ensure access to core services, as required by the Primary Care Medical Services (Scotland) Act 2004. NHS Forth Valley must manage sustainability within existing resources and national GMS arrangements.

2.2. Primary Care Improvement Plan

The Primary Care Improvement Plan (PCIP) and Memorandums of Understanding (MOUs) aim to address these challenges. However, full implementation of the GMS Contract requires more resources than the current PCIP funding allows. As of April 2023, GP Practices are no longer responsible for Pharmacotherapy or Community Treatment and Care Services, with NHS Boards now assuming responsibility. Challenges remain in staffing, accommodation, and collaboration within multidisciplinary teams.

The [Forth Valley Primary Care Improvement Plan](#) was agreed upon in 2018, with subsequent updates detailing progress. A recent summary of [national PCIP implementation](#) by the Scottish Government (SG) provides further background.

The PCIP's implementation in Forth Valley has been largely successful, thanks to the diligent efforts of those involved. Although the plan was formulated in 2018, its full realisation has taken time due to the introduction of new roles, requiring job descriptions, recruitment and specialised training to integrate these new roles within General Practice.

Recruitment challenges have stabilised over the past year, with teams now well-integrated into practices. Any absence or vacancy is acutely felt, highlighting the integral role of PCIP teams. Workforce stabilisation has also presented financial challenges within the PCIP budget.

The PCP SG allocation is **£10.006m** (before any AFC pay award funding announced) and other funding sources such as CAMHS, Diabetes, Action 15 and Prescribing Support totalling £1.107m (these are subject to change once the MH Outcomes Framework bundle reduction has been spilt).

The PCIP programme is over committed against existing allocations made by Scottish Government, a position that has been tolerated given the level of slippage seen since the programme inception. For noting, as many staff are now at top of scale, there may be further pressure on this position. This is a complex matter given the contractual commitments set out in the MOU and tripartite planning decisions made on local implementation plans.

PCIP Data

Over 200 staff have been recruited, increasing capacity by approximately 6,350 appointments and over 8,500 medicines-related activities. The LIST team has developed high-quality dashboards to monitor PCIP activities, making them invaluable for tracking and enhancing performance.

Area	No. Of Staff (WTE funded)	Average Volume of Activity per Week
Pharmacotherapy	72	8500 activities
Community Treatment and Care (CTAC)	41	3500 appointments 2310 bloods taken
Mental Health	29	1030 appointments
Advanced Physiotherapy Practitioners	17	675 appointments
Urgent Care	36	1150 appointments
Vaccinations	17	TBC
Community Link Workers	4	TBC

There are a number of opportunities that are currently being explored to maximise the capacity and impact delivered through PCIP. Specifically, some of the opportunities being explored are:

- Development of Community Diagnostic Hubs – currently exploring what could be delivered within these hubs and how bookings would be managed.
- Using Feedback to Inform Improvement – A number of PCIP services are in the process of seeking feedback from Practices on the services they deliver and what practices want to prioritise going forwards. There is also regular dialogue between PCIP leads and Practices to ensure any issues are resolved quickly.
- Improved Data Collection –the development of the new Vision system should reduce the need for manual data collection and therefore optimise patient facing time for PCIP staff.
- Improved Training Opportunities – Continue with the success of the ANP training hub and develop further training opportunities and support for PCIP staff.
- PCIP teams are also following the progress of the national demonstrator sites and will take learning from these as they develop.

3 Quantifying the Risk of General Practice Sustainability

Significant work has been done over the last year in fully articulating and defining risks associated with Primary Care and General Practice. This includes the primary risk to Forth Valley that it fails to meet the legal requirement outlined in the 'Primary Care Medical Services (Scotland) Act 2004' which places a duty on NHS Boards to provide or secure 'primary medical services' for their populations.

Recognising the complexity of the General Practice delivery model, with its dependency on independent contractors and current challenges, the risk and associated scoring required further attention to ensure it is recognised, reported and reviewed appropriately recognising the complexity and pace of change within Primary Care. On this basis a further focussed review of the Primary Care Sustainability Risk SRR018 has taken place following an ask at Staff Governance Committee in September 2024, with a revised description of the risk as follows:

- “If we do not have adequate resources to support and implement a Primary Care framework, there is a risk that we do not have effective measures to ensure delivery of primary care across Forth Valley, resulting in a failure to meet

- our statutory responsibilities with reputational impact.”
- It is felt this more accurately reflects the responsibilities of the organisation to deliver Primary Care services and the implications should that not be possible in accordance with this risk.

Further assessment has also been carried out on the previous set of controls, their descriptions and the gap analysis associated with each. In line with the themes raised in this paper, four key pressures on sustainability have been identified:

Recruitment & Retention, Capacity & Demand, Finance and Premises.

In reviewing the controls previously recorded, it was identified that a number address more than one of these pressures, reflecting the complexity of the Primary Care environment and the challenge that exists in identifying and securing effective mitigations.

On review, several controls were deemed no longer appropriate, effective or measurable due to the limited impact and therefore were removed. Further narrative has also been included in the gap analysis to clarify and indeed quantify Criticality Assessment and Control Effectiveness where possible. This additional detail aims to articulate where controls may have a strategic impact on the whole service or where a control may have an impact for individual independent contractors only. For the latter, these are considered “Not Effective” in service wide terms.

As part of the focussed review, associated actions have been identified that would positively increase the effectiveness of each control. These reflect the further work needed to provide greater assurance on the Primary Care Sustainability Risk.

Current Risk Mitigations

These include:

- A revised Primary Care Governance Framework. Since the transfer of responsibility for Primary Care hosting moved to Falkirk HSCP, work has been undertaken in relation to governance and decision making and a proposal is under consultation with a view to implementation as soon as feasible.
- The NHS Forth Valley Population Health and Care Strategy currently being worked on is inclusive of Primary Care and with that will promote greater coherence and collaboration between Acute, Secondary Care and Primary Care to reduce the, at times, disconnect in the patient journey that can be impactful on the patient, as well as General Practice.
- The Interim position of Head of Primary Care assisted in the relationship management with colleagues across GP Practices and has assured them that they have a direct connectivity to the HSCP Senior Leadership Team, and by extension the IJB, for their issues and ideas. Further to the recent Falkirk Health and Social Care Partnership senior management changes, the Head of Strategic Planning and Transformation now has Primary Care within their remit.
- A process of engagement, both at formal processes such as Practice Manager Forums and informally through practice visits and discussions, has been undertaken to promote ideas and innovation to assist Practices. This includes discussions about supporting ‘tests of change’ within the ‘Cluster’ environment

to promote opportunities for sharing capacity and providing local support networks.

- As can be seen within the Quality/Patient Care section significant progress is being made to improve the patient experience for citizens of Forth Valley, and this progress is fully supported by the Primary Care Team, the PCIP Lead and the GP Sub Committee, a representative body of Forth Valley GP's.
- Improved access to Primary Care data remains a focus building on the GP Capacity and Weekly activity and PCIP dashboards with work underway to agree additional resource to support improved access to information including whole system data and analysis of key indicators.

4 Conclusions

In terms of sustainability of the current model for delivering PC services to every citizen, the risks of patient care availability and quality are fundamentally impacted by the continued availability and easy access to patient services through GP Practices.

Key Service Aims:

- General Practice is a vital preventative service to ensure that most of the care and support is provided within individuals home or a homely setting, enhancing services to improve the 'flow' through hospital settings, prevent admission, and promote independent living. Any risk to General Practice sustainability would compromise that.
- Improving the way people access services – enabling everyone to access the right care, at the right time, in the right place. Accessibility to GP Services is critical to achieving this objective.
- Minimise the harm of long-term health conditions, ill/mental health, substance use, or neglect through early action. General Practice is critical to supporting individuals at the earliest possible opportunity.

Progress to improve the patient journey and experience:

- Interface and Chronic Disease Management - secondary care/interface working agreement has been introduced and additional diabetes care through CTAC is expanding capacity for this patient cohort. Some GP Practices are piloting the Consultant Connect programme, providing a dedicated phone service for easier access to Specialty Consultants for improved patient care.
- Enhanced Services (ES) – a review and refresh of Local ES is underway including GPPS and anti-coagulation with a recommendation and associated plan to conduct a full review being taken through governance routes. The review will seek to reaffirm secondary care and Board responsibilities where Practices may choose not to provide these for registered patients.
- Annual health checks for Adults with Learning Disabilities – a pilot programme has been running for 18 months with a mainstream model now shaped and agreed. Programme is delivered collaboratively between General Practice, Learning Disabilities Nursing team and Keep Well Health Improvement nursing team.

- Clinical Care & Governance work – a revision of the Quality Improvement and Clinical Governance Group terms of reference and increased reporting using the Vincent Framework is underway.
- Cluster Working – a cornerstone of the remodelled GP Contract, all Forth Valley Practices are engaged in quality improvement through the Cluster Quality and Practice Quality Lead structure.

The report has been co-written in collaboration with the Deputy Medical Director for Primary Care, Head of Strategic Planning and Transformation - Falkirk Health and Social Care Partnership and Transformational Programme Manager, Falkirk Health and Social Care Partnership. The issues raised within the report have been highlighted with support from the GP Sustainability Group and GP Clinical Leads from each of the local authority areas within Forth Valley.

Information relating to the risk by way of focussed review outputs has been presented and discussed at the NHS Strategic Planning, Performance and Resources Committee on 29th April 2025. Comments relating to the risk description will be considered as part of the ongoing review of the risk.

A Joint IJB Workshop providing a General Practice Update took place on 17th January 2025 providing a valuable opportunity to raise awareness of the Forth Valley General Practice model. A similar report was presented and discussed at the NHS Forth Valley Board on 25th March 2025.

5 Appendices

NA

Fit with Strategic Priorities:	
Prevention and Early Intervention	X
Independent Living through Choice and Control	X
Achieve Care Closer to Home	X
Supporting People and Empowering Communities	X
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	X
Data and Performance	X
Communication and Engagement	X

Implications	
Finance:	<p>Much of the funding and financial structures around General Practice including the Primary Care Improvement Plan are determined nationally either under the General Medical Services Contract or associated Statement of Financial Entitlements. Local decisions can be taken on the scope for additional funding streams to invest in Primary Care and General Practice services and local rates can be determined for contracts and services such as Local Enhanced Services, Whole Systems Working activity and Prescribing Improvement Projects.</p> <p>Total PMS allocation (not including the 6.5% global sum uplift recently announced) £52.02m. Use of brought forward PC reserves that cover Capacity Assessments and Adults with Learning Disabilities Annual Health checks.</p> <p>The most visible PC-related financial challenge relates to the escalating Prescribing costs. This issue, whilst substantially Primary Care related, is also a matter connected to wider systems, such as Acute and Secondary Care, and so will be detailed in a separate reporting.</p>
Other Resources:	<p>Seventeen of 48 Forth Valley Practices own their premises, facing financial pressures from rising maintenance and utility costs. GP Sustainability Loans, available through the Scottish Government for tranche 1 applicants, are currently open, but further tranches are paused with no reopening date, limiting opportunities for premises improvements.</p> <p>Significant premises work, including projects referred to locally as the 'Appendix F' programme which delivered GP premises improvements within nine Medical Practices in 2021/2022 and large-scale capital investments, has created additional capacity, but ongoing funding for further upgrades is restricted.</p> <p>A national project is transitioning Forth Valley's GP IT system from EMIS PCS to Vision. The situation with INPS (Vision software provider) is being monitored, with plans progressing for implementation once more clarity is available.</p>
Legal:	<p>The Primary Care Medical Services (Scotland) Act 2004 requires NHS Boards to provide primary medical services. Any risk to General Practice sustainability could jeopardise that.</p>
Risk & Mitigation:	<p>Detailed information relating to the Primary Care Sustainability risk as noted is contained in the main body of the report. Work is underway to align the IJB risk description, controls and scoring with that held on the NHS Forth Valley risk register.</p>

Equality and Human Rights:	<p>The content of this report <u>does</u> require an EQIA</p> <p>A full EPIA was drafted on PC sustainability and is uploaded to the Falkirk Council system and published:</p> <p>EQIA Full Details</p>
Data Protection:	<p>The content of this report <u>does not</u> require a DPIA</p>
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>This paper <u>does not</u> require a Fairer Duty assessment – paper for noting only.</p>

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 9

Proposed Delivery Plan for Dementia

For Approval

Paper Approved for Submission by:	Joanna MacDonald, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning & Health Improvement
Author	Lisa Powell, Planning and Policy Development Manager
Exempt Report	No

Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input checked="" type="checkbox"/>
Stirling Council	<input checked="" type="checkbox"/>
NHS Forth Valley	<input checked="" type="checkbox"/>

Purpose of Report:	The purpose of this Report is to seek approval from the Integration Joint Board (IJB) to progress the process required around procuring and implementing the delivery model outlined in appendix 1.
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve a Hub and Spoke model to be the delivery mechanism in line with the delivery model (appendix 1). 2) Approve the implementation of the next steps and the outlined need for organisational change in order to establish the model of delivery. 3) Agree the steps outlined in section 4. 4) Issue the Direction as set out in Appendix 3.
-------------------------	--

Key issues and risks:	<p>There is a risk that dementia care and support is being delivered in a way which is not compliant with the Self-directed Support (SDS) legislative requirements in terms of choice and control. By not undertaking this approach we are unable to meet local and national policy requirements. In addition, this is impeding people being able to access the right support at the right time from the right service. The approach set forth in this paper allows the IJB to make a choice based on feedback from those with lived and living experience, as well as taking account of the current financial position. Furthermore, consideration should also be given to the approach agreed for other Commissioning Consortia as there is a risk regarding inconsistency based on care/ client group, should this paper not be agreed.</p> <p>Delivery of one year's post-diagnostic support to every individual who is diagnosed with dementia is a Local Delivery Plan (LDP) commitment from the Scottish Government, therefore the Clackmannanshire & Stirling IJB is obliged to deliver this support.</p> <p>Best Value and value-based healthcare are requirements that need to be adhered to, with this in mind we should be ensuring that supported people and their carers are</p>
------------------------------	--

	listened to when considering what provisions we should be providing.
--	--

1. Background

- 1.1. The Scottish Dementia Strategy 2023 - 33 is a 10-year vision for change that aims to improve the lives of people with dementia, their families and unpaid carers. The strategy, called 'Everyone's Story', was developed in collaboration with people with lived experience and other stakeholders & partners. It outlines a number of priorities for dementia policy, such as improving diagnosis, care, support and research.
- 1.2. It is one of the NHS Local Delivery Plan Standards (priorities set and agreed between the Scottish Government and NHS Boards) that people newly diagnosed with dementia will be offered a minimum of one year's post-diagnostic support, coordinated by a named link worker.
- 1.3. As a result of increasing waiting lists, the HSCP Community Mental Health Team re-arranged their service to provide three sessions of post-diagnostic support to individuals who have received a diagnosis of dementia to ensure the Local Delivery Plan Standard is being met.
- 1.4. As such, there was therefore a need to review the current service model to ensure the provision was arranged to support pre and post diagnostic support and to meet the increasing demand across Clackmannanshire & Stirling. This paper focused on delivering supports to those in our communities both prior to and after a diagnosis.

2. Introduction

- 2.1. According to data published by Public Health Scotland the estimated number of people with dementia in Clackmannanshire and Stirling is 1,111 (based on data from GP- Disease prevalence data visualisation (2023) - All Ages).
- 2.2. The Dementia Commissioning Consortium, comprising commissioners, third sector leaders, third and independent sector providers, HSCP health and social care practitioners, NHS Forth Valley clinical staff, unpaid carers and supported individuals, began in September 2021 with a view to working collaboratively to develop an agreed model of care and corresponding sustainable delivery model.
- 2.3. This approach is aligned with Audit Scotland's Review Report of [Integration Joint Boards' Finance and Performance](#) 2024 with observations which state on page 43, "All stakeholders, including providers and users need to be part the strategic commissioning process in order to reflect what people need and want." The report later states, on page 46, "There is an increasing desire to move towards more ethical and collaborative commissioning models, but it has not yet been universally adopted."

2.4. The following points were agreed by members of the consortium in the meetings prior to the drafting of this paper. This agreement has influenced what is presented in this paper:

- May 25 Meeting – Agreement to present the delivery model, which in this case is a Hub and Spoke model, to the June meeting of the IJB.
- March 25 Meeting - Agreement to take forward a Hub and Spoke model.
 - Community Hub model would allow people to access the information, advice and resources they need, within a colocated space with CMHT and third sector, that would be able to offer a wide range of advice and supports
 - Please note, this approach would not replace home visits for those who need them. And would complement, not replace, community and peer support out with a fixed location.
- February 25 Meeting
 - Agreement regarding the intent in terms of what we are trying to achieve
 - The principles of the deliverables being agreed
 - Agreement that the focus of work should be on pre and post diagnostic support.

3. Development of the Hub and Spoke Model

3.1. The Hub and Spoke model (see Appendix 1) takes into account the supports and interconnections of supports available to those living with dementia. We propose a community hub would be created to be at the centre of this model.

3.2. The purpose of the hub would be to:

- Provide a space for information, advice and signposting
- Provide activities and respite for those living with dementia
- Be a place where both clinicians and third sector organisations can come together and share knowledge/ information.
- Be a place that has support from clinicians so that people can be supported closer to home until later into their diagnosis, and provide a mechanism for early intervention and prevention, before a crisis.
- Bring together carers supports and those for people living with dementia

3.3. The model also provides ‘spokes’ these are across two tiers. The ones immediately surrounding the hub are constants that should be available to people and on ongoing basis such as peer supports, access to community support and healthy homes.

The outside of the model outlines supports that people will access when needed, but are unlikely to need constantly, such as pre and post diagnostic supports (PDS), these cover periods of time, and in the case of PDS are defined as being support that lasts for one year. It should also be noted that to access the hub itself and the constant supports a formal diagnosis is not needed. The emphasis is on supporting someone’s functional impairment through

information, advice, signposting and supports that will aid that person in their community.

- 3.4. Whilst this approach has been agreed by those within the consortium. This approach has been reviewed alongside research as part of Town Break's consultation regarding Beech Gardens. Information about the views of community members was shared and provides some useful insight into what communities want from community services for dementia, which is pertinent to the creation of this model and approach. Analysis of the 56 results tell us that communities would like:
- More supports to access alongside an increased variety of activities
 - Respite support for carers - whilst evening and weekend for this was mentioned, as were day care services - so periods of support aligned to lengths of support someone would access through day care service would start to address this.
 - Support within rural areas
 - Support should consider accessibility – consideration should be given to both providing transport and having home-based supports/ respite
 - Drop ins/ a way to find out information.

All responses indicated a dedicated Dementia Support and Wellbeing Centre/ Hub was very important. As it was:

- Seen to be a space that would also benefit carers
 - Would provide an ideal solution to inviting specialists in dementia, organisations and statutory bodies to engage with individuals and groups
 - Would provide a place for peer support as well as learning. As well as providing a central point of contact.
- 3.5. The spend in terms of dementia is very modest. Appendix 2 sets out where spend specific to dementia is focussed on, with very little money being spent on the prevention and early intervention stage. Please note, services outlined in this section do get funding, but it is universal, that is to say it is not funding specifically to support someone who may have or who is diagnosed with dementia. This funding can be seen in Appendix 3.
- 3.6. The proposed delivery model will look to redistribute money so there is a wider emphasis on supporting people earlier in their journey and to support functional impairment, and not just the small cohorts of people living with a formal diagnosis of dementia.
- 3.7. At the heart of this model is informing, signposting and advising people on what supports are available to them, and supporting them in the community, and this being available on an ongoing basis, not just something that can be accessed once, or only at a singular moment in time. This is about providing ongoing supports that meet someone's needs as their condition progresses, with a focus on supports earlier in someone's journey, and taking a holistic approach and not a purely medical one.

4. Development of the Delivery Plan

- 4.1. The delivery of our community mental health services will need to align with what people have told us they would like to access. This process of realignment will then allow us to understand the gaps in provision that cannot be offered internally, enabling us to define the specification of any outstanding contract requirements.
- 4.2. The first step will be to define an implementation plan which sets out the organisational development work that is required. Once internal resources have been deployed in line with the new model of delivery. Any remaining requirements can be collated into (a) contractual requirement/s.
- 4.3. Once the requirements are fully understood, this will enable us to define the route to market for any work that requires procurement in line with the legislation.
- 4.4. Our expectation is that this work will be carried out by December 2025, with an implementation period spanning quarter one of 2026. Therefore, the new model of delivery will be fully operational for 2026/27 financial year.

5. Next Steps

- 5.1 The Integration Joint Board is asked to:
 - Approve a Hub and Spoke model to be the delivery mechanism in line with the delivery model (appendix 1).
 - Approve the implementation of the next steps and the outlined need for organisational change in order to establish the model of delivery.
 - Agree the steps outlined in section 4.

6. Appendices

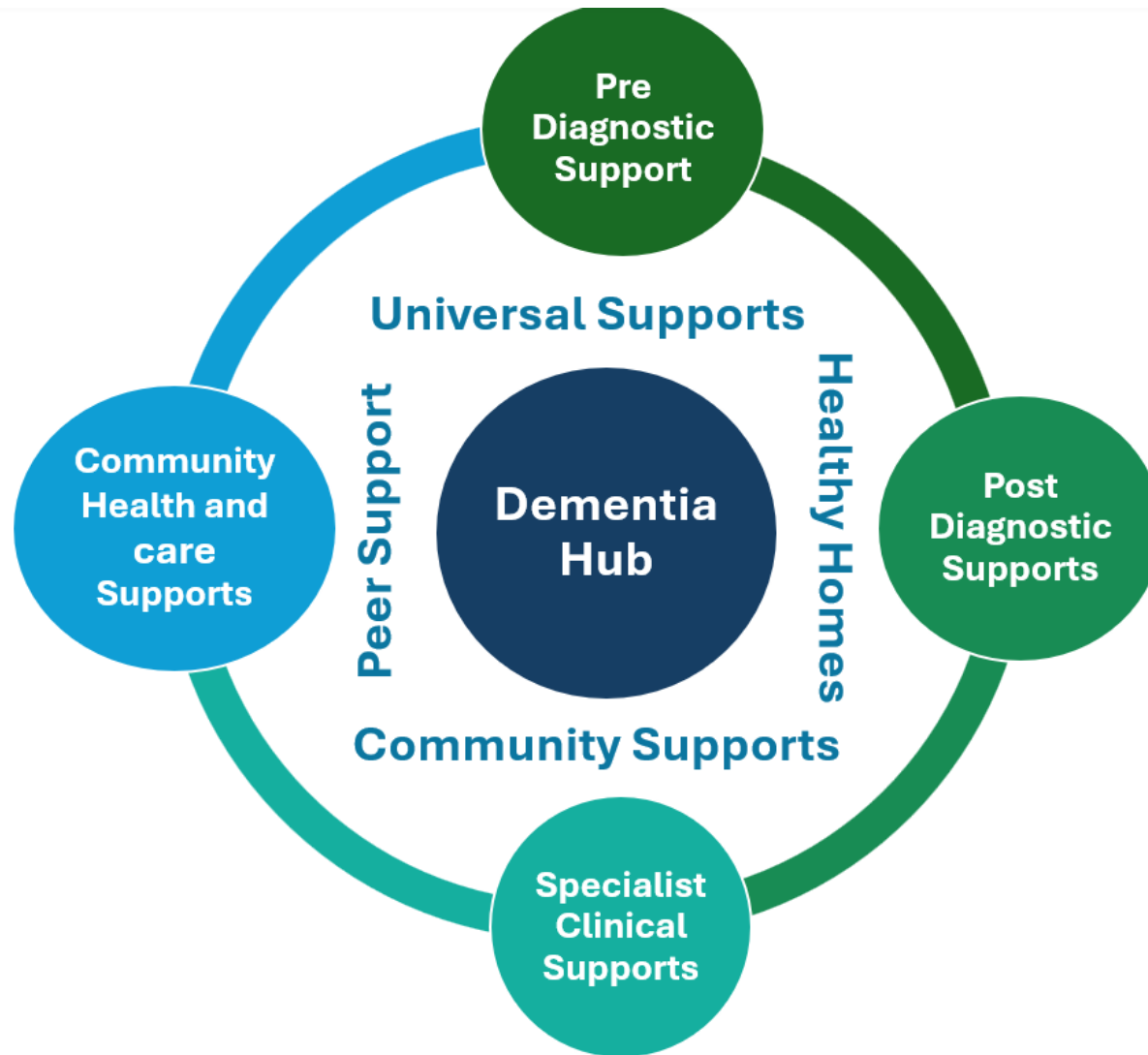
- 6.1 Appendix 1: Delivery Model - Hub and Spoke Model
- 6.2 Appendix 2: Dementia Finances split into dementia specific spend
- 6.2 Appendix 3: Dementia Plan on a Page
- 6.3 Appendix 4: Direction to NHS Forth Valley, Clackmannanshire and Stirling Councils

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒

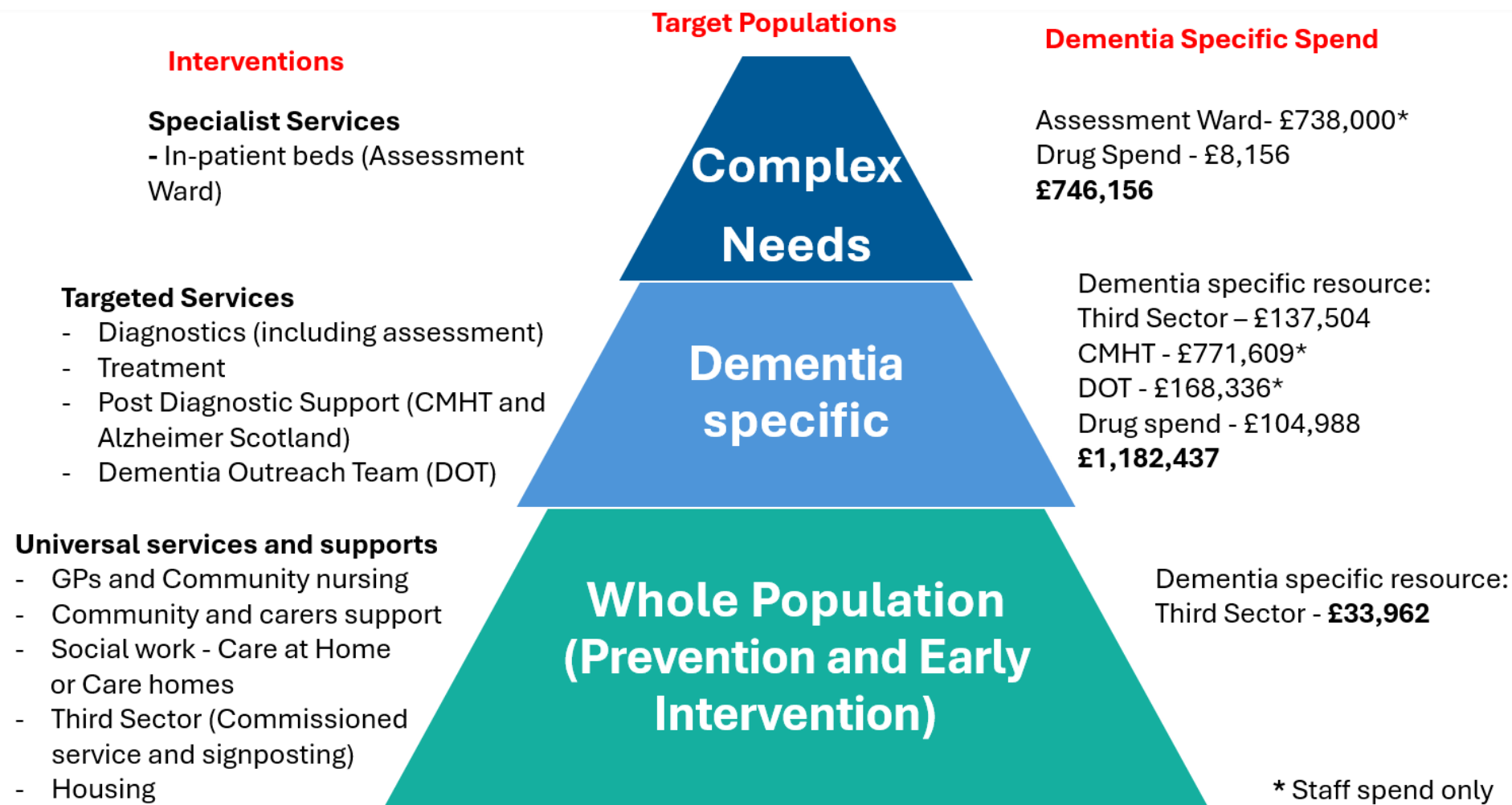
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Delivery of dementia supports in the manner described above are key strategic elements of the C&SHSCP's Strategic Commissioning Plan and provision has been made in the IJB's Revenue Budget.
Other Resources:	N/A
Legal:	Any relevant procurement will require to be carried out in line with relevant procurement legislation.
Risk & mitigation:	<p>There is a risk that dementia care and support is being delivered in a way which is not compliant with the SDS legislative requirements in terms of choice and control. Implementing the arrangements set out above will ensure a legally compliant methodology in which dementia support can be delivered in an SDS complaint way, putting individual choice and control at the heart of delivery.</p> <p>Failure to deliver one year's post-diagnostic support to every individual who is diagnosed with dementia would result in failure to deliver on the Local Delivery Plan (LDP) commitment from the Scottish Government. Implementing the arrangements set out above will ensure a legally compliant methodology in which post-diagnostic dementia support can be delivered to those who are eligible in line with the Scottish Government's commitment.</p> <p>When considering what services should be available, we need to look towards what supported people and their carers tell us they would like to access, as part of our Best Value and value-based healthcare commitments.</p>
Equality and Human Rights:	The EQIA for this piece of work has already been published, Dementia-IJB-EQIA-July-24.doc .
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to)

	<p>how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
--	---

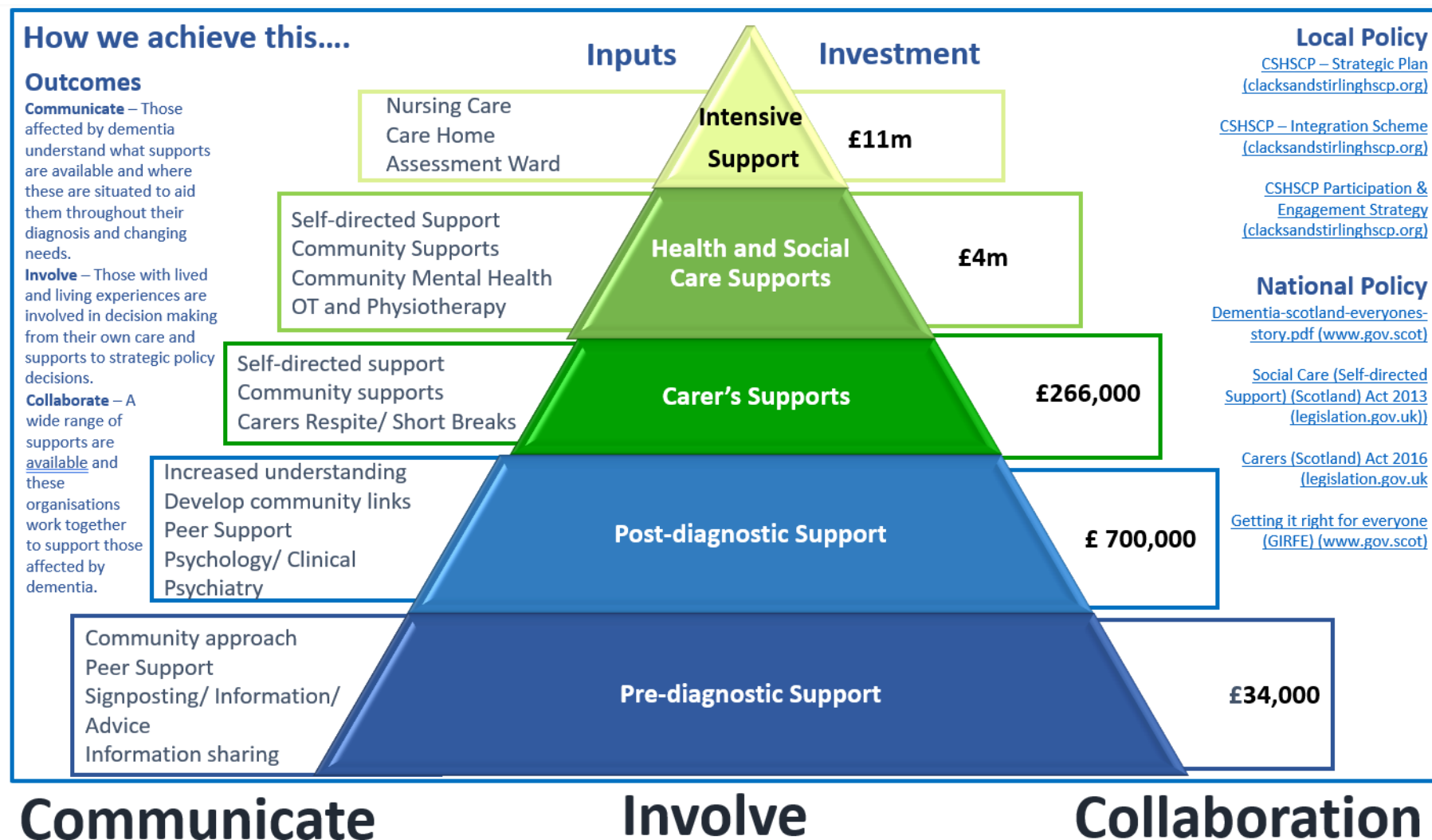
Appendix 1: Delivery Model - Hub and Spoke Model



Appendix 2: Dementia Finances split into dementia specific spend



Appendix 3: Dementia Plan on a Page



Appendix 4

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD	
Reference Number	CSIJB-2025_26/008
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date:-	18 June 2025
Services / functions covered:-	Commissioned Support for those individuals living with dementia.
Full text of Direction:-	Clackmannanshire Council, Stirling Council and NHS Forth Valley are directed to:- <ol style="list-style-type: none"> 1) Take the necessary steps to implement organisational change and development for staff across the HSCP, in line with the approach outlined in the cover paper. 2) Take the necessary steps to procure as required any ancillary services to support the approach outlined in the cover paper.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	Third sector leaders, third and independent sector providers, HSCP staff (including Clackmannanshire Council, Stirling Council and NHS colleagues), NHS Acute colleagues, unpaid carers and supported individuals.
Timescale(s) for Delivery:-	As soon as possible, but allowing for appropriate notice period to close out on existing uncontracted arrangements.
Direction to:-	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB Report(s):-	October 2024 - Commissioning Approach for Dementia (Post-Diagnostic Support) Paper
Budget / finances allocated:-	Changes outlined in the paper will be financed by current resources allocated to dementia supports, through making the proposed amendments to services outlined in the paper.
Performance Measures:-	HSCP's Performance Framework PDS - Linked directly to iHub's Quality Improvement Framework
Date direction will be reviewed:-	June 2026

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 10

Palliative and End of Life Care Commissioning Approach

For Approval

Paper Approved for Submission by:	Joanna MacDonald, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning & Health Improvement
Author	Lisa Powell, Planning and Policy Development Manager
Exempt Report	No

Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input checked="" type="checkbox"/>
Stirling Council	<input checked="" type="checkbox"/>
NHS Forth Valley	<input checked="" type="checkbox"/>

Purpose of Report:	The purpose of this Report is to seek approval from the Integration Joint Board (IJB) around the actions required to deliver a cohesive and needs led approach to commissioning of palliative and end of life care services across Forth Valley.
---------------------------	--

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the contents of the report 2) Approve the commissioning approach laid out in the paper 3) Approve the need to undertake a review of all existing contractual arrangements. 4) Approve the proposed Model of Care which will be used as a basis for commissioning (outlined in Appendix 1) 5) Issue the Direction as set out in Appendix III.
-------------------------	--

Key issues and risks:	<p>As the population changes including an ageing population with anticipated significant increases in dementia, as well as people living longer at younger ages with very complex life-threatening conditions. Having the right care and support in place is key. Best Value and value-based healthcare are requirements that need to be adhered to. In the current financial climate work is continuing to support a whole system approach to financial recovery and sustainability whilst seeking to balance cost reduction with performance and maintain clear alignment to Strategic Commissioning Plan priorities. There is also a requirement to continue to focus on sustainable options and solutions on a whole system basis.</p> <p>Development of a Forth Valley approach ensures a sustainable and consistent way of working across the whole Forth Valley area for palliative and end of life care needs. It is also important that any approach is equitable</p> <p>The approach set forth in this paper allows the IJB to agree a unified approach for Foth Valley based on feedback from those with lived and living experience, as well as those developing and delivering services whilst taking account of the current financial position.</p>
------------------------------	---

--	--

1. **Background**

- 1.1. Palliative and end of life care (P&EOLC) remains a national and local priority for change and improvement. An ageing population, increasing multi-morbidity and complexity, rising demand, changes in location of care and rising pressures on resources all mean that the status quo is not a viable option moving forward.
- 1.2. Forth Valley, while close to the Scottish average, for Quality Outcome Measure 10 – Percentage of last 6 months of life spent in a community setting, have never met or exceeded it. We know from previous work in this area that the majority of people asked wished to die at home. For context, an average of 3,185 people died annually between 2016 and 2019 in Forth Valley. Approximately 75% of these patients had a chronic progressive diagnosis associated with Palliative (and End of Life) care needs.
- 1.3. This paper follows the one presented by David Williams at the IJB on 20 November 2024 (agenda item 9), which included the Forth Valley Palliative and End of Life Care Strategic Commissioning Plan. This paper provides an update of the work that has happened since the IJB agreed that this work should be taken forward using a Commissioning Consortium approach adopted across Forth Valley.
- 1.4. Achieving a good death for those in Forth Valley will take commitment and action from a multitude of areas within health and social care provision. The previously agreed Strategic Commissioning Plan sets out the strategic intent to enable us to continue delivering equitable and sustainable palliative and end of life care to increasing numbers of people across Forth Valley.

2. **Introduction**

- 2.1. The Commissioning Consortium had its first meeting in January 2025 and has representation from third sector (both leaders and providers of care and support), HSCP health and social care practitioners, Senior HSCP Leaders, NHS Forth Valley clinical staff and those with lived experience. Membership covers both Partnership areas of Clackmannanshire and Stirling and Falkirk.
- 2.2. The consortium has a focus on discussing and considering how to better financially resource supports in the community, as this is where people have told us they want to be.
- 2.3. Our health and social care system needs to evolve and transform to keep pace with the changing P&EOLC needs of Forth Valley residents. These changes include an ageing population with anticipated significant increases in dementia, as well as people living longer at younger ages with very complex life-threatening conditions.

- 2.4 Based on views sort from engagement, gained through two separate rounds of consultative activities across Forth Valley in Spring and Autum 2024, to inform the drafting of the Strategic Commissioning Plan, the following vision was developed:
“Health and wellbeing are important throughout everyone’s lives, although some may need additional support to enable them to live well with long term conditions. However, we want all people with palliative and end of life care needs to be able to access compassionate, responsive and co-ordinated holistic care and support throughout their palliative journey in their preferred location.”
- 2.5 The consortium is aligned to the aforementioned vision, in addition to adhering to the clear themes that were also extracted from the same two rounds of engagement activities, used to inform and develop the Plan. The themes are important to consider in the consortium’s work, as while not all can be resolved within the forum, they explain what was so fundamental or important to accessing high quality palliative and end of life care to all those involved. The themes have been organised into six priority areas, which are:
- Communication
 - Coordinated Care
 - Staff Learning and Education
 - Holistic Future Care Planning
 - Education/ Awareness for families and carers
 - Bereavement Support

3. Development of the Commissioning Proposal

- 3.1 A model of care has been developed, which has been agreed by members of the consortium (see Appendix 1). The Model was developed to be used to provide a framework to enable further conversations around commissioning that focus on the required types of services and supports that should be available to individuals. Allowing for spend to be mapped against a model of care as a way of understanding whether funds are being spent/ allocated in the right places to best support people, based on the experiences within our communities and those delivering care and supports have told us.
- 3.2 The most recent Commissioning Consortium meeting took place on 12 May, at this meeting members agreed that the following approach should be presented within this paper.
- “We are seeking to commission a coordinated response to P&EOLC that encompasses universal services where people represent initially and how supported, good, effective and robust information and advice are starting points, which add to the tapestries of support someone can access based on their need.”*
- 3.3. At the meeting multiple models were presented but there was agreement that we shouldn’t pursue development of a new service. Instead, from an internal perspective of NHS and HSCP services, we should focus on changing the

approach, as it was noted that we have fantastic staff working across multiple areas, but that those staff may not be positioned in the right places.

- 3.4 A consistent point raised throughout the engagement events to enable and inform the develop of the Strategic Commissioning Plan was the need for coordination. This point has also been echoed in the consortium meetings. As while there are great pieces of work and teams working across different departments, there can be a lack of cohesion and understanding about all those involved in someone's care and support, which could mean duplication of effort, or key input is missing but there are issues in communicating this to a single point.
- 3.5 In addition, there was agreement that specialist acute services should move closer to the front door, to assist with admission avoidance, and more rapid turnarounds for those who are admitted. As there is acknowledgement that sometimes people are being admitted into hospital as there isn't an appropriate viable alternative.
- 3.6 As a result, services need to be available which provide a tapestry of supports that respond to need. Whether that be access to information and advice, whether it provides 'step up' care for short periods of time, but this case there needs to also be complimentary 'step down' services too.

4. Next Steps

- 4.1. As part of the Commissioning Consortium approach, the IJB agreed to uphold he principles of ethical commissioning. With this in mind a programme of work will need to be undertaken to ensure that new contractual arrangements aligned to the proposed model of care are developed and in place by March 2026 at the latest, to cover 2026/27.
- 4.2. The following considerations will directly influence commissioning and defining what services need to be in place around palliative and end of life care. This, like the work of the commissioning consortium, will take place on a Forth Valley wide basis to ensure consistency and continuity:
 - Understanding what services are needed which will operate over weekends and during evenings to ensure support is available throughout a week.
 - Ensure there are a tapestry of supports available, which can be accessed for short periods of time as well as longer term to respond to changing and developing need.
 - Understand the relationship between specialist commissioned services and how they can complement universal services which provide a wide range of services to those with palliative conditions. And, how they can be options which divert away from hospital admissions, if care within an acute setting isn't appropriate.
- 4.3. There are pieces of work that will help inform commissioning, such as the current review happening within acute services, we have links into this through

membership of the consortium, and hope that the results of this work can be shared within the timeframes of this work.

- 4.4. Conversations about input from acute services need to be part of a wider conversation about resource and how to best respond to what people have told us, that they want to die at home. Whilst also acknowledging that there have been discussions and consensus in the consortium that we should be moving closer to the community.
- 4.5. In addition, a review of all existing contractual arrangements needs to take place and future arrangements aligned to the proposed model of care.

5. Appendices

- 5.1 Appendix I: Palliative and End of Life Care - Model of Care
- 5.2 Appendix II: Palliative and End of Life Care - Plan on a Page
- 5.3 Appendix III: Directions to NHS Forth Valley, Clackmannanshire and Stirling Councils

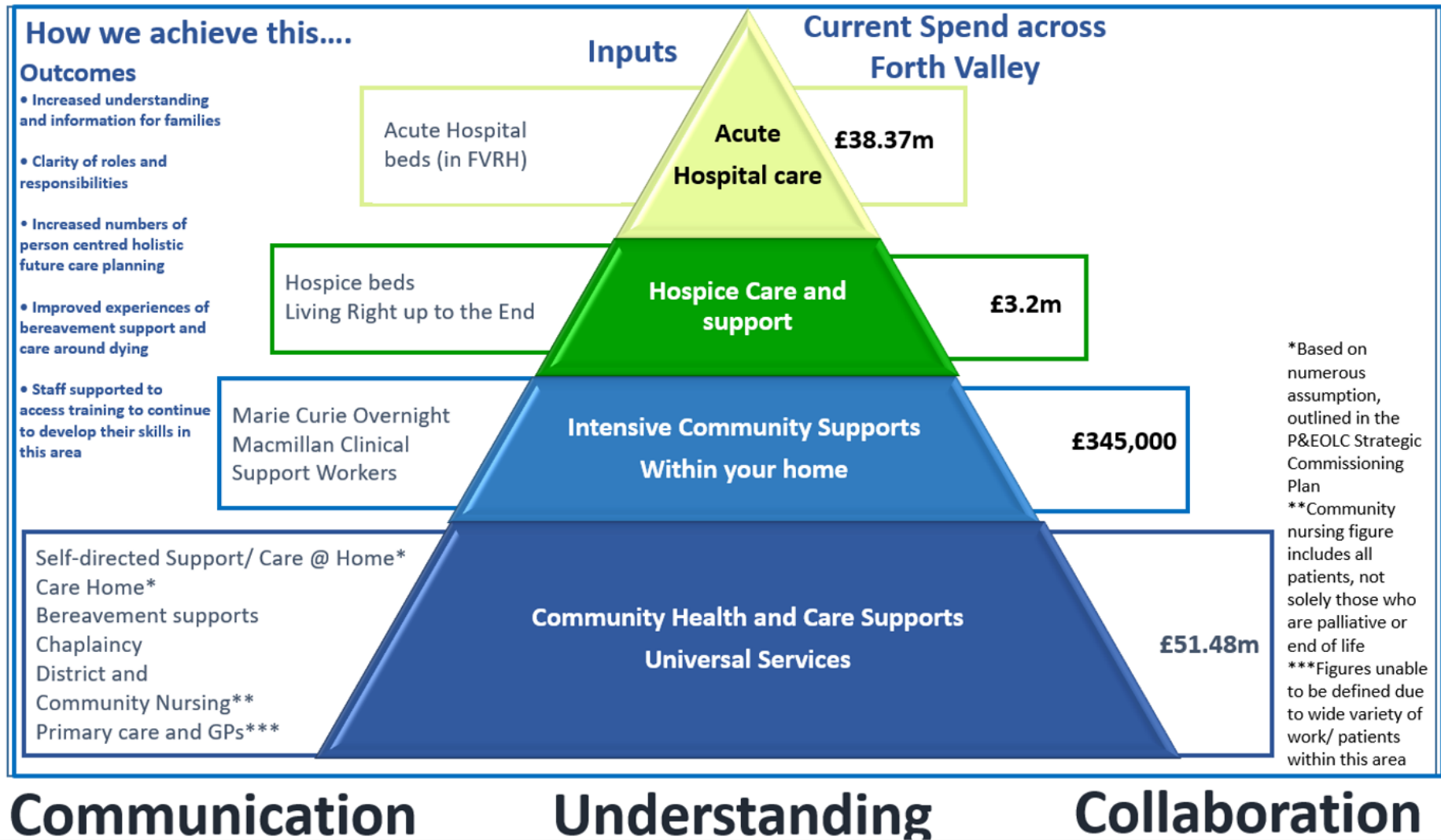
Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Any changes to services will be funded through current budget allocations.
Other Resources:	N/A
Legal:	Any relevant procurement will require to be carried out in line with relevant procurement legislation.
Risk & mitigation:	Development of a unified approach across Forth Valley will ensure a sustainable and consistent approach with regards to

	palliative and end of life care, which is aligned to what people have told us they want, to die at home.
Equality and Human Rights:	The EQIA related to this work is already published, PEOLC-IJB-EQIA-Oct-24.doc .
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

Appendix I: Palliative and End of Life Care - Model of Care



Appendix II: Palliative and End of Life Care - Plan on a Page



Appendix III

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD	
Reference Number	CSIJB-2025_26/009
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date:-	18 June 2025
Services / functions covered:-	Community support for those who are palliative or end of life care, and their family members/ carers
Full text of Direction:-	NHS Forth Valley, Clackmannanshire Council & Stirling Council are enabled to direct resources both staffing and financial in line with the model of care, to deliver P&EOLC.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	<p>As part of engagement activities to enable the drafting of the Forth Valley Palliative and End of Life Care Strategic Commissioning Plan two rounds of consultation took place that were advertised via a number of platforms, those who took part included:</p> <ul style="list-style-type: none"> Unpaid carers Supported individuals Third sector Independent sector HSCP staff NHS colleagues Those with an interest in the subject <p>The views from the above are taken into consideration by the Consortium in terms of the vision and areas of work that are important for focus. The consortium is made up of:</p> <ul style="list-style-type: none"> HSCP and NHS colleagues from across Forth Valley Third Sector organisations and leaders Those with lived and living experience
Timescale(s) for Delivery:-	The next stage will be to devise a plan around any changes to funding covering community supports, by November 2025.
Direction to:-	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB Report(s):-	November 2024 - Forth Valley Palliative and End of Life Care Strategic Commissioning Plan
Budget / finances allocated:-	
Performance Measures:-	HSCP's Performance Framework Quality Outcome Measure 10 – Percentage of last 6 months of life spent in a community setting – Published by Public Health Scotland
Date direction will be reviewed:-	Annually

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 11

Commissioning of Independent Advocacy Services

For Approval

Paper Approved for Submission by:	Joanna MacDonald
Paper presented by	Wendy Forrest, Head of Strategic Planning & Health Improvement
Author	Jennifer Baird, Service Manager – Contracts & Commissioning Katy Allen, Planning & Commissioning Officer
Exempt Report	No

Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input checked="" type="checkbox"/>
Stirling Council	<input checked="" type="checkbox"/>
NHS Forth Valley	<input checked="" type="checkbox"/>

Purpose of Report:	<p>The purpose of this Report is to:</p> <ol style="list-style-type: none"> 1) Note the outcome of the commissioning consortium for advocacy services that built upon the previously approved Clackmannanshire & Stirling IJB Independent Advocacy Strategic Commissioning Plan 2024-2027; and 2) to progress the process required around procuring and implementing the model outlined at Appendix 2.
---------------------------	--

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the content of this paper, in particular the outcome of the Commissioning Consortium – Advocacy as set out at Appendix 1; 2) Approve the model of care for advocacy as set out at Appendix 2; 3) Issue direction as set out at Appendix 6 to NHS Forth Valley, Clackmannanshire and Stirling Councils.
-------------------------	--

Clackmannanshire & Stirling HSCP Professional Advisory Group view, which will provide professional advice and expertise on key aspects within this report.	<ul style="list-style-type: none"> • The Model of Care should reflect the legal duty to provide independent advocacy as the driver rather than start out with eligibility for advocacy, the eligibility comes after the duty we have to offer and provide. • The Tiers, in how we prioritise advocacy referrals, should align to the legal duties in the MHCTA, ASP, AWI. These should form Tier 1. • Some areas listed are not in the HSCPs duty to offer or provide independent advocacy. If there are to be added extras in the offer of advocacy these should be separated out slightly.
---	---

1. Background

- 1.1. The NHS and Local Authorities have a statutory responsibility to provide access to independent advocacy for specific groups of people in receipt of children’s and adults services.

- 1.2. The current contract for independent advocacy services with the current provider, Forth Valley Advocacy, ends on 31st October 2025.
- 1.3. The IJB approved the Clackmannanshire & Stirling IJB Independent Advocacy Strategic Commissioning Plan 2024-2027 in October 2024, and this provides a three-year plan which aims to improve the lives of those with a right to and a need for advocacy services. The Strategy was developed after consultation with those with lived and living experience, as well as practitioners and the wider public. It outlines a number of gaps in current provision and recommends a way forward to meet those aims, where feasible, in line with the approach of being needs led and resource bound.
- 1.4. Building upon this strategy, a commissioning consortium was convened to develop a refreshed model of care for advocacy.

2. Commissioning Consortium for Independent Advocacy Provision

- 2.1. The document annexed at Appendix 1 describes the outcomes of the commissioning consortium for independent advocacy, which included survey responses and in-person and online engagement events, focussing upon those groups with lived and living experiences and practitioners. It incorporates a number of the recommendations for improvements and the identified gaps in current provision which were fully taken into account when developing the mode of care.
- 2.2. The model of care for Advocacy outlined at Appendix 2, outlines an overview of independent advocacy types, the national and local strategic context, the statutory context and the local deliverables across both the C&SHSCP and the wider Forth Valley region as developed by the commissioning consortium approach undertaken in spring 2025.
- 2.3. The model of care is needs-led, but resource-bound and better reflects person-centred care and support within the context of individual choice and control and in line with Self Directed Support (Scotland) Act 2013.
- 2.4. It is noted that there are number of places in which individuals can receive advocacy, including but not limited to: link workers, social workers, nurses, and allied healthcare professionals. However, independent advocacy (per the SIAA definition) is a separate, but linked, provision, which must be provided by an independent organisation that only provides independent advocacy. The aspiration is for all types of advocacy to work seamlessly from the perspective of the service user, whilst independent advocacy retaining its independence.
- 2.5. Amendments made to Specification as per discussion at the Professional Advisory Group (PAG)

3. Independent Advocacy – Next Steps

- 3.1. Subject to approval of the model of care, Stirling Council will undertake a procurement exercise jointly on behalf of the Forth Valley Partners (subject to Falkirk Council undertaking their own governance processes) and it is expected that a tendering exercise will proceed, with the new contract commencing from 1st November 2025.

4. Conclusions

- 4.1. Forth Valley Independent Advocacy Specification incorporates the outcomes from the commissioning consortium and the previously approved 'Clackmannanshire and Stirling Independent Advocacy Strategic Commissioning Plan 2024-27' (Appendix 3).

5. Appendices

- 5.1. Appendix 1: 'You said, We Did'
 5.2. Appendix 2: Model of Care for Advocacy
 5.3. Appendix 3: Independent Advocacy Strategy
 5.4. Appendix 4: EQIA Initial Assessment
 5.5. Appendix 5: EQIA Standard Assessment
 5.6. Appendix 6: Direction

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	Provision of independent advocacy is a statutory requirement that falls within the C&SHSCP's Strategic Commissioning Plan and provision has been made in the IJB's Revenue Budget.
Other Resources:	N/A

Legal:	N/A
Risk & mitigation:	Provision of independent advocacy is a statutory requirement, and any gap in provision would be in breach of these requirements. Approval of the specification will continue the procurement process will mitigate this risk by allowing sufficient time to ensure the next contract is in place and the provision of this statutory service is uninterrupted.
Equality and Human Rights:	The content of this report does not require a EQIA. However, the Specification document in Appendix 1 does require aa EQIA, attached as Appendix 2 and 3.
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

Appendix 1

You said we did

Eligibility (Who can access advocacy)

You said: we are frustrated by strict eligibility criteria, and we want wider support that supports early intervention and prevention

We did: we will focus upon capacity for both statutory and non-statutory referrals

There are limits to the money we will have to fund any service, so we have to prioritise any services available.

We are prioritising people with a legal right to advocacy. We will then look to offer advocacy services to a wider range of people. Finally, we will use any capacity within the service to train staff and provide outreach to care homes.



Referrals (How you get advocacy)

You said: you wanted to be able be referred to advocacy services understand your eligibility when self-referring through a variety of methods

We did: we will widen referral pathways, and doing more to publicise advocacy services

Individuals will be able to learn about their eligibility for advocacy when self-referring by:

- speaking in person
- speaking on the telephone
- speaking by video chat
- messaging about it
- reading about it on paper/physical media (e. brochures, posters)
- reading about it online

And social work and NHS-based referrals will still be supported

We will also require additional outreach, including building community-based capacity, outreach in care homes, as well as training for NHS and Council/HSCP staff



Methods

(How you communicate with your advocate)

You said: you want to be able to speak to your advocates in person, on the telephone, by video call, and by messaging/texting

We did: we will widen communication methods

Once assigned an advocate, individuals can speak about their views by:

- speaking in person
- speaking on the telephone
- speaking by video chat
- messaging/texting their advocate



Measuring outcomes

(How does advocacy support you)

You said: you want to make sure that you can have your views heard

We did: we will require even more monitoring information moving forward

In addition to regular data and monitoring information regarding referrals, waitlists, and engagement information, we will require additional feedback on those referrals they do not have the capacity to meet, and on outcomes for advocacy partners.

This will include:

- 1) Did the advocacy partner feel they were able to get their views across?
- 2) Does the advocacy partner feel advocacy positively affected their outcome?



Appendix 2

Model of Care for Independent Advocacy

Eligibility Criteria

There are number of places in which individuals can receive advocacy, including but not limited to: link workers, social workers, nurses, and allied healthcare professionals. However, independent advocacy (per the SIAA definition) is a separate, but linked, provision, which must be provided by an independent organisation that only provides independent advocacy.

People accessing independent advocacy will be seeking support connected to legal intervention, and/or health and/or social care issue that may not be linked to legislation.

Those being referred/accessing services with any of the following:

- anyone subject to the Mental Health Act who are from the Forth Valley or are an offender within the Forth Valley prison estate
- Those subject to other statutory procedures, including adult support and protection and adults with incapacity
- a learning disability or neurodivergency
- a mental health disorder (including young people under 16)
- an acquired brain injury
- a physical disability or life-limiting illness
- frail and elderly
- young people in transition to Adult Social Care services
- substance misuse
- an on-going LSI at their location

This list is not exhaustive, but it is anticipated this will be the core group requiring Independent Advocacy support.

It is expected the Provider will manage the flow of referrals, having a priority system in place to ensure people who are under legislation are prioritised. Regular reporting will be in place to monitor the referrals and provide information on how this is being managed. It is critical the services are targeted on those in most need and in acknowledgement that resources are finite the Provider will ensure appropriate management of paid and unpaid staff to meet these priorities.

It is the expectation that referrals will follow the below tiered system for allocation of hours:

Tier	Description	% of service
Tier 1	<ul style="list-style-type: none"> • All who are from Forth Valley that are subject to the Mental Health Act • Offenders within the Forth Valley prison estate who are subject to the Mental Health Act • Those subject to other statutory procedures, including adult support and protection and adults with incapacity 	75%
Tier 2	<p>Those being referred/accessing services with</p> <ul style="list-style-type: none"> • a learning disability or neurodivergency • a mental health disorder (including young people under 16) • an acquired brain injury • a physical disability or life-limiting illness • frail and elderly • young people in transition to Adult Social Care services • substance misuse • an on-going LSI at their location 	20%
Tier 3	<ul style="list-style-type: none"> • Training for NHS and Council/HSCP staff • Outreach to care homes • Capacity building in communities • Additional outreach 	5%

However, should Tier 1 not require the allotted number of hours, these hours may be allocated to Tier 2, followed by Tier 3.

Access to Independent Advocacy services

There are a range of referral sources:

- Referral can be made by staff from the Forth Valley Commissioners
- A person can make a self-referral
- Family/carers can make a referral
- Signposted by an independent/third sector organisation

Incorporating feedback we have received from those with lived and living experience, we expect that individuals be able to learn about their eligibility for advocacy when self-referring by:

- speaking in person
- speaking on the telephone
- speaking by video chat
- messaging about it
- reading about it on paper/physical media (i.e. brochures, posters)

- reading about it online

During the lifetime of the Contract there may be additional independent advocacy service developments as local and national policy shifts towards a human rights-based approach to commissioning.

Incorporating feedback we have received from those with lived and living experience, we expect that Advocates will also work with Advocacy Partners to determine the methods they would prefer to communicate, including, for example:

- speaking in person
- speaking on the telephone
- speaking by video chat
- messaging/texting their advocate

At the initial meeting with the Advocacy Partner, the Provider shall:

- Supply the Advocacy Partner with information about the Service, including the nature, proposed start date and duration of the Service that will be provided as well as information about the Provider, including contact details, working practices, policies and procedures (including the service provider's complaints procedure); and
- Assist the Advocacy Partner to identify and agree personal outcomes to be achieved through the provision of the Service, the timescale within which the outcomes shall be achieved and the timetable for the provision of the Service, including times, frequency, duration and location(s) of the provision of the Service.

Evaluating progress and outcomes achieved

The Provider is asked to actively monitor and evaluate the delivery of services against the outcomes noted for Advocacy Partners. This will include:

- qualitative feedback from the Advocacy Partner, parent/carers and staff; and
- using evaluation tools to measure the Advocacy Partner's mental health and wellbeing and progress towards meeting their outcomes.

Independent Advocacy Strategic Commissioning Plan 2024-2027

Contents

Foreword.....	i
Executive Summary.....	ii
Section 1: Overview	1
Section 2: Local Context.....	3
Section 3: Statutory Context.....	6
Section 4: Strategic Plan 2023-2033	9
Section 5: Independent Advocacy Consultation Results	10
Section 6: Action Plan for Improvement.....	13
Section 7: Measuring and Assessing Progress	15
Section 8: Commissioning Plan	16
Appendix 1: Consultation Methodology	17
Appendix 2: Survey Questions	19
Appendix 3: Survey Results.....	21

Foreword

Independent advocacy aims to help people by supporting them to express their needs, make informed decisions and have the confidence to speak out. Whilst many people will be able to access this support informally, for example through family or friends, many vulnerable people do not have these social networks. In these cases, people can be supported by an independent advocate.

Independent advocates are trained to represent the interests of the individual, and support them to access information, and explore and understand their options. Although many organisations such as Councils and Health Authorities offer advocacy services, independent advocacy organisations are unique as independent advocacy is the sole service that the organisation provides, and they strive to be free from any conflicts of interest.

Advocacy is not about securing the best interests of the person, but about protecting and supporting the individual's right to express their own view. The advocate has a responsibility to engage with the person in a manner, pace, and place that is most appropriate to the individual. The overall aim is to support the person to express an informed view about an agreed issue. Advocacy is a crucial element in achieving social justice and guaranteeing the individual's right to express themselves. It is a way to ensure that everyone matters, and that everyone is heard—including those people who are at risk of exclusion and people who have particular difficulties in making their views known.

The current budgetary climate makes it even more vitally important that organisations work in partnership and use their resources creatively and wisely. Independent advocacy services are critical to protecting and empowering our most vulnerable groups by protecting the interests of people who are unable to do so by themselves. It is therefore with these resource constraints and the importance of independent advocacy that we strive to strike a balance and persist in our steadfast support to ensure that the most vulnerable voices are heard in decisions that affect them.

We would like to thank everyone who contributed to the development of this strategy, in particular the many local individuals who participated in our consultation through our survey, focus groups, and interviews. The views, opinions, and expertise shared through consultation have formed the basis for this strategy in order to ensure that the advocacy service commissioned across Forth Valley truly meets everyone's needs.

Executive Summary

This is the first Strategic Advocacy Plan for the Clackmannanshire and Stirling Health and Social Care Partnership focussing upon adults for Forth Valley area, which includes the Clackmannanshire and Stirling Health and Social Care Partnership, the Falkirk Health and Social Care Partnership, and NHS Forth Valley (henceforth Forth Valley Commissioners). It has been developed in consultation with stakeholders who have an interest in the delivery of independent advocacy services. Note that a separate Strategic Advocacy Plan for Stirling Council has been developed for children and young people.

The NHS and Local Authorities have a statutory responsibility affecting both children and adults to provide access to independent advocacy for specific groups of people.

Independent advocacy covering the Forth Valley area is currently provided by organisations who cover specific geographical locations and specific care groups. The care groups currently covered include children, young people, or adults who have (diagnosed or not): a mental illness, a learning disability, dementia, or related conditions. The overall feedback from the consultation was very positive from all groups, with the primary concern wider accessibility of services for more service user groups.

Following service consultation feedback perceived gaps in the current service have been identified for the Forth Valley area. These include:

- Accessibility: individuals felt that advocacy was sometimes difficult to access, with more advertising of the service needed, i.e. posters, brochures, etc. Professionals stated that while they are aware of advocacy services, more training (on-site) is needed
- Eligibility: individuals and professionals were frustrated by the strict eligibility requirements, underlining an urgent and on-going need for wider support (both for those individuals that qualify, as well as what processes advocacy could support) This included greater provision for those:
 - in the LGBTQIA+ community
 - with learning disabilities and autism
 - involved in the child protection or powers of attorney processes
 - who are older vulnerable adults
 - who are young people
 - who with alcohol and drug addiction(s)
 - who are in prison
- Early intervention and prevention: professionals felt there was an unmet need for effective, beneficial proactive work and to support advocacy partners during transitions to learn how to advocate for themselves (where appropriate)

- Timelines and Communication: individuals wanted wider communication pathways throughout the process and professionals felt there were delays due to resourcing constraints for initial meetings

There are a number of challenges which need to be addressed if these gaps are to be addressed and access to independent advocacy provided for all relevant care groups.

In order to address these challenges the following actions have been identified.

The actions identified are:

- To provide more opportunities from advocacy providers to provide on-site training and ensure promotional materials are regularly updated and present
- Work with advocacy partners to increase provision for those:
 - who are young people
 - who with alcohol and drug addiction(s)
 - who are older vulnerable adults
 - in the LGBTQIA+ community
 - with learning disabilities and autism
 - involved in the child protection or powers of attorney processes
 - who are in prison
- Work with advocacy providers to determine if additional communication pathways are feasible, and wherever possible integrate these based on advocacy partner need
- Work with advocacy providers to ensure that there is sufficient staffing
- Work with advocacy providers to resource effective, beneficial preventative work

However, the current budgetary pressures present a challenge to improving outcomes for individuals and makes it important that our priorities are based on evidencing the demand for advocacy services and on the effectiveness of advocacy service provision. With these constraints in mind, we recognise that not all gaps will be met in the immediate budgetary climate, but we strive to make improvements wherever possible and work with advocacy providers to innovate and collaborate to that end.

Section 1: Overview

What is independent advocacy?

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand their options. They speak on behalf of people who are unable to speak for themselves, or choose not to do so. They safeguard people who are vulnerable or discriminated against or whom services find difficult to support. Those people that access independent advocacy will be referred to as Advocacy Partners.

The **Mental Health (Scotland) Act 2003** states that advocacy is independent if it is not provided by any of the following:

- The relevant local authority
- The relevant Health Board
- Any members of the above, e.g., employees
- Any person providing direct health or social care services to the person who is to be provided with advocacy on behalf of any of the above (including independent or voluntary sector organisations providing such services on behalf of the statutory body).

An independent advocacy service is based on the following principles, developed and agreed by the Scottish Independent Advocacy Alliance (SIAA):

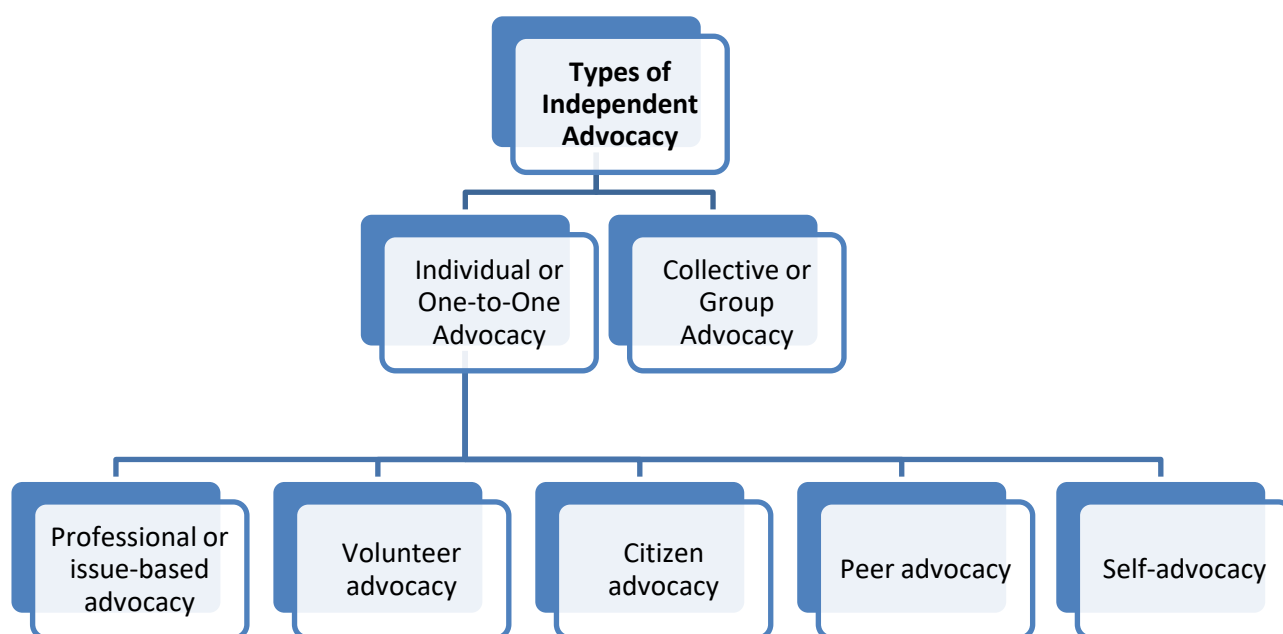
- independent advocacy puts the people who use it first
- independent advocacy is accountable
- independent advocacy is as free as it can be from conflicts of interest
- independent advocacy is accessible

Access to independent advocacy can be provided in a number of ways:

- **Individual independent or professional advocacy** is provided on a one-to-one basis by either paid or volunteer advocates. The advocate provides an individual with information and support on a specific issue. They can also provide representation where appropriate. The aim of an advocate is to ensure that a person is enabled to express their views and choices and to ensure that those who have the power to influence or to effect change, listen to them. Support can be either short- or long-term, depending on the issues.
- **Volunteer advocates** are members of the public who volunteer to provide support to an individual in the community on a one-to-one, long-term basis. Advocacy organisations can provide training and support to enable Volunteer advocates to carry out this role.
- **Citizen advocacy** encourages ordinary citizens to become more involved with the welfare of those in their community who are at risk of marginalisation. Citizen advocacy brings an individual together with an advocate on a long-term, person, one-to-one basis. The advocate stands alongside their partner to defend their rights and to support them to pursue their interests. Citizen advocates are usually partnered with one person

and unpaid. The partnership is normally supported, but not influenced by, an independent advocacy organisation.

- **Peer advocacy** is about individuals who share significant life experiences or shared experience of service provision. Peer advocates draw upon their own experiences to understand and empathise with their advocacy partner or members of collective advocacy groups.
- **Self-advocacy** is about people speaking out for themselves, thereby gaining confidence and/or regaining control over their lives. It can involve people working a group and often self-advocates become peer and/or citizen advocates.
- **Group or collective advocacy** is where a group of individuals are facing a common problem and come together to support each other over specific issues, putting forth their shared views. Collective advocacy builds personal skills and confidence and supports individuals to represent issues of common concern.
- **Non-instructed advocacy** occurs when an individual lacks the capacity to express their view or instruct an advocate. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for all relevant factors which must include the person's unique preferences and perspectives. The SIAA has developed guidance for these situations.



Section 2: Local Context

Some key services, like that of independent advocacy, have been developed on a regional multi-agency basis, across the three Local Authority areas (the Councils of Falkirk, Stirling, and Clackmannanshire) through their respective Health and Social Care Partnerships (Falkirk HSCP and Clackmannanshire and Stirling HSCP) in collaboration with partners from NHS Forth Valley and Clackmannanshire & Stirling Alcohol and Drugs Partnership.

The Forth Valley Area includes a population of about 300,000 people, of which Stirling and Clackmannanshire make up approximately half. Together, Stirling and Clackmannanshire's adult (16+) population consists of about 120,000 individuals.

Population data

Forth Valley area (Clackmannanshire, Falkirk, & Stirling)

Age group	Male	Female	All people	% of population	Scotland % of population
All people	148,933	156,777	305,710	100	100
0 to 15	26,408	24,981	51,389	16.8%	16.6
16 to 64	95,053	98,644	193,697	63.4%	63.8
65 and over	27,472	33,152	60,624	19.8%	19.6

Clackmannanshire

Age group	Male	Female	All people	% of population	Scotland % of population
All people	25,196	26,344	51,540	100	100
0 to 15	4,547	4,330	8,877	17.2	16.6
16 to 64	15,729	16,216	31,945	62	63.8
65 and over	4,920	5,798	10,718	20.8	19.6

Falkirk

Age group	Male	Female	All people	% of population	Scotland % of population
All people	78,637	82,063	160,700	100	100
0 to 15	14,219	13,345	27,564	17.2	16.6
16 to 64	50,381	51,640	102,021	63.5	63.8
65 and over	14,037	17,078	31,115	19.4	19.6

Stirling

Age group	Male	Female	All people	% of population	Scotland % of population
All people	45,100	48,370	93,470	100	100

0 to 15	7,642	7,306	14,948	16	16.6
16 to 64	28,943	30,788	59,731	63.9	63.8
65 and over	8,515	10,276	18,791	20.1	19.6

Independent advocacy provision

Independent advocacy covering the Forth Valley area is currently provided by organisations who cover specific geographical locations and specific care groups. The care groups currently covered include children, young people, or adults who have (diagnosed or not): a mental illness, a learning disability, dementia, or related conditions.

Generally, this means that people being referred or accessing services may have:

- a learning disability;
- a mental health issue;
- an acquired brain injury;
- a physical disability or life-limiting illness;
- have dementia or related condition;
- are a vulnerable adult deemed at risk of harm;
- be a young person over the age of 16 in transition to Adult Social Care services;
- be offenders within the Forth Valley prison estate who are subject to the Mental Health Act;
- or are young people under the age of 16 who are subject to care and treatment under the Mental Health Act

and

- they have a specific issue or issues that affect their life and circumstances that require health, social care, or legal interventions in relation to health and social care;
- and their needs come within scope of the relevant legislation

This list is not exhaustive but is demonstrative of the core group currently provided independent advocacy support. The flow of advocacy partner referrals is managed by the provider(s), prioritising those who fall under statutory requirements.

Currently commissioned services by the Forth Valley Commissioners are:

Forth Valley Advocacy is the main provider for independent advocacy across the Forth Valley Commissioners area of Stirlingshire, Clackmannanshire, and Falkirk through the Clackmannanshire and Stirling Health and Social Care Partnership, the Falkirk Health and Social Care Partnership, and NHS Forth Valley. This is the currently commissioned issue-based service for statutory independent advocacy services.

People First delivers collective advocacy for individuals with learning disabilities in Clackmannanshire area only. This is the currently commissioned service for individuals with learning disabilities in Clackmannanshire.

Additional local services in the Forth Valley includes:

Central Advocacy Partners delivers relationship-based advocacy for individuals with learning disabilities and autism spectrum disorders across the Forth Valley. This service is not currently commissioned, and utilises other charitable funding sources.

There are more than 50 independent advocacy organisations in Scotland, each of which provides a variety of advocacy types to fulfil a variety of needs for individuals and/or groups, sometimes specific to a local area.

Section 3: Statutory Context

The National Policy and Planning context in which adult advocacy sits is somewhat complex, but stems from the following key pieces of legislation and policy drivers:

The **Mental Health (Care and Treatment) (Scotland) Act 2003** imposed a duty on local authorities and health boards to collaborate to ensure the availability of independent advocacy services in their area. The Act gave everyone with mental illness, learning disability, dementia and related conditions the right to access independent advocacy support.

Commissioners thereby have a legal duty under The Mental Health (Scotland) Act 2003 and the range of other pieces of legislation outlined in Appendix 1 to ensure the availability of independent advocacy in their NHS Board or Local Authority area. This duty applies to children and young people as well as adults. It also applies to people living in the community and in hospital and prison settings.

Adults with Incapacity (Scotland) Act 2000 protects the welfare, property, and finances of some adults. This includes adults who have a mental health condition or a physical disability which means they cannot communicate, and are not able to do things like: make decisions, communicate decisions, understand decisions, and/or remember decisions. This includes people with a learning disability, dementia, a mental health condition, a head injury, or a physical disability that prevents them from communicating. It allows other people to make decisions on behalf of these adults, but taking into account of the wishes and feelings of the adult as they are expressed by a person providing independent advocacy services.

The **Adult Support and Protection (Scotland) Act 2007** gives greater protection to adults at risk of harm or neglect. Section 6 of the Act places a duty on the council, if it considers that it needs to intervene after making inquiries under Section 4 of the Act, to protect an adult at risk of harm, and to ensure that independent advocacy is provided, if wanted, to help people by supporting them to express their own needs, gain access to information, understand the options available and make their own informed decisions.

The **Mental Health (Scotland) Act 2015** builds on the rights in the 2003 Act to independent advocacy support, by requiring health boards and local authorities to tell the Mental Welfare Commission how they have ensured access to services up to now and how they plan to do so in the future.

The **Patients Rights (Scotland) Act 2011** provides that it is the right of every patient that the health care received is patient-focused, which means that the provision of health care takes into account the patient's needs. The Act also provides that the health care received has regard to the importance of providing the optimum benefit to the patient's health and wellbeing, allows for patient participation in decision about their healthcare and provides appropriate information and support to allow them to do so. The Act allows for the provision of a Patient Advice and Support Service, which includes directing people to representation and advocacy services.

NHS Scotland transferred responsibility for prisoners' healthcare to local NHS Boards in November 2011.

Independent Advocacy - A Guide for Commissioners (2013) revised guidance aims to capture the many developments since the publication of the original **Guide to Commissioners in 2001** by the then Scottish Executive Health Department and the subsequent revision and publication by the Scottish Independent Advocacy Alliance (SIAA) in 2010. Importantly, it seeks to clarify Commissioners statutory responsibilities under the **Mental Health (Care and Treatment) (Scotland) Act 2003**. The Scottish Government's expectation set out in **Independent Advocacy: Guide for Commissioners, published in December 2013**, is that local strategic advocacy plans should be developed.

The **Mental Welfare Commission** undertook a detailed national survey, and published a report (2018) to their findings: **The Right to Advocacy: a review of how local authorities and NHS Boards are discharging their responsibilities under the Mental Health (Care and Treatment) Act 2003**. The Right to Advocacy report made a number of findings. These included:

- That advocacy provision should not be limited to those subject to compulsory measures, as this was never the policy intention when the right to advocacy was introduced in the 2003 Act, and instead be available to every person who has the right to access advocacy support.
- That strategic outcomes be not only at the provider level, for their overarching service provision
- That equality impact assessment be undertaken
- That advocacy rights and services be promoted to ensure that people that might benefit from advocacy are aware of it, understand what it is, and are able to access it, with particular attention paid to the barriers people may be experiencing in advocacy support, including barriers created by prioritization criteria.
- That planning groups be developed to assess local projected need and to identify gaps in provision

The **Scottish Mental Health Law Review (SMHLR)** was commissioned in 2019. It was tasked with considering ways to better realise and protect human rights through our mental health, incapacity, and adult support and protection legislation. The Review also looked at ways to remove barriers to care and support for people currently covered by the legislation. The Review's final report was published in September 2022 and recommends a series of changes to legislation. It also proposes a range of changes to policy and practice in the short, medium, and longer term.

The Review follows from, and builds on, previous work in this area, including the Scottish Law Commission Report on Adults with Incapacity (2014); the 2018 Scottish Government consultation on the Adults with Incapacity (Scotland) Act 2000; the independent review of learning disability and autism in the Mental Health Act (Rome Review); and the independent review into the Delivery of Forensic Mental Health Services (Barron Review).

In its widest sense, the Review sets out an agenda for enabling the greater realisation of human rights across mental health services. In doing that, the recommendations centre around three main themes:

- Strengthening the voice of people who use services and those who care for them.
- Reducing the need for coercion in the system
- Securing rights to the help and support needed to live a good life.

Charter for Patients Rights and Responsibilities 2022 summarises what individuals are entitled to when you they NHS services and receive NHS care in Scotland, and what they can do if they feel that their rights have not been respected. It includes the right to ask for an independent advocate to help give views when decisions are being made.

Section 4: Strategic Plan 2023-2033

The provision of independent advocacy services aligns with the aim of the *Strategic Commissioning Plan 2023-2033* of the Clackmannanshire and Stirling Health and Social Care Partnership: “to ensure care and support is person-centred, based on fairness, respect, equality, dignity and autonomy”.

The Strategic Themes

The Strategic Themes of the *Strategic Commissioning Plan 2023-2033* are:

1. Prevention, early intervention and harm reduction
2. Independent Living through choice and control
3. Achieving Care Closer to Home
4. Supporting empowered people and communities
5. Reducing loneliness and isolation

The provision of independent advocacy aligns with these themes by:

1. Supporting early intervention and prevention processes and reducing harm through representation of advocacy partners’ voices and views, and supporting their understandings of these processes;
2. Supporting independent living by supporting advocacy partners’ choices through representation of their views;
3. Empowering advocacy partners to understand processes and their options, and supporting their views are heard throughout; and by
4. Providing supporting to advocacy partners through complex and difficult processes that can be isolating and stressful.

Section 5: Independent Advocacy Consultation Results

We undertook a stakeholder survey, advocacy partner interviews, and a number of professional focus groups and interviews to learn about the needs of individuals and professionals.

Individuals included advocacy partners, carers, and interested citizens, and *professionals* included professionals with a professional interest and experience with advocacy. See Appendix 3: Survey Results for detailed survey results.

Both individual and professional participants described their experiences with and views on independent advocacy through the survey, focus groups, and interviews.

For individuals, independent advocacy is primarily to assist individuals to make their own decisions about they want, and assist them in expressing their needs to other people and organisations. However, they widely agreed that advocates should also help people to understand their options, and help them gain access to information.

Individuals also overwhelming thought it most important to be able to speak to someone in person about their eligibility and their views, but widely requested that they be able to learn about their eligibility through a variety of means and communicate through a variety of methods with their advocate.

These included learning about their eligibility for advocacy:

- speaking in person
- speaking on the telephone
- speak by video chat
- message about it
- reading about it on paper/physical media (i.e. brochures, posters)
- reading about it online

And once assigned an advocate, speaking about their views by:

- speaking in person
- speaking on the telephone
- speaking by video chat
- messaging/texting their advocate

They identified that they had learned about the existence of advocacy primarily through publications (i.e. brochures and posters) and in speaking with professional referrers. They felt that advocacy gave them a voice, and helped them understand complex and intimidating processes. They expressed how good it felt to have “someone completely on your side”, to not “feel alone”, and were very positive about the current service and individual advocates. For them, consistency of their allocated advocate was key, as it allowed them to build a relationship with them and foster trust.

However, individuals identified areas for improvement:

- **Accessibility:** individuals felt that advocacy was sometimes difficult to access, with more advertising of the service needed, i.e. posters, brochures, etc.
- **Eligibility:** individuals were frustrated by the strict eligibility requirements, underlining an urgent and on-going need for wider support (both for those individuals that qualify, as well as what processes advocacy could support)
- **Communication:** individuals wanted wider communication pathways throughout the process, and better communication from professionals during the process

For professionals, independent advocacy is primary to assist people in expressing their needs to other people and organisations, alongside assisting people to make their own decisions about what they want and understand their options.

Professionals also argued for a wide variety of methods to understand an individual's eligibility and their views (where eligible), highlighting the most important as in-person communication, but widely supporting other alternative methods.

However, professionals identified areas for improvement:

- **Accessibility:** professionals stated that while they are aware of advocacy services, more training (on-site) is needed, along with more publicising of the service through print media (i.e. posters, brochures), alongside a greater physical presence in institutions where appropriate. Professionals noted that regular updates for staff would be helpful, as would regular changes to posters/print media to catch staff and supported individuals' attention. They also noted that consistent points of contact within advocacy providers would be helpful.
- **Eligibility:** professionals are widely and strongly in favour a widening of eligibility criteria, and point to this as a critical gap in current provision. They also want greater transparency in how individuals are prioritised. They praise the current service for its excellent work, but argue for more individuals across more processes and instances to be eligible for the service. This included greater provision for those:
 - who are young people
 - who with alcohol and drug addiction(s)
 - who are older vulnerable adults
 - in the LGBTQIA+ community
 - with learning disabilities and autism
 - involved in the child protection or powers of attorney processes
 - who are in prison
- **Resourcing:** professionals were very happy with the service provided by advocates overall, but noted that they were consistently short-staffed, which sometimes effected timelines for advocacy provision, e.g. initial detainment.

- **Early intervention and prevention:** professionals felt there was an unmet need for effective, beneficial proactive work and to support advocacy partners during transitions to learn how to advocate for themselves (where appropriate).

Section 6: Action Plan for Improvement

Area 1: Accessibility

- Provide more opportunities from advocacy providers to provide on-site training for service staff across health, prisons, and care homes
- Require the creation of a series of posters that are regularly replaced to those organisations with premises (e.g. prisons, care homes, hospitals, GP waiting rooms, specialty clinics)
- Ensure that points of contact within advocacy providers is consistent, inasmuch as possible
- Require that websites and phone numbers be kept up-to-date

Area 2: Eligibility

- Work with advocacy partners to increase provision for those:
 - who are young people
 - who with alcohol and drug addiction(s)
 - who are older vulnerable adults
 - in the LGBTQIA+ community
 - with learning disabilities and autism
 - involved in the child protection or powers of attorney processes
 - who are in prison
- Require advocacy providers to create greater transparency in their prioritisation process inasmuch as is feasible

Area 3: Communication

- Work with advocacy providers to determine if additional communication pathways are feasible, and wherever possible integrate these based on advocacy partner need

Area 4: Resourcing

- Work with advocacy providers to ensure that there is sufficient staffing
- Require advocacy providers prioritise initial assessments and contact wherever feasible

Area 5: Early intervention and prevention

- Work with advocacy providers to resource effective, beneficial proactive work
- Work with advocacy partners to promote scope to support advocacy partners during transitions to learn how to advocate for themselves (where appropriate)

Recognised Challenges

We recognise that there are a number of challenges that must be addressed in order to achieve improvement in the above identified areas. We also recognise that current budgetary pressures present a challenge to improving outcomes for individuals. The financial situation makes it important that our priorities are based on evidencing the demand for advocacy services and on the effectiveness of advocacy service provision. With these constraints in mind, we recognise that not all gaps will be met in the immediate budgetary climate, but we strive to make

improvements wherever possible and work with advocacy providers to innovate and collaborate to that end.

Section 7: Measuring and Assessing Progress

Officer Monitoring and Evaluation Group- Advocacy (OMEGA)

The Clackmannanshire and Stirling HSCP will evaluate and monitor advocacy services to ensure the adherence to the required principles and standards through their Officer Monitoring and Evaluation Group- Advocacy (OMEGA). This includes regular reporting from contracted advocacy providers to ensure that all statutory aims are being met, as well as any further contractual aims.

Regular contract monitoring

Monitoring will be undertaken in each contract year to review funding, governance, risks, contractual outputs and outcomes, monitoring, strategic outcomes, financial information, efficiencies, and best value.

Section 8: Commissioning Plan

All future advocacy contracts will be developed in line with the Guide for Commissioners, produced by the Scottish Government, as well as in adherence to the principles and standards as set out by the Scottish Independent Advocacy Alliance (SIAA).

We recommend that a market analysis is undertaken to determine the best value. This will include collaborating with advocacy providers, practitioners, commissioners and individuals with lived and living experience through a commissioning consortium approach to determine the appropriate model of care for advocacy for the citizens of Clackmannanshire and Stirling. The aim is to not only fulfil our statutory obligations, but to provide, wherever feasible, robust advocacy services, including different types of advocacy as appropriate, to more user groups, at the earliest instance possible to provide the best outcomes for supported people. Any approach will be developed alongside current and potential advocacy providers to ensure feasibility and advocacy provider support, and in line with procurement regulations and the Contract Standing Orders of the procuring organisation/s.

Reporting and contract monitoring of any future provider(s) will be through Officer Monitoring and Evaluation Group- Advocacy (OMEGA).

Appendix 1: Consultation Methodology

Consultation was undertaken by the Clackmannanshire and Stirling Health and Social Care Partnership from May to August 2024, consisting of stakeholder identification, an online survey, a number of focus group events, and several advocacy partner interviews.

Stakeholder identification

Stakeholders were identified through a number of methods. Publicly available advocacy strategies from a sampling of HSCP's across Scotland were consulted to identify common core groups, and staff from the Clackmannanshire and Stirling Health and Social Care Partnership mapped likely organisations and groups who would be directly involved or affected by independent advocacy. Those groups and organisations who had previously engaged with the Clackmannanshire and Stirling Health and Social Care Partnership on advocacy were then added or cross-referenced. The current provider of independent advocacy, Forth Valley Advocacy, was then asked to independently produce a stakeholder mapping exercise. Their results were then analysed and added to the overall mapping.

Particular consideration was given to reaching advocacy partners and their families, care givers, and communities. Given the vulnerable nature of these groups, Forth Valley Advocacy was asked to utilise their expertise and discretion to approach these groups where appropriate for their participation.

Survey

A survey was developed to learn about the experiences or expertise in independent advocacy from advocacy partners, their families and communities, professionals across sectors, as well interested members of the general public, to ensure that the HSCP understands everyone's needs and priorities. The survey was kept as short as possible, using clear and accessible language wherever possible.

All identified stakeholders above were provided a link to the survey, with the request to disseminate where appropriate. The survey was live from 24 June to 5 August 2024. There were 62 respondents.

Focus Groups

Focus groups were held with a number of different groups throughout the month of July. Three online sessions with professional groups, including councils staff, HSCP staff, and NHS staff, were held, with a total of 10 attendees.

Two online sessions with care home providers were held, but there were no attendees.

Interviews

The currently contracted independent advocacy provider approached a number of advocacy partners where they deemed it appropriate, ultimately producing a shortlist of advocacy partners who were willing to be interviewed by phone about their experiences. Of these, four

individual advocacy partners with experience working with Forth Valley Advocacy were interviewed.

Five professionals who could not attend the focus groups were also interviewed separately.

Quantitative analysis

A simple quantitative analysis was conducted on the aggregate survey responses to ascertain responses to survey questions by group. For additional details of responses, see Appendix 3: Survey Results.

Qualitative analysis

A simplified thematic analysis was conducted on the remainder of the data gathered through consultation, including long-form survey responses and interview and focus group notes. These were coded, and then categorised into themes. For further detail, see Section 5: Independent Advocacy Consultation Results.

Appendix 2: Survey Questions

The survey for this work was available from 24 June to 5 August 2024 online on the HSCP's CitizenSpace website, at <https://cshscp.citizenspace.com/>.

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand their options. They speak on behalf of people who are unable to speak for themselves, or choose not to do so. They safeguard people who are vulnerable or discriminated against or whom services find difficult to support.

We want to learn about your experiences or expertise in independent advocacy to make sure that we understand everyone's needs and priorities.

Question 1	<p>I identify as a person...</p> <ul style="list-style-type: none"> <input type="radio"/> Who wants to use/or has used advocacy <input type="radio"/> Who is a carer (someone who looks after a friend, family member, or neighbour) of someone who wants to use/or has used advocacy <input type="radio"/> Who is a professional with a professional interest in advocacy <input type="radio"/> Who doesn't need advocacy and isn't a carer or professional, but has a personal interest in it
Question 2	<p>What do you think advocacy should support? (choose all that apply)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Advocates help people to express their needs to other people and organisations <input checked="" type="checkbox"/> Advocates help people to gain access to information <input checked="" type="checkbox"/> Advocates help people to understand the options they have <input checked="" type="checkbox"/> Advocates help people to make their own decisions about what they want
Question 3	<p>What is the <u>most</u> important thing you think people should have support from advocacy with? (choose one)</p> <ul style="list-style-type: none"> <input type="radio"/> Advocates should help people to express their needs to other people and organisations <input type="radio"/> Advocates should help people to gain access to information <input type="radio"/> Advocates should help people to understand the options they have <input type="radio"/> Advocates should help people to make their own decisions about what they want
Question 4	<p>How do you think people should learn about advocacy and their eligibility? (choose all that apply)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> They should be able to talk to someone about it in person <input checked="" type="checkbox"/> They should be able to talk to someone on the telephone about it <input checked="" type="checkbox"/> They should be able to talk about it by video chat <input checked="" type="checkbox"/> They should be able to read about it on paper or other physical media <input checked="" type="checkbox"/> They should be able to read about it online <input checked="" type="checkbox"/> They should be able to talk about it by text message or online messaging system
Question 5	<p>Which way to learn about advocacy do you think is the <u>most</u> important? (choose one)</p> <ul style="list-style-type: none"> <input type="radio"/> They should be able to talk to someone about it in person <input type="radio"/> They should be able to talk to someone on the telephone about it <input type="radio"/> They should be able to talk about it by video chat <input type="radio"/> They should be able to read about it on paper or other physical media

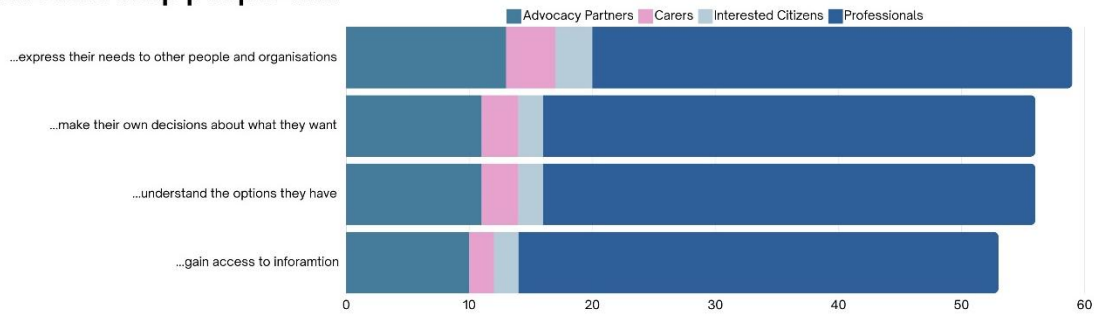
	<ul style="list-style-type: none"> ○ They should be able to read about it online ○ They should be able to talk about it by text message or online messaging system 	
Question 6	<p>How do you think people should access support and have their advocate learn about their views? (choose all that apply)</p> <ul style="list-style-type: none"> ✓ They should be able to talk to someone about it in person ✓ They should be able to talk to someone on the telephone about it ✓ They should be able to talk about it by video chat ✓ They should be able to talk about it by text message or online messaging system 	
Question 7	<p>What is the <u>most</u> important way people should be able access support and have their advocate learn about their views?</p> <ul style="list-style-type: none"> ○ They should be able to talk to someone about it in person ○ They should be able to talk to someone on the telephone about it ○ They should be able to talk about it by video chat <p>They should be able to talk about it by text message or online messaging system</p>	
Question 8a	<p>Have you or someone you know ever contacted or been referred to an advocacy service?</p> <ul style="list-style-type: none"> ○ Yes ○ No 	
	Yes	
Question 8b	<p>Did you or someone you know access the service for...?</p> <ul style="list-style-type: none"> ○ One issue ○ More than one issue 	No
Question 8c	<p>If you or someone you know wasn't eligible for advocacy, were you or they directed to other services that might help?</p> <ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable 	↓
Question 9	<p>Is there anything else you want to tell us about your views of independent advocacy?</p> <div style="border: 2px solid black; height: 50px; width: 100%; margin: 10px 0;"></div>	↓
Question 10	<p>Did you fill out this survey by yourself, or did someone help you?</p> <ul style="list-style-type: none"> ○ I filled it out myself ○ I had help from a carer ○ I had help from an advocate ○ I had help from someone else 	

These topical questions were followed by several standard demographic questions.

Appendix 3: Survey Results

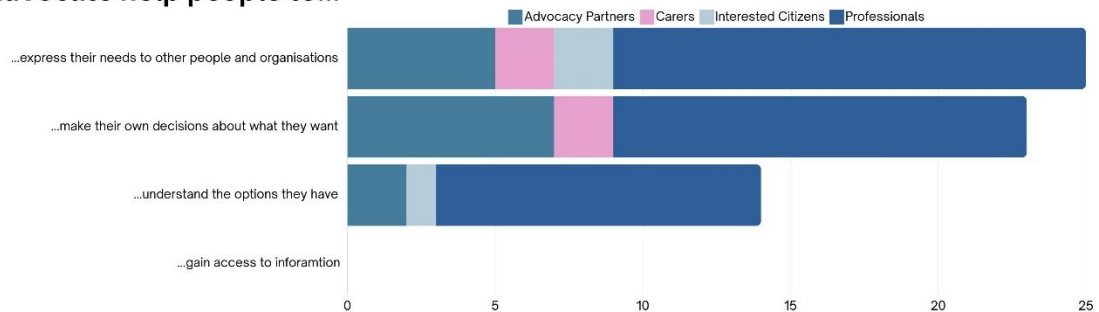
What do you think advocacy should support?

Advocate help people to...



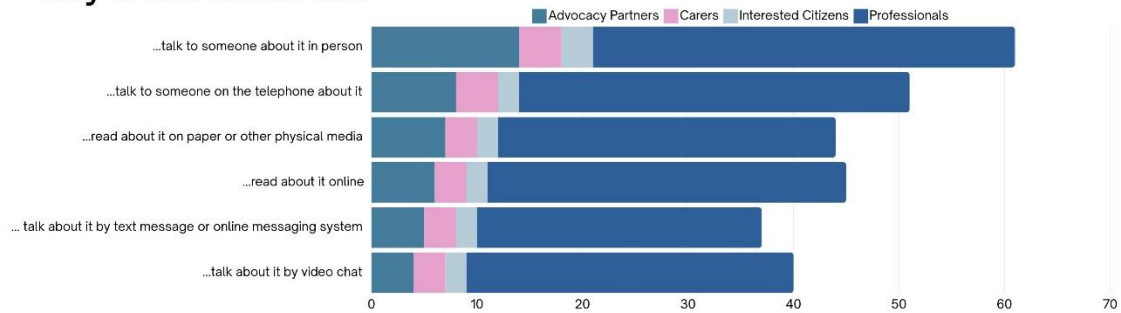
What is the MOST important thing you do you think advocacy should support?

Advocate help people to...



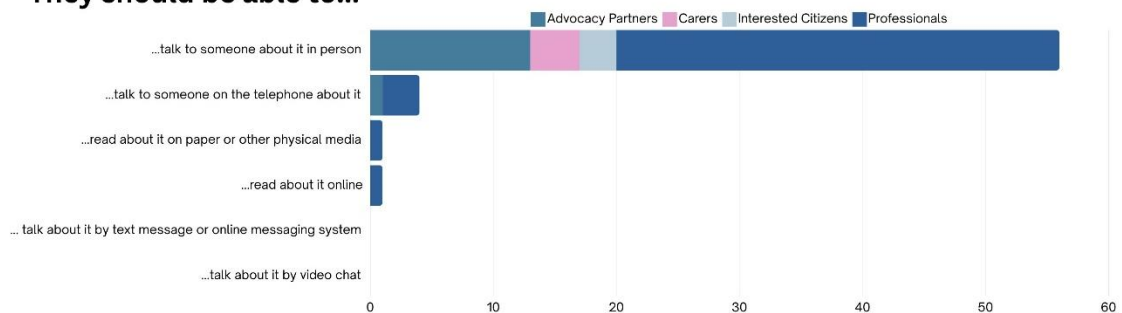
How do you think people should learn about advocacy and their eligibility?

They should be able to...



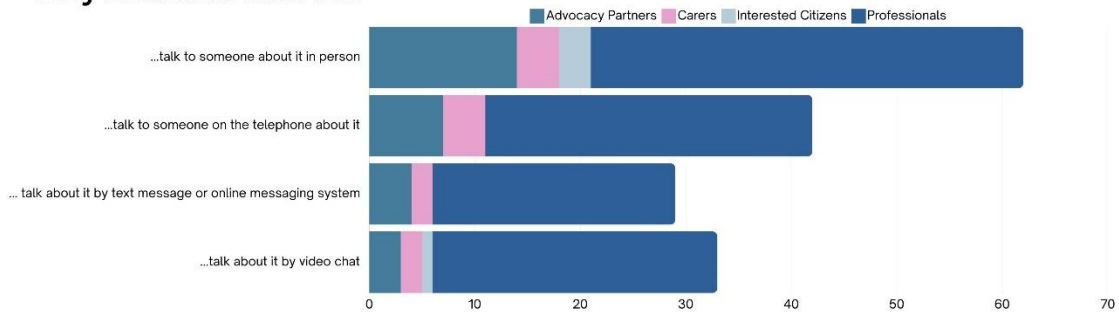
Which way to learn about advocacy is the MOST important?

They should be able to...



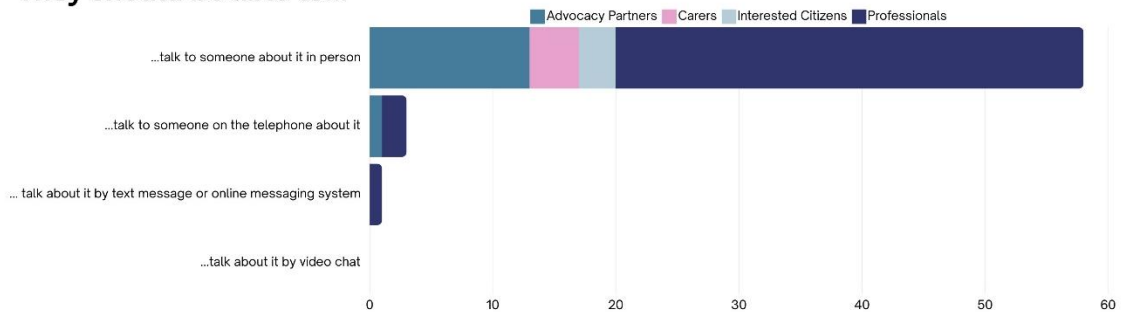
How do you think people should access support and have their advocate learn about their views?

They should be able to...



What is the MOST important way people should be able access support and have their advocate learn about their views?

They should be able to...



EQIA Initial Screening Document

Name of document:			
Type of Document			
Guidance <input type="checkbox"/>	Policy <input checked="" type="checkbox"/>	Procedure <input type="checkbox"/>	Other <input type="checkbox"/>
If other please detail			
Scope			
FV Wide <input checked="" type="checkbox"/>	Service Specific <input type="checkbox"/>	Discipline Specific <input type="checkbox"/>	Other <input type="checkbox"/>
If other please detail			
Is this a new document being EQIA'd			
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Briefly describe the Aims and Objective of the document			
The Model of Care for Independent Advocacy aims to present the information gathered from consultation through a commissioning consortium related independent advocacy services in the Forth Valley for an upcoming tender exercise for advocacy services.			
Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to: <ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations Please indicate your decision below			
<input checked="" type="checkbox"/>	Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed)		
<input type="checkbox"/>	No impact/discrimination identified		

I agree that the details within the enclosed evaluation are a true reflection of the assessment completed and that the above policy/function/service does not have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.



1 May 2025

Equality Impact Assessment Process

Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

Q1: Name of EQIA being completed i.e. name of policy, function etc.

Model of Care for Independent Advocacy

Q1 a; Function Guidance Policy Project Protocol Service
Other, please detail

Q2: What is the scope of this SIA

Service Specific Discipline Specific Other (Please Detail)

Q3: Is this a new development? (see Q1)

Yes No

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Planning & Commissioning

Q6: Main person completing EQIA's contact details

Name:	Katy Allen	Telephone Number:	01786404040
Department:	Planning & Commissioning	Email:	allenk@stirling.gov.uk

Q7: Describe the main aims, objective and intended outcomes

The Model of Care for Independent Advocacy aims to present the information gathered from consultation through a commissioning consortium related independent advocacy services in the Forth Valley for an upcoming tender exercise for advocacy services.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff Service Users Other Please identify ___ Providers, third sector,

independent
sector

(ii) Have they been involved in the development of the function/service development/other?

Yes

No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

A consultation with people with lived and living experiences and with practitioners was undertaken from May to August 2024 that included a survey, focus groups, and interviews, which formed the Independent Advocacy Commissioning Strategy 2024-2027. This informed the commissioning consortium which took place from March to April 2025, which included surveys, in-person, and online events to develop and refresh a Model of Care for independent advocacy provision in the Forth Valley.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

The Independent Advocacy Commissioning Strategy 2024-2027 was approved by the IJB on 2 October 2024, which informed the commissioning consortium and subsequent Model of Care.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	X			Consultation was undertaken with those with lived and living experiences, as well as practitioners, and the following particular protected groups were identified via this consultation: <ul style="list-style-type: none">• young people

				<ul style="list-style-type: none"> • individuals are older vulnerable adults • individuals in the LGBTQIA+ community • individuals with learning disabilities and autism <p>As outlined in the Independent Advocacy Strategy, independent advocacy provision will fulfil all statutory requirements, and therefore, where there is capacity, additional support by advocacy will be provided to these identified protected groups.</p>
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X			Please see above, noting that those currently supported under statutory requirements fall predominantly within mental health.
Gender Reassignment	X			Please see above.
Marriage and Civil partnership	X			Please see above.
Pregnancy and Maternity				
Race/Ethnicity				
Religion/Faith				
Sex/Gender (male/female)				
Sexual orientation	X			Please see above.
Staff (This could include details of staff training completed or required in relation to service delivery)				

Cross cutting issues: Included are some areas for consideration. Please **delete or **add** fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers	X			Please see above.
Homeless				
Language/ Social Origins				
Literacy				
Low income/poverty				

Mental Health Problems	X			Please see above.
Rural Areas				
Armed Services Veterans, Reservists and former Members of the Reserve Forces				
Third Sector				
Independent Sector				

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Q11: Is a detailed EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

This Model of Care is not representing a reduction in the service, so no service users are expected to be negatively affected; instead this Model of Care outlines that where capacity allows, additional services to identified groups may be expanded.

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

**Date EQIA
Completed**

01 / 05 / 2025

**Date of next EQIA
Review**

01 / 05 / 2028

Signature



Print Name

Katy Allen

**Department or
Service**

Planning & Commissioning

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:

fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2025_26/010																																																								
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No																																																								
Approval Date	18 June 2025																																																								
Services / functions covered	All adult health and social care services																																																								
Full text of Direction	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Model of Care for Independent Advocacy as approved by the IJB on 18 June 2025 (including staffing and financial resources).																																																								
List of key stakeholders impacted and any specific engagement and consultation requirements	The Model of Care for Independent Advocacy will apply to Clackmannanshire Council, Stirling Council, and NHS Forth Valley in their role as a partner in the Clackmannanshire and Stirling HSCP, and Falkirk Council, in its role as a commissioning partner to the Clackmannanshire and Stirling HSCP. The Strategic Planning Group was consulted on 4 June 2025.																																																								
Timescale(s) for Delivery	The Model of Care will be delivered by the upcoming contract over the next 2 to 4 years.																																																								
Direction to	Stirling Council, Clackmannanshire Council, NHS Forth Valley																																																								
Link to relevant IJB report(s)																																																									
Budget / finances allocated	<p>The budget for delivery of advocacy services will remain as it currently is (subject to annual uplift) for the life of the current contract. The breakdown of spend between the partners is as follows:</p> <table border="1"> <thead> <tr> <th></th> <th>Percent age</th> <th>2025-26</th> <th>2026-27</th> <th>2027-28</th> <th>2028-29</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>FC</td> <td>33.69%</td> <td>£150,542.42</td> <td>£153,553.27</td> <td>£156,624.33</td> <td>£159,756.82</td> <td></td> </tr> <tr> <td>NHSFV</td> <td>29.43%</td> <td>£131,506.78</td> <td>£134,136.91</td> <td>£136,819.65</td> <td>£139,556.04</td> <td></td> </tr> <tr> <td>SC</td> <td>22.38%</td> <td>£100,004.13</td> <td>£102,004.22</td> <td>£104,044.30</td> <td>£106,125.19</td> <td></td> </tr> <tr> <td>CC</td> <td>14.50%</td> <td>£64,792.67</td> <td>£66,088.52</td> <td>£67,410.29</td> <td>£68,758.50</td> <td></td> </tr> <tr> <td>Total</td> <td>100.00%</td> <td>£446,846.00</td> <td>£455,782.92</td> <td>£464,898.58</td> <td>£474,196.55</td> <td>£1,841,724.05</td> </tr> <tr> <td>ADP</td> <td></td> <td>£ 24,000.00</td> <td>£ 24,000.00</td> <td>£ 24,000.00</td> <td>£ 24,000.00</td> <td></td> </tr> <tr> <td>Potential</td> <td></td> <td>£470,846.00</td> <td>£479,782.92</td> <td>£488,898.58</td> <td>£498,196.55</td> <td>£1,937,724.05</td> </tr> </tbody> </table>		Percent age	2025-26	2026-27	2027-28	2028-29	Total	FC	33.69%	£150,542.42	£153,553.27	£156,624.33	£159,756.82		NHSFV	29.43%	£131,506.78	£134,136.91	£136,819.65	£139,556.04		SC	22.38%	£100,004.13	£102,004.22	£104,044.30	£106,125.19		CC	14.50%	£64,792.67	£66,088.52	£67,410.29	£68,758.50		Total	100.00%	£446,846.00	£455,782.92	£464,898.58	£474,196.55	£1,841,724.05	ADP		£ 24,000.00	£ 24,000.00	£ 24,000.00	£ 24,000.00		Potential		£470,846.00	£479,782.92	£488,898.58	£498,196.55	£1,937,724.05
	Percent age	2025-26	2026-27	2027-28	2028-29	Total																																																			
FC	33.69%	£150,542.42	£153,553.27	£156,624.33	£159,756.82																																																				
NHSFV	29.43%	£131,506.78	£134,136.91	£136,819.65	£139,556.04																																																				
SC	22.38%	£100,004.13	£102,004.22	£104,044.30	£106,125.19																																																				
CC	14.50%	£64,792.67	£66,088.52	£67,410.29	£68,758.50																																																				
Total	100.00%	£446,846.00	£455,782.92	£464,898.58	£474,196.55	£1,841,724.05																																																			
ADP		£ 24,000.00	£ 24,000.00	£ 24,000.00	£ 24,000.00																																																				
Potential		£470,846.00	£479,782.92	£488,898.58	£498,196.55	£1,937,724.05																																																			

Performance Measures	As described in the specification.
Date direction will be reviewed	October 2027

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 12

Supported Housing Best Value Review

For Approval

Paper Approved for Submission by:	Joanna MacDonald, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Katy McBride, Housing, Health and Social Work Research and Policy Officer
Exempt Report	No

Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input checked="" type="checkbox"/>
Stirling Council	<input checked="" type="checkbox"/>
NHS Forth Valley	<input checked="" type="checkbox"/>

Purpose of Report:	The purpose of this report is to present to the IJB Board the findings of the Best Value Review of supported housing arrangements in place across the HSCP.
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the findings of the best value review and the key recommendations as set out in Appendix 1. 2) Agree the actions to be taken forward in the Supported Housing Delivery Plan 2025/26 as set out in Appendix 2. 3) Agree and issue direction as set out in Appendix 3 of this report
-------------------------	--

Key issues and risks:	There is a need to continue progress with the work set out in this paper and obtain a decision with direction to take forward the actions set out in the delivery plan to ensure value for money is being achieved.
------------------------------	---

1. Background

- 1.1. Clackmannanshire and Stirling Specialist Housing Forum (SHF) requested a best value review be undertaken of supported housing arrangements in place across the partnership. Supported housing plays an important role in enabling people with care and support (including housing support) needs to live independently in the community rather than a care home or hospital setting where this is not appropriate.
- 1.2. The SHF consists of senior managers from Clackmannanshire Council Housing, Stirling Council Housing and the HSCP and is chaired by the HSCP's Head of Strategic Planning and Health Improvement. The purpose of the SHF is to agree and progress the joint work required to deliver the IJB Strategic Commissioning Plan and Local Housing Strategies and is support by the Housing, Health and Social work and Research Engagement Officer who commenced with the HSCP in June 2024.
- 1.3. Models of supported housing have developed over a number of decades in response to shifting the balance of care to more community settings. Due to a number of legislative, regulatory and best practice changes, the SHF identified a need to undertake a desk top review of the current arrangements, to provide a base line of provision and ensure best value is being achieved. The final

report detailing the full findings from the best value review along with the delivery plan can be found at Appendix 1 and 2.

- 1.4. It should be noted that the review did not include service user engagement or impact assessments due to the aim of producing a base line of current provision. If a need is identified to change any of the supported housing provisions as part of actions within the delivery plans, future papers will be brought forward seeking IJB direction and will include service user engagement and Equality Impact Assessments (EQIA) if required.

2. Supported Housing Definition and Legislative Context

- 2.1. Supported housing is typically defined as a housing service, where housing, support, and or/care services and supervision are provided to help tenants live as independently as possible within the community. The review has covered the supported housing provision in place for older people, adults with learning disabilities and adults with a mental health condition.
- 2.2. There are three broad types of supported housing however, there can at times be a crossover. For example, people with learning disability or mental health condition may require shorter term housing to help transition to longer term solutions:
 - Retirement, sheltered and extra care provision, for older people who may benefit from living in purpose-designed housing or those with care or support needs
 - short-term or transitional provision for those in crisis, for example, domestic abuse or homelessness
 - long-term provision for those with learning disabilities, long-term physical or mental health conditions
- 2.3. Providers (the landlord) of supported housing can be, local authorities, registered social landlords or housing associations, NHS Boards, charities, third sector/not for profit organisation and private landlords. Supported housing can vary significantly in size and scale, and in some cases the housing provider is also the care and support provider. In most cases the packages of care and support are delivered to tenants by an onsite care and support team based on an individual's needs.
- 2.4. Under the Public Bodies (Joint Working) (Scotland) Act 2014, the assessment of need and provision of housing support is a 'must be' delegated function of the IJB, but only where it is provided in conjunction with personal care. This means the IJB has full responsibility for planning and directing the provision of housing support where it is being delivered alongside personal care, including adults living in supported housing across Clackmannanshire and Stirling.
- 2.5. Self-directed support legislation requires Local Authorities to ensure that people are offered a range of choices about how they receive their social care support. To realise the benefits of group living, models of supported housing have been developed with an onsite team. There is no guidance on the

implementation of SDS and supported housing, however, it is clear that all four SDS options must be available to tenants and individual choice is key. Situations, therefore, can arise where a tenant chooses to receive their social care support from another provider which they have a legal right to do.

3. Considerations and Key Findings

3.1. The best value review commenced in August 2024 and consisted of desk top analysis of information on the provision of supported housing from a number of sources and engagement with approximately twenty housing partners who provide supported housing. This includes provision by both local authorities, NHS Forth Valley, registered social landlords and the third sector/not for profit organisations. The main objectives of the review are to:

- Collate information from Supported Housing Providers, HSCP Finance and HSCP Contracts and Commissioning to quantify the current provision and the cost of the provision to the HSCP.
- Undertake a desk top analysis of the current arrangements in place between the HSCP and housing providers to identify gaps and areas of improvement.
- Produce a report outlining current provision and areas for improvements. The report will provide recommendations with a delivery plan with actions required to deliver and to ensure best value outcomes are being achieved.

3.2. The table below shows there are currently 766 units of supported housing across the partnership with 348 in Clackmannanshire and 418 in Stirling. The majority of the provision at 75% is for Older People (including amenity, retirement, sheltered housing and very sheltered housing), while 21% is for learning disabilities and 4% for people with mental health conditions. The table below also provides a breakdown by client group and council area. The 766 tenancies are provided by a total of 20 housing providers.

3.3.

Supported Housing Provision	Clackmannanshire	Stirling	Total Units	% of Total Units
Older People	260	315	575	75%
Learning Disability	72	87	159	21%
Mental Health	16	16	32	4%
Total	348	418	766	100%

Appendix 1 to this paper provides further detail of current provision by older people, learning disabilities and metal health.

3.4. A number of key themes emerged from the review across all provision as follows.

- The IJB and housing partners need to agree the strategic role of supported housing in meeting priorities and understand impact of policy changes such as SDS and funding challenges including potential changes to HB.

- Access arrangements to supported housing are inconsistent, with historical lease and management agreements in place with housing providers which need renewed in line with the 'must be' delegated functions of the IJB.
- Tenancy management and rent collection processes need to be reviewed to ensure where possible tenancy rights and rent collection is maximised.
- There is potential to review current waking night and sleep over arrangements and consider role of technology in supporting tenants.

3.5. Alongside the above key themes, the review identified a number of areas required to be taken forward with specific housing providers to inform the delivery plan.

- More detailed work is required to understand the current service model for the NHS Community Residential Resources and delivery of best value for tenants and the HSCP. This work is currently in progress.
- The historical housing support arrangements in place for Trust Housing Association developments at Alloa and Stirling need to be reviewed.
- Further dialogue required with Inclusion Scotland and Blackwood Homes and Care to understand current supported housing provision.

3.6. Information gathered from HSCP Finance Officers enabled the analysis of costs charged to IJB delegated budgets for supported housing where the HSCP is currently responsible for voids and housing support costs due to historical arrangements. Analysis of financial information provided shows there was a budget deficit of approximately £148,118pa. Therefore, there is potential to realise savings of just under £150,000 through implementing action to review the historic accommodation-based housing support funding and maximising income through delivery of more effective processes.

4. Conclusions and Recommendations

4.1. The provision of supported housing across the partnership plays an important role in enabling people to live independently in their community. To ensure certainty of best value to the organisations involved, there needs to be improved partnership working and coordination across the supported housing arrangements. Clearer alignment with strategic priorities is also required including joint accountability and oversight of the processes to be followed. This approach will assist in ensuring best value being obtained.

4.2. The findings of the review identified seven key recommendations to be taken forward which are outlined in Appendix 1. The Delivery Plan attached at Appendix 2, details the action required to be taken forward to deliver the recommendations.

5. Appendices

Appendix 1: Clackmannanshire and Stirling Support Housing Best Value Review Report

Appendix 2: Support Housing Best Value Review Delivery Plan

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Financial implications of not delivering the actions within the report are outlined in section 3.5.
Other Resources:	
Legal:	Public Bodies (Joint Working) (Scotland) Act 2014, the assessment of need and provision of housing support is a 'must be' delegated function of the IJB, but only where it is provided in conjunction with personal care. Social Work (Scotland) Act 1968: duty to assess and provide care.
Risk & mitigation:	The risks in the relation to any changes to services recommended as part of best value review final report and delivery plan, subject to approval and direction of the IJB, will be managed with the relevant housing providers.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire and Stirling Supported Housing Best Value Review: 28 May 2025



1. Background and Purpose

Clackmannanshire and Stirling Specialist Housing Forum (SHF) requested a best value review be undertaken of supported housing arrangements in place for adult care groups across the partnership. Supported housing plays an important role in enabling people with care and support needs to live independently in the community rather than a care home or hospital where these are not appropriate.

Models of supported housing have developed over a number of decades in response to shifting the balance of care to more community settings with a range of agreements in place between housing providers and local authorities. Due to legislative, regulatory and best practice changes, the SHF identified a need to undertake a review of the current arrangements, to establish a baseline of current provision and to ensure best value is being achieved.

The purpose of this report is to present the findings of the review and outline recommendations to be taken forward by the HSCP, Clackmannanshire Council and Stirling Council.

2. Context

2.1 Definition of Support Housing

Supported housing is typically defined as a housing services, where housing, support, and or/care services and supervision are provided to help them live as independently as possible within the community. For the purpose of this review the following groups will be considered:

- older people with care or support needs
- individuals with learning disabilities and those with a mental health condition

There are three broad types of supported housing however, there can at times be a crossover. For example, people with learning difficulties or mental health may require shorter term housing to help transition to longer term solutions:

- Retirement, sheltered and extra care provision, for older people who may benefit from living in purpose-designed accommodation or those with care or support needs
- short-term or transitional provision for those in crisis, for example, domestic abuse or homelessness
- long-term provision for those with learning disabilities, long-term physical or mental health conditions

Housing providers of supported housing can be social landlords (local authorities or registered social landlords/housing associations), charities and other voluntary organisation and private landlords and Health Boards. Social landlords in Scotland are regulated by Scottish Housing Regulator, while private landlords are required to be registered with local authority through the Scottish Landlord Registers.

2.2 Supported Housing and Delegated Functions

Under the Public Bodies (Joint Working) (Scotland) Act 2014, the assessment of need and provision of housing support is a ‘must be’ delegated function of the IJB, but only where it is provided in conjunction with personal care. This means the IJB has full responsibility for planning and directing the provision of housing support where it is being delivered alongside personal care, the associated budgets and includes adults living in supported housing across Clackmannanshire and Stirling.

A. Housing – related functions that ‘must be’ delegated		
Act	Section/s	Functions
Social Work (Scotland) Act 1968	Section 12	Assessment of need and provision of social welfare services including residential care, personal care and housing support. (NB: Housing Support is a ‘must’ be delegated function only in so far as it is provided in conjunction with personal care).

[Housing services and integrated health and social care: housing advice note 2015](#)

2.3 Housing Benefit and Commissioning of Support Housing

Some of the costs associated with the provision of supported housing, including rents and services charges, are eligible for housing benefit (HB) with special rules in place for exempt accommodation. This is to protect specialist supported housing provided by not-for-profit organisations from rent restrictions under the maximum rent rules introduced in 1996 and ensured HB could continue to meet rent levels that exceeded a rent officer determination.

New UK legislation was recently introduced through the Supported Housing (Regulatory Oversight) Act 2023, which gives the Secretary of State powers to introduce a new licensing regime for support housing and the power to set National Standards. The UK Government is currently consulting on these measures with the majority only impacting provision in England. However, the consultation includes changes to the HB regulations to seek to define care, support and supervision with the aim to improve the quality and value for money across support housing provision. Officers from the HSCP and supported housing providers will need to keep a close eye on the outcome of the consultation and understand any implications changes will have on current and future provision.

Enhanced Housing Benefit can be paid for most types of supported housing, provided they comply with the exempt accommodation requirements. This is due to the additional support required to meet the housing needs of the tenants, and more intensive housing management and maintenance services associated with supported housing. E.g. tasks routinely carried out by a support worker or scheme manager such as lettings, assistance

with claiming housing benefits, controlling access and facilitating and monitoring site visits from contractors and other visitors and professionals, arranging aids and adaptations, health and safety risk assessment of property, management administration, delivery and facilitation of housing service provided, additional maintenance and service costs.

The provision of care and support service delivered in supported housing is commissioned by individual local authorities and IJBs and is provided by a range of organisations including local authorities, registered social landlords, private companies, voluntary/third sector organisations or health services.

The Scottish Government funds local authorities to provide a range of services, including supported housing, through the annual local government finance settlement. The Clackmannanshire and Stirling Care and Support Flexible Framework can be used to commission care and support and housing support for everyone aged 16 and over and is in place until 2030.

2.4 Recent Best Practice Guidance

The Supported Housing Task and Finish Group, appointed by the Scottish Government and COSLA, published a report in 2024 which charts a new direction to position supported housing more confidently among the range of housing options currently available to people. Although aimed at the provision of supported accommodation for homelessness households, it provides the most recent research on the models of supported accommodation moving forward which has been informed by people with lived experience.

The report recognises that most people can build and live their lives in an ordinary home, but that supported housing should be available for a very small proportion of the population who are unable or don't want to live in mainstream housing. This should be a settled housing option for as long as someone wants it. The research clarifies that people don't want to share a bedroom, bathroom or kitchen, but do want the option of shared spaces. Key recommendations from the evidence-led review include:

- An ideal model of supported housing offering a self-contained home in a smaller-scale setting, with its own bathroom and cooking facilities, easy access to great support, some common space, and consistent quality standards.
- Maximising security of tenure for tenants plus fair funding arrangements to make sure no one is stuck in a life-limiting 'benefit trap' created by high rents.
- Moving to a joint funding and commissioning model between health and social care partnerships and local authorities, to break the 'care group' stigma attached to supported housing's legacy as shared 'homeless' accommodation.

2.5 Self-Directed Support

Self-directed support (SDS) was introduced in Scotland on 1 April 2014 under the Social Care SDS Scotland Act 2013 and means that people in receipt of social care in Scotland have the right to make informed choices about what their support looks like and how it is delivered to meet their personal outcomes. HSCPs are required to ensure that people are

Appendix 1

offered a range of choices about how they receive their social care support. The following options for self-directed support options are available:

1. Option 1: Receive as a direct payment.
2. Option 2: The money is allocated to an organisation chosen by the individual, and the individual has control over how the money is spent
3. Option 3: The individual chooses to have the council spend the money and organise the services for them
4. Option 4: The individual may choose a mixture of these options for different types of support.

To realise the benefits of co - location living, some supported housing models have an onsite team commissioned from one social care provider. There is no guidance on the implementation of SDS and supported housing, however, all four SDS options are available to supported housing tenants and individual choice is key. Situations can arise where a supported housing tenant chooses to receive their social care support from a different provider while remaining in their tenancy which they have a legal right to do.

3. Approach

The best value review commenced in August 2024 and involved a desk top review of qualitative and quantitative information from a number of sources to establish a base line of supported living provision across the HSCP. The review also included engagement with housing partners providing supported housing. The table below outlines the main tasks.

Task	Completion date
1. Collate information on Current Provision through Contracts and Commissioning Team	17.9.2024
2. Review all available contract information and liaise with finance to understand payments	13.12.2024
3. Develop and populate spreadsheet of all current provision and arrangements in place	13.12.2024
4. Meet with all landlord providers of supported housing and engage with relevant assessment teams. Agree action plan with each provider	23.12.2024
5. Identify gaps/issues in provision in relation to statutory and regularly housing and social care requirements	31.1.2025
6. Produce best value review report with recommendations and improvement plan for circulation to the SHF.	31.1.2025

It should be noted that there was no service user engagement included as part of the best value review to avoid the risk of unnecessary uncertainty to vulnerable people. The purpose of the review is to establish a base line of current provision and assess if the arrangements in place were delivering best value in terms of legislative, policy and best practice requirements along with costs to the HSCP. Future engagement with service users and impact assessments will be required if subsequent decisions are made to change any of the current service provision being delivered in Clackmannanshire and Stirling.

4. Existing Provision

There are currently 766 units of supported housing across Clackmannanshire and Stirling with 348 in Clackmannanshire and 418 in Stirling. The majority of the provision at 75% is for older people (includes amenity, retirement, sheltered housing and very sheltered housing), while 21% is for learning disabilities and 4% for people with mental health conditions. The table below provides a breakdown by client group and council area. The 766 tenancies are provided by a total of 20 landlords listed in Appendix 1.

Supported Housing Provision	Clackmannanshire	Stirling	Total Units	% of Total Units
Older People	260	315	575	75%
Learning Disability	72	87	159	21%
Mental Health	16	16	32	4%
Total	348	418	766	100%

4.1 Learning Disabilities Provision

There are ten supported housing providers for learning disabilities across the partnership consisting of a mixture of social rented landlords, private landlords, third sector and NHS Forth Valley with no historic housing support contracts in place. Social housing tenants are provided with occupancy agreements or Scottish Secure Tenancies (SSTs) depending on the agreements in place. The table below provides further detail on the provision.

Landlord	Address	No of Tenancies	Tenancy Type	Findings
Cowane's Trust	Various Stirling	23	Private Residential	<ul style="list-style-type: none"> No formal processes in place for the allocation of houses. Cowane's do not seek void loss. Bield HA manage properties on Cowan's behalf. On site care & support provided by Enable, The Richmond Fellowship (TRFS) & Mears with sleepover/waking nights
Forth HA	Whins of Milton	1	Occupancy	<ul style="list-style-type: none"> Historical lease and management agreements are out of date with Stirling Council who are responsible for the void payments for all tenancies and rent collection Rent amount being collected does not cover invoices with a review of current arrangements required. On site care provided by Enable and TRFS with waking night and sleepovers
	Stirling	2	SST	
	Stirling	4		
	Stirling Bannockburn	14	Occupancy	
Stirling Council	Bannockburn	3	Occupancy	<ul style="list-style-type: none"> Further review of tenancy and rent arrangements required Historic management agreements in place at Torbrex Rd with Social Care responsible for Housing in Multiple Occupation (HMO).
	Stirling	1	Occupancy	
	Stirling	9		

Appendix 1

			Occupancy	<ul style="list-style-type: none"> New processes in place for new tenancies at Raploch with agreement for HSCP to meet voids loss once ready to let.
Rural Stirling HA (RSHA)	Callander Gargunnock Gargunnock Buchlyvie	4 2 3 2	Tbc	<ul style="list-style-type: none"> Management Agreement dated 08-10-2019 needs reviewed No agreement for void loss with RSHA managing the tenancies including rent collection. Further information requested from RSHA with action to follow
Key HA	Bannockburn Sauchie Alloa	5 5 3	SST SST Occupancy	No historical arrangements in place. No further action required
Ark	1 Bedford Court	8	TBC	No historical arrangements in place. Meeting been requested
Blackwood	Stirling	16	TBC	No historical arrangements in place. Information requested on provision
Inclusion Scotland	Alva Tullibody Dollar Alloa	6 6 4 4	TBC	No historical arrangements in place. Information requested on provision
Scottish Autism	Various Clackmannanshire	20	TBC	Properties leased from Ochil View HA and Clackmannanshire Council No historical arrangements in place.
NHS Residential	Stirling Dunblane	8	Private Residential	Work underway with NHS to establish current arrangements and action required. 3 supported accommodation units also located within Falkirk

A summary of the findings from analysis of information collated so far for supported housing for people with learning disabilities is provided below.

Learning Disabilities Key Findings

- ❖ All lease and management arrangements with Forth HA, Rural Stirling HA and Stirling Council are required to be renewed with new arrangements to align with the ‘must be’ delegated housing function of the IJB.
- ❖ A number of tenants have inappropriate tenancy agreements in place when best practice advises that tenancy rights should be maximised.
- ❖ A number of tenants are not being charged the correct rent. There is a need to agree the respective roles of the housing providers and the HSCP in the delivery of supported housing to ensure best value is being achieved.
- ❖ Co-ordination of finding suitable tenants is difficult for adult assessment teams which in turn can cause lengthy delays in finding a suitable tenant when a property is empty.
- ❖ A small number of tenants have no care provider due to refusing the shared contracted care provider and difficulties with finding alternative. Providers need to consider how to deliver supported housing that meets the principles of SDS
- ❖ Need to review the waking night and sleep overs to establish if required and/or if technology can be used to support overnight service
- ❖ Work is required to understand the Community Residential Resources supported housing model delivered by NHS Forth Valley and if best value is being achieved.
- ❖ Further dialogue required with Inclusion Scotland to understand current provision.

4.2 Mental Health Provision

There are 16 supported accommodation tenancies for people with mental health conditions in Stirling and 16 new units being developed at Gaberston House, Alloa in Clackmannanshire. The landlord providers are Forth HA, Wheatley Group and Church of Scotland/Crossreach. Analysis of files and discussion with providers identified there are no historic housing support arrangements in place. The current arrangements are detailed in the table below.

Landlord	Address	No of Units	Tenancy Type	Findings
Forth HA	Stirling Stirling	4 4	SST	One property is an HMO. Management agreement in place July 2013-June 2018. FHA responsible for rent collection, Stirling Council is responsible for void costs.
Wheatley	Stirling	8	Occupancy	Individual Tenancies - care provision in line with individual assessment of need.
Church of Scotland/Crossreach	Gaberston Alloa	16	Will be private tenancies	Temporarily located at Allan Lodge Care Home while construction work to create 16 x individual flats at former Gaberston site is completed. Estimated date of Autumn 2025.

A summary of the key findings from analysis of information collated so far for supported housing for people with learning disabilities is provided below

Key findings

- ❖ No costs are being paid by the HSCP for voids over the last three years which indicates processes are working well with adult assessment teams.
- ❖ Management agreements are needing to be renewed and agreed with Forth HA.
- ❖ Not clear how provision of supported accommodation for mental health is aligned with the principles of SDS.

4.3 Older People Provision

Older people's support housing consists of a variety of models which reflects different levels of care and funding models. These include amenity housing, retirement housing, sheltered housing, very sheltered housing and extra care housing.

Analysis of previous minutes of meetings and relevant files established that in 2014/15 the majority of providers of older people supported housing moved away from accommodation-based provision funded through previous housing support contracts. This was in the main due to the implementation of the SDS Act in 2014, the introduction of the national flexible framework for care and support services in 2016 and new housing benefit rules with some providers revisiting funding models and identifying tasks which are eligible for enhanced housing benefit as described in section 2 above.

There are two supported housing developments, operated by Trust HA at Alloa and Callander, which still receive accommodation-based housing support provision. The table below gives a summary of the finding of the review of the two developments.

Landlord	Address	No of Units	Tenancy Type	Findings
Trust HA	Alloa	38	SST	<ul style="list-style-type: none"> • Housing with Care Service set up in 2010 providing a range of care, support and advice. Services can be offered as required over a 24hr period in tenancies with waking night service in place. • Access to the service and tenancies through Social Work Assessment Team • Nomination rights held by the Council Housing and Social Services Team with the HSCP paying for loss of rental income • No formal housing support contract in place with housing support invoice being paid
Trust HA	Callander	29	SST	<ul style="list-style-type: none"> • A sheltered housing development • No formal housing support contract in place with annual invoice being paid. • On site warden in place

				<ul style="list-style-type: none"> • Stirling Council has a nomination agreement in place with Trust Council.
--	--	--	--	--

A summary of the key findings from analysis of information collated so far for supported housing for older people is provided below.

<p>Older People Key findings</p> <ul style="list-style-type: none"> ❖ There are no historical housing support contracts or management/lease arrangements in place for older people’s supported provision with the exception of two Trust HA developments. ❖ Confusion of understanding of terminology such as ‘nomination’ agreement and where joint working is required to maximise effective and transparent delivery of waiting lists for housing ❖ No formal contract arrangements in place for Trust HA supported housing at Alloa and Stirling with new arrangements needing to be reviewed and agreed. ❖ A need to review the current nomination rights held by Clackmannanshire Council Adult Assessment Team ❖ As part of the development of a new Housing Contribution Statement, need to agree the strategic role of supported housing for older people due to policy changes such as SDS, lower demand for this type of accommodation and funding challenges. ❖ Need to understand housing providers response to meeting the requirements and principles of self-directed support
--

5 Cost Analysis

Information gathered from HSCP Finance Officers enabled the analysis of costs charged to IJB delegated budgets for supported housing where the HSCP is currently responsible for voids and housing support costs due to historical arrangements. Analysis of financial information provided shows there was a budget deficit of approximately £148,118pa. Therefore, there is potential to realise savings of just under £150,000 through implementing action to review the historic accommodation-based housing support funding and maximising income through delivery of more effective processes.

Further savings could be possible through other action such as reviewing the use of waking night service provision and exploring the use of enhanced housing management to meet additional housing costs to providers of supported housing.

6 Proposed Recommendations

For models of supported housing to achieve the best outcomes for tenants and to ensure certainty of best value to the organisations involved there needs to be improved partnership working and coordination across the current arrangements. Clearer alignment with strategic priorities of the respective organisations is required and agreed joint accountability of oversight of the processes to be followed. This approach will assist in best value being

obtained. In particular there needs to be agreement regarding collection of incomes by the organisations, nomination and void processes along with effective oversight of arrangements to access services.

Supported housing has developed over time and current service provision must be aligned with legislative and best practice across Housing, Health and Social Care including:

- Health and Social Care Integration and the Clackmannanshire & Stirling IJB Strategic Commissioning Plan 2023-2033
- Clackmannanshire Councils and Stirling Council Local Housing Strategies
- Self-Directed Support and local assessment processes
- Housing allocations legislation and local policy and procedures
- Housing management legislation and local policy and procedures
- The key findings of the Supported Housing Task and Finish Group 2024

The proposed draft recommendations below require to be considered and approved by members of the SHF. The recommendations would form an action plan with a relevant lead officer from each organisation and timescales for delivery.

Recommendations (to form delivery plan)
➤ Through development of a new Housing Contribution statement (HCS) agree the strategic priorities and role of supported housing for older people, learning disabilities and people with a mental health condition
➤ Develop and agree the governance arrangements for supported housing provision across the partnership including monitoring and reviewing of arrangements
➤ Improve the access arrangements to supported housing and move away from the use of historical leasing arrangements between partners.
➤ Put in place the correct tenancy agreements, rent recovery mechanisms and enhanced housing management recovery for each supported housing development.
➤ Investigate with Trust HA the implications of removing the historic housing support contracts in place at West Lodge Gardens and North Church Street
➤ Review overnight arrangements and explore alternative to support tenants to remain independent such as the opportunities to use technology enabled care.
➤ Agree and coordinate a best value review action plan with Forth HA, Rural Stirling HA, Trust HA, Stirling Council Housing and NHS Community Residential Resources

7 Next Steps

Stage	Timescale
Circulate draft report for feedback from SHF	31 January – 19 March 2025
Finalise Delivery Plan with Specialist Housing Forum	9 April 2025
HSCP Senior Leadership Team - Consultation	9 April 2025
IJB Strategic Planning Group – Consultation	4 June 2025
IJB Board	18 June 2025

Appendix 1: List of Landlord Providers of Supported Housing

Landlord	Mental Health	Learning Disabilities	Older People
Cowane's Trust	0	23	0
Forth Housing Association Ltd	8	22	0
Key Housing Association Ltd	0	13	0
Stirling Council	0	13	26
RSHA	0	11	0
Wheatley	8	0	0
NHS Provision	0	8	0
Ark Housing Association Ltd	0	8	0
Blackwood Homes and Care	0	16	0
Church of Scotland & Crossreach	16	0	0
Community Integrated Care	0	20	0
Inclusion	0	1	0
Scottish Autism	0	20	0
Bield Housing & Care	0	0	102
Blackwood Homes and Care	0	0	4
Cairn Housing Association Ltd	0	0	37
Hanover (Scotland) HA Ltd	0	0	161
Kingdom HA	0	0	60
Trust HA	0	0	185
Total	32	159	575

Best Value Review of Supported Housing

Clackmannanshire and Stirling Health and Social Care Partnership

Delivery Plan April 2025/26

Version	Draft Improvement Plan	
Date	2 nd April 2025	
Responsible Owner	Wendy Forrest, Head of Strategic Planning	
Author	Katy McBride, Housing, Health and Social Work Research and Engagement Officer	
Endorsed by	Clackmannanshire and Stirling IJB	18 June 2025
Endorsed by	Clackmannanshire and Stirling Strategic Planning Group	4 June 2025
Endorsed by	Clackmannanshire and Stirling Senior Leadership Team	9 April 2025
Endorsed by	Specialist Housing Forum	9 April 2025

Appendix 2

In July 2024, the Specialist Housing Forum requested a best value review be undertaken of supported accommodation arrangements in place for adult care groups. Supported housing plays an important role in enabling people with care and support needs to live independently in the community, where appropriate, rather than a care home or hospital.

The best value review commenced in August 2024 and has involved gathering qualitative and quantitative information from housing providers as well as working with colleagues across the HSCP, Clackmannanshire Council, NHS Forth Valley and Stirling Council. The focus of this plan is to deliver actions which will address the recommendations made from the review findings.

Recommendation	Actions	Completion Date
1. Through the new Housing Contribution statement (HCS) agree the strategic role and priorities of support housing for older people, learning disabilities and people with a mental health condition	<ul style="list-style-type: none"> ➤ Partners to agree role of supported housing for each care client group and the action to take forward unmet need through the Strategic Housing Forum and development of the HCS and Local Housing Strategies (LHS). ➤ Supported housing providers and the HSCP to work together to develop and agree models of supported housing which meet SDS principles 	<p>March 2026</p> <p>March 2026</p>
2. Develop and agree governance arrangements between partners for supported housing provision including monitoring and reviewing of provision	<ul style="list-style-type: none"> ➤ Map out current arrangements in place and agree new process aligned to strategic role of each partner agency 	<p>October 2025</p>
3. Improve the access arrangements to supported housing and move away from the use of historical leasing arrangements between partners	<ul style="list-style-type: none"> ➤ Meet with housing providers to develop and renew access arrangements for supported housing ➤ Agree access arrangements for the allocation of supported housing which align to the strategic role of partners. E.g. Specialist Housing Panel 	<p>November 2025</p> <p>November 2025</p>



Appendix 2

<p>4. Put in place the appropriate tenancy agreements, rent recovery mechanisms and enhanced housing management recovery for each supported housing development.</p>	<ul style="list-style-type: none"> ➤ Maximise tenancy security through offering Scottish Secure Tenancies (SST) with Occupancy Agreements only to be used in certain circumstances ➤ Work with adult assessment teams and housing providers to ensure all tenants have appropriate tenancy agreements in place with full rent recovery being achieved. ➤ Partners to agree where enhanced housing management tasks can assist providers deliver supported housing 	<p>July 2025</p> <p>July 2025</p> <p>July 2025</p>
<p>5. Investigate with Trust HA the implications of removing the historic housing support contracts in place at North Church Street and West Lodge Gardens</p>	<ul style="list-style-type: none"> ➤ Review existing arrangements and identify impacts of removing historic housing support arrangements ➤ Map out timeline for removal of historic housing support arrangements including tenant consultation 	<p>April & June 2025</p> <p>April & June 2025</p>
<p>6. Review overnight arrangements and explore alternative to support tenants to remain independent such as the opportunities to use technology enabled care. Just Checking Service at Craighall Court</p>	<ul style="list-style-type: none"> ➤ Identify waking night provision in each of the supported accommodation units and review alternatives ➤ Investigate the use of telecare technology to support people and service provision overnight and during the day 	<p>December 2025</p> <p>December 2025</p>
<p>7. Agree and implement best value review action plan with Forth HA, Rural Stirling HA, Trust HA and Stirling Council Housing and NHS Community Residential Resources</p>	<p>Implement separate action plans with:</p> <ul style="list-style-type: none"> ➤ Trust Housing Association ➤ Stirling Council Housing ➤ Forth Housing Association Action Plan ➤ NHS Forth Valley Action Plan, Community Residential Resources 	<p>Dec 2025</p> <p>Dec 2025</p> <p>Dec 2025</p> <p>Dec 2025</p>



DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2025_26/011
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date	18 June 2025
Services / functions covered	Supported housing provision for older people, learning disabilities and mental health provided across both Clackmannanshire and Stirling Councils.
Full text of Direction	NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the actions as outlined within the Delivery Plan (Appendix 2).
List of key stakeholders impacted and any specific engagement and consultation requirements	All supported housing providers (including Clackmannanshire and Stirling Council Housing, Registered Social Landlords/ Housing Associations, NHS Forth Valley, private sector landlords and third sector/charitable organisations) have provided information to assist with the best value review with action plans being developed to take forward areas of improvement where relevant. Due to this being a desk top review, no service user consultation has been undertaken at this stage but will be required if any potential changes to provision are identified.
Timescale(s) for Delivery	June 2026
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	
Budget / finances allocated	Funding allocated for historic housing support provision of approx. £100K per annum for 2025/26.
Performance Measures	None
Date direction will be reviewed	September 2026

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 13

Draft 2024/25 Year End Financial Report

For Approval

Paper Approved for Submission by:	Joanna MacDonald, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide the Integration Joint Board with an overview of draft financial performance for financial year 2024/25
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the draft outturn based for 2024/25 Financial Year, and that this maybe subject to further change for the reasons set out in the paper. 2) Consider and discuss the content of the paper 3) Note the Economic Outlook and update on 2025/26 Scottish Government policy allocations. 4) Note the impact on statutory accounts production and timetable (Section 3) 5) Note the impact on the 2025/26 Revenue Budget, Delivery Plan and requirement for further financial recovery measures and approve the proposed position set out at section 5.5. 6) Note the narrative on areas of significant variance 7) Note the Transformation and Savings Programme progress (Section 5 and Appendix 1)
-------------------------	---

Key issues and risks:	<p>As forecast throughout the year the draft outturn reflects a material overspend on the partnership budget which could not be fully recovered in year.</p> <p>The recurrent underlying overspend is also a significant risk for the IJB and constituent authorities for 2025/26 which the 25/26 Revenue Budget, 2025/26 to 2027/28 Delivery Plan and Medium-Term Financial Plan aim to mitigate by seeking to bring service delivery back within budget.</p>
------------------------------	--

1. Background

- 1.1. The IJB set a 'technically balanced' revenue budget for 24/25 at its meeting of 27 March 2024. This incorporated a savings requirement of £10.094m with reserves of £3.947m being held to meet the residual financial gap. This exhausted all general reserves meaning that it was critical that savings requirements are delivered in full within the financial year.
- 1.2. As a result of the level of risk associated with the revenue budget the financial resilience risk scoring within the IJBs strategic risk register was increased to 25, the highest possible level.
- 1.3. From discussions with Chief Officers and Chief Finance Officers groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees. To this end we continue to observe and discuss approaches and learning with peer partnerships across Scotland.
- 1.4. Options for financial recovery were presented within papers presented to the IJB in November 2024 although no options presented were projected to fully recover the position. There was no agreement with the constituent authorities to instruct the then Interim Chief Officer to implement many of these and the decisions and directions issued by the IJB at that point were estimated to bring the overspend on the Integrated Budget to £11.456m. The need to continue to pursue all available efforts to reduce the level of overspend as far as possible was strongly emphasised then and efforts have continued over recent months to mitigate the projected overspend as far as possible.
- 1.5. The issues set out in this report echo the key messages across IJBs nationally contained within the Accounts Commission report on Integration Joint Boards' Finance and Performance 2024 published on July 25, 2024, and the IJB Finance Bulletin published on March 6, 2025.

2. Economic Outlook and Update on Scottish Government Allocations

- 2.1. At the time of writing the UK Spending Review of 11 June had just been published.
- 2.2. Whilst there is some UK government commentary regarding impact on Scottish Budget and additional consequential funding in relation to issues such and NHS Spending this should be interpreted with caution.
- 2.3. The Fraser of Allander Institute (FAI) at Strathclyde University have published an analysis comparing the Scottish block grant allocations indicated through the spending review to the central forecast scenario published by the Scottish Fiscal Commission in May 2025. The resource element of this is illustrated below and indicates a tighter fiscal environment than was previously anticipated.

Block grant (£bn)	2025-26	2026-27	2027-28	2028-29
Resource				
SR 2025 allocation	41.5	42.7	43.8	45.0
SFC forecast (May 2025)	41.6	42.9	44.3	45.6
Difference	-0.1	-0.2	-0.5	-0.6

Comparison Scottish Block Grant (Resource) 2025 UK Spending Review vs SFC Forecast: Source Fraser of Allander Institute 11 June 2025

- 2.4. The block grant along with devolved taxes make up the totality of the Scottish Budget and spending decisions on this are made through budget decisions of the Scottish Parliament.
- 2.5. The Scottish Government are due to publish a Medium-Term Financial Strategy imminently covering the next 5 years.
- 2.6. In terms of Scottish Government allocations for the 2025/26 financial year there is a commitment to provide clarity on 80% of allocations sitting out with the baseline in quarter 1. It is anticipated many of these will be confirmed by 13 June including Primary Care Improvement Fund and Enhanced Mental Health Outcomes Framework. It is understood that the Alcohol and Drug Partnership (ADP) allocations will be confirmed in July. Work is ongoing with Scottish Government finance to incorporate these allocations into baseline allocations for future years.

3. Overview of Draft Year End Outturn

- 3.1. For various reasons including vacancies in key finance officer posts, management changes, further analysis required on material movements from projections and systems challenges it has taken significantly longer than planned within the year-end timetable to reach a draft outturn position.
- 3.2. At the time of writing, whilst a draft outturn is presented, we are not yet at the point where all Directors of Finance/ Chief Finance Officers from partners can provide the normal assurances on the year end position. Therefore, the position set out in this report may be subject to further change.

- 3.3. There are implications of this for statutory accounts which are set out in the following section.
- 3.4. The Chief Finance Officer verbally reported to the Special IJB meeting on 2 May that a net overspend in the region of £9m was expected based on best available information at that point in time and to the 21 May IJB meeting that a further improvement from that position was likely. The position reflected in this report reflects that further net improvement.
- 3.5. The draft outturn for financial year 2024/25 on the Integrated Budget, after utilisation of IJB Reserves and further recovery measures, is a net overspend of £7.143m. This means the unresolved financial risk share relating to 2024/25 would be £0.399m on a voting shares basis. It should be noted that voting shares may not be the final agreement between the constituent authorities. At the time of writing 2024/25 risk shares were not fully resolved across the constituent authorities though discussions are ongoing.
- 3.6. There are several key areas or drivers of financial pressure, and these are common with most other areas across Scotland to varying degrees. These are:
- Family Health Services Prescribing Costs and Volumes
 - Unfunded Provision including Beds remaining in system (also referred to as unfunded contingency beds/UCBs) and legacy costs previously covered by covid funding.
 - Temporary Workforce Costs
 - Lack of Traction on Delivery of Efficiency and Savings Programmes
 - Inflationary cost pressures
 - Demand driven increases in volume and complexity of care requirements.
 - Costs of Care Packages transitioning from Children's Services and into Early Adulthood, particularly Learning Disability service users with complex needs.
- 3.7. The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and this is the case for 2024/25 also. The financial pressure for set aside services met by NHS Forth Valley totalled £4.922m.
- 3.8. Members should note that due to a piece of ongoing work to improve data quality and cleansing and therefore financial reporting in the Clackmannanshire arm of the partnership budget it is has not yet been possible to provide the usual integrated financial report summary in this paper. Work is ongoing to rebuild and test the mapping tables to facilitate this and the integrated approach will be reinstated as soon as possible in financial reports during 2025/26. This will be accompanied by reviewing and refreshing periodic data cleansing processes by service management to improve ownership and data quality, which will, in turn improve the quality and accuracy of forecasting.
- 3.9. The reconciliation of Strategic Commissioning Plan budget @ Appendix 2 includes £5.014m of 2024/25 Risk Share funding from NHS Forth Valley which based on the projected outturn at a point in time. As the draft outturn is

materially improved from the position previously assumed NHS Forth Valley's Director of Finance has confirmed he will seek return of any excess funding based on section 8.6.2. of the Integration Scheme.

4. Impact on Statutory Accounts Production and Timetable

- 4.1. The issues set out at section 2 of this report has an impact on the statutory accounts timetable for the IJB.
- 4.2. To this end, the IJB Chief Finance Officer on 6 June 2025 sought and secured the agreement and support of the Finance, Audit and Performance Committee chair on to delay the publication of the unaudited accounts. This is to permit the resolution of outstanding matters and reach a point where all of the constituent authorities Directors of Finance/ Chief Finance Officers can provide the normal assurances on the year-end outturns. It is currently envisaged that this position will be reached by late July. It is therefore proposed that there will be a special meeting of the Finance, Audit and Performance Committee in August 2025 to consider the unaudited accounts.
- 4.3. The Chief Finance Officer will present a more detailed update, proposed revised timetable and report on implications including compliance with the Local Authority Accounts (Scotland) Regulations 2014 to the Finance, Audit and Performance Committee on 25 June.
- 4.4. IJB Members may also wish to note that both Clackmannanshire and Stirling Councils have also delayed publication of unaudited accounts.
- 4.5. The IJB Chief Finance Officer notified the IJBs External Auditors of the above on 9 June 2025 and received acknowledgement from Deloitte LLP on 11 June 2025 and further correspondence on 12 June 2025.

5. Impact on 2025/26 IJB Revenue Budget / Delivery Plan

- 5.1. There has been a significant degree of turbulence in the financial position reflected in the draft year-end outturn within this report, albeit this has resulted in a materially improved outturn from projections.
- 5.2. Whilst there is an element of non-recurring benefit from over accruals, prudent projections and non-recurrent allocations there has also clearly been actions taken to minimise and/or delay expenditure across the services within the Integrated Budget. There has also been lower than projected staffing costs reflecting impact of vacancy controls and delays to recruitment.
- 5.3. The level of turbulence observed has made it challenging to clearly see the impact on the recurrent underlying financial pressure requiring to be addressed through the savings associated within the Delivery Plan approved by the IJB on 2 May.

5.4. It is, though, clear that there is a material net downward trend. As such no specific additional financial recovery measures are presented within this report.

5.5. Instead, the following is proposed:

- Essential, Statutory Social Work and Social Care will continue to be provided using the lens of sections 12A and 12(1) of the Social Work Scotland Act 1968 (duty to assess / duty to provide advice, guidance and assistance)
- Work will continue to embed the implementation of Multidisciplinary Team Meetings per paper 16 presented to the 21 May IJB meeting on a consistent basis across the whole partnership area. We will seek to take stock of the non-financial and financial impacts and assess the likely impact on the partnership budget. Work on modernising and ensuring awareness of operational policies to support embedding good practice will continue at pace including further maturing and embedding Self Directed Support in line with the policy approved in June 2024.
- There will be a continued focus on accelerating progress on the approved Delivery Plan and begin to build the proposals for the 2026/27 IJB Business Case which will then become year 1 of a rolling 3-year delivery plan. Specific progress reports will be brought to the IJB and IJB FAP Committee to ensure oversight.
- Key controls such as vacancy panels and Senior Resource Allocation Group will be maintained to ensure senior scrutiny and oversight of high-tariff packages of care.
- A full review of the emergent financial position and likely impact of the Delivery Plan in the current financial year will be undertaken at months 2 and 3 – this will give the best indication of the true underlying position. It is anticipated that over 80% of Scottish Government allocations will be confirmed by this point which should give as much clarity as possible on budgets at a relatively early point in the financial year.
- Clear communications to HSCP teams on the importance of good budget management and delivering services within budget will continue. The IJB and HSCP will therefore stay in financial recovery mode for the foreseeable future.
- Based on the above the requirement or otherwise for further financial recovery measures to be identified will be assessed this will inform further considerations to be presented to the August and September IJB meetings.
- A further review of reserves balances will be undertaken including review of expenditure commitments to identify any potential non-recurrent support possible in 2025/26.

6. Financial Report / Areas of Material Variance

6.1. The draft outturn position is summarised in the table below.

Clackmannanshire & Stirling Health & Social Care Partnership				
Draft Outturn Summary				
Financial Year 2024-25				
	NHS Forth Valley	Stirling Council	Clackmannanshire Council	Total
	£	£	£	£
Integrated Budget	160,937	55,820	28,853	245,610
Expenditure	165,362	60,132	31,547	257,040
Variance before reserves and further recovery measures	(4,425)	(4,311)	(2,694)	(11,431)
Reserve utilisation per Revenue Budget	1,973	987	987	3,947
	(2,452)	(3,325)	(1,707)	(7,484)
Further recovery measures (MDT) agreed March 2025	171	85	85	341
Net Under/(Overspend)	(2,281)	(3,239)	(1,622)	(7,143)

It can be observed from the table above that in comparison to the projections contained in the report to the March IJB meeting there has been a material overall improvement with improvements in the budget positions delegated to NHS Forth Valley and Clackmannanshire Council and a worsening from the previous position in the budget delegated to Stirling Council, though this may be subject to revision for the reasons set out elsewhere in this paper.

Areas of Material Variance

1. Primary Care Prescribing – Cost associated with drugs and other therapeutics (such as some dressings etc.) prescribed in Primary Care by GPs and other primary care prescribers such as nurse prescribers. This is the most material element of projected overspend in the Integrated Budget.

The reported overspend on Primary Care Prescribing for the year was £7.166m (an improvement from previous projection of £0.240m. This was as a result of additional vaccines funding received from Scottish Government March and matched against vaccine costs in Primary Care. Without this the Prescribing outturn would have been slightly worse than previous projections.

The prescribing position to March 2025 was based on data to January 2025. On a Forth Valley basis Primary Care Prescribing Costs have increased by 4.5% for 2024/25 compared to 2023/24. The volume of items prescribed have increased by 4% for 2024/25 compared to 2023/24.

The average cost of per item prescribed was £11.07 in April 2024 and £10.86 in January 2025 a reduction of 1.9%.

The Primary Care Medicines Resource Group (PC MRG) received a report on the 2024/25 Prescribing Improvement Initiative at its meeting of 12 June. This illustrated annualised savings of £1.192m (on a Forth Valley basis) which has mitigated a degree of the pressure on the prescribing budget.

An initial evaluation of Polypharmacy work both in Care Homes and General Practice is being finalised. It is planned to present to results of this as a 'deep dive' to a future FAP Committee meeting.

2. Residential Social Care including Long Term Care (all care groups) – overspend of £3.805m for the year. This relates to use of placements in Care Homes and an internal residential home. Care Home placements are now in excess of pre Covid levels and an increase was observed across both Clackmannanshire and Stirling. A resource allocation group (RAG) has been implemented to ensure control and monitor appropriateness of placements. However, the net impact observed in year has been minimal, reduction of unfunded contingency beds and reduction of residents in Menstrie House aside.
3. Social Care in Community Settings (including supported housing) (all care groups) – Overspend of £5.700m for the year. This is predominantly Care at Home which, is interdependent with hospital and residential care. Care at home provision has increased considerably across all localities reflecting national and local strategic priorities. Care at home is generally more cost effective than residential care and is, often, the place of choice for service users. The increases in both residential and non-residential provision highlight the level of demand on the Partnership, where there is assessed need there is a statutory duty on both Councils to provide advice, guidance and support. This financial pressure was in part offset by underspends in staffing budgets including reablement.
4. Complex Care – (£0.521m overspend – improvement of £0.038m from previous projection) related to costs associated with patients / service users cared for under complex care arrangements. These are often patients who would have previously required hospital care, and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient.
5. Community Hospitals and Bellfield Centre (£0.469m overspend - improvement of £0.018m from previous projection) - relates to the wards at Clackmannanshire Community Healthcare Centre and Intermediate Care Beds at the Bellfield Centre. These areas experience increases in temporary workforce costs during the past 2 financial years and there have been additional beds open in Bellfield as part of whole systems responses to Covid and system pressures over and above beds run by acute services within the centre. The Bellfield centre is projected to be in monthly balance from hereon in as plans to remove unfunded provision have been enacted with the removal of 24 beds in total across the two sites by 4 October and associated staffing costs, particularly temporary workforce costs are

consequently removed. In relation to CCHC ongoing cost pressures are being experienced due high absence rates and associated temporary workforce costs to ensure safe staffing levels are maintained. Ongoing management action and professional nursing support is in place to assist in mitigating this and recent months data has begun to show improvement on a monthly basis.

6. Across all care groups. Whilst it is difficult to provide empirical evidence there appears to be a significant growth in high tariff complex care packages required for service users. A monthly Senior Resource Allocation Group (SRAG) has been established which scrutinises requests >£52k per annum (or £1000 per week) and considers these for approval in line with assessed need and eligibility criteria. Over time this should provide better evidence of presenting need. Anecdotal evidence from peer partnerships suggests this is being experienced across Scotland.
7. Reablement/Rapid Response Team – (approx. £0.942m underspend for year) This includes underspend on the AHP element of the Rapid Response Team for posts not fully recruited to, the ongoing need for has been reviewed and reflected within the Delivery Plan.
8. GP Out of Hours Service (£0.350m underspend – improvement of £0.041m) – Out of hours primary care services provided on a pan FV basis now hosted by Falkirk partnership. Budget and variance reflect a population-based share, and the variance is predominantly driven by less than full staffing over the year.

9. Set Aside Budget for Large Hospital Services

- 9.1. As has previously been reported, the financial pressures in relation to the Set Aside budget are predominantly related to unfunded contingency beds (UCBs) and associated supplementary staffing costs. The overspend for the year was £4.922m reflecting an improvement from the previous projection of £0.361m.
- 9.2. This ongoing level of overspend is predominantly driven by unfunded contingency bed (UCB) capacity and associated supplementary staffing costs within the system currently and illustrate the financial imperative for effective whole system working to eliminate reliance on these.

10. Transformation and Savings Programme Progress

- 10.1. As detailed above there is a lack of traction to date in delivery of the transformation and savings programme. Integration Authorities financial overview reports highlight this as a theme across Scotland.
- 10.2. An initial assessment of estimated savings delivery is appended to this report as Appendix 1. Based on best information available at £5.643M or 55.9% of the planned transformation and savings programme are estimated to be

achievable in year although this excludes any potential savings from polypharmacy reviews where an initial evaluation of impact of work in 24/25 is being finalised.

- 10.3. To put this in the context of savings delivery in 2023/24 this totalled £2.116m in relation to the Integrated Budget (48% of target).

11. Reserves

- 11.1. The revenue budget approved by the IJB in March 2024 protected all general reserves and repurposed some earmarked reserves in order that a technically balanced budget could be set. These totalled £3.947m are utilised to reach the net position set out within this report.
- 11.2. The reserves position at 31 March 2025 will change further upon finalisation of and assurance on all elements of the 24/25 outturn, agreement of 24/25 Risk Shares and in relation to the issue set out at section 3.9 of this report. There will be a reconciliation of reserves completed as part of the IJBs accounts and full transparency on actual final reserves balances at that date will be provided.
- 11.3. The draft reserves position held by the IJB at 31 March 2025 is £9.939m with no general or contingency reserve balances being held. All £9.939m of reserves are therefore earmarked for specific purposes. £4m of this relates to financial support for the 25/26 Revenue Budget provided by means of an additional payment from NHS Forth Valley. Members should note this will be subject to further change.

The other earmarked reserves levels held on behalf of the IJB by NHS Forth Valley are also higher than previously projected mainly due to timings of allocations from Scottish Government and some previously projected utilisation of reserves in 2024/25 moving into 2025/26. For example, the Primary care pay reserve being utilised to managed risk in relation to the Primary Care Improvement Plan was previously forecast to be fully utilised in 2024/25 however due to staff turnover levels had a year-end balance of £0.385m which will be fully utilised in 2025/26. A draft summary analysis of reserves balances held by each partner and movements in year is appended to this report.

12. Conclusion

- 12.1. This report continues to set out a deeply concerning position both for the IJB and the constituent authorities despite the material improvement in the outturn compared with previous projections. Whilst these issues and pressures are being experienced in partnerships across Scotland we require to continue to focus on sustainable options and solutions on a whole system basis and untap, at pace, the further opportunities to reduce expenditure and bring the budget into balance.
- 12.2. Progressing with plans and approaches to manage these challenges whilst balancing service sustainability and safety requires to be the over-arching

priority for the partnership and constituent authorities over period of the Delivery Plan.

- 12.3. There may require to be further financial recovery considerations to be brought back to the Board for consideration however the priority focus requires to be on full and successful implementation of the transformation programmes and associated financial benefits set out in the Delivery Plan.

13. Appendices

Appendix 1 – Assessment of Transformation and Savings Programme Delivery

Appendix 2 – Reconciliation of Total Strategic Plan Budget

Appendix 3 – 24/25 Directions Log

Appendix 4 – Summary Analysis of Reserves Balances

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	Per body of report.
Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable planning. The financial position and possible implications of risk share has significant risk to the IJB and constituent authority's abilities to meet statutory obligations.
Risk & mitigation:	<p>The IJB is at significant risk of continuing to overspend during 2025/26 based on demand for and cost of services. The revised 2025/26 to 2027/28 Delivery Plan approved by the IJB on 2 May 2025 seeks to mitigate this and bring service delivery within budget'</p> <p>The key financial resilience risk HSC001 is scored 25, the highest possible score, in the IJBs Strategic Risk Register.</p>
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p>

	<p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
--	--

Appendix 1 – Assessment of Savings and Transformation Plan Delivery

Appendix 1 Clackmannanshire and Stirling Health and Social Care Partnership					
Assessment on Transformation Savings Programme 2024/25		Approved Target	Estimated Savings Delivered	Notes/ Commentary	
		£m	£m		
Remove Unfunded Provisions					
Remove Non Recurrent Costs supported by Covid funding					
	Additional Beds and Associated Staffing	1.270	1.270	Bellfield Beds reduced and delivered within budget	
	IT equipment	0.028	0.028	23/24 cost only	
	Agency and Additional Staffing Costs	0.570	0.570		
	PC Rural Vax	0.020	0.020	23/24 cost only	
	LTC Exceptional Demand	0.483	0.483	23/24 cost only	
	CCHC2 Reduce to sustainable bed complement	0.350	0.350	Bed Reduction implemented but cost pressures across CCHC wards relate to maintaining safe staffing driven by high absence rates.	
Right Care Right Time					
	Care at Home Review Team	0.710	0.598	Taken from RCRT reporting. Risk re Clacks progress as no review team staff now in place.	
	RAG for LTC Admissions	1.305	0.168	Minimal traction observable in independent sector. Rural Stirling up 21. Clacks reduction has been in Menstrie House which reflects saving reported.	
	Full and Systematic Implementation of Revised SDS Provision	0.589	0.090	As using equivalency model no observable cost reductions. £0.090m benefit from actions to recover contingency.	
	Review and Reform of LD Services (including SDS implementation)	1.411	0.000	r/f into 25/26 delivery plan	
Primary Care Medicines Optimisation					
	Technical Switches/Formulary Review/ Care Home Prescribing	1.007	0.826	Based on most recent PCMRG report Still to be quantified. Financial and non-financial evidence being gathered as reviews progress. FV evidence to date suggests significant scope but moderate savings as reduced or stopped medicines tend to be lower cost items e.g. Omeprazole. Initial evaluation being completed and finalised by end June.	
	Polypharmacy/ Reducing Medicines Waste	0.702	TBQ		
	Maximising Charging Income	0.300	0.158	Difficult to separate impact from growing activity and application of extant charging policies.	
	Strategic Commissioning Aligned to SCP Priorities	0.068	0.068		
Officer Actions/Grip and Control					
	Rationalisation of CMN roles	0.078	0.078	Complete	
	Deletion of Service Improvement Manager	0.065	0.065	Complete	
	Restructure of Planning and Performance Team	0.026	0.026	Complete	
	Uncommitted Transformation Funding	0.600	0.600	Per Revenue budget	
	Westmarc	0.148	0.000	Longer term work on community equipment will be built into further iterations of 25/26> delivery plan.	
	Public Dental Service	0.051	0.085	Service underspent by 34k year overspend reduced by further £0.038 at year end.Target was to reduce	
	Complex Care	0.309	0.155	overspend.	
	Rapid Team Skill Mix	0.005	0.005	Complete	
	Total	10.095	5.643		
	As % of target		55.9%		

Appendix 2 – Reconciliation of Strategic Commissioning Plan Budget

Clackmannanshire & Stirling Health & Social Care Partnership
 Budget Control
 Financial Year 2024/25
 M12

	NHS Forth Valley	Local Authority	Combined IJB Budget	NHS Set Aside	NHS Non Set Aside	Clackmannanshire Council	Stirling Council
	£m	£m	£m	£m	£m	£m	£m
Original Agreed Budget as per March IJB	173.923	83.461	257.384	32.121	141.802	28.762	54.699
23/24 recurring funding allocations post revenue plan	2.757	-	2.757	0.148	2.609	-	-
Housing funding allocation	-	0.835	0.835	-	-	-	0.835
Opening Budget 24/25	176.680	84.296	260.977	32.269	144.411	28.762	55.534
In Year Funding:							
MH Action 15	0.931	-	0.931	-	0.931	-	-
MH Outcomes Framework	0.356	-	0.356	-	0.356	-	-
AHP Rapid Team (MDT Funding)	0.644	-	0.644	-	0.644	-	-
Alcohol & Drugs Partnership	1.055	-	1.055	-	1.055	-	-
Prescribing Tariff Increase	0.583	-	0.583	-	0.583	-	-
Primary Care Improvement Plan	1.827	-	1.827	-	1.827	-	-
New Drugs And Medicines Fund 2024/25	0.556	-	0.556	0.556	-	-	-
Urgent Care Centre SDEC	0.954	-	0.954	0.954	-	-	-
GMS Enhanced Services 2024/25	0.877	-	0.877	-	0.877	-	-
GMS Uplift 2024/25	2.481	-	2.481	-	2.481	-	-
FHS NCL	1.651	-	1.651	-	1.651	-	-
Shingles Vaccines	0.648	-	0.648	-	0.648	-	-
Emp Pension 24/25 Uplift	0.732	-	0.732	0.355	0.378	-	-
24/25 Medical & Dental Pay Inflation	0.778	-	0.778	0.650	0.128	-	-
A4C Pay Uplift	2.982	-	2.982	1.299	1.682	-	-
District Nurse Posts	0.297	-	0.297	-	0.297	-	-
Band 2>3 Regrading	0.336	-	0.336	0.197	0.139	-	-
Pay Award and SW Regrading	-	0.378	0.378	-	-	0.091	0.287
Delayed Discharge Funding	0.386	-	0.386	0.020	0.366	-	-
NHS FV 24/25 Risk Share	5.014	-	5.014	-	5.014	-	-
Other Funding Allocations	1.639	-	1.639	0.557	1.081	-	-
In Year Funding Total	24.727	0.378	25.105	4.588	20.138	0.091	0.287
Budget Virement:							
Misc. budget adjustments	(0.204)	-	(0.204)	(0.095)	(0.109)	-	-
Budget Virement Total	(0.204)	-	(0.204)	(0.095)	(0.109)	-	-
Reserve Transfers:							
Alcohol & Drugs Partnership	0.165	-	0.165	-	0.165	-	-
Primary Care Improvement Plan	0.566	-	0.566	-	0.566	-	-
Care @ Home Review Team	0.218	-	0.218	-	0.218	-	-
Community Living Change Fund	0.512	-	0.512	-	0.512	-	-
NHS FV 24/25 Risk Share (Partner Excess)	(0.588)	-	(0.588)	-	(0.588)	-	-
Other Earmarked Reserve Use	0.151	-	0.151	-	0.151	-	-
Reserve Transfers Total	1.024	-	1.024	-	1.024	-	-
IJB Budget as at 31 January 2025 (M10)	202.227	84.674	286.901	36.763	165.464	28.853	55.821

Appendix 3 – Directions Log

2024/25 Directions Log

Reference Number	Report Title	Direction to	Text/Summary of Direction	Services / Functions Covered	Date Issued	Status	Link to IJB paper	Most Recent Review	Planned Review Date
CSIJB-2024_25/001	IJB Revenue Budget 2024/25	NHS Forth Valley, Clackmannanshire Council, Stirling Council	Direction of IJB Revenue Budget and incorporated savings	Revenue Budget 2024-25 and Medium Term Financial Outlook	27-Mar-24	Current	IJB-27_03.24-v2.pdf (clacksandstirlinghscp.org)	27-Mar-24	Mar-25
CSIJB-2024_25/002	Palliative and End of Life Care	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their HSCP employees to coordinate and be engaged in the development of this strategic commissioning plan as required and appropriate	All staff and services that are engaged in the planning, commissioning and provision of palliative and end of life care.	27-Mar-24	Current	IJB-27_03.24-v2.pdf (clacksandstirlinghscp.org)	27-Mar-24	Nov-24
CSIJB-2024_25/003	Financial Report	Clackmannanshire Council, Stirling Council	From 8 April 2024 implement the agreed settlement including revised rates for the National Care Home Contract per joint letter from COSLA, Scottish Care and Scotland Excel dated 21 March 24	Care Homes	19-Jun-24	Current	IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)	19-Jun-24	Mar-25
CSIJB-2024_25/004	Self Directed Support Policy	Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Self Directed Support policy as approved by the IJB on 19 June 2024	Adult Social Care Functions	19-Jun-24	Current	IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)	19-Jun-24	Mar-25
CSIJB-2024_25/005	Developing a Mental Health and Wellbeing Strategic Commissioning Plan for Forth Valley	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to lead, coordinate and engage in the development of the MH&W Strategy as required	as listed in direction	19-Jun-24	Current	IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)	19-Jun-24	Mar-25
CSIJB-2024_25/006	ADP Commissioning	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to sustain their current overall financial support of ADP-funded activity and to support their employees to deliver the approach outlined in this paper	Substance Use Services, Primary Care, 3rd sector, C&S Strategic Planning Service	07-Aug-24	Current	Wednesday-7-August-2024.pdf	07-Aug-24	Feb-25
CSIJB-2024_25/007	Commissioning Approach for Dementia (Post Diagnostic Support)	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Model of Care for Dementia	commissioned support for those individuals living with dementia	02-Oct-24	Current	IJB-Meeting-Wednesday-2-Oct	02-Oct-24	Mar-25
CSIJB-2024_25/008	Independent Advocacy Commissioning Plan	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Independent Advocacy Strategic Commissioning Plan	all adult social care services	02-Oct-24	Current	IJB-Meeting-Wednesday-2-Oct	02-Oct-24	Aug-25
CSIJB-2024_25/009	Commissioning a change to the model of long-term care for older adults	NOT APPROVED OR ISSUED		Clackmannanshire and Stirling IJB					
CSIJB-2024_25/010	Implementing the Clacks and Stirling SDS Policy for Adults with Learning Disability	Clackmannanshire Council, Stirling Council	are directed to support their employees within the HSCP to progress the development of proposals that will result in change to the historical commissioning from both Councils for delivery of 2 day centres across the Integration Authority	LD Day Care	20-Nov-24	Current	IJB-Meeting-Wednesday-20-Nov	20-Nov-24	Mar-25
CSIJB-2024_25/011	FV Palliative and End of Life Care Commissioning Plan	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to progress the development of an implementation plan to deliver the strategic commissioning intentions set out in the PEOLC Strategic Commissioning Plan using a commissioning consortium approach with key stakeholders.	Inpatient and Community healthcare provision, Residential and non residential social care support.	20-Nov-24	Current	IJB-Meeting-Wednesday-20-Nov	20-Nov-24	Mar-25
CSIJB-2024_25/012	Financial Recovery Plan	NHS Forth Valley	Pausing on non recurrent basis planned non statutory expenditure in 24/25	Delegated integration functions	20-Nov-24	Current	IJB-Meeting-Wednesday-20-Nov	20-Nov-24	Mar-25
CSIJB-2024_25/013	Financial Recovery Plan	NHS Forth Valley	Utilise non-recurrent flexibility on SG allocation as contribution to projected overspend	Delegated integration functions	20-Nov-24	Current	IJB-Meeting-Wednesday-20-Nov	20-Nov-24	Mar-25
CSIJB-2024_25/014	Financial Recovery Plan	NHS Forth Valley	Non recurrent voluntary staff hours reductions in Psychological Services	Psychological Services	20-Nov-24	Current	IJB-Meeting-Wednesday-20-Nov	20-Nov-24	Mar-25
CSIJB-2024_25/015	Financial Report	NHS Forth Valley	Utilise non-recurrent flexibility on MDT allocations as contribution to projected overspend.	Delegated Integration Functions	26-Mar-25	Current	IJB-Meeting-Wednesday-26-Mar	26-Mar-25	Jun-25

Appendix 4

Summary Analysis of Reserve Balances

Clackmannanshire & Stirling Integration Joint Board
 Financial Year 2024/25
 Reserves Balance Summary
 M12

Constituent Authority	Brought Forward Balance £000	YTD Movement £000	Reserves Balance £000
NHS Forth Valley	6,544	(3,536)	3,008
NHS Forth Valley (current year)		5,926	5,926
Stirling Council	2,953	(1,972)	980
Clackmannanshire Council	366	(341)	25
Total Reserves	9,863	76	9,939

Reserve Category	Brought Forward Balance £000	YTD Movement £000	Reserves Balance £000
General Reserve	2,600	(2,600)	0
25/26 Revenue Budget Support	-	4,000	4,000
Other Earmarked Reserves with expenditure commitments	7,263	(1,324)	5,939
Total Reserves	9,863	76	9,939

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 14

Strategic Risk Register

For Approval

Paper Approved for Submission by:	Joanna MacDonald, Interim Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide the Integration Joint Board to the Strategic Risk Register for consideration and approval.
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider, discuss and comment on the Strategic Risk Register 2) Note the addition of a specific transformation risk, the risks that have been rescored and the reasons for this. 3) Approve the Strategic Risk Register
-------------------------	--

1. Background and Considerations

- 1.2 Given the increasing risk profile across Health and Social Care both locally and nationally from March 2024 the Strategic Risk Register (SRR) is periodically placed as agenda item on the IJBs agenda rather than being an element of performance reporting as was previous practice.
- 1.3 As we mature the Finance, Audit and Performance (FAP) Committee including the scrutiny role the FAP will perform in terms of review of the SRR the SRR will be presented to the IJB after the FAP committees quarterly meeting. For example, the SRR will be presented to the December 2025 FAP Committee meeting for scrutiny and thereafter presented to the January 2026 IJB for approval.
- 1.4 However, as the IJB we last presented with the SRR at the January 25 meeting the SRR has been updated and is presented on today's agenda without having been scrutinised by FAP Committee. It is proposed that the HSCP Senior Leadership Team will further review the SRR prior to the September FAP Committee and the Committee will review and scrutinise the SRR at that point. The SRR will therefore inform the SLT Development Day on 19 June and individual objective setting thereafter.
- 1.5 The SRR has been reviewed and updated by the Chief Finance Officer and the update shared with the HSCP Senior Leadership Team prior to presentation to the IJB.

- 1.6 As previously agreed, where risk scores are increased or decreased this is reflected in the covering paper with an explanation of the reasoning applied.
- 1.7 Further work is required with the constituent authorities to systemise the SRR possibly using Pentana to streamline updates and reporting.
- 1.8 Discussion and comment on the revised SRR from IJB members are welcomed to inform continuous improvement of Risk Management arrangements.

2. Key Changes to Strategic Risk Register including Risks with Changed Risk Scores

2.1 There has previously been discussion in relation to the reflection of transformation risk within the SRR. Whilst there is significant overlap with risk HSC001 the level of change and service transformation reflected within the 3-year Delivery Plan it is proposed that level of risk associated with the transformation programme warrants a specific risk being reflected within the SRR. To this end Risk HSC012 – Transformation and Sustainable Service Delivery has been added.

2.2 Reflecting on previous discussions at the IJB Audit and Risk Committee and IJB Risk HSC002 has been updated to be reflective of

- The current position in relation to the Revised Integration Scheme and Dispute Processes and further considerations to be brought back to Stirling Council in relation to the model of integration.
- The potential risks this may pose to delivery of the Strategic Commissioning Plan priorities and the 3-year Delivery Plan

There is merit, as discussed in January 2025, in splitting this risk into internal (IJB/HSCP) and external (Integration Scheme/constituent authorities) elements going forward. It is proposed that this is considered by the FAP committee in September as part of the review and scrutiny process.

2.3 The risk scores for the following risks have been rescored for the following reasons:

HSC002 – System Leadership and Commitment to Existing Model of Integration. Decision Making and Scrutiny from 12 Medium to 16 High – for reasons set out at section 2.2

HSC006 – Information Management and Governance - from 25 High to 12 Medium – as data sharing agreements are in place and signed

HSC009 – Primary Care Sustainability - from 20 High to 15 Medium – to align with NHS FV and Falkirk IJB assessment of risk

HSC010 – Potential Industrial Action – from 9 Low to 12 Medium to reflect risk re unresolved Local Government Pay for 25/26.

3. Appendices

Appendix 1 - Strategic Risk Register @11062025

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting Empowered People and Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	The risks in relation to finance as incorporated within the Strategic Risk Register.
Other Resources:	As detailed.
Legal:	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has statutory duties regarding budget and securing Best Value.
Risk & mitigation:	The Strategic Risk Register sets out the key strategic risks of the IJB and mitigation and control actions. Regular review of the SRR is a key part of the internal control environment.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

CLACKMANNASHIRE & STIRLING IJB: STRATEGIC RISK REGISTER @ 11062025

Ref	Title	Description	Likelihood	Impact	Risk Score	Impact Category	Risk Appetite	Risk Tolerance	Brief Descriptor - Mitigation/Control Actions	Risk Owner(s)	Manager(s) Responsible	Update/Notes / Direction of Travel
HSC 001	Delivery of Strategic Commissioning Plan within available budget	<p>Risk The risk that delegated integration functions and services cannot be delivered within resources available.</p> <p>Cause Demand for statutorily provided services exceeds ability to deliver within budget and available resources. Cost of delivery of services exceeds provided and available budget. Insufficient funding allocations to the IJB from Partners.</p> <p>Effect Inability to deliver Strategic Plan</p>	<p>Current (5)</p> <p>Target (3)</p>	<p>Current (5)</p> <p>Target (3)</p>	<p>Current (25) High</p> <p>Target (9) Medium</p>	Financial	Cautious We wish to achieve sustainability by spending well, making the most of our resources and achieving statutory financial targets.	Moderate we are prepared to accept variances for a limited period whilst mitigation/recovery plans are implemented.	<ul style="list-style-type: none"> The Integration Scheme details the actions to be taken in the likelihood of projected overspend on integrated budget and what the process should be should recovery measures fail. 3 year Delivery Plan in place, with a range of programmes. identified to support delivery of Strategic Commissioning Plan within allocated budgets Governance / reporting mechanisms for Delivery Plan are in established Financial position monitored on ongoing basis by SLT, IJB FAP Committee, and full IJB. Delivery Plan incorporates Medium Term Financial Plan <ol style="list-style-type: none"> 25/26 Revenue Budget and Delivery Plan approved incorporating risk assessment. (2 May 25) Agreed process for agreement and payment of contract rates including uplifts. (Annually 25/26 complete) Ongoing development of approach to and implementation of directions policy including savings detail at constituent authority level. Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (March 26) Follow integration scheme requirements for recovery plan (Aug 25 if projections indicate required) Development of 26/27 IJB Business Case per Integration Scheme requirement (Sep 25) Development of 26/27 IJB Revenue Budget proposals (Sept 25> March 26) 	Chief Officer	Chief Finance Officer	Revenue Budget and Revised Delivery Plan agreed 2 May Special IJB. Monitoring arrangements being put in place along with performance and activity dashboards.
HSC 002	Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny	<p>Risk The risk there is inadequate commitment to existing model of integration and that governance and assurance arrangements are unable to allow the IJB to discharge its statutory duties.</p> <p>Cause Lack of clarity of role and responsibilities within the IJB, HSCP and Partner Organisations.</p> <p>Effect Poor performance in service provision and financial terms leading to Strategic Plan not being delivered</p>	<p>Current (4)</p> <p>Target (2)</p>	<p>Current (4)</p> <p>Target (4)</p>	<p>Current (16) High</p> <p>Target (8) Low</p>	Compliance	Averse - We are not prepared to take any risk when discussing our regulatory compliance or in delivery of the Strategic Commissioning Plan priorities.	Cautious - We are prepared to take informed risks provided that benefit outweighs the negative outcome.	<p>This risk is intended to cover the relationship between the constituent authorities and the IJB and the Integration Scheme itself which though the legal partnership agreement establishing and governing the IJB is a key governance framework of the constituent authorities as well as the IJB.</p> <ol style="list-style-type: none"> The Integration Scheme sets out roles and responsibilities of the IJB (including statutory officers) and the Partner Organisations. A revised IS has been developed and approved by 2 of the 3 partners. Dispute process now invoked to seek to resolve matters including revised IS. HSCP Performance Review established (June 25) The Standing Orders of the IJB have been reviewed and updated (Nov 24) Routine consideration of proportionate scrutiny arrangements for each constituent authority e.g. local performance report to Clackmannanshire Council Audit and Scrutiny Committee (ongoing). Interim Chief Officer and reviewed and reformed SMLT working arrangements. (June 25) Ensure use of revised directions policy and implement performance monitoring (from March 2024 use - Feb 25 monitoring via FAP Committee) Prepare Annual Governance Statement and present to FAP then Monitor Governance Action Plan (June 2025 and ongoing) Staff communications issued re dispute process including assurance this should not impact day to day operations or focus on delivery plan (June 25 ongoing) Work on ongoing to find solution to lack of functional, effective commissioning service in Clackmannanshire arm of HSCP. (Ongoing) 	Chief Officer / Constituent Authorities Chief Executives	Chief Officer / Constituent Authorities Chief Executives	Proposed Re-title of Risk to Reflect current position re revised Integration Scheme, Dispute and ongoing related considerations.

HSC 003	Delivery of Integrated Performance Framework	<p>Risk The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities.</p> <p>Cause Lack of accurate recording, poor recording and information systems and lack of access to and analysis of available information.</p> <p>Effect Inability to adequately provide reporting and assurance on performance to IJB.</p>	Current (4) Target (1)	Current (4) Target (4)	Current (16) High Target (4) Low	Transformation / Innovation	Moderate - accepting that a greater degree of risk is required to improve outcomes, transform services and ensure VFM.	Open - To allow innovation and initiation and planning for change.	The Integrated Performance Framework is the basis that the IJB has oversight and scrutiny over performance of delegated integration functions. 1. Review and reform of Integrated Performance Framework (IPF) (June 24) 2. Subject to IJB approval work with constituent authorities to implement IPF (from June 2024) 3. Further develop approach to Annual Performance Report including future development of planning and reporting at locality level and benchmarking with 'peer' Health and Social Care Partnerships. (July-Sept 25 and annually) 4. Develop workplan for new FAP Committee to discharge terms of reference including performance remit (Oct 24) 5. Development of performance measures and reporting at locality level. (in place subject to further development) 6. Agree Improvement Plan with NHS FV to address data issues including SMR data and ensure appropriate planning around unscheduled care. (ongoing by March 26)	Chief Officer	Chief Finance Officer and Head of Strategic Planning and Health Improvement
HSC 004	Delivery of Integrated Workforce Plan	<p>Risk The risk that workforce challenges are not adequately managed.</p> <p>Cause Lack of robust workforce planning and failure to appropriately support the integrated workforce.</p> <p>Effect Reduced recruitment and retention and failure to appropriately develop, train and performance manage the integrated workforce.</p>	Current (3) Target (1)	Current (4) Target (3)	Current (12) Medium Target (3) Low	Workforce	Cautious - to support staff to innovate and improve, balancing risk and benefits.	No tolerance set.	The work with the constituent authorities to effectively manage and support the integrated workforce. 1. Ensure inclusive approach to staff engagement at all levels. (Ongoing) 2. Develop multi-disciplinary care pathways and teams. (ongoing) 3. Workforce engagement on transformation programme including practice elements such as SDS. (from March 24) 4. Ensure consistent use of iMatter staff survey platform across the constituent authorities, and the development of reporting infrastructure against HSCP within that system. (from June 25 for new imatter survey) 5. Staff Development and Training Programmes including Mandatory Training. (ongoing but requires commitment and support from constituent authorities) 6. Positively manage relationships with Staff Side/Trade Union representatives. (ongoing) 7. Continue to prioritise and support workforce wellbeing. (Ongoing) 8. Monitor implementation of the approved workforce plan. (May 25 and Annually)	Chief Officer	Heads of Service (x3)
HSC 005	Patient / Service User Experience	<p>Risk The risk that patients/service users have a poor experience of care and/or their personal outcomes are not met.</p> <p>Cause Lack of co-design of services taking account of lived experience, lack of assurance on clinical and care governance standards.</p> <p>Effect Patients/service users personal outcomes are not met. Failure may create additional avoidable demand.</p>	Current (4) Target (2)	Current (4) Target (3)	Current (16) High Target (6) Low	Patient/Service User Harm	Averse - No tolerance but recognition we will have to accept risk that have been reduced as low as possible	No tolerance set.	The work to continually seek patient and service user feedback to inform and improve service delivery. 1. Participation and Engagement Strategy. (In place but requires review - Sept 25) 2. Service user participation in IJB, SPG and Locality Planning Network (In place) 3. Use of Care Opinion (In place) 4. Complaints processes and review of significant events to facilitate learning (in place) 5. Carers Planning Group including Carers representatives (in place) 6. Process and training for EQIAs (In place) 7. Self Directed Support Steering Group including representation from peer support organisations and co-chaired by person with lived experience (in place). 8. Self Directed Support Lived Experience Panel (in place and being developed based on feedback from supported people and their carers). 9. IJB agreed Self Directed Support Policy and associated Directions.(June 2024) 10. Jointly developed new Transitions Policy developed in partnership with people with lived experience (in place). 11. Ensure detailed improvement action plans are put in place and monitored where inspections highlight required improvements.	Chief Officer	Heads of Service (x3)

HSC 006	Information Management and Governance	<p>Risk The risk that Information Management and Governance issues are not adequately managed to support delivery of strategic commissioning plan and information sharing processes, practice and governance is inadequate to support efficient service delivery.</p> <p>Cause Lack of or non adherence to adequate policies, data sharing arrangements and management information systems.</p> <p>Effect Inefficient service delivery, reputational harm and sub optimal performance management.</p>	Current (3) Target (3)	Current (4) Target (3)	Current (12) Medium Target (9) Medium	Compliance	Averse - We are not prepared to take any risk when discussing out regulatory compliance	Cautious - We are prepared to take informed risks provided that benefit outweighs the negative outcome.	<p>The work with the constituent authorities to ensure robust and legal information management and governance arrangements are in place to support integrated service delivery.</p> <p>1. Ensure Data Sharing agreements between constituent authorities are in place, signed and periodically reviewed. 2. Annual Information Governance Assurance Report (Oct 24 and Annually) 3. Awareness raising of respective organisational policies (ongoing) 4. Mandatory training (ongoing monitored through appraisal processes)</p>	Chief Officer	Chair of Data Sharing Partnership / Heads of Service / Standards Officer
HSC 007	Harm to Vulnerable People, Public Protection and Clinical & Professional Care Governance	<p>Risk The risk that clinical and professional care governance arrangements are inconsistently applied and there resultant harm to service users or the general public.</p> <p>Cause Potential for a lack of effective systems of clinical and care governance including assurance.</p> <p>Effect Harm to vulnerable people or general public.</p>	Current (4) Target (1)	Current (4) Target (4)	Current (16) High Target (4) Low	Patient/Service User Harm	Averse - No tolerance but recognition we will have to accept risk that have been reduced as low as possible	No tolerance set.	<p>Through the operational delivery construct of the HSCP we seek to deliver safe and effective services to the partnership population and incorporate clinical and care governance and professional assurance into this as part of the IJBs assurance frameworks.</p> <p>1. Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way (Annually) 2. Clinical and Care Governance Assurance arrangements (Nov 24) 3. Whole system working to minimise delay to discharge arrangements (ongoing) 4. Establishment of Quarterly Clinical and Care Governance Meetings (in place) 5. Further develop linkage with Performance Frameworks (in development) 6. Annual Clinical and Care Governance Assurance Report to IJB (Annually) 7. Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete (October 24) 8. Develop and present improvement plan for Joint Inspection of MH Services (Jan 25)</p>	Chief Officer / Chief Social Work Officers / NHS Forth Valley Medical Director	Heads of Service (x3)
HSC 008	Sustainability of adult placement in external care home and care at home sectors	<p>Risk The risk that providers are not sustainable or oversight arrangements are inadequate.</p> <p>Cause Lack of effective overview or provider failure for financial or other reasons e.g. lack of workforce or inability to control costs.</p> <p>Effect Increased likelihood of statutory sector requiring to step in as 'provider of last resort' / unforeseen increased costs</p>	Current (4) Target (2)	Current (4) Target (2)	Current (16) High Target (4) Low	Financial	Cautious We wish to achieve sustainability by spending well, making the most of our resources and achieving statutory financial targets.	Moderate we are prepared to accept variances for a limited period whilst mitigation/recovery plans are implemented.	<p>The work with provider market to secure safe effective and sustainable service delivery within resources available and achieve best value.</p> <p>1. Provider forums are in place as is a commissioning and monitoring framework. (in place) 2. There is clear regulation and inspection. (in place) 3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) 4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group. (ongoing). 5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence. (in place) 6. Business continuity planning arrangements. (In place – subject to ongoing review) 7. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues. (as required) 8. Caseload review. (ongoing) 9. Care Home Assurance Tool. (ongoing) 10. Ensure consistent and effective approach to appropriately manage Large Scale Investigations. (LSI's) (Ongoing) 11. Engagement in national round table discussions via CO/CFO networks to highlight sector risks and attempt to align responses with other HSCPs.</p>	Chief Officer	Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord

HSC 009	Primary Care Sustainability	<p>Risk The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services (PCIP)</p> <p>Cause Insufficient funding, lack of identification and implementation of sustainable service options, aging workforce and demand for services outstripping supply.</p> <p>Effect GP Practices requiring to be, loss of service provision and resultant impacts on rest of Health and Social Care system.</p>	Current (3) Target (3)	Current (5) Target (3)	Current (15) Medium Target (9) Medium	Transformation / Innovation	<p>Moderate - accepting that a greater degree of risk is required to improve outcomes, transform services and ensure VFM.</p>	<p>Open - To allow innovation and planning for change.</p>	<p>The work with NHS FV and Falkirk IJB to seek to ensure a viable and sustainable Primary Care sector as part of effective service delivery.</p> <ol style="list-style-type: none"> 1. Premises investment priorities identified (in place but subject to review) 2. Primary Care Improvement Plan (PCIP) being delivered proactively and sustainability options being appraised. 3. Support for practices to become training practices (delivered in conjunction with NES) 4. Primary Care Improvement Plan tripartite oversight and review to ensure sustainable (ongoing) 5. GP IT Programme Board established 6. Pan FV Local Sustainability Group in place to advise on sustainability matters (in place) 7. Expansion of community pharmacy services. 8. Alignment with quality clusters and leads to ensure GP practices and MDTs are informed of and involved in quality improvement and assurance. 9. Establishment and monitoring of GP Sustainability data and workload to inform the development of future controls and actions. 	IJB Chief Officers	Head of Primary Care / Associate Medical Director / GP Clinical Leads / Chief Finance Officers	Further review required to fully align with NHS FV and Falkirk IJB articulation and assessment of PC risk.
HSC 010	Potential Industrial Action	<p>Risk The risk that industrial action materially affects service delivery.</p> <p>Cause If one of more sectors of H&SC workforce chooses to take industrial action.</p> <p>Effect Disruption to service delivery, requirement to invoke business continuity plans and potential for unforeseen cost implications.</p>	Current (3) Target (2)	Current (4) Target (3)	Current (12) Medium Target (6) Low	Workforce	<p>Cautious - to support staff to innovate and improve, balancing risk and benefits.</p>	No tolerance set.	<p>The work with constituent authorities and national networks to understand and mitigate the risk of industrial action and potential impact on service delivery.</p> <ol style="list-style-type: none"> 1. Review and ensure business continuity arrangements are up to date and robust (Ongoing) 2. Work closely with constituent authorities to fully understand likely impacts. (Ongoing) 3. Ensure ongoing constructive working relationships with staff side / unions are maintained. (Ongoing) 4. Participate in regional pan FV and local resilience arrangements. (ongoing) 5. Monitor outstanding pay negotiations and likeness of resolution without resort to industrial action. 	Chief Officer	SMLT	Reassessed as Medium risk given outstanding Local Government pay negotiations.
HSC 011	Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety	<p>Risk The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or adequacy of resources.</p> <p>Cause Demand outstripping supply and/or transformation programmes being inadequate.</p> <p>Effect Inability to meet demand, requirement to prioritise and potential not to meet statutory obligations. One or more parts of H&SC system being overwhelmed and loss of public confidence.</p>	Current (5) Target (2)	Current (4) Target (3)	Current (20) High Target (6) Low	Public Confidence	<p>Cautious - for risks impacting on public confidence which flow from informed decision making.</p>	<p>Moderate - we are prepared to operate within a moderate tolerance range for Public Confidence for a defined period while mitigation plans are developed.</p>	<p>The work to continually assess the demand and capacity requirements to deliver safe effective service delivery.</p> <ol style="list-style-type: none"> 1. Ensure Strategic Planning is Based on robust Strategic Needs Assessment (ongoing) 2. Manage positive arrangements with providers through providers forum (Ongoing) 3. Ensure robust data informed annual IJB Business Case is produced. (Jan 25/annually) 4. Use of national networks to articulate and inform future resource requirements (Ongoing) 5. Local capacity and activity monitoring (Weekly) 6. Development of capacity and activity dashboard (April 25) 7. Ensure focus on transformation programme to maximise use of existing resources (Ongoing) 8. Work with constituent authorities to promote partnership as a good place to work. (Ongoing) 	Chief Officer	Heads of Service (x3) / Chief Finance Officer	

HSC 012	Transformation and Sustainable Service Delivery	<p>Risk The risk that the programme of transformational change detailed in the 2025/26 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability.</p> <p>Cause Transformation not delivering estimated financial impact and/or not being deliverable at pace or scale envisaged</p> <p>Effect Overspend or lack of demonstrable progress in Strategic Commissioning Plan priorities and/or National Health and Wellbeing outcomes.</p>	Current (3) Target (2)	Current (5) Target (3)	Current (15) Medium Target (6) Low	Transformation / Innovation	Moderate - accepting that a greater degree of risk is required to improve outcomes, transform services and ensure VFM.	Open - To allow innovation and initiation and planning for change.	<p>The Delivery Plan is the agreed single plan for transformation and modernisation of delivery of delegated integration functions. The plan will be a rolling 3 year plan aligned to SCP priorities and the 9 National Health and Wellbeing Outcomes.</p> <ol style="list-style-type: none"> 1. Development and Approval of Revised Delivery Plan (May 25) 2. Establishment of Project Management capacity (est Aug 25) 3. Establishment of Monitoring Arrangements building on reporting mechanisms developed in 24/25 (July 25) 4. Development of detailed planning and proposals for 26/27 IJB Business Case and update to rolling 3 year Delivery Plan.(sept 25 to March 26) 5. Review of Strategic Commissioning Plan per legislative requirements (Sept 25> March 26) 	Chief Officer / Chief Finance Officer	Heads of Service (x3)/ SMLT	Previous discussions have highlighted that whilst there is crossover with financial sustainability risk the transformation risk has not been adequately reflected in SRR. This risk closely aligns with HSC001 however focuses on the risk that around transformation.
---------	--	--	-------------------------------	-------------------------------	---	-----------------------------	--	--	--	---------------------------------------	-----------------------------	--

Explanation of Scoring:

Likelihood and Impact are scored on a 1-5 Rating. The scores are then multiplied to give an overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.
NOTE: where control measures updated this is highlighted in italics.

Clackmannanshire & Stirling Integration Joint Board

18 June 2025

Agenda Item 15

Review of Meetings

For Approval

Paper Approved for Submission by:	Joanna MacDonald, Interim Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To set out options for the future conduct and governance of the Integration Joint Board.
---------------------------	--

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the contents of this paper 2) Approve the recommendation to release the recording of the meeting and for it to be uploaded the website to improve transparency. 3) Approve the recommendation to publish deputations on the website alongside the papers to ensure transparency. 4) Approve the recommendation to allow the IJB through the Chief Officer or Chief Finance Officer to respond to deputations on behalf of the IJB to ensure transparency and accountability of its decisions and strategic direction with all partner bodies. 5) If these recommendations are approved instruct the Standards Officer to bring back revised Standing Orders and Virtual Meeting Protocol to next IJB in August 2025.
-------------------------	--

Key issues and risks:	
------------------------------	--

1. [Background](#)

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 put in place a requirement for NHS Boards and Local Authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships.
- 1.2. Clackmannanshire and Stirling are the only multi–Local Authority Integration Authority in Scotland.

2. [Protocol for IJB Meetings](#)

- 2.1. In the Summer of 2000, partly as a result of the COVID pandemic, a [protocol for virtual meetings](#) was developed and issued to IJB members.

- 2.2. This protocol is over 4 years old, and it is timely for us to review how the IJB is running and identify opportunities to structure this differently.
- 2.3. As IJB meetings are still operating on a hybrid basis, it would be prudent to retain the protocol for virtual meetings, perhaps with some amendments.

3. Background

- 3.1. Falkirk IJB live stream their meetings and recordings are available for anyone to watch after the meeting and the official record is in the minutes which are published in the papers for the next IJB meeting.
- 3.2. Stirling Council live stream their meetings and recordings are available for anyone to watch after the meeting and the official record is in the minutes which are published in the papers for the next Council meeting.
- 3.3. Clackmannanshire Council issue recordings of their meetings and the official record is in the minutes which are published in the papers for the next Council meeting.
- 3.4. NHS Forth Valley publish the papers for Board meetings online the morning of the meeting and the official record is in the minutes which are published in the papers for the next Board meeting.
- 3.5. The Clackmannanshire and Stirling IJB may wish to consider and approve live streaming the meeting, recording the meeting and publishing the recording on our [website](#).
- 3.6. Non-members of each of the above are welcome at all meetings to observe only. The only caveat to this is if a part of the meeting required to be taken as 'exempt' or 'confidential' items where the public would be excluded from that part of the meeting – those parts wouldn't be webcast or recorded.

4. Options To Be Considered

Release of Recordings

- 4.1. Members should note the meetings are currently recorded for accuracy of minute taking. These are then deleted within 90 days of the meeting.
- 4.2. IJB is asked to approve the recommendation to release the recording of the meeting and for it to be uploaded the [web page](#) to improve transparency. Should IJB members not wish to be on the recording they can either if online turn their camera off or if physically in the meeting position themselves out of the view of the camera.

Deputations

- 4.3. The Integration Joint Board (which has been meeting since 2015 has rarely been in receipt of a deputation. The IJB has always made decisions based on consensus and has on rare occasions called a vote.
- 4.4. There have recently been deputations, and this has posed questions as to the governance of these and what right of response the IJB has to ensure the appropriate legislative requirements are met. Below sets out the options for consideration for how this may be implemented in practice.
- 4.5. IJB is asked to approve the recommendation to allow the IJB through the Chief Officer or Chief Finance Officer to respond to deputations on behalf of the IJB. This will assist in ensuring that the IJB ensures transparency and accountability of its decisions and strategic direction with all partner bodies.

Amendments to Standing Orders

- 4.6. These would require amendments to the [Standing Orders](#) and should the board approve the recommendation, should instruct the Standards Officer to bring back revised Standing Orders to next IJB in August 2025.

Amendments to Virtual Meeting Protocol

- 4.7. The above would require amendments to the [Virtual Meeting Protocol](#) and should the board approve these recommendations, should instruct the Standards Officer to bring back a revised Virtual Meeting Protocol to next IJB in August 2025.

5. [Conclusions](#)

- 5.1. The above recommendations will increase the transparency of the IJB and enable the accountability of its decisions and strategic direction with all partner bodies; whilst ensuring all legislative and statutory requirements are met.

6. [Appendices](#)

None to note

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>

Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	None to note
Other Resources:	None to note
Legal:	None to note
Risk & mitigation:	There is a risk this will create additional work for corporate support, however, to improve transparency this will be absorbed into existing arrangements.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

Recording meetings on Microsoft Teams

Guidance

Introduction

Microsoft Teams (MS Teams) has the functionality to enable staff participating in an online meeting to record the meeting. However, just because we can record meetings does not mean that we should.

All information created and held by NHS Forth Valley needs to be managed. Records should be appropriate, proportionate, and lawful. Once held, they will also be accessible under access to information legislation (e.g. Freedom of Information (Scotland) Act 2002, and Data Protection legislation).

This guidance sets out the various information governance considerations which need to be navigated by services when choosing to record MS Teams meetings. In particular, the guidance addresses the Board's responsibilities under:

- The Public Records (Scotland) Act 2011
- Data protection legislation (including UK-GDPR and Data Protection Act 2018)
- Access to information legislation (Freedom of Information (Scotland) Act 2002; Environmental Information (Scotland) Regulations 2004)
- Access to Health Records Act 1990

This guidance applies to the transcription functionality available in MS Teams.

General considerations

The following scenarios may be considered appropriate for the use of an MS Teams recording (and transcriptions), providing that all the procedures outlined below for the creation, management and disposal of the recording are followed:

- Training events / webinars (particularly if the recording spotlights the presenter so participants are not captured). These types of recordings will still need to be managed and disposed of when no longer required. Storage and accessibility of training recordings made using MS Teams will also need to be considered.
- Meetings where a recording is requested to support the creation of a minute (and deleted once the minute has been approved)
- To support the training of new minute takers. It can be useful to compare the recorded meeting with the notes taken.

However, there are specific scenarios where an MS Teams recording (or indeed other types of recording e.g. audio) should only take place if there is a genuine requirement to do so and the subsequent management of the recording is carefully controlled:

- Where an investigation is required under NHS Scotland employer's Conduct, Bullying and Harassment and Grievance policies and the Capability policy (NHS Scotland Workforce Policies Investigation Process, published 2/5/2022. Available from <https://workforce.nhs.scot/policies/workforce-policies-investigation-process-overview/workforce-policies-investigation-process/>).

The policy allows for meetings to be recorded to support the preparation of notes where all parties have agreed in advance (p.5 of the policy). This recognises that such interviews can be complex and, on occasion, involve multiple participants making notetaking less straightforward. Once completed, notes are sent for approval/ agreement by the relevant parties and returned within 14 days. If there is no feedback received within this timeframe, the notes will be considered a correct record. The Teams recording should be deleted once the 14 days have elapsed.

It will generally not be appropriate to make MS Teams recordings under the following circumstances:

- Staff management meetings such as performance conversations
- Job interviews
- Discussions which share sensitive or special category data about individuals e.g. public protection, clinical interactions.

If a formal record is needed, a minute or action note should be created by someone attending the meeting. However, if recording can be justified, all the procedures outlined below for the creation, management and disposal of the recording must be followed.

Recording: basic principles

Before recording a meeting there are four basic principles which should be considered:

- Is it necessary?
- Who is the intended audience?
- Will the recording form the main or only record of the meeting?
- How will participant's privacy be managed, particularly if people are joining from home.

These are outlined in more detail below:

Necessity

Before recording a meeting, you should consider whether making a recording is necessary. Do not record meetings simply because the functionality is available. Recordings should only be made when there is a clear purpose for doing so.

Most MS Teams meetings, particularly those which facilitate operational discussions between staff, will not require a formal record, and a MS Teams recording will not normally be appropriate to act as a proper record (see Keeping a record below).

If the recording is simply to enable colleagues who were unable to attend to understand what was discussed, consider whether recording the whole meeting is the most efficient way of communicating the information they need. Circulating notes may be quicker and easier for everyone and may avoid having to watch a long recording.

Audience

Think about the intended audience of the recording and how they will access it. There are times when it will be helpful for individuals to watch a recording, e.g. where a training session is delivered. However, everyone will need time to do so. Consider how long the recording will be available to be viewed, and whether it will actually be watched. As above, if people will not have time to access the recording, consider other ways to communicate what they need to know.

Keeping a record

Where a formal record of a meeting is required, identify a minute or note-taker. Do not rely on recording the meeting.

MS Teams recordings are not appropriate to act as an official record which is needed to support a formal or statutory process. This is because formal records will normally require to be retained for long periods in accordance with the Board's [Record Retention Schedule](#). Formal records will also require to be shared and may need to be disclosed under access to information legislation. The format of a MS Teams recording does not readily support these processes.

It is reasonable to record a formal meeting for the purpose of supporting a minute or note-taker to create an accurate record, however, the MS Teams recording should be deleted once the minutes have been drafted.

If you have a skilled minute taker who has created minutes without the support of a recording, check whether a recording is really necessary.

Privacy

As more of us are working from home, it is necessary to consider any potential intrusion recording a MS Teams meeting might have on a participant's privacy. If recording the meeting is necessary, you should provide participants with advance warning so they can ensure that they have taken any steps they consider necessary to manage their privacy in the circumstances. This could include using a corporate background, or keeping their

camera turned off. Advance notice would also enable participants to raise an objection to recording and explore alternatives. Always consider whether participants are likely to feel able to freely engage in a meeting which is being recorded.

This is particularly important when there are external participants invited to the meeting. If a recording is made of the meeting, remember the whole recording will potentially be available and accessible to all the participants, even after guests have left the meeting.

When a meeting is recorded, the following information should be included on the meeting invitation to ensure that participant expectations are managed in advance.

Directorate / Service:	
Information Asset Owner:	
Name of meeting:	
Purpose for recording meeting:	
Audience who will be able to access the recording:	
Storage location of the recording:	
Retention period:	
Role responsible for deleting the recording:	
Contact for further information / enquiries:	

Roles and responsibilities

It is the responsibility of the meeting Chair/organiser to:

- determine whether a meeting should be recorded
- ensure that the above privacy information is provided to participants in advance
- consider and manage any objections to recording which are received
- ensure the recording can be assessed for disclosure should it be requested under access to information legislation.

If different, it is the responsibility of the person taking the recording to:

- ensure the recording is handled in accordance with the stated privacy information shared with participants.

Storage of recordings

A recording made via a MS Teams Channel will automatically be stored within the SharePoint folder for that channel. While there, it will be accessible to everyone who has access to the channel.

Recordings of other meetings will be saved to the OneDrive of the person who started the recording.

The person making the recording must ensure that it is managed in accordance with the privacy information provided to participants.

A MS Teams recording file can be very large. Make sure you have sufficient storage available in OneDrive or SharePoint. Storing very large files for long periods is not usually sustainable.

Retention of recordings

If the recording is only needed for a short time, e.g. to support the creation of draft minutes, it should be deleted when no longer required. Guidance on how to delete recordings is available at <https://staffnet.fv.scot.nhs.uk/learning/learning-resources/microsoft-teams/>

If, having considered the appropriateness of MS Teams recording, it is determined that the recording itself is to stand as the formal record, it must be retained in accordance with the Board's [Record Retention Schedule](#). This will normally require the recording to be moved from an individual's OneDrive to somewhere more accessible and sustainable.

Consult the [Corporate Records Team](#) to ensure records are retained in a manner which can support their longer-term preservation.

Access to recordings

While held, MS Teams recordings can be requested via information access laws. This means that, should the recording be requested under the Freedom of Information (Scotland) Act 2002, or as part of a subject access request (under data protection legislation), it will need to be considered for release.

Like any information captured by an information request, it will be the responsibility of the service to ensure that the information contained in a MS Teams recording can be assessed for disclosure. This may mean creating a transcript so that personal data or any information which is considered exempt from disclosure can be handled in accordance with the legislation.

Disposing of recordings

It is important that any MS Teams recordings that are no longer required are deleted immediately.

If the recording was intended to serve as an official record (replacing formal minutes), it must be retained in accordance with the Board's retention schedules and deleted

appropriately once no longer required. The disposal of all records must be done in accordance with the Records Disposal Policy and the deletion of records formally logged in the Records Destruction/Transfer Register.

Support and advice

Practical guidance, support and advice is available from:

Information Governance Unit	For advice on data protection or freedom of information considerations, including the provision of privacy information and when/how to share recordings. fv.informationgovernance@nhs.scot
Corporate Records Management team	For help with the storage, retention and disposal of recordings. fv.informationgovernance@nhs.scot
Health Record Services Management Team	For advice around the management of health records: fv.recordsmanagementsupport@nhs.scot
For help with using Microsoft Teams	https://staffnet.fv.scot.nhs.uk/learning/learning-resources/microsoft-teams/

Document Control

Date	Author	Change	Version
31/08/2023	SHJ/AC	Drafts, including amendments suggested by BIGG: <ul style="list-style-type: none">• provide scenarios when recording is permissible and how to handle the disposal of such recordings.• Inclusion of guidance relating to transcriptions of MS teams meetings. IGG members queried the use of MS Teams recordings in relation to staff management and specific HR policies. Confirmation from JM (HR Manager) regarding the use of recordings to support Once for Scotland HR policies and processes (p5)	Draft
31/08/2023	SHJ/AC	Approved at BIGG 31/08/2023	1.0
19/09/2023	SHJ/AC	Approved at IGG 19/09/2023	1.0

Strategic Planning Group - Hybrid

Minute of meeting held on 23 April 2025

Name	Position
In Person	
Joanna MacDonald	Interim CO C&S Health & Social Care Partnership (HSCP)
Cllr David Wilson	Integration Joint Board Chair and Chair of Strategic Planning Group (Chair)
Wendy Forrest	Head of Strategic Planning and Health Improvement, Health & Social Care Partnership (HSCP)
Lesley Fulford	Senior Planning Manager HSCP
Julie Morrison	Unison, Stirling Council
Dougie Porteous	Head of Sport Physical Activity and of Inclusion Active Stirling
Mike Evan	Urban Locality Planning Network Chair
Paul Smith	Senior Planning Manager, NHS Forth Valley
Paul Cameron	Head of Community Health & Care, Health & Social Care Partnership (HSCP)
Anne Farrell	Principal Information Analyst HSCP
Hazel Chalk	Short Breaks coordinator
Lorraine Robertson	Chief Nurse C&S HSCP
Karen Garrott- Russell	Engagement Lead Stroke Association
Dr Jennifer Borthwick	Director of Psychological Services, Mental Health & Learning Disability
Teams	
Marjory MacKay	Strathcarron Hospice, NHS Forth Valley
Allan Rennie	Vice Chair, Integration Joint Board
Stephen Clark	Head of Housing, Stirling Council
Linda Riley	Service User Representative
Jennifer Kennedy	Carers Lead Officer, C&S HSCP
Lyndsay Macnair	Thriving Community Engagement Manager, Stirling Council
Jackie Winning	CEX Forth Valley Sensory Centre
Judy Stein	Locality Manager, HSCP
Ewan Murray	Chief Finance Officer, Clackmannanshire & Stirling HSCP
Joanne O'Suilleabhain	Principal Public Health Officer/Keep Well Programme Manager
Laura McKenzie	Operations Manager Falkirk & Clackmannanshire Carers Centre
Katy McBride	Housing, Health and Social Work Policy and Research officer HSCP
Emma Mitchell	SDS Lead Officer, HSCP
Lisa Powell	Planning & Policy Development Manager
Kainde Manji	Depute CEX of SVE Stirling
Simon Jones	Health Improvement Specialist Manager (ADP and Mental Health), HSCP
Anthea Coulter	CTSI Third Sector Interface Clackmannanshire
In attendance	
Margaret Robbie	Minute taker / PA
Apologies	
Hazel Meechan	Public Health, NHS Forth Valley
Hazel Chalk	Short Breaks Co-ordinator, C&S HSCP
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Jennifer Champion	Public Health NHS Forth Valley
Janette Fraser	Head of Planning, NHS Forth Valley
Emma Baird	Public Health NHS FV
Fay Godfrey	Alzheimer Scotland
Jennifer Rezendes	Chief Social Work Officer, Stirling Council

1. Welcome from Chair & Apologies for absence.

Cllr David Wilson welcomed all to the Strategic Planning Group (SPG).

2. Draft Minute of the meeting held on – 12 February 2024 @ 2.pm Hybrid

The note of the meeting held on 12 February 2025 @ 2.00 pm were approved as an accurate record.

3. Action Log & Matters Arising

Action Log picked up via agenda in meeting and updated.

3.1 Matters arising

There were none

4 Budget Position

Ewan Murray, Chief Finance Officer provided an updated on the current position, advising he is currently finalising the revised budget paper for the Special Integration Joint Board (IJB), on 25 April 2025.

This has been a difficult period given that the IJB were not able to agree a deliverable balanced budget at the meeting on 26 March 2025.

For the last few weeks, we have been in uncharted waters around trying to manage risk, service delivery and anxiety from service users, careers staff and local politicians. A lot of effort has gone into managing this. Being in this position has given us a whole host of unintended consequences, there is no route map for dealing with the implications and we are trying to negotiate a route, in terms of how we work and seek authority to continue service provision and work with the constituent authorities. The Partnership will continue to do our utmost to manage this, the longer we remain in this position the more difficult it will become.

We are still not at the point of a balanced budget being presented to the IJB. Both the Chief Officer and the Chief Finance Officer will recommend to the IJB to agree a budget. There is a range of a residual gap between £1.849m and £3.822m that will require a financial recovery plan to be agreed.

It is our view that it would be better on the balance of risk to agree a balanced budget rather than work in the current situation. This will help us to continue to deliver, prepare, issue comms to the public, providers and staff, and reduce the level of anxiety in the system. This will also enable us to focus on our delivery plan.

This is far from an ideal position and we are in difficult territory. We are not alone in this position, but we are at the upper end of Partnerships in terms of financial pressure. The issues we have are mirrored across Scotland.

Allan Rennie noted and recognised the work that both the Chief Officer and Chief Finance Officer have undertaken over the past few weeks and hoped that a resolution would be forthcoming at the special IJB.

5 Performance Report – Social Work Front Door performance initial results *Ann Farrell Principal Analyst*

Wendy Forrest advised the Quarterly Performance Report has just been finalised and will be presented at the Finance, audit and performance group before it goes to the IJB on 26th March 2025, therefore Ann Farrell shared a presentation on Right Care Right Time Front Door Service and provided an update on work undertaken to date.

Ann Farrell advised an important component of redesigning the Adult Social Care Front Door Service are multidisciplinary team (MDT) meetings. On 31 March 2025, the first MDT meeting took place. From the first few weeks of this approach, it is clear there has been a positive impact in terms of efficacy and the value this adds is encouraging. Ultimately, it is about helping teams to manage demand and quickly direct referrals accordingly, showcasing the values of joint and joined up working.

To date, the MDTs have been attended by; social work, community-nursing, reablement/MECs, Allied Health Professionals (AHPs) and staff working with carers and in the Bellfield. This has enabled the pooling of patient/ client information (from across NHS and the two Council systems) to stimulate discussion about who is best placed to proceed with referrals, to ensure care and support is able to be accessed in a more coordinated way

On average we receive 200/250 calls a week in each of the partnership areas. In the first three weeks of the new service, we received 496 in Clackmannanshire and 687 in Stirling SC. Of these 20 cases in CC & 48 for SC were brought to the MDT. The remainder of the calls were either urgent or already know to teams or we were able to signpost.

Further analysis of the initial data and outcomes will be carried out later. We are updating the Standard Operating Process as we go.

Joanna MacDonald advised that over February & March the Senior Leadership Team met with the different professions as to how things worked & how they would like them to work. Staff feel empowered and are able to give a call immediately. We started this on 31 March and has been fantastic to see and a valuable piece of work. Self-directed Support (SdS– is often referred to as the four options but when a person first asks for help a good conversation is required. These things are all integral to the work going forward

Joanne Osuilleabhain who manages the keep well service wanted to highlight that she is working on an older people's health assessment approach. Working closely with older people to consider cognitive/dementia for earlier & preventative support. Looking at the referrals/signposting routes wondered about further cognitive assessment pathways – whether these routes are being considered & strengthened. Happy to discuss offline with others

Wendy Forrest noted that we have the commissioning consortia for dementia, which is about the commissioning of all of this. This is about what do we need to commission to be able to align across all the communities. Significant work is happening across the Partnership. Joanna to share her work with others.

6. Locality Planning - update from *Locality Planning Networks and Locality Plans* *Locality chairs*

Mike Evans advised that there had a been a meeting and is working with SVE. We need to arrange a meeting to take forward locality planning in the whole system.

7. **Mental Health & Wellbeing**

Dr Jennifer Borthwick – Director of Psychological Services, Mental Health & Learning Disabilities, Paul Smith, NHS FV Senior Planning Manager, Lesley Fulford, Senior Planning Manager

Jennifer Borthwick, Paul Smith & Lesley Fulford provided a presentation on Forth Valley's Mental Health & Wellbeing Strategic Plan 2025 – 2035.

The Draft Strategic Commissioning Plan will be going live today, for public engagement. This is a draft plan, and we want to know what everyone thinks.

We have approached this using the Health Care Improvement Scotland strategic planning good practice framework, which has given us the building blocks to work through the process. We need to align with the national MH & Wellbeing and local population health strategy.

We took a multifaceted approach to engagement; some was face to face and over teams and we also used a form with which we captured a lot of feedback. This also gave a lot of data and high-level priority areas. We engaged with locality planning groups, strategic planning group and the workforce-planning group. We also targeted lived experience groups i.e. carers groups. The Draft Plan will go out later today and when we get the engagement feedback, we will add this to the plan. We want to reach as wide an arena as possible.

Discussion followed and the following comments were noted.

- Asphasia is this included? The Stroke Association are willing to help with this
- Poverty issues ensure we acknowledge that.
- Signposting for all mental health/behavioural supports
- Aftercare support required to be factored into the plan
- Will priority be given to funding this?
- Public messaging around what is mental ill health and what is a normal human response to lifestyle
- Early Intervention/prevention
- Cannot just be an NHS focused response – whole range of support to deliver against the plan
- Volunteer & Health Champions – Community link Workers have become embedded working over eight GPs surgeries

Karen Garrot-Russell and Joanne O Osuilleabhain to link with Jennifer Borthwick out with this meeting for specific discussions

8. Commissioning Model Learning Disability – discussion

Dr Jennifer Borthwick – Director of Psychological Services, Mental Health & Learning Disability

Dr Jennifer Borthwick presented this item, which was to update on the progress with the model and service development with the Learning Disability Service

The IJB had approved a plan to deliver a revived model of care for the Learning Disability Services the model. There are several key strands to this work. These are

- Review of Community Residential Resources
- Review of Day Services & Opportunities
- Work around Self-directed Support
- Implementation of the coming home agenda
- Review of specialist inpatient provision
- Improvement Plans for Whins Day Centre & packages of care

The Community Residential Resource provides housing support & care at home in eight properties across Forth Valley: Stirling, Dunblane & Falkirk. At the moment, we have 29 service users with learning disabilities in the shared accommodation, and they receive 24-hour care. This is an unusual arrangement as it is provided by NHS Forth Valley who own the premises and employ the staff and is an active landlord. As part of the wider model of care we need to look at this. We have established a multi-agency steering group, and the work is being undertaken as part of the best value review. This review is almost completed and will report to the Joint Falkirk/Clackmannanshire & Stirling SLT Joint Management Team on 30 April. This will decide whether the service should remain as is, remain with a few tweaks or a completely new model.

Day Services in the Whins (Clacks) and Riverbank (Stirling) looking at that model as has been in place for several years. Opportunities have changed over the years and more & more service users and families are choosing to access community activities. Since covid the occupancy rates of the service users have depleted, and they are using other options. The Whins building has deteriorated and the environment has come in for criticism from recent inspections. There have also been key vacancies in the learning disabilities team although this is improving. The review work will be starting in May.

Coming Home agenda this is a national piece of work aimed at reducing delayed discharges. Scottish Government had provided fixed term funding for this up until March 2025. We had intended to recruit a specialist Multi-Disciplinary Team (MDT) to hear views, but due to the fixed term funding we were unable to achieve that. We did however use the money to provide high level training for staff, which will significantly improve our ability to support service users to live within the least restrictive environment. We have restarted delayed discharge meetings with health & SW representation, and we have safe guarded at-risk placements and put additional staff into support transitions. We are mainstreaming this work, going forward and we have an action plan for this. We have 6 Clackmannanshire & Stirling service users and 33 out of area placements; it is worth noting 17 of the out of area placements are from Falkirk.

Specialist Inpatient Provision, Lochview. This is an 18-bedded unit, but we are currently only operating 15 beds. Looking at several, different options and we will receive some project management to look at all the options

Packages of Care – we direct a lot of resource towards this option. The cost of packages of care over £50,000 for adults with a learning disability. In Clackmannanshire, that costs £4.5m and in Stirling, it is £18.5M. We need to review everyone to ensure that what they are receiving meets their needs. Hope to recruit project management resource to have these reviews carried out.

Wendy Forrest noted that this paper would be going to the IJB in May. This is the time to ask for further scrutiny, does this align to the strategic plan and should this be the direction of travel for these services.

9. Commissioning Model Respite Services

Paul Cameron, Head of Community Health & Care presented this paper.

It is to highlight that this paper will be presented to the IJB in May and follows on from the paper presented to the IJB in March. This relates to the model of care for respite/short breaks. The paper will look at the next steps looking at resources, looking at Ludgate costs/etc. The paper will examine all the issues around Ludgate & transition from that existing model to a new one

10. AOCB

Karen Garrott- Russell advised there is a new calculator sign cardio (for GPs) which gives a person a score for cardio & stroke. Karen to forward to Wendy Forrest, she will ensure our local GPs are advised

Date of Next Meeting – 4 June 2025 @2pm Stirling Council Office, Council Chambers, Old Viewforth, Stirling FK8 2ET

**Minute of the Clackmannanshire & Stirling Joint Staff Forum held on
Thursday 13 February 2025 @ 2pm via Teams**

Present:

Nicola Brodie, Unison Rep, NHS Forth Valley (NB)
Ross Cheape, Head of Service, MH & LD (RCh)
Robert Clark, Employee Director, NHS Forth Valley (RC)
Amie Drysdale, HR Business Partner, Stirling Council (AD)
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP (WF)
Karren Morrison, Unison Forth Valley Health Branch, Branch Secretary (KM)
Julie Morrison, Unison Branch Welfare Officer, Stirling Council (JM)
Joanna MacDonald, Interim Chief Officer C & S HSCP (JMac) Chair
Julie McIlwhaine, HR Manager, NHS Forth valley (JMcl)
David O'Connor, Unison Regional Organiser, Stirling, Clackmannan & Falkirk (DOC)
Terry O'Gorman, Locality Manager, Stirling, HSCP (TOG)
Abigail Robertson, Unison, Stirling Council (AR)
Emma Small, RCN Rep, NHS Forth Valley (ES)

1. Welcome and Introductions

Joanna MacDonald, Interim Chief Officer, was attending the first meeting of this group. Introductions were made and apologies noted. Joanna chaired the meeting and welcomed all. This is a rotating chair between the Chief Officer & Abigail Robertson.

2. Apologies for Absence:

Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)
Paul Cameron, Head of Community Health & Care (PC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Judy Stein, Locality Manager, Stirling, HSCP (JS)
Kelly Higgins, Senior OD Adviser, HSCP (KH)
Lorraine Thomson, UNISON, Stirling, Branch Secretary JTUC (Chair) (LT)

3. Minutes of Previous Meeting 5 December 2024

These were approved as an accurate record and a query regarding below.

Item 12 - Peer Support Promotional Stall - AR was unclear on this item. RC advised that LT had requested that information be sent to AR regarding this and RC will forward the details.

4. Matters Arising

The meeting was queried as being not quorate. MR checked the constitution and advised that the group was quorate. It was agreed that the constitution be sent out and reviewed at the next meeting of this group.

Action- Agenda Item next meeting

5. Budget Update

Joanna MacDonald & Wendy Forrest provided a presentation on the current budget situation.

6. Complaints & Grievance Procedure

TOG gave an update on the multi professional group grievance in Stirling and advised that there are two aspects to this and there will be an appeal coming in around one aspect of the grievance. Secondly this has not prevented us continuing the work underneath. We are looking for nominations from the professional group to have a smaller working group to continue working through the action plan with support from Lisa Woodbridge, Organisational Development, Stirling Council.

Clackmannanshire – We have the social work grievance, which is two years old and the group have agreed to extend to other groups. We also have a pending grievance from Occupational Therapists and an expected one from the Social Care Officers. Looking to draw all together and will make a formal grievance. There will be an Action Plan for that and hopefully we will get nominations from the groups. TOG noted that Kevin McIntyre (Clacks TU) and Lorraine Thomson (Stirling TU) have been helpful to this process.

WF noted that we are seeking to have additional capacity within the Partnership to look at the processes & procedures across the three organisations & seeking to align them with the support of the TU/Staff side and our HR & OD colleagues, so we have a consistent approach. The challenge is we are working across three employers – although the legislation is the same it can be interpreted differently.

RC advised that colleagues from HR & TU had met to look at the principle's document and how it functions. We are receiving evidence that it is not a smooth process, and we are looking elsewhere for a document that is fit for purpose.

AR noted that it is interesting to hear we are going down this route again. We have previously had working groups in the past to look at the grievance process across the Partnership. The biggest challenge for Staff is if they have taken a grievance against a manager who works for a different employer and then how that grievance may be upheld, as both are from different employees. It is important to get to the bottom of that as has been around since the inception of the IJB's. AR would be happy to be involved in this group.

JMAC noted that honorary contracts can cover a lot of these issues.

DOC appreciated the difficulty around this. in terms of how we manage grievance it will be extremely difficult as we have three employers with different T & C's. We have tried partially successfully to manage this as we cannot alter the process. We can, however, alter how we manage things.

7. Joint Inspection Update

JMAC attended the workshop on 17 December. All stakeholders were invited. The findings were really challenging for a number of staff, and it was clear it was not about staff but was around the systems & processes. An Operational Action Plan has gone to all partners & briefings for Elected Members in both Councils and the NHS Board had a briefing & discussion. We have a delivery plan and Joanna & Wendy are meeting with the Care Inspectorate tomorrow and we are working proactively with them. We are looking at good practice across the country and the action plan will be managed & monitored.

JMAC is impressed by the engagement & motivation of staff and fully anticipates that when the Care Inspectorate returns that they will see significant improvement.

NB highlighted that there has been a lot of activity around the inspection process, and this had raised a lot of anxiety among the staff. Since the report has been received there has been no further information for staff delivering the care. Aware there is an action plan but did not think this had been cascaded to the staff. How can we increase comms and make sure the relevant information is given to staff? JMAC noted that this was an area we need to focus on and be more proactive with staff.

8. OD & Wellbeing Verbal Update

Kelly has provided a written report. If there are any questions, we are happy to take back to Kelly
RC advised that he is the co-chair of the NHS wellbeing group, and he advised that they want to link up all the groups and should he contact KH. WF advised that KH could be the rep and noted that we are all responsible for wellbeing.

WF noted that this was positive and asked RC to include the other constituent authorities. RC

advised Fiona Sharples is the lead in NHS and he will get her to contact KH to be the conduit. In Clacks it is Alistair Hay and Stirling, Lisa Woodbridge

9. Strategic Workforce Plan

WF advised that we will take a year to update this plan. We have not been asked by SG to update, although we have stuck to the pillars. We felt it was useful still to report to the IJB which we will do at the next meeting in March.

10. Commissioning Update

WF gave a verbal update and to ask for the support of TU colleagues. We are about to undertake an organisational change process within the commissioning team and make it a Once for Clackmannanshire & Stirling approach. We will be looking at having integrated posts across the system and having one response across both areas for the benefit of our providers and also for the benefit of supported people who may have a direct payment or a commissioned service. We are seeking trade union colleagues to support us working with colleagues & managers around this piece of work. **DOC** noted that early sight of papers would be welcomed.

11. Service Updates

Stirling Locality

No report had been provided, **TOG** gave a verbal update. The Hospital Team Manager vacancy has been filled. We are having issues around attendance, which has been good off late but not so in the last couple of weeks. We have a new emphasis on Wellbeing, at new year there was a real sense of uncertainty. We are looking at how we can improve communication. We are focusing on this as a goal for Team Leaders. Although we have reduced the waiting list it is still unacceptable. Currently looking at right care right time programme, modernising the service to meet our community list.

Clackmannanshire Locality

TOG updated on this area as we have a vacancy in the Locality Manager position. We have two events for social workers across the piste and then other events for other professional groups. We are recognising historic risks that the Councils have run with. For example, Stirling pending list has gone down from 1,300 to 300. Clacks has an urgent call list which is peaking at the moment.

Mental Health, Substance Use & Learning Disability

Ross Cheape updated on this area,

AHP SM post has been advertised and will give a stronger leadership positive

MH Services - Bellsdyke work ongoing and quite well, there is a steering group meeting next week.

There is also work ongoing around the budget.

MHO provision is a concern as we have a relatively small team. We are working on how we make the teams more resilient. This is on the to do list

SUS – There is a workshop pending for the Primary Care plan for this area next week. Unclear of what the changes will look like.

LD - This area is still sitting with Jen Borthwick although there is ongoing work around The Whins & there is an improvement plan. The redesign of how we deliver LD services around the patch.

Sickness Absence - hotspot areas no surprises, a couple of areas on red flag. RCh feels we need to go down the route of a public health approach to this as we know that the people who are off sick are lower grades of staff, more likely to be reliant on public transport etc. In the past month short term sickness has been challenging'

Bed Holding and Community Nursing

A written report was provided by Judy Stein.

12. STANDING ITEM

Health & Safety

Storm 24 January

Nicola Brodie wondered if there had been any opportunity for a debrief learning event around the storm (24 Jan). What is determined to be an essential staff member. Has been hearing lots of stories around staff who were not essential but were expected to come in full teams rather than skeleton staff.

RC advised that he had not heard of any reviews other than looking at the outage at FV Hospital. Planning for adverse weather and believing the weather forecasters we need to be more pro - active. Concerns re staff & patients being asked to come in & then being sent home in the eye of the storm. We need to look at the resilience and what the plans are for adverse weather and other significant events. We need to look at this through our resilience partnerships.

JMac was unclear if there was a review happening but advised that as leaders this can be raised through the partners. There was anxiety from staff re messaging unhappy people who came into work, others stayed at home will they be paid etc. I would like to pay thanks to those staff that were out there. **JMac** was part of IMT for the 3 constituent partners and was massively impressed by all the staff.

KM advised that there was a hot debrief and it seemed to be mainly focused on the acute site. This comes back to culture & communications. Staff on the day were excellent.

HSE Improvement Notice for the Inpatient Unit in Respect of Ligatures

RC advised there is a work plan being completed and this will require significant infrastructure work to be undertaken

Substance Misuse Accommodation

KM highlighted this as a risk. It is entirely unfit for purpose. **RC** advised that this is in Falkirk and it is on the corporate risk register.

Lone working Peoplesafe APP

AR attends the Corporate Lone Working H & S group. There are significant concerns re the lack of use of the peoplesafe app and devices that we have. The H & S lead has checked with other LA's and it seems this is not unusual. Culturally this needs to be addressed. Why are staff not using this, are there barriers. We need to change the culture and find the root because people are not using it.

RC welcomes the lone working discussion. All the employers need to look at this. The NHS has no app and they have community psychiatric nurses, domestics etc working on their own in buildings alone & at night. We need to look at it through the three organisations and use any technology & processes to make sure people are safe.

RCh advised that they have picked up on lone working within MH & LD, thinking more around the community staff and not the building lone working which isn't as common. George Ball is establishing a working group around this which we could then then build up.

TOG advised that in Stirling when he became aware of the low usage, he sent out an email with a view to reviewing in a month. There are issues around draining batteries, coverage etc. In Clacks we have mobile phones but no data.

13. Any Other Business

KM Welcomed Joanna's enthusiasm for working with the trade unions

14. Date of Next Meeting(s)

Thursday 22 May at 2pm