Clackmannanshire & Stirling Health & Social Care Partnership

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **13 August 2025, 2 – 5 pm** in the Stirling Council Chambers, Old Viewforth, Stirling 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 18 June 2025	
5.	Action Log	
6.	Chief Officer Update	Joanna Macdonald **10 mins**

For Decision with Direction

7.	Forth Valley Mental Health and Wellbeing Strategic Plan	Jennifer Borthwick **20 mins**

For Decision without Direction

8.	Monitoring the 2025/26 to 2026/27 Delivery Plan	Ewan Murray/Wendy Forrest **10 mins**
9.	Financial Report	Ewan Murray **15 mins**
10.	Quarter 1 Performance Report	Wendy Forrest **15 mins**
11.	ADP Annual Report	Wendy Forrest **10 mins**

12.	Strategic Risk Register	Ewan Murray **10 mins**
13.	Review of Meetings	Lesley Fulford **10 mins**
14.	IJB Membership	Lesley Fulford **10 mins**

For Consideration and Noting

15. Minute

    Finance, Audit and Performance Committee – 19.02.2025

Date of next meeting

24 September 2025

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on 18 June 2025

For Approval

Approved for Submission by	Ewan Murray, Chief Finance 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 18 June 2025 2 pm – 5 pm, in Clackmannanshire Council Chambers, Kilncraigs, Alloa and hybrid via MS Teams**

PRESENT

Voting Members
Councillor David Wilson **(Chair),** Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Allan Rennie (**Vice Chair),** Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, 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
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
Anthea Coulter, Third Sector Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Lorraine Robertson, Chief Nurse HSCP

Standards Officer
Lesley Fulford, Senior Planning Manager

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Jennifer Borthwick, Director of Psychological Services, Mental Health & Learning Disability
Judy Stein, Interim Head of Community Health and Care
Tom Cowan, Head of Strategic Planning and Transformation, Falkirk HSCP
Louise McCallum, Interim Primary Care Senior Service Manager
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
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Eileen Wallace, Service User Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 21 May 2025

The draft minute of the meeting held on 21 May 2025 was approved.

5. ACTION LOG

The action log was approved.

6. CHIEF OFFICER UPDATE

Ms Macdonald delivered a verbal update to the Integration Joint Board (IJB), announcing key leadership appointments. Judy Stein has been appointed to Interim Head of Health and Community Care, and Claire Roux has been appointed to the role of Allied Health Professional Manager. Recruitment will continue to progress for other important vacant positions.

Following on from the development session, Ms Macdonald wanted to highlight the importance of Right Care Right Time (RCRT). The front door service allows referrals to be directed to the right place at the earliest opportunity, which enables a positive impact for those accessing care and support, as they are directed to the right place early in the process.

The engagement phase for the Mental Health and Wellbeing Strategic Plan has concluded. The final version of the Strategic Plan is now in development and is scheduled to be presented to the Clackmannanshire and Stirling IJB, Falkirk IJB and NHS Forth Valley in August and September 2025. Ms Macdonald acknowledged the work involved with this.

Ms Macdonald also emphasised the significant progress being made in the transformation of social care across Scotland, following the Scottish Parliament's approval of the Care Reform (Scotland) Bill on 10 June 2025. This legislation was co-designed with the input of thousands of individuals with lived experience in social care, social work, and community health services, ensuring that people remain at the heart of reform.

The Bill introduces a range of enhancements to social care; Ms Macdonald highlighted the significance of the legislation. In addition, an advisory board will be established to oversee and accelerate the implementation of reforms, replacing the interim board that first convened in May 2025.

On 13 June 2025, the HSCP held its quarterly performance review with the Chief Executives of all three partner organisations. The meeting reflected a strong commitment to collaboration and a clear recognition of the valuable work the HSCP is striving to achieve.

Finally, Ms Macdonald invited the IJB to join her in congratulating Helen Macguire, Service User Representative, Clackmannanshire, who received the Improving Health and Wellbeing Volunteer of the Year Award. Helen was honoured for her valuable contributions as a patient representative on the IJB and previously for the hospital.

7. MODERNISING THE APPROACH TO RESIDENTIAL RESPITE PROVISION

The IJB considered the paper presented by Judy Stein, Interim Head of Community Health and Care

In March 2025, the IJB approved the Short Breaks Services Statement for the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP). Ms Stein noted that, in alignment with this statement and Self-Directed Support (SDS) legislation, there is a need to review and modernise current respite services. The paper focused solely on services for older adults, considerations for Mental Health and Learning Disabilities residential respite will be addressed through their respective transformation programmes.

The paper outlined the 2024/25 costs for residential respite, based on the National Care Home Contract rate.

Ms Stein reported the establishment of a multi-disciplinary working group to develop a revised model for residential respite care. The objective is to ensure the new model is fully aligned with current policy and legislative requirements, including SDS, carer support frameworks, and the principles of choice and control for service users. The group will undertake engagement with key stakeholders, including staff and Trade Union representatives, and will initiate a structured consultation process with service users and their families.

This work will inform the development of a proposal to be presented to the IJB in September for decision with Direction. Ms Macdonald and Mr

Murray acknowledged that further options should be explored to support this aim.

Mr Fairbairn requested clarification on whether the paper was presented for noting or for approval. In response, Ms Macdonald advised that the purpose of the paper was for the Board to note the current residential respite provision and to endorse the proposed direction of travel. She confirmed that no decisions regarding changes to service provision were being sought at this stage.

The Board acknowledged the importance of ensuring that families and service users are clearly informed about the transition process to residential care. It was agreed that communications should be supportive and transparent to help individuals feel comfortable and confident in decisions regarding their care. The Board also recognised the need to improve awareness and understanding of the short breaks policy among those it is intended to support.

Mr Murray noted that the options appraisal process required to incorporate an evaluation of the overall viability of the facility, taking into account whether alternative models of care could more effectively meet the needs within the HSCP area. He emphasised that maintaining clear and ongoing communication with residents and staff would be a priority, to ensure that service users remain well supported throughout the process**.**

The Integration Joint Board:

1. **Noted the current residential respite provision within Clackmannanshire and Stirling HSCP.**
2. **Agreed 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.**

8. PRIMARY CARE GP SUSTAINABILITY UPDATE

The IJB considered the paper presented by Tom Cowan, Head of Strategic Planning and Transformation, Falkirk HSCP with support from Ms McCallum, Interim Primary Care Senior Service Manager.

In October 2022, the responsibility for strategic planning and operational management of Primary Care including GP Out of Hours and Urgent Care Services was transferred to the Falkirk IJB. This change applied to both the Clackmannanshire & Stirling IJB and the Falkirk IJB. The transition was finalised in February 2023. Mr Cowan acknowledged that there had been some concerns regarding governance arrangements, as well as ongoing challenges in primary care, particularly around efforts to ensure long-term sustainability.

The paper was a result of this work and Mr Cowan provided an overview of this and some of the current risk mitigation elements that sit around primary care.

Mr Cowan explained that the sustainability of the current model for delivering Primary Care services to all citizens is heavily dependent on the continued availability and accessibility of GP Practices. He emphasised that any risks to patient care, both in terms of availability and quality, are closely tied to this access. He also outlined the key service objectives and highlighted the progress being made to enhance the patient journey and overall experience.

The Board discussed the pressures arising from new housing developments, population growth, and the increasing demands of an ageing population. Mr Stuart enquired about the progress of Consultant Connect, a service that could help alleviate pressure on GPs. Ms McCallum confirmed that the initiative is transitioning from its pilot phase to a broader rollout. She also emphasised the importance of expanding access to digital health solutions and educating the public on alternative ways to seek support for their health and wellbeing.

Following discussion, Mr Cowan agreed that it would be beneficial to provide an overview of the work carried out under the Primary Care Improvement Plan (PCIP) over the past few years. This would include key achievements and feedback related to the transfer of services from GP practices to community hubs or acute hospitals.

As the paper has been in progress for a number of years, the Board agreed that it would be good to expand this further into a joint development session with Falkirk IJB.

The Integration Joint Board:

1. **Noted the report and the recommendations below.**
2. **Noted the challenges to sustainability for GP Practices across Forth Valley.**
3. **Considered the actions being taken to support GP Practices**
4. **Discussed the activity to clarify and mitigate the risks within Primary Care in the assurance section.**

9. PROPOSED DELIVERY PLAN FOR DEMENTIA

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

Work has been underway for several months in collaboration with the Dementia Commissioning Consortium. Ms Forrest noted that this approach was endorsed by the IJB to ensure that commissioning practices reflect ethical principles and values, while also guaranteeing that everyone has a say in shaping the delivery of care and support.

The proposed care and support model is based on a Hub and Spoke approach, reflecting the range and interconnection of services available to individuals living with dementia. Ms Forrest outlined the function of a community hub, which

would be accessible to those seeking care, support, and treatment, and would also facilitate peer support through opportunities to connect with others facing similar challenges.

The proposed delivery plan describes an offer of integrated care across acute, primary care and community services including third and independent sector services. Ms Forrest requested that the Board consider the approach for other Commissioning Consortia as there is a risk regarding inconsistency, based on care/client group, should this paper not be agreed. The risk would be by not continuing to deliver in an integrated way, there is a risk of not being able to even maintain care going forward.

Following the discussion, Ms Forrest agreed that the Direction will be revised to clearly include how the financial breakdown has been described within this context. Regarding any organisational change, Ms. Forrest confirmed that discussions with staff cannot begin until the Board has approved the delivery model.

The proposed delivery model includes a reallocation of resources, which brings with it some strategic considerations. Ms. Forrest emphasized the importance of being transparent about these and expressed confidence that, overall, the approach aligns with our strategic objectives. Clinical leaders have endorsed the model, recognising the added value of time spent within the hub structure.

The Integration Joint Board:

1. **Approved a Hub and Spoke model to be the delivery mechanism in line with the delivery model (appendix 1).**
2. **Approved the implementation of the next steps and the outlined need for organisational change in order to establish the model of delivery.**
3. **Agreed the steps outlined in section 4.**
4. **Issued the Direction as set out in Appendix 3, subject to the addition of budget/financial information being included.**

10. PALLIATIVE AND END OF LIFE CARE COMMISSIONING APPROACH

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

This paper follows the one presented to the IJB on 20 November 2024, which included the Forth Valley Palliative and End of Life Care Strategic Commissioning Plan. Ms Forrest confirmed that the current paper provides an update on progress since the IJB endorsed the use of a Commissioning Consortium approach across the area.

Ms Forrest emphasised that the focus remains on meeting the needs of individuals across Forth Valley, enabling them to experience a dignified death, including those choosing to die at home. Collaboration with independent sector partners, particularly in nursing care homes, is central to identifying specific

needs, including training for staff. A key element of the Commissioning Consortium is ensuring that all staff are confident and well-trained in delivering palliative and end of life care. With effective death plans in place, more individuals will be supported to die at home if they choose to. Ms Forrest wanted it noted that Hospice colleagues have played a vital role in shaping the new model of care delivery.

The paper reflects months of dialogue and analysis, particularly around financial considerations, with active involvement from third sector partners.

Ongoing efforts aim to ensure that appropriate training is in place to support the transformation of services, with strong collaboration from primary care, acute services, and hospice teams. Ms Forrest highlighted that individuals who do not access inpatient beds will continue to receive hospice support, ensuring that plans are in place to facilitate a dignified death at home.

Ms Forrest advised that, as the contractual arrangements are newly established, implementation will take time. The Board will receive ongoing updates to ensure investment is directed appropriately.

Following the discussion, Ms Forrest and Mr Murray agreed that the Direction should be updated to explicitly include the relevant financial information.

The Integration Joint Board:

1. **Noted the contents of the report.**
2. **Approved the commissioning approach laid out in the paper.**
3. **Approved the need to undertake a review of all existing contractual arrangements.**
4. **Approved the proposed Model of Care which will be used as a basis for commissioning (outlined in Appendix 1)**
5. **Issued the Direction as set out in Appendix III, subject to the addition of budget/financial information being included.**

11. COMMISSIONING OF INDEPENDENT ADVOCACY SERVICES

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

Ms Forrest explained that 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.

A review of the current advocacy provision is required due to a shift in policy direction including in the implementation of the Medically Assisted Standards for treatment relating to substance use.

Ms Forrest confirmed the importance of building capacity within the advocacy service to ensure individuals have meaningful choices about the level of

advocacy available to them. This includes access to statutory independent advocacy, as outlined in legislation. Ongoing work has focused on public consultation to better understand the needs and demands within communities for advocacy services provided by the HSCP.

The Integration Joint Board:

1. **Noted the content of this paper, in particular the outcome of the Commissioning Consortium – Advocacy as set out at Appendix 1;**
2. **Approved the model of care for advocacy as set out at Appendix 2;**
3. **Issued Direction as set out at Appendix 6 to NHS Forth Valley, Clackmannanshire and Stirling Councils**

12. SUPPORTED HOUSING BEST VALUE REVIEW

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

Clackmannanshire and Stirling HSCP Specialist Housing Forum (SHF) requested a Best Value review be undertaken relating to supported housing arrangements in place across the HSCP. Ms Forrest explained that 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.

The review focuses on streamlining current contracting arrangements related to the delegated functions within the IJB and the responsibilities of housing departments within the Councils. Ms Forrest highlighted the need to ensure that supported housing is responsive to the needs of its residents and that appropriate tenancy agreements are in place.

She explained that a Best Value review was conducted over several months in collaboration with independent sector providers, to ensure a clear understanding of what has been commissioned as supported housing. The focus is on outlining the process in relation to the Best Value review, financial contracts, as well as the care and support model required. Work has been carried out in collaboration with colleagues from Mental Health and Learning Disability services to ensure the needs of supported people are fully understood. It was clarified that the savings relate specifically to the contracting arrangements, not to the type or level of care and support being provided.

There continues to be ongoing work focused on clarity of understanding between the housing management responsibilities and the care and support functions linked to tenants.

Councillor Earl enquired about the level of assurance that the HSCP is being fully supported by both local authorities. In response, Ms Forrest explained that while there is currently no Housing Contribution statement in place, one is expected to be presented to IJB by March 2026. This forthcoming Contribution

Statement will align with each of the Council's Local Housing Strategies as well as aligning to the review of the Strategic Commissioning Plan, thereby providing the Board with confidence that collaborative efforts are underway.

The Integration Joint Board:

1. **Noted the findings of the Best Value review and the key recommendations as set out in Appendix 1.**
2. **Agreed the actions to be taken forward in the Supported Housing Delivery Plan 2025/26 as set out in Appendix 2.**
3. **Issued Direction as set out in Appendix 3 of this report.**

13. DRAFT 2024/25 YEAR END FINANCIAL REPORT

The IJB considered a paper presented by Ewan Murray, Chief Finance Officer.

Mr Murray reported that the 2024/25 year-end financial report remains subject to further revision and is a net overspend on the integrated budget of £7.143 million after utilisation of reserves approved by the IJB and further recovery measures.

He noted that the previous format of integrated financial reporting will be reintroduced in the 2025/26 financial reports. This is being dovetailed with work to improve recording and activity data quality which will in turn improve financial forecasting going forward. A material improvement in the draft financial position was observed since the Special IJB meeting held on 2 May 2025.

Further analysis of areas showing material improvement would be beneficial for Board members. Mr Murray will collaborate with finance officers to deliver this. He explained the improved financial position is influenced by several non-recurrent factors, alongside an improvement in the underlying position. However, fully understanding the recurrent financial position remains challenging. A review will be conducted as part of the month 2 and month 3 financial reports, which are expected to provide the clearest indication of the recurrent position and whether additional recovery measures will be necessary to balance the 2025/26 budget.

The proposals outlined in the paper emphasise maintaining strong oversight and control, ensuring the effective delivery of adult social care, and advancing the transformation agenda through a focused and actionable delivery plan.

There may require to be further recovery measures which will be considered at the IJB in August or September.

Mr Murray also explained that the issues detailed in the paper have had an impact on the unaudited accounts production and Mr Murray, in agreement with the Chair of the Finance, Audit and Performance (FAP) had decided to delay production on the unaudited accounts and notify external audit. A full report on the implications of this and a proposed revised timetable will be presented to the FAP Committee on 25 June 2025.

It is estimated that 55.9% of improved savings and transformation plans have been achieved, with an evaluation of polypharmacy and medicines waste work still to be added to the outturn. A deeper dive on this topic will be undertaken at a future FAP Committee meeting as a

Mr Murray highlighted that that some changes to how services are delivered have already been implemented in recent months through the daily Multi-Disciplinary Team process which should assist in managing demand. There will be a need to assess both the financial and non-financial impacts of this in coming months.

To support effective planning and governance, a development session for the IJB is scheduled for 26 November 2025.

In response to points raised by Mr Fairbairn, Mr Murray agreed to provide specific details of the IJB papers referenced from November 2024. He also confirmed that the implications for finalising the accounts would be addressed at the FAP Committee meeting on 25 June 2025. Additionally, he clarified that the reference to a material net downward trend pertains to a net reduction in the recurring overspend.

Mr Murray noted that vacancy management approaches remain in place with a monthly vacancy panel now including professional advice from the lead nurse. He and Ms Macdonald will assess the effectiveness of these arrangements in due course.

The Integration Joint Board:

1. **Noted the draft outturn based for 2024/25 Financial Year, and that this may be subject to further change for the reasons set out in the paper.**
2. **Considered and discussed the content of the paper.**
3. **Noted the Economic Outlook and update on 2025/26 Scottish Government policy allocations.**
4. **Noted the impact on statutory accounts production and timetable (Section 3).**
5. **Noted 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. **Noted the narrative on areas of significant variance.**
7. **Noted the Transformation and Savings Programme progress (Section 5 and Appendix 1)**

14. STRATEGIC RISK REGISTER

Due to time constraints, it was agreed that his item would be moved to the agenda for the meeting on 13 August 2025.

15. REVIEW OF MEETINGS

Due to time constraints, it was agreed that his item would be moved to the agenda for the meeting on 13 August 2025.

17. MINUTES

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

18. ANY OTHER COMPETENT BUSINESS (AOCB)

None

19. DATE OF NEXT MEETING

24 September 2025

Clackmannanshire & Stirling Health & Social Care Partnership

Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
7. Modernising the Approach to Residential Respite Provision	Proposal to be presented to the IJB on 24 September 2025, for decision with Direction.	Judy Stein	24 September 2025	Ongoing	Ongoing
8. Primary Care GP Sustainability Update	A follow-up presentation is planned for early 2026 as part of a joint development session with Falkirk IJB.	Tom Cowan & Louise McCallum	2026	In progress	Ongoing
9. Proposed Delivery Plan for Dementia	Update the Direction to incorporate financial information.	Ewan Murray	19 June 2025	Issued to three Chief Executives	Complete
10. Palliative and end of Life Care Commissioning Approach	Update the Direction to incorporate financial information.	Ewan Murray	19 June 2025	Issued to three Chief Executives	Complete
13. Draft 2024/25 Year-end Financial Report	Review of Workplan paper to be presented to Finance Audit and Performance	Ewan Murray	25 June 2025	Complete	Complete

Clackmannanshire & Stirling Health & Social Care Partnership

	Committee on 25 June 2025. A development session will be scheduled to enhance planning and governance effectiveness. Share the documents presented to the IJB in November 2024, as noted in section 1.4	 Ewan Murray/Wendy Forrest Sandra Comrie	 26 November 2025 13 August 2025	 In progress Emailed to Mr Fairbairn on 09.07.2025	 Ongoing Completed

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 7

Forth Valley Mental Health and Wellbeing Strategic Plan

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Dr Jennifer Borthwick, Director of Psychological Services, Mental Health and Learning Disability and Dr Nabilla Muzaffar, Associate Medical Director for Mental Health
Author	Lesley Fulford and Paul Smith, Senior Planning Managers
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

Directions	
No Direction Required	☐
Clackmannanshire Council	X
Stirling Council	X
NHS Forth Valley	X

Purpose of Report:	The IJB are asked to approve the Strategic Plan for Mental Health & Wellbeing.

Recommendations:	The Integration Joint Board is asked to: 1) Approve the Mental Health and Wellbeing Strategic Plan (Appendix 1) 2) Approve the Equality Impact Assessment (Appendix 2) 3) Issue the Directions appended at Appendix 3

Key issues and risks:	At the June 2024 IJB a paper was presented around the need for a new strategic plan for Mental Health & Wellbeing that tackles existing, new, and emerging mental health needs of Forth Valley residents and their unpaid carers. This paper presents the final plan for approval.
Clackmannanshire & Stirling HSCP Professional Advisory Group view, which will provide professional advice and expertise on key aspects within this report.	• In recognition that it is a Forth Valley wide strategy it should be noted that Chief Social Work Advice only relates to the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP). • Education and Children and Families Social Work should be considered as part of the implementation group. • Councils (children and families, justice and education) are represented in the oversight group as there is mention of Directions to Councils to deliver on the strategy but not evidence of how they were including the life span approach services in the oversight. • The strategy is identified as a whole life course approach, however areas of policy and legislation for children need to be included. For example, The Promise care experience and corporate parenting responsibilities. • The delivery of the Strategy sits primarily with the Clackmannanshire and Stirling HSCP with the expectation that things like the Children's Strategic Service Plan will take recognition of the strategy in their work. Jennifer Borthwick agreed to articulate this in the paper for clarity.

	• Workforce detailed in the report does not seem to reflect community-based delivery, this should be considered. • Consider patient self-harm and substance abuse. • Include physical health and monitoring of medication side effects. • The EQIA should reflect LGBTQIA+.

1. Background

1.1. There have been significant strategic developments for mental health at a national level, with the publication by the Scottish Government of a new Mental Health & Wellbeing Strategy for Scotland in June 2023. Supporting documents - Mental health and wellbeing strategy - gov.scot (www.gov.scot)

1.2. Within the Forth Valley area, Mental Health & Learning Disabilities services have undergone recent change with the responsibility for hosting services having transitioned to Clackmannanshire & Stirling Integration Joint Board for the whole of Forth Valley. However, responsibility for operational management of some services sits with each HSCP and with NHS Forth Valley.

1.3. In addition, there are services within each Local Authority where staff provide significant input to people with mental health issues, for example education, children's and criminal justice teams.

1.4. This complex delivery landscape reinforces the need to develop a Strategic Plan to ensure overall continuity across Forth Valley.

1.5. As agreed with stakeholders, the Strategic Plan takes a life course approach and includes child & adolescent, adult and older adult mental health and wellbeing. The vision of the strategy is to promote positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.

1.6. In line with both national and local strategies, the Mental Health & Wellbeing Strategic Plan includes a central focus on improving population health and early intervention & prevention, as well as on support and services for people with complex and enduring mental illness.

1.7. A paper was presented to the June 2024 Clackmannanshire and Stirling IJB and to Falkirk IJB to issue a direction to the three councils and health board stating, “NHS Forth Valley, Clackmannanshire Council, Stirling Council and Falkirk Council are directed to support their employees to lead, coordinate and engage in the development of the Mental Health & Wellbeing Strategic Plan as required”.

1.8. A Strategic Planning group for Mental Health & Wellbeing was formed with broad stakeholder representation. This group met regularly to both drive and oversee the development of the Strategic Plan.

1.9. A formal approach based on Healthcare Improvement Scotland's Strategic Planning: Good Practice Framework was taken. These principles offer a systematic framework that ensures a system-wide approach is taken, engaging with the right stakeholders to co-produce a Strategic Plan that resonates with staff, people who use services, partners, carers and stakeholders.

1.10. This plan will align with the Clackmannanshire & Stirling and Falkirk Strategic Commissioning Plans and Population Health and Care Strategy in the Forth Valley area.

1.11. It is important to note that this has been a complex arena to navigate. However a thorough consultation and engagement process has been undertaken to ensure that all key stakeholders have been able to voice their opinion on the way forward for Mental Health and Wellbeing in Forth Valley.

2. Strategic Planning

2.1. A Strategic Needs Assessment (SNA) was undertaken between July and September 2024 to scope out and understand the current local mental health and wellbeing needs.

2.2. This highlighted a number of areas to be considered. Professor Sir Michael Marmot, Director of University College London's Institute of Health Equity (IHE) developed the population health approach summarised in the image below. This articulates that population health is driven by many factors, not simply access to health and social care. It is impacted by social and economic factors, environment and health behaviours.

This image demonstrates how much each of the different factors which impact on a person's health and wellbeing contribute to this. For example, health behaviours such as diet, exercise and smoking are responsible for one third of the aspects which shape our health.

Therefore, our SNA focused on these areas to ensure we had a good grasp if the needs in Forth Valley.

3. Engagement

3.1. There were two rounds of engagement to develop the Strategic Plan. The first of these (October - November 2024) involved wide stakeholder engagement via Locality Planning Groups, Carers groups, Strategic Planning Groups, Senior Leadership Teams, Carers Centres, and key third sector partners such as Resilience Learning Partnership. This also included a face-to-face session with unpaid carers and the sensory loss community. This process supported the development of key priorities and shaped the general direction of the Strategy.

3.2. Using the output of the first round of engagement, a high-level Strategic Plan was drafted for public and staff engagement. This second process ran from 17 April to 3 June 2025 on Citizen Space. This was complemented by face-to-face sessions with unpaid carers and sensory loss, as well as being taken to the respective CPPs.

3.3. Following the second round of engagement, the final Strategic Plan was then drafted as attached to this paper.

3.4. The Strategic Plan is presented for approval at:

- Clackmannanshire and Stirling IJB 13/08/25
- Falkirk IJB 06/09/25

3.5. It is also tabled for noting at NHS Forth Valley and Clackmannanshire, Stirling and Falkirk Councils.

4. How Will We Know We Have Been Successful

4.1. A performance framework will be developed to sit alongside the Strategic Plan and the subsequent implementation plans. This will ensure we can measure how much success we have achieved for our population.

4.2. The Strategic Plan includes some clear actions and deliverables. Targets will be set and monitored against these in the implementation plans.

4.3. This will be overseen by a whole system board and subgroups. A proposed structure is included within the Strategic Plan, although this is likely to evolve over time. The subgroups and associated implementation plans will cover themes such as children and young people, neurodevelopmental disorders, adults & older adults and sensory loss. They will also include all key stakeholders.

4.4. As this is a ten-year strategy, in some areas change will be gradual. However it is anticipated that through a commitment to collaboration we will achieve our aim of promoting positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.

5. Conclusions

5.1. Looking ahead, there requires to be radical action to transform current service delivery and increase capacity across all mental health and wellbeing services. This is a particular challenge in the current fiscal climate.

5.2. Achieving positive chance requires collaboration between Scottish Government, providers and other stakeholders, including people with lived experience.

5.3. It is hoped that this Forth Valley Mental Health & Wellbeing Strategic Plan will support this process, and provides a clear roadmap as to our strategic priorities going forward.

6. Appendices

Appendix 1 – Mental Health and Wellbeing Strategy
Appendix 2 – Equality Impact Assessment
Appendix 3 – Directions

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	X
Enabling Activities	
Medium Term Financial Plan	X
Workforce Plan	X
Commissioning Consortium	X
Transforming Care	☒
Data and Performance	X
Communication and Engagement	☒
Implications	
Finance:	Resources to deliver the mental health and wellbeing strategy are further complicated by the extremely complex funding for mental health and wellbeing services, spanning as they do NHS, Local Authority, third sector and independent sector resources. As such, determining the spend in Forth Valley on mental health and wellbeing is challenging. Resources to deliver these services will be contained in the implementation plans where possible; assumptions may need to be made around how we calculate these.
Other Resources:	

Legal:	This will ensure we are compliant with the Clackmannanshire and Stirling IJB inspection improvement plan to develop a mental health and wellbeing strategic plan.
Risk & mitigation:	There is a risk the aim of this will not be achieved, however if partners commit to this strategy, we can work together to mitigate this risk as much as possible.
Equality and Human Rights:	The content of this report **does** require a EQIA, attached at Appendix 2.
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) 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) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Forth Valley's Mental Health & Wellbeing

Strategic Plan 2025-35

Clackmannanshire & Stirling Health & Social Care Partnership

NHS Forth Valley

Falkirk Health and Social Care Partnership

Contents

Foreword

We are proud to present this 10-year Mental Health and Wellbeing Strategic Plan for Forth Valley.

This strategy represents our shared commitment to work together to improve the mental health and wellbeing of everyone who lives in our communities, across all ages and stages of life. It is a strategy for the whole population, shaped by the voices of those who use our services, and informed by national policy, local needs assessments, and the lived experiences of individuals, families, and carers.

We recognise that there is a need for change. Too many people still face barriers to accessing the right support at the right time. This strategy sets out a clear direction for how we will work together to build a system that is more joined-up, preventative, and person-centred.

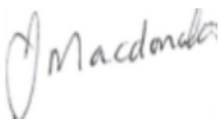
Our approach is grounded in the strategic priorities of the Clackmannanshire & Stirling and Falkirk Integration Joint Boards and aligns with NHS Forth Valley's Population Health and Care Strategy. It strengthens our collective focus on prevention, early intervention, and high-quality specialist care, delivered in the right place and at the right time.

Central to this strategy is the voice of lived experience. The insights of people who use services and those who care for them will continue to shape our actions and inform the implementation plans that follow.

Forth Valley's mental health and wellbeing system is complex and diverse. It includes two Integration Joint Boards, three local authorities and their Community Planning Partnerships, NHS Forth Valley, and a wide range of third sector organisations. This complexity reinforces a simple truth: mental health and wellbeing is everyone's business. Only by working together can we deliver lasting improvements and better outcomes for our population.

Ross McGuffie
Chief Executive
NHS Forth Valley

Joanna MacDonald
Interim Chief Officer
Clackmannanshire
& Stirling HSCP



Gail Woodcock
Chief Officer
Falkirk HSCP

Signature to follow

Introduction

The development of the Mental Health and Wellbeing Strategic Plan has been a truly collaborative effort, involving all our partners across the region. We are committed to delivering a comprehensive strategy that supports the mental wellbeing of people of all ages, from children and young people to adults and older people.

It is inclusive by design, ensuring that individuals with specific needs, such as those with learning disabilities or substance use challenges, are considered and supported. The strategy sets out a clear vision for improving mental wellbeing, promoting equity, and aligning with national standards and legislative reforms.

A core principle is that no single organisation can meet the diverse needs of the population alone. Meaningful and lasting change requires strong collaboration across public bodies, third sector organisations, community planning partners, and the voluntary sector. Together, we can create services that are better integrated, more accessible, and responsive to the needs of individuals, families, and communities.

This strategy is based on a population health approach, which recognises that mental wellbeing is shaped by a wide range of social, economic, and environmental factors. While individual choices are important, access to health and social care services only plays a small role in overall wellbeing. The strategy provides a flexible framework that can be adapted to meet the needs of different groups in the population. It will help guide more detailed plans to support people living with dementia, individuals with learning disabilities, and children, young people, and adults with neurodevelopmental needs.

This work aligns with key national frameworks, including the Scottish Government's Mental Health and Wellbeing Strategy and the Care Reform (Scotland) Bill. It also reflects broader legislation that supports rights, choice, and care for individuals and carers across Scotland.

Delivering this strategy requires a transformational approach that embraces workforce diversity, improves service effectiveness, and takes a whole-system, preventative view. It must also be responsive to changing public health needs and make use of technological innovation. To make the most

effective use of our resources, there will be a change in how we deliver flexibly in response to people's needs. This needs to be backed up by an aligned leadership that enables collaboration through focusing on collective outcomes for the population.

To succeed, we need strong partnerships across the system. We must also acknowledge the challenges, including limited funding and the reliance on short-term investment for many third sector services. This affects not only service providers and the workforce, but also the continuity and stability of support for individuals and communities.

These realities cannot be ignored. This strategy will be implemented with a clear understanding of the context we are working in, ambitious in its goals but grounded in the challenges we face.

A Population Health Approach

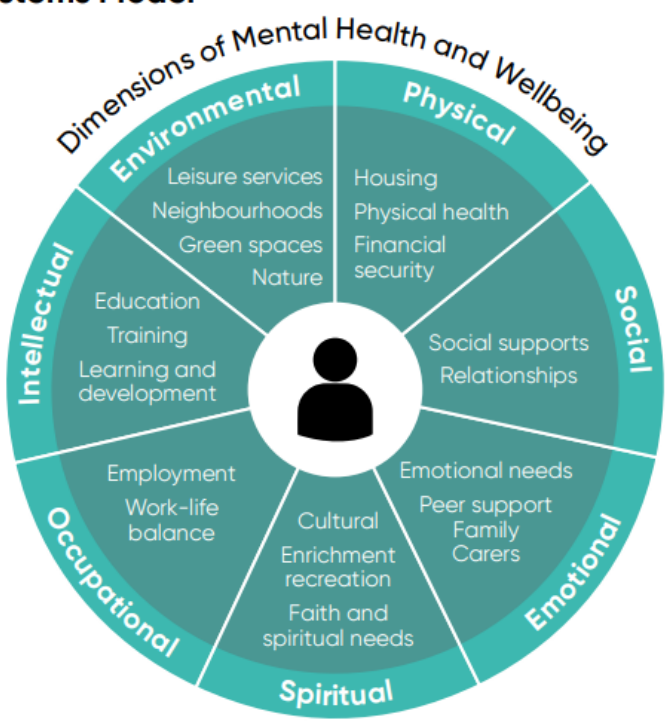
This strategic plan is underpinned by the principles of Scotland's Population Health Framework, which sets out a long-term, collective approach to improving health and reducing inequalities. It recognises that mental health and wellbeing are shaped by a wide range of social, economic, and environmental factors, and that improving outcomes requires action across the whole system. By aligning with this framework, we are committed to tackling the root causes of poor mental health such as poverty, discrimination, and social isolation, while strengthening protective factors like community connection, early support, and access to high-quality care. This strategy contributes to the national ambition of a fairer, healthier Scotland, where everyone can thrive.

A key pillar of this population health approach is ensuring our system is prevention focused. This means shifting our efforts and investments upstream, prioritising early intervention, anticipatory care, and the conditions that support good mental health before problems arise. A prevention-focused system works across sectors to address the wider determinants of health, reduce avoidable harm, and build resilience within individuals and communities. By embedding prevention into policy, planning, and service delivery, we aim to reduce demand on crisis services and create a more sustainable, equitable system that promotes wellbeing for all.

What do we mean by whole system?

Taking a whole system approach to mental health and wellbeing means aligning and integrating services across the entire continuum of care from specialist inpatient and urgent care services to community-based support, primary care, self-management and prevention. It recognises that no single service or sector can meet the diverse and complex needs of individuals alone. By fostering collaboration across health, social care, education, housing, the third sector, and communities, we can create a joined-up system that delivers timely, person-centred, and preventative support. This approach ensures that people can access the right help, in the right place, at the right time, and that support is coordinated around their needs, not organisational boundaries.

Whole Systems Model



Prevention & Early Intervention
Self – help
- Online apps
- Community pharmacies
- 3rd sector community wellbeing supports

Self-refer (socioeconomic)
- Welfare services
- Employability services
- Housing & homelessness services

Immediate & Urgent Support
- Breathing Space(NHS24)
- Samaritans
- Text SHOUT to 85258
- Mental Health Acute Assessment & Treatment Service
- 3rd sector (DBI)
- General Practice
- Mental health and wellbeing hub

Specialist secondary Care
- Psychological therapies
- Community Mental Health Teams
- Child & Adolescent Mental Health Services

Highly specialist services
- Inpatient care
- Forensic teams
- Perinatal services
- Eating disorder services

Forth Valley's Shared Vision for Mental Health & Wellbeing

'A Forth Valley where every person thrives and is empowered to live well with positive mental health and wellbeing.'

What is Mental Health and Wellbeing?

Mental illness includes a range of conditions like depression, PTSD, and schizophrenia. These conditions affect people in different ways and can last for a short time or be long-term. Some are mild, while others can be more serious and lifelong.

Mental health is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.

Mental wellbeing is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose.

Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Mental health, mental wellbeing, and mental illness are influenced by a mix of factors:

Extract from *Scotland's Mental Health and Wellbeing Strategy (Scottish Government, 2023) page 12.*

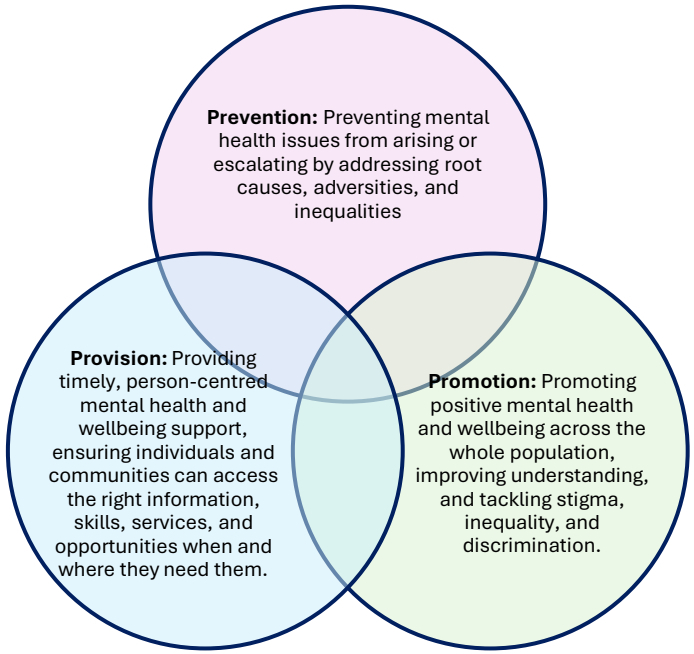
- Biological (genetics or physical health),
- Psychological (thoughts and emotions),
- Social (poverty, discrimination, or culture).

These factors, along with personal life experiences, shape how we feel and cope. Everyone's experience is different, and mental health can change over time.

National and Local Context

Our vision is closely aligned with the Scottish Government's Mental Health and Wellbeing Strategy (2023), which envisions a Scotland free from stigma and inequality, where everyone can realise their right to the best possible mental health and wellbeing.

The national strategy has a strategic focus on three key areas:



Forth Valley's Strategic Plan is structured around these three priority areas. It is inclusive of all people across Forth Valley and recognises the importance of alignment with other strategic plans that support individuals with additional or specialist needs.

We also acknowledge that the Scottish Government's approach may evolve over the next decade. As such, this plan will be regularly reviewed to ensure continued alignment with national strategic priorities.

Understanding Forth Valley's Strategic Needs for Mental Health & Wellbeing

To help shape this strategy, we carried out a detailed Strategic Needs Assessment (SNA): a way of looking at the factors that affect people's mental health and wellbeing in our area.

This work is based on Scotland's Population Health Framework (2025–2035), which encourages a broad view of health. It looks not just at illness, but at the things that help people stay well, like good housing, strong communities, fair work, and access to support when it's needed.

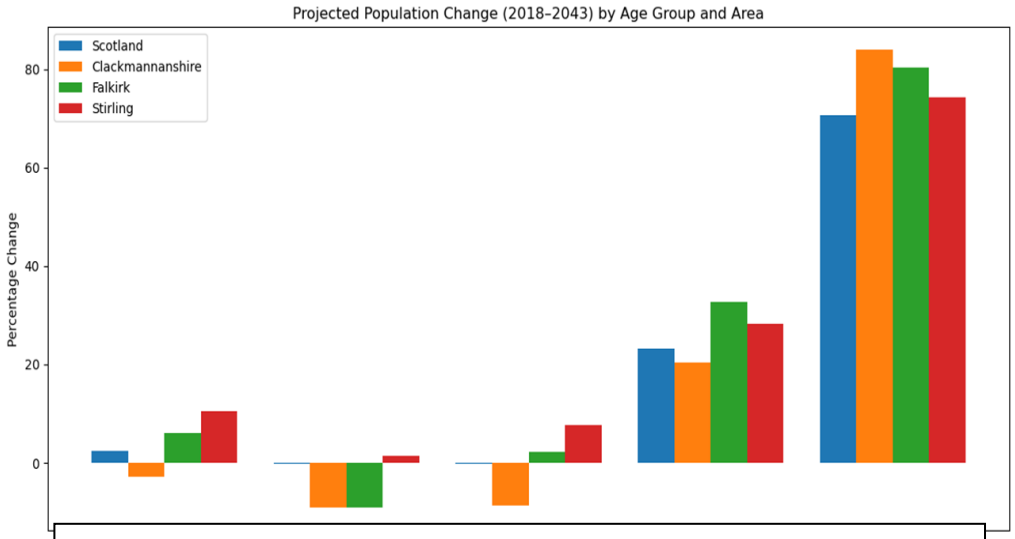
We used a wide range of publicly available data to understand what's happening locally and nationally. This included information about people's health, lifestyles, and the services they use, as well as social and economic factors like poverty and inequality. We also listened to people with lived experience and those working in mental health services to make sure the data reflects real-life experiences.

Where possible, we looked at data specific to each local area. When that wasn't available, we used national figures. We know that no single set of numbers tells the full story, so we combined different types of information to get a clearer picture of what's working well and where more support is needed.

This assessment helps us focus on prevention, acting early to support mental health and reduce the need for crisis care. It gives us the evidence we need to plan services that are fair, effective, and tailored to the needs of our communities.

Population projections to 2043: Forth Valley compared with Scotland

Official data from National Records of Scotland shows how the population in different age groups is likely to change between 2018 and 2043. These projections can help us plan for the future, making sure services and support are in place for people of all ages. Between 2018 and 2043, the population across Forth Valley is expected to change in different ways depending on age and geographical area:



Source: *2018-based Sub-National Population Projections Scotland, Tables mid-2018 – mid 2043)*

Older Adults - The number of people aged 75 and over is expected to grow significantly across all areas. Clackmannanshire is projected to see an increase of over 13% in this age group by 2043, which is higher than the national average increase for this group.

Children and Young People - The number of children and young people is expected to fall in Clackmannanshire and Falkirk. Stirling may see a small rise.

Working-Age Adults - Clackmannanshire is likely to see a drop of nearly 9% in working-age adults. In contrast, Falkirk and Stirling are expected to see growth in this group.

Overall Population Growth - Stirling is projected to grow the most (10.5%), followed by Falkirk (6%). Clackmannanshire may see a small decline of around 2.9%. Scotland is expected to grow by 2.5%.

These changes highlight the need to plan ahead, especially to support an ageing population and ensure services are in place where they're needed most.

Mental Health and Wellbeing in Scotland – Insights from the Scottish Health Survey 2023

The Scottish Health Survey (SHS) provides a national overview of the health and wellbeing of people living in Scotland.

Mental wellbeing was measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), where higher scores indicate better wellbeing. In 2023, scores improved across all age groups compared to 2022 but remained below pre-pandemic levels. Younger adults (aged 16–44) continued to report lower wellbeing than older age groups.

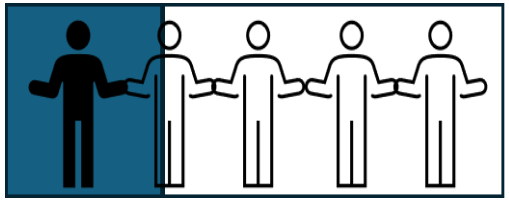
The General Health Questionnaire (GHQ-12) was used to assess the likelihood of psychiatric disorders. The proportion of adults with a GHQ-12 score of 4 or more, suggesting possible mental health issues, fell from 27% in 2022 to 21% in 2023. While this marks a positive shift, it remains above pre-pandemic levels (14–19% between 2003–2019). Adults in the most deprived areas were more likely to report higher GHQ-12 scores.

Although data on depression, anxiety, and self-harm were not collected in 2023, previous years showed rising trends, particularly among young adults and females aged 16–24.

Loneliness remains a key concern. In 2023, 10% of adults reported feeling lonely ‘most’ or ‘all of the time’ in the previous week. This was highest among 16–24-year-olds (19%) and those living in the most deprived areas (14%), compared to just 5–6% among those aged 65+ and in the least deprived areas.

Overall, the 2023 SHS highlights gradual improvements in mental wellbeing but reinforces the persistent inequalities linked to age and deprivation. These findings underline the importance of targeted mental health support for young people and communities facing socioeconomic challenges.

Mental Health and Wellbeing in Forth Valley – Scottish Burden of Disease Survey 2022



According to the most recent study in 2022, more than 1 in 5 (22%) of all health problems in Forth Valley are linked to mental health conditions. This includes depression, anxiety, schizophrenia, dementia, alcohol and drug use. In fact, anxiety and depression are among the top four causes of poor health in Clackmannanshire, Stirling, and Falkirk.

Across Forth Valley, people experience different levels of health and wellbeing, and this includes mental health and wellbeing. One way we understand this is through a measure called Disability Adjusted Life Years (DALY), which shows the impact of illness and early death.

- Clackmannanshire faces the greatest challenges, with higher levels of mental health issues like anxiety and depression, and higher levels of substance use.
- Falkirk also sees higher needs in areas like alcohol and drug use, but to a lesser extent than Clackmannanshire.
- Stirling has lower levels of mental health challenges and less reliance on related medication.

But DALY alone doesn't tell the full story. The Strategic Needs Assessment shows that these issues are strongly linked to higher levels of deprivation and inequalities in these areas, replicating the national findings at a local level.

Social and Economic Factors

There are a range of social and economic factors that can influence the mental health and wellbeing of people living in the Forth Valley area. These include income, employment, education, social supports, stress, social isolation and housing and food insecurity.

Child poverty

More children in Clackmannanshire and Falkirk are living in poverty compared to the Scottish national average. This is based on income levels after essential costs like housing are deducted, offering a clearer picture of the resources families have to meet basic needs. Growing up in poverty can expose children to chronic stress, social exclusion, and limited access to essentials such as nutritious food, safe play spaces, and mental health support. These disadvantages can have lasting effects, increasing the risk of mental health challenges later in life due to ongoing stress and reduced opportunities.

Employment and sickness absence

Sickness absence levels can provide valuable insight into the health and wellbeing of staff. While not a complete measure on their own, they are a useful indicator when considered alongside other data, such as staff surveys, retention rates, and access to support services.

In public health and workforce planning, consistently high sickness absence rates can highlight the need for better support systems, healthier working environments, and targeted action to improve wellbeing.

Recent data from the Community Planning Outcomes Profile shows that Clackmannanshire and Stirling have higher-than-average sickness absence rates in both education and non-education roles, while Falkirk's rates are broadly in line with national figures. When viewed alongside other indicators, this helps build a fuller picture of workforce wellbeing and where support may be most needed.

Outdoor spaces and facilities

Only Falkirk and Stirling residents appeared to be satisfied with current library, leisure and green spaces, with people living in Clackmannanshire reporting dissatisfaction with their leisure facilities (*Local Government Benchmarking Framework*). As these are supportive elements to the promotion of positive mental wellbeing, experiencing an unsatisfactory level of leisure facilities can have a negative impact on people's wellbeing.

Inequalities

As evidenced from the Strategic Needs Assessment, mental health challenges don't affect everyone equally. People facing economic disadvantages in life like poverty or poor housing, are more likely to experience mental health problems.

Research shows that children and adults in the lowest income groups are 2 to 3 times more likely to develop mental health issues than those in the highest income groups. Evidence from the Mental Welfare Commission highlights a strong correlation between poor mental health and social deprivation, with individuals living in more disadvantaged areas disproportionately affected by severe mental health challenges.

We know that deprivation plays a significant role in shaping health outcomes. By recognising this, we can better target support and work together to improve mental health and wellbeing for everyone in Forth Valley, especially in the communities that need it most.

Mental Health Inpatient Admissions

Analysis of mental health inpatient activity data for 2023/24 shows that NHS Forth Valley has a higher rate of admissions for individuals aged 65 and over (910 per 100,000) compared to the Scottish average (787 per 100,000), across both men and women. Conversely, admission rates for those aged 40–64 are lower in Forth Valley (406 per 100,000) than the national rate (529 per 100,000). Among younger populations, men under 40 have slightly higher admission rates than the national average, while rates for women aged 0–17 and 18–24 are lower. A clear link between deprivation and admission rates is evident, with higher rates observed in the most deprived areas of Forth Valley.

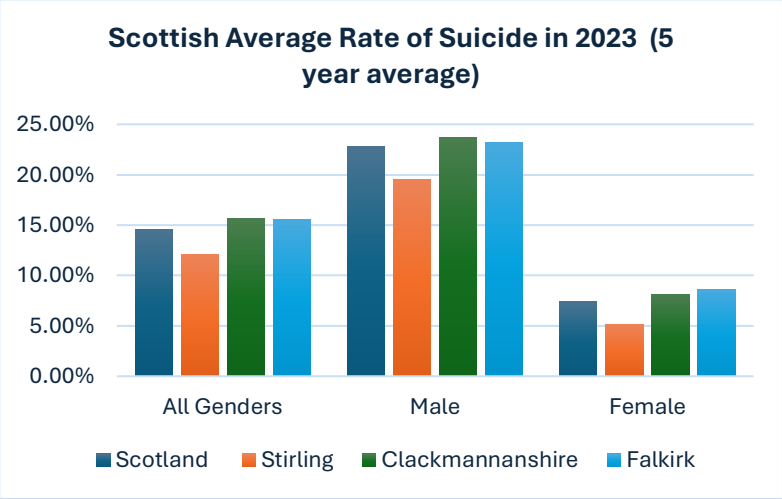
Mental Health Detentions

Mental health services are increasingly supporting individuals with serious and long-term mental health conditions, some of whom require treatment under legal safeguards to ensure safety and wellbeing

The Mental Welfare Commission's *Mental Health Act Monitoring Report 2021–22* was reviewed to understand the use of legal detentions for mental health assessment and treatment. These include emergency, short-term, and compulsory treatment orders, which are used only as a last resort when individuals are unable or unwilling to accept necessary care. The report identified a significant rise in detentions across Scotland and within Forth Valley. In 2021–22, Forth Valley recorded the third highest rate of Emergency Detention Certificates (EDCs) in Scotland at 60.2 per 100,000 population, closely aligned with NHS Tayside (59.1 per 100,000). Further local detail is available in the Strategic Needs Assessment.

Suicide

There are clear differences in suicide rates across Forth Valley. According to National Records Scotland probable suicides report 2023 the Scottish average suicide rate is 14.6 per 100,000 people. Within Forth Valley, Stirling has the lowest rate at 12.1 per 100,000, while Falkirk and Clackmannanshire both exceed the national average, with rates of 15.8 and 16.5 per 100,000 respectively.



Men are approximately three times more likely to die by suicide than women. This highlights the importance of addressing gender-specific mental health challenges and ensuring that support services are accessible, inclusive and responsive to the needs of individuals.

Understanding Self-Harm and Why It Matters for Mental Health

Self-harm is when someone intentionally hurts themselves. This could include things like cutting, burning, or taking too much medication. It's not always about wanting to end life. Often, it's a way of coping with overwhelming emotions, stress, or trauma.

The Scottish Government defines self-harm as any act of self-injury or self-poisoning, regardless of the reason behind it. It's a sign that someone is struggling and needs support.

Self-harm is often a way for people to deal with emotional pain they can't express in words. It can help them feel in control, release tension, or punish themselves when they feel guilt or shame.

Crucially, self-harm can also be a warning sign of suicidal thoughts, and it is important to take it seriously and offer support early.

A recent review of emergency department visits at Forth Valley Royal Hospital (FVRH) examined self-harm cases between May 2019 and July 2024. The analysis revealed a sharp increase in cases between February 2020 and February 2022, aligning with national trends during the height of the COVID-19 pandemic. Women aged 19 to 30 were identified as the most affected group, with females accounting for 64.2% of all self-harm presentations during this period. Although the number of cases had returned to pre-pandemic levels by July 2024, self-harm remains a significant concern. In response, the Scottish Government introduced its first dedicated Self-Harm Strategy to address the issue through targeted support and prevention efforts.

People With Complex Issues and Additional Risk Factors

Substance Use

Many individuals in Scotland with substance use disorders also struggle with mental health conditions, such as depression, anxiety, or PTSD (Co-occurring Substance Use and mental health Concerns in Scotland: A review of the Literature and Evidence Scottish Government health and Social Care Analysis 2022). These co-occurring disorders complicate treatment, as traditional approaches often focus only on the substance abuse without addressing the trauma that underlies it. It is essential that a trauma-informed approach to dealing with substance use is promoted, which recognises the importance of addressing underlying trauma rather than just the substance use issue itself.

In terms of alcohol related hospital admissions, Falkirk has a slightly higher rate than the national average, with Clackmannanshire and Stirling rates lower than the national average. There is a strong correlation between deprivation and alcohol related hospital admissions, with the highest rate of admissions from the most deprived areas.

Taken from Public Health Scotland (PHS) data (Scottish Morbidity Record (SMR) 01) up to 2022/23, substance related hospital admissions across Falkirk, Clackmannanshire and Stirling are all higher than the Scottish average rate.

Over the past decade, drug-related deaths (DRDs) have increased across all three local authorities, reflecting the national trend. However, when focusing specifically on women, drug-related deaths in Clackmannanshire have consistently exceeded the national average since 2019 and continue to rise each year. In contrast, rates in Stirling and Falkirk have remained below the national level.

Children and Young People

Children and young people's mental health continues to be a key priority In Scotland. According to the Children & Young People's Commissioner Scotland, almost one-quarter of young people in Scotland experienced two or more psychological problems in a single week in 2020. About 1 in 10 children and young people between the ages of five and 16 had a mental illness that could be diagnosed clinically. The situation was exacerbated due to the Covid-19 pandemic and its aftermath, as well as the current cost of living crisis. Approximately one-quarter of children in Scotland live in poverty, which can cause poorer physical and mental health, impacting their education and access to other rights.

Care experienced children and young people are those who are, or have been, in the care of a local authority. This includes a wide range of experiences such as being looked after at home under a supervision order, living with foster carers, in residential care, in kinship care, or having been adopted from care. The term recognises that the impact of care experience can be lifelong, and it is used to ensure that services are inclusive, responsive, and shaped by the voices and rights of those with lived experience.

Across Scotland, approximately 13,000 children and young people were care experienced in 2024, with figures varying slightly year to year. This definition aligns with Scotland's national commitment to Keep the Promise, ensuring that every care experienced child and young person grows up feeling loved, safe, and respected.

In Forth Valley, the coordination of children's services remains the responsibility of local councils and NHS Forth Valley and is not currently delegated to the Integration Joint Boards (IJB). As such, it is essential that strong and effective links are maintained with local authorities and NHS-led children's services and health and wellbeing plans to ensure a cohesive and responsive approach to meeting the needs of children and young people, including those who have experienced local authority care.

People Living with Neurodevelopmental Conditions and Mental Health Issues

Across Forth Valley, we recognise the growing need to better understand and support neurodivergent individuals of all ages. Neurodevelopmental conditions such as autism and ADHD typically manifest in early childhood and affect how people think, learn, and interact with others. These conditions are lifelong and can vary widely in how they present and impact daily life.

Recent data from the 2024 Scottish Government school census shows that 2 in every 5 children and young people now have additional support needs—including autism, dyslexia, or mental health challenges—double the figure reported in 2014. This trend is reflected in the increasing number of referrals for neurodevelopmental assessments across NHS Forth Valley and our community planning partners.

Getting the right support early can make a significant difference to a young person's wellbeing, education, and social development. However, many families face long waits for assessments and struggle to access the help they need.

Forth Valley has a Paediatric Neurodevelopmental Disorder pathway which focuses on the assessment and diagnosis of conditions such as autism and ADHD. Unlike CAMHS and psychological therapies, it is not currently subject to national waiting time targets. Assessments are often complex and involve multiple professionals, which can lead to longer waiting times. Continued attention is needed to ensure timely and effective support for children and families.

We also recognise that neurodevelopmental conditions do not end in childhood. Many adults live with autism, ADHD, or other forms of neurodivergence, often without a formal diagnosis, and face significant barriers in accessing appropriate support. These challenges can contribute to poorer outcomes in mental health, employment, and overall wellbeing, particularly for those also affected by trauma, poverty, or social exclusion.

It is estimated that around 1 in 7 people (more than 15% in the UK) have neurodevelopmental differences. However, these figures likely significantly underrepresent the true scale of neurodivergence, as increasing numbers of children, young people, and adults are identifying with neurodivergent traits or seeking formal assessment. A 2023 guide from the National Autism Implementation Team (NAIT) notes that referral rates for autism and ADHD assessments have increased by up to 1000% in some areas, driven by growing societal awareness, improved understanding of neurodevelopmental conditions, and broader recognition that traits exist across a spectrum—not limited to those with formal diagnoses.

Many individuals are only diagnosed later in life, often after years of facing challenges without understanding why. Adults with neurodevelopmental conditions are more likely to experience anxiety, depression, suicidal thoughts, and substance use issues. These difficulties are frequently linked to feeling misunderstood or isolated, sensory and communication barriers, delays in diagnosis, or limited access to mental health support that meets their needs.

A 2023 report by the National Autism Implementation Team (NAIT) found that many adults with neurodevelopmental conditions also have co-occurring mental health conditions, but services are not always joined up or easy to access. There is also evidence that neurodivergent individuals are more likely to experience psychiatric illness, substance misuse, and involvement with the justice system, which can further complicate access to the right support.

As such, services must adapt to meet both diagnosed and self-identifying individuals' needs, ensuring inclusive, affirming, and accessible support across education, health, and community settings

Older People

With the changing age profile of our communities highlighted above, mental wellbeing and mental health issues in older people will become an increasingly important area to consider. Within this demographic, dementia is a key consideration (although clearly dementia can also occur in younger people) with the number of people with dementia aged over 65 predicted to increase by 50% in the next 20 years (Source: Dementia in Scotland: Everyone's Story, Scottish Government, 2023).

However, it is essential that the focus on dementia does not come at the cost of supporting older people with other mental health and wellbeing needs. While there is some evidence to suggest that older people have slightly better mental wellbeing and lower rates of mental illness than younger adults, it remains unclear how much of this is related to reporting patterns rather than to the absence of difficulties. There is also evidence to suggest that the Covid-19 pandemic had a negative impact on older people's mental health, in particular around loneliness, and that older people with physical health conditions report poorer mental wellbeing and increased loneliness (Source: Older Adults' Mental Health Before & During the Covid-19 Pandemic, Scottish Government, 2022).

People from Ethnic Minority Backgrounds

Unfortunately, the available data around the mental health and wellbeing of people from ethnic minorities in Scotland is poor. Improving both local and national recording and reporting of mental health presentations and outcomes for people from ethnic minorities is recognised as a priority, in support of compliance with the Equality Act (2010). A recent Mental Welfare Commission report (Racial Inequality & Mental Health in Scotland, 2021) highlighted the complex relationship between deprivation, socio-economic status, ethnicity and health outcomes in Scotland. It also highlighted the importance of including people from ethnic minority backgrounds in the design of health promotion campaigns and strategies, to ensure that such campaigns and strategies are fully inclusive.

People with Sensory Impairment

Sensory impairments are associated with poorer mental health and wellbeing, and people with hearing or visual impairments may be at increased risk of developing mental health conditions such as anxiety and depression. At the same time, people with sensory difficulties are also likely to face additional barriers to accessing appropriate support for their mental health and wellbeing. (Source: Shoham et al, BJPsych, 2019).

LGBTQ+ People

According to the Mental Health Foundation, people who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex and may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality. It is essential that people’s individual differences and experiences are recognised, and that support and treatment address these appropriately.

People with Learning Disabilities

Evidence suggests that rates of mental health difficulties are higher in people with a learning disability than in those without. There are a variety of reasons for this, including biological/genetic factors, a higher incidence of negative life events, access to fewer resources and coping skills and the impact of other people's attitudes (Source: Mencap, 2025). We need to ensure that, in addition to specific strategic plans for the wider support of people with learning disabilities and their families, that wherever possible mental health and wellbeing support and services are fully accessible to them.

People with lived experience of the justice system

Forth Valley houses three national prisons; His Majesty's Prison (HMP) & Young Offender Institution (YOI) Stirling, HMP Glenochil and HMP & YOI Polmont.

People in prison experience numerous and often complex mental health and physical difficulties at a higher rate than people in the community.

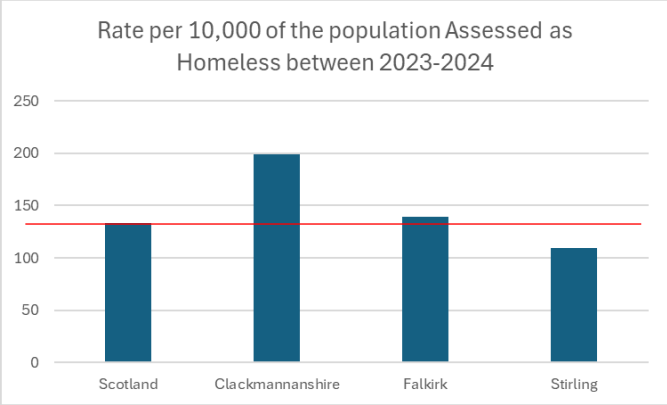
The Scottish Prisoner Survey 2019 found that 15% of the prison population reported having a long-term mental health condition, 17% had a history of self-harm, 30% experienced issues with alcohol use, 16% reported symptoms of anxiety, and 18% reported symptoms of depression within the past week.

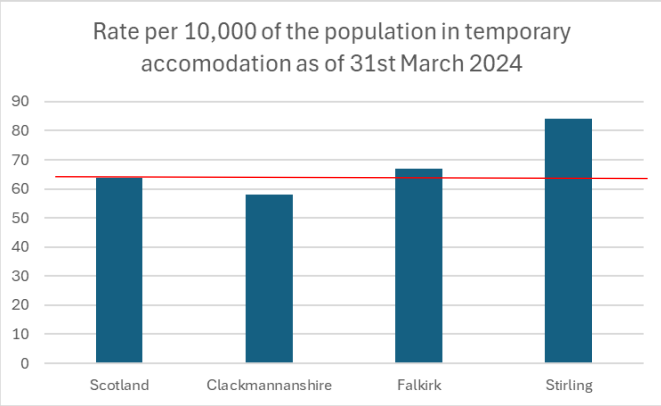
For many individuals, these issues precede imprisonment and are thought to be associated with predisposing factors such as higher rates of traumatic or adverse life experiences, head injury and substance use. Individuals who come into prison are also more likely to be from communities characterised by multiple deprivation, to have spent time in local authority care, and to have experienced interpersonal victimisation. Imprisonment itself, however, can also be damaging to someone's mental health.

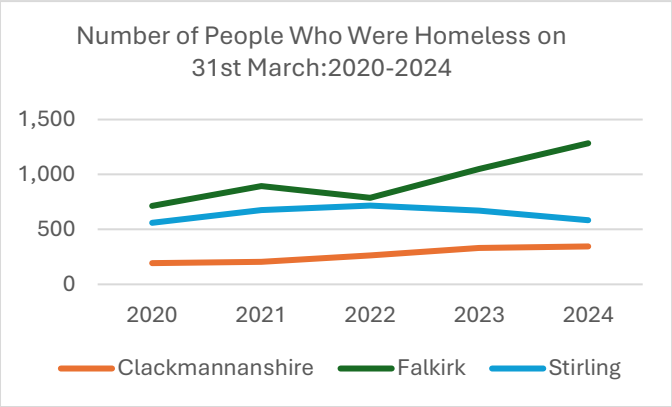
Working independently, but often in partnership with NHS colleagues, to support mental health and wellbeing of people in prison in Scotland is a range of third and voluntary sector organisations. These organisations operate within the prison and offer throughcare support for people leaving prison. This strategic plan will align with The Scottish Prison Service's Mental Health Strategy 2024-34.

Homelessness

According to the Homelessness in Scotland: 2023-24[1] report by Scottish Government local homeless applications are set out in the chart below







Mental health contributed to over a quarter of tenancy breakdowns. In more than half of cases, the loss of tenancy was beyond the person's control, often compounded by a lack of support from family or friends.

Homelessness has risen significantly in Falkirk and Clackmannanshire, while Stirling has seen a notable decrease. These contrasting trends highlight the need for targeted, localised responses to housing insecurity across the region.

[1] Supporting documents - Homelessness in Scotland: 2023-24 - gov.scot

Waiting times

There are two national waiting times standards for mental health, for Psychological Therapies and for Child and Adolescent Mental Health Services.

Psychological Therapies

In NHS Forth Valley, the national standard for psychological therapies is that 90% of people should begin treatment within 18 weeks of referral. Over the past year (as of May 2025), performance in Forth Valley has ranged between 68% and 78%, which is below the national target. This highlights the need for continued focus on improving access and reducing waiting times.

Child and Adolescent Mental Health Services (CAMHS)

Forth Valley is currently (May 2025) meeting the national standard for CAMHS, with over 90% of children and young people starting treatment within 18 weeks of referral. This is a positive achievement, but it will be important to keep monitoring performance closely, especially as changes in service capacity may affect future delivery.

Workforce

A sustainable, skilled, and inclusive workforce is central to delivering high-quality mental health and wellbeing support across Forth Valley. This workforce is broad and diverse, encompassing not only those in formal employment but also unpaid carers, volunteers, and people with lived experience. Each plays a vital role in supporting individuals and communities, and together they form the foundation of a compassionate and responsive mental health system.

Volunteers

Volunteering is a vital intervention in supporting the mental health and wellbeing of our communities, as recognised in Scotland's National Volunteering Framework and Action Plan (Scottish Government, 2022–23). The Framework highlights the dual benefit of volunteering- not only does it empower individuals to contribute meaningfully to society, but it also enhances the mental health and wellbeing of both volunteers and those they support.

The supporting Literature Review for the Development of Scotland's Volunteering Action Plan found that volunteering can reduce stress, anxiety, and depression, while also increasing feelings of self-worth and social connection. Volunteers play a crucial role in supporting people with mental health challenges by offering companionship, reducing stigma, and helping individuals navigate difficult periods. Volunteering can also help people maintain good mental health by promoting regular social interaction, building confidence, and tackling loneliness and social isolation, as shown in Volunteer Scotland's report "Volunteering, Health and Wellbeing".

Beyond the benefits to mental health, volunteering offers life-changing personal benefits, especially for those who are unemployed. Evidence from the Royal Voluntary Service shows that volunteering helps people gain experience, build new skills, and grow in confidence.

Volunteers are not just helpers; and in this plan we recognise them as essential partners in delivering care and support. Their contributions will be recognised, supported, and embedded into how we plan and deliver services.

Unpaid Carers

Unpaid carers are essential to the health and wellbeing of our communities, providing vital support to people with physical and mental health needs, often without formal recognition or financial compensation. According to the 2022 Scotland Census, 627,700 people identified as unpaid carers, with the largest increase among those aged 50–64, and women making up the majority.

In Forth Valley, unpaid carers represent around 12.6% of the population. While specific data on those caring for someone with mental health needs is limited, they are likely to be a significant proportion of the total number of carers in the area.

Caring can be deeply rewarding, but it can also take a toll on a person's own mental health and wellbeing. Many carers experience stress, isolation, and emotional fatigue, especially when support is limited. This strategy recognises unpaid carers as key partners in care and commits to supporting their wellbeing, involving them in service design, and ensuring they are not left without support.

People with Lived Experience

People with lived experience of mental health challenges bring unique insight and value to the design, delivery, and evaluation of services. A major review commissioned by the Department of Health and Social Care in 2024 concluded that peer support roles can improve outcomes, enhance engagement, and support recovery. Co-production is a guiding principle of this strategy, and we are committed to embedding the meaningful involvement of people with lived experience throughout the life of this plan and beyond, ensuring that services are shaped by those who use them.

Advocacy

Independent advocacy is an essential part of ensuring that individuals are supported to express their views, understand their rights, and make informed decisions. NHS Boards and Local Authorities have a statutory duty to provide access to independent advocacy for people receiving children's and adult services, including those with mental health needs.

In Forth Valley, we aim to strengthen access to advocacy by implementing a consistent Model of Care for Independent Advocacy. This will ensure equitable, timely, and meaningful support across the region.

By embedding advocacy into our mental health and wellbeing strategy, we aim to uphold rights, reduce inequalities, and ensure that every voice is heard and respected in decisions that affect care and recovery.

Employed Workforce

The mental health and wellbeing workforce in Forth Valley spans NHS Forth Valley, Clackmannanshire, Falkirk and Stirling Councils, and a wide range of third and independent sector organisations. While the full scale is difficult to capture, current figures show the equivalent of around 925 full-time staff work in adult mental health and learning disability services across Clackmannanshire & Stirling and Falkirk Health & Social Care Partnerships. A further approximately 75 full-time equivalent staff support children and young people through NHS Forth Valley's Child and Adolescent Mental Health Services (CAMHS).

These figures don't include the many professionals in social work, education, housing, third sector, and community-based roles who also contribute to mental wellbeing. Many staff in these sectors, and in health roles out with mental health services (e.g. Primary Care), provide significant support to people with mental health issues.

Careers in this field are not only vital to population health, they also strengthen the local economy. Our strategy is committed to developing, supporting, and retaining this diverse workforce, ensuring all staff, regardless of role or sector, feel valued, supported, and equipped to deliver high-quality care.

Financial Context and Sustainability of Mental Health & Wellbeing Services

The data presented highlights a clear and concerning rise in mental ill-health across Forth Valley, alongside growing challenges in supporting mental wellbeing. At the same time, public sector financial resources are under increasing pressure, making current models of service delivery unsustainable. Comprehensive whole system review and reform of how services are planned and delivered is essential to ensure best value, not only in financial terms, but also in how we support our workforce, service users, and carers.

The outline plan presented later in this paper, is designed to deliver improved mental health and wellbeing outcomes for the people of Forth Valley. However, we must acknowledge the significant challenges of implementing this plan within the current fiscal climate.

Complexity of Funding

Funding for mental health and wellbeing services is complex and fragmented, spanning NHS, local authorities, Health & Social Care Partnerships, third sector, and independent sector contributions. This makes it difficult to determine the total whole system investment in mental health and wellbeing across Forth Valley.

Specifically in relation to NHS Mental Health services, the Scottish Government has directed Health Boards to allocate:

- 10% of their total budget to mental health services
- 1% of their total budget to children and young people's mental health services.

At the most recent reporting point NHS Forth Valley allocated:

- 9.16% of its total budget to mental health services.
- 0.71% of its total budget to children and young people's mental health services.

While these figures are slightly below the national targets, it is important to note that there is currently no standardised methodology for calculating these percentages, limiting the ability to make meaningful national comparisons as different health boards may use different assumptions in relation to items such as treatment of overhead costs.

In addition, all three local authorities in Forth Valley allocate funding to mental health services. Some of this is delegated to the Health & Social Care Partnerships, while other elements are retained, further complicating efforts to establish a clear picture of total mental health expenditure.

Towards Sustainable Delivery

To ensure the long-term sustainability of mental health and wellbeing services, all partners involved in their delivery must themselves be sustainable. This includes financial sustainability, workforce capacity, and organisational resilience. Further collaborative work is required across all sectors to clarify the financial landscape and support effective, integrated, and equitable service delivery across Forth Valley.

Who Did We Engage With?

As part of the development of this Strategic Plan, the Strategic Planning Group undertook a comprehensive engagement process to ensure the voices of people and communities across Forth Valley were heard and reflected. The third sector plays a vital role in mental health and wellbeing - as a delivery partner, a major part of the workforce through staff and volunteers, and a key driver of strong, connected communities. To reflect this, third sector organisations helped shape the plan through targeted consultation, with efforts to involve service users and communities. The CEO of Stirlingshire Voluntary Enterprise also joined the strategic planning group, ensuring the sector's voice was included at a strategic level. Ongoing engagement with Stirlingshire Voluntary Enterprise, Clackmannanshire Third Sector Interface, and CVS Falkirk and District will continue to strengthen collaboration and ensure the third sector's role is recognised throughout the plan's delivery. We consulted a wide range of stakeholders, including:

- People with lived experience of mental health challenges
- Carers and young carers
- Locality planning groups
- Community planning partners
- Executive and senior leadership teams
- Third sector organisations
- Staff working in mental health and wellbeing services across Forth Valley
- People with a sensory loss

What We Heard

Early Years and Perinatal Mental Health

- Need to consider MH&WB needs of children & young people
- Parenting support

Neurodivergence Priorities

- Address waiting times for ADHD/ASD diagnoses
- Lack of tailored support for neurodivergent people across the lifespan
- Need for peer support and inclusive services

Homelessness & Housing

- Need to better integrate mental health support with housing services
- Address housing insecurity (recognising impact on MH&WB)
- Reflect Housing (Scotland) Act 2024

Trauma-Informed Practice

- Gaps in public awareness and workforce training
- Need clearer implementation strategies for the whole system

Lived-Experience & Co-Design

- Need to embed peer support roles
- Develop co-production mechanisms
- Ensure engagement is authentic not tokenistic

Access & Equity

- Address the barriers ie digital exclusion, rural isolation
- Improve the cultural competence of services

Justice Involved Populations

- Need to consider prison populations
- Community justice pathways for mental health support

Older Adults

- Actions for dementia and older adult mental health needs

Whole System Approach

- Need to understand and use our total resources efficiently
- Need to work in partnership with 3rd sector creating diverse roles and opportunities

Prevention & Early Intervention

- Need clear actions to improve MH&WB including physical activity collaborations
- Need to know where to go for information and help

Accessibility

- Need to look at services through an accessibility lens
- People with sensory loss have additional barriers to accessibility
- Need to make the language simple and easy to understand

Resources

- No additional/new money
- Consider how we do things differently
- Work on the right things & do those things right

Our Guiding Principles

Six fundamental principles have been defined to ensure that the strategic plan is both focused and values driven. All the principles should be evident in the work we do across all parts of our mental health and wellbeing system. Although ambitious, embedding them in everyday practice will create the conditions needed to achieve the best outcomes possible.

1. Informed by the voice of people with lived experience, including marginalised groups and children and young people

We are committed to placing the voice of lived experience at the centre of all planning, design, and delivery of services, across the life course and inclusive of all communities. This means actively listening to and learning from children, young people, adults, families, carers, and marginalised groups, ensuring that their insights shape the systems and supports intended to serve them.

For children and young people, this principle is grounded in the United Nations Convention on the Rights of the Child (UNCRC), which affirms every child's right to be heard and to participate in decisions that affect them. It also reflects the ambitions of The Promise, which calls for services to be shaped around the voices and needs of care experienced children and young people and aligns with the Getting It Right for Every Child (GIRFEC) approach, which places the child at the centre of planning and support.

For adults and families, particularly those with complex or long-term needs, lived experience provides critical insight into how services can be more accessible, compassionate, and effective. We recognise that meaningful involvement must be inclusive of age, ability, background, and identity, and tailored to the needs and preferences of individuals at every stage of life.

We are especially committed to ensuring that children, adults, families, and carers are actively involved in decision-making at all stages of their care, support, and treatment. This promotes dignity, autonomy, and better outcomes, and helps build services that are truly person-centred. By embedding participation at every level, from assessment and planning to delivery and review, we aim to build trust, improve outcomes, and ensure that services are responsive, respectful, and rights based. We will continue to work collaboratively with partners across sectors to learn from what works and to ensure that the voice of lived experience remains a guiding principle in all that we do.

To achieve this, we will:

- Establish inclusive participation frameworks that enable children, young people, adults, families, carers, and marginalised groups to shape services through co-design, consultation, and feedback.
- Embed the UNCRC, The Promise, and GIRFEC principles into all engagement and decision-making processes involving children and young people.
- Ensure individuals and families are involved in decisions at every stage of their care, support, and treatment, from initial assessment to planning, delivery, and review.
- Develop and promote accessible engagement tools (e.g. visual, digital, and trauma-informed methods) to ensure people of all ages and abilities can contribute meaningfully.
- Work in partnership with third sector organisations, advocacy groups, and community networks to reach those whose voices are often underrepresented.
- Provide training and support for staff to build confidence and skills in facilitating meaningful participation across age groups.
- Monitor and evaluate the impact of lived experience involvement, using feedback to continuously improve how we listen and respond.

2. **Trauma informed and trauma responsive.**

We are committed to building a trauma-informed and trauma-responsive system that is compassionate, effective, and supportive, one that acknowledges and addresses the profound impacts of trauma on individuals' lives.

By embedding this approach across our systems, culture, and practice, we aim to reduce barriers to accessing services, support recovery, and improve outcomes for people affected by trauma.

To achieve this, we will:

- Collaborate with key partners, including the Resilience Learning Partnership and local Trauma Champions to implement *A Roadmap for Creating Trauma-Informed and Responsive Change*, developed by the National Trauma Transformation Programme.
- Embed trauma-informed principles across all levels of service delivery to create environments that promote safety, trust, and empowerment.
- Invest in workforce development to ensure staff have the knowledge, skills, and confidence to work in trauma-responsive ways.
- Design and deliver services through a trauma-informed lens, ensuring that interactions and environments are sensitive to the needs of those affected by trauma.
- Establish strong governance structures and ensure that leadership actively models trauma-informed values and behaviours.
- Meaningfully involve people with lived experience in shaping and guiding change, ensuring their voices are central to decision-making and service design.

3. Developed and delivered in partnership with community planning partners, stakeholders and the public

We are committed to developing and delivering mental health and wellbeing priorities in partnership with Community Planning Partners, stakeholders, and the public. We recognise the wealth of knowledge, skills, and lived experience within our communities, and we believe that harnessing this collective strength is essential to achieving better outcomes for all.

To achieve this, we will:

- Ensure alignment of Mental Health and Wellbeing (MH&WB) priorities with our local Health and Social Care Partnership's strategic commissioning plans, Community Planning Partnership's Local Outcome Improvement Plans (LOIPs), NHS Forth Valley's strategic plans embedding mental health as a shared responsibility across all sectors.
- Work collaboratively with our communities and stakeholders to co-design and co-deliver prevention programmes, services, and supports that reflect local needs and aspirations.
- Maximise the use of local assets and resources, ensuring that efforts are coordinated, efficient, and impactful.
- Promote transparency and accountability in decision-making, with clear mechanisms for community input and feedback.
- Celebrate and build on what works well, sharing learning and success stories across the partnership to inspire and inform continuous improvement.

4. **Promote accessibility.**

We have a shared responsibility to ensure that all our services, supports, and communications are fully accessible to everyone. Accessibility is a fundamental right and a shared responsibility, one that requires proactive, inclusive, and sustained action across all areas of our work. There are many accessibility barriers to consider. These include –

Physical

Examples:
-Inaccessible buildings
-Lack of ramps or lifts
-Poor signage
-Inadequate lighting

Digital

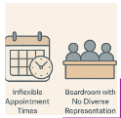
Examples:
-Websites or apps that are not screen-reader compatible
-Poor colour contrast
-Inaccessible forms

Communication

Examples:
-Use of jargon
-Lack of translation or interpretation services
-Inaccessible written materials

Attitudes

Examples:
-Lack of awareness or understanding among staff
-Unconscious bias stigma



Organisational

Examples:
-Inflexible policies
-inaccessible appointment systems
-lack of inclusive governance

To achieve this, we will:

- Ensure all strategies, commissioning plans, letters, leaflets, and conversations can be translated or adapted into the format requested by the individual (e.g., British Sign Language, other languages, Easy Read).
- Embed inclusive design principles from the outset of all planning and service development.
- Regularly consult with people with lived experience of accessibility barriers to co-design solutions and monitor progress.
- Provide ongoing training and support for staff to build confidence and competence in inclusive practice.

5. Achieve health equity with a focus on people at greater risk of developing long term mental illness

According to Public Health Scotland, men in the most deprived areas live 13 years less than those in the least deprived areas, and women live 10 years less. The gap in healthy life expectancy is even wider: 23 years for men and 24 years for women.

There is a clear need to take a targeted and inclusive approach to mental health support, particularly for individuals and communities at greater risk of developing long-term mental illness. Evidence consistently shows that people living in areas of high deprivation, those managing long-term physical and mental health conditions, individuals from diverse ethnic backgrounds, and those in rural or remote areas face significant and often compounding barriers to accessing timely, effective care. Without tailored interventions that address these specific challenges, health inequalities are likely to persist or worsen.

To achieve this, we will:

- Take a targeted and inclusive approach to supporting individuals and communities at greater risk of developing long-term mental illness, including those:
  - Living in areas of high deprivation
  - Managing long-term physical and mental health conditions
  - From diverse ethnic backgrounds
  - Living in rural or remote areas
- Conduct comprehensive Equality Impact Assessments (EQIAs) to ensure that services and supports are designed and delivered in ways that actively reduce inequalities including those related to poverty, discrimination, LGBTQ+ status, and access.
- Implement the National Antiracism Framework for Action. This includes delivering the NHS Forth Valley Anti-Racism Plan with a focus on:
  - Supporting and educating the workforce to deliver culturally competent care
  - Embedding equity-focused principles into service planning and delivery
  - Challenging systemic barriers and promoting inclusive practice

6. Interventions are driven by evidence, local community knowledge and best value

Effective planning and delivery of mental health and wellbeing interventions require a comprehensive understanding of the challenges we face, both now and in the future. This understanding must be grounded in robust evidence, local community insight, and a commitment to best value.

To achieve this, we will:

- Adopt a best practice approach to strategic planning that:
    - Takes a whole system perspective, recognising the interconnections across services and sectors.
    - Analyses emerging trends and population needs in relation to current service provision and demand.
    - Anticipates future challenges, ensuring that interventions are proactive, sustainable, and responsive to long-term needs.
    - Incorporates innovation, using research and evaluation to test and scale new approaches.
    - To support this, we will draw on national resources such as Healthcare Improvement Scotland's strategic planning portfolio, which provides tools and frameworks to equip professionals across health and social care with the skills needed for effective strategic planning. Explore the resource: hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care

Our Mental Health & Wellbeing Priorities

PREVENT - Focus on tackling the root causes of poor mental health and wellbeing and health inequalities so everyone in the community can enjoy better mental health and wellbeing.

Ensure people, services, and organisations understand and can respond to health inequalities, social and economic factors, so everyone can get help no matter where they go.

1. Develop whole system initiatives to address root socio-economic factors contributing to mental ill-health including poverty, housing, employment, and maximisation of income.
2. Coordinate a Forth Valley wide signposting system that enables anyone to access the right services i.e. housing, benefits, employment.

Across Forth Valley, a wide range of initiatives are working to improve mental health and wellbeing by addressing the broader social and economic factors that influence it. Through Community Planning Partnerships and Local Outcome Improvement Plans, we continue to embed whole-family and individual approaches that support positive mental health at every stage of life.

We are committed to preventing homelessness wherever possible by supporting people to remain in safe, secure, and sustainable housing. Our approach places strong emphasis on prevention and early intervention, promoting financial and housing security, building resilience and strong relationships, and fostering social connection and inclusion.

We will continue to build on strong partnerships with housing and homelessness services across Forth Valley to ensure timely and effective support for those at risk. This includes advancing the implementation of the *Ask & Act* duties introduced in the Housing (Scotland) Bill. These new statutory duties mark a significant step forward in making homelessness prevention a shared responsibility across the public sector. Public bodies, including social landlords, health boards, Police Scotland, and the Scottish Prison Service, will be required to proactively ask about an individual's housing situation and take early action to prevent homelessness. This proactive approach is designed to ensure people receive the support they need before reaching crisis point, reducing the trauma and disruption associated with homelessness.

Local third sector organisations play a vital role in engaging communities through initiatives that support employability, skills development, income maximisation, and access to advice and support. We remain committed to making the most of our community assets to tackle health inequalities and promote inclusion.

We also recognise that accessing the right advice and support can be challenging, particularly where barriers such as language, stigma, sensory loss, or rural isolation exist. While each local authority in Forth Valley maintains its own directories and signposting systems, we are committed to improving these to ensure information is clear, consistent, and accessible to everyone.

To achieve this, we will:

- Embed prevention and early intervention across all services, focusing on financial security, housing stability, and social inclusion.
- Strengthen partnerships with third sector organisations to support community-led initiatives that address the wider determinants of mental health.
- Advance implementation of Ask & Act duties, ensuring public bodies take proactive steps to prevent homelessness.
- Improve access to information and support, by mapping and enhancing local signposting systems to be clear, up to date, and accessible to all.
- Tackle health inequalities by making better use of community assets and ensuring services reach those most at risk.

PREVENT - Focus on tackling the root causes of poor mental health and wellbeing and health inequalities so everyone in the community can enjoy better mental health and wellbeing

Reduce the risks of developing serious mental health conditions and minimise their impact on overall wellbeing

3. Build resilience and confidence by helping people of all ages manage life's challenges and seek support when needed.
4. Support the mental & physical health and wellbeing needs of people including those living with long term mental health conditions, complex needs or a learning disability

We are committed to preventing poor mental wellbeing by equipping individuals with the confidence and skills they need to navigate life's difficulties. This means helping people believe in their ability to manage everyday pressures, build resilience, and seek support when needed, at every stage of life.

Prevention begins with empowerment. By fostering resilience, self-belief, and strong social connections, we can help individuals and communities thrive through education, peer support, and community-based activities. Strong local support starts with strong communities. National frameworks such as Scotland's Volunteering Action Plan and Public Health Scotland's Community-Led Approaches to Health Improvement highlight the importance of investing in local assets, such as buildings, outdoor spaces, and volunteer-led initiatives, as foundations for healthier, more resilient communities.

However, disparities in access to funding, infrastructure, and capacity, particularly in areas of high deprivation, can limit this potential. That's why we are working with Community Planning Partners to build the capacity of grassroots organisations so they can continue to play a vital role in supporting mental health and wellbeing.

A whole-system approach is essential for early prevention and, where needed, early intervention. Education services across all three local authorities are central to this, offering a wide range of supports for children and young people, from digital wellbeing tools and counselling services to evidence-

based resources and the SHOUT! text service for those in distress. These supports are already making a difference by helping young people manage challenges, reduce distress, and build the skills they need to stay well.

We also recognise that mental health is as important as physical health, especially for individuals with additional health needs. Understanding the gaps and opportunities to improve both physical and mental health, particularly in communities with the greatest need, will be key to improving wellbeing across Forth Valley.

To achieve this, we will:

- Promote resilience and self-belief through education, peer support, and community-based initiatives.
- Invest in local assets and infrastructure to support community-led health and wellbeing activities.
- Work with Community Planning Partners to build the capacity of grassroots organisations, especially in areas of high deprivation.
- Support schools, colleges and universities to deliver accessible, evidence-based mental health and wellbeing support for children, young people and adults.
- Improve early access to support through whole-system approaches that prioritise prevention and early intervention.
- Address inequalities by identifying and responding to gaps in both physical and mental health support, particularly for those with additional needs.

PROMOTE - Promote positive mental health & wellbeing free from stigma or discrimination

Raise awareness and understanding of mental health and wellbeing across the whole system, providing the right support when needed.

1. Maximise community-based health improvement opportunities that improve mental health and wellbeing and reduce social isolation across Forth Valley
2. Promote mental health education by using campaign resources that foster understanding, encourage openness, and support inclusive attitudes
3. Empower peer-led initiatives and community champions that enable us to talk about mental health and wellbeing and recovery, within local communities.

We recognise the growing demand for community-based mental health and wellbeing support, particularly services that promote peer support, social connection, and inclusive spaces where mental health can be openly discussed. These services play a vital role in tackling isolation and loneliness, reducing stigma, and ensuring people can access the right information and resources.

This need has been consistently highlighted through increased applications to local Mental Health and Wellbeing Funds and through engagement with people with lived experience, including focus groups. Across Forth Valley, a wide range of community-led initiatives are already making a difference. These include:

- Befriending services for people from refugee, asylum-seeking, and resettled backgrounds, addressing trauma, isolation, and low confidence.
- Wellbeing and employability programmes for isolated young people, focusing on healthy living, life skills, and personal development.

However, many of these initiatives rely on short-term funding, which limits their sustainability and long-term impact.

We are committed to working collaboratively with Community Planning Partners to strengthen and sustain these efforts, recognising that strong community support is essential for long-term mental wellbeing.

To achieve this, we will:

- Increase access to community-based supports through social prescribing and Community Link Worker programmes, working with partners such as CTSI, SVE, and FDAMH.
- Promote physical activity and active living by partnering with organisations like sportscotland and Active Stirling to support inclusive, mental health–friendly opportunities.
- Champion the SAMH Mental Health Charter for Physical Activity & Sport, encouraging local sport and fitness organisations to remove barriers and promote participation for all.
- Collaborate with partners to deliver targeted mental health education to groups at greater risk of poor mental health, including people experiencing homelessness, those affected by substance use, individuals living in poverty or deprivation, people with disabilities or sensory loss, and minority communities
- Improve access to meaningful local activities, including volunteering, creative arts, gardening, and healthy eating across homes, communities, and care settings.
- Support the sustainability of community-led initiatives by advocating for longer-term funding and investment in local infrastructure and capacity.

PROMOTE - Promote positive mental health & wellbeing free from stigma or discrimination

Deliver population mental health and wellbeing information and support across our communities that promotes positive mental health & wellbeing

4. Coordinate accessible mental health & wellbeing information and support that aids everyone to make informed decisions about their own mental wellbeing needs
5. Sustain digital based platforms improving the range of remote options to access the right level of information and supports

We aim to improve how people connect with mental health and wellbeing information, services, and self-management resources. This includes reviewing the range of digital platforms currently in use to identify gaps, barriers, and opportunities for long-term sustainability. Alongside this, we will map existing supports and develop a clear, user-friendly approach to communicating this information, making it easier for individuals to find and navigate the help they need.

A variety of effective and well-used digital tools are already available to support mental health and wellbeing. These include open-access applications that provide support for sleep and anxiety, as well as referral-based platforms offering CBT-based interventions for both young people and adults. In addition, schools offer a range of digital supports and structured interventions tailored to the needs of children and their families.

We also recognise the important role of community pharmacies as regular points of contact within communities. By working closely with them, we can enhance access to advice and self-management tools at a local level.

To achieve this, we will:

- Assess and review digital platforms available across the life course to identify gaps, barriers, and opportunities for sustainable delivery.
- Map existing supports and develop a clear, accessible system for signposting mental health and wellbeing resources.
- Promote the use of trusted digital tools, including Sleepio, Daylight, Silvercloud, and parenting resources.
- Support schools in continuing to deliver tailored digital and in-person mental health supports for children and families.
- Strengthen partnerships with community pharmacies to improve access to local advice and self-management tools.

PROVIDE - People can confidently access mental health & wellbeing supports and services whenever they need them, for as long as necessary.

Deliver evidence-based mental health and wellbeing services in partnership with experts, people with lived experience, carers, and communities

1. Strengthen community integrated services through collaboration with all partner organisations to maximise independence within communities
2. Improve access to mental health crisis intervention services, taking account of issues of access, equity and the needs of high-risk populations
3. Provide high quality, coordinated specialist mental health care and treatment at the right time and in the right place with a focus on promoting recovery and independence

We are committed to working collaboratively with housing and wider support services to help people live independently at home and to support timely, well-planned discharges from hospital. Our approach focuses on delivering tailored, sustainable solutions for individuals experiencing poor mental health or living with long-term conditions. This includes ensuring access to safe, appropriate housing and wraparound support that promotes stability, recovery, and wellbeing.

By strengthening these partnerships, we aim to reduce delayed discharges, prevent avoidable admissions, and support people to thrive in their communities.

We also recognise that each person's experience of substance use and mental health is unique. Effective support must be shaped by individual needs and circumstances, and grounded in care that is person-centred, trauma-informed, and non-judgemental.

Both Alcohol and Drug Partnerships (ADPs) in Forth Valley are supporting work to make substance use support available in line with the Medication-Assisted Treatment (MAT) Standards and other relevant guidelines. Importantly, the principles of this Mental Health and Wellbeing Strategic Plan will

be embedded within ADP planning and delivery. This ensures a consistent, joined-up approach to supporting people with co-occurring mental health and substance use needs across Forth Valley.

Lastly, specialist mental health services must be effective, person-centred, and aligned with the needs of our local population. To ensure they are fit for purpose and deliver real value, we need a clear understanding of how services are performing, and the flexibility to adapt as population needs evolve.

To achieve this, we will:

- Work in partnership with housing, homelessness and wider support services to enable independent living, prevent homelessness and support timely, well-planned transitions from hospital to home.
- Ensure access to safe, appropriate housing and wraparound support for people with mental health challenges or long-term conditions.
- Work in partnership with ADPs to deliver integrated, accessible, and person-centred services that meet individual mental health and substance use needs.
- Improve access to timely crisis support through the continued delivery and development of the Distress Brief Intervention (DBI) programme in partnership with third sector organisations.
- Review the delivery of key services to ensure they provide the best value and meet the needs of those who use them. This includes and is not limited to mental health inpatient and rehabilitation services, community mental health services for older adults, learning disability services, waiting times for community mental health including psychology and CAMHS
- Co-design community-level support with Primary Care and third sector partners for individuals with mild to moderate mental health needs, while ensuring timely access to specialist interventions in the least restrictive setting.

PROVIDE - People can confidently access mental health & wellbeing supports and services whenever they need them, for as long as necessary.

Ensure seamless, barrier-free access to and transitions between organisations, services and supports

4. Streamline referral and treatment pathways for all mental health services and supports.
5. Improve transitions of care for child, adult and older adult services

Our vision for mental health care across Forth Valley is rooted in the delivery of high-quality, person-centred support that is timely, coordinated, and responsive to individual needs. This will be guided by the implementation of the Core Mental Health Quality Standards (2023) and the Psychological Therapies & Interventions Specification (2023).

A locally developed delivery plan will ensure that people receive the right support at the right time, with improved access and smoother transitions between services. These transitions—whether between child and adult services, primary and specialist care, or prison and community, are critical moments in a person's care journey. Strengthening existing protocols will help ensure continuity of care, coordinated planning, and support that is tailored to each individual's needs.

To achieve this, we will:

- Implement the Core Mental Health Quality Standards (2023) and the Psychological Therapies & Interventions Specification (2023) to guide consistent, high-quality care.
- Develop and deliver a local implementation plan to improve access and ensure timely, appropriate support across all services.
- Strengthen transition protocols between services and life stages to ensure continuity of care and reduce the risk of people falling through gaps.
- Promote coordinated, person-centred planning that supports individuals through key transitions, including from child to adult services, primary to specialist care, and prison to community.

Other Key Priority Areas

Suicide Prevention

Suicide continues to have a profound impact on individuals, families, and communities. Preventing suicide is a vital part of our commitment to improving mental health and wellbeing across Forth Valley. Suicide prevention efforts not only aim to reduce preventable deaths but also to provide compassionate support to those affected and help address the wider inequalities that contribute to suicide risk.

Forth Valley's emerging Suicide Prevention Action Plan is closely aligned with the priorities of this Mental Health and Wellbeing Strategy. With a vision to reduce suicide and its associated harms, the plan takes a whole-system, multi-agency approach. It focuses on building community resilience, improving awareness and responses to suicide risk, and ensuring timely, compassionate support for those affected. The plan also emphasises the importance of using local data and lived experience to shape suicide prevention activity that is well-planned, collaborative, and responsive to community needs.

This work will complement and strengthen our broader efforts to promote mental wellbeing, early intervention, and inclusive support across the region.

To achieve this, we will:

- Implement Forth Valley's Suicide Prevention Action Plan, ensuring alignment with the wider Mental Health and Wellbeing Strategy.

Our Public Health Approach to Neurodiversity

Across Forth Valley, we recognise the growing need to better understand and support neurodivergent individuals throughout their lives, from childhood into adulthood. As children transition into adult services, support can often become fragmented. In 2021, a national need was identified to improve the experiences and outcomes for autistic adults, adults with ADHD, and those with co-occurring neurodevelopmental conditions, both before and after diagnosis. It is essential to adopt a lifespan approach to neurodiversity, one that ensures continuity of care, timely access to support, and inclusive environments at every stage of life. In response, we are embracing a public health approach to neurodiversity, moving beyond a medical model focused solely on diagnosis and deficits. Instead, we are adopting a strengths-based model that values neurodiversity as a natural and important part of human variation. This approach promotes early intervention, reduces health inequalities, and fosters inclusive environments in schools, workplaces, and communities.

To achieve this, we will:

- Scope the existing neurodevelopmental pathway across Forth Valley to identify strengths, gaps, and opportunities for improvement across the lifespan.
- Develop a refreshed model of support aligned with the National Neurodevelopmental Standards, the NAIT Adult Neurodevelopmental Pathways report, and the UN Convention on the Rights of the Child (UNCRC).
- Embed prevention, early intervention, and equity as core principles in all neurodiversity-related planning and service delivery.
- Prioritise staff education, training, and development to ensure all professionals are equipped to understand, support, and work effectively with neurodivergent individuals.

Enabling Priorities

Developing our workforce.

We recognise that our workforce is large, diverse, and spans a wide range of experiences, skills, and organisations, including the third sector, local authorities, health services, volunteers, unpaid carers, and people with lived experience. This workforce is at the heart of delivering our shared vision for mental health and wellbeing across Forth Valley.

To achieve meaningful and lasting change, we are committed to a whole-system approach that actively supports and engages all our diverse workforce. supporting everyone involved. This strategic plan will be shaped by, and aligned with, wider programmes of work, such as workforce wellbeing initiatives and leadership development efforts. It aims to complement these by ensuring that everyone, regardless of role or background, feels supported, valued, and heard, helping to prevent burnout and build a more sustainable, resilient workforce.

This includes strengthening collaboration with the third sector and creating formal recognition frameworks to acknowledge the vital roles of unpaid carers, volunteers, and people with lived experience.

The wider workforce must be central to planning and decision-making around service delivery. Their insights and lived experiences are essential to shaping services that are inclusive, responsive, and effective.

This work will align with and support broader initiatives such as the Culture Change & Compassionate Leadership Programme, which aims to embed a compassionate, values-driven culture across health and social care in Forth Valley.

Financial Sustainability and Best Value

To deliver this strategy effectively and responsibly, we must make the best use of available resources while ensuring services deliver meaningful outcomes for individuals and communities. Achieving financial sustainability and best value requires a clear focus on ethical commissioning, value-based care, and long-term planning.

Our commissioning approach across Forth Valley is guided by shared principles of collaboration, fairness, and a focus on what matters most to people. While each Health and Social Care Partnership (HSCP) may tailor its commissioning arrangements to local context, all are committed to delivering person-centred, inclusive, and sustainable services. We work in partnership with people with lived and living experience, third and independent sector organisations, and professionals across health and social care to co-design services that are responsive to local needs and aligned with national priorities.

An example of this in practice is the Dementia Commissioning Consortium, which has developed a hub-and-spoke model of support for people living with dementia and cognitive impairment. This model promotes early intervention, community-based care, and shared learning between clinicians and third sector partners. Building on this success, we will establish a Mental Health & Wellbeing Commissioning Consortium as a key action from this strategy, further embedding co-production and collaboration into how we plan and deliver services.

We are also committed to a Value-Based Health and Care (VBHC) approach, focusing on outcomes that matter most to people, such as improved wellbeing, independence, and quality of life. This means using our resources wisely to deliver care that is effective, person-centred, and sustainable. It involves listening to people's experiences, measuring real-life outcomes, reducing duplication, and investing in prevention and early support to avoid crisis and reduce long-term costs.

Finally, we recognise the importance of long-term funding models that support stability and sustainability, particularly for our third sector partners. We will explore opportunities to strengthen financial planning and ensure that commissioned services are supported to deliver lasting impact.

Digital Transformation and Innovation

Digital tools and data-driven approaches are essential to modernising mental health and wellbeing services across Forth Valley. By embracing innovation, we can improve access, empower individuals, and make services more responsive to changing needs. However, digital exclusion remains a significant barrier, particularly for vulnerable groups such as older adults, people living in poverty, and those with neurodevelopmental conditions. Without reliable access to technology or the skills to use it, many individuals are unable to benefit from digital health services, online support, or virtual care pathways. This not only limits their ability to manage their wellbeing but also deepens existing health inequalities. Addressing digital exclusion is therefore critical to ensuring that mental health services are inclusive, equitable, and truly accessible to everyone.

- **Build in a Digital-First Approach**
  Considering digital options when approaching service design gives people more choice and control over how and where they access information and support. This will help individuals make informed decisions about self-management and care.
- **Maximising Innovation for Population Wellbeing**
  We will make the most of new technologies and innovative approaches to strengthen our efforts in improving mental health and wellbeing across communities.

Measuring and Monitoring Quality

Success will be defined by our ability to deliver meaningful and measurable improvements in mental health and wellbeing across Forth Valley. To achieve this, we will establish a robust and transparent approach to measuring progress and driving continuous improvement across the system.
A performance and quality framework will be developed alongside the strategy and its implementation plans. This framework will provide a structured way to track progress over time, ensure accountability and align efforts across services and partners

It will include clearly defined short, medium, and long-term outcomes and indicators, tailored to local priorities and guided by the national Mental Health and Wellbeing Strategy's outcomes framework.

To ensure we are delivering high-quality, person-centred care, our approach will focus on four key priorities:

Develop a Clear Measurement Framework
We will create a system to monitor progress toward our goals, helping us understand what's working and where we need to improve.

Use Agreed Quality Methods
We will apply consistent, evidence-based methods to plan, measure, and monitor quality, ensuring we are doing the right things and doing them well.

Align Outcomes with National and Local Needs
Our outcome measures will reflect both national standards and the unique needs of our local communities.

Improve Data Sharing for System Insight
Better data and information sharing will support a whole system understanding of performance, enabling continuous improvement and high-quality care.

Moving Forward with the Strategic Plan

To deliver meaningful change in mental health and wellbeing across Forth Valley, we will take bold and collaborative action to transform service delivery, increase capacity, and improve outcomes. Strengthening relationships, improving communication, and enhancing understanding of available supports will be central to this work. We will prioritise person-centred future care planning, involving individuals, families, and carers to ensure wishes are known and respected across services. Key areas such as workforce development, commissioning, service redesign, and outcome measurement will be addressed through detailed implementation plans. Ongoing monitoring and evaluation will ensure services remain effective, responsive, and aligned with agreed person-centred outcomes.

Short-Term Goals (1–2 years)

Laying the foundation for system-wide change

Establish a governance framework to oversee mental health and wellbeing strategy delivery.

Develop a detailed implementation plan to guide actions and monitor progress.

Establish a commissioning consortium to coordinate mental health and wellbeing services across sectors.

Strengthen collaboration with community planning partners, including pharmacy, sport, education, and housing.

Roll out trauma-informed training across all sectors to build a shared understanding and approach.

Improve access to information through digital tools and community-based signposting platforms

Medium-Term Goals (3–5 years)

Embedding practices and expanding access

Embed trauma-informed and equity-focused approaches across all services and settings.

Expand early intervention and prevention programmes, especially for children, young people, and vulnerable groups.

Improve service transitions, such as from CAMHS to adult services or from prison to community care.

Enhance access to psychological therapies and sustain reduced waiting times.

Implement a refreshed neurodevelopmental pathway aligned with national standards.

Strengthen community-based supports to reduce reliance on inpatient care.

Long-Term Goals (6–10 years)

Achieving sustainable, system-wide impact

Reduce mental health inequalities across Forth Valley through targeted, data-informed action.

Demonstrate improved mental health outcomes using population-level data and evaluation.

Secure sustainable funding and workforce capacity across all sectors involved in mental health and wellbeing.

Fully integrate mental health & wellbeing into strategic planning and service delivery at all levels.

Foster a culture of co-production and innovation, ensuring continuous improvement across the system.

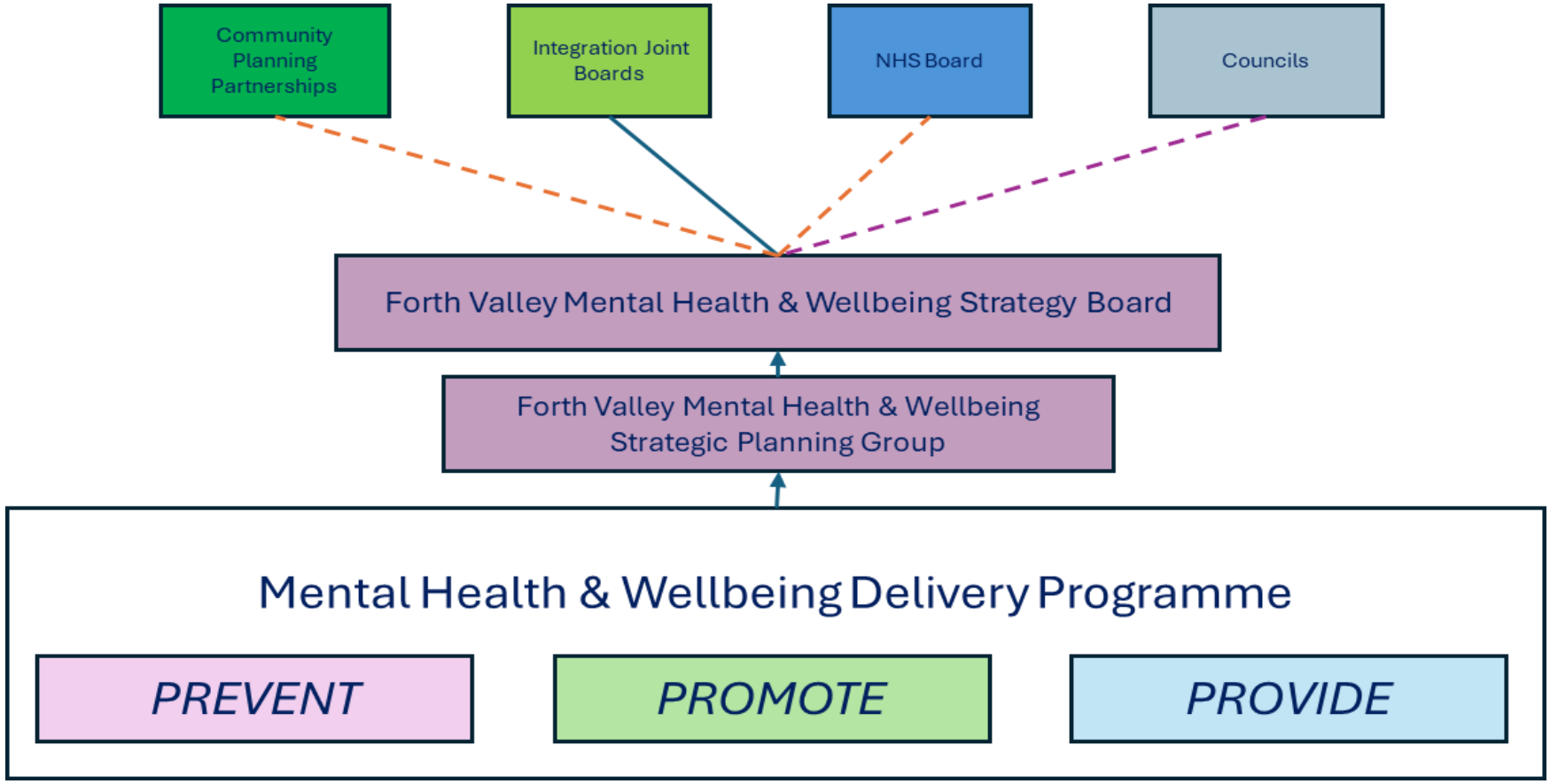
Governance

An outline of the proposed governance structure is set out below. A key factor in the success of this strategy will be ensuring inclusive representation from all stakeholders, including the vital voice of lived experience.

Oversight will be provided by a Mental Health and Wellbeing Strategy Board, with system-wide representation. Integration Joint Boards (IJBs) will retain overall accountability for the programme, ensuring alignment with both local priorities and national direction. We will also work in close consultation and collaboration with Community Planning Partnerships and NHS Forth Valley, recognising the importance of collective leadership and shared responsibility. This approach will provide assurance that strategic priorities are being progressed, including where appropriate within services that are not delegated to the IJBs.

To support delivery, the programme will be structured around a series of workstreams. While the illustrative headings *Prevent*, *Promote*, and *Provide* have been used at this stage, the final structure and focus of each workstream will be confirmed as the governance arrangements are formalised. Each workstream will be underpinned by clear local commissioning approaches to ensure accountability, alignment with strategic priorities, and effective implementation.

While this ten-year strategy acknowledges that meaningful change takes time, our shared ambition is clear:
To build a system that promotes positive mental health and wellbeing for everyone, enabling every person in Forth Valley to live well.



Programme delivery will be underpinned by a mental health and wellbeing commissioning consortium.

Appendix 1 - Key strategic drivers and references

There are a range of strategies, policies and reviews that this plan with need to align with (hyperlinks to documents are accessed by clicking on the underlined sections).

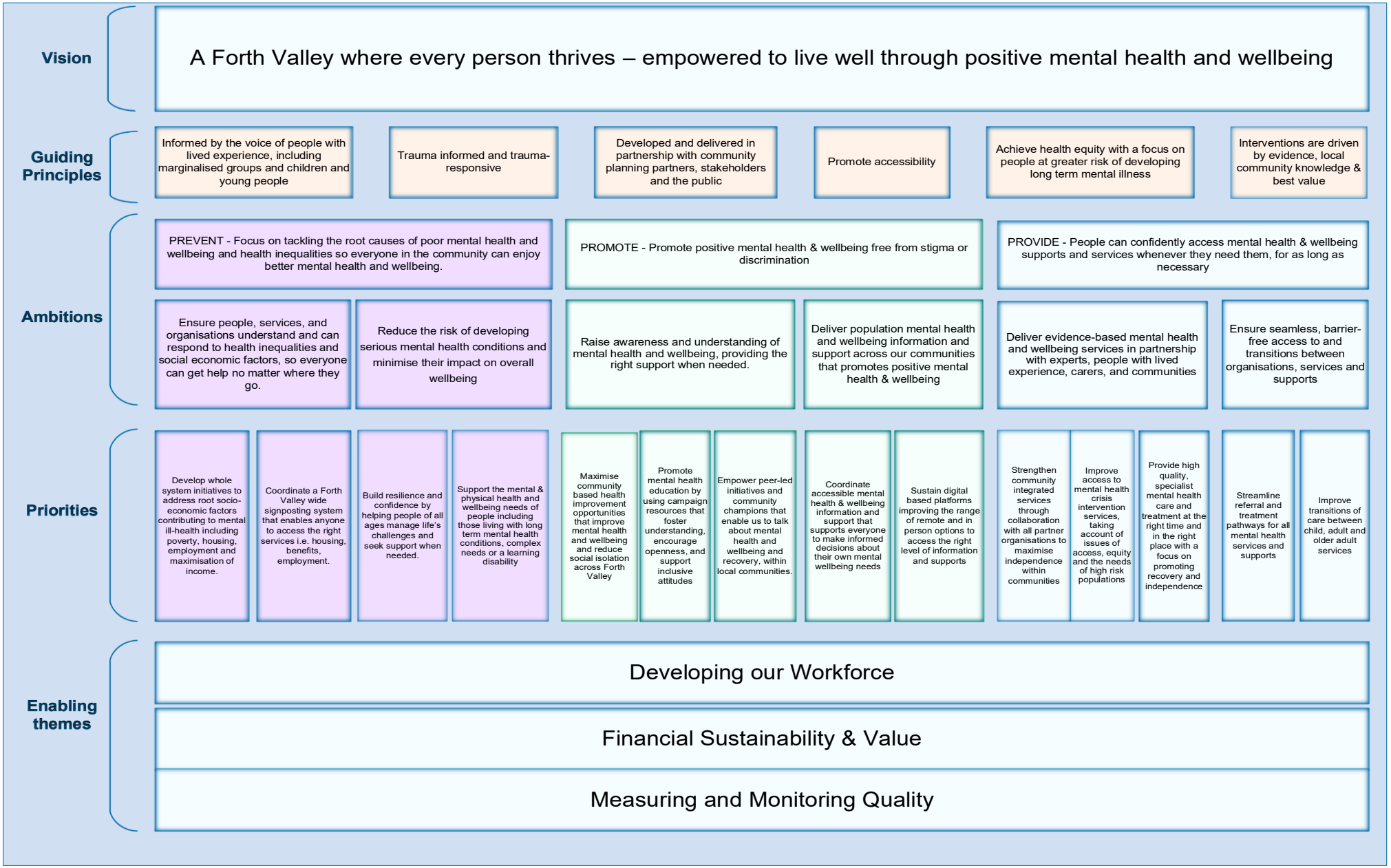
National

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Assisted Dying for Terminally Ill Adults (Scotland) Bill
- Care Reform (Scotland) Bill 2025
- Carers (Scotland) Act 2016
- Creating Hope Together: suicide prevention strategy 2022 - 2032
- Health & Care (staffing), (Scotland) Act 2019
- Health and Social Care Service Renewal Framework
- HM Inspectorate of Constabulary in Scotland (HMICS) Thematic review of policing mental health in Scotland Review
- Housing (Scotland) Bill
    - Ask & Act Duties for public bodies
- Independent Review into the Delivery of Forensic Mental Health Services (Scott review/Barron)
- Keys to life: Improving quality of life for people with learning disabilities
- Learning Disabilities, Autism and Neurodivergence (LDAN) Bill
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health Strategy 2017-2027
- National Social Work Leadership: Establishment of a Chief Social Work Adviser and a National Social Work Agency.
- National Specifications for:
    - Core Mental Health Quality Standards
    - Psychological Therapies and Interventions
    - Child and Adolescent Mental Health Services (CAMHS):national service specification
    - Care and Treatment of Eating Disorders
    - Children & Young People - Neurodevelopmental Specification
- New dementia strategy for Scotland: Everyone's Story
- Scottish Government Mental health and wellbeing strategy
- Scotland's Population Health Framework
- Self-harm strategy and action plan 2023 to 2027
  BNHS Scotland - Blueprint for good governance: second edition
- Social Care (Self Directed Support) (Scotland) Act 2013

Local

- Autism strategy
- Creating a Healthier Falkirk: Strategic Plan 2023 – 2026
- Clackmannanshire and Stirling Strategic Commissioning Plan 2023 – 2033
- Clackmannanshire Council Local Outcome Improvement Plan
- Clackmannanshire and Stirling Dementia Commissioning Plan
- Clackmannanshire Housing Strategy
- Community (safety/justice) planning
- Falkirk Council Local Outcome Improvement Plan
- Falkirk Local Housing Strategy 2023-2028
- Forth Valley Palliative and End of Life Care Commissioning Plan
- Learning Disability Strategy/Dementia/Alcohol and Drug Partnership Falkirk
- Occupational health strategy
- Old Age Psychiatry Plan
- Professionals' strategy (AHP etc)
- Reprovision of inpatient services
- Self-harm strategy
- Stirling Council Local Outcome Improvement Plan
- Stirling Local Housing Strategy
- Transitions Policy and guidance
- Workforce wellbeing plans
- West of Scotland/Regional plans CYP etc

Appendix 2 - Mental Health & Wellbeing Strategic Plan 2025-35



References

A pro bono bonus: The impact of volunteering on wages and productivity, Pro Bono Economics, Dr Jansev Jemal. 2024

A Roadmap for Creating Trauma-Informed and Responsive Change, National Trauma Transformation Programme

Children and young people - national neurodevelopmental specification: principles and standards of care

Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. Mental Health Foundation and Joseph Roundtree Foundation (2016)

Scottish Government Mental health and wellbeing strategy (2023)

Social Care (Self-directed Support) (Scotland) Act 2013 Statutory Guidance

Social isolation and loneliness: Recovering our Connections 2023 to 2026

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.**
Mental Health and Wellbeing Strategic Plan
Q1 a; Function ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service** ☐ **Other, please detail** ☒ Strategy
Q2: What is the scope of this SIA

Service	Mental Health & Wellbeing Services	Other (Please Detail)	☐

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

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)
Jennifer Borthwick (NHS Forth Valley) jennifer.borthwick@nhs.scot ; Nabila Muzaffar (NHS Forth Valley) nabila.muzaffar@nhs.scot; Lesley Fulford (NHS Forth Valley) lesley.fulford@nhs.scot; Paul Smith paul.smith@nhs.scot; Scott Williams (NHS Forth Valley) scott.williams@nhs.scot ; Sharon Horne-Jenkins (NHS Forth Valley) sharon.horne-jenkins@nhs.scot Julia Ferrari (NHS Forth Valley) julia.ferrari@nhs.scot ; Fiona Bartley fiona.bartley@nhs.scot ; Lesley MacArthur lesley.macarthur@falkirk.gov.uk ; Hazel Meechan (NHS Forth Valley) hazel.meechan@nhs.scot, Natalie Masterson natalie@sventerprise.org.uk

Q6: Main person completing EQIA's contact details			
Name:	Lesley Fulford	Telephone Number:	07929374335

Department:	HSCP Strategic Planning Department	Email:	lesley.fulford@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

To promote positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.

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 ☒	☐

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

Jennifer Borthwick (NHS Forth Valley) jennifer.borthwick@nhs.scot ;
Nabila Muzaffar (NHS Forth Valley) nabila.muzaffar@nhs.scot;
Lesley Fulford (NHS Forth Valley) lesley.fulford@nhs.scot;
Paul Smith paul.smth@nhs.scot;
Scott Williams (NHS Forth Valley) scott.williams@nhs.scot ;
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Lesley MacArthur lesley.macarthur@falkirk.gov.uk ;
Hazel Meechan (NHS Forth Valley) hazel.meechan@nhs.scot,
Natalie Masterson natalie@sventerprise.org.uk

The people above were part of a Strategic Planning Group to develop the strategic plan. This included initial engagement with multiple people across over 30 groups.

Engagement groups across the Forth Valley area were with individuals with lived experience, unpaid carers, third sector, locality planning groups, sensory loss, community planning partnerships, senior leaders, staff engagement event and children and young people.

Subsequent to this the group engaged with a significant number of individuals and their families across a large number of groups on the draft plan, including online through Citizen Space an online engagement platform.

(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)

Mental Health and Wellbeing in Forth Valley: Key Insights and Engagement Feedback Comments and Context

Engagement sessions aligned closely with the high-level messages from the Strategic Needs Assessment, particularly the recognition that **socio-economic factors play a significant role in determining mental health and wellbeing**.
Data analysis was conducted at both **local authority** and **intermediate zone** levels, revealing important differences across the three local authorities. For example:

Substance Use and Drug-Related Harm

- **Hospital Admissions**: Clackmannanshire and Stirling have drug-related hospital admission rates higher than the Scottish average.
- **Drug-Related Deaths (DRDs)**: Clackmannanshire consistently reports higher DRDs than Falkirk, Stirling, and the national average.
- **Women and DRDs**: Since 2019, drug-related deaths among women in Clackmannanshire have exceeded the national rate, with the gap continuing to widen.
- **Deprivation Link**: Deprivation is strongly associated with higher rates of substance use and related harms across all health behaviours.

Mental Health and Suicide

- **Suicide Rates**: Clackmannanshire has the highest suicide rates in Forth Valley. Falkirk also exceeds the national rate, particularly among the 11–25 age group.
- **Emergency Department Presentations**: While male attendance has remained stable, there has been a significant increase in female presentations for intentional self-harm, now returning to pre-pandemic levels.
- **Inpatient Activity**:
    - Decrease in admissions to mental health facilities.
    - Increase in admissions to non-mental health (acute) hospitals.
    - Rise in longer-stay admissions and detentions, indicating more severe mental illness requiring extended and compulsory care.

Prevalence and Burden of Mental Illness

- **Burden of Disease in Forth Valley**:
    - Depression (3.71%)
    - Anxiety (2.56%)
    - Schizophrenia (0.62%)
    - Other mental health conditions (0.5%)
    - Drug use (5.3%)
    - Alcohol-related conditions (1.85%)
    - Alzheimer's and other dementias (5.32%)
    - Self-harm and interpersonal violence
- **Local Prevalence**:
    - **Clackmannanshire** has the highest prevalence of anxiety, depression, schizophrenia, substance use disorders, self-harm, and prescribed medication rates.
    - **Falkirk** aligns with national averages but has higher prescribing rates for depression, anxiety, and psychosis.
    - **Stirling** reports lower-than-national rates across all indicators.

Sensory Impairment and Mental Health

- There is a significant association between visual impairment and depression, with prevalence estimates ranging from 12.4% to 43% among adults with visual impairment.
- **Engagement Feedback**:
    - *"Apple Pay is life-changing and promotes inclusivity."*
    - *"Physical spaces need consistency of design."*

    - *"Audio description of a menu in a restaurant is a great example."*
    - *"Learning the language of BSL requires resources, and any initiatives need to be sensory-loss led."*
    - *"QR codes for welcome desks are another example of what could be put in place."*

Community Engagement and Lived Experience

- **Guiding Principles** (informed by engagement sessions):
    - Trauma-informed approach
    - Co-production with community planning partners and people with lived experience
    - Focus on health equity and accessibility
    - Lifelong approach from birth to old age
    - Evidence-based and community-informed interventions
- **Direct Quotes**:
    - *"Needs to be more about trauma and its impact and prevalence in Scotland and the role this plays in people's mental health." – Resilience Learning Partnership*
    - *"It's massive but amazing." – Carer*
    - *"People need to first consider accessing 3rd sector mental health supports such as FDAMH and then being referred on to GP-based services when 3rd sector feels they have reached the limit of their capabilities." – GP*
    - *"We may need to step back from trying to support people with mild mental health 'issues' as we are medicalising things that need to be managed in other ways." – GP*

Strategy Development Feedback

- **Concerns Raised**:
    - Lack of implementation detail
    - Access and equity issues
    - Workforce wellbeing
    - Limited third sector presence in Stirling
- **Balance of Strategy**:
    - "Provide" section well-developed; "Prevent" section underdeveloped
    - Need for clarity, realism, and recognition that self-care does not replace services
    - *"Accessibility and inclusion are key – the use of QR codes excludes most of our populations."*
- **Identified Gaps**:
    - Early years and perinatal mental health
    - Neurodivergent support
    - Lived experience and peer support
    - Workforce wellbeing
    - Support for prison and homeless populations

Collaboration and Next Steps

- **Offers of Support**:
    - Strong interest from third sector organisations to contribute to implementation.
    - Education and housing sectors expressed willingness to collaborate.
    - *"There requires to be cultural and systemic change and a shift from punitive to ones of encouragement and empowerment."*
- **Final Draft**:

- All feedback has been incorporated into the final draft strategy, with the aim of addressing the concerns and priorities raised through engagement.

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			Older people expressed support for this strategy and suggested it would benefit them greatly.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			A number of engagement sessions have been held which included people with disabilities for example sensory loss, learning disability and mental illness to develop this commissioning plan. Staff across statutory, independent and third sector have been involved in the development of this strategy.
Gender Reassignment	x			People who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex, however may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because

				of their sexuality. It is essential that people's individual differences and experiences are recognised, and that support and treatment addresses these appropriately.
Marriage and Civil partnership			x	Not relevant to this strategy
Pregnancy and Maternity	x			Perinatal mental health was a gap in the first draft and this is an important area that needs greater focus.
Race/Ethnicity	x			The available data around the mental health and wellbeing of people from ethnic minorities in Scotland is poor. Improving both local and national recording and reporting of mental health presentations and outcomes for people from ethnic minorities is recognised as a priority, particularly in pursuit of complying with the Equality Act.
Religion/Faith			x	Not relevant to this strategy
Sex/Gender (male/female)			x	Not relevant to this strategy
Sexual orientation	x			People who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex, however may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality. It is essential that people's individual differences and experiences are recognised, and that support and treatment addresses these appropriately.
Staff (This could include details of staff training completed or required in relation to service delivery)	x			Staff across statutory, independent and third sector have been involved in the development of this strategy.

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			Two specific engagement sessions in the morning and at night for unpaid carers to support them at different times of the day on international carers day.
Homeless	x			Housing leads were involved in the consultation and put in views to citizen space.
Language/ Social Origins	x			Unpaid carers session had an Urdu speaker and a translator who fed back their views.
Literacy	x			Strategy will work to promote accessibility.
Low income/poverty	x			Engagement sessions in each of the localities covered this aspect
Mental Health Problems	x			Engagement sessions in each of the localities covered this aspect
Rural Areas	x			Engagement sessions in each of the localities covered this aspect
Armed Services Veterans, Reservists and former Members of the Reserve Forces	x			One locality group session included a representative from Wee County Veteran's and Supporters Group.
Third Sector	x			TSIs were invited to staff engagement events.
Independent Sector	x			Were involved in the consultation and put in views to citizen space.

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

Yes ☐ No ☐

Date EQIA Completed	01/ 08 / 2025		
Date of next EQIA Review	DD / MM / YYYY		
Signature		Print Name	Jennifer Borthwick
Department or Service	C&S HSCP		

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:	Mental Health and Wellbeing Strategic Plan

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-
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2024_25/005
Approval Date	13 August 2025
Services / functions covered	Community Mental Health Services Mental Health Assessment and Treatment Service Mental Health Officer Teams Substance Use Services Psychiatric Liaison Adult Inpatient Services Forensic Mental Health Services Prison Mental Health Services LD Services Older Adult Mental Health Services NHS Forth Valley Strategic Planning Services C&S strategic planning services Community Planning Services NHS Forth Valley Public Health Psychological Services Allied Health Professional Services Commissioned services as appropriate – third sector providers Carers and Service Users Primary Care
Full text of Direction	NHS Forth Valley, Clackmannanshire Council & Stirling Council are directed to support their employees to implement the Mental Health & Wellbeing Strategic Plan as required.
List of key stakeholders impacted and any specific engagement and consultation requirements	In addition to delegated services, this plan will impact on services delivered by NHS Forth Valley, in particular Child & Adolescent Mental Health Services and Psychiatrists. Both services have been fully involved in the development of the strategic plan. There may also be an impact on services delivered by Stirling Council and Clackmannanshire Council, in particular education and children's services. Feedback has been received from these areas as part of the consultation and engagement process. Implementation plans will be developed over the coming year. This will include people with lived experience, in addition to all key stakeholders listed above.
Timescale(s) for Delivery	10 years
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley

Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	Funding for mental health and wellbeing services is complex and fragmented, spanning NHS, local authorities, Health & Social Care Partnerships, third sector, and independent sector contributions. This makes it difficult to determine the total investment in mental health and wellbeing across Forth Valley. A key action of the Strategic Plan is to undertake collaborative work across all sectors to clarify the financial landscape.
Performance Measures	Implement Forth Valley Mental Health & Wellbeing Strategy within agreed timescales.
Date direction will be reviewed	August 2026

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 8

Monitoring the 2025/26 to 2026/27 Delivery Plan

For Noting

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Ewan Murray, Chief Finance Officer & Wendy Forrest, Head of Strategic Planning & Health Improvement
Author	Ewan Murray, Chief Finance Officer
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	The purpose of this report is to update the Integration Joint Board (IJB) on the approach to monitoring the Delivery Plan and developments in establishing project management capacity and project management office arrangements.

Recommendations:	The Integration Joint Board is asked to: 1) Consider and discuss the content of the paper. 2) Note and draw assurance from arrangements being put in place. 3) Note that the effectiveness of arrangements will be reviewed within 6 months.

Key issues and risks:	Service and financial sustainability are key risks for the HSCP and constituent authorities in being able to discharge statutory obligations within a constrained financial environment with increasing demand and complexity. The approach set out in this paper will assist in managing demand for services, expectations of services and discharge of legal obligations. Given the size, scale and complexity of the Delivery Plan effective and efficient programme and project management arrangements are viewed as key to supporting senior responsible owners (SRO's) to delivery the projects and changes required.

1. Background and Progress in Appointing Project Management Capacity

1.1. The IJB approved the 2025/26 Revenue Budget, and 2025/26 to 2027/28 Delivery Plan and Medium-Term financial plan at its special meeting on 2 May 2025. The budget incorporated plans to establish project management support to support delivery of the ambitious programmes of change set out in the Delivery Plan.

1.2. The budget made provision for 4 fixed term project managers and post a competitive internal recruitment process 3 project managers were appointed.

We will not seek to appoint to the 4th post, the portfolio of work will be distributed across the 3 appointees and existing programme management capacity. Instead, the Interim Chief Officer has identified a requirement for dedicated social work practice improvement capacity and is developing plans to achieve this.

1.3. The individuals appointed will commence their new roles on or around 18 August.

2. Programme Management Approach for Delivery Plan

2.1. There is already PMO support for Primary Care Medicines Optimisation on a pan Forth Valley basis and this will remain. Additionally, Stirling Council provide a programme management support through an Adult Social Care Portfolio Lead supporting the HSCP which will remain and supplement the additional fixed term capacity which has been appointed.

2.2. The fixed term project managers will report to the Head of Strategic Planning and Health Improvement and the approach to project management established in 2024/25 by the previous Interim Chief Officer and Chief Finance Officer will be used for programme and project control and reporting in the first instance with ongoing consideration of use of available tools.

2.3. This along with support from Finance Officers and in particular the HSCP Management Accountant as the consolidator role supporting the Chief Finance Officer forms the core project team who will meet weekly to monitor and review progress.

2.4. The proposed portfolios for the project managers will be discussed at the HSCP Senior Leadership Team meeting on 13 August 2025 to distribute the required workload across the team.

2.5. This coincides with review and reform of Senior Leadership Team meetings instigated by the Interim Chief Officer from 20 August to alternate focus on a weekly basis between Operational matters and Performance, Finance and Strategy.

2.6. Reporting from the Delivery Plan meetings will feed the reporting for SLT, Finance, Audit and Performance Committee and IJB reporting from September cycles with the FAP committee having the opportunity to take ‘deep dives’ into projects or thematics in each cycle.

2.7. The reporting will be served by the development of an overall progress dashboard which will provide an overview including risk assessment and overview of progress including financials.

2.8. This will dovetail with savings reporting within financial reports to give a rounded view of progress with the Delivery Plan as the core means of transformation and modernisation of service delivery in line with the approved

Strategic Commissioning Plan priorities seeking to balance service and financial sustainability, challenging though this continues to be.

2.9. Consideration will also be given to how progress is demonstrated and reported within the 2025/26 Annual Performance Report. It is suggested that the approach set out above along with system level information in relation to the 9 National Health and Wellbeing Outcomes and other information such as case studies will aide this.

3. Conclusions

3.1. It is acknowledged that a resourced, efficient and effective programme and project management structure is critical in supporting senior responsible officers (SRO's) to deliver change at the scale and pace required.

3.2. This requires to be dovetailed with reformed HSCP Senior Leadership Team arrangements and appropriate reporting to the SLT, IJB and IJB Finance Audit and Performance Committee to form a basis for delivery, reporting and assurance in a risk informed manner.

3.3. It is suggested these arrangements are put in place from the September cycle and their effectiveness being reviewed within 6 months and adaptions considered in light of experience to date.

4. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering 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:	The 2025/26 to 2027/28 Delivery Plan and Medium-Term Financial Plan are the core means of seeking to deliver service transformation and savings required to be deliver demonstrable progress against the approved Strategic Commissioning Plan priorities and seek to balance service and financial sustainability.
Other Resources:	The body of the paper set out progress in securing required project management capacity as approved with the 2025/26 Revenue Budget.
Legal:	
Risk & mitigation:	The approach set out will assist in delivery of service change in sustainable manner as part of the ongoing approach to delivery of the strategic plan priorities in a 'Needs Led, Resource Bound' manner. Risk HSC001 in the IJB Strategic Risk Register 'Delivery of Strategic Commissioning Plan within available budget' is currently scored at 25 High – the highest possible scoring.
Equality and Human Rights:	The content of this report **does not** require an EQIA
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) 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) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 9

Financial Report

For Approval

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

Clackmannanshire Council
Stirling Council
NHS Forth Valley

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To provide the Integration Joint Board with an update on the final 2024/25 Financial Position and an overview of financial projections for 2025/26 at Quarter 1.

Recommendations:	The Integration Joint Board is asked to: 1) Note the final 2024/25 Financial Year Outturn, subject to statutory audit. 2) Consider and discuss the content of the paper. 3) Note the reinstatement of the integrated finance report and narrative on areas of material variance. 4) Note that in order to mitigate in-year financial risk as far as is possible further cost improvements plans in the region of £4m from the controllable integrated budget are required. 5) Agree the proposal for a private session of the IJB Finance, Audit and Performance Committee on 20 August to discuss potential further budget recovery measures which will open to all IJB members to attend. 6) Note the update in relation to further material financial risk issues.

Key issues and risks:	The final financial position for 2024/25, subject to statutory audit, sets out the net overspend which was not recovered in year. The final risk share agreements between the constituent authorities remains unresolved and part of the ongoing dispute resolution process. Quarter 1 projections for 2025/26 illustrate significant ongoing pressure on the partnership budget requiring urgent action through a combination of increased pace of progress on the Delivery Plan and the need for identification and actioning of additional recovery measures. Without additional measures there is a significant risk that the partnership budget continues to overspend. Additional measures may also pose a significant risk to performance and delivery of statutory obligations of the constituent authorities.

1. Background

1.1. In relation to financial year 24/25 the IJB received a draft 24/25 Year End Financial Report at its June meeting highlighting that this was subject to further change.

1.2. The IJB approved the 2025/26 Revenue Budget, 2025/26 to 2026/27 Delivery Plan and Medium-Term Financial Plan at its special meeting of 2 May 2025. The budget remained unbalanced at this time and therefore the IJB were advised of the probability of requiring to stay in 'financial recovery mode' and consider further financial recovery measures on an ongoing basis. The delay in setting the budget also posed some additional risks particularly in terms of the ability to bring in additional project management capacity to assist in driving forward the ambitious programme of service transformation and reform set out in the Delivery Plan. A separate report on this is also presented on today's agenda.

1.3. Given the above, the risk scoring in the IJBs Strategic Risk Register for HSC001 Delivery of Strategic Commissioning Plan within available budget remains at 25, the highest possible score.

1.4. 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.

1.5. The issues set out in this report continue to echo the key messages across IJBs nationally contained within the Accounts Commission report on Integration Joint Boards' Finance and Performance 2024 published in July 2024, and the IJB Finance Bulletin published in March 2025.

2. 2024/25 Financial Year Outturn

2.1. The report to the June IJB set out a draft outturn position which was subject to further change.

2.2. A final position for the Stirling Council arm of the integrated budget was reached on 31 July which results in an outturn position as set out in the table below. These further adjustments have not resulted in a material change to the position reported at the June meeting.

Clackmannanshire & Stirling Health & Social Care Partnership
Draft Outturn Summary
Financial Year 2024-25

	NHS Forth Valley	Stirling Council	Clackmannanshire Council	Total
	£000	£000	£000	£000
Integrated Budget	160,937	55,820	28,853	**245,610**
Expenditure	165,362	59,965	31,547	**256,874**
Variance	(4,425)	(4,145)	(2,694)	**(11,264)**
Reserve utilisation per Rev Budget	1,974	987	987	**3,947**
	(2,452)	(3,158)	(1,707)	**(7,317)**
Further recovery measures (MDT)	171	85	85	**341**
Overspend before risk shares	(2,281)	(3,073)	(1,622)	**(6,976)**

Given NHS Forth Valley has already passed a payment to the IJB for risk share on voting shares and Stirling Council have committed to a voting share basis this leaves an unresolved amount for 2024/25 subject to the ongoing dispute resolution process of £0.417m being the difference between the additional payment agreed by Clackmannanshire Council as a loan of £1.327m and a voting share of £6.976m (£1.744m-£1.327m=£0.417m). The final basis of risk shares will be determined by the outcome of the dispute resolution process in due course.

2.3. As detailed in the report to the June IJB a repayment to NHS Forth Valley will be due in line with the provisions of section 8.6.2. of the extant integration scheme.

2.4. The IJBs unaudited accounts will therefore be prepared on this basis and will be presented to the IJB Finance, Audit and Performance Committee later in August along with an update on discussions with the IJBs external auditors on scheduling of the audit. At the time of writing work was ongoing to reconcile final reserves balances for assurance letters and further detail on this will be presented to the FAP Committee as part of the unaudited accounts papers.

2.5. The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and this remained the case for 2024/25 also. The financial pressure for set aside services met by NHS Forth Valley totalled £4.922m.

3. Integrated Finance Report incorporating Initial 2025/26 Projections based on Quarter 1/Month 3

3.1. The previous few financial reports have highlighted temporary challenges in reinstating the form of integrated financial reporting previously agreed with the Board. It has now been possible to reinstate this, and projections based on financial performance to Quarter 1/Month 3 are provided below.

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2025-26
M3

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000
Community Nursing	5,557	5,308	249
Complex Care Adults	1,410	1,918	(508)
Clackmannanshire Community Healthcare Centre	3,334	3,560	(226)
The Bellfield Centre	9,188	8,508	680
Palliative Care in the Community	27	23	4
Older People/Physical Disabilities - Residential	25,557	30,456	(4,899)
Older People/Physical Disabilities - Non Residential	24,525	30,020	(5,495)
Learning Disabilities - Residential	6,476	6,434	43
Learning Disabilities - Non Residential	25,734	29,458	(3,723)
Mental Health - Residential	2,173	2,705	(532)
Mental Health - Non Residential	9,166	8,144	1,023
Assessment & Care Management	9,979	9,586	394
Reablement	13,314	12,363	951
Housing Aids & Adaptations	835	835	-
Health Promotion, Health Improvement & Corporate Services	2,759	2,289	470
Addictions	4,210	4,214	(4)
Public Dental Service	1,391	1,342	49
Management & Other	3,119	2,507	612
Community Admin	1,772	1,458	315
Transformation Funds	2,658	2,008	650
Leadership Funds	-	-	-
Cs Community Living Change Fund	-	10	(10)
Resource Transfer & Pass Through Funds	(621)	(621)	(0)
Family Health Services	55,542	55,600	(57)
GP Out of Hours Services	3,042	2,595	447
Primary Care Improvement Plan	30	30	-
Prescribing	32,939	37,361	(4,422)
Vaccinations (Woman & Children Team)	-	369	(369)
Contribution from reserves per revenue budget (NHS FV Contribution to 25/26 Risk Share)	4,000	-	4,000
Integrated Budget Total	**248,119**	**258,479**	**(10,360)**
Set Aside Budget for Large Hospital Services	38,224	43,505	(5,281)
Set Aside Total	**38,224**	**43,505**	**(5,281)**
Strategic Plan Budget Total	**286,343**	**301,984**	**(15,641)**

3.2. Members have also previously commented that it would be useful to be aware of the composition of the position across the constituent authorities. This information is therefore provided at Appendix 1.

3.3. The projections above are based on best information available at time of writing and care commitments per records held in social care recording systems. They do not factor in how the implementation of the delivery plan may further impact the position over the remainder of the year and further

modelling is being undertaken to fully assess this based on August progress reports.

3.4. The projected net overspend on the integrated budget of £10.360m incorporates the additional payment of £4m made in 24/25 by NHS Forth Valley towards the residual financial gap not met by savings proposals for 2025/26 at the point (2 May) that the Revenue Budget, Delivery Plan and Medium-Term Financial Plan was approved by the IJB. It does not at this point reflect any potential additional payment from Stirling Council. Stirling Council have made provision for a potential additional payment of up to £1.973m by means of an earmarked reserve dependent on an agreed cost share amongst partners and a report requiring approval to release funding being brought back to council in due course. This therefore also now relates to the ongoing dispute resolution process.

3.5. As can be observed from the summary integrated financial report incorporated at section 3.1 of this report and the further analysis and narrative below the key drivers of the projected overspend are:

- Primary Care Prescribing – increased costs and volumes. This remains a cost pressure although the level of financial pressure appears to be lower than we have experienced in recent years. Members are, however, reminded that prescribing costs and volumes can be volatile and are challenging to accurately predict.
- Demographic demand driven pressures in Complex Care, Older People/Physical Disabilities residential care and care at home and Learning Disabilities. The pressures in this area have been compounded by a very high tariff case currently being cared for in the community on a 2:1, 24 hours a day basis whilst a suitable appropriate care placement is sought. This case was not known about at budget planning.

3.6. Given the quantum savings within the approved delivery plan totalled (net) £11.163m it could reasonably be viewed that the most the delivery plan could reasonably mitigate the projected overspend is 9/12ths of this amount which would be £8.372m leaving a residual overspend of £1.988m. Whilst some elements of the delivery plan are on or ahead of schedule e.g. the commissioning decision in respect of the model of care for older people in Clackmannanshire (the last resident left Menstrie House on 21 July and the building will be cleared and handed over to the Council before the end of August) and Mental Health ward redesign which is on track, some including much of the Learning Disabilities work and improvements to business processes and income recovery require structured approaches supported by effective project management. These are, therefore likely to take slightly longer to begin delivering estimated benefits and therefore my initial assessment of additional cost improvement plans required is double the most optimistic figure stated above or in the region of £4m.

3.7. Given the above it would be prudent to plan for an additional in year savings proposals in the region of £4m from the controllable element of the integrated budget (i.e. excluding the national Primary Care contracts within the Family Health Services element of the Integrated Budget) to be in a position to give

the IJB assurance that the integrated budget can be brought into balance. This was discussed with the HSCP Senior Leadership Team on 6 August to aide preparation for the private session of the IJB FAP Committee on 20 August.

3.8. Specifically in relation to the commissioning decision in respect of the model of care for older people in Clackmannanshire a number of employees of Clackmannanshire Council will choose to take voluntary redundancy. The Councils Chief Finance Officer has advised the costs associated with this will be charged to the operational HSCP budget and not met corporately therefore although the provision has ceased sooner than anticipated the in-year revenue savings may be lower than anticipated.

3.9. There is therefore a requirement to urgently consider further budget recovery options to mitigate the risks as far as possible as well as taking all available steps to accelerate progression with the delivery plan utilising the project management capacity now being put in place.

3.10. Future finance reports will include a savings delivery tracker which is being put in place alongside the delivery plan progress reporting from August.

3.11. The current projections and care commitments now more clearly indicate there was little if any material net downward trend on a recurrent basis. This, along with the wider context of financial constraints and pressures across the budgets of the constituent authorities make it an imperative that urgent action is taken to bring expenditure within budget, challenging though that will be.

3.12. To this end a private session of the Finance, Audit and Performance (FAP) Committee has been scheduled on 20 August to discuss potential further budget recovery options before any proposals are brought to the IJB for consideration. All IJB members have been invited to this session and the senior leadership team will present potential additional measures to recover the budget position in year.

3.13. Meantime the following approaches will continue:

- 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)
- We will begin to evaluate emergent evidence of impact from the implementation of Multidisciplinary Team Meetings per paper 16 presented to the 21 May IJB in both financial and non-financial terms.
- 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.
- Key controls such as vacancy panels and Senior Resource Allocation Group (SRAG) will be maintained to ensure senior scrutiny and oversight of high-tariff packages of care. Given SRAG has now been in place for

more than a year we will reflect on the approach and impact and consider future arrangements.

- Clear communications to HSCP teams on the importance of good budget management will continue including an update on the current projections and further actions required. This will include messaging that the IJB and HSCP will therefore stay in ‘financial recovery mode’ for the foreseeable future.
- 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.

4. Areas of Material Variance

4.1. 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 has over the past couple of years been the most material element of projected overspend in the Integrated Budget.

Based on most recent prescribing information (to April 25) volumes are up 3.7% on April 24 whilst average cost per item has decreased to £10.79 per item (average cost per item in 24/25 was £11.07). Members are asked to specifically note that prescribing costs and volumes can be volatile and such volatility can materially affect forecasts from month to month. Specific updates on Prescribing will be incorporated with future reports.

4.2. Older People / Physical Disabilities Residential Care – Projected overspend £3.899m. The Delivery plan incorporated a target for achieving a net reduction in long term care placements in line with strategic priorities and taking account of the additional cost pressure the increase in the National Care Home Contract rate increase brought. In Stirling localities a small net decrease in service users numbers in nursing homes was observed (421 @ 25 March 25 and 407 @ 30 June 2025) however there were a significant number (36) of unstarted placements recorded at the last available data point (28 July) which suggests the net reduction may not be sustained. Care home deaths during June and July were low compared to longer term trends though. In the Clackmannanshire locality there were 254 placements as at 30 June 2025, an increase of 13 from the start of the financial year. However, this increase has largely been driven by placements of former Menstrie House residents in appropriate alternative care settings. In order to meet the planned savings somewhere in the region of a 2:1 discharges/deaths to admissions ratio over the remainder of the financial year would be required. Whilst efforts to achieve this whilst prioritising appropriate hospital discharges will continue there is a risk to performance.

4.3. Older People / Physical Disabilities Non-Residential Care – Projected overspend £5.495m. The numbers of clients receiving care and support in Stirling localities in the week to 1 July 2025 was 1261 compared to an average 1243 in 2024 (+1.44%) whilst the average number of commissioned hours was 22,290 compared to an average of 22,007 (+1.29%) in 2024. In Clackmannanshire there were 984 current service users at 30 June 2025 an increase of 35 users since 1 April (+3.6%). Further work is ongoing facilitate the presentation of activity data consistently across the partnership.

4.4. Learning Disabilities Non-Residential Care – projected overspend £3.723m. Over recent years the cost and complexity of care needs for Learning Disability has increased considerably and often there are no suitable local alternative provisions for service users locally. Peer partnerships are reporting such issues also as a key pressure area and the experiential learning since establishment of the Senior Resource Allocation Group (SRAG) is that much of the high tariff care needs presenting to SRAG relate to the Learning

Disability client group. The LD aspects of the Delivery Plan are therefore key to assisting in mitigating some of these increases as is development of alternative local care models including supported accommodation type models over the medium term.

4.5. Complex Care – projected overspend £0.508m overspend 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.

4.6. Clackmannanshire Community Healthcare Centre wards – There have been significant cost pressures across these wards over the past couple of years and whilst this has dissipated somewhat, some degree of financial pressure is still projected in the current financial year.

4.7. The key areas of material adverse variance above are offset to a degree by largely staffing related underspends across many of the other budget lines including District Nursing, Reablement and Bellfield. It is critical that any underspending areas do not spend up to budget and the communications out to budget managers will emphasise this. There may on an ongoing basis be a requirement for reallocation of budgets and this will be kept under active review.

5. Set Aside Budget for Large Hospital Services

5.1. As has previously been reported, the financial pressures in relation to the Set Aside budget are predominantly related to unfunded contingency beds (UCBs), unfunded provisions included services previously funded by non-recurrent Scottish Government funding and associated supplementary staffing costs. The overspend for the 2024/25 financial year was £4.922m and the initial 2025/26 is an overspend of £5.281m. An analysis of this is provided in the table below.

Set Aside Budget for Large Hospital Services	Projected Variance £'m	Narrative
Accident and Emergency Services	(2.029)	Urgent Care Centre funding and overestablishment/unfunded posts.
Inpatient Hospital Services General Medicine	(0.460)	Significant increase in nursing hours over several wards
Inpatient Hospital Services Geriatric Medicine	(1.219)	Temporary and unfunded workforce costs
Inpatient Hospital Services Rehabilation Medicine	(1.138)	Agency locum medical costs and increase in nurse bank costs
Inpatient Hospital Services Respiratory Medicine	(0.191)	Increase in pharmacy issues
Pallative Care	(0.011)	
Learning Disabilities	(0.070)	Relates to Lochview and increase in nurse bank costs to cover vacancies and maintain safe staffing levels
Mental Health	(0.159)	Nurse bank, temporary workforce costs. Financial pressure greatly reduced from 24/25.
Other Medical	(0.004)	Cost pressures in portfolio team.
Total	**(5.281)**	

Note: Negative figure represents an overspend

5.2. Financial reporting in relation to Mental Health services is subject to ongoing review and future changes to reflect operational responsibilities.

6. Further Material Financial Risk Issues

6.1. This section of the report details two further material financial risk issues the IJB requires to be aware of.

6.2. The first one relates to the Primary Care Improvement Plan (PCIP). Members will be aware through previous reports and seminars on Primary Care there has been an over-commitment in relation to PCIP which has been managed in recent years through vacancy levels, a degree of service redesign and use of both Forth Valley IJBs reserves regimes to manage financial risk from one year to another.

6.3. Whilst the residual earmarked reserves in 2025/26 are envisaged to be sufficient to mitigate risk in the current year factors such as reducing staff turnover, more staff now being at top of banding, inflation and the reduced working week now means that, without further action, there is an increasing probability that this risk would begin to crystallise in 2026/27. There is, therefore, a process of examining potential options being taken forward and considerations from this will be brought to both IJBs in due course.

6.4. The other material emergent financial risk relates to the Scotland Excel Care and Support Framework and fee setting arrangements for 2025/26. Despite concerns raised by the CIPFA IJB Chief Finance Officers Section regarding both affordability and override of governance arrangements in local systems Scotland Excel have agreed with their Chief Executive Officers Management Group, which includes representation from Council Chief Executives and Directors of Finance and IJB Chief Officers to establish a position where providers can apply and provide evidence to support a maximum additional increase of 2.23% over the rate increases approved by the IJB within the Revenue Budget. The additional increase would relate to Employers National Insurance contributions and non-staffing inflation. Locally the agreed rate increase was only in relation to the increase in Scottish Living Wage.

6.5. Whilst there is a degree of mitigation that can be applied locally this does potentially bring an additional level of potential financial risk to the Integrated Budget. Other partnerships and councils who do not use the Scotland Excel framework have also, I understand raised concerns re potential impact on the market.

6.6. As the contracts are held by the Council there may require to be discussions in regard of whether we continue to be committed to the framework locally in the future.

7. Reserves

7.1. The report to the June IJB estimates a draft reserves position held by the IJB at 31 March 2025 is £9.939m with no general or continency reserve balances being held. All £9.939m of reserves are therefore earmarked for specific purposes.

7.2. £4m of this relates to financial support for the 25/26 Revenue Budget provided by means of an additional payment from NHS Forth Valley and there is also an amount repayable to NHS Forth Valley in respect of 24/25.

7.3. As referenced above, given the financial Stirling position was only reached on 31 July at the time of writing work was ongoing to reconcile and agree final reserves balances and incorporate within assurance letters from the Council Chief Finance Officers. It is therefore proposed that full detail on year-end reserves is incorporated within the report accompanying the unaudited accounts to the Finance, Audit and Performance Committee meeting on 20 August.

7.4. Future periodic IJB reports will incorporate detail on projected reserves balances at 31 March 2026.

8. Conclusion

8.1. This report continues to set out a deeply concerning position for the IJB and its constituent authorities. Whilst it is in someways understandable progress on the delivery plan as the means of aligning service and financial sustainability is behind schedule at this point given the delay in agreeing the budget and timing of establishment of programme management office approach it is clear that additional in-year actions are required to increase confidence be able to provide the IJB assurance that the Integrated Budget can be brought into balance in the current financial year.

8.2. This will be difficult to achieve whilst maintaining whole system performance, delivering all delegated integration functions and statutory obligations of the Councils and NHS Board.

8.3. The proposed private session on 20 August will give IJB members an opportunity to be presented with and understand the risks of potential additional options prior to further proposals being presented to the IJB meeting in September. There will also require to be discussions on the risks with the constituent authorities during this period.

8.4. It is also critical that additional short-term options do not adversely impact progression with the delivery plan particularly those elements which are projected to generate significant recurrent full year financial benefits in 2026/27.

8.5. 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.

9. Appendices

Appendix 1 – Analysis of Projections at Partner Level
Appendix 2 – 25/26 Directions Log

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:	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. The key financial resilience risk HSC001 is scored 25, the highest possible score, in the IJBs Strategic Risk Register.
Equality and Human Rights:	The content of this report **does not** require an EQIA
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) 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)

	Please select the appropriate statement below: This paper **does not** require a Fairer Duty assessment.

Appendix 1 – Integrated Budget Projections Analysis at Partner Level

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview - Integrated Budget
Financial Year 2025-26
M3

Authority	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000
NHS Forth Valley	155,670	157,109	(1,439)
Stirling Council	58,401	64,394	(5,993)
Clackmannanshire Council	30,047	36,975	(6,928)
Sub Total Pre Reserves Utilisation	**244,119**	**258,479**	**(14,360)**
Contribution from reserves per revenue budget (NHS FV Contribution to 25/26 Risk Share)	4,000	-	4,000
Integrated Budget Total	**248,119**	**258,479**	**(10,360)**

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-2025_26/001	25/26 Revenue Budget 25/26 - 27/28 Delivery Plan and Medium Term Financial Plan	Clackmannanshire Council Stirling Council Forth Valley	Clackmannanshire Council is directed to spend the delegated net budget of £30.047m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to: Commissioning a Change to the Model of Care for Older Adults £0.288m Review and Redesign of Learning Disability Day Services £0.131m Shift from traditional respite models to short breaks provision £0.148m Reducing Reliance on Long-Term Care £0.765m Additional Income from revised contribution policies £0.167m Improving Financial Assessment and Recovery £0.499m Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.100m Care at Home Review Team £0.217m Review of OOA Placement and high tariff packages of care £0.114m MECS Reduction in Overtime £0.010m Reablement staff costs £0.008m Cease all local social work and OT posts £0.120m Removal of Historic Accommodation based housing support payments and maximising income £0.050m Stirling Council is directed to spend the delegated net budget of £57.337m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to: Reconfiguration of Bellfield Intermediate Care Beds with net 4 bed reduction £0.150m Reducing Reliance on Long-Term Care £1.530m Additional Income from revised contribution policies £0.333m Improving Financial Assessment and Recovery £0.999m Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.200m Care at Home Review Team £0.433m Review of OOA Placement and high tariff packages of care £0.360m MECS Reduction in Overtime £0.020m Reablement staff costs £0.017m Cease all local social work and OT posts £0.241m Removal of vacant sensory centre posit £0.024m Removal of Historic Accommodation based housing support payments and maximising income £0.100m Delete current vacancies at Riverbank £0.073m Improving Value from Supported Housing £0.028m NHS Forth Valley is directed to spend the delegated net budget of £190.909m in line (£36.333m of which is set aside for large hospital services) with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to this report, the following allocations relate to: Bellsdyke Ward Redesign £0.450m Reductions of 4 Beds in each of CCHC1, Wallace Bellfield and Bellfield Intermediate Care £0.706m Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals £0.387m Take management action to bring CCHC ward budgets into balance £0.669m Community Nursing Skill Mix Options £0.020m Improved Stock Management CCHC and Bellfield £0.030m Removal of vacant Band 2 former hairdressing post CCHC1 £0.020m Deletion of Service Manager post in Health Improvement £0.085m Primary Care Medicines Optimisation Programme £1.5m Income Generation for 3 beds (1 IPCU, 1 Hope House, 1 LD) £0.263m Review and Spend Reduction Older Peoples CMHTS £0.145m Substance Use Services – Technical Switches (Naloxone / buprenorphine) £0.062m Psychology Non pays budget reduction - £0.011m Psychology – Cease mat leave cover - £0.060m Move all patients, where safe, to typical antipsychotics £0.020m Delete Vacant Pharmacy Tech post at Lochview £0.010m Delete Vacant Arts Therapist Post £0.030m Apply Vacancy Factor to AHP budget based on recent years turnover rates £0.075m Admin Review: Eating Disorders Service 0.4WTE reduction £0.021m Cease funding support for Frailty and ARBD from HSCP transformation funding £0.093m	**Clackmannanshire and Stirling IJB**	02 May 2025	Current	https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2025/04/Special-Meeting-2nd-May-2025.pdf	02 May 2025	31 March 2026	Work in progress

			Clackmannanshire and Stirling Councils are directed to implement, effective from 7 April 2025 the increased rates for the National Care Home Contract as set out in the settlement letter and minute of variation from Scotland Excel, COSLA and Scottish Care dated 4 April 2025. The extant integration scheme requires Clackmannanshire Council, Stirling Council and NHS Forth Valley to consider draft budget proposals based on the Strategic Commissioning Plan as part of their annual budget setting processes. All partners are requested to consider the Medium-Term Financial Plan set out within this report as part of their budget processes for 2026/27 to 2027/28							
CSIJB-2025_26/002	Care at Home Contract Implementation	**NOT APPROVED OR ISSUED**		**Clackmannanshire and Stirling IJB**						
CSIJB-2025_26/003	Commissioning Change to the Model of Long Term Care for Older Adults	Clackmannanshire Council	From 1 April 2025, Clackmannanshire Council to no longer provide long-term mainstream residential care for older people by instead making available care at home provision to support older adults to remain within their own homes and for those older people who are unable to sustain living in their own home due to complexity of care needs to make available residential nursing care provision to meet those needs.	Residential and non-residential social care support provided and contracted by Clackmannanshire Council	26 March 2025	Currrent	IJB-Meeting-Wednesday-26-March-2025-1.pdf	26 March 2025	01 June 2025	Work in progress
CSIJB-2025_26/004	Mental Health Inpatient Design	NHS Forth Valley	The two existing inpatient psychiatric rehabilitation wards are to be merged into a single inpatient unit with an improved flow. This aligns with supporting people in the community and builds towards and much more community-orientated model of care. Achievement of this will be monitored through the Length of Stay, Flow and Delayed Discharge Data.	Mental Health and Learning Disability, Inpatient Services. Bellsdyke Hospital: Trystview and Russell Park Ward	26 March 2025	Current	IJB-Meeting-Wednesday-26-March-2025-1.pdf	26 March 2025	01 June 2026	Work in progress
CSIJB-2025_26/005	ADP Commissioning	**NOT APPROVED OR ISSUED**		**Clackmannanshire and Stirling IJB**						
CSIJB-2025_26/006	Model of Care - Respite and Short Breaks	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Short Breaks Service Statement, a key component of this being the dissemination of advice and information to carers. And to inform their employees of the approach outlined in this paper, and detailed at Appendix I.	Social work through their role to support carers Third sector through providing carers supports	26 March 2025	Current	IJB-Meeting-Wednesday-26-March-2025-1.pdf	26 March 2025	27 August 2025	Work in progress
CSIJB-2025_26/007	Implementation of Scotland Excel Care and Support Framework	Clackmannanshire Council Stirling Council	Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the contract as described and carry out ongoing contract monitoring as described.	All externally commissioned provision of care at home services across Clackmannanshire and Stirling Councils.	21 May 2025	Current	IJB-Meeting-Wednesday-21-May.pdf	21 May 2025	01 April 2027	Work in progress
CSIJB-2025_26/008	Proposed Delivery Plan for Dementia	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council and NHS Forth Valley are directed to:- 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.	Commissioned Support for those individuals living with dementia.	18 June 2025	Current	IJB-Meeting-Wednesday-18-June.pdf	18 June 2025	01 June 2026	Work in progress
CSIJB-2025_26/009	Palliative and End of Life Care Commissioning Approach	Clackmannanshire Council Stirling Council NHS Forth Valley	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.	Community support for those who are palliative or end of life care, and their family members/ carers	18 June 2025	Current	IJB-Meeting-Wednesday-18-June.pdf	18 June 2025	01 June 2026	Work in progress
CSIJB-2025_26/010	Commissioning of Independent Advocacy Services	Clackmannanshire Council Stirling Council NHS Forth Valley	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).	All adult health and social care services	18 June 2025	Current	IJB-Meeting-Wednesday-18-June.pdf	18 June 2025	01 October 2027	Work in progress
CSIJB-2025_26/011	Supported Housing Best Value Review	Clackmannanshire Council Stirling Council NHS Forth Valley	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).	Supported housing provision for older people, learning disabilities and mental health provided across both Clackmannanshire and Stirling Councils.	18 June 2025	Current	IJB-Meeting-Wednesday-18-June.pdf	18 June 2025	01 September 2026	Work in progress

CSIJB-2025_26/012	Mental Health and Wellbeing Strategic Plan	Clackmannanshire Council Stirling Council NHS Forth Valley	NHS Forth Valley, Clackmannanshire Council & Stirling Council are directed to support their employees to implement the Mental Health & Wellbeing Strategic Plan as required.	Community Mental Health Services Mental Health Assessment and Treatment Service Mental Health Officer Teams Substance Use Services Psychiatric Liaison Adult Inpatient Services Forensic Mental Health Services Prison Mental Health Services LD Services Older Adult Mental Health Services NHS Forth Valley Strategic Planning Services C&S strategic planning services Community Planning Services NHS Forth Valley Public Health Psychological Services Allied Health Professional Services Commissioned services as appropriate – third sector providers Carers and Service Users Primary Care	13 August 2025	Current		13 August 2025	01 August 2026	Work in progress

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 10

Quarter One Performance Report (April to June 2025)

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Ann Farrell, Principal Analyst
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services. Relevant targets and measures are included in the integration functions as set out in the current 2023 - 2033 Strategic Commissioning Plan.

Recommendations:	The Integration Joint Board is asked to: 1) Review the Quarter one (April to June 2025) Performance Report. 2) Note the areas where actions have been taken to address the issues identified where performance needs to be improved. 3) Approve Quarter one (April to June 2025) Executive Summary (Appendix 1) & Report (Appendix 2).

Key issues and risks:	Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of information systems which is unlikely to occur in the short term means progress will continue to be limited by the constraints of current information systems and capacity. As performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014, to not produce, and circulate this information for assurance, would contravene our duties under this legislation.

1. Background

1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting, this paper is being presented to support the IJB to discharge its role in scrutiny and oversight of the performance of delegated integration functions.

1.2. Underpinning scorecards for the delegated services are established and work is ongoing to provide this data down to Locality level. Some NHS data is now included in the attached report and other data will follow as there is systematisation of activity and performance data.

1.3. Service plans and related performance indicators are also being developed, as well as key indicators aligning to the 2023/33 Strategic Commissioning Plan and Integrated Performance Framework approved by the IJB in June 2024. This Quarterly Performance Report will therefore continue to develop as data becomes available, and performance measures are agreed.

1.4. The content of this report is routinely and actively monitored, and the information supports wider planning and delivery in areas such as Locality Planning, Strategic Commissioning Plan delivery, operational service planning and aligns to the priorities of the Delivery Plan programme of work presented as part of budget planning and reporting.

1.5. There are key measures linked to national programmes to improve NHS Unscheduled Care. The approach aims to reduce delays in every patient's journey in hospital by whole system planning. This is done through preparation for discharge and delivery of a 'home first' approach with 'discharge to assess' being common practice.

2. Considerations

2.1. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families. Linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards are illustrated within the report.

2.2. It has been agreed, with the Chief Officer and Senior Leadership Team, that where quarterly national data is available, this would be included in the report. Where data is used from a previous quarter this is indicated in the data tables of the report in appendix 2.

2.3. The Quarter One Performance Report has been aligned to the Strategic Commissioning Plan 2023-2033. It also sits within the context of the HSCP's Integrated Performance Framework, which was agreed by the IJB at a Board meeting on 19th June 2024.

2.4. Locality Planning updates are included in the report providing oversight and scrutiny in relation to overall performance of the Partnership against the Strategic Plan, National Outcomes/ Local Delivery Plan / relevant national targets and the emergent locality plans. These are presented to Strategic Planning Group as these areas are encompassed within their role to monitor delivery of the Strategic Commissioning Plan.

2.5. This report highlights each of the sources of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP area who may have attended more than one acute hospital), local NHS systems or local authority social care recording systems.

2.6. This report is seeking to ensure that data is as accessible as possible to a range of readers and is therefore following guidance around the presentation of information and data.

2.7. In line with requirements, data is principally presented to report activity at an HSCP level and where it is appropriate data may be reported at health board, local authority or locality level. However, where numbers are lower than 5, these will be noted to prevent the risk of identification of an individual.

2.8. Where data is not available for the current quarter this will be noted as "not available" and the latest information available may be included.

2.9. Where data is affected by completeness this is denoted with a "p". “Provisional" data indicates when initial data releases are subject to change before final figures are published.

3. Development of Quarterly Performance Reports

3.1. The Committee is asked to approve quarterly performance reports with a view to present each quarter at a subsequent IJB.

Quarter One	1st April to 30th June 2025
Quarter Two	1st July to 30th September 2025
Quarter Three	1st October to 31st December 2025
Quarter Four	1st January to 31st March 2026

3.2. The Performance Reports are continuing to be developed based on areas of focus and feedback from members of this committee and wider stakeholders.

4. Conclusions

4.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Scheme, as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Integration Joint Board.

4.2. Performance reports are being used across service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data. Work continues to align the performance reporting with the Integrated Performance Framework, which was agreed in June 2024. As well as, being based on access to activity data and performance information for all delegated NHS and Council services.

4.3. As agreed in June 2024, reporting of activity data from the three partner organisations' systems for activity data is developing however the collation of service level data continues often to be a manual task from individual systems. As can be seen within this Report, mechanisation of the data using Pentana is

already in place, in some areas of service, and will continue to be developed through 2025 - 2026.

4.4. Performance and operational colleagues are working to add further service level targets onto Pentana and the programme of modernisation and transformation has built in performance measures and measurement of outcomes for people as part of the developing dashboards. This increased reporting will be seen through the quarterly performance reports presented to the Board throughout 2025 and 2026.

5. Appendices

5.1 Appendix 1 Quarter One (1st April to 30th June 2025) Executive Summary

5.2 Appendix 2 Quarter One (1st April to 30th June 2025) Performance Report

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering 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:	Performance reports should be read in conjunction with financial reports to give a broad overview of strategic, operational and financial performance and sustainability.
Other Resources:	As detailed in the body of the paper.
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	The IJB is presented with the strategic risk register on a quarterly basis. Given the context on constrained resources, increasing demand and complexity and a programme of transformation and service modernisation there is a fundamental tension between financial and service sustainability and performance which is likely to require difficult choices and service prioritisation decisions.

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	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) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1

Clackmannanshire & Stirling Integrated Joint Board Quarter One Performance Report (April to June 2025) Executive Summary

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction
Please see detailed performance report for MAT Standards 1,2, & 5 which are now included in the report. MAT 3 is not available this quarter.

- The number of Standard, Code 9 and Code 100 Delayed discharges at census point decreased from 37 in 2024/25 Q4 to 32 in 2025/26 Q1, this is a decrease from 49 in June 2024. Code 9 delayed discharges decreased from 21 in 2024/25 Q4 to 16 in 2025/26 Q1. There were 15 Standard delays and 1 Code 100 delay.
- Occupied bed days attributed to HSCP standard delayed discharges at census point increased slightly from 285 in 2024/25 Q4 to 331 in 2025/26 Q1. This is a decrease from 664 in 2023/24 Q1.
- There has been an increase in the rate of Emergency Department (A&E) attendances (age 18+) from 1,361 in June 2024 to 1,448 in June 2025.
- FV Smoking quits at 12 weeks follow up for SIMD 1&2 quits in Q1 increased from 52 People in 2024/25 Q4 to 54 people in 2025/26 Q1.
- The rate of admissions due to falls for the over 65 age group reduced from 5.7 in 2023/24 Q4 to 5.0 in 2024/25 Q2 and has remained steady through to 2024/25 Q4 however, though the number of admissions for all ages had reduced through 2024/25 to 217 in Q3, Q4 shows an increase to 246 admissions which is higher than the 233 reported in 2023/34 Q4.
- In 2024/25 Q4 98.9% % of people in FV referred with their drug or alcohol problem (excl. Prisons) waited no longer than three weeks for treatment that supports their recovery. This continues to be above the 90% HEAT Target and is an increase from 96.6% in 2024/25 Q3.
- Mental Health readmissions within 28 days increased from 13 in 2024/25 Q3 to 20 in Q4 2024/25. This is higher than the 16 reported in 2023/24 Q4.
- HSCP Readmissions to hospital rate per 1,000 admissions in last month of quarter decreased from 63.52 in 2024/25 Q4 to 48.82 in 2025/26 Q1.
- HSCP A&E (ED&MIU) 4 Hour waits at end of quarter showed a small decrease to 60.5% at the end of 2025/26 Q1 from 62.9% at the end of 2024/25 Q4. This is higher than 51.4% at the end of 2024/25 Q1. The national target aims to have 95% of attendances seen and subsequently admitted, transferred or discharged in less than 4 hours.
- The percentage of FV patients who commenced psychological therapy within 18 weeks of referral at end of quarter decreased from 79.9% in 2024/25 Q4 to 73.3% in 2025/26 Q1. Although a decrease, this continues a fairly consistent pattern of around 70% compliance or above.
- FV Patients Waiting for Initial Appointment for psychological therapy at end of 2025/26 Q1 decreased to 1005 from 1042 in 2024/25 Q4. This is still higher than the 695 at the end of 2023/24 Q4.

Strategic Theme 2: Independent living through choice and control

- Key Indicators have been developed for the Right Care Right Time programme of work with a dashboard being able to present baseline data to managers to monitor impact and change.
- The Community Mental Health Team are now offering a minimum of three sessions of post-diagnostic support for every Clackmannanshire and Stirling resident who receives a diagnosis of dementia. Information from third sector supports is being developed as part of the commissioning approach to community hubs.
- SDS Forth valley are actively promoting training opportunities for staff and key partners in the community to raise awareness of services available and increase the referrals from Adult Social Care providing the right advice at the right time.

Strategic Theme 3: Achieving care closer to home

- The number of HSCP residents waiting to move into Reablement snapshot last week in quarter has increased from 14 in 2024/25 Q4 to 19 in 2025/26 Q1. This is still below the 22 reported in 2024/25 Q1.
- The percentage of Reablement clients with reduced or no hours after Reablement service has increased from 64% in 2024/25 Q4 to 67.5% in 2025/26 Q1.
- The number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter has remained at 7 at the end of in 2025/26 Q1. This is still below the 16 reported in 2024/25 Q1.
- The number of people delayed for over 2 weeks awaiting a package of care remained at 0 person at the end of 2025/26 Q1.
- No of people waiting for a Package of Care at last week of quarter increased from 37 at the end of 2024/25 Q4 to 42 at the end of 2025/26 Q1. This is still a reduction from the 54 in 2024/25 Q1. All of these residents have been waiting for less than 2 weeks.
- Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less) has increased to 31.5 days in 2025/26 Q1 from 24.5 in 2024/25 Q4.

Strategic Theme 4: Supporting empowered people and communities

Whilst the discovery rate, number of individuals / carers reached through Mobilise, was 558 individuals below the target for Q1, the Engagement rate i.e. the number of individuals engaging in further services, was more than double the target at 487 compared to the target of 207 individuals. Likewise, the Support figure, i.e. the number of individuals engaging in deeper support, was more than double the 91 target, with instead 228 individuals being supported.

Citizens Advice Bureau Carers' Support service reported 63 active clients accessing Carer Project during 2024/25 Q1 with 11 New Clients accessing Carer Project during the quarter.

> In terms of activity over Q1, this was an unusual & unrepresentative quarter in that the worker had reduced their hours and then submitted their notice. As a result no new cases were accepted from May, and most cases were also closed or were allocated to the wider CAB team. However the post has been recruited to and therefore there is an expectation that performance will resume in next quarter.

Clackmannanshire & Stirling
Health & Social Care
Partnership

Appendix 2

Clackmannanshire & Stirling Integration Joint Board

Quarter One Performance Report (April to June 2025)

Introduction

The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle of the Integration Joint Board as described in the Integration Scheme. The HSCP is working towards the delivery of the Strategic Commissioning Plan 2023-2033 which is cognisant of the national outcomes of integration, NHS Forth Valley Strategic Plan, Clackmannanshire Local Outcomes Improvement Plan and Stirling Council's Thriving Stirling.

The purpose of this report is to demonstrate our progress towards the priorities in the Strategic Commissioning Plan while monitoring the resources and the volume of service delivery. This report details the performance relating to partnership services which include national and local performance as well as performance targets and direction of travel. Many indicators are new to the Quarterly Performance Report (QPR) and are currently under development in line with the refreshed Integrated Performance Framework. Many indicators have been included to monitor volume, for information only, and it is not appropriate to set a target to increase or decrease demand, but only to meet demand.

Finance

This report should be read in conjunction with the finance report being presented to the IJB.

Strategic Theme 1: Prevention, early intervention & harm reduction

Prevention, early intervention, and harm reduction is focused on working with partners and communities to improve overall health & wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on people's health and in turn health and social care services. Early intervention and harm reduction is about getting the right levels of support and advice at the right time, maintaining independence, and improving access to services at times of crisis.

Key		Measure follows desired trend or meets target		Measure does not follow desired trend or meet target		Current data not available for comparison

Reference	Performance indicator	Q1 25/26	Desired trend or target	12 month trend	3 month trend
DD.TOT.CSHSCP	HSCP Delayed discharges (standard, code 9 and code 100) at census point (NHS FV).	32	↓	↓	↓
DD.ST.CSHSCP	HSCP Delayed discharges (standard) at census point (NHS FV).	15	↓	↓	↓
DD.OBD.CSHSCP	HSCP Occupied bed days attributed to standard delayed discharges at census point (NHS FV).	331	↓	↓	↑
DD.2wk.CSHSCP	HSCP Standard delayed discharge waits over 2 weeks at census point (NHS FV).	8	↓	↓	↓
DD.09.CSHSCP	HSCP Delayed Discharges (code 9) at census point (NHS FV).	16	↓	↓	↓
PHS MSG1a18+	HSCP Emergency admissions (age 18+) **MSG 1a (PHS)** (note always one quarter behind) (p data completeness issues)	Completeness issues with data from PHS			
READ28.CSHSCP	HSCP Readmissions to hospital rate per 1,000 admissions in last month of quarter (NHS FV).	48.82	↓	↑	↓
US.CSHSCP	HSCP A&E attendances (age 18+) rate per 100,000 population in last month of quarter (NHS FV).	1,448	↓	↑	↓
ED.CSHSCP	HSCP A&E (ED&MIU) 4 Hour waits at end of quarter (NHS FV)	60.5%	**95%**	↑	↓
ASC IJB.05.stir_ASP1& IJB.02.clac_ASP1	HSCP Number of Adult Support & Protection (ASP) referrals (LA)	762	Activity Data		
Smoke.12.12wLDP	HSCP Smoking No of quits at 12 weeks follow up SIMD 1&2 quits (note always one quarter behind)	Q4 24/25 54	↑	↓	↑
PHS DisFallAdm	HSCP Number of hospital admissions due to falls (all ages).(note always one quarter behind) (p data completeness issues)	Q4 24/25 246p	↓	↑	↑
PHS DisFallAdm	HSCP Number of hospital admissions due to falls (aged 65+).(note always one quarter behind) (p data completeness issues)	Q4 24/25 148p	↓	↓	↓
PHS DisFallAdm	HSCP Falls rate per 1,000 population aged 65+ (note always one quarter behind) (p data completeness issues)	Q4 24/25 5.0p	↓	↓	↓
DN.V	HSCP District Nursing Activity - No of visits (NHS FV).	30,192	Activity Data	↑	↑

Reference	Performance indicator	Q1 25/26	Desired trend or target	12 month trend	3 month trend
DN.TR	HSCP District Nursing Activity - No of Treatment room visits (NHS FV).	8,721	Activity Data	↑	↑
DN.C	HSCP District Nursing Activity - No of calls (NHS FV).	3,012	Activity Data	↑	↑
	Priority 1 Mental Health & Wellbeing				
RTT.COMP.PSYCH	% of **FV** patients who commenced psychological therapy within 18 weeks of referral at end of quarter. NHS Local Delivery Plan standard.	73.3%	**90%**	↓	↓
PAA.PS (Total)	**FV** Patients Waiting for Initial Appointment at end of quarter (NHS Forth Valley).	1005	↓	↑	↓
PHS MSG2c	HSCP Unplanned bed days mental health (age 18+) **MSG 2c** (note always one quarter behind) completeness issues apply to the latest figures	Completeness issues with data from PHS			
NSS MHADM	Mental health admissions of HSCP residents (NHS Forth Valley).	Q4 24/25 94	Activity Data	↑	↑
NSS MHREAD	Mental health readmissions of HSCP residents within 28 days (NHS Forth Valley).	Q4 24/25 20	↓	↑	↑
	Priority 2: Drug and alcohol care and support capacity across communities				
ADP.CSHSCP	% of Forth Valley people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery.	Q4 24/25 98.9%	**HEAT target 90%**	↑	↑
ADP.CGL.CSHSCP01	Number of HSCP residents attending Face to Face group sessions with Forth Valley Recovery Community.	Q4 24/25 1253	Activity Data	↓	↑
ADP.CGL.CSHSCP01	Number of HSCP residents attending individual sessions with Forth Valley Recovery Community.	Q4 24/25 30	Activity Data	–	↓

Falls

The rate of admissions due to falls for the over 65 age group reduced from 5.7 in 2023/24 Q4 to 5.0 in 2024/25 Q2 and has remained steady through to 2024/25 Q4. However, though the number of admissions for all ages had reduced through 2024/25 to 217 in Q3, Q4 shows an increase to 246 admissions which is higher than the 233 reported in 2023/34 Q4.

Adult Support and Protection

Due to information not being unavailable for Clackmannanshire previously, it is not possible to look at trend data for the number of referrals across the partnership.

Urgent and Unscheduled Care

A&E attendances (age 18+) rate per 100,000 population in last month of quarter

There has been an increase in the rate of A&E attendances (age 18+) from 1,361 in June 2024 to 1,448 in June 2025.

A&E (Emergency Department & Minor Injury Unit) 4 Hour waits at end of quarter

The June 2025 compliance for the Clackmannanshire and Stirling Partnership highlights an increase in performance to 60.5% compared with 51.4% in June 2024.
It should be noted that national reporting guidelines changed in July 2023 with the removal of planned Emergency Department attendance data. This has impacted the 4 hour Emergency Access Standard compliance with a downward shift recorded.
The national target aims to have 95% of attendances seen at Emergency Department and subsequently admitted to hospital, transferred to another site or discharged from hospital site in less than 4 hours.

Delayed discharges at December census point

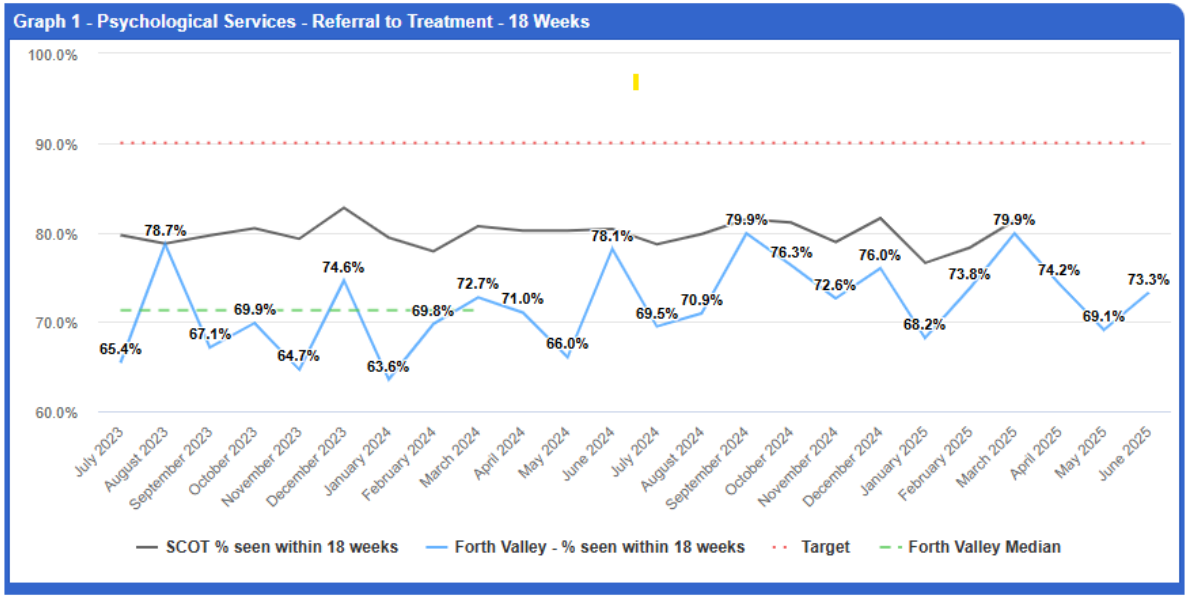
The Clackmannanshire & Stirling partnership breakdown at the June 2025 census is noted as:

- 15 Standard delays, 8 are delayed in hospital bed over 2 weeks
- 16 Code 9 exemptions
- 32 total delays (ex Code 100) including 1 Code 100

Clackmannanshire & Stirling Partnership shows there was a decrease in the number of bed days occupied by people delayed in hospital from 664 in June 2024 compared to 331 in June 2025. This is a small increase from 285 at the end of March 2025.

Priority 1: Mental Health and Wellbeing

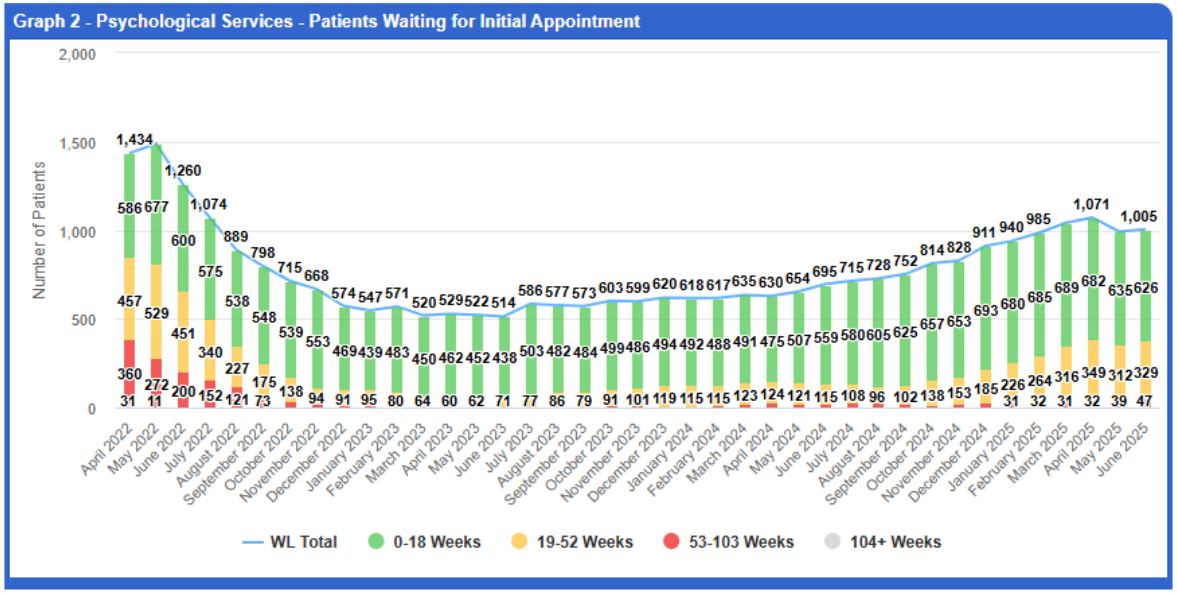
Psychological Therapies



What is the Data telling us and Why?

Graph 1 - Psychological Services - Referral to Treatment (RTT) - 18 Weeks

This graph includes psychological therapies delivered within CAMHS to ensure consistency with PHS reporting parameters. The median monthly RTT improved from 66.3% in 2022/2023 to 71.3% in 2023/2024. This may be explained by significantly improved data quality with ongoing quality checks; alignment of reporting of Digital Therapies with national guidelines; increasing inclusion of psychological therapies from other areas including Eating Disorders: the expansion of IESO digital therapy with increased uptake initially. Subsequent variance in the RTT can be explained by: seasonal trends; a plateau in terms of IESO uptake by those with short waits as it became business as usual; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and group therapy starting for some cohorts of patients who had been waiting a long time. The RTT of 73.3% in June 2025 continues a fairly consistent pattern of around 70% compliance or above. Recruitment to the Information Analyst post which has been vacant since November 2024 has been successful with the incoming postholder expected to start in August. Thereafter we will be able to have median RTT from 2024/2025 which will allow comparisons with previous years.



From June 2024 some assessment capacity has been converted to treatment capacity in efforts to reduce long waits for therapy which obviously negatively impacts the numbers of people waiting for assessment. In May 2025, for the first time, there was a reduction in the number of people awaiting an assessment. While numbers have increased in June to 1005, they are lower than in April. We are awaiting feedback from SG on the Improvement Plan that was submitted on 1 June but have implemented some improvements and will continue to monitor the impact of those.

Priority 2: Drug and alcohol care and support capacity across communities

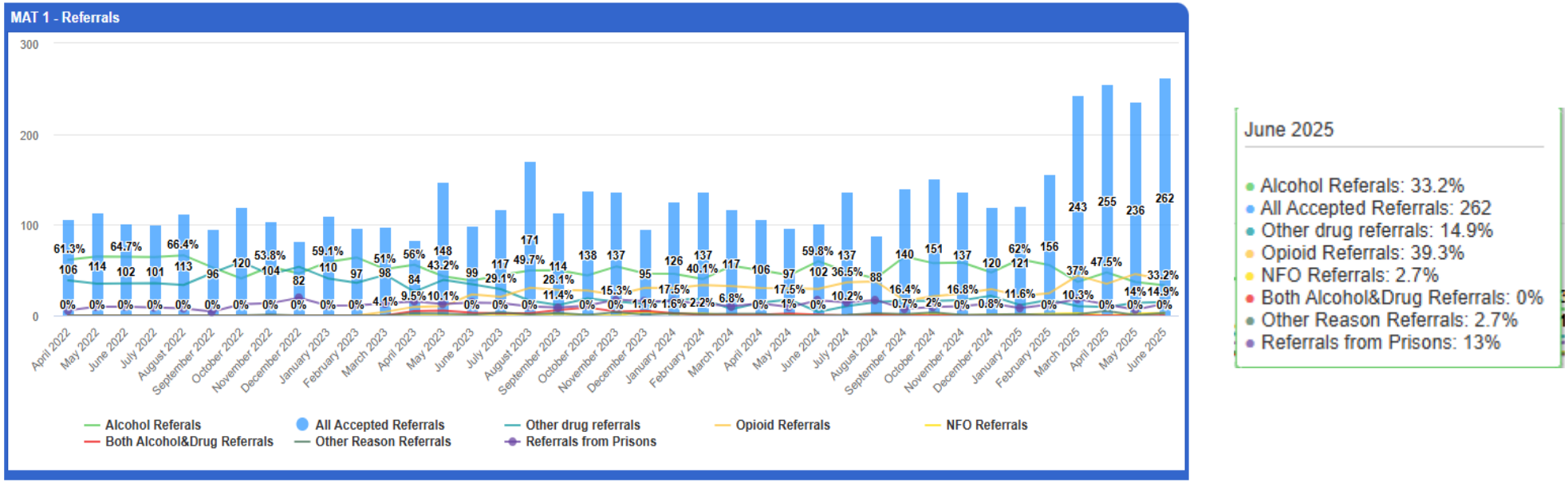
Medication Assisted Treatment (MAT) Standards for Forth Valley.

MAT Standards 1 to 5 cover same-day access to services, medication choice, ongoing support, access to harm reduction support and support to remain in treatment. Data is available for Standards 1, 2 and 5 as outlined below.

MAT standards 6 to 10 are on psychological support, primary care access, independent advocacy and social support, mental health, and trauma-informed care.

Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

This means that a person can begin medication on the day they ask for help

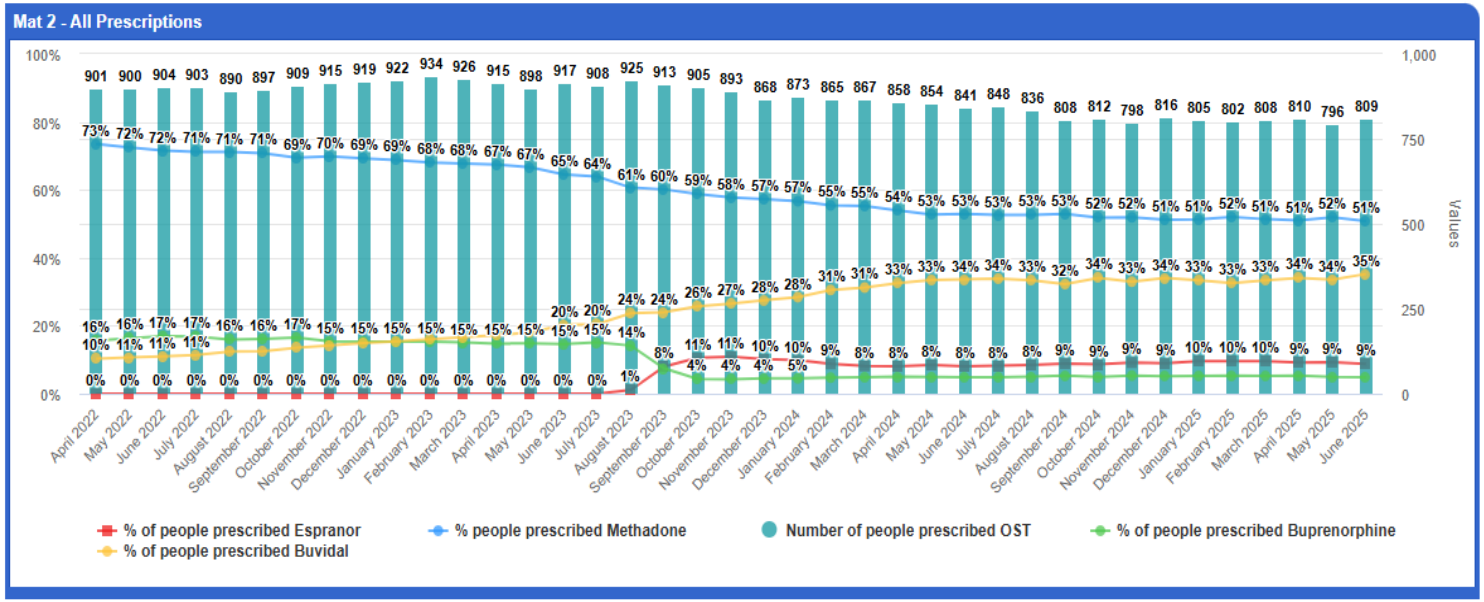


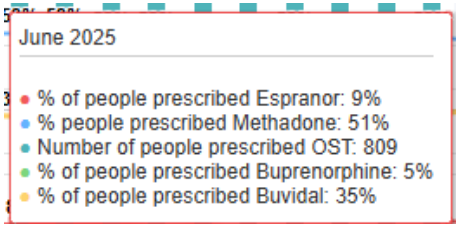
The referrals graph shows all accepted referrals to NHS SUS. The MAT standards were specifically developed for people who need support with Opioid use.

The number of Opioid referrals can be seen in the above graph but it also demonstrates other demand on the service.

Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

People will decide, with clinical support, which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side effects. There should also be discussion about dispensing arrangements, and this should be reviewed regularly.

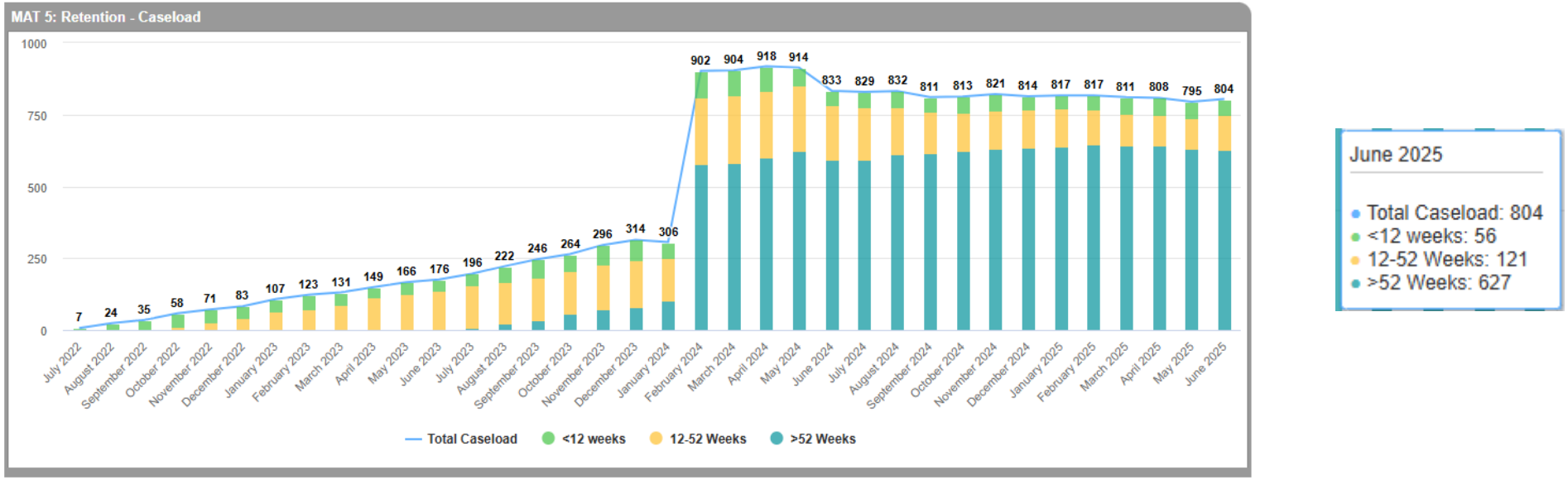




The above data is a snapshot of the number of people on a prescription on the 1st day of the month for the previous month.

Standard 5: All people will receive support to remain in treatment for as long as requested.

A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment, they can discuss this with the service, and the service will provide support to ensure people leave treatment safely. People will be supported to stay in treatment especially at times when things feel difficult for them.



The above graph shows the amount of time the MAT caseload has been within SUS. Looking at the graph it appears that there was a large jump in caseload numbers in February 2024. This is because a tagging system had been developed to allow for tracking of everyone on the caseload to improve the accuracy of reporting.

Alcohol and Drug Partnership

The Clackmannanshire & Stirling Alcohol and Drug Partnership's (ADP) has the responsibility for developing a local Plan, that ensures the provision of the appropriate range of treatment options required to promote the recovery of those affected by substance use problems at point of need.

ADP continues to support commissioning and coordination activity in support of strategic aims, together with the Health Improvement team. These include the closer integration of early intervention and prevention support for substance use and mental health issues, as well as the sustainable implementation of the principles MAT Standard care.

In 2024/25 Q4, 98.9% of people referred with their drug or alcohol problem (excluding Prisons) waited no longer than three weeks for treatment that supports their recovery (across Forth Valley area). This continues to be above the 90% HEAT Target. This data pertains to Experienced Waits where adjustments have been made to account for periods of unavailability.

Strategic Theme 2: Independent living through choice and control.

This Strategic Theme focuses on how the HSCP supports people and carers to actively participate in making informed decisions about how they live their lives and meet agreed outcomes. Services are focussed around helping people identify what is important to them to live full and positive lives and make decisions that are right for them.

Reference	Performance indicator	Q1 25/26	Desired trend or target	12 month trend	3 month trend
ASC.LD	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter.	259	Activity Data	↑	↑
ASC.LD	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter.	6	Activity Data	↑	–
ASC.LD	Number of people in Learning Disability care group living in care home on last day of the quarter.	73	Activity Data	↑	↑
ASC.LD	Number of Learning Disability Clients on Dynamic Support Register with Priority to return (Coming Home)	33	Activity Data	–	–
	Priority 3 Self-Directed Support information and advice promoted across all communities				
SDSFV	No of referrals from Adult Social Care to SDS FV	9	↑	↓	↓
SDSFV	Self referrals to SDS FV	3	Activity Data	↓	↓
SDSFV	SDS FV Active Clients	64	Activity Data	↓	↑
ASC	Number of Self-Directed Support Option 1 during the quarter	64	Activity Data	↓	↓
ASC	Number of Self-Directed Support Option 2 during the quarter	105	Activity Data	↑	↑
ASC	Number of Self-Directed Support Option 3 during the quarter	4061	Activity Data	↑	↑
ASC	Number of Self-Directed Support Option 4 during the quarter	142	Activity Data	↑	↑
ASC	Number of Support Plans created during the quarter	5	Activity Data	↓	↓
	Number of people who completed 1 year of post diagnostic support in the quarter. **Under development**	Not available	Activity Data		
	Number of new individuals receiving PDS during the quarter. **Under development**	Not available	Activity Data		

Right Care Right Time

A significant programme of work around transforming the Adult Social Care Front Door is underway. The aim is to implement the process through demand management, understanding the demand through enhanced data collection and reporting to allow effective alignment of resources. Development of appropriate key performance indicators is in progress.

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. While still a new process that is continuing to develop, 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 with rationalising referrals and directing them accordingly, showcasing the values of joint and joined up working. New Key Indicators are being developed for this service area and a dashboard collating baseline data has been designed.

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 information (from across NHS and 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. This framework focusses on people within our communities and meeting their outcomes, while also meeting out financial obligations. Self-Directed support is an important component to this work which underpins the way we deliver social care and support.

Priority 3: Self-Directed Support information and advice promoted across all communities.

With the development and agreement of the new SDS Policy and subsequent Direction to both Councils, we are developing indicators around the new process. Key areas we will continue to analyse of the asset-based approach, recording to what extent people feel their outcomes have been met. It is also a priority to gather service delivery information on the number of people receiving the right advice and support at the right time, with robust recording of the number of people being signposted successfully, number of people with budget and support plans, reviews and understanding the experiences of people to improve and develop our process. We also aim to understand what is important for people and understand any barriers to accessing chosen SDS options to continue to modernise our local service delivery.

SDS Forth Valley are actively promoting training opportunities for staff and key partners in the community to raise awareness of services available and increase the referrals from Adult Social Care providing the right advice at the right time. Self-directed Support Forth Valley have received Supporting in the Right Direction funding for the Well Worthwhile Waiting project. The focus of this project is engaging with supported people and carers prior to their assessment, to empower individuals to know their rights, and to provide information that will assist in preparing for their future conversations and assessment with the HSCP.

Learning from the experiences of those with lived experience is important in influencing and driving how we work and continue to develop through providing insight and understanding from the perspective of those who access service that we provide. The Lived Experience Panel was set up at the end of 2024 and has an agreed the terms of reference and meet regularly. They are particularly interested in ensuring their experiences are reflected to help further develop practices. The group are also looking at ways to extend the membership of the group, to enable more views and experiences to be reflected.

Priority 4: Support those affected by dementia at all stages of their journey.

The Community Mental Health Team offer an initial three sessions of post-diagnostic support, whilst the remining nine months of support is provided by externally commissioned services. This support is offered to every Clackmannanshire and Stirling resident who receives a diagnosis of dementia.

The Dementia Commissioning Consortium has met and developed a Model of Care with aligns to Scotland's new Dementia Strategy - "Everyone's Story", which was published in May 2023. A delivery plan is currently under development.

This work informs the HSCP's approach to commissioning services and supports individuals on their dementia journey as well as their families and carers. Those who receive a diagnosis of dementia are also referred to Third Sector for support.
Key Performance Indicators are being developed for this area as part of the contract and demand management approach. As well as the development of activity data which will help us understand the numbers of people needing support, to allow for more robust planning to take place.

Strategic Theme 3: Achieving care closer to home

Achieving care closer to home shifts the delivery of care and support from institutional, hospital-led services towards services that support people in their community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the supported person's journey, ensuring people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home. It is also about providing people with good information and supporting our workforce.

Key		Measure follows desired trend or meets target		Measure does not follow desired trend or meet target		Current data not available for comparison

Reference	Performance indicator	Q1 25/26	Desired trend or target	12 month trend	3 month trend
HSC ADA 002L	Number of HSCP residents moved into Intermediate Care (step up) from home	19	Activity Data	↓	↑
HSC ADA 002M	Number of HSCP residents moved into Intermediate Care (step down) from hospital	84	Activity Data	↑	↑
ASCWkPWDBD	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter	28	↓	↑	↑
ASCWkPWDAT	Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter	7	↓	↓	-
HSC ADA 002w	Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less).	31.5	↓	↑	↑
ADA01p & ADA01q	% Reablement clients with reduced or no hours after Reablement service.	67.5%	↑	↑	↑
DDCenFS	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter	0	↓	-	-
ASCWkPOCWAQ	No of people waiting for a Package of Care at last week of quarter	42	↓	↓	↑
ASC	Total number of Packages of Care sourced in quarter	551	Activity Data	↓	↓
ASC	Total number of hours for Packages of Care sourced in quarter	5047	Activity Data	↑	↓
ASC	Number of people receiving 80+ hours of care at home per week at the end of the quarter in Stirling area	71	Activity Data	↓	↑
ASC	Number of people receiving Telecare/Community Alarm service - All ages at end of quarter	3038	Activity Data	↑	↓
DN.DAH	HSCP District Nursing Activity - No of supported deaths at home (NHS FV).	71	Activity Data	↓	↓

Reference	Performance indicator	Q1 25/26	Desired trend or target	12 month trend	3 month trend
	Priority 5 Good public information across all care and support working				
	Indicators to be developed.				
	Priority 6 Workforce capacity and recruitment				
	Workforce data is important to the planning and delivery of services. The Integrated Performance Framework sets out the requirement to develop data in order to plan and monitor service delivery. This is a key focus on the Strategic Workforce Plan Implementation Group over 2024 - 25. Indicators in development.				

Priority 5: Good public information across all care and support working

The Communications, Engagement and Participation Strategy is being reviewed, this will align to the empowerment of people and communities in co-producing and co-designing our services, in line with the Strategic Commissioning Plan, the National Standards for Community Engagement and the Scottish Government's Planning for People guidance.

A neighbourhood model is delivery is being developed in partnership with Third Sector Interface partners to provide robust and shared information on community groups and supports with and for communities. There is a focus on effective communications with support from Stirling Council comms team, there is a need to update the HSCP website information to ensure consistency.

This will be reported as part of wider engagement processes through the Strategic Planning Group, Carers Planning Group, SDS Steering Group and Lives Experience Panels for SDS, Mental Health and Substance Use, where shared resources will be developed. Updates on progress will be included in future performance reports.

The Locality Working Steering Group and Locality Planning Networks are focussed on good information and communication as part of the Action Plans and work is progressing to work with communities and partners to increase knowledge and information sharing throughout the system and our communities. In addition, work going forward will be to work to build resilient communities and support self-management for individuals living in our communities.

Priority 6: Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. Work has continued throughout 2024 - 2025 on Year 2 report for the Integrated Workforce Plan and was presented to Integration Joint Board in March 2025.

The Integrated Performance Framework sets out the requirement to develop data in order to plan and monitor service delivery.

Strategic Theme 4: Supporting empowered people and communities

Working with communities to support and empower people to continue to live healthy, meaningful, and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access to local support, dealing with isolation and loneliness. Planning community supports with third sector, independent sector and housing providers. Neighbourhood care, unpaid carers, third sector supports. It is also about providing people with good information and supporting our workforce.

Key		Measure follows desired trend or meets target		Measure does not follow desired trend or meet target		Current data not available for comparison

Reference	Performance indicator	Q1 24/25	Desired trend or target	12 month trend	3 month trend
ADC MHO 008 & SS_MHO_028	Number of Chief Social Worker Guardianships	168	Activity data	↑	↑
	Priority 7 Support for Carers				
HSC CAR 001	Mobilise service - Discover - Number of individuals reached in the quarter	2,142	Q1 2,700	↓	↓
HSC CAR 002	Mobilise service - Engage - Number of individuals engaging in further services in the quarter	487	Q1 207	↓	↓
HSC CAR 003	Mobilise service - Support - Number of individuals engaging in deeper support in the quarter	228	Q1 91	↓	↑
HSC CAR 031	Citizens Advice Bureau - Active Clients accessing Unpaid Carer Advice Project in the quarter	63	Activity data	↓	↓
HSC CAR 032	Citizens Advice Bureau - New Clients accessing Unpaid Carer Advice Project in the quarter	11	Activity data	↓	↓
HSC CAR 033	Citizens Advice Bureau - Number of contacts Unpaid Carer Advice Project in the quarter	34	Activity data	↓	↓
HSC CAR 034	Citizens Advice Bureau - Number of Level 1 advice contacts Unpaid Carer Advice Project in the quarter (Note a client may receive more than one type of advice)	52	Activity data	↓	↓
HSC CAR 035	Citizens Advice Bureau - Total project to date - Client Financial Gain.[1].	£51,288	Activity data	↑	↑
HSC CAR 036	Citizens Advice Bureau - No of Referrals IN	1	Activity data	↓	↓
HSC CAR 037	Citizens Advice Bureau - No of Referrals OUT	4	Activity data	↓	↓
HSC CAR 051	Number of Adult carers accessing individual support from Carers Centres.	788	Activity data	↑	↑
HSC CAR 052	Number of New Adult carers registered by Carers Centres.	142	Activity data	↓	↓
HSC CAR 053	Number of Adult Carer Support Plans offered by Carer Centres.	142	Activity data	↓	↓

[1] Note : CAS membership, CAB are only permitted to disclose financial gains unless reported by the client as it is their right to decide. CAB are not permitted to report amounts beyond a one year period (i.e. if a £30k award is granted for 3 years they are only permitted to report £10k and the remaining £20k goes unreported). Therefore, such figures are likely to be far greater than those reported and should not be considered comparable to other providers that report on client financial gain

Reference	Performance indicator	Q1 24/25	Desired trend or target	12 month trend	3 month trend
HSC CAR 054	Number of Adult Carer Support Plans completed by Carer Centres.	77	Activity data	↓	↓
HSC CAR 055	No of Carers registered and active with a Carers Centre at end of quarter	2975	Activity data	↑	↑
ASC	No of Adult Carer Support Plans in quarter (social care)	21	Activity data	↓	↓
ASC	HSCP clients attending day care services (all care groups all sectors) in the quarter	159	Activity data	↓	↓
	Priority 8 Early intervention linking people with third sector and community supports				
	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers (CLW).	87	↑	↑	↓
	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW).	347	↑	↑	↓

Priority 7: Support for Carers

Carers

As Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator continue to progress work to widen the scope of support based on the needs of carers. This is reflected within the Improvement Plan linked to the Joint Inspection process. Digital and community approaches supports are aligned within the Model of Care for unpaid carers. Quarterly contract meetings are facilitated by the carers lead to discuss contract performance, a report is also submitted by each provider to the Carers Planning Group which is used to inform the QPR.

Digital Approach

Mobilise is a new digital support offer for unpaid carers within the Clackmannanshire and Stirling Health and Social Care Partnership. Having only been commissioned since April 2024, time is needed to raise awareness through marketing campaigns to maximise the effects of digital nudging.
The targets are based on annual delivery with such contracts being front loaded in terms of costs which settles through the lifetime of the contract, therefore early actual figures will always be higher and settle during the contract period. This means quarterly data at times may show reduced outcomes however this should be viewed cautiously and in context to the annual target and annual delivery.
Whilst the discovery rate, number of individuals reached through Mobilise, was 558 individuals below the target for Q1, the Engagement rate, number of individuals engaging in further services, was more than double the target at 487 compared to the target of 207 individuals. Likewise, the Support figure, number of individuals engaging in deeper support, was more than double the 91 target, with instead 228 individuals being supported.

Community support

Falkirk & Clackmannanshire Carers Centre – Clackmannanshire element only

A well-established Carers Centre now located within the Clackmannanshire Community Health Centre, enabling their service to be more accessible to carers as well as the hospital discharge team to ensure carers involvement in the discharge process. They also have a community presence in Alloa Speirs Centre and Alva Community Access Point.

Stirling Carers Centre

A well-established Carers Centre located at Kintail House, Forthside Way, Stirling, with community presence at the Bellfield, and Killin's Nursing Station. Their community presence is also reflected in the many locations across both Stirling localities where carer community groups are well established.

Citizens Advice Bureau, Unpaid carer advice project

A well-established advice organisation located at the Norman MacEwan Centre, Stirling, with a community presence in various locations. It is important to note that CAB's code of ethics / CAS Membership process stipulates that CAB can only report on Client Financial Gains that clients have informed them about. CAB are not permitted to follow up with clients to establish this and are not permitted to make assumptions. They are also not permitted to report on gains beyond one year i.e. where a £30k award is achieved over a 3 year period they can only report on £10k and the remaining £20k is unreported.

The service has also been extended to Killin to provide the service to rural Stirling area.

Activity over Q1, was unusual & an unrepresentative quarter in that the worker had reduced their hours and then submitted their notice. As a result no new cases were accepted from May, and most cases were also closed or were allocated to the wider CAB team.
However, there is long term support of this project, which remains ongoing, despite the worker leaving post part way through this quarter. As a result, we anticipate activity to change with Q2.

Respite

Respite and short break care (replacement care to enable a carer a break) should be flexible in its nature and can be provided in many ways providing additional care/support to the cared for person to enable a break for the carer.
This may be a sitting service, day care, alternative break and is not restrictive to only residential respite care. The Short Breaks Statement has been agreed by IJB and is now available to view in the carers section of the HSCP website.

We are exploring ways in which we can capture the totality of respite care across all service areas within the HSCP.

Priority 9 Develop locally based multiagency working across communities

Locality Working

The Locality Working Steering Group is the operational aspect of Locality Planning, focussing on developing an integrated and joint working model across the Localities. The group promotes multidisciplinary working and supports GP Clinical Leads to progress co-ordinated community health and social care; bring together the wider primary care team, social care, independent sector and third sector providers to deliver improved outcomes for local people.

The Locality Working Steering Group has established links with Locality Clusters and plans are being developed to address issues raised around working across the whole-system, for example, referral pathways and joint case working. This aligns to the Social Work Front Door redesign programme - Right Care, Right Time and work across other areas of operations including Health Improvement activity.

Locality Planning Networks

Work is being undertaken to improve our communications, potentially holding events in the early evenings to be more accessible for communities. Work with third sector interface colleagues to support engagement and communication is being developed to focus on community resilience, self-management and effective signposting across our communities. These aligns closely to the health improvement of communities as well as the community link worker roles within the third sector.

Strategic Theme 5: Reducing loneliness and isolation

Our society is changing, accelerated by the pandemic and there is increasing risk of social isolation and loneliness, both of which can impact a person's physical and mental wellbeing. We will work with communities to support local communities to build connections. We will build preventions and early interventions around changing the narrative around loneliness and isolation and find new ways for people to ask for help without feeling embarrassed.

Third sector update

The work of the CTSI and SVE is crucial to tackling loneliness and isolation within our communities, with most of the groups and organisations providing people with a way to reconnect to their communities.

The Community Link Workers are supporting people as individuals to join in with community activities. Information on the groups is collated in the Clackmannanshire Third Sector Information directory and there is also information on ALISS, the national directory. We know that the groups collect information on the numbers of people accessing their services and we will work collaboratively to find appropriate and proportionate information to present the work within our communities to reduce loneliness and isolation for future reporting.

Ministerial Strategic Group (MSG) Indicators

Indicators 1 to 4 (values shown for patients over 18 years of age)	12 months from January 2024 to December 2024	12 months total up to December 2023	12 months total up to December 2024	Percentage change ⓘ
Indicator 1a - Number of Emergency Admissions		14,352	15,518	8.1%
Indicator 1b - Number of Admissions from A&E		6,965	7,117	2.2%
Indicator 2a - Number of Unscheduled Bed Days; Acute		106,641	107,610	0.9%
Indicator 2b - Number of Unscheduled Bed Days; Geriatric Long Stay		1	40	3900.0%
Indicator 2c - Number of Unscheduled Bed Days; Mental Health		21,209	13,858	-34.7%
Indicator 3a - Number of A&E Attendances		26,600	24,992	-6.0%
Indicator 4a - Delayed Discharge Bed Days; All Reasons		14,251	20,191	41.7%
Indicator 4b - Delayed Discharge Bed Days; Code 9		6,215	9,625	54.9%
Indicator 4c - Delayed Discharge Bed Days; Health and Social Care reasons		7,873	10,493	33.3%
Indicator 4d - Delayed Discharge Bed Days; Patient/Carer/Family-related reasons		163	73	-55.2%

Indicators 5 and 6	Trend of annual totals	Previous financial year	Latest financial year	% point (pp) change ⓘ
Indicator 5 - Last Six Months of Life by Setting (Community, All Ages)		2022/23 89.3%	2023/24p 89.4%	 0.20%
Indicator 6 - Percentage of Population in Institutional or Community Settings (Home - Unsupported, All Ages)		2022/23 97.7%	2023/24 97.6%	 -0.68%

Note - *p* after a year denotes that the data is provisonal; please see Notes tab for further details

Source: PHS NSS Data Completeness Dec 2025 - 99%

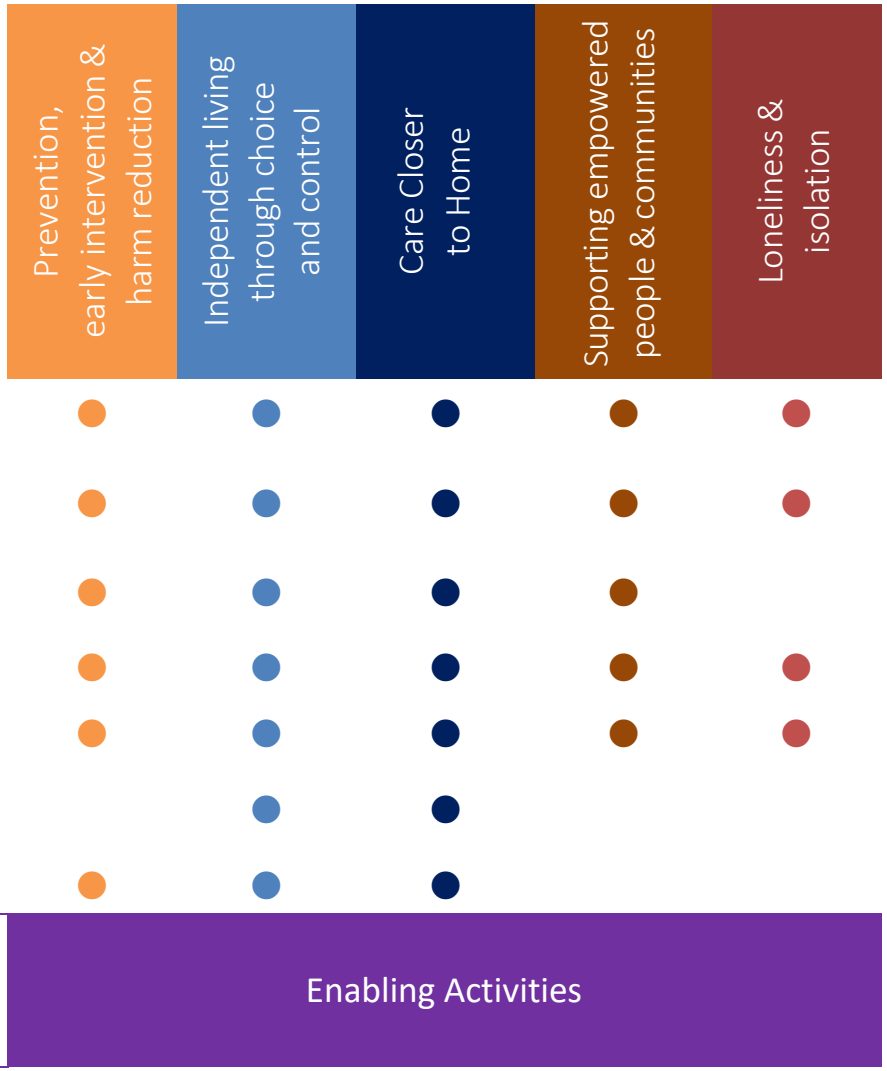
The table above outlines the most up-to-date information for the MSG indicators. Currently for December 2024. The completeness for further March 2025 is currently 29%.

National Health & Wellbeing Outcomes

All themes and priorities of the Strategic Commissioning Plan are linked to the national Health and Wellbeing Outcomes. Each theme will demonstrate improvement for people and communities, how we are embedding a human rights based approach, consideration for equalities and evidencing improvement across the services we deliver.

Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact on their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.



Glossary

(A&E) Accident & Emergency Services - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

MIU - Minor Injuries Unit

Admission - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

Admission rate - the number of admissions attributed to a group or region divided by the number of people in that group (the population).

Attendance - The presence of a patient in an A&E service seeking medical attention. Attendance rate - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).

Census point - The census figure reflects the position as at the last Thursday of the month

Delayed Discharge

Standard - Standard Delays include 'health and social care reasons' which account for assessment delays, statutory funding, place availability or care arrangements, 'patient/carer/family related reasons', where there are disagreements (other than a medical appeal), legal issues or patients exercising right of choice.

Code 9 - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:

- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available
- Patients for whom an interim move is not possible or reasonable
- The patient lacks capacity, is going through a Guardianship process

Code 100 - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care
- Patients awaiting a 're-provisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies
- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

FV - Forth Valley

HEAT Target - Each year, the Scottish Government sets performance targets for NHS Boards to ensure that the resources made available to them are directed to priority areas for improvement and are consistent with the Scottish Government's Purpose and National Outcomes, These targets are focused on Health Improvement, Efficiency, Access and Treatment, and are known collectively as HEAT targets.

HSCP - Health and Social Care Partnership - In this document this refers to Clackmannanshire and Stirling Health and Social Care Partnership.

RTT Referral to treatment time

SDS - Self Directed Support

Option 1 – Direct Payments This is the option that gives you the most control, flexibility and responsibility when it comes to your social care support.

Option 2 – Individual Budgets This is the option where you choose how you want to be supported and then the support is arranged on your behalf. You direct the support, but you do not have to manage the money.

Option 3 – Arranged Support This is the option where you ask your local council to choose and arrange the support that it thinks is right for you. You are not responsible for arranging the support, and you have less direct choice and control over how the support is arranged.

Option 4 (mixture of options 1, 2 and 3) This is where you choose the parts of your support you want to have direct control over, and what you want to leave to your council to sort out for you.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda 11

ADP Annual Report

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement (ADP Chair)
Author	Simon Jones, Health Improvement Service Manager (ADP and Mental Health)
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To present the Alcohol and Drug Partnership Annual Report 2024-25 to Integration Joint Board members which describes an update on the work over the past year. The Alcohol and Drug Partnership is requesting approval for the submission of the Annual Report in this form to Scottish Government.

Recommendations:	The Integration Joint Board is asked to: • Note the contents of the ADP Annual Report 2024-25 • Approve its submission to Scottish Government • Continue to seek updates on the ADP's collective work to reduce substance use harm across communities.

Key issues and risks:	ADP partners have had sight of this report and contributed to its contents, minimising the risk associated with submission. Not approving the report for submission would risk non-compliance with Scottish Government's requested reporting timetable.

1. Background

1.1. ADP is partly funded by Scottish Government to coordinate the strategic delivery of national strategic planning objectives including Rights, Respect and Recovery, the Alcohol Framework and the Medication Assisted Treatment (MAT) Standards.

1.2. This year Scottish Government's requested submission date fell outside the usual schedule of ADP meetings, as such this report is presented for IJB approval in line with IJB accountabilities with a request to Scottish Government for late submission.

1.3. The attached report was compiled on behalf of the ADP with contributions from partners across the system of care. It demonstrates the expansion of harm reduction activity, anti-stigma work and alignment of ADP approaches with partners across Community Planning Partnerships. We continue to support a substantial programme of transformation activity across our whole system. While we are seeing the benefits of this in performance data, we also

acknowledge that long-term integration of health, social care and early intervention approaches will continue after April 2026.

1.4. ADP continues to anticipate the likely withdrawal of SG National Drugs Mission change funding, around 40% of the total ADP budget, from April 2026. Contingency planning and activity to transform our system of care and support ahead of this potential withdrawal has been underway for over a year, and we are confident that directions already issued by IJB give the necessary strategic direction to deliver a rebalanced system of care and support, within available resource, by April 2026.

2. Appendices

2.1. Draft ADP Annual Report 2024-25

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☐
Supporting People and Empowering 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:	None
Other Resources:	None
Legal:	None
Risk & mitigation:	There is no risk associated with approving the report, which is retrospective and does not mandate or delegate any decision to ADP. Not approving the report would risk delay to ADP/SG reporting cycles and, without careful explanation of the reasons for refusal would risk reputational damage.
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	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) This paper **does not** require a Fairer Duty assessment.

Scottish Government
Riaghaltas na h-Alba

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- National monitoring of the National Mission to reduce drug deaths and improve lives;
- The work of the ongoing evaluation of the Nation Mission, including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as Official Statistics in the autumn. The publication reporting on the 2023/24 ADP survey is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an ‘x’. [single option]

- [ ] Aberdeen City ADP
- [ ] Aberdeenshire ADP
- [ ] Angus ADP
- [ ] Argyll & Bute ADP
- [ ] Borders ADP
- [ ] City of Edinburgh ADP
- [X] Clackmannanshire & Stirling ADP
- [ ] Dumfries & Galloway ADP
- [ ] Dundee City ADP
- [ ] East Ayrshire ADP
- [ ] East Dunbartonshire ADP
- [ ] East Renfrewshire ADP
- [ ] Falkirk ADP
- [ ] Fife ADP
- [ ] Glasgow City ADP
- [ ] Highland ADP
- [ ] Inverclyde ADP
- [ ] Lothian MELDAP ADP
- [ ] Moray ADP
- [ ] North Ayrshire ADP
- [ ] North Lanarkshire ADP
- [ ] Orkney ADP
- [ ] Perth & Kinross ADP
- [ ] Renfrewshire ADP
- [ ] Shetland ADP
- [ ] South Ayrshire ADP
- [ ] South Lanarkshire ADP
- [ ] West Dunbartonshire ADP
- [ ] West Lothian ADP
- [ ] Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.
[multiple choice]

- Alcohol death review group
- X Alcohol harms group
- X Drug death review group
- X Drug trend monitoring group/Early Warning System
- None
- Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.
[single option]

- X Yes
- No
- Don't know

3b. If no, please provide details on why this is not the case.
[open text – maximum 500 characters]

Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

We contribute to the RADAR Public Health Scotland system and undertake analysis of suspected DRD notifications from Police Scotland to inform a population health response through our quarterly Harm Reduction Network meetings. These in turn are reported through Adult Support and Protectiton Committee and Chief Officers' Group for Public Protection. We also contribute to drug trend monitoring by Police Scotland and attend Alcohol Focus Scotland's Death Researcher Knowledge Network as we plan our alcohol death review approach.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ? Mark with an 'x'.
[single option]

X Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

We have supported the rollout of test strips for emerging substances in our supply across the system of care. We have also contributed to PHS incident monitoring meetings when these have been convened.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).
[open text – maximum 1000 characters

We undertake regular contract monitoring/forward planning meetings, and coordinate topic discussions with ADP-Commissioned, Corra-funded and other parties across the system of care. This includes consideration of service-level LLE data and monitoring of qualitative and quantitative data.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent[1] staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?
[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.75
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).
[open text – maximum 500 characters]

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'
[multiple choice]

Training and awareness

X Promotion of information and support initiatives

X Provision of training on issues including trauma awareness and crisis management

Other (please specify):

[1] Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Workplace support

X Flexible working

X Implementation of risk assessment for work at home and in the workplace

X Inclusive workplace initiatives (including staff networks and wellbeing champions)

X Provision of occupation health services

Staff recognition schemes

Use of disability passports

X Workload management

Other (please specify):

Institution-provided support

X Provision of coaching and supervision for staff and volunteers

X Provision of counselling for staff and volunteers

Other (please specify):

Wellbeing activities

X Drug and/or alcohol death reflective sessions

X Peer support groups

X Provision of mindfulness courses/learning materials

X Social and physical activities

Other (please specify):

Engagement

Participation in local Clinical Care Governance Meetings

Undertaking of staff needs assessments and engagement to understand wellbeing needs

X Regular meetings about staff pressures with senior and junior staff

Other (please specify):

Other initiatives which don’t fit in these categories (please spec

Cross cutting priorities: Lived and Living Experience

Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.
[multiple choice]

X Engagement with recovery communities

X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme

X Feedback / complaints process

X Lived / living experience panel, forum and / or focus group

X Questionnaire / survey

No formal mechanism in place

Other (please specify):

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.
[multiple choice]

X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services

X People who are not employed at the ADP or at drug and/or alcohol services

X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)

X People who are currently accessing treatment or support for problem **alcohol** use

X People with living experience of drug and/or alcohol use who are not currently receiving treatment or support

X People who are experiencing homelessness

X Women

X Young people

Other (please specify):

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an ‘x’.
[multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an ‘x’.
[multiple choice]

X Asked about in reporting

X Stipulated in our contracts

None

Other (please specify):

Cross cutting priorities: Stigma Reduction

Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an ‘x’.
[multiple choice]

X ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

X Community action plan

Drug deaths and harms prevention action plan

X MAT standards delivery plan

X Service development, improvement and/or delivery plan

None

X Other (please specify): Our Human Rights Approach plan includes commitments to supporting stigma reduction, as has our Commissioning Consortium.

Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

From our lived experience data gathering we have begun planning activity for a co-developed and produced anti-stigma campaign to draw on people's experiences and empower community and professional supporters to reduce stigma.

Fewer people develop problem substance use

Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an ‘x’. [multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)	X	X	X
People from minority ethnic groups	X	X	X
People from religious groups	X	X	X
People who are experiencing homelessness	X	X	X
People who are LGBTQI+	X	X	X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X	X	X
People who have been involved in the justice system	X	X	X
People with hearing impairments and/or visual impairments	X	X	X
People with learning disabilities and literacy difficulties	X		
Veterans			
Women	X	X	X
None of the above			
Other (please specify			

Question 15

Which of the following education or prevention activities were funded or supported[2] by the ADP?[3] Mark all that apply with an 'x'.
[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services	X	X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions		X	X
Physical health		X	X
Planet Youth	X	X	
Pregnancy & parenting	X	X	X
Youth activities	X	X	
Other (please specify)			
None			

[2] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.
[3] Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X	X	X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices	X	X		X
Homelessness services	X	X		
Hospitals (incl. A&E, inpatient departments)	X			
Justice services	X	X		
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X	X	X	
Prison	X			
Sexual health services				
Women support services				
Young people's service				
None				
Other (please specify)				

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.
[Open text- maximum 2,000 characters]

Community Pharmacy availability of harm reduction has increased, IJB approval for primary care prescribing has been granted and planning is advanced towards the implementation of a mobile prescribing system operating across community hubs.

Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.
[multiple choice]

X Drug checking

Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

X Heroin Assisted Treatment

X Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

X Provision of foil

X Safe supply of substances

X Safer drug consumption facility

X Safer inhalation pipe provision

Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).
[open text – maximum 500 characters]

Support to practically undertake rapid testing of substances would be especially helpful, as would exploration of new forms of harm reduction including formalised safe consumption practice and safer inhilation pipe provision.

Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.
[single option]

Yes

No

X Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.
[single option]

Yes

No

X Unsure

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.
[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		X
Homeless services		X
Hospitals (including emergency departments)		X
Housing services		X
Mental health services		X
Police Scotland		X
Primary care		X
Prison		X
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		X
Specialist substance use treatment services	X	X
Third sector substance use services	X	X
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.
[multiple choice]

X Further workforce training required

High staff turnover

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

Lack of staff to support out of hours or extended core business hours

Workforce capacity

None

X Other (please specify): Current NFO arrangements were developed earlier in the NDM period and require review at this time, this will take place early in 2025-26 and align with developments across the system of care.

Question 21

In what ways have you worked with justice partners[4]? Mark all that apply with an 'x'. [multiple choice]

Strategic level

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

X Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify):

Operational level

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

X Activities to support implementation of MAT standards

X Other (please specify): Our peer worker programme has been jointly developed and is now being re-commissioned to expand it and make it more sustainable, given the excellent experience had by peers, colleagues and supported people.

Service level

Funded or supported:

Navigators for people in the justice system who use drugs

X Services for people transitioning out of custody

X Services in police custody suites

X Services in prisons or young offenders' institutions

X Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify):

[4] Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.
[multiple choice]

	Pre-arrest[5]	In police custody[6]	In courts[7]	In prison[8]	Upon release[9]
Advocacy or navigators					
Alcohol interventions	X	X	X	X	X
Drug and alcohol use and treatment needs screening	X	X	X	X	X
Harm reduction inc. naloxone	X	X	X	X	X
Health education & life skills	X	X	X	X	X
Medically supervised detoxification	X	X	X	X	X
Opioid Substitution Therapy	X	X	X	X	X
Psychosocial and mental health based interventions	X	X	X	X	X
Psychological and mental health screening	X	X	X	X	X
Recovery (e.g. café, community)	X	X	X	X	X
Referrals to drug and alcohol treatment services	X	X	X	X	X
Staff training	X	X	X	X	X
None					
Other (please specify)					

[5] Pre-arrest: Services for police to refer people into without making an arrest.
[6] In police custody: Services available in police custody suites to people who have been arrested.
[7] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[8] In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).
[9] Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23
What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.
[multiple choice]

Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

X Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

Lack of specific pathways for people who are involved in the justice system

Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

None

X Other (please specify): Work is underway between ADP and Community Justice Social Work colleagues, and CJPs, to ensure that the new system of care is fully available for people at risk of criminalisation. We also intend to consider how we can expand the use of Court Orders to avoid negative interactions with the justice system associated with the use of more substances than just opiates.

Question 24
What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.
[multiple choice]

Mainstream residential rehabilitation services (i.e. those who are open to anyone)

Mainstream residential services other than rehabilitation (e.g. recovery housing)

Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

Mainstream stabilisation/crisis services

X Other (please specify): Funding is available to people in the justice system as it is for anyone else, but there is no dedicated domestic residential rehabilitation facility within Clackmannanshire and Stirling.

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an ‘x’.
[multiple choice]

X Yes, for alcohol

X Yes, for drugs

No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an ‘x’.
[multiple choice]

	Alcohol testing	**Drugs testing**
Private provider		
NHS addiction services	X	X
Other local provider (please specify)	X	X
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an ‘x’. [multiple choice]

	Alcohol testing	**Drugs testing**
Handheld devices	X	
Spit tests	X	X
Urine tests	X	X
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Alcohol hospital liaison

X Arrangements for the delivery of alcohol brief interventions in all priority settings

X Arrangement of the delivery of alcohol brief interventions in non-priority settings

Fibro scanning

Pathways for early detection of alcohol-related liver disease

None

X Other (please specify): We have progressed IG arrangements to facilitate our first review of alcohol-specific deaths which will include file review and lived and living experience input to develop a system of care for alcohol, including prevention.

Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an ‘x’.
[multiple choice]

X Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

X Alcohol hospital liaison

X Alcohol-related cognitive testing (e.g. for alcohol related brain damage)

X Community-based alcohol detox (including at-home)

X In-patient alcohol detox

X Pathways into mental health treatment

X Psychosocial counselling

X Residential rehabilitation

None

Other (please specify):

Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an ‘x’.
[multiple choice]

X Availability of aftercare

X Availability of detox services

X Availability of stabilisation/crisis services

Challenges accessing additional sources of funding

Current models are not working

X Difficulty identifying all those who will benefit

X Further workforce training required

X Geographic distance

X Insufficient base funding

Insufficient staff

X Lack of awareness of residential rehabilitation among potential clients

X Lack of awareness of residential rehabilitation amongst referrers

X Lack of bed capacity within ADP area

X Lack of specialist providers

X Lack of transportation to travel to available capacity

X Scope to further improve/refine your own pathways

X Variation in prices from different providers

Waiting times

None

Other (please specify):

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?
[open text – maximum 500 characters]

We are forming a residential rehabilitation review group to bring providers of pre and post-placement care together to ensure equitable support regardless of treatment pathway or funding profile. This group will also see lived and living experience input.

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an ‘x’.
[single option]

X No revisions or updates made in 2024/25

Yes - Revised or updated in 2024/25 and this has been published

Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.
[open text – maximum 500 characters]

Question 30
Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an ‘x’.
[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

None

X Other (please specify): We will undertake an EQIA and AAAQ assessment of each of the above groups as part of our review of residential rehab support arrangements. in 2025-26.

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.
[multiple choice]

X Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

X Availability of stabilisation/crisis services

X Burden of data collection and reporting

Challenges engaging with GPs

X Difficulty identifying all those who will benefit

X Further workforce training is needed

X Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

X Lack of awareness among potential clients

Lack of capacity

X Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?
[open text – maximum 500 characters]

The recommissioning of our system of care is well advanced with a move to mobile prescribing aligned to primary care delivery, and delivery of third sector psychosocial and case management support across community hubs, to come online through 2025-26. This should overcome most structural barriers within available resource, based on current demand. We are further commissioning human rights awareness activity across localities to support uptake among people who might benefit.

Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.
[ranking]

1 Alcohol

Cannabis/cannabinoids

1 Cocaine, and other stimulants

Ketamine

1 Pregabalin/gabapentin

1 Street benzos

1 Polydrug use (please specify any most common combinations of drugs):

X Other (please specify): Planning for our system of care post 2026 is considering all of the above.

Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.[10]
[multiple choice]

	Up to 12 years (early years and primary)	**13-15 years (secondary S1-4)**	**16-24 years (young people)**
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	X
Employability support			X
Family support services			X
Information services		X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			X
School outreach	X	X	X
Support/discussion groups (including 1:1)			X
Other (please specify)			

[10] Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Quality of life is improved by addressing multiple disadvantages

Question 34

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness	X	
People who are involved in the justice system	X	
People who are LGBTQI+		X
People who are neurodivergent		X
People who are pregnant or peri-natal	X	
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	
Other (please specify)		

Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.
[single choice]

X Yes

No

35b. Please provide details.
[open text – maximum 500 characters]

Formal protocols exist to ensure that co-occurring care is offered, and work continues to ensure that lived experience reflection demonstrates implementation. Interface meetings between Substance Use and Mental Health teams are a forum to discuss individuals who may be being supported by both services and/or agree joint assessments and care plans where appropriate.

Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.
[multiple choice]

Dual diagnosis teams

X Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

X Pathways for referral to mental health services or other multi-disciplinary teams

Pathways for referral to third sector services for mental health support

X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

X Provision of joint appointments for those with co-occurring mental health problems and problem substance use

X Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.
[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

X By representation on the ADP board

X Through partnership working

X Via provision of funding

Not applicable

X Other (please specify): We have undertaken significant work with colleagues in Local Authority and RSL housing teams to develop commissioning plans to address the needs of people at risk of homelessness.

Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported[11] services to implement a trauma-informed approach? Mark all that apply with an 'x'.
[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

X Provision of trauma-informed spaces/accommodation

X Presence of a working group

Recruiting staff

X Training existing workforce

None

X Other (please specify): Trauma walkthroughs have supported adaptations of existing sites.

Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.
[single option]

Yes

X No

Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.
[single option]

Yes

No

Don't know

[11] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.[12]
[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			X
Carer support		X	X
Diversionary activities		X	X
Employability support			X
Family support services			X
First aid training		X	X
Information services		X	X
Mental health services		X	X
Outreach/mobile services			X
School outreach		X	X
Social work services			X
Support/discussion groups			
Other (please specify)			

Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.
[multiple choice]

X Advocacy

X Commissioned services

Counselling

X One to one support

Mental health support

X Naloxone training

X Support groups

X Training

None

[12] Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

X Other (please specify): SFAD are commissioned to deliver a Family Support Service which includes supporting family input to a range of policy and strategic forums.

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.
[single option]

X Yes

No

Don't know

42b. Please provide details of these activities and priorities for 2024/25.
[open text – maximum 500 characters]

This is the basis for the operation of our commissioned service by SFAD.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

2020/21

2021/22

2022/23

x 2023/24

2024/25

None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice[13] or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.
[multiple choice]

X Advice

[13] Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

X Advocacy

X Benefits and debt advice

X Mentoring

X Peer support

X Personal development

X Social activities

X Support for self care activities

X Support for victims of gender based violence and their families

Youth services

None

Other (please specify):

Question 45
What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an ‘x’.
[multiple choice]

X Additional funding

X Additional resources

X Advice to support setting up of lived and living experience forums/co-production methods

Guidance at a national level

X Information shared from other services

X Sharing of participation tools

X Workforce training

Analytical support (please specify any details):

Other (please specify):

Question 46
What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an ‘x’.
[multiple choice]

X Asked about in their reporting

X Prerequisite for our commissioning

X Regular training provided to services

None

Other (please specify):

Question 47
In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an ‘x’.

[multiple choice]

- X ADP representation on CSPP
- Co-location of services
- Co-management of projects
- X Coordinated activities
- X Coordinated living and lived experience co-production approaches
- X Co-ordination around staff training
- X CSPP representation on ADP
- X Data sharing
- X Integrated planning
- X Joint interpretation of data and evidence at a strategic level
- X Joint referrals to relevant services
- X Knowledge sharing
- Pooled funding
- X Shared and joint outcomes
- X Shared assessment of local needs
- None
- Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an ‘x’ and provide details on the amount of funding which is received.
[multiple choice, numeric]

Health board: £ 1,321,606

Local authorities: £

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £ 0

X Other (please specify source and how much funding) 'SG ADP Allocation to IJB (non baselined).: £ 1,112,036

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an ‘x’.
[multiple choice]

X Monthly

X Quarterly

Six monthly

X Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an ‘x’.
[multiple choice]

X IJB/IA Chief Financial Officer

IJB/IA Chief Officer

X ADP Chair

Other (please specify):

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an ‘x’.
[single option]

Yes

No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

X Other (please specify): There is an NHS Finance Officer whose responsibilities include ADP.

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).
[open text – maximum 500 characters]

Efin, Boxi, Excel, Adobe.

Confirmation of sign-off

Question 51

Has your response been signed off at the following levels? Mark all that apply with an ‘x’. [multiple choice]

X ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 13/08/2025

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 12

Strategic Risk Register

For Approval

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

Clackmannanshire Council Stirling Council NHS Forth Valley

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

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

Recommendations:	The Integration Joint Board is asked to: 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 role of 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 also informed 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 SRR from IJB members are welcomed to inform continuous improvement of Risk Management arrangements.

1.9 This report was originally presented within the papers to the June 25 IJB but not considered. The SRR has had a 'light touch' review since that point but has not been subject to substantial further changes.

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 – was revised from 9 Medium to 12 Medium to reflect risk re unresolved Local Government Pay for 25/26 at June IJB but now revised back to 9 Medium.
HSC012 – Transformation and Sustainable Service Delivery – was originally scored 15 Medium now rescored 20 High given progress with Delivery Plan to date.

3. Appendices

Appendix 1 - Strategic Risk Register

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:	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 stuatutory 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 **does not** require an EQIA
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) 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) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

CLACKMANNANSHIRE & 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) Responsibl	Update/Notes / Direction of Travel
HSC 001	**Delivery of Strategic Commissioning Plan within available budget**	**Risk** The risk that delegated integration functions and services cannot be delivered within resources available. **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. **Effect** Inability to deliver Strategic Plan	Current (5) Target (3)	Current (5) Target (3)	Current (25) **High** Target (9) **Medium**	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 limitied period whilst mitigation/recovery plans are implemented.	• 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 **1**. 25/26 Revenue Budget and Delivery Plan approved incorporating risk assessment. (2 May 25) **2**. Agreed process for agrement and payment of contract rates including uplifts. (Annually 25/26 complete) **3**. Ongoing development of approach to and implementation of directions policy including savings detail at constituent authority level. **4**. Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (March 26) **5**. Follow integration scheme requirements for recovery plan (Aug 25 if projections indicate required) **6.** Development of 26/27 IJB Business Case per Integration Scheme requirement (Sep 25) **7.** 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**	**Risk** The risk there is inadequate committment to existing model of integration and that governance and assurance arrangements are unable to allow the IJB to discharge its statutory duties. **Cause** Lack of clarity of role and responsibilities within the IJB, HSCP and Partner Organisations. **Effect** Poor performance in service provision and financial terms leading to Strategic Plan not being delivered	Current (4) Target (2)	Current (4) Target (4)	Current (16) **High** Target (8) **Low**	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.	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. **1**. The Integration Scheme sets out roles and responsibilities of the IJB (including statutory officers) and the Partner Organisations. **2.** A revised IS has been developed and approved by 2 of the 3 partners. **3.** Dispute process now invoked to seek to resolve matters including revised IS. (ongoing) **4.** HSCP Performance Review established (June 25) **5.** The Standing Orders of the IJB have been reviewed and updated (Nov 24) **6.** Routine consideration of proportionate scrutiny arrangements for each constituent authority e.g. local performance report to Clackmannanshire Council Audit and Scrutiny Committee (ongoing). **5**. Interim Chief Officer and reviewed and reformed SMLT working arrangements. (June 25) **6**. Ensure use of revised directions policy and implement performance monitoring (from March 2024 use - Feb 25 monitoring via FAP Committee) **7**. Prepare Annual Governance Statement and present to FAP then Monitor Governance Action Plan (June 2025 and ongoing) **8.** Staff communications issued re dispute process including assurance this should not impact day to day operations or focus on delivery plan (June 25 ongoing) 9. 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 Relfect current position re revised Integration Scheme, Dispute and ongoing related considerations.

HSC 003	**Delivery of Integrated Performance Framework**	**Risk** The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities. **Cause** Lack of accurate recording, poor recording and information systems and lack of access to and analysis of available information. **Effect** Inability to adequately provide reporting and assurance on performance to IJB.	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**	**Risk** The risk that workforce challenges are not adequately managed. **Cause** Lack of robust workforce planning and failure to appropriately support the integrated workforce. **Effect** Reduced recruitment and retention and failure to appropriately develop, train and performance manage the integrated workforce.	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**	**Risk** The risk that patients/service users have a poor experience of care and/or their personal outcomes are not met. **Cause** Lack of co-design of services taking account of lived experience, lack of assurance on clincial and care governance standards. **Effect** Patients/service users personal outcomes are not met. Failure may create additional avoidable demand.	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 particulation 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**	**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. **Cause** Lack of or non adherance to adequate policies, data sharing arrangements and management information systems. **Effect** Inefficient service delivery, reputational harm and sub optimal performance management.	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.	The work with the constiuent authorities to ensure robust and legal information management and governance arrangements are in place to support integrated service delivery. **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)	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**	**Risk** The risk that clinical and professional care governance arrangements are inconsistently applied and there resultant harm to service users or the general public. **Cause** Potential for a lack of effective systems of clinical and care governance including assurance. **Effect** Harm to vulnerable people or general public.	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.	Through the operational delivery construct of the HSCP we seek to deliver safe and effective services to the partnership population and incorporate clincial and care governance and professional assurance into this as part of the IJBs assurance frameworks. **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)	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**	**Risk** The risk that providers are not sustainable or oversight arrangements are inadequate. **Cause** Lack of effective overview or provider failure for financial or other reasons e.g. lack of workforce or inability to control costs. **Effect** Increased likelyhood of statutory sector requiring to step in as 'provider of last resort' / unforeseen increased costs	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 limitied period whilst mitigation/recovery plans are implemented.	The work with provider market to secure safe effective and sustainable service delivery within resources available and achieve best value. **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 of 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.	Chief Officer	Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord	

HSC 009	**Primary Care Sustainability**	**Risk** The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services /(PCIP) **Cause** Insuffient funding, lack of idenfication and implementation of sustainable service options, aging workforce and demand for services outstripping supply. **Effect** GP Practices requiring to be , loss of service provision and resultant impacts on rest of Health and Social Care system.	Current (3) Target (3)	Current (5) Target (3)	Current (15) **Medium** Target (9) **Medium**	Transformation / Innovation	**Moderate** - accepting that a greater degree of risk is required to improve outcomes, transofrm services and ensure VFM.	**Open** - To allow innovation and initiation and planning for change.	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. **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**	**Risk** The risk that industrial action materially affects service delivery. **Cause** If one of more sectors of H&SC workforce chooses to take industrial action. **Effect** Distruption to service delivery, requirement to invoke business continuty plans and potential for unforseen cost implications.	Current (3) Target (2)	Current (3) Target (3)	Current (9) **Medium** Target (6) **Low**	Workforce	**Cautious** - to support staff to innovate and improve, balancing risk and benefits.	No tolerance set.	The work with constituent authorities and national networks to understand and mitigate the risk of industrial action and potential impact on service delivery. **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**	**Risk** The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or adequacy of resources. **Cause** Demand outstripping supply and/or transformation programmes being inadequate. **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.	Current (5) Target (2)	Current (4) Target (3)	Current (20) **High** Target (6) **Low**	Public Confidence	**Cautious** - for risks impacting on public confidence which flow from informed decision making.	**Moderate** - we are prepared to operate within a moderate tolerance range for Public Confidence for a defined period while mitigation plans are developed.	The work to continually assess the demand and capacity requirements to deliver safe effective service delivery. **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**	**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. **Cause** Transformation not delivering estimated financial impact and/or not being deliverable at pace or scale envisaged **Effect** Overspend or lack of demonstrable progress in Strategic Commissioning Plan priorities and/or National Health and Wellbeing outcomes.	Current (4) Target (2)	Current (5) Target (3)	Current (20) **High** Target (6) **Low**	Transformation / Innovation	**Moderate** - accepting that a greater degree of risk is required to improve outcomes, transofrm services and ensure VFM.	**Open** - To allow innovation and initiation and planning for change.	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 priorties and the 9 National Health and Wellbeing Outcomes. 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
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 13

Review of Meetings

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

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

Recommendations:	The Integration Joint Board is asked to: 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 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. 4) If these recommendations are approved instruct the Standards Officer to bring back revised Standing Orders and Virtual Meeting Protocol to next IJB in September 2025.

Key issues and risks:	There is a risk this will create additional work for corporate support, however, to improve transparency this will be absorbed into existing arrangements.

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. As 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. Members have expressed a desire to maintain a hybrid arrangement to reflect modern working practices and maximise attendance.

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. Many other IJBs eg Renfrewshire and East Lothian also now routinely publish recordings of IJB meetings.

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.

4.3. This would bring Clackmannanshire and Stirling IJB in line with some of our partner Councils conduct their meetings with resp9ect to releasing of recordings.

4.4. Whilst IJB Committees require an approved Terms of Reference to be approved by the IJB it has been custom and practice to conduct such meetings in line with the standing orders for the IJB. Therefore, if the recommendations within this paper in relation to release of recordings are agreed it is proposed these would also apply to the Finance, Audit and Performance Committee.

Deputations

4.5. 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.

4.6. 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.

4.7. IJB is asked to approve the recommendation to allow the IJB through the Interim Chief Officer or Chief Finance Officer to respond to deputations on behalf of the IJB. This will assist in ensuring that the IJB has transparency and accountability of its decisions and strategic direction with all partner bodies.

Amendments to Standing Orders

4.8. 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 September 2025.

Amendments to Virtual Meeting Protocol

4.9. 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 September 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	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering 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:	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	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) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

13 August 2025

Agenda Item 14

IJB Membership

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

Clackmannanshire Council
Stirling Council
NHS Forth Valley

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To set out new membership appointments to the IJB and its Committees.

Recommendations:	The Integration Joint Board is asked to: 1) Note the contents of this paper 2) Approve nominations set out in section 2 of this report

Key issues and risks:	The above recommendations will support the IJB to exercise its statutory obligations in its members of the IJB.

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.

1.3. Scottish Statutory Instrument 285 sets out the minimum membership of the Integration Joint Board (IJB) and its associated committees.

1.4. The partner bodies appoint the Chair and Vice Chair of the IJB; the IJB appoints the Chair and Vice Chair and members of the committees.

1.5. Clackmannanshire and Stirling have one committee; this is the Finance, Audit and Performance Committee.

2. Considerations

Integration Joint Board

2.1. After resignations of the two unpaid carer representatives, the Carers Centres were asked to identify new representatives to come to the IJB meetings and represent the views of unpaid carers.

2.2. There are nominations for unpaid carers representatives for both Local Authority areas.

2.3. For Clackmannanshire Council area, the nomination is Andy Witty. He and his wife were previously highlighted in a video around caring for his daughter who has complex needs. They highlighted how complex and stressful it was when transitioning from children's to adult services and advocated for improved transitions for all children, how carer stress is a factor in caring for your loved one and how applications for things like benefits are complex to navigate. He emphasised he wanted things to improve for all carers, their loved ones and their responsibilities.

2.4. Through lived experience Andy Witty has long advocated for unpaid carers needs – ensuring the challenges, needs, and perspectives are heard and considered, and empower the full range of communities that the HSCP serve. He currently works as the Director of Policy for a membership organisation.

2.5. For Stirling Council area, the nominations are Moira Carmichael as the representative for Carers in Stirling and Joan Dyer as substitute.

2.6. Both have a wealth of experience in providing unpaid care and will support the voice of carers at the IJB.

Finance, Audit and Performance Committee

2.7. The Integration Joint Board approved the decision to form one committee in August 2024, and the committee started in early 2025. In addition to the voting membership, there will be two non-voting members, one professional and one non-professional.

2.8. In response to the request for non-voting members, Anthea Coulter has volunteered to be the non-professional member.

3. Conclusions

3.1. If the recommendations are approved formal notifications will be made and appropriate governance related issues will be addressed.

3.2. The above recommendations will support the IJB to exercise its statutory obligations in its members of the IJB.

4. Appendices

None to note

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒

Achieve Care Closer to Home	☒
Supporting People and Empowering 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:	None to note
Other Resources:	None to note
Legal:	The above recommendations will support the IJB to exercise its statutory obligations in its members of the IJB.
Risk & mitigation:	None to note
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	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) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee**
held on **Wednesday 19 February 2 pm – 5 pm** in the Boardroom, Carseview House, Stirling, and hybrid via Microsoft Teams

Present:

Voting Members:
Councillor Martin Earl, Stirling Council (Chair)
Councillor Janine Rennie, Clackmannanshire Council
Councillor Coyne, substitute for Councillor Benny, Clackmannanshire Council
Allan Rennie, Non-Executive Board Member
Stephen McAllister, Non-Executive Board Member

In Attendance:
Ewan Murray, Chief Finance Officer
Joanna Macdonald, Interim Chief Officer
Wendy Forrest, Head of Strategic Planning and Health Improvement
Olufisayo Adeleke, Deloitte LLP
Isabel Wright, Chief Internal Auditor
Jason Ross, Internal Audit Officer
Sarah Mcphee, Senior Internal Auditor
Councillor Fiona Law, Clackmannanshire Council (observing)
Sandra Comrie, PA (Minutes)

1. WELCOME AND APOLOGIES

Since the Chair and Vice Chair of the new Committee had yet to be appointed, the Committee agreed that Councillor Earl would chair the first meeting.

Councillor Earl welcomed everyone to the meeting and confirmed the meeting was quorate.

Apologies:

Martin Fairbairn, Non-Executive Board Member
John Stuart, Non-Executive Board Member

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

None

4. APPROVED TERMS OF REFERENCE AND MEMBERSHIP

Paper presented by Ewan Murray, Chief Finance Officer

The Clackmannanshire and Stirling Integration Joint Board (IJB) approved the establishment of the Finance, Audit and Performance Committee and its Terms of Reference (ToR) at a special meeting on 7 February 2025. The ToR reflects much of those from the previous Audit & Risk and Finance & Performance Committees.

Mr Murray confirmed the IJB will formally consider and appoint the Chair and Vice Chair of the Finance, Audit and Performance Committee at the meeting on 26 March 2025.

5. UPDATE ON IMPLEMENTING SCOTLAND EXCEL CARE AND SUPPORT FRAMEWORK

Ms Wendy Forrest, Head of Strategic Planning and Ms Jennifer Baird, Service Manager, Commissioning & Contracts presented the update on Implementing Scotland Excel Care and Support Framework

Ms Forrest explained that the Integrated Joint Board previously approved the use of the Scotland Excel Care & Support Framework for purchasing of care and support services across its localities as it represented best value and outcomes for supported individuals. This contract was implemented and ran until Summer 2024. In accordance with national procurement legislation, the contract needed to be re-provisioned in Summer 2024.

Scotland Excel, the National Centre for Excellence in Public Procurement, conducted a national tender exercise in 2024. A new contract was awarded in October 2024 for a duration of six years. This contract will continue to be utilised as it offers the best value.

Ms Baird delivered a presentation on the Care at Home Framework, which included the following topics:

- Implementation
- Tier System
- Current Rates
- Considerations
- Financial Modelling Scenarios
- Risks

Councillor Coyne requested additional details on the differences between the groups of providers and their costings, how these costs are assessed and the number of providers needed. Ms Baird clarified that the groups illustrate the

varying prices charged by different providers and provided the rationale behind these costs. She confirmed that providers charge different rates for the same type of care and that payments are made based on the actual hours worked, as block booking of hours is not commercially viable. She assured that she is confident this mechanism is the most effective approach currently available.

Councillor Rennie enquired whether a costs-benefit analysis had been conducted comparing the expenses of hospital care to care at home, and if there had been any engagement with new providers. Ms Baird confirmed analysis had been done, revealing that care at home is significantly more cost effective. She also noted that and there is no current need for additional providers, as the focus is on managing the market and getting the best performance out of current providers.

Mr Murray highlighted that there are currently too many providers, many of which are small businesses. He noted that the new framework offers an opportunity to streamline the market and introduce new opportunities, as supporting care at home is 300% cheaper than hospital care. He also mentioned that there are various ways to collaborate with providers to enhance resource effectiveness.

Mr Rennie expressed concern about the risk of not being able to provide care at home for everyone who needs it. Mr Murray reassured him that the Strategic Risk Register will be updated in reflection of the delivery plan, once approved. He also mentioned that he and Ms Macdonald will engage with the corporate management teams of the constituent authorities as they continue to develop the delivery plan.

Councillor Earl requested that proposals regarding rates be brought to the IJB for a decision on 26 March 2025. The Committee agreed that the presentation will be shared with Board members at the IJB development session on 26 February 2025 to ensure they are informed.

6. BUDGET AND DELIVERY PLAN UPDATE

Ms Joanna Macdonald, Interim Chief Officer and Mr Ewan Murray, Chief Finance Officer presented the Budget and Delivery Plan Update

The presentation provided an update on the budget and delivery plan, providing assurance on the commitment and ongoing efforts in these areas.

Mr Murray noted that there are still areas with less than full or minimal delivery that need to be assessed and incorporated within delivery plan which will be presented to the IJB. He emphasised the need for reviews of adult social care packages which is a statutory requirement and the exploration of suitable alternative models of care provision where these are not currently available locally. Ms Macdonald added that a new referral process will begin on 1 April 2025, adopting a unified approach for Clackmannanshire and Stirling.

Councillor Earl expressed concerns that the Board might not be able to approve the budget proposals at the IJB meeting on 26 March 2025 without more detailed information. Ms Macdonald explained that she wanted to update the Committee of the position to ensure they were fully informed and reassured that she and Mr Murray are exploring all options. She added that the Senior Leadership Team has been tasked with reviewing every part of their system and addressing the transformational gap.

Mr Murray confirmed that the Board will be assured of what is deliverable next year, agreeing that the IJB require to be confident and assured the delivery plan can be achieved. Councillor Earl requested more details on the consequences of not agreeing on the budget to be provided at the development session on 26 February 2025. The Committee agreed that a communication should be sent to Board members highlighting the importance of attending.

7. PROGRESS UPDATE ON INTERNAL AUDIT RECOMMENDATIONS

Paper presented by Ewan Murray, Chief Finance Officer

The report updated the recommendations from the 23/24 Internal Audit Reports. The progress report shows where progress is complete or ongoing, accompanied by an explanatory narrative.

Mr Murray explained that further progress reports on both progress against these actions, further recommendations arising from the 2024/25 Internal Audit Plan and from the Chief Internal Auditors Annual Assurance report will be brought to the Committee for monitoring.

Internal Audit have provided Mr Murray with an annual governance questionnaire for completion by the end of February 2025 which will form a significant element of the body of evidence the Chief Internal Auditor will use to inform the assurance opinion in the Annual Assurance report which will be presented to the Committee at the meeting on 25 June 2025.

Progress reports in respect of recommendations from the Annual External Audit Report (AAR) were presented to the IJB Audit and Risk Committee in September and December 2024. A further update on these will be presented to the Committee at the meeting on 25 June 2025.

The Finance, Audit and Performance Committee:

1) **Noted and drew assurance from the progress update on the recommendations contained within 23/24 Internal Audit Reports**

8. EXTERNAL AUDIT PLAN

Paper presented by Olufisayo Adeleke, Deloitte LLP

Mr Adeleke explained that the initial risk assessment was similar to last year's report, identifying only the management override of controls as a significant risk for this year. No other significant risks were identified. Deloitte will review the financial statements and obtain assurance over areas where management has the judgment to influence reports and accounts to override controls.

As part of the audit, Deloitte will conduct a comprehensive scope of procedures, examining financial management, financial sustainability, vision leadership, and governance resources. Mr Adeleke provided an overview of the planned responses in these areas.

It was also noted that, following a review of the Strategic Risk Register, the risk in relation to financial resilience scores as high.

Councillor Earl noted that the Internal Audit Report referenced in the paper will be addressed under item 14 as an exempt item.

Mr Murray has provided comments on the draft external audit plan explaining that he relies on the finance teams from all the constituent authorities and their internal control environments. He advised the committee he and the HSCP Management Accountant can only ensure delivery of the plan if appropriate and responsive support is provided through the constituent authorities. He also advised that, if a swift conclusion to financial risk sharing for 2024/25 is not achieved this may compromise the ability to deliver against the plan.

Ms Macdonald suggested including the Audit Scotland Report on IJB Finance and Performance, published in July 2024, as a reference point in the report.

The Finance, Audit and Performance Committee:

1) **Considered, discussed and approved the Annual Audit Plan**

9. REVIEW OF RESERVES STRATEGY AND POLICY

Paper presented by Ewan Murray, Chief Finance Officer

There is a requirement to have a reserves policy and strategy. Mr Murray confirmed that various discussions had taken place at previous Audit and Risk Committees, including a deep dive review of guidance in September 2024. The proposal is to retain the existing reserves strategy and policy unchanged, given that there will be 0% general reserves at the end of this financial year, and it is unlikely any will be generated in the next financial year. This approach aims to reestablish how an aspirational reserves position could be achieved over time,

while retaining the existing policy and strategy. He emphasised that the challenge of achieving this in practice should not be underestimated.

Councillor Rennie noted that, based on initial conversations, IJBs were not expected to have reserves and should aim to break even each year. Mr Murray clarified that this has been a topic of debate since IJBs were established. He explained that CIPFA guidance recommends that IJBs should maintain reserves, and his advice to the Board is to aspire to hold a modest level of general reserves as a responsible public body. Ms Macdonald added that previous reserves were funded by the government to cover unexpected additional charges. Reserves are expected to be minimal for the next financial year, currently estimated at around £1 million to £1.5 million.

Councillor Earl asked how to discharge the responsibility if there are no reserves.

Mr Murray explained that the integration scheme outlines the conditions under which general reserves can be generated, noting that any underspend on the integrated budget would contribute to the general reserves. Ms Macdonald added that this pertains to the IJB finances, and if there is no balanced budget, these circumstances must be discussed at the development session on 26 February 2025.

Ms Rennie pointed out that the recommendation does not clearly indicate that it is an aspirational reserves position. Mr Murray proposed that the Committee's concerns and comments on the reserves strategy and policy be included in the budget paper to be presented to the IJB on 26 March 2025.

The Committee agreed to maintain the existing policy, with further discussion on an appropriate reserves policy position to take place at the June Committee meeting.

The Finance, Audit and Performance Committee:

1) **Considered the reserves strategy and policy.**
2) **Agreed that the extant reserves strategy and policy remains in place at this point and the budget paper to the IJB should reflect this and the committees requested for further discussion on an appropriate reserves policy at the June meeting.**

10. Q3 PERFORMANCE REPORT

Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

This is a standard report that will be presented to the IJB quarterly. Ms Forrest has brought it to the Committee for scrutiny and consideration of some key performance targets and measures within the paper. The executive summary

appended to the paper outlines some approved indicators that are not improving against certain targets. This is aligned with the Strategic Commissioning Plan.

Councillor Rennie asked if there was any feedback on a question she raised at the Audit and Scrutiny Committee regarding referrals to psychological therapy. Ms Forrest confirmed that Ms Macdonald is collaborating with colleagues in mental health and learning disabilities to organise an all-member briefing across Clackmannanshire and Stirling, as well as the IJB.

The Finance, Audit and Performance Committee:

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) to be presented to the Integration Joint Board.**

11. INTEGRATED WORKFORCE PLAN – YEAR 2 REVIEW

Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The paper highlights several challenges related to workforce recruitment and retention. Although the Scottish Government did not request this review, Ms Forrest felt it would be beneficial to present the year 2 review to the Committee and the IJB, given the significant changes anticipated in the coming year.

Work has been completed to implement a new approach to contracting and commissioning processes, including the involvement of third and independent sector colleagues within the broader commissioning context. Efforts will continue to provide more detailed information about the establishment, both internally and externally, regarding where services are being commissioned.

In response to Councillor Rennie's question about trauma training, Ms Forrest explained work is ongoing with the resilience learning partnership through the Alcohol and Drug Partnership to create a team of policy officers fully trained on the impact of operating procedures.

The Finance, Audit and Performance Committee:

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

12. MOVING ON POLICY

Paper presented by Wendy Forrest, Head of Strategic Planning

and Health Improvement

The paper highlights the collaborative efforts across NHS Forth Valley and both Falkirk and Clackmannanshire and Stirling Health and Social Care Partnerships. Ms Forrest explained that the focus is on adopting a unified approach for Forth Valley, particularly for individuals transitioning in and out of hospital and being supported back into their communities. This shared policy emphasises operational delivery to foster a sense of collegiate working across the entire system. By next year, there should be a noticeable improvement in how the processes within the policy are functioning.

The Finance, Audit and Performance Committee:

1) Endorsed the Policy

13. RELEVANT NATIONAL REPORTS:

Paper presented by Ewan C Murray, Chief Finance Officer

The paper provided key links to the following reports:

- NHS Overview
- Local Government

Mr Murray explained that since the IJBs receive their funding directly from NHS Boards and Local Authorities, including passthrough funding from Scottish Government, these reports are directly relevant to the funding environment and the pressures faced.

The Finance, Audit and Performance Committee:

1) Noted the reports and their direct relevance to the IJB and partners.
2) Noted the key messages and recommendations from the reports.

EXEMPT PAPER

14. INTERNAL AUDIT PROGRESS REPORT

Paper presented by Isabel Wright, Chief Internal Auditor

The Committee discussed the paper in a private session.

15. ANY OTHER COMPETENT BUSINESS

None

16. DATE OF NEXT MEETING

Clackmannanshire & Stirling
Health & Social Care
Partnership

25 June 2025