

**A meeting of the Integration Joint Board
Finance, Audit & Performance Committee**
will be held on 17 September 2025, 2 – 4 pm in the Boardroom, Carseview
House, Stirling and hybrid via MS Teams

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

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Matters arising/urgent business brought forward by Chair
4. Draft Minute of previous meeting held on 25 June 2025, and the special meeting held on 20 August 2025
5. Action Logs of previous meeting held on 25 June 2025, and the special meeting held on 20 August 2025

PRESENTATION

6. Emergent Impact of Multi Disciplinary Team and Refreshing Approach to Eligibility Criteria Wendy Forrest

VERBAL UPDATE

7. Progress with IJB Accounts and Statutory Audit Ewan Murray

FOR CONSIDERATION AND APPROVAL

8. Draft Annual Performance Report Wendy Forrest
9. Progress Report on Governance Action Plan and Annual Audit Report Recommendations Ewan Murray
10. Review of IJB Financial Regulations Ewan Murray
11. Long Term Care and Ordinary Residence Wendy Forrest
12. Review of Scheme of Delegation Lesley Fulford

FOR NOTING

13. Relevant National Reports

Ewan Murray

Accounts Commission: Delivering for the Future, Responding to the Workforce Challenge

DATE OF NEXT MEETING

03 December 2025

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance, Audit and Performance Committee**
held on **Wednesday 25 June 2025 10am – 12 noon** in Stirling Council Chambers,
Old Viewforth, Stirling and hybrid via Microsoft Teams

Present:

Voting Members: Councillor Janine Rennie, Clackmannanshire Council
(Chair)
Councillor Coyne, substitute for Councillor Benny,
Clackmannanshire Council
Stephen McAllister, Non-Executive Board Member
Martin Fairbairn, Non-Executive Board Member
John Stuart, 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
Gordon O'Connor, Audit Service Manager
Olufisayo Adeleke, Deloitte LLP
Sarah Mcphee, Senior Internal Auditor
Lesley Fulford, Standards Officer
Sandra Comrie, PA (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

Apologies:

Councillor Martin Earl, Stirling Council
Councillor Martha Benny, Clackmannanshire Council
Allan Rennie, 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. DRAFT MINUTE OF PREVIOUS MEETING HELD ON 19 FEBRUARY 2025

The draft minute of the meeting held on 19 February 2025, was approved, with the following amendments:

Item 8. External Audit Plan revise wording to sentence” It was also noted that, following a review of the Strategic Risk Register, the IJB scores high in financial resilience”

Item 14. Internal Audit Progress Report, add wording to reflect that the Committee discussed the exempt paper.

5. ACTION LOG

Mark action for paper 4 complete.

6. IJB RESERVES

Verbal update by Ewan Murray, Chief Finance Officer

Mr Murray noted that discussions are ongoing across all Integration Joint Boards (IJBs) regarding reserves policies. A policy officer is currently compiling an overview of national practices, which Mr Murray suggested could serve as a foundation for a future review of the reserves policy once the work is complete. This effort is also being referenced in work led by Health and Social Care Scotland, aimed at supporting continued dialogue with the Minister for Social Care on financial resilience. This may present an opportunity to revisit and align the reserves policy with the development of the 2026/27 business case. In the meantime, the current approach to reserves, whether for contingency or general purposes, remains aspirational given the ongoing financial challenges and associated risks to the delivery plan.

Mr Murray proposed bringing a further paper to a future Committee meeting, within the next cycle, focused on reserves, best practices, and potential options for the reserves policy moving forward. He emphasised the need to explore all available options to align expenditure with the budget and general reserves.

The Committee emphasised the importance of reviewing the reserves policy and gaining a clear understanding of national developments in this area. They agreed that reserves should form a key component of a prudent financial management framework.

Mr Murray confirmed that, as part of the policy development process, engagement with both internal and external auditors is standard practice to seek their advice. He also noted that he expects that the external auditors will comment on reserves in their forthcoming Annual Audit Report.

7. INTERNAL AUDIT PLAN

Paper presented by Mr Gordon O'Connor, Audit Service Manager

Mr O'Connor explained that responsibility for delivering the internal audit service rotates between Stirling Council and Clackmannanshire Council every three years, with Stirling Council assumed the role in April 2025. The paper outlined the planned internal audit coverage for the year, which includes two substantive reviews: one focusing on the delivery plan and associated budget monitoring, and another examining assurance frameworks, particularly in relation to the delivery of Integration Scheme accountabilities. The findings, conclusions, and recommendations from these reviews will be presented to the Committee throughout the year. Additionally, an Annual Assurance Report will be submitted, providing an overall opinion on the IJB's arrangements for risk management, governance, and control.

Mr Fairbairn enquired about the number of audit days utilised against the planned allocation for 2024/25, and the added value internal audit could bring to the review of assurance frameworks, particularly in relation to risk 2 on the Strategic Risk Register. Ms McPhee confirmed that 35 days had been planned, with 36 days utilised. Mr O'Connor added that he intends to bring forward work on assurance mapping, including its structure and framework. The aim of this work is to provide positive assurance and to support his team in gaining a deeper understanding of the IJB's governance, strategy, and operations, which will help them better understand how the organisation functions and the risks it faces.

In relation to the 80 days allocated for the 2025/26 audit planning, Mr O'Connor explained that this allocation was intended to ensure sufficient capacity, even though the full 80 days may not be required. Of this, 50 days have been allocated to Stirling Council to provide adequate time for preparation by Mr O'Connor and his team.

The Committee agreed papers going forward need to be strategic and not operational, this will be incorporated in the review of the Terms of Reference (ToR).

The Finance, Audit and Performance Committee:

- 1) Approved the Internal Audit Plan for 2025/26.**
- 2) Noted that progress will be reported to the Finance, Audit and Performance Committee on an ongoing basis.**

8. DRAFT ANNUAL GOVERNANCE STATEMENT

Paper presented by Mr Ewan Murray, Chief Finance Officer

Mr Murray presented the paper as a stand-alone item to highlight the significance and complexity of governance arrangements within the IJB. He acknowledged that these complexities are particularly pronounced in the Clackmannanshire and Stirling Health and Social Care Partnership, given its unique structure involving two local authorities.

The statement is intended to outline the IJB's governance arrangements and assess the effectiveness of its internal control systems.

The statement describes and includes:

- The scope of responsibility of the IJB
- The purpose of the Governance Framework
- Governance Framework and Systems of Internal Control
- A review of Adequacy and Effectiveness
- Roles and Responsibilities
- Other Significant Governance Issues
- Management of Risk
- Review of 2024/25 Action Plan
- 2025/26 Action Plan

Mr Murray advised that, in light of ongoing discussions regarding the revised Integration Scheme and the associated dispute resolution process, a dedicated section on the Integration Scheme has been incorporated into the Annual Governance Statement. This reflects its role as the legal partnership agreement of the constituent authorities which establishes and governs the IJB.

He also noted that, given the Internal Audit Annual Assurance Report is an exempt item on the agenda, he intends to include a reference to the assurance level within the Annual Governance Statement. Mr Murray hoped that the Committee would find this approach appropriate.

Mr Fairbairn highlighted that he had provided some largely grammatical comments to Mr Murray which Mr Murray agreed to address prior to the Annual Governance Statement being incorporated within the accounts.

The Finance, Audit and Performance Committee:

- 1) Considered and approved the draft Annual Governance Statement.**
- 2) Noted that the Annual Governance Statement will be further updated for the audited accounts to take account of the content of the Annual Governance Statements of the constituent authorities and the assurance opinion from the Chief Internal Auditors Annual Assurance Report.**

3) Noted the Internal Audit Annual Assurance Report Opinion of Substantial Assurance.

9. PROGRESS REPORT ON AUDIT RECOMMENDATIONS

Paper presented by Mr Ewan Murray, Chief Finance Officer

Mr Murray highlighted that there is ongoing work required to update the governance framework and to enhance the clarity and effectiveness of how the IJB and HSCP collaborate with the three constituent authorities. Ms Fulford will be assisting Mr Murray in this effort, with a particular focus on strengthening the quality, efficiency, and timeliness of audit follow-up processes.

This includes ensuring that recommendations are addressed promptly and that progress is reported back to the Committee on a regular basis. The accompanying paper includes two appendices detailing progress on both internal and external audit recommendations. With the Committee's agreement, Mr Murray will continue to provide regular updates on the status of these audit recommendations.

Mr Stuart enquired about the current status of the scheme of delegation. Mr Murray advised that it had been anticipated last year that the partners would agree on the revised integration scheme, which would have provided an appropriate opportunity to review the core elements of the governance frameworks. However, this agreement has not been reached, and the process is now linked to dispute resolution, with no confirmed timeline for completion. Mr Murray emphasised the importance of reviewing the governance frameworks, noting that they have not been updated for some time and that some elements of these require to be reviewed meantime.

The Finance, Audit and Performance Committee:

- 1) Noted and drew assurance from the progress updates on the recommendations contained within Audit Reports.**
- 2) Agreed that future updates in relation to Internal Audit recommendations are incorporated within a single progress report covering the 24/25 Annual Government Statement Action Plan and management responses to the Annual Internal Audit Assurance Report.**
- 3) Agreed that the committee will receive progress reports in relation to 2024/25 Annual Audit Report recommendations in due course.**

10. PROGRESS REPORT ON IJB ACCOUNTS

Paper presented by Mr Ewan Murray, Chief Finance Officer

As referenced in the report presented to the IJB on 18 June 2025, Mr Murray outlined ongoing challenges in finalising the 2024/25 financial position to allow each Director of Finance / Section 95 Officers and Chief Finance Officer from the constituent authorities to issue assurance letters.

A detailed report was presented to Stirling Council's Audit Committee, highlighting specific issues, primarily linked to the implementation of the enterprise resource planning (ERP) system. The Chief Finance Officer of Stirling Council presented a comprehensive plan to address these challenges.

Due to these circumstances, the IJB's unaudited accounts could not be completed within the regulatory timeframe. Mr Murray therefore sought and received support from the Committee Chair, Councillor Rennie, to delay submission of the unaudited accounts. He acknowledged that this is not an ideal position and confirmed that Directors of Finance / Section 95 Officers and Chief Finance Officers will discuss further measures to prevent recurrence of this in future years.

Mr Murray also outlined the implications of non-compliance with the regulations and the necessary steps to address the situation. He explained he has and will continue to engage with external auditors regarding the timing of the statutory audit and work with them to agree a revised achievable audit plan. A proposed interim approach has been set out, with a collective commitment from all partners to avoid similar issues in future years.

Mr Olufisayo confirmed that the audit has been rescheduled to commence during the first week of August. He noted that there have been no cost implications, as internal resources have been reallocated to accommodate the change. However, he cautioned that if the draft accounts are not completed by the 30 August 2025 deadline, the outstanding items will need to be included in the final audit ISA 260 reports. This could result in missing the September deadline and potentially failing to meet the submission requirements for Audit Scotland.

Mr Murray advised that a meeting has been arranged with the Chief Finance Officer from Stirling Council to address the situation, and he will engage with Deloitte following that meeting.

In response to queries raised by Mr Fairbairn regarding difficulties in finalising the accounts, Mr Murray acknowledged the concerns and confirmed that the issues are primarily linked to the implementation of Stirling Council's new Enterprise Resource Planning (ERP) system. This has impacted data availability and reporting consistency. Additionally, the Council is currently working through a significant number of unmatched accruals, which has further

impacted the ability to reach a point where the Councils Chief Finance Officer can reach a point where assurance can be given.

He explained that the normal process involves reaching a draft accounts position, followed by a review, after which each Director of Finance and Chief Executive from the constituent authorities provides a brief letter of assurance. This letter confirms that, to the best of their knowledge, the financial position is a true and fair view and includes all relevant costs associated with delegated integration functions. This due diligence step is typically built into the year-end process shortly after the draft position is reached.

Mr Murray stated he is confident that the draft accounts are reflective of the position across all constituent authorities. One assurance letter has already been received, and another is expected within the week. However, further work is still required by Stirling Council before their Chief Finance Officer can provide the final assurance letter.

He acknowledged the reputational risk this situation poses for the IJB and all partners is collectively understood and appreciate and emphasised the need for discussions on how to avoid similar issues in future years.

The Finance, Audit and Performance Committee:

- 1) Noted the background and regulatory requirements in respect of IJB accounts.**
- 2) Considered and Discussed the proposed approach.**
- 3) Approved that a special meeting of the Finance, Audit and Performance Committee is held by 31 August 2025 to consider the unaudited accounts.**

11. BEST VALUE CHECKLIST

Paper presented by Ewan Murray, Chief Finance Officer

Mr Murray explained that IJBs have a statutory duty to secure Best Value, as set out in Part 1 of the Local Government in Scotland Act 2003. He noted that Audit Scotland published a guidance note and checklist on Best Value in IJBs in March 2018, which has been used as the basis for compiling the Best Value Checklist appended to the report.

Mr Murray emphasised that best value is embedded in all aspects of the IJB's work and is not limited to checklist compliance. He suggested that the checklist provides the Committee with a useful source of evidence and assurance regarding how Best Value is being demonstrated and monitored.

The Finance, Audit and Performance Committee:

- 1) Noted and drew assurance from the best value checklist appended to the report.**

12. REVIEW OF WORKPLAN 2025/26

Paper presented by Lesley Fulford, Senior Planning Manager

Ms Fulford explained that Appendix 1 of the report sets out a proposed revised Finance, Audit and Performance workplan for consideration by Committee members.

The reasons for the review are as follows:

- To take account of experience since establishment of the Committee.
- The workplan should be a live document subject to regular review and revision.
- Some papers require to move between meeting cycles from time to time.
- There are current challenges with statutory accounts production and impact on the external audit plan.
- The Chair and Vice Chair may wish to request matters to be brought to the Committee.
- Current capacity restraints are not enabling full progress on the workplan as initially set out.

Ms Fulford clarified that any changes to the workplan would be agreed between the Chair and Vice Chair.

In response to Mr Fairbairn's questions, Mr Murray clarified that he is aiming to move the draft Annual IJB Business Case later in the cycle to allow sufficient time for it to be considered within each partner's budget-setting processes. This would also provide an opportunity for engagement with the three constituent authorities and discussions with elected members on any proposed changes.

He agreed that the Review of Governance Frameworks and Scheme of Delegation could be split into two components: an annual review of adequacy, and a separate schedule for reviewing specific policies, some of which may require biannual updates.

Regarding Monitoring Performance on Directions, Mr Murray acknowledged that while he had intended to bring forward reporting on this, other priorities had delayed progress. He is currently reviewing practices in other areas and aims to develop a reporting format that adds value and provides the IJB with reasonable assurance. Subject to Committee agreement, he intends to bring this item to a special Committee meeting alongside the unaudited accounts in August 2025.

Councillor Rennie confirmed that the paper was being agreed, subject to potential changes in the future. Mr Murray confirmed he would discuss the August agenda with the Chair and Vice Chair.

The Finance, Audit and Performance Committee:

- 1) Noted the content of the paper.**
- 2) Considered and approved the proposed reviewed workplan for 2025/26 set out in appendix 1.**

13. NATIONAL REPORTS

Paper presented by Mr Ewan Murray, Chief Finance Officer

In line with the Terms of Reference, it was noted that relevant national reports would be brought to the Committee for consideration.

Mr Murray referenced the Audit Scotland report on General Practice, which reviews progress since the 2018 General Medical Services contract. Elements of this report were included in the IJB meeting on 18 June 2025 and continue to inform the evolving approach, particularly in light of the Scottish Government's intention to shift a greater share of health resources into primary care.

He also highlighted the Audit Scotland report on Local Government Budgets 2025/26, noting that local authorities are a key component of the IJB's funding environment. As such, the financial pressures facing local authorities directly impact the IJB's financial position and its ability to sustain adult social care services. Mr Murray summarised the key messages from the report and emphasised the broader financial challenges across local government that will influence the IJB's strategic and operational planning going forward.

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 ANNUAL ASSURANCE REPORT 2024/25

Paper presented by Sarah Mcphee, Senior Internal Auditor

The Committee discussed the exempt paper in private session.

15. ANY OTHER COMPETENT BUSINESS

None

16. DATE OF NEXT MEETING

20 August 2025

**Draft Minute of the
Special meeting of the Finance, Audit and Performance Committee**
held on **Wednesday 20 August 2025 2 pm - 3.15 pm** in Stirling Council Chambers,
Old Viewforth, Stirling and hybrid via Microsoft Teams

Present:

Voting Members: Councillor Janine Rennie, Clackmannanshire Council
(Chair)
Councillor Martin Earl, Stirling Council (Vice Chair)
Councillor Rosemary Fraser, Stirling Council
Councillor Martha Benny, Clackmannanshire Council
Stephen McAllister, Non-Executive Board Member
Martin Fairbairn, Non-Executive Board Member

Non-Voting Members: Anthea Coulter, Third Sector Representative,
Clackmannanshire

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
Kathleen Brennan, Stirling GP Clinical Lead for
Clackmannanshire and Stirling HSCP
Lesley Fulford, Standards Officer
Sandra Comrie, PA (Minutes)

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate.

Apologies:

Allan Rennie, 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. IMPLEMENTING VALUE BASED HEALTH AND CARE/POLYPHARMACY

Presentation by Dr Kathleen Brennan, GP Clinical Lead for Clackmannanshire and Stirling HSCP

Dr Brennan delivered a detailed presentation on the Polypharmacy Review Project. The complete presentation is accessible via the following link:
[Polypharmacy Reviews.pptx](#)

Dr Brennan outlined that the broader Polypharmacy project aims to include 3,000 patients across GP practices across Forth Valley. With additional pharmacist support, the goal is to reach another 1,500 patients, focusing on safer approaches for those with complex medication needs. She noted that the Hospital at Home team already conducts reviews, so it's essential to avoid duplicating efforts. Currently, reviews recorded in hospital systems are not shared with GP practices. Prescribing pharmacists can directly make medication changes, while non-prescribing pharmacists provide recommendations to GPs for action. To prevent duplication, pharmacists will use a specific coding system.

Councillor Earl raised questions about the sample size and whether the £50 cost had been agreed upon with GPs. Ms Brennan explained that the cost was based on GP locum rates and estimated time required for reviews. She emphasised that the central aim is to determine the best outcomes for patients.

Mr Murray added that the focus is on long-term sustainability and practical implementation of measures aligned to Value Based Health and Care and Realistic Medicine. Medicines optimisation work is planned and delivered on a pan Forth Valley basis, with the Primary Care Medicines Resources Group feeding into the NHS Forth Valley Medicines Optimisation Board, which considers both acute and primary care prescribing including interface issues. The proposal was recently presented to and supported by the Primary Care Medicines Resources Group. While the financial savings may be modest, the initiative aligns with the delivery plan and there is also evidence of non-financial benefit.

Mr Fairbairn requested further clarification on the statistical significance to ensure the Committee fully understands the evidence. He suggested that a larger sample may be needed to meet robust statistical benchmarks and emphasised the importance of conducting the review locally to assess feasibility.

Dr Brennan confirmed that the statistician was asked whether the observed changes were statistically significant within the sample group and acknowledged that a larger sample might be necessary to strengthen the evidence base. She added that similar work is underway nationally, and it's important to find ways to compare emerging evidence. While diminishing

returns are expected over time, building a strong evidence base remains crucial.

Ms Coulter highlighted the role of community link workers in identifying individuals who may benefit from medication reviews. She noted that increasing awareness of ongoing polypharmacy reviews could help more people engage with the process.

5. 2024/25 DRAFT (UNAUDITED) IJB ANNUAL ACCOUNTS

Paper presented by Mr Ewan Murray, Chief Finance Officer

Mr Murray explained that the publication of the draft annual accounts had been delayed due to the need to finalise financial positions for constituent authorities. Challenges in reaching an agreement has contributed to the delay. However, as reported to the IJB on 13 August 2025, there were no material changes to the overall financial position, which enabled the production of the draft accounts. He acknowledged that this delay meant the accounts were submitted outside the regulatory timeframe for auditors but confirmed he has maintained regular communication with the IJBs external auditors Deloitte LLP regarding the situation.

The format of the accounts remains consistent with previous years and aligns with the Strategic Commissioning Plan and its priorities.

Mr Murray noted that the ongoing dispute resolution process has introduced complexities, and he has made certain judgements in the accounts to reflect this. Specifically, the £1.327 million additional funding from Clackmannanshire Council, originally provided on a repayable basis, is considered part of the dispute resolution process. Additionally, the unresolved £0.417m unresolved risk share in dispute for 2024/25 has been treated as a negative reserve at this point, with the anticipation that it will be resolved in the near term which would facilitate preparation and closure of final accounts.

Mr Fairbairn requested additional information outside of the meeting. Ongoing discussions have centred on analysing and understanding the contributions from the constituent authorities, particularly in relation to the overall income and expenditure position. He has asked for an up-to-date tabular analysis showing how this has developed over time. Mr Murray confirmed that he has this information and is happy to share it.

He also raised a query regarding the inclusion of the £4 million reserves, in relation to the NHS Forth Valley contribution held in reserves. He questioned whether this should be treated as deferred income for 2025/26, given that the accounts relate to the 2024/25 financial year. The Committee discussed the appropriate treatment of this funding, considering whether it should be recorded as deferred income. Mr Murray stated that the treatment was consistent with similar funding arrangements in previous years including covid

funding but would request technical advice from CIPFA via the CIPFA IJB Chief Finance Officers section.

Councillor Earl asked for clearer explanatory notes outlining the status and treatment of these funds, and requested that updates be provided regularly, regardless of the final decision.

Additionally, Mr Fairbairn requested that a note be issued to the Committee explaining how the accounting treatment of the £4 million aligns with CIPFA or other relevant accounting standards, specifically referencing the principle of payment in advance of need.

The Committee agreed that where figures are unusual, unresolved or subject to judgement on accounting treatment, explanatory notes should be included in the accounts and updated or removed as necessary. Mr Murray agreed that this was a reasonable and pragmatic approach and committed to adding such notes to the accounts prior to commencement of the public inspection. Councillor Earl confirmed that the Committee is formally requesting this approach be adopted going forward.

The Finance, Audit and Performance Committee:

- 1) Considered and commented on the 2024/25 Draft Integration Joint Board Annual Accounts and agreed them for issue and publication on the partnership website.**
- 2) Agreed that further explanatory notes are added to accounts where figures are unusual, unresolved or subject to judgement on accounting treatment.**

6. MONITORING OF DIRECTIONS

Paper presented by Lesley Fulford, Senior Planning Manager

Ms Fulford explained that Directions are the mechanism through which the IJB implements the Strategic Commissioning Plan. They play a key role in governance and accountability between partner organisations. The Committee has delegated responsibility for overseeing the progress on Directions and escalating issues to the IJB when appropriate. This oversight will contribute to the annual assurance statement submitted to the IJB. It is recognised that the approach to monitoring performance against Directions needs further development and will continue to evolve.

Ms Fulford confirmed that, of the nine Directions issued between May 2025 and the present, eight are currently in progress and one has been completed. For the reporting period April 2024 to March 2025, 14 Directions were issued, seven have been completed and six remain in progress.

Mr Fairbairn asked about the criteria for recording long-term Directions and the process for determining when budget-related Directions are considered complete. Ms Fulford responded that Heads of Service are responsible for confirming completion, while the constituent authorities and the HSCP management team are tasked with providing assurance to both the Committee and the IJB that annual budget Directions have been implemented.

Mr Murray added that he and Ms Macdonald are currently engaging with the constituent authorities regarding the process for issuing and delivery against Directions. He acknowledged the need to improve the decision-making processes and establish clearer mechanisms for providing assurance to the IJB on performance against Directions. This work remains ongoing.

Following discussion, the Committee agreed that, for transparency, an archived Directions log should be linked alongside the live log when presented to the Committee.

The Finance, Audit and Performance Committee:

- 1) Considered and discussed the contents of the report**
- 2) Noted and approved the update**
- 3) Approved the recommendation that a Direction will be archived after they have been presented to an IJB Finance, Audit and Performance Committee. Report will be updated as revoked, superseded or complete.**

7. ANY OTHER COMPETENT BUSINESS

None

8. DATE OF NEXT MEETING

17 September 2025

Paper Number	Report Title	Action	Person Responsible	Timescale	Progress/Outcome	Status
10	Progress Report on IJB Accounts	A Special Meeting of the Finance, Audit and Performance Committee to be held before 31 August 2025	ECM/SC	ASAP	Meeting arranged for 20 August 2025	Complete
12	Review of Workplan 2025/26	A paper on Monitoring Performance on Directions to be brought to the Special Meeting in August 2025	ECM	ASAP	Meeting arranged for 20 August 2025 and agenda updated	Complete

Paper Number	Report Title	Action	Person Responsible	Timescale	Progress/Outcome	Status
5	2024/25 Draft (Unaudited) IJB Annual Accounts	Provide Mr Fairbairn and up to date analysis of the contributions from the constituent authorities particularly in relation to the overall income and expenditure.	ECM	ASAP	Ongoing	In progress
		Provide a note about how the treatment of the £4 million aligns with CIPFA or other relevant accounting standards, specifically referencing the principle of payment in advance of need.	ECM	ASAP	Ongoing	In progress
		Where figures are unusual, unresolved or subject to judgement on accounting treatment, notes will be added to the accounts prior to commencement of the public inspection.	ECM	ASAP	Notes were added to draft accounts version published on website for commencement of public inspection period.	Complete
6	Monitoring of Directions	An archived Directions log will be linked alongside the live Directions log when presented to the FAP Committee.	LF	ASAP	Recommendation has been amended to reflect this.	In progress

Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee

17 September 2025

Agenda Item 8

Annual Performance Report (2024/ 2025)

For Approval

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

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

Purpose of Report:	<p>The purpose of this Report is to seek scrutiny from the Finance, Audit and Performance Committee in relation to the Annual Performance Report (Appendix 2) and the associated Executive Summary (Appendix 1). This is to enable both aforementioned documents be recommended to the Integration Joint Board (IJB) for their approval.</p> <p>The publication of the Annual Performance Report ensures the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services.</p>
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Recommendations:	<p>The Finance, Audit and Performance Committee are asked to:</p> <ol style="list-style-type: none"> 1) Scrutinise and provide comment on the Annual Performance Report (2024/25). 2) Agree the Annual Performance Report Executive Summary (Appendix 1) & the full Report (Appendix 2) to be recommended for approval by the IJB.
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Key issues and risks:	<p>Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of information systems which is being progressed however is unlikely to occur in the short term meaning progress will continue to be limited by the constraints of current information systems and capacity.</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 established the legislative framework for the integration of health and social care services in Scotland. To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.</p>
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1. **Background**

- 1.1. Health and social care integration is about ensuring that those who use services get the right care and support based on assessed needs. There is a greater emphasis on community-based and more joined-up, anticipatory and preventative care, the principles of integration aim to improve outcomes as well as care and support for those who access health and social care services.
- 1.2. The Health and Social Care Partnership vision is “to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities”.
- 1.3. The purpose of the Annual Performance Report is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities.
- 1.4. The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership (HSCP). This is encompassed in our 2024/25 Annual Performance Report (Appendix 2).
- 1.5. The content of this Performance Report is routinely and actively monitored, and the information supports wider planning and delivery in areas such as Strategic Commissioning Plan delivery, operational service planning, work supporting our transformation programmes and aligns to the priorities of the agreed Delivery Plan programme of work presented as part of budget planning and reporting.

2. **Requirements and Considerations**

- 2.1. As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 the Annual Performance Report must contain the following:
 - An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.
 - Financial planning and performance.
 - Best value in planning and carrying out integration functions.
 - Performance in respect to Localities.
 - Inspection of services.
 - Review of Strategic Plan.
 - Any other information the Integration Authority considers relevant to assessing performance during the reporting year in planning and carrying out their integration functions.
- 2.2. This Performance Report uses a range of data to describe and illustrate performance across delegated service in the HSCP, and when data is used the source will be noted. Local data is gathered within social work recording systems across both Councils and NHS Forth Valley.

- 2.3. 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.
- 2.4. The Strategic Commissioning Plan is being reviewed, which provides an opportunity to also review and incorporate the aforementioned areas in need of alignment going into 2026 - 2027. This Annual Performance Report will therefore continue to develop as data and information becomes available, key indicators are defined and performance measures are agreed.
- 2.5. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of integrated health and social care services. The 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. In the Annual Performance Report these national outcomes are denoted by the use of 'NI'. Where possible, reference is also made to the HSCPs performance in comparison to the Scottish averages.
- 2.6. It has been agreed, with the Chief Officer and Senior Leadership Team, that where national data is available, this would be included in the report.
- 2.7. 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.
- 2.8. The data within the Report provides information on the people supported by our services within Forth Valley, it is not always possible to compare this local data to other HSCPs or national figures. However, this report seeks 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 which is reflective of the work of staff in supporting those within our communities.
- 2.9. 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.

3. Annual Performance Report

- 3.1 The Annual Performance Report (Appendix 2) reflects our progress as a HSCP from 1 April 2024 to 31 March 2025. An Executive Summary which focussed on both the highlights and areas for further development is compiled in Appendix 1.
- 3.3. The HSCP, alongside colleagues in our partner organisations across the statutory, third & independent sectors, worked tirelessly to ensure the continued safe and effective provision of health and social care support to people in all our communities.

- 3.4. The Performance Report is continuing to be developed based on areas of focus and feedback from members of this Board, the Strategic Planning Group and wider stakeholders.

4. Challenges

- 4.1 The level of support required for people in the Clackmannanshire & Stirling communities is changing due to an increasing proportion of older adults and increasing numbers of people with more than one long term condition (also known as co-morbidities).
- 4.2 This is compounded by the challenging financial picture we are operating within, and the savings that need to be made, which does not look to ease in the coming years. This picture has also affected the workforce issues including recruitment and retention of staff. It should also be reflected that Brexit and migration controls have also restricted the pool of new staff to fill vacancies.
- 4.3 For a summary of highlights related to activities and work over the past year please review the Executive Summary document (Appendix 1).

5. Development of Performance

- 5.1. 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.
- 5.2. 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.
- 5.3. 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 2026 - 2027.
- 5.4. 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, which also inform our annual reports.

6. Next Steps

6.1 The Finance, Audit and Performance Committee are asked to:

- Scrutinise and provide comment on the Annual Performance Report (2024/25).
- Agree the Annual Performance Report Executive Summary (Appendix 1) & the full Report (Appendix 2) to be recommended for approval by the IJB.

7. Appendices

7.1 Appendix 1 Annual Performance Report (1st April 2024 to 30th March 2025)
Executive Summary

7.2 Appendix 2 Annual Performance Report (1st April 2024 to 30th March 2025)

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
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 <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix 1

Clackmannanshire & Stirling
Integrated Joint Board
Annual Performance Report (2024/25)
Executive Summary



Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

Highlights

Delayed Discharge

Local data shows a 37% decrease in the total number of delayed discharges from March 2024 to March 2025 with a 55% decrease in the number of standard delays over the same period with a reduction in the number of bed days lost over the year. This reduction is aligned to the implementation of the Discharge without Delay programme, with a specific focus on a discharge to assess/ home first approach.

District Nursing

2024/25 showed an increase in District Nursing activity, the number of home visits attended over the year is over 10,000 more than in 2023/24. This is reflected against the context that there have been no extra staffing or increases in resources over the past four years. Instead, the increases in performance over the last few years can be attributed to multiple factors including; more care taking place in community settings instead of hospitals, earlier discharges from hospital following surgery, increase in palliative and end of life care patients remaining at home, and more proactive discussions around anticipatory care enabling those in hospital to return home sooner.

Falls

The falls rate per 1,000 population (aged 65+) has reduced from 23.5 in 2022/23 to 20.6 in 2024/25. This is thanks to collaborating with the Scottish Ambulance Service (SAS), to encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. MECS (Telecare) is also used to attend uninjured fallers and help return them to their feet to improve capacity within SAS. This is also within the wider context of consistently informing and continuing to education both our staff and those within communities.

Independent Advocacy

During summer and autumn 2024, a comprehensive consultation was undertaken with internal and external stakeholders to inform the commissioning strategy for advocacy. This culminated in the development of the HSCP's Independent Advocacy Strategic Commissioning Plan. The advocacy commissioning consortium was convened in early 2025, building on the Strategic Commissioning Plan's foundations.

Areas of Focus

For the Recovery Community attendance numbers at Recovery Community activities fluctuated throughout the year. However, the focus for 2025-26 is to develop a sustainable contract for delivery of autonomous recovery activity, building on the thriving work already carried out. In addition, our collective ambition is to enhance the Recovery Community's autonomy and sustainability with additional investment made

possible by the Alcohol and Drugs Partnership Commissioning Consortium.

Strategic Theme 2: Independent living through choice and control

Highlights

Lived and Living Experience

The Lived Experience Panel was formed at the end of 2024. The group made up of people who have accessed care themselves or have experience through their caring role meet regularly. Their aim is to ensure their experiences are reflected to help further develop practices and be used as a basis to drive forward meaningful change.

Raising Awareness

It is important that everyone, including members of staff, are aware of the ethos of Self-directed Support (SDS). Work is ongoing internally and externally to ensure both staff and members of the public are aware of their rights under SDS legislation. Staff need to understand how to put knowledge into practice to continue to embed a consistent and holistic approach to social care.

Area of Focus

The percentage of adults supported at home who agreed that they are supported to live as independently as possible has decreased from 72.5% to 67.2%. This is below the Scottish average of 72.4% and below our comparators average of 71.9%. The work outlined above is actively looking to change this position.

Strategic Theme 3: Achieving care closer to home

Highlights

Digital Supports

Mobilise provides digital supports for carers. Over the past year 81% of people assessing this resource identified themselves as having been caring for a while. 78.6% sort information about caring outside working hours (9am-5pm on weekdays). In addition, 79% of those who accessed Mobilise had not accessed support before. This clearly reinforces the need for a range of supports to be available, around the clock. Clearly supporting the impact digital supports can have in ensuring people are able to access the information and support they need at a time that suits them.

GPs

The percentage of people with positive experience of the care provided by their GP practice has increased from 67.3% to 72.3% in 2023/24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

Palliative and end of life care

The Forth Valley Strategic Commissioning Plan for P&EOLC was published in November 2024. This followed engagement across Stirling, Clackmannanshire as well as Falkirk between April and May 2024. In August and September a follow up consultation took place. Across both rounds of consultation, in person sessions and online surveys, a total of 161 views were contributed from both Stirling and Clackmannanshire. As part of the IJB's directions a Commissioning Consortium was convened in January 2025 to determine a Forth Valley approach moving forward.

Inspection Gratings of Services

The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections has increased from 80.8% in 2022/23 to 84.6% in 2023/24 which is above the Scottish average of 77% and our comparators average of 78.7%.

Area of Focus

The percentage of people who required reduced or no care after reablement fell from 65% in 2022/23 to 59% in 2024/25. Work is underway to develop a test of change that can look at additional ways people can be supported and re-abled.

Strategic Theme 4: Supporting empowered people and communities

Highlights

Short Breaks for carers

In March 2025 the IJB agreed the Carers Short Breaks Statement which provides information on what a short break is, how to access one and what it may look like. As well as providing details for seeking further information to those in our communities.

Welfare Rights Project for Carer

Citizens Advice Bureau provides support for carers to provide immediate holistic person-centred advice and information. Over the past year 54 clients reported a financial gain of £144,435. With almost 400 more clients accessing other supports.

Community Link Workers

The main aim of the Community Link Worker (CLW) Project is to support activities that provide a person-centred and human rights approach. The impact of people accessing these supports is shown through their wellbeing evaluation. In Clackmannanshire a score of 170 was recorded as an initial wellbeing score, this increase to 222 as the recorded final score after CLW input. Likewise in Stirling an initial wellbeing score of 180 increased to 225 after people received supports.

Strategic Theme 5: Reducing Loneliness and Social Isolation

Highlights

Community Mental Health and Wellbeing Fund

The Community Mental Health and Wellbeing Fund supports grassroots initiatives aimed at improving mental health and wellbeing, with a focus on prevention and early intervention, annually it provides £400k of funding to groups across the HSCP area.

Information for communities

The Clackmannanshire & Stirling Carers Support Pack has been compiled and is regularly updated to provides information on local community supports which are aimed at both carers and those they care for.

Area of focus

In 2024/25 613 Carers were offered Adult Carer Support Plans by the Carers Centres of those 389 people choose to complete one. While it is the choice of a carer to progress a Support Plan, work is underway to ensure carers are aware of their rights and the supports they are able to access as a carer.



Clackmannanshire and Stirling Integration Joint Board Annual Performance Report 2024-2025

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Message from the Chair

Whilst 2024-2025 had brought its own challenges through the continuation of the cost-of-living crisis and increasing demand for health and social care across the country, our vision for Clackmannanshire and Stirling remains the same – to enable people to live full and positive lives in supported communities.

We have seen progress across our five key strategies: prevention and early intervention; independent living; care closer to home; empowering people and reducing social isolation. However, we still face the challenge of meeting the increasing needs of an ageing population against the backdrop of limited resources.

Given the increased demand on resources, we need to ensure money is spent where it will most positively impact on people's health and wellbeing. That involves transforming our model of care. In Clackmannanshire and Stirling, one in five of us is over the age of 65, by 2038 this will be one in four.

And we need to make sure everyone has a say in how health and care is seamlessly delivered in their communities.

Finally, I would like to acknowledge the hard work and dedication of our staff, GP practices, third sector and independent providers in making a positive difference to thousands of lives. And reserve a special thank you to our unsung heroes - the 21,000 unpaid carers who look after their loved ones in Clackmannanshire and Stirling.

Thank you.



David Wilson
Chair
Integration Joint Board

Message from the Interim Chief Officer

I want to express my sincere thanks to all staff across the Partnership area, including colleagues across both Councils and the NHS. In addition to colleagues within the third and independent sectors who have continued to work tirelessly to ensure the safe and effective provision of community health and social care and support across our communities. I have seen first hand the dedication of both staff and our partners in supporting and championing people to achieve their outcomes.

This report reflects some of the significant work and efforts of everyone who worked and continues to work alongside the communities of Clackmannanshire and Stirling. We have seen improvements in progressing key pieces of transformational work, that directly impact our communities and staff, which will continue into 2025-26.

This Annual Performance Report, the Partnership's tenth, evidences that there is much to be proud of, and outlines how we are working to increasingly support people to remain in their communities for as long as they are able to, which is aligned to what people have told us they want. However, whilst there continues to be progress the report also reflects that we continue to seek to meet the challenges of our growing aging population and those living with increasing levels of complex needs. This is all set against a backdrop of significant financial challenges now and going into the future. With that said our focus now, as it continues to be, is on supporting and empowering our communities.

Addressing these pressures requires ongoing transformation focussed on how we deliver a range of supports and services across the partnership area in the coming years. It is important to look at the need for continued engagement with those within our communities to co-produce solutions to allow us to continue to understand what matters to best inform our response.

I would like to thank everyone involved in developing, delivering and those who access the tapestry of supports that we and our partners offer across our communities.

Joanna MacDonald
Interim Chief Officer



Introduction and background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board (IJB) to publish an Annual Performance Report. This is the tenth Annual Performance Report for Clackmannanshire and Stirling IJB. This document outlines and reflects on work and projects carried out in 2024/25 and reviews the progress made in delivering the priorities set out in our [Strategic Commissioning Plan 2023 - 2033](#). The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle of the IJB, services are delivered in line with the Strategic Commissioning Plan 2023 - 2033. See [Appendix 1](#) for a list of the functions delegated to the IJB.

The Strategic Commissioning Plan is a ten year plan based on the principles of human rights, equality and ecology. Five strategic themes reflect our strategic priorities which align our focus to our vision of health and social care services in Clackmannanshire and Stirling.

- Prevention, early intervention & harm reduction
- Independent living through choice and control
- Care Closer to Home
- Supporting empowered people & communities
- Loneliness & isolation

In our [Strategic Commissioning Plan](#) we set out our key strategic themes and priorities based on what our communities, staff and partners have told us; where they wish for us to focus our activity and resources based on local demographics, population and need. The participation and engagement work carried out with communities, partners and stakeholders and how this feedback, alongside current data informed our priorities within the strategic themes. We have also linked our priorities to the national and local environment to reflect how our enabling activities support our delivery. On page 5 we have detailed links across our strategic themes to the [National Health and Wellbeing Outcomes](#) set by the Scottish Government.

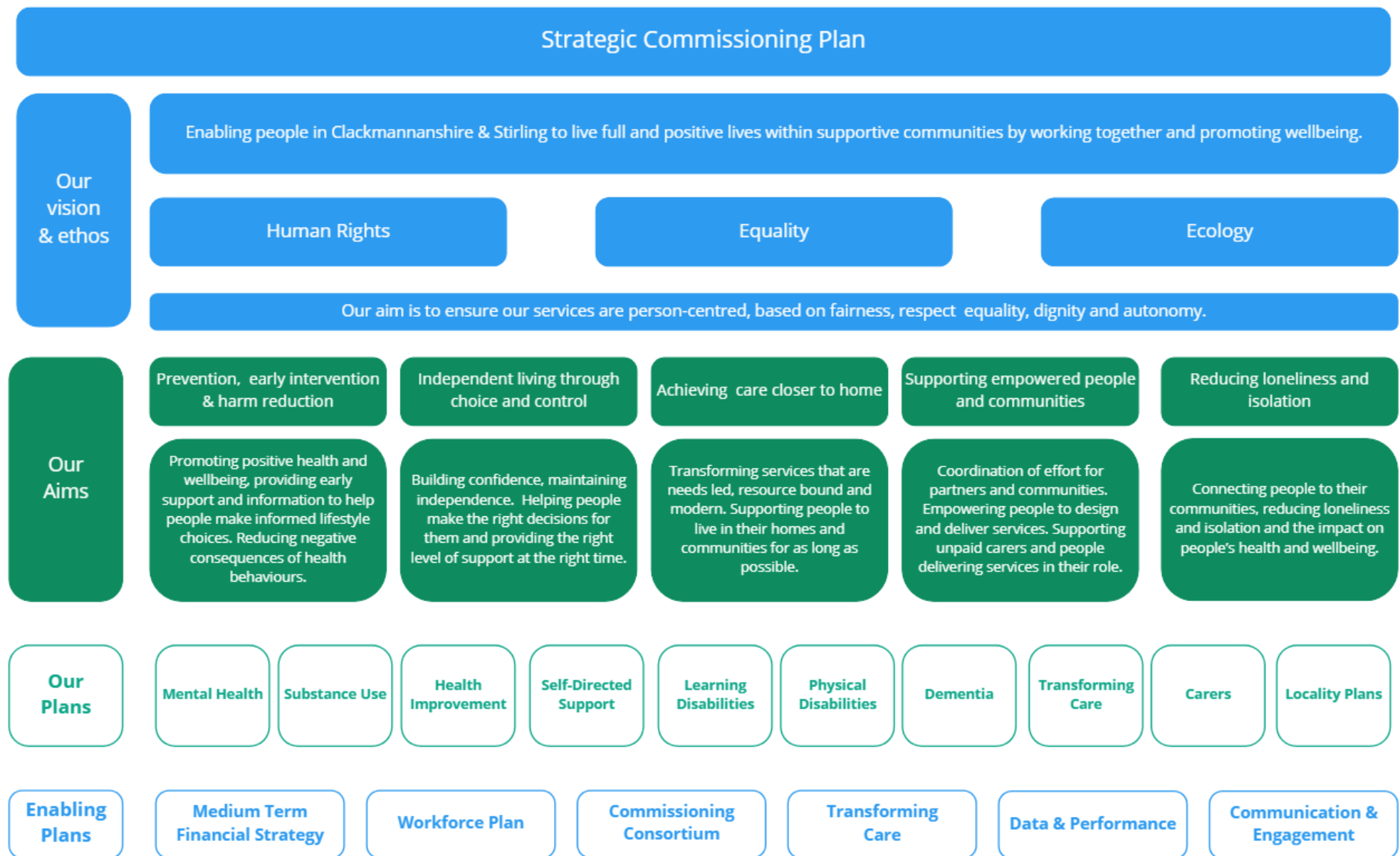
This report is a review of service delivery across Clackmannanshire and Stirling Health and Social Care Partnership outlining outcomes for communities, key achievements, effective partnership working and challenges as well as reporting on the significant programme which has been delivered to modernise and transform services post-COVID and the continuing challenging financial position we face.

Engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of all plans and policies that impact people. Stakeholders include the public, people with lived and living experience, people who access services, unpaid carers, staff, providers, third sector and independent sector. Clackmannanshire and Stirling Health and Social Care Partnership are committed to the co-design and coproduction of community health and social care. Engagement with people helps us all understand need, demand and work out how to deliver this in partnership with a wide range of people and organisations.

Have your say and get involved in shaping community health and social care. You can find out more here: [Get involved](#).

Our Strategic Commissioning Plan 2023-2033 - plan on a page



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.

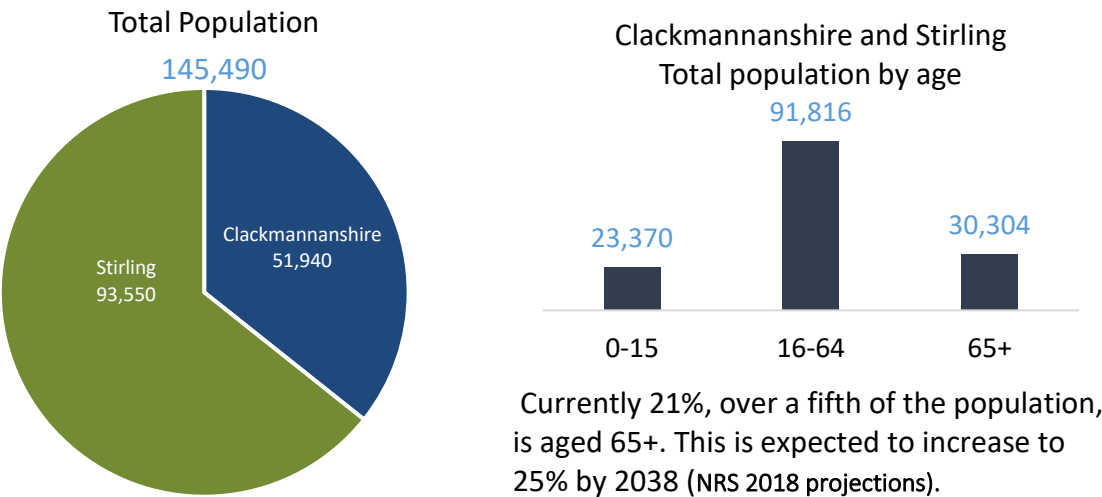
Health and Wellbeing Outcomes

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.

Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting people & empowered communities	Loneliness & isolation
●	●	●	●	●
●	●	●	●	●
●	●	●	●	
●	●	●	●	●
●	●	●	●	●
	●	●		
●	●	●		
Enabling Activities				

Overview of the demographics within Clackmannanshire and Stirling

Our Population (NRS 2023 mid-year)



Average Life Expectancy (ScotPHO 2021-2023 3 Year aggregates)

Females	2020-22	2021-23	Direction
Clackmannanshire	80.0	80.3	▲
Stirling	81.6	81.2	▼
Scotland	80.7	80.8	▲
Males	2020-22	2021-23	Direction
Clackmannanshire	76.0	75.8	▼
Stirling	77.3	78.3	▲
Scotland	76.5	76.8	▲

Female life expectancy is generally higher than male life expectancy.

When compared to Scotland, our population in Clackmannanshire has a lower life expectancy whereas our population in Stirling has a higher life expectancy.

Health and Social Care Needs

- 68% of people living in Clackmannanshire and 72% of people living in Stirling consider their health to be good or very good. This compares to 70% in Scotland (Scottish Household Survey).
- In Clackmannanshire 39% of people are living with a limiting long term illness or condition. In Stirling, 38% of people are living with a limiting long term illness or condition. This compares to 37% in Scotland. (Scottish Household Survey).
- In 2025, 1001 adults with learning disabilities (410 in Clackmannanshire and 591 in Stirling) were known to the HSCP (Adult Social Services).
- There are approximately 21,250 unpaid carers in Clackmannanshire and Stirling area. 12,958 people identify themselves as unpaid carers and it is estimated that there are an additional 8,000 unknown unpaid carers.
- In Clackmannanshire 23.3% and in Stirling 19% of the population were prescribed medication for anxiety, depression or psychosis in 2023-24. This compares to 20.9% in Scotland. (ScotPHO)
- 18% of adults in Clackmannanshire and 17% in Stirling are current smokers, compared to 15% in Scotland. (Scottish Health Survey)
- In Clackmannanshire 13,426 people (26.1% of the population) live in the 20% most deprived areas of Scotland. In Stirling, 11,110 people (11.8% of the population) live in the 20% most deprived areas of Scotland (SIMD 2020).

How we measure our performance

The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. The IJB needs to be able to monitor performance and measure impact for our communities against our Strategic Commissioning Plan priorities and be able to share with communities and stakeholders.

Our Integrated Performance Framework relies on an integrated approach to managing, using, and understanding our data. This is because driving performance is most efficiently achieved based on a sound understanding of the systems and processes involved. Analysing our data alongside listening to our supported people and other stakeholders provides the best way to do that and provides advantage in planning change, deploying preventative approaches, evidencing our functions under legislation and driving process and cost efficiency.

Due to the nature of the delegated services (Appendix 1) within the Health and Social Care Partnership, the data we require to report and analyse is held across systems in NHS Forth Valley, Clackmannanshire Council and Stirling Council, national datasets and a collection of smaller datasets across a range of wider partners. The complexity of multiple organisations is further complicated by the fact that each organisation works with multiple systems. This leads to challenges in pulling Partnership wide information together. However we continually work to make our reporting processes as efficient as possible. Local data is reported throughout the relevant Strategic Themes and priorities in this report.

Appendix 2 shows our performance for the Ministerial Strategic Group (MSG) indicators which support the delivery of the National Priorities Partnerships. The MSG information covers a range of activities under the umbrella of ‘unscheduled care’. These activities support people to remain in their own homes, and return to their homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care.

In Appendix 3 we have provided an assessment of our performance against the National Core Indicators (NCI) and includes comparisons with the Scottish average and with our comparator HSCP's. The ‘Outcome’ indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government with the latest information being published in 2023/24. The 'Data' Indicators measure mainly contain health activity, community related information as well as data associated with deaths.

Performance Summary

Performance (MSG and NCI) 25 indicators	12	Improving performance	3	Static	10	Declining performance
Strategic Theme 1 - Prevention, early intervention, and harm	6	1	3			
Strategic Theme 2 - Independent living through choice and control	1	1	2			
Strategic Theme 3 - Achieving care closer to home	4	1	5			
Strategic Theme 4 - Supporting empowered people and communities	1	0	0			

Benchmarking (NCI only) 18 indicators						
Scotland	9	Better than average	4	Within 5%	5	Worse than average
	8	Better than average	4	Within 5%	6	Worse than average

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.

There has been a small increase in the rate of emergency admissions per 100,000 population for adults (18+)(NI-12) from 13,076 in 2023-24 to 13,424 in calendar year 2024. This is above the Scottish average and the average for our comparator HSCP's.

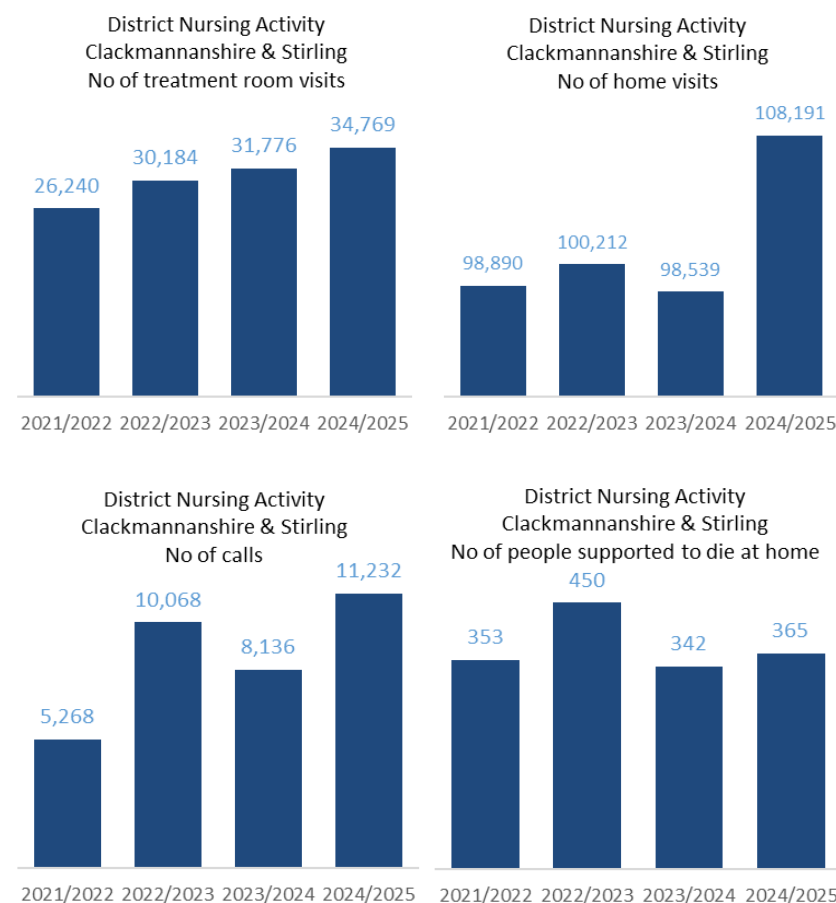
The rate of emergency bed days per 100,000 population for adults (18+)(NI-13) has reduced slightly from 116,414 in 2022/23 to 116,095 in 2023-24. This is below the Scottish average of 112,883 and the average of our comparator HSCP's.

District Nursing

Many adults and older people can be supported at home, even when unwell, as staying in hospital when there is no need to can be detrimental to a person's ability to be reabled or rehabilitated. The community nursing team is available 24 hours a day, 365 days a year, and provides planned and unplanned care and support.

In 2024-25 there has been an increase in District Nursing activity. This is reflected against the context that there have been no extra staffing or increases in resources over the past four years. Instead, the increases in performance over the last few years (see graphs to the right) can be attributed to:

- More care taking place in a community settings.
- Increase in frail elderly patients being nursed and kept in their own homes instead of a hospital setting, which correlates with an increase in age profile in our communities. This also links to more people living with several long-term conditions (comorbidities) at once.
- Proactive discussions around anticipatory care so that those who do go to hospital return to their own homes sooner.
- Increase in palliative and end of life patients being supported to remain in their own homes.
- Earlier discharges from hospital following surgery, due to the support the district nursing team can provide at home.



The falls rate per 1,000 population (aged 65+)(NI-16) has reduced from 23.5 in 2022/23 to 23.2 in 2023/24. This is higher than the Scottish average of 22.7 and the HSCP comparator average of 22.5.

Preventing Falls

In Scotland, falls are the most common cause of emergency hospital admission for unintentional injuries in adults and can have a major impact on people's health and wellbeing. From an organisational perspective we know the significant pressures that falls puts on hospital beds, requests for packages of care and community rehabilitation services. In light of these pressures a key objective of the Allied Health Professional (AHP) Falls Prevention Lead is to both improve the accessibility of our services and increase awareness about falls and the many components involved that increase a person's risk of falling. The [Community Falls webpage](#) has been redeveloped and Local Falls Awareness Events have been held to help support self-management strategies within the community and encourage people to act earlier to seek the right support at the right time. Also, a Falls Local Community Support leaflet is available to provide information on what local support is available to the community in relation to falls prevention.

Through collaboration with the Scottish Ambulance Service (SAS), we encourage the use of community support services to reduce the conveyance of uninjured and well fallers to hospital. We also explored using MECS (Telecare) to attend uninjured fallers and help return them to their feet to improve capacity within the SAS.

Provisional Local Data for 2024/25 shows an admission rate of 20.6 per 1,000 population (age65+) with 616 admissions.

Informing and continuing to education both our staff and those within communities is very important.



For our care staff, we held 8 Reablement training sessions which included an innovative Falls Simulation to support the 91 carers who attended to be more confident having conversations with service users regarding falls and identifying risk factors. You can find a link to a YouTube video of our first session [here](#).

We ran 20 community engagements sessions across 2024/25, reaching out to approximately 200 people across Clackmannanshire & Stirling. The central focus of these sessions was to have conversations around falls, frailty and bone health. This has been targeted through various existing groups such as:

- Dementia friendly Dunblane
- Alzheimer's Scotland (Alloa)
- Inspiring Communities
- OTAGO Exercise Classes
- Stirling Libraries
- Falkirk & Clackmannanshire Carers Centre

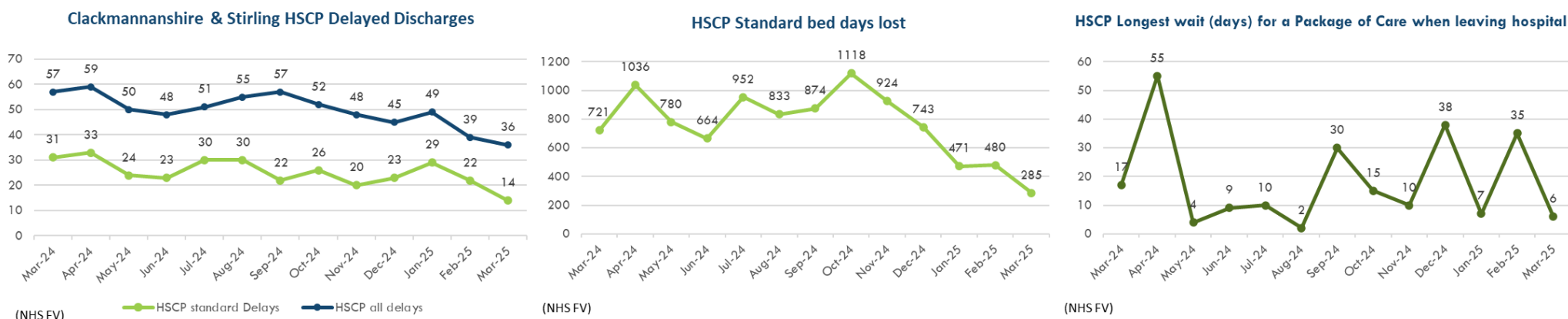


More information from Falls Awareness week 2024 can be found [here](#).

Delayed Discharges

A delayed discharge is when someone is assessed as ready to go home after being admitted to hospital, however, they are unable to leave because of issues relating to them being able to move to a safe environment. For example, sometimes a person needs social care, or adaptations to their home or they are moving into a care home. We aim to reduced delayed discharges, as extended delays without a medical need to be there can lead to poorer outcomes for the individual this delay in throughput also means that people who need medical attention may need to wait longer.

Local data shows a 37% decrease in the total number of delayed discharges From March 2024 to March 2025 with a 55% decrease in the number of standard delays over the same period with a reduction in the number of bed days lost over the year.



These improvements are due to work reducing length of stay, timely admission from acute and discharge home from community sites under the Discharge Without Delay (DWD) programme. This is evidenced by the decrease in waits for those coming out of hospital, which can be attributed to improvements in working across the whole system. The aim of this work is aligned to the understanding that reduced waits in acute settings ensures better outcomes for people around reduced risk of hospital acquired infections and deconditioning. This is coupled with taking an assets-based approach to what people require, as the majority of people wish to return home after hospital. To this end there has been a particular focus on the discharge to assess/ home first approach and the community hospital and step-down rehabilitation unit parts of the DWD programme, and how this can facilitate swifter discharges (see right hand graph), which align people wishes with their abilities to ensure discharges home are safe. This programme of work has been sustained while aligning budgets to deliver our services more effectively and efficiently.

Stop Smoking Services

The service collects client feedback through the Care Opinion Platform. One client said “Great support and advice was offered through my 12-week program. Very beneficial program and I highly recommend.”



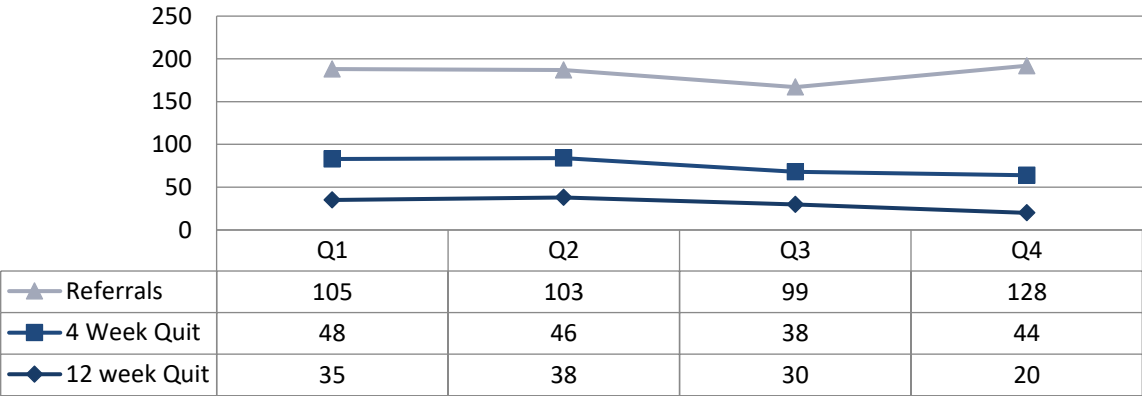
The Specialist Stop Smoking Service, in partnership with Community Pharmacies, provides free behavioural support and pharmacotherapy for individuals who want to stop smoking. Referrals to the Specialist Stop Smoking Service are received through various clinical and community pathways, as well as self-referrals.

Of the 435 individuals referred to Stop Smoking Services in Stirling in 2024-25, 40% (176) reported they had not smoked in the prior four weeks. Moving into the measured quit attempt period, this fell to 28% (123) at the twelve week mark. The definition we use for a ‘successful quit’ is an individuals not smoking for at least 12 weeks.

Data related to those who did not smoke for 4-week and then 12-week is only accurate at the time of reporting, leading to variation in quarterly reporting.

Variation occurs due to differences in follow-up timing and validation of quit attempts. The entire reporting period for any ‘quit success’ is 16-20 weeks after the date an individual last smoked. Therefore, final reporting for 2024-25 will not be available until late 2025.

PH5-HW2 Smoking Quit Rate



Priority 1 Mental Health and Wellbeing

Mental health and wellbeing is as important as physical health and wellbeing. There have been significant changes regarding how we deliver mental health services, through redesign of existing services and developing additional resources to meet increasing needs.

A Joint Strategic Inspection of Adult Services in the Clackmannanshire and Stirling Health and Social Care Partnership took place in November 2024. Which specifically focussed on adults living with mental illness (under the age of 65) and their unpaid carers.

Areas for improvements were identified and reported as part of the finalised Report published in November 2024. Staff and partners working with people across the Partnership area were highlighted as providing good care and support to people living with mental illness in Clackmannanshire and Stirling. Their care and compassion was noted as contributing to good outcomes for some people and improved their quality of life. There were specific actions around local systems and the processes linked to working across three employing organisations as well as specific supports for carers of people with issues of mental health.

An Improvement Plan was developed with staff, partners and supported people's representatives in December 2024; the subsequent Plan was approved by Chief Executives from all partner bodies in January 2025, presented to governance bodies of each constituent organisation and approved at Integration Joint Board before submission to the Care Inspectorate. The Plan was focused on the identified key areas for improvement within the published Inspection Report. The need to focus on local systems and processes is being progressed and should create increased consistency across the Partnership area. This will also ensure developing processes for capturing robust data focussed on outcomes which can be used to inform service planning and ongoing improvement. There is work underway to improve integrated processes for assessment, care planning and treatment to support more effective collaboration between staff. As well as developing a more proactive approach to emergency and future care planning.

Work continues to progress in line with the actions outlined within the Improvement Plan, the Plan is monitored by a monthly Inspection Group meeting chaired by Chief Officer.

The total number of unplanned bed days (mental health) 18+ financial year (MSG 2c) has continued its downward trend from its baseline of 24,851 in 2015/16 to 21,605 in 2023-24.

In 2024/25 there were 414 referrals to Adult Social Care services for Mental Health Clients. This is a 43% increase from 232 in 23-24.

(Adult Social Services)

In March 2025 the percentage of people who commenced treatment within 18 weeks of referral to Psychological Therapies in Forth Valley was 79.9% which is an increase from 73.6% at March 2024. This is below the Target of 90% (PHS) but is above the Scottish average of 78.6%.

What is the Mental Health Act?

The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to people who have a "mental disorder" - this is defined under the Act and includes any mental illness, personality disorder or learning disability. This includes Emergency Detention Certificates and Compulsory Treatment orders.

Clackmannanshire & Stirling	2022-23	2023-24	2024-25
Number of Emergency Detention Certificates (Mental Health) Section 36	62	66	58
Number of Short Term Detention Certificates (Mental Health) Section 44	139	134	104
Number of Compulsory Treatment Orders (existing)	31	45	41
Number of Compulsory Treatment Orders (new applications)	107	90	72

(Adult Social Services)

What is a Guardianship?

This is a court appointment which authorises a person to act and make decisions on behalf of an adult with incapacity.

Clackmannanshire & Stirling	2022-23	2023-24	2024-25
Total number of Existing Guardianships (private and local authority)	473	561	629

(Adult Social Services)

Anyone with an interest can make an application for a guardianship order. When we refer to an adult, this is someone who is aged over 16. Someone would require a guardian if they were not able to look after their own affairs.

Across April 2024 to March 2025, Forth Valley Advocacy supplied 9,500 hours of support to people, which equates to supporting just over 700 people. As this service is based on demand it is important to note that their annual levels of support provided is based purely on referrals and their complexity.



Independent advocacy enables individuals to articulate their needs, make informed choices, and build the confidence to speak up. It is not only a statutory entitlement for many service users, which safeguards people who are vulnerable, but also a vital support in navigating complex systems and service pathways. During summer and autumn 2024, a comprehensive consultation was undertaken with internal and external stakeholders to inform the commissioning strategy for advocacy.

Key finding from that engagement process identified that for those with lived and living experience, independent advocacy is primarily to support individuals to make their own decisions about they want and assist them in expressing their needs to other people and organisations, especially during statutory procedures. However, they widely agreed that advocates should also help people to understand their options and help them gain access to information, particularly in supporting earlier interventions. Individuals also overwhelmingly expressed the importance of speaking to someone in person about their eligibility and their views, but widely requested that a variety of means of communication be available to support varying needs.

The consultation process culminated in the development of the Clackmannanshire & Stirling HSCP Independent Advocacy Strategic Commissioning Plan 2024–27, which incorporates stakeholder feedback and sets out a corresponding action plan. The strategy received formal approval in October 2024.

The current advocacy service is commissioned until 31 October 2025. In preparation for this contractual milestone, the advocacy commissioning consortium was convened in early 2025, building on the Strategic Commissioning Plan's foundations. The consortium's objective is to co-produce a Model of Care in collaboration with individuals with lived and living experience, as well as practitioners. This model, taking into account what people have told us, will reflect statutory duties around independent advocacy, with a strong emphasis on early intervention, prevention, and community capacity building.



The Mental Health Money and Benefits Advice Project led by Stirling District Citizen's Advice Bureau (CAB) was supported by the Health Improvement Fund from NHS Forth Valley in partnership with The Robertson Trust.

The Mental Health Money and Benefits project delivers an accessible, colocated and holistic person-centred specialist advice service for people in treatment (or recovery) for/ from chronic or episodic mental ill health. The project provides client led advice, information and representation/advocacy services and is fully accessible throughout the existing CAB outreach sites for Stirlingshire residents in the Forth Valley Health Board area. It also collocates twice weekly within Livilands Community Mental Health Hospital and Action in Mind Mental Health support service.

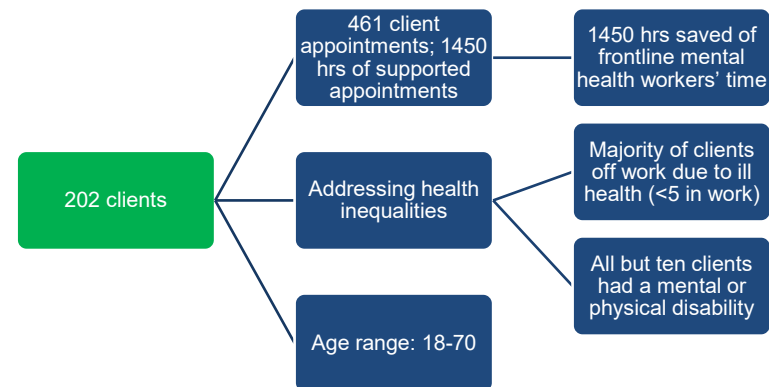
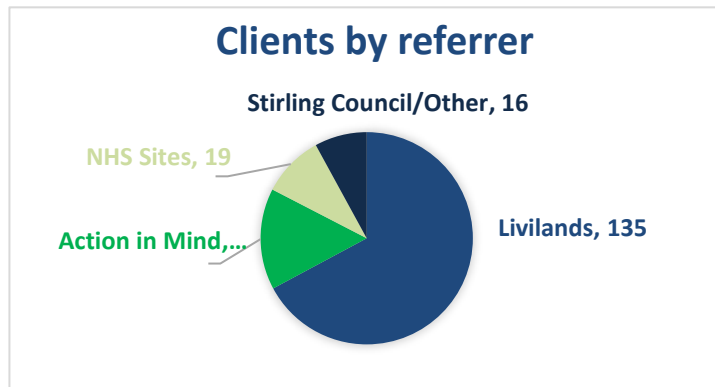
The project encompasses a second-tier consultancy support service to front line mental health professionals on rights, financial inclusion and associated social/ welfare/ legal matters for their clients or patients. This project adopts an early intervention educative element through the delivery of financial capacity building and welfare reform mitigation workshops for service user groups. Bespoke training delivered through the project helps build capacity of front-line mental health professionals.

In the period 1st April 23 to 31st January 24 the Mental Health Money & Benefits Outreach advice service:

- Supported 202 clients
- Generated reported client financial gains of £340,123.35

Please note the above figure is likely an underestimation of actual client financial gain as it is based on what clients choose to share.

The last year of operation has seen an unprecedented level of organisational development that has allowed the project to provide a wider variety of services to more people. However, it has also brought forward challenges around ensuring that the team are able to respond to the increased opportunities.



Key actions for 2025/26

- For Independent Advocacy approval from the Intergration Joint Board will be sought for a proposed Model of Care, which is currently being developed through the commissioning consortium. Followed by procurement activity aligned with the strategic aims for delivering independent advocacy.
- Publication of the Mental Health and Wellbeing Strategic Commissioning Plan, and a subsequent workplan which will provide the direction of travel going forward for mental health services.

Priority 2 Drug and alcohol care and support

The Clackmannanshire and Stirling Alcohol and Drug Partnership (ADP) is responsible for the planning of local support services in partnership with Clackmannanshire and Stirling Councils, NHS Forth Valley, Police, Fire, and Third Sector colleagues.

Commissioning

The Alcohol and Drug Partnership (ADP) continues to focus on the transformation of the substance use system ahead of the end of the National Drugs Mission in 2026. Work continues to implement a model of mobile prescribing in primary care as agreed by the IJB in August 2024, with funding reinvested in harm reduction outreach and recovery oriented supports. We anticipate that our system will support comprehensive delivery of prescribing MAT Standards* by April 2026.

Lived Experience and Human Rights

We continue to work with our ADP Lived Experience Advisory Panel (LEAP) to facilitate lived and living experience input to ADP Strategic Planning. The group has advised on the expansion of our lived experience data gathering and the strategic commissioning of recovery and harm reduction support. We continue to work also with family and loved ones who are supported through the Scottish Families Affected by Alcohol and Drugs (SFAD) service. Human rights empowerment and accountability activity is now being included in contract monitoring arrangements in line with the IJB Strategic Commissioning Plan 2023-33. Collaboration with the Health Improvement Service is increasing this activity to other areas of HSCP work.

MAT Standards and Harm Reduction

MAT Standards* implementation has been key to ADP work, supported by Public Health Scotland. Harm reduction activity is now being coordinated by ADP support team and has reduced response time to new harms from months to less than 48 hours. People at risk of overdose receive more comprehensive support from partners who are able to share knowledge and wrap around each person's own needs. The rebalancing of ADP investment agreed in 2024-25 will be enacted in 2025-26 and is expected to sustainably resource improvements from the National Drugs Mission period within available resource.

*MAT Standards are Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care. For more detailed information about MAT Standards please see the Scottish Government web page [Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/mat-standards/pages/1-1-introduction-and-standards.aspx).

Performance against the Scottish Government LDP Target that 'People seeking Drug and Alcohol treatment are supported within 3 weeks' has been met consistently across the Forth Valley area (most local dataset available) since Q1 2024-25.

Waiting times data is currently available from two sources. DAISy, local data which is gathered and reported to Public Health Scotland who use this data to form their online dashboard. The Public Health Scotland published data shows different levels of compliance than our own local data. Generally, data for Clackmannanshire and Stirling shows higher rates of compliance than the Forth Valley wide figures that are published nationally.

There has been no national publication of Alcohol Brief Intervention delivery data since 2020, and local recording is still being examined for validity. This is not being reporting on locally or nationally but it remains a national target.

Forth Valley Recovery Community



Workshops with community members and ADP partners in 2024-25 have been supported by Scottish Recovery Consortium and reflected on the delivery of recovery services. We have flourishing recovery communities across Clackmannanshire and Stirling but our collective ambition is to enhance their autonomy and sustainability with additional investment made possible by the ADP Commissioning Consortium. In 2025-26 we will recontract provision for Recovery Communities to make foster the enthusiasm of people in recovery and wide support of stakeholders.

Recovery cafés and Recovery Drop-ins (mini cafés) provide support seven days per week.

Locations in Clackmannanshire and Stirling

- Recovery café in The Gate at Alloa.
- Recovery drop-in, in Alva at The Baptist Church.
- Recovery café in Stirling at The Mayfield Centre.
- Women's mini -cafe in Stirling at Kildean Business and Enterprise Hub.
- Recovery drop-in, Stirling at Kildean Business and Enterprise Hub.

Peer Support sessions run at the following locations:

- The FV Royal Hospital in Larbert
- The SMS clinics

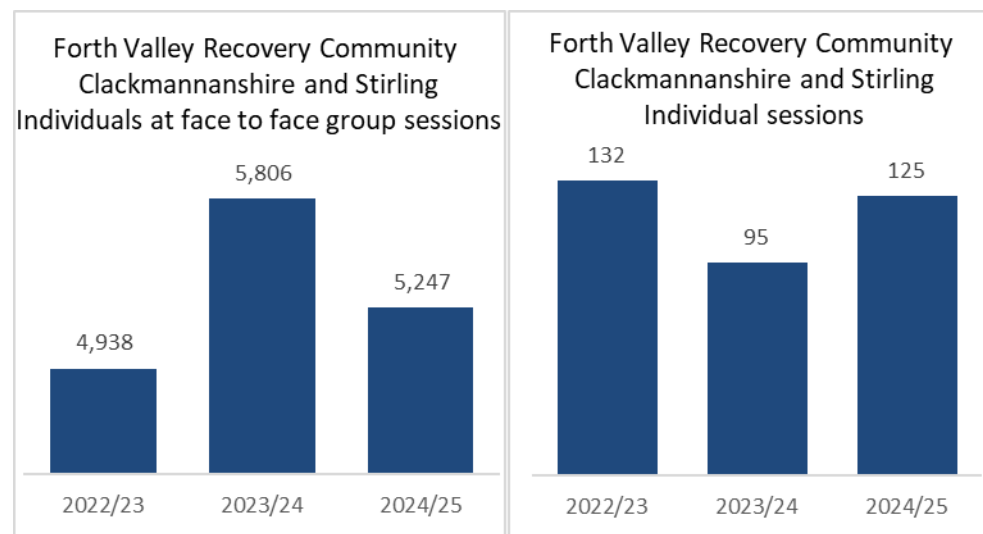
Key actions for 2025-26

- Continue work to assure delivery of MAT Standard care within available resource from end of National Drugs Mission in April 2026
- Continue transformational redesign of system of care and support through further commissioning activity
- Develop practical Human Rights Based Approach, building on successful development of LEAP and other activity to date.
- Align ADP support for prevention messaging to Health Improvement planning and delivery.
- Continue coordination of harm reduction activity across localities.

Recovery Ramble walks and Recovery in the Wild events continued to be popular activities which contributed to improving the physical and mental wellbeing of community members. Employment, training and education and self development along with various other activities and events were also held.

Find out more information at [Forth Valley Recovery Community website](https://www.forthvalleyrecoverycommunity.org.uk/).

Attendance numbers at Recovery Community activity fluctuate throughout the year. Our focus for 2025-26 is to develop a sustainable contract for delivery of autonomous recovery activity, building on the thriving work already done so far.



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.

Percentage of adults with intensive care needs receiving care at home (NI-18) has increased from 69.3% in 2022/23 to 74.6% for 2023/24 which is above the Scottish average of 65% and our comparators average of 64.5%.

Percentage of adults supported at home who agreed that they are supported to live as independently as possible (NI-2) has decreased from 72.5% to 67.2%. This is below the Scottish average of 72.4% and below our comparators average of 71.9%

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

Self-Directed Support, supports people's rights to provide choice, dignity and being able to take part in the life of their communities. As part of our response to the Self Directed Support Act, we have developed, in partnership with staff and supported people, a new [Self Directed Support Policy](#) which was published in June 2024. Since the outcomes focused policy was approved the emphasis has been on implementation and operationalisation of the policy in practice.

Self Directed Support (SDS) is the way that social care is delivered across the Partnership. To enable more empowered individuals to make decisions through the adoption of an asset-based approach the Care at Home Review Team was established as a test of change with work commencing in Stirling on 20 May 2024. The financial impact of the changes made by this team are reflected in reporting around the IJB's Delivery Plan.

When considering the team and the agreed measures which would evidence success, each point can clearly be evidenced from their first nine months in post:

- Ensuring that those requiring care are accessing supports they need to, taking into account an asset-based approach and non-statutory supports.
- An aligned performance against wait times in Locality Teams leading to reductions in length of wait and number of people waiting.
- Improved oversight and governance arrangements in relation to unmet need, vulnerability and risk.
- Increase in signposting or referrals to third sector, where appropriate.

The Review Team in Stirling over a short period of time has increased consistency through their application of the SDS principles and practices throughout the HSCP through adopting an asset-based approach. In Clackmannanshire, where there is not a dedicated Care at Home Review Team, data gathered clearly shows that numbers and duration of outstanding reviews continues to grow in the absence of a dedicated review team.

Although a challenging and often lengthy task, there is a growing body of positive testimony from supported people, families and carers relating to their experience of their reviews, and also from providers.

Supported People Testimony (As this has been anonymized, SP = Supported Person, RTW = Review Team Worker)

SP1's Family: The below testimony Paraphrases what the supported person's wife and daughter said of the worker within the Review Team:

"I would like to sincerely thank you for your invaluable efforts in helping reunite our family. After months of conflict and misunderstanding, your support, patience, and guidance have brought us back together. We are truly grateful for the compassion and dedication you showed throughout this journey. Your role in restoring peace and harmony within our family will always be deeply appreciated."

Asset Based Approach

An asset based approach looks at someone's personal strengths, familial supports and community resources, this may include assistance from family or friends or attending activities within the community. For some individuals they can achieve their outcomes and have their needs met through their own assets/community resources and therefore will not require formal supports to achieve their assessed needs.

This approach is being used to ensure that as a Partnership we are able to provide as much care and support to as many people as possible, through ensuring that we are working with individuals to define the right amount of support for them. This process also means that through looking to our partners in the community and third sector we are able to continue providing support, where there is an assessed need in line with available resources and supports that enable that goal. This approach is about enabling individuals to live well in their communities for as long as they are able to.

Lived and Living Experience

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 formed at the end of 2024. They have an agreed terms of reference and meet regularly. The group wants to ensure their experiences are reflected to help further develop practices and be used as a basis to drive forward meaningful change. The group are also looking at ways to extend the membership of the group, to enable more views and experiences to be reflected, ensuring the voice of lived and living experience remains at the heart of informing developments that affect those within our communities.

Raising Awareness

Self-directed Support Forth Valley have been working, through Support In the Right Direction funding from Scottish Government, to raise public awareness of SDS. They have been delivering 'Know Your Options' presentations across various locations across Stirling and Clackmannanshire to ensure communities, third sector organisations and leaders are aware of what the SDS options are, what they entail and how to access them.

35 Carers reported feeling better supported in their caring role. An average of 42 Carers accessed information or received support regarding their cared for person throughout the year.

Staff Training:

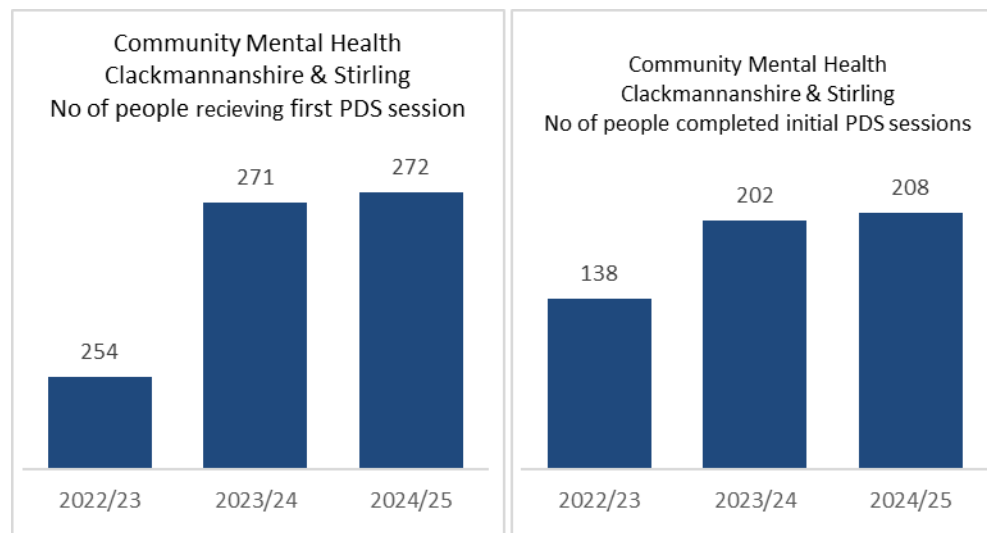
It is important that everyone, including members of staff, are aware of the ethos of SDS. Staff need to understand how to put knowledge into practice to continue to embed a consistent and holistic approach to social care. In light of this, Self-directed Support Forth Valley (SDSFV) have developed and rolled out 'SDS - Putting It Into Practice' training. This is a whole day session which covers the values and principles, legislative and duties and practical application. 10 members of staff across the HSCP attended this training on the 6th May and feedback from both SDSFV and staff who attended was positive. Further sessions have been scheduled with SDSFV to deliver this training throughout the year. These sessions will continue to run throughout the year to enable any new members of staff joining the HSCP to attend as part of their induction.

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

We aim to support people living with dementia to live well within their own communities following their diagnosis as well as reducing the amount of time people with dementia spend unnecessarily in a hospital environment. Good quality post diagnostic support is a priority of the HSCP in order to achieve good outcomes for people diagnosed with dementia, their family, carers and wider support networks.

Delivery of one year's post-diagnostic support to every individual who is diagnosed with dementia is a Local Delivery Plan commitment from the Scottish Government. Below are details of this support from the perspective of the Community Mental Health Teams across both Clackmannanshire and Stirling, who provide initial sessions to those newly diagnosed with dementia.

In 2024-25 269 people received a diagnosis of dementia. 272 people had their first post diagnostic support (PDS) session with a member of the Community Mental Health Team (CMHT), compared to 208 people who completed their initial sessions of PDS with the same teams.



Commissioning

At the March 2025 meeting members of the commissioning consortium agreed to take forward a Hub and Spoke model. A Community Hub Model would allow people to access the information, advice and resources they need, within a colocated space with the Community Mental Health Team and third sector, that would be able to offer a wide range of advice and supports. It should be made clear that this approach would not replace home visits for those who need them. This would complement, not replace, community and peer support out with a fixed location.

The Hub and Spoke model takes into account the supports and interconnections of supports available to those living with dementia. We propose a community hub would be created to be at the centre of this model. The purpose of the hub would be to:

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

- Bring together carers supports and those for people living with dementia

The emphasis is on supporting someone's functional impairment, which is wider than solely people with a diagnosis of dementia, by providing information, advice, signposting and supports that will aid that person in their community.

Key actions for 2025-26

- Develop tools that mean asset based and good conversations can be evidenced on our systems, after assessments, support plans or reviews take place.
- Continue to inform and educate both staff and communities about SDS and their right, and how these can be implemented in a way that meets an individual's outcomes.
- Work related to dementia commissioning will focus on developing the Hub and Spoke Model and determining what commissioning activities are required going forward to ensure sustainable service delivery that can meet increasing demand.

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.

In 2023-24 there was small increase in the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population (NI-19) to 785 in 2023-24 from 776 in 2022-23. This is under the Scottish average of 867 and lower than our comparators average of 844.

The percentage of people with positive experience of the care provided by their GP practice (NI-6) has increased from 67.3% to 72.3% in 2023-24 which is above the Scottish average of 71.3% and our comparators average of 68.5%.

The total percentage of adults receiving any care or support who rated it as excellent or good (NI-5) has decreased from 67.8% to 64.8% in 2023-24. This is below the Scottish average of 70% and below our comparators average of 70.5%

Reablement

Reablement is an approach within health and social care that helps individuals to learn or re-learn skills necessary to be able to engage in activities that are important to them. It is goal focussed and involves intensive therapeutic work. There is a focus on a person’s strengths and abilities and what they can do safely, rather than focus on what they cannot do anymore. Reablement can support people recovering from an illness or accident and may prevent acute hospital admission, delay an admission to long-term care, supports timely discharge from hospital and maximises independent living and can reduce the need for ongoing care.

Reablement	2022-23	2023-24	2024-25
Number of people who completed reablement in year	367	587	598
% of people who required reduced or no care after reablement	65%	65%	59%

Planned Care in Place in People's own Homes

At the end of March 2025, 2,186 people received care and support in their own homes . At the same time 38,860 hours of care and support were commissioned from providers. An average of 104.9 placements start each month so there has been a steady increase in placements over the last 3 years.

Waiting list for Care and Support

Unfortunately, system pressures can cause delays or waiting lists. We work hard to avoid this, however there are challenges such as high demand and staff shortages, as seen nationally. This is an important area for the Partnership as we know that behind each of these numbers there is a person.

In March 2025, 26 people without care already in place were waiting for care and support . This time last year 46 people were waiting.

Palliative and end of life care

The World Health Organisation ([Palliative care](#)) defines palliative care as encompassing “the care and support which is provided to support someone to live well following diagnosis of a life-threatening illness. This includes the support that is provided to their loved ones and carers.” Palliative and end of life care (P&EOLC) remains a national and local priority for change and improvement. In response to this, Clackmannanshire and Stirling Integration Joint Board, Falkirk Integration Joint Board and NHS Forth Valley agreed a joint approach to develop and produce a Strategic Commissioning Plan and to subsequently commission community palliative and end of life care across Forth Valley. This is a whole system partnership approach to identify need in particular areas of health and care provision, and agreeing how to provide services to meet that need. Clackmannanshire and Stirling have led this pan Forth valley work.



Engagement meeting hosted by our previous Interim Chief Officer, David Williams

To inform the drafting of a Forth Valley Strategic Commissioning Plan for P&EOLC, engagement took place across Stirling, Clackmannanshire as well as Falkirk between April and May 2024. Engagement was sought from those who had views on palliative and end of life care. In Stirling and Clackmannanshire six engagement events took place. The questions asked focussed on what was good, what could be improved, and what should be aspired to. The feedback gathered from this initial engagement contained a good mix between people with professional experiences, both within the NHS and third sector organisations, and those with personal experiences.

In August and September a follow up consultation took place, and in Stirling and Clackmannanshire two engagement events were held, as well as an online survey. Across both rounds of consultation, in person sessions and online surveys, a total of 161 views were contributed from both Stirling and Clackmannanshire.

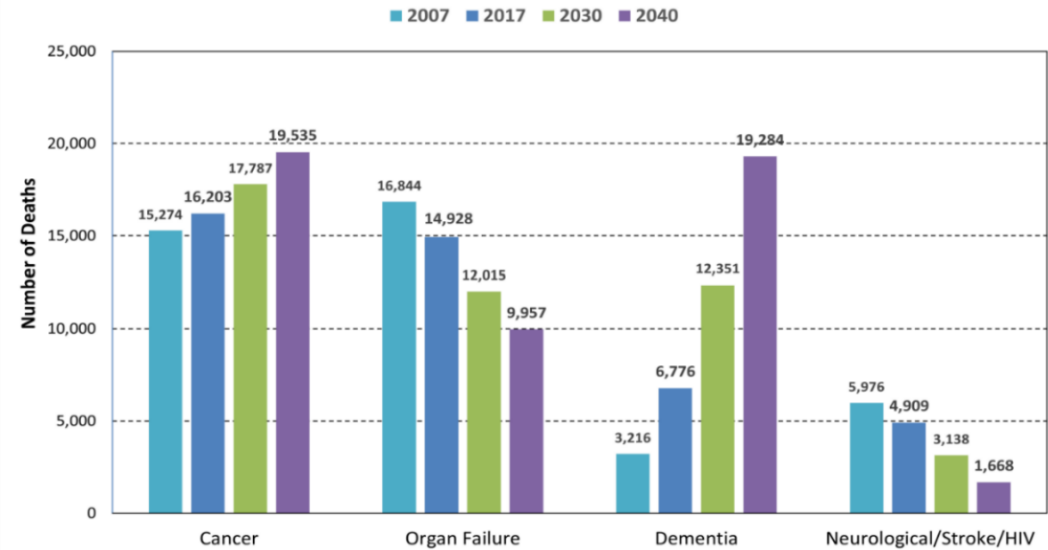
Based on views sought from engagement the following vision was developed, *“Health and wellbeing is important throughout everyone’s lives, although some may need additional support to enable them to live well with long term conditions. However, we want all people with palliative and end of life care needs to be able to access compassionate, responsive and coordinated holistic care and support throughout their palliative journey in their preferred location.”*

Upon agreement of the P&EOLC Strategic Commissioning Plan in November 2024, by both IJBs in Clackmannanshire and Stirling, and Falkirk, a commissioning consortium was convened.

The Commissioning Consortium had its first meeting in January 2025 and has wide representation from across Clackmannanshire, Stirling and Falkirk. The consortium has a focus on discussing and considering how to better financially resource supports in the community, as this is where people have told us they want to be, that provides consistency and equity to those at the end of their life.

Projected main underlying cause of death associated with palliative care need by disease group up to 2040

Ref: Finucane AM, Bone AE, Etkind S, et al. How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. BMJ Open 2021;11:e041317. doi:10.1136/bmjopen-2020-041317



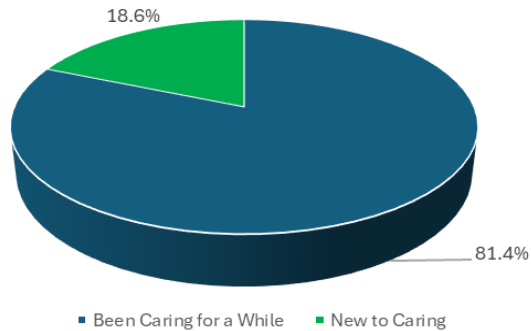
Our health and social care system needs to evolve and transform to keep pace with the changing PEOLC needs of FV residents. An ageing population, increasing multi-morbidities and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources. As well as staff constraints related to recruitment and retention all mean that the status quo in the way that people are currently supported through their palliative care and at end of life is not a viable option moving forward.

It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will likely add increasing pressures onto the system of health and care.

Priority 5 Good public information across all care and support working

Digital Information

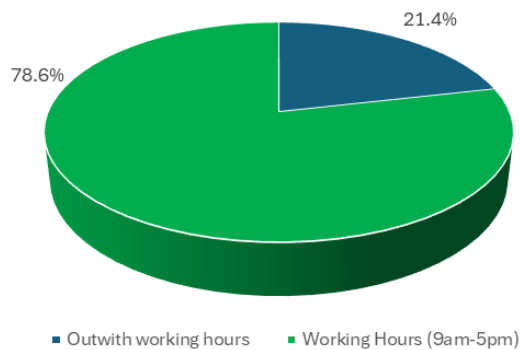
How would you describe yourself?



How we access information is quicker and easier than ever before. A quick search on the internet and we can order food, supplies, book events and trips, learn something new, and diagnose ourselves.

We know that digital information and support helps a lot of people navigate their conditions, disabilities and illness and can also be a place of support though social media groups for example. But how do people find relevant information for Clackmannanshire and Stirling? This year, we have been planning how we can improve the provision of information to those within Clackmannanshire and Stirling, with our third sector interfaces and partners. Over the next year, what we have learned will be developed into better digital support and communication with people.

When are people using the Mobilise website?



Mobilise provides digital supports for carers and was commissioned in 2024 in response to carers wanting more choice and the ability to have access to more digital supports to complement existing ones. Mobilise provides access to virtual meetings, telephone support and a wide range of advice and guidance to support carers in their caring role and improve their health and wellbeing. This approach enables carers to access light touch support 7 days a week to self-manage and improve their emotional wellbeing.

The top graph outlines the self-identity profile of people accessing Mobilise, over the past year 81% of people identified themselves as having been caring for a while.

The second graph shows that over the past year the majority of people (78.6%) sort information about caring were outside working hours (9am-5pm on weekdays). In addition, 79% of those who accessed Mobilise had not accessed support before. Which reinforces the need for a range of supports to be available for people.

Priority 6 Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention in health and social care. This work has been carried out in collaboration with HR leads in all three employing bodies to understand trends and analysis linked to recruitment and retention of our health and social care workforce. The three employing organisations are also building on collation and analysis of workforce data to better understand the future needs of our workforce. In response to issues identified in terms of consistency with regards to data an HR lead has been appointed who will operate across the HSCP, to work towards and ensure there is cohesion across the piste.

This year we have:

Review of Roles

Over the year all partners have been working collaboratively to review and re-design job roles centered around the staff involvement. This work focusses on considering the skills, knowledge and competence to deliver roles confidently and safely, while building on the Fair Work Principles. For example, the senior role within Assessment and Locality teams was approved and evaluated, which has provided career development for staff. In addition, there has been collaborative working in terms of role design, to reduce dependence on agency staffing in some of our services.



Recruitment and Work with Partners to increase employability

All three employing organisations currently have vacancy controls in place, which mean only essential posts are able to go out to advert. This has an impact on teams where there are vacancies, but the roles are considered non-essential.

Despite challenges there are regular recruitment drives via social media, as well as through partners and community partnerships. Engagement is in place in line with our staffing needs as demand changes across the seasons.

The HSCP continues to work with partners to ensure that the recruitment process is positive, timely, inclusive and supportive. Whilst there are a number of programmes that support this, some examples of this approach are outlined below:

- The NHS Forth Valley/ Department of Work and Pensions Sector Based Work Academy Programme for HCSW roles was piloted in Forth Valley Royal Hospital with a view to expanding into community hospitals. This programme provides training, work experience and a guarantee of a job interview upon completion.
- Stirling Council continues to work with local schools, Forth Valley College and Universities which continue to be developed to support young people into health and care careers. Through a multi-agency partnership approach opportunities are widened within health and care for young people. In addition there was a pilot for a new pre-foundation apprenticeship programme in health and care with SQA qualification. This mirrors the work of the Employability Team within Clackmannanshire.

Training

Community development with partners is encouraged, for example, through the continued offer for programmes of recruitment for staff in our rural locations. In addition to the standard health and social care mandatory training. The HSCP, through the Multi- Agency Public Protection Learning and Development Advisor, offers a robust multi-agency public protection training programme that covers child protection, adult support and protection and violence against women and girls. The programme of learning and development opportunities is available across the general, specific and intensive workforces.

The multi-agency public protection training calendar is produced annually. To accompany the calendar, we provide a learning and development framework and guidance document which outlines the learning outcomes for each of the learning and development opportunities available. The learning opportunities help support those we serve; the needs of the service and our practitioners own professional development.

Key actions for 2024 - 2025

Guiding Principles

Work is underway to develop a set of guiding principles across the three employing organisations, this is important as it will outline which organisation's policy should be used in instances such as the grievance process, which means all those involved in these matters are clear about which policy is being used. This is important as staff are sometimes managed by managers who are employed by a different organisation than themselves, having guiding principles will also mean there is consistency and fairness in these matters.

The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (NI-17) has increased from 80.8% in 2022/23 to 84.6% in 2023/24 which is above the Scottish average of 77% and our comparators average of 78.7%.

Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (NI-4) has decreased from 61.7% to 56%. This is below the Scottish average of 61.4% and below our comparators average of 59.8%

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.

Priority 7 Support for Carers

In 2023/24 32.8% of carers felt supported to continue their caring role (NI-8). This is above the average for Scotland of 31.2% and above the average of 31.9% in our LGBF family. This is an increase from 25.6% in the 2021/22 survey.

Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator are progressing work to widen the scope of support and compliment the support already provided by both Carers Centres.

In March 2025 the IJB agreed the Carers [Short Breaks Statement](#) which provides information on what a short break is, how to access one and what it may look like. As well as providing details for seeking further information.

In collaboration with the HSCP, Carers Centres and Citizens Advice Bureau (CAB) a [Welfare Rights Project for Carers](#) facilitated by Citizens Advice Bureau provides support for carers to provide immediate holistic person centered advice and information. They provided representation to unpaid carers and supports colleagues working with unpaid carers and, where necessary, refer individuals to appropriate advice agencies. There were 451 contacts with unpaid carers during 2024/25 with 54 clients reporting a financial gain of £144,435 over the year.

Please note 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.

Key actions for 2025-26

- Provide good information and support to carers around Self-Directed Support.
- Continue to develop and update the Carers Support Pack, providing current information on community groups and organisations supporting carers and supported people throughout Clackmannanshire and Stirling. In response to requests for a local support pack and developed in collaboration.
- The Short Breaks Bureau will be a hub for information and support to carers for access to short breaks and respite.



Priority 8 Early intervention linking people with third sector and community supports

Community Connectors & Social Prescribing

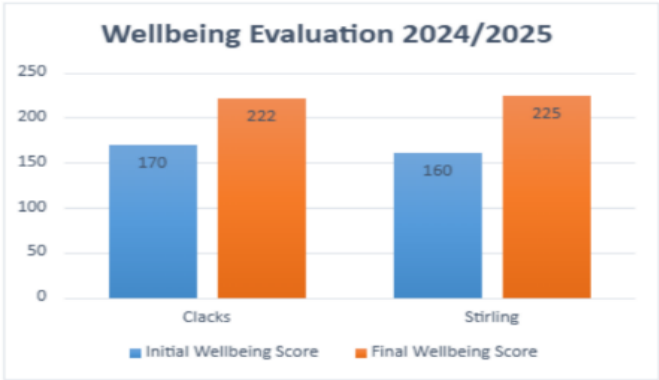


The main aim of the Community Link Worker Project is to support activities that provide a person-centred and human rights approach. This is done by utilising social prescribing, which is an important self-management tool, enabling people to continue to live in their community, independently, safely and well. It widens choice and control through signposting to third sector organisations and statutory agencies.

The Community Link Workers (CLWs) promote the understanding of and access to self-directed support. It has been recognised that CLWs also provide one-to-one support to enable people to gain confidence to access local activities. The CLW programme was developed through partnership collaboration. Clackmannanshire Third Sector Interface and Stirlingshire Voluntary Enterprise, the Third Sector Interfaces in each of their respective local authority areas, are the employing organisations and the lead partners in the project. The interfaces provide the necessary resources, training, and supervision to ensure effective service delivery and professional development for the CLWs.

The CLW project ascertains the impact of their service in terms of the affects it has had on someone wellbeing. Using the ONS4 Wellbeing survey they focus on life satisfaction, meaning and purposefulness and someone’s emotions. The impact of CLW supports clearly show a positive impact on those who used the services wellbeing.

New Referrals 248 Stirling 142 Clacks 106	Reason for referral to CLW Social prescribing 94 Financial problems 60 Social isolation 50 Housing 38 Physical disability 27 Carer support 26 Stress 18	Onward referrals Financial support 74 Mental health support 50 Housing 30 Community groups 29 Self-help 19
Total Encounters 1238 Stirling 727 Clacks 511	Duration of encounter/ appointment 0 – 30 minutes 455 30 – 60 minutes 233 60 – 90 minutes 105 90 – 120 minutes 57 120 + minutes 46	Onward referrals to other services CAB Stirling Council on Disability Wellness exercises HSTAR Mental Health Nurse Scottish Autism Reachout with Arts in Mind Stirling Council Inspiring Communities



Priority 10 Ethical Commissioning

Clackmannanshire and Stirling Health and Social Care Partnership have developed a collaborative approach to understand, plan and commission local services and care & support. The Commissioning Consortium is based on co-production regarding assessment and focus on delivery of services. The aim is to create, develop, maintain and grow high quality service delivery. In the past year, there has been a focus on carers' support (Strategic theme 4), alcohol & drug partnership funding priorities (Strategic theme 1), dementia support (Strategic theme 2), palliative & end of life care support (Strategic theme 3) and independent advocacy (Strategic Theme 1) with a new programme focused on mental health and well-being currently under development.

This approach relies on a partnership with the third and independent sector, people with lived experience, carers and their representatives as well as Health and Social Care Partnership delivered services. There is a focus on ethical commissioning, of choice & control and the principles of Human Rights-Based, to ensure we are future proofing the commissioning model to comply with current and future policy direction. The approach creates the conditions for open discussions around the right care at the right time whilst ensuring the budgets are managed effectively i.e. services are needs led but resource bound - creating a discussion with partners and supported people focused on best use of available financial spend, rather than cost pressures within the system.

The Commissioning Consortia have agreed shared principles of partnership working:

- To have an interest in, support, and promote the Consortium approach and its development across the whole system.
- Provide high quality, innovative services in collaboration with others and towards the delivery of the National Health and Social Care Outcomes.
- Have clear health and social care objectives whether delivering universal or specialist services.
- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within Clackmannanshire and Stirling; with existing providers being asked to demonstrate their track record of providing high quality and robust care and support in the area.

The principles of the consortia approach ensure, in equal measure, a commitment to involvement and participation for those in receipt of care and support as well as a commitment to Best Value and resource efficiency across the whole system.

In 2024/25 there were commissioning consortium meetings covering the following topics:

- Dementia
- Alcohol and Drugs Partnership
- Carers
- Independent Advocacy
- Palliative and End of Life Care (this covers the whole of the NHS Forth Valley board area)

In 2025/26 there will be commissioning consortia developed with a focus on learning disabilities and mental health (the latter will be pan Forth Valley).

Impact of the Commissioning Consortium approach

A key success factor for the Commissioning Consortium has been the ability to communicate the principles across the sector by targeting the right partners and stakeholders; explaining the ethical commissioning model approach; what it will mean for providers and people with lived experience; and finally how each can play a part in planning and commissioning the right care and support.

We have recognised that the approach is resource and time intensive to deliver, with officers offering safe spaces for discussions with all external stakeholders and internal providers, with the models of care which have been developed are more robust, person centred and economically viable. As well as more focused on outcomes for people and their carers.

The process of the commissioning consortium meetings has ensured all partners and stakeholders to be at same place when making commissioning recommendations to the Integration Joint Board, the IJB is committed to the approach as it provides detailed and robust feedback from supported people, providers, Health and Social Care Partnership staff and communities about the type and level of service required. There have been more positive and mature relationships created with internal and external commissioned services as well as a clarity of the role of the Third Sector Interfaces as key delivery partners of Consortium.

Feedback from providers has been mostly positive around openness of commissioning conversations and the opportunities to be flexible in their offering; feeling more able to participate meaningfully in planning and commissioning conversations.

Feedback from supported people and their carers has been really positive, individuals feeling that can influence the model of care, create flexibility in system, ensure they have choice & control as well as an ongoing commitment to the delivery of Human Rights-Based Approach across all services.

There has already been interest from Scottish Government colleagues as this approach aligns to current policy directives linked to human rights legislation as well as from IJB Chief Officers Network nationally.

The Commissioning Consortium across Clackmannanshire and Stirling is demonstrating the strength in relationships between Health and Social Care Partnership, third sector and independent sector providers to ensure care and support can continue to be delivered with those receiving care and their carers as key influencers and partners in the planning and commissioning of services.

Strategic Theme 5 – Reducing Loneliness and Social Isolation

Connecting people to their communities, reducing loneliness and isolation and the impact on people's health and wellbeing.

Priority 11 Reducing levels of Loneliness and Isolation



In 2024/25 613 Carers were offered Adult Carer Support Plans by the Carers Centres with 389 people choosing to complete one



Reducing loneliness and social isolation is important for everyone, whether someone is being cared for, they require care and support themselves, or whether they are supporting themselves without the use of statutory services. Our communities provide an important network of supports. There are numerous supports available in our communities throughout Stirling and Clackmannanshire, that cater to a range of interests and host a number of different activities for different groups of people.

Carers Centres provide support to unpaid carers, there is currently one that covers Clackmannanshire and another that supports those living within Stirling. They empower people to understand their rights, and also provide options to develop peer supports. In the past year 642 new Adult Carers were registered with both Carers Centres with 389 choosing to complete an adult carer support plan. As at 31st March 2025 there were 2926 Adult Carers registered with 1914 one to one appointments carried out throughout the year.

Another way that carers and those they care for can be supported is through our local directory of community supports and services. The [Clackmannanshire & Stirling carers support pack](#) has been compiled and is regularly updated, it is aimed toward both carers, and those they support. The resource is split into different categories, to make it easier to use, and enable someone to see what services available locally that would support specific needs.

Our third sector partners provide a wealth of care and support within our communities. The Community and Mental Health Wellbeing Fund is now entering its fifth year and distributes around £400k annually between Clackmannanshire and Stirling.

The Community Mental Health and Wellbeing Fund supports grassroots initiatives aimed at improving mental health and wellbeing across Scotland, with a focus on prevention and early intervention. One of the key priorities is to address Social Isolation and Loneliness, specially looking at initiatives aimed at connecting individuals and fostering community support networks.

Financial, Best Value Governance and Risk

Annual Financial Statement

The Integration Joint Board will continue to use the funding available to the partnership to improve services for people and pursue our Strategic Commissioning Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Commissioning Plan priorities and key performance indicators will continue to improve and evolve.

Financial Performance

The funding available to support delivery of the Strategic Commissioning Plan comes from Clackmannanshire and Stirling Councils and NHS Forth Valley and funding from Scottish Government.

This forms the Integrated Budget and the Set Aside budget for LargeHospital Services. The IJB then directs partners to deliver and/or commission services on its behalf.

The operational financial position on the Integrated Budget (the partnership budget excluding set aside budget for large hospital services) was a net overspend of £6.976 million after taking account of the impact of financial recovery measures.



£286.9m total
IJB Strategic Plan
Budget 2024/25



£6.976m net
overspend after
use of reserves

The 2024/25 Revenue Budget was approved by the IJB on 27 March 2024. The plan was predicated on a savings requirement of £14.041 million on the Integrated Budget and £6.469 million in relation to the Set Aside Budget for Large Hospital Services with risk assessed plans in place to deliver these. The budget was also predicated on utilisation of £3.947 million of reserves, fully depleting general reserves balances. Approximately 55.9% of the planned savings and efficiencies programme were achieved in the year in relation to the Integrated Budget with a c£1.5m reduction in costs pressures delivery being observed in relation to the Set Aside Budget for Large Hospital Services.

The overspend on the Integrated Budget was predominantly met by additional payments from the constituent authorities including £1.327m from Clackmannanshire Council which the Council have provided on the basis of this being repayable in 26/27. The unresolved risk share amount totals £0.417m and the dispute resolution process, in line with the requirements of the extant Integration Scheme is ongoing. The IJBs Annual Accounts are published here: Clackmannanshire and Stirling HSCP – Finance (clacksandstirlinghscp.org)

Best Value, Governance & Risk

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing Outcomes set by the Scottish Government. Put in a simpler way, the Board identify our priorities and plan how we will deliver our services, improve outcomes for people and support people to live independent lives with the care and support they need.

The governance framework are the rules, policies and procedures that ensure the IJB is accountable, transparent and carried out with integrity. The IJB had legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling.

The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance a key element of demonstrating Best Value.

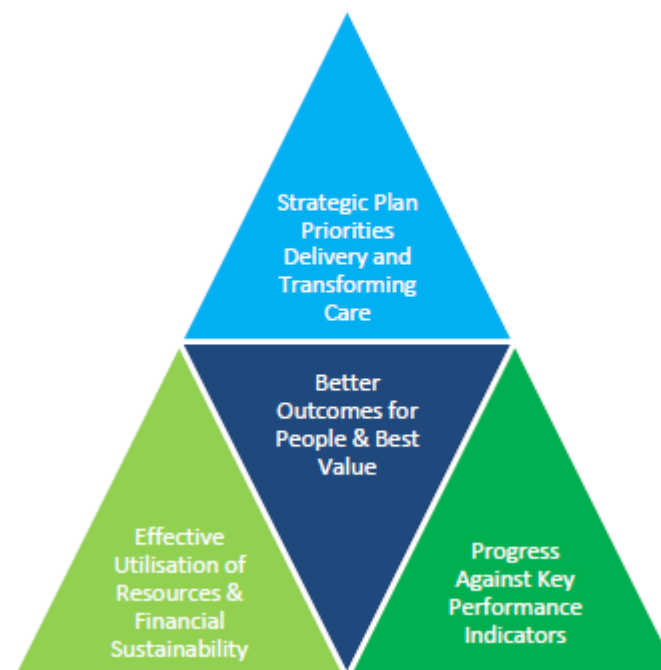
We monitor Best Value through:

- The Performance Management Framework and performance reports
- Development and approval of the Annual Revenue Budget
- Development of and reporting on the Transforming Care Programme
- Regular Financial reports
- Regular reporting on Strategic Improvement Plan
- Topic specific progress reporting e.g. Primary Care Improvement Plan
- Reporting on Strategic Plan Priorities to the IJB and topic specific reports.
- Best Value Statement

The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The IJB is supported by the Finance, Audit & Performance Committee which report to the IJB through committee chairs who are voting members of the IJB.

There was a change in the committees in January 2025, where the Finance, Audit & Performance Committee meetings convened its first meeting, both the Audit and Risk Committee and Finance and Performance Committees. The Finance, Audit and Performance Committee's purpose is to provide an effective scrutiny role to support the corporate governance of the IJB and its performance and risk management arrangements.



Appendix 1 - Functions delegated to Clackmannanshire and Stirling IJB

Clackmannanshire and Stirling Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care. We have strong relationships with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

NHS services delegated to HSCP

- Primary Care (as of April 2023)
- Mental Health (as of April 2023)
- Health Improvement (as of April 2023)
- District Nursing
- Substance use services
- Allied Health Professional services in outpatient clinics/out of hospital
- Public dental services/Primary medical services including out of hours, general dental, Ophthalmic & Pharmaceutical services
- Geriatric medicine and palliative care outwith hospital settings
- Community Mental Health & Learning Disability services
- Continence and kidney dialysis outwith hospital

Clackmannanshire and Stirling Council services delegated to HSCP

- Social work services for adults aged 16+
- Services and support for adults with physical disabilities
- Services and support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult Protection
- Carers support services
- Community Care Assessment Teams
- Support services
- Care home services
- Adult Placement services
- Aspects of housing support and assistance including aids and adaptations
- Day services
- Respite provision
- Occupational therapy, equipment and telecare

Appendix 2 – Ministerial Strategic Group (MSG) Indicators

To support the delivery of the National Priorities Partnerships we completed a self-assessment and improvement action plan as well as agreeing local targets for key areas. Nationally this is monitored by the Ministerial Strategic Group for Health and Community Care (MSG).

The MSG information covers a range of activities under the umbrella of ‘unscheduled care’. These activities support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevent related re-admission to hospital and include end of life care. Unscheduled care is a core element of the health and social care system and as such, our services need to be responsive to need whilst being transformative in that contact with patients is shifted from reactive to proactive planned engagement, and from hospital settings to the community where appropriate.

MSG Performance Measures

Accident & Emergency Attendances

Community

Unplanned
Bed Days

Emergency
Admissions

Delayed
Discharge Bed
Days

65+ living at
home
supported and
unsupported

Last 6 months
of Life

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG1a	Number of emergency admissions (all ages)	For Info only	16,710	14,258	16,408	16,449	16,694	17,558*	↓
	% change from previous year		22.08%	-14.67%	15.08%	0.25%	1.49%	5.18%	
	Number of emergency admissions (aged 18+)	ST1	14,579	12,640	13,941	14,203	14,594	15,518*	↓ 5% decrease from 2015/16 to 10,584
	% change from previous year		24.61%	-13.30%	10.29%	1.88%	2.75%	6.33%	
MSG2a	Number of unscheduled hospital bed days (all ages); acute specialties	For Info only	103,032	85,714	99,023	109,686	109,474	110,027*	↓
	% change from previous year		7.1%	-16.8%	15.5%	10.8%	-0.2%	0.5%	
	Number of unscheduled hospital bed days (aged 18+); acute specialties	ST1	100,118	83,712	96,411	106,888	106,331	107,610*	↓ 5% decrease from 2015/16 to 88,804
	% change from previous year		7.6%	-16.4%	15.2%	10.9%	-0.5%	1.2%	
MSG2c	Number of unscheduled hospital bed days (all ages); mental health specialties	For Info only	24,177	23,648	21,918	22,985	21,605	Not available	↓
	% change from previous year		-12.35%	-2.19%	-5.76%	-0.39%	-23.41%		
	Number of unscheduled hospital bed days (aged 18+); mental health specialties	ST1	24,180	23,615	21,918	22,985	21,605	Not available	↓ 18% decrease from 2015/16 to 20,378
	% change from previous year		-9.61%	-2.34%	-7.19%	4.87%	-6.00%		

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG3a	A&E attendances (all ages) - patients from all areas	For Info only	40,552	28,388	36,805	36,430	32,769	30,727	↓
	% change from previous year		5.17%	-30.00%	29.65%	-1.02%	-10.05%	-6.23%	
	A&E attendances (aged 18+) - Patients from all areas	ST1	32,040	23,092	28,512	28,398	26,053	24,847	↓ Maintain 2015/16 baseline of 26,585
	% change from previous year		5.80%	-27.93%	23.47%	-0.40%	-8.26%	-4.63%	
MSG4a	Delayed discharge bed days (aged 18+) - All Reasons	ST1	12,630	9,355	13,518	14,786	15,624	19,792	↓ Maintain 2015/16 baseline of 10,069
	% change from previous year		14.65%	-25.93%	44.50%	9.38%	5.67%	26.68%	
MSG4b	Delayed discharge bed days (aged 18+) - Code 9	For Info only	2,540	3,482	2,608	5,446	6,963	9,571	↓
	% change from previous year		-13.66%	37.09%	-25.10%	108.82%	27.86%	37.46%	
MSG5a	Percentage of last 6 months of life spent in community (all ages)	ST3	88.19%	90.97%	89.59%	89.25%	89.45%**	Not available	↑ 4.1% increase from 2015/16 baseline to 90%
	% change from previous year		0.41%	2.78%	-1.38%	-0.34%	0.20%		
MSG6	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (supported) C&S HSCP	For Info only	4.95%	4.91%	4.40%	4.63%	4.93%	Not available	↑
	Scotland		4.49%	4.51%	4.13%	4.19%	4.35%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (unsupported) C&S HSCP	For Info only	92.00%	92.00%	92.00%	92.00%	92.00%	Not available	↑
	Scotland		91.62%	91.98%	92.29%	92.16%	92.07%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (Supported and unsupported)	ST3	96.96%	97.41%	97.29%	96.85%	96.53%	Not available	↑ 0.1% increase from 2015/16 baseline to 96.6
	Scotland	For Info only	96.11%	96.49%	96.43%	96.35%	96.42%		

* Calendar Year 2024 due to completeness issues

** Figures for 2023/24 are provisional (p):- NRS deaths data for 2024 is provisional and may be revised in the future, SMR data in some areas may be affected by data completeness issues.

MSG report advises this data should not be published for peer partnership/Scotland comparison.

Appendix 3 - National Core Indicators

The national core indicators are a requirement of the Annual Performance Report. Sourced from the latest release of the Core Suite of Integration Indicators published in July 2025.

Desired Trend ↑ increase ↓ decrease						
Performance		Improving performance		Static		Declining performance
Benchmarking		Better than average		Within 5%		Worse than average

	Ref	Indicator	Strategic Theme	2015/16	2017/18	2019/20	2021/22	2023/24	Desired Trend	Comparator Average	National average
Outcome Indicators	NI-1	Percentage of adults able to look after their health very well or quite well.	ST2	94.56%	93.64%	93.57%	91.74%	90.80%	↑	91.84%	90.70%
	NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	ST2	81.65%	81.87%	76.05%	72.48%	67.20%	↑	71.90%	72.40%
	NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	ST2	76.40%	73.54%	74.37%	64.28%	57.90%	↑	63.73%	59.60%
	NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	ST3	72.94%	76.47%	68.80%	61.68%	56.00%	↑	59.77%	61.40%
	NI-5	Total % of adults receiving any care or support who rated it as excellent or good.	ST3	77.64%	77.57%	75.20%	67.77%	64.80%	↑	70.51%	70%
	NI-6	Percentage of people with positive experience of the care provided by their GP practice.	ST3	86.72%	86.55%	78.79%	67.28%	72.30%	↑	71.34%	68.50%
	NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	ST3	77.05%	79.43%	79.12%	79.18%	66.10%	↑	69.46%	69.80%
	NI-8	Total combined % carers who feel supported to continue in their caring role.	ST4	32.36%	38.32%	29.65%	25.57%	32.80%	↑	31.87%	31.20%
	NI-9	Percentage of adults supported at home who agreed they felt safe.	ST3	81.60%	85.98%	83.51%	75.26%	66.80%	↑	71.43%	72.70%

The 'Outcome' indicators above are reported every 2 years from the Scottish Health and Care Experience Survey commissioned by the Scottish Government (latest 2023/24). Please also note that 2021/22 results for some indicators are only comparable to 2019/20 and not to results in earlier years. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot

Our Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross

	Ref	Indicator	Strategic Theme	2020	2021	2022	2023	2024	Desired Trend	Comparator Average	National average
Data Indicators	NI-11	Premature mortality rate per 100,000 persons by Calendar Year	ST1	458	439	409	386	Not available	↓	396	441
				2019/20	2020/21	2021/22	2022/23	2023/24			
	NI-12	Rate of emergency admissions per 100,000 population for adults (18+).	ST1	13,211	11,776	12,835	13,076	13,424 *2024	↓	12,659	11,859
	NI-13	Rate of emergency bed day per 100,000 population for adults (18+).	ST1	109,741	96,425	106,686	116,414	116,095	↓	119,501	120,407
	NI-14	National Indicator 14 Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)	ST1	130	153	130	126	122	↓	115	104
	NI-15	Percentage of adults who rated their care or support as excellent or good.	ST3	88.2%	91.0%	89.6%	89.2%	89.4%	↑	89.2%	88.9%
	NI-16	Falls rate per 1,000 population aged 65+	ST1	23.5	20.2	23.6	23.5	23.2	↓	22.5	22.7
	NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	ST3	91.0%	91.1%	87.0%	80.8%	84.6%	↑	78.6%	77.0%
	NI-18	Percentage of adults with intensive care needs receiving care at home	ST2	69.8%	69.2%	71.2%	69.3%	74.6%	↑	65.0%	64.5%
	NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population	ST3	665	448	743	776	785	↓	844	867
	NI-20	% of health and care resource spent on hospital stays where the patient was admitted in an emergency.	NA	23.0%	Not reported after 2019/20						

Data for indicators 12 is reported for the calendar year 2024 as a proxy for 2024/25 as data for the full financial year is incomplete at this time. Data for indicator 11 for calendar year 2024 is not currently available. Data is derived from various organisational/system datasets. This data is also available on the Public Health Scotland Website, you can access this here: publichealthscotland.scot

Our Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross

Appendix 4 - Inspection of Services

Registered services operated by the Partnership are inspected annually by the Care Inspectorate. There were three registered service inspections during 2024/25. Additional information and full details on inspections can be found at the [Care Inspectorate](#) website. Since 1 April 2018, the new [Health and Social Care Standards](#) have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a new framework for inspections of care homes for older people.

Inspection Summary

Registered Service	Date Inspection Completed	How well do we support people's wellbeing?	How good is our leadership?	How good are our staff team?	How good is our setting?	How well is our care and support planned?	Recommendations	Requirements	Areas for improvement
Menstrie House Care Home Service	02/10/24	Very good	Not assessed	Very good	Not assessed	Not assessed	0	0	0
Bellfield Centre Care Home Service	22/11/2024	Very good	Not assessed	Very good	Not assessed	Not assessed	0	0	1
Riverbank Centre & Streets Ahead Support Service	08/02/25	Very good	Very good	Not assessed	Not assessed	Not assessed	0	0	0
Care Inspectorate									

Between April and September 2024 a Joint inspection of adult services Integration and outcomes – focus on people living with mental illness took place. The report was then published in November 2024.

Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee

17 September 2025

Agenda Item 9

Progress Report on Governance Action Plan and Annual Audit Report Recommendations

For Noting and Assurance

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

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

Purpose of Report:	To present the Finance, Audit and Performance Committee with progress reports in respect of the Governance Action Plan and Annual Audit Report (AAR) Recommendations
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Recommendations:	<p>The Finance, Audit and Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Note and draw assurance from the progress reports 2) Agree that further progress reports will be presented to future committee meetings 3)
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1. Background

- 1.1. The draft Annual Governance Statement (AGS) was considered by the FAP Committee as a standalone agenda item in June 25 and an updated AGS was incorporated within the unaudited accounts considered by the FAP committee at its special meeting of 20 August 2025. The AGS incorporated a 2025/26 governance action plan which will be the subject of progress reports to the committee to support monitoring of progress.
- 1.2. The committee also received a progress report on Annual Audit Report recommendations in June 2025, and a further progress report is appended to this paper.

2. Governance Action Plan Progress Report

- 2.1. The governance action plan progress report is appended as Appendix 1 to this report.
- 2.2. Taking into account reviews presented on this meeting agenda all actions are regarded as being in progress and on track at this point in time.
- 2.3. When a revised Integration Scheme is agreed and approved by the constituent authorities there will be a need to consider the whether the governance framework remains fit for purpose or requires further review at this point in time.

- 2.4. Further progress reports including a progress report on Internal Audit actions will be presented to the next FAP Committee meeting.

- 3. **Progress Report on External Annual Audit Report (AAR) Recommendations**

- 3.1. A progress report on AAR recommendations is appended at Appendix 2 to this report.
- 3.2. This serves as an up-to-date position prior further to the report to the June FAP Committee meeting.
- 3.3. When the 2024/25 statutory audit is complete management responses to recommendations will be provided and these will be the subject of further progress reports to the FAP Committee.

- 4. **Appendices**

Appendix 1 – 2025/26 Governance Action Plan Progress Report

Appendix 2 – Annual (External) Audit Report Recommendations Progress Report

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	There are no additional financial implications arising from this paper.
Other Resources:	No direct implications.
Legal:	IJBs are required to prepare and publish annual accounts and secure best value from use of public resources.
Risk and Mitigation:	Good governance arrangements including follow up of agreed audit recommendations assist in mitigating and managing risk.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA. No equalities issues arise.
Data Protection:	The content of this report <u>does not</u> require a DPIA.
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

APPENDIX 1

Clackmannanshire and Stirling Integration Joint Board

2025/26 Action Plan – Progress Report

Areas for Improvement Identified	Action Required	Responsible Party(s)	Planned Date of Completion	Update Sept 25 FAP Committee
Review and Reform of IJB Governance Frameworks	Review of Financial Regulations	Chief Finance Officer	September 2025	In progress/ on track - to be presented to FAP Committee Sept 2025
	Development of Board Assurance and Escalation Framework	Chief Finance Officer	December 2025	In progress/ on track – Senior Planning Manager has drafted and Internal Audit reviewing/commenting on prior to presentation.
	Review of Scheme of Delegation (IJB and Operational Delegated Authority Levels)	Chief Officer, Chief Finance Officer	December 2025	In progress/on track – to be presented to FAP Committee Sept 2025
Assurance Arrangements	Reinstate Annual Assurance Report for IJB Committee	FAP Committee Chair	March 2026	In progress/on track – incorporated within committee workplan February 2026
Audit Follow Up	Ensure improvement of audit follow up actions	Chief Finance Officer / Senior Planning Manager	December 2025	In progress/on track – AAR recommendations progress report to September 2025 FAP with

				further progress report including on Internal Audit actions to next FAP Committee cycle
Workforce Planning	Review Year 3 Action Plan to ensure SMART and specific consideration approaches to recruitment and retention of new talent.	Head of Service (strategic Planning and Health Improvement) / HSCP Senior Organisational Development Advisor	January 2026	In progress/on track – required timescale will be met and required actions considered as part of Year 3 Review

Appendix 2 - Progress on Recommendations from Annual Audit Report (AAR)

2023/2024 Annual (External) Audit Report Action Plan

Note: Recommendations 1-5 were 2023/24 AAR recommendations and P1 and P3 refer to follow up from incomplete 2022/23 Recommendations.

Recommendation	Management Response	Update on Progress	Priority / Responsible Officer	Target Date	Revised Date
1. Housing Aids and Adaptions The amount of costs incurred by Stirling Council in relation to Housing Aids & Adaptions should be reassessed and more transparent. Additionally, this should be within Stirling Council's Revenue Budget paper for future financial years and the IJB should include a section within future IJB Revenue Budget papers. This would provide deeper clarification and an enhanced audit trail.	Accepted – IJB and Stirling Council CFOs will review treatment and reporting to enhance transparency and understanding. Stirling Council and IJB will consider presentation within future revenue budget papers.	Partially complete: Some consideration was given within 25/26 Revenue Budget however there is scope for further improvement in future years to ensure consistency across both councils.	Low / IJB Chief Finance Officer & Council Chief Finance Officer	March 2025	March 2026

<p>2. Financial Management – Financial Reporting</p> <p>Whilst a RAG rating has been implemented into the savings plan, further analysis relating to risks of non-achievement and illustration of current/future implications are lacking. This should be progressed to further develop and improve financial reporting.</p>	<p>Accepted – IJB CFO will consider within future financial reports to IJB / committee.</p>	<p>Complete Further detail now provided with IJB financial reports. Issue to be considered as part of 25/26 Delivery Plan monitoring.</p>	<p>Low / IJB Chief Finance Officer</p>	<p>January 2025</p>	<p>n/a</p>
<p>3. Financial Sustainability – budget setting The activity and cost model in relation to Set Aside arrangements should be developed. In addition to complying with legislation, this would identify areas where spending could be preserved and subsequently aid the savings requirement for the Set Aside for future years.</p>	<p>Accepted – Matter already being considered by both IJBs and NHS Forth Valley. Activity information requirements being accessed to develop model in line with legislative requirements. It is anticipated that this will allow arrangements to be progressed for 2025/26 financial year</p>	<p>In progress – Work has been undertaken supported by NHS FV information services on an appropriate dataset to support set aside arrangements.</p> <p>Discussions ongoing Falkirk IJB and NHS FV as to how best to use information as basis for identifying future improvements and how this aligns to improving unscheduled care work on whole system basis and initiatives aiming to shift the balance of care. Aim is for both IJBs to highlight shifting the balance of care</p>	<p>IJB Chief Finance Officer, Falkirk IJB CFO and NHS Forth Valley Director of Finance</p>	<p>April 2025</p>	<p>November 2025 - March 2026</p>

		opportunities via 26/27 Business Case processes.			
4. Financial Sustainability- Medium to Long-term planning Currently, the IJB is not financially sustainable. A more comprehensive medium-term financial outlook post publication of the Scottish Government's next Medium Term Financial Strategy and Medium-Term Financial Framework should be developed and implemented as soon as viably possible	Accepted – It is currently understood that Scottish Government will publish updated Medium Term Financial Strategy and Medium-Term Financial Framework for Health and Social Care by end of 2024. An updated medium-term financial outlook will be developed aligned to these publications and financial planning assumptions of the constituent authorities of the IJB.	Complete – A medium term financial plan was incorporated within the Revenue Budget. This will be further reviewed post publication of the Scottish Governments Medium Term Financial Strategy to be published in June 2025.	IJB Chief Finance Officer	March 2025	
5. Financial Sustainability – reserves	Accepted – To be considered as part of the updated medium term financial outlook. It should,	In progress – FAP Committee requested further discussion on reserves at June 2025 meeting. The extant reserves policy/strategy	IJB Chief Finance Officer	March 2025	March 2026 (for further review within

<p>The utilisation of reserves is not sustainable and places itself and its partner bodies at risk. Although this is a common theme for IJBs across the country, reserves levels should be actively monitored and being applied for the purposes intended. A plan should also be devised as to how the reserves position will be improved.</p>	<p>however, be understood that re-establishing a prudential level of general reserves will be extremely challenging.</p>	<p>maintains an aspirational reserves position however it is difficult to see how this could be achieved whilst delivering statutory services at this current point in time.</p> <p>IJB Reserves highlighted through financial sustainability work of Health and Social Care Scotland and will continue to feature in national level discussions.</p>			2026/27 Revenue Budget)
<p>P1. Lack of preparation for the IJB audit</p> <p>2023/24 update: Similar to our recommendation last year, this should be implemented before the start of the 2024/25 audit. This would ensure that the IJB would be in a positive position to collate information in</p>	<p>Additional Update The Finance Working Group will continue to review how year-end accounts and audit planning can be improved and work with audit teams to improve efficiency. This will require ongoing input from external audit teams also.</p>	<p>In progress / Ongoing The FAP Committee are presented with and report in relation to delay to unaudited accounts at June 25 meeting. Deloitte were notified and revised timetable meant audit commenced in first week of September 2025. Initial discussion on future improvements held via Finance Working Group to be revisited once all 2024/25 statutory audits are complete.</p>	<p>IJB Chief Finance Officer / NHS FV Director of Finance/ Council Chief Finance Officers.</p>	<p>December 2024 – September 2025</p>	<p>Est January 2026 (dependent on conclusion of all 24/25 audits).</p>

time for the start of the audit.					
<p>P3. Transformation</p> <p>Tools should be developed to consistently track the benefits achieved (both financial and outcomes) from the transformational change to demonstrate that it is achieving the desired outcomes.</p>	<p>Previous Update</p> <p>In progress</p> <p>The IJB approved the 24/25 Revenue Budget on 27 March 2024. This included commitment to a programme management approach to support the approved efficiency and savings programme forming the key elements of the transformation and sustainability plan. To support this, the interim Chief Officer and Chief Finance Officer have established monthly progress review meetings and reporting tools.</p> <p>Each element of the transformation programme requires a Business Justification Case (also referred to as a Project Initiation Document or PiD) and monthly highlight reporting. There is a requirement for the sophistication and quality of reporting to continue to</p>	<p>Complete</p> <p>A performance dashboard has been developed by the HSCP Performance Team to support monitoring of the transformation programme and support the monthly transformation progress meetings.</p> <p>Whilst this has some limitations including particularly the limitations of the functionality of adult social care recording systems and will require further development over time there is now a tool in place.</p>	Chief Officer and Chief Finance Officer	September 2024	

	develop over time, however the reporting tools are designed to be relatively concise and quick to complete.				
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Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee

17 September 2025

Agenda Item 10

Review of IJB Financial Regulations

For Recommendation

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

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

Purpose of Report:	To bring forward a reviewed and updated set of IJB Financial Regulations for consideration and recommendation to the IJB for approval
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Recommendations:	<p>The Finance, Audit and Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Note the background to the IJBs Financial Regulations 2) Consider the proposed updates to the IJBs Financial Regulations and recommend these to the IJB for approval. 3) Agree that the Financial Regulations be further reviewed no later than 2 years from the date of approval by the IJB.
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1. Background

- 1.1. As set out by the Public Bodies (Joint Working) (Scotland) Act 2014 and the supporting integration finance guidance IJBs are required to agree a set of financial regulations as part of governance frameworks.
- 1.2. The Financial Regulations were developed as part of arrangements to establish IJBs in Forth Valley by the Integration Finance Workstream. They were reviewed by the IJB Audit and Risk Committee in June 2023 and approved by the IJB in September 2023. They are therefore due for further review.
- 1.3. There maybe a requirement to further review the financial regulations once a revised Integration Scheme is agreed and approved by all the constituent authorities and Scottish Ministers. Given there is no current clear timescale agreed for the revised Integration Scheme the governance action plan will also require to be reviewed in due course.

2. Considerations

- 2.1. The IJB Chief Finance Officer has reviewed and proposed changes to the Financial Regulations based on experience of the operating environment of the IJB since 2016 and the context of single year financial settlements in

recent years from UK and Scottish Governments and the 2023/33 Strategic Commissioning Plan approved by the Board in March 2023.

- 2.2. As Financial Regulations are intrinsically linked to the Integration Scheme itself the changes proposed at this point are not regarded as substantial. They specifically take account of the revisions to the IJBs Committee structure.
- 2.3. In order that the proposed changes to the IJBs Financial Regulations are clear and visible the proposed changes are illustrated in Appendix 1 as tracked changes.
- 2.4. Subject to IJB approval revised Financial Regulations would be posted on the governance page of the partnership website.
- 2.5. Subject to the committee's consideration of this paper the revised financial regulations would be presented to the IJB for approval at its November 2025 meeting.
- 2.6. A further review should take place no later than 2 years from this point though an earlier review may be required when a revised Integration Scheme is agreed and approved.

3. Conclusions

- 3.1. IJB Financial Regulations are an integral element of the IJBs governance framework and are intrinsically linked to the Integration Scheme itself.
- 3.2. Regular review of the IJBs Governance Frameworks is regarded as best practice hence a latest timescale for further review is proposed.

4. Appendices

Appendix I – Proposed Revised IJB Financial Regulations

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	Financial Regulations form a part of the IJBs governance frameworks and financial management arrangements.
Other Resources:	As detailed within the report.
Legal:	IJBs are required to prepare and approve Financial Regulations.
Risk & mitigation:	The IJBs governance frameworks assist in mitigating risk.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report <u>does not</u> require Fairer Duty Scotland Assessment</p>

CLACKMANNANSHIRE AND STIRLING INTEGRATION JOINT BOARD FINANCIAL REGULATIONS

1. DEFINITIONS AND INTERPRETATION

1.1 **"1973 Act"** means the Local Government (Scotland) Act 1973;

"Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"Board" means Integration Joint Board;

"Chief Finance Officer" means the Chief Finance Officer of the Board appointed by the Board in terms of section 95 of the 1973 Act;

"Chief Officer" means the Chief Officer of the Board appointed by the Board in terms of s10 of the Act;

"Council" means Clackmannanshire or Stirling Council;

"Integrated Budget" means the Integrated Budget of the Board set in accordance with the provisions of the Integration Scheme.

"Integration Joint Board Budget or IJB Budget" means the Integrated Budget as defined above plus the 'Set-Aside' budget per the provisions of the Integration Scheme. This includes Partnership Funding including the Integrated Care Fund, Delayed Discharge Fund, Integration Fund and any other external funding for Health and Social Care..

"Set-Aside Budget" means the sum to be set aside and made available by the NHS Board to the Integration Joint Board in respect of those delegated functions which are carried out in a large hospital.

"Integration Scheme" means the Integration Scheme between the Parties approved by the Scottish Ministers.

"Directions" means the instruction to carry out functions defined in the Act and Integration Scheme.

"Accountable Officer" means the officer personally answerable to the Scottish Parliament in accordance with Section 15 of the Public Finance and Accountability (Scotland) Act 2000. For Health Boards this is the Chief Executive.

"NHS" means Health Board;

"Parties" means the Council and the NHS (and **"Party"** means either of them); and

"Strategic Plan" means the plan which the Board is required to prepare and Implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act. In our local context we often refer to this as the Strategic Commissioning Plan budget or use this term interchangeably.

1.2 Words in these Financial Regulations that are also used in the Board's other governing documents shall, where possible, have the same meanings as they have in those other governing documents.

2. SCOPE AND OBSERVANCE

- 2.1 The Board is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. The Parties adopted a 'body corporate' arrangement-s1(4)(a) of the Act.
- 2.2 The Board is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board. In particular:-
- (1) NHS (Financial Provisions) (Scotland) Regulations 1974 require NHS Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:
 - approve the financial systems;
 - approve the duties of officers operating these systems; and
 - maintain a written description of such approved financial systems including a list of specific duties.
 - (2) Section 95 of the 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.
- 2.3 Members of the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.
- 2.4 The key controls and control objectives for financial management standards are:-
- (1) the promotion of the highest standards of financial management by the Board;
 - (2) a monitoring system to review compliance with the financial regulations;
 - (3) regular reporting on financial performance including financial projections to the Board and Finance, Audit and Performance Committee
 - (4) the Audit & Risk Finance, Audit and Performance Committee of the Board fulfilling its duties under its approved Terms of Reference.
 - ~~(5) the Finance & Performance Committee of the Board fulfilling its duties under its approved Terms of Reference~~
- 2.5 In all matters to do with the management and administration of the IJB Budget by the Board and its officers exercising such delegated powers as the Board has agreed in this regard, these Financial Regulations will apply in all circumstances.
- 2.6 Prior to any funding being passed by one of the Parties to the Board as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the Board and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the Board in its Strategic Commissioning Plan.

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3. FINANCIAL MANAGEMENT

Responsibility of Board

- 3.1 The Integration Scheme sets out the detail of the integration arrangements agreed between the Parties in accordance with the Act. In relation to financial management it ~~specifies:-~~ specifies:-
- (1) the functions which are delegated to the Board by the NHS and the Council.
 - (2) the financial management arrangements including treatment of budget variances;
 - (3) the reporting arrangements between the Board, the NHS and the Council;
 - (4) the method for determining the payment to be made available by the NHS and the Council to the Board; and
 - (5) ~~giving the approval and issuing of~~ directions to the NHS and the Council that are designed to ensure resources are spent according to the Strategic Commissioning Plan.
- 3.2 The Board is responsible for the production of the Strategic Commissioning Plan, setting out the needs, priorities and services for its population over the agreed term including:-
- (1) the payment from the Council
 - (2) the payment from the NHS to the Board
 - (3) the amount set aside by the NHS for delegated services.

Responsibility of the Chief Officer

- 3.3 The Chief Officer will discharge his/her duties in respect of the delegated functions by:-
- (1) ensuring that the Strategic Commissioning Plan meets the requirement for economy, efficiency and effectiveness in the use of the Board resources.

Responsibility of the Chief Finance Officer

- 3.4 The Board is required to appoint an officer responsible for its financial administration. This post, known as the Chief Finance Officer, will fulfill a role equivalent of the section 95 officer within the Council.
- 3.5 The Chief Finance Officer will discharge his/her duties in respect of the available resources by:-
- (1) establishing financial governance systems for the proper use of the available resources;
 - (2) ensuring that the Strategic Commissioning Plan meets the requirement for best value in the use of the Board's resources; and
 - (3) ensuring that the directions given by the Chief Officer to the NHS and the Council provide for the resources that are allocated in respect of the directions to be spent according to the Strategic Plan. It is the responsibility of the Chief Finance Officer to ensure that the provisions of the directions enable the Parties to discharge their responsibilities in this respect and are in line with the extant directions policy.

3.6 The responsibilities of the NHS's accountable officer, (the NHS's Chief Executive) and the Council's Chief Financial Officer (section 95 officer) are as follows:-

- (1) the NHS's accountable officer and the Council's section 95 officer discharge their responsibility, as it relates to the resources that are delegated to the Board.
- (2) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide specific advice and professional support to the Chief Officer to support the production, and when necessary the periodic review of, the Integration Scheme;
- (3) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide ongoing support and advice to the Chief Officer and IJB Chief Financial Officer in the delivery of operational services within the NHS and the Council.

4. FINANCIAL PLANNING

Strategic Commissioning Plan

4.1 The Board is responsible for the production of the Strategic Commissioning Plan -setting out the needs, priorities and services for its population over the agreed term. This should, as far as possible, include a medium term financial plan for the resources within the scope of the Strategic Commissioning Plan, incorporating:-

- (1) the Integrated Budget- aggregate of payments to the Board; and
- (2) the Set-aside Budget- the amount set aside by the NHS for Large Hospital Services as defined by the Integration Scheme and national guidance on financial planning for large hospital services.

4.2 While the NHS and the Council should, where possible, provide indicative three year rolling funding allocations to the Board to support the Strategic Commissioning Plan and the medium term financial planning process such indicative allocations would remain subject to annual approval by all Parties.

4.3 It is the responsibility of the Chief Officer and the Chief Finance Officer to develop IJB Business Case based on the Strategic Commissioning Plan and to present this to the Parties for consideration and agreement within each Party's budget setting process. The draft budget should take account of such factors as:-

- (1) **Activity Changes:** the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;
- (2) **Cost inflation:** pay and supplies cost increases;
- (3) **Efficiencies:** all savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Board and the Council / NHS as part of the annual rolling financial planning process to ensure transparency;
- (4) **Performance on outcomes:** the potential impact of efficiencies on agreed outcomes must be clearly stated and open to discussion and consideration by the Council and the NHS;
- (5) **Legal requirements:** legislation may entail expenditure commitments that should be taken into account in adjusting the amounts to be paid, or set aside, to the Board by

Commented [EM1]: This should remain a aspiration though it has to date not been delivered/not been possible in practice.

the Parties;

- (6) **Transfers to/from the set aside budget for hospital services:** as set out in the Strategic Commissioning Plan;
- (7) **Adjustments to address equity:** the Council and the NHS may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by ~~the Information Services Division (part of NHS National Services Scotland)~~ National Services Scotland (NSS) and and/or local arrangements.

Limits on Expenditure

- 4.4 No expenditure shall be incurred by the Board unless it has been included within the approved IJB Budget and Strategic Commissioning Plan, except:-
 - (1) where additional funding has been approved by the NHS and/or the Council and the IJB Budget / Strategic Commissioning Plan updated appropriately;
 - (2) where additional funding has been allocated by the Scottish Government following approval of the IJB budget;
 - (3) in emergency situations in terms of any scheme of delegation; and
 - (4) as provided for in paragraph 4.6 below (Virement).

Virement

- 4.5 Virement is defined by CIPFA as "the transfer of an under spend on one budget head to finance additional spending on another budget head, in accordance with an Authority's Financial Regulations". In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service or department to another. This would also include transfers between the two arms of the budget.
- 4.6 Virement rules are set out in sections 8.8.1, 8.8.2 and 8.8.3 of the IJB Integration Scheme.
 - (1) The Chief Officer is permitted to transfer resources between the arms of the Integrated Budget which fall within the scope of the Strategic Commissioning Plan subject to there being no overall increase in net budget, no forward impact on future years and does not breach authorisation levels to be determined in accordance with the Scheme of Delegation.

Scheme of Delegation

- 4.7 A scheme of delegation has been agreed and will be subject to periodic review to allow the Chief Officer and Chief Finance Officer the appropriate level of authority to discharge their responsibilities.

Budgetary Control

- 4.8 It is the responsibility of the Board Chief Finance Officer, in consultation with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information. In line with section 8.10.2 of the Integration Scheme this will include .at minimum, quarterly financial reports to the Integration Joint Board.
- 4.9 The Board Chief Finance Officer along with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the Council shall put in place a **system of budgetary control which will provide the Chief Officer with management accounting information for all arms of the integrated budget and for the IJB budget in aggregate.**

Variances

- 4.10 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Strategic Plan, it shall be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, to report in accordance with the appropriate method established for the purpose by the Board, the NHS and the Council, the details of the variance and any remedial action required.

Reports to the Board

- 4.11 All reports to the Board and any committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Finance Officer prior to lodging of reports.

Legality of Expenditure

- 4.12 It shall be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Plan, unless it is within the legal powers of the Board. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS and the Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

Management of Reserves

- 4.13 Legislation empowers the Board to hold reserves, which should be accounted for in the financial accounts and records of the Board.
- 4.14 The Board will maintain and periodically review its reserves strategy and policy in line with the terms of the Integration Scheme, acknowledged best practice, professional guidance and advice from the Chief Financial Officer.

VAT

- 4.15 HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Chief Finance Officer should the operational activities of the Board change and a need to register be established.

Procurement/Commissioning of Services

- 4.16 The Public Bodies (Joint Working) (Proceedings, Membership and General Power of Integration Boards) (Scotland) Order 2014 provides that the Board may enter into a contract with any person in relation to the provision to the Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.
- 4.17 As a result of specific VAT and accounting issues associated with the Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, and the Chief Finance Officer prior to any direct procurement exercise being undertaken.

4.19 It is not anticipated, other than in specific exceptional circumstances that the Board will enter into a contract directly for provision of goods and services.

Accounting Procedures and Records

- 4.198 All accounting procedures and records of the Board shall be determined by the Chief Finance Officer. These will also be subject to discussion and agreement with the Director of Finance / Chief Financial Officer of the NHS / Council as appropriate.
- 4.2049 Legislation provides that the Board is subject to the audit and accounts provision of a body under section 106 of the 1973 Act. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the 1973 Act. These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

Financial Statements of the Board

- 4.219 The reporting requirements for the Board will be as specified in applicable legislation and regulations. Financial statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under section 105 of the 1973 Act.
- 4.224 The financial statements including the Annual Accounts and associated reporting requirements must be completed to meet the audit and publication timetable specified in regulations. It is the primary responsibility of the Chief Finance Officer to meet these targets and of the Chief Officer and Chief Finance Officer to provide any relevant information to ensure that the NHS and the Council meet their respective statutory and publication requirements for the single entity and group accounts.
- 4.232 The Chief Finance Officer shall agree the financial statements production timetable with the external auditors of the Board, the NHS and the Council.

5. INTERNAL AUDIT

Responsibility for Internal Audit

- 5.1 The Board shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the Board and nominating a Chief Internal Auditor.
- 5.2 The operational delivery of internal audit services within the NHS and the Councils will be contained within their respective and established arrangements.
- 5.3 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 5.4 Before the start of each financial year, or as early as possible thereafter, the Board's Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Performance and Audit Committee for approval. It is recommended this is shared for information with the relevant committee of the NHS and the Council.
- 5.5 The Board's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the Performance and Audit Committee indicating the extent of audit cover achieved and providing a summary of audit activity during the year. The annual audit report and Chief Internal Auditor's opinion may also be reported to the Audit and Risk committee of the NHS Board and the relevant Committee the Council.

Authority of Audit

- 5.6 The Board's Chief Internal Auditor or their authorised representatives shall have authority, on production of identification, to:-
 - (1) obtain entry at all reasonable times to any premises or land used or operated by the Board;
 - (2) have access to all systems, records, documents and correspondence relating to any financial and other transactions of the Board; and
 - (3) require and receive such explanations as are necessary concerning any matter under examination.

6. RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

- 6.1 The Board shall make appropriate insurance arrangements for all activities of the Board in accordance with the risk management strategy.
- 6.2 The Chief Officer and Chief Finance Officer shall arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Board and for which it is the general custom to ensure. This will include the provision of appropriate insurance in respect of members of the Board acting in a decision making capacity.
- 6.3 The Board has become a member of the Scottish Government Clinical Negligence and Other Risks Scheme (CNORIS) - a risk transfer and financing scheme. The Chief Officer

and the Chief Finance Officer will review the requirement for membership of CNORIS on an annual basis.

- 6.4 The NHS's Director of Finance and Director of Strategic Planning and Performance and the Chief Financial Officer (section 95 officer) of the Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

7. ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

- 7.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Board. This will apply in respect of:

- (1) the resources delegated to the Board by the Council and the NHS; and
- (2) the resources paid to the Council and the NHS by the Board for use as directed and set out in the Strategic Commissioning Plan.

- 7.2 Best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound should be incorporated into the Strategic Commissioning Plan and the directions made by the Board to allow the Chief Finance Officer, the NHS's accountable officer and the Council's section 95 officer to discharge this duty.

- 7.3 The Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There shall be a process of strategic planning which shall have full Board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It shall be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Board provides Best Value.

- 7.4 The Chief Officer shall be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

- 7.5 The Boards approach to Best Value will continue to evolve over time and the Annual Performance Report will incorporate a Best Value statement based on triangulation of financial and non-financial performance and evidence progress against Strategic Commissioning Plan priorities and improved outcomes over time.

8. OBSERVANCE OF FINANCIAL REGULATIONS

Responsibility of Chief Officer and the Chief Finance Officer

- 8.1 It shall be the duty of the Chief Officer, assisted by the Chief Finance Officer, to ensure that these Financial Regulations are made known to the appropriate persons within the Board and the Partnership and to ensure that they are adhered to.

Breach of Regulations

- 8.2 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

Review of Financial Regulations

- 8.3 These Financial Regulations shall be the subject of regular review by the Chief Finance Officer in consultation with the NHS's Director of Finance and the Council's section 95 officer, and where necessary, subsequent adjustments will be submitted to the Board for approval

Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee

17 September 2025

Agenda Item 11

Long Term Care and Ordinary Residence Policies

For Approval

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

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

Purpose of Report:	The purpose of this Report is to seek approval to present Long Term Care and Ordinary Residence Policies to Integration Joint Board policies for agreement.
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Recommendations:	<p>The Finance, Audit and Performance Committee are asked to:</p> <ol style="list-style-type: none"> 1) Scrutinise and provide comment on both policies outlined within the appendices of this paper. 2) Recommendation both policies to IJB for approval.
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Key issues and risks:	<p>These two policies have been drafted in line with our commitment to increase opportunities to provide information, signposting and advice to those within our communities. Currently there are a number of queries around either the processing or information acquired as part of a move into a care home and to a lesser extent surrounding ordinary residence. Providing information to the public regarding the processes and procedures in both these areas should impact upon the number of queries coming to our social work and commissioning teams, improving experiences for individuals and their families. There should also be an impact on staff through assisting consistency of approach, also hopefully reducing the amount of time they spend on resolving queries.</p> <p>The policies also provide information pertaining to the current financial situation and decisions in these areas. This is in line with ensuring that there is consistent understanding of what services are chargeable, and which are not. This point is important given the current financial situation, and our direct response to being needs led but resource bound. Which also aligns to our duties under Best Value.</p>
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1. Background

- 1.1. As part of the Right Care, Right Time programme it was identified that Standard Operating Procedures (SOPs) should be developed to increase consistency of approach and practice across teams. While discussing the topic areas the SOPs would cover, it was raised that there are some areas of social work that those living within our communities can find more difficult to navigate. It was raised that moves into long term care and queries relating to Ordinary Residence result in increased traffic to duty and reception services across both Stirling and Clackmannanshire Council's Social Work teams. As the main reasons for calling about these areas mainly relates to requiring updates and uncertainty around these two processes, it was thought that a public facing policy would help mitigate the number of calls received relating to these areas and provide additional information to increase understanding and awareness of our approaches.
- 1.2. When the SOPs for long term care and Ordinary Residence were being drafted a separate public facing policy was drafted to support understanding of the processes, these policies are presented in Appendix I and II.
- 1.3. To this extent, the policies should be considered within the wider context of informing and providing consistency as they complement the SOPs that will shortly be shared with staff, through their team briefs. The SOPs outline the roles, responsibilities and activities of different members of staff whereas the policies provide a high level overview and not operational detail.

2. Introduction

Long Term Care

- 2.1. Long term care defines care that is provided over extended periods of time, in the same location. In many cases, long-term care is provided at home through informal arrangements provided by family members, friends, or neighbours.
- 2.2. Moving into a care home is a big decision, generally someone will move into a care home because their needs cannot be fulfilled within their own home, however which care home someone moves into is dependent on each individual and their needs. Planning for the possibility of long-term care enables the opportunity for individuals to learn about services available in the community and their costs, allowing for informed decisions to be made when and if they are needed.
- 2.3. This policy outlines the different reasons someone may enter a care home out with a permanent move, such as an emergency or temporary placement. As well as providing information around assessment and finance processes. There is a flow diagram at the end to help set out the whole process of someone moving from a community setting into a care home.

Ordinary Residence

- 2.4. While the majority of those requiring a social care assessment or support will reside in Clackmannanshire or Stirling and will be considered as “ordinarily resident” within the Clackmannanshire or Stirling Health and Social Care Partnership (CSHSCP) area. When someone moves from another local authority area and has assessed needs, determining Ordinary Residence provides an understanding of which local authority (the one someone is moving from, or moving to) has financial responsibility over the funding of that person’s care.
- 2.5. Deciphering where someone is ordinarily resident involves different factors and consideration which requires judgement or discussions, which include, but are not limited to, taking account of the length of time that a person has lived in a particular area, that person’s intentions when moving to that area.
- 2.6. This policy primarily relates to individuals moving between areas within Scotland and outlines best practice where this move causes a dispute between Partnership areas. The associated procedure has been established as best practice to ensure that Clackmannanshire or Stirling Health and Social Care Partnership (CSHSCP) determine and manage Ordinary Residence queries and disputes in a transparent, consistent and fair manner. This policy relates to the responsibilities for residential and nursing home care, and also for other types of care.
- 2.7. This policy outlines the approach adopted by CSHSCP to ensure parity and consistency is applied equally to queries or disputes relating to Ordinary Residence whether the supported person’s residence is within or out with Stirling or Clackmannanshire.

3. Next Steps

- 3.1 These Policies are required to help manage system capacity and demand in current financial climate as well as ensuring the best outcomes for individuals and their families & carers.

4. Appendices

- 4.1 Appendix I – Long Term Care Policy
- 4.2 Appendix II – Ordinary Residence Policy

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

Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	The policies also provide information pertaining to the current financial situation and decisions in these areas. This is in line with ensuring that there is consistent understanding of what services are chargeable, and which are not. This point is important given the current financial situation, and our direct response to being needs led but resource bound. Which also aligns to our duties under Best Value.
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	These two policies have been drafted in line with our commitment to increase opportunities to provide information, signposting and advice to those within our communities. Currently there are a number of queries around either the processing of information acquired as part of a move into a care home and to a lesser extent surrounding ordinary residence. Providing information to the public regarding the processes and procedures in both these areas should impact upon the number of queries coming to our social work and commissioning teams, improving experiences for individuals and their families. There should also be an impact on staff through assisting consistency of approach, which hopefully will also reduce the amount of time they spend resolving queries.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix I - Long Term Care Policy



Long Term Care Policy

June 2025

Overview

The care home sector provides care for adults and older people, individuals with learning and physical disabilities, neurological illness, mental health conditions and brain injury. They are usually for people needing more care than they could get in their own home or in supported housing. In care homes, trained staff give you care that meets [health and social care standards](#).

Living in a care home is not just about receiving care. For many residents, particularly those with dementia, a care setting could be their home for several years. Moving into a care home can involve the loss of home, possessions, social contacts and pets. The majority of residents will likely die in their care home so need compassion and specialist support to end their life in comfort and with dignity.

Care home residents therefore must be able to maintain their personal identity and contact with family and community, and be protected against abuse, poor care and breaches of their human rights.

Introduction

What is Long Term Care?

Long term care defines care that is provided over extended periods of time, in the same location. In many cases, long-term care is provided at home through informal arrangements provided by family members, friends, or neighbours.

Most home-based care services involve personal care. However, there are times when someone needs to access to more intensive and round the clock care and support within a care home.

When long term care is described in this paper, care over an extended period of time within a care home is what is being referred to.

Moving into a care home is a big decision, generally someone will move into a care home because their needs cannot be fulfilled within their own home, however which care home someone moves into is dependent on each individual and their needs. For those who lack capacity to make the decision themselves, their Power of Attorney or guardian will make this decision on their behalf based on assessed need and financial position.

Planning for the possibility of long-term care enables the opportunity to learn about services available in the community and what they cost, before needed, allowing for informed decisions to be made when and if they are needed.

Access to long term care requires a financial assessment to be completed which will establish the level of an individual's contribution, if any, towards the total cost of care and support.

Care homes is a term used that covers both residential and nursing homes.

Assessing for Long Term Care

Self-Directed Support (SDS)

SDS is not the name of a type of service, but a way of arranging support that is individual to a person whose needs have been assessed to support them to live as independently as possible.

Self-directed Support is a principle and practice offering choice and control to individuals and their carers who are eligible to access social care services and support.

Creating a personalised approach to supporting individuals and enabling the Health and Social Care Partnership to respond to assessed needs consistently. The individual and their carer's involvement in this process is really important and it is the role of the person undertaking your assessment to support involvement and ensure the representation of an individual's outcomes.

Assessment process for a move to a Care Home

A social care worker will complete an assessment of need with an individual (and their carer). This assessment of care and support needs is required before an individual can move into a care home and will include a financial assessment as part of the process.

Every new application to move into a care home will require a new assessment being undertaken.

This assessment records the level of need required for an individual linked to the level of care and supports required within the community or home. This Self-Directed Support focussed assessment, through the principles of choice and control, will identify an individual's outcomes and how they can be met through care and support. This is an important step in deciding whether a move to a care home is needed. Following outcome focused assessment process, there may be ways to support someone at home with aids and adaptations or through a package of care to continue to live within their own home.

However, if all options to support someone to stay in their home have been considered and the assessed level of need requires a move into a care home, the next step is to identify a suitable care home.

Alongside an assessment of need, you will also have a financial assessment. This is carried out by a different team and is done to ascertain how much you will pay.

A financial assessment can be refused. However, if it is, the individual will have to pay the full costs associated with residing in a care home. Likewise, if an assessment of need is not completed prior to an individual moving into a care home, they will also be charged the full care home costs.

Choosing a Care Home

The level of choice with care homes can differ, this can be because specialist skills/care is needed and these may not be available in all care homes, there may be no availability, also the cost that the local authority would need to pay could be higher than it usually pays.

It should also be noted not all care homes will have available places and where there is public funding towards the cost of the care home there will be a limit on how much it can pay towards the costs of the care home.

The Scottish Government have provided useful information on choosing a care home <https://www.mygov.scot/care-homes>.

Quality of care homes

There is no legal difference between residential homes and nursing homes. They are all care homes and can be more flexible about the services they offer. They can meet all aspects of your accommodation, support and care including nursing and end-of-

life care. The Care Inspectorate regulate care homes for adults providers using the [Health and Social Care Standards](#) and the [Public Services Reform \(Scotland\) Act 2010](#) and have reports available from each inspection undertaken within care homes.

Costs and charging for those living in a Care Home

Nursing and Personal Care

The Scottish Government has legislated to ensure that adults of any age, no matter their condition, capital or income, who are assessed by their local authority as needing personal care, are entitled to receive it without charge. Nursing Care is similar and has been available to all who are assessed as requiring nursing care services, regardless of age, without charge.

Nursing care is provided by a qualified nurse with the knowledge to undertake medical interventions such as administering injections and managing pressure sores. Examples of the types of personal care someone can be supported with, are:

- personal hygiene,
- at mealtimes,
- mobility problems

An assessment of need must be undertaken to enable someone to access free personal and/ or nursing care, as it is based on individual needs. The assessment can take place before or after admission to the care home. However, if an assessment is completed after admission, payments cannot be backdated.

Whilst someone assessed and being eligible for free nursing care would need to reside in a care home to access it, free personal care can be provided either within a care home or someone's home.

Charges linked to living in a care home

All individuals will pay a contribution when moving into a care home, the amount of the contribution will differ depending on a few factors such as the level of capital someone has (you will be referred for a financial assessment by a social worker) and which care home someone wishes to move into.

When the local authority funds care home places, they must pay the full costs unless the person chooses a home that is more expensive than what the local authority would agree to pay.

For more information on what services are chargeable and the rates charged for these services, can be viewed in the [Social Care Contributions Policy](#).

For more information about benefits and moving into a care home click the following link [Care homes and benefits - Benefits that stop being paid if you live in a care home | Turn2us](#).

Temporary move into a care home

There may be instances when an individual needs to be placed into a care home for a short period of time, such instances include:

- a trial period to allow someone to make an informed choice regarding whether they would like to move to that specific care home
- to recover from an illness
- before moving somewhere more suitable, like sheltered housing

All of the above instances are chargeable as outlined above, these charges will be part of the assessment process undertaken with a social worker and any charges will be discussed prior to any placement.

A temporary move to a care home is stay of up to six weeks. If someone remains in a care home after four weeks, then this is no longer classified as a temporary move.

After four weeks, the person would need to leave the care home as their placement has ended. A social worker will continue to assess, review and monitor the individual's needs for care and support, based on their circumstances. If another care home placement is required that is not long term, this process will be continued.

Emergency Care Placement

There may be times when an emergency placement is required for an individual, this would cover a short period of time as outlined above. In an urgent / emergency placement, there would be a plan developed with the individual (and their family and carers) to ensure more long term the individual's assessed care and support needs could best be met on a more permanent basis.

The plan would usually be developed within 2 weeks of the urgent / emergency placement. The placement may be within a care home or into an intermediate care bed based within facilities such as the Bellfield Health and Care Centre in Stirling or Ludgate House within Clackmannanshire.

If the urgent / emergency placement within the care home bed exceeds 2 weeks, then this would become a chargeable care home / intermediate care bed as outlined above. A social worker will continue to assess, review and monitor the individual's needs for care and support, based on individual circumstances.

Intermediate care

Intermediate care services provide support for a short time to help an individual recover and increase their independence.

This support is provided by a team of people who will work with an individual to help achieve / maintain independence.

Intermediate care may help an individual:

- remain at home when a person starts to find independence more difficult to maintain
- recovery after a fall, an acute illness or an operation
- avoid admission to hospital / acute beds
- return home more quickly after a hospital stay.

Intermediate care is offered within the Bellfield Health and Care Centre in Stirling, this facility provides care beds for an individual who does not have a medical need to be in hospital but requires more care and support than is available at home and/or equipment and rehabilitation support.

This includes access to rehabilitation support to ensure an individual can readjust following a stay in hospital but are still within an environment surrounded by trained staff to help ensure they are able to return home more safely.

Intermediate care is designed to be a short stay to assess whether an individual's needs may have changed following a stay in hospital. Staff are able to assess an individual's needs and to advise what additional supports or equipment may be needed for someone to be able to return home.

Staff will work with an individual to agree their goals - for example making a meal, dressing and putting on make-up) and how to achieve them and care staff will help individuals to practise doing things on your own.

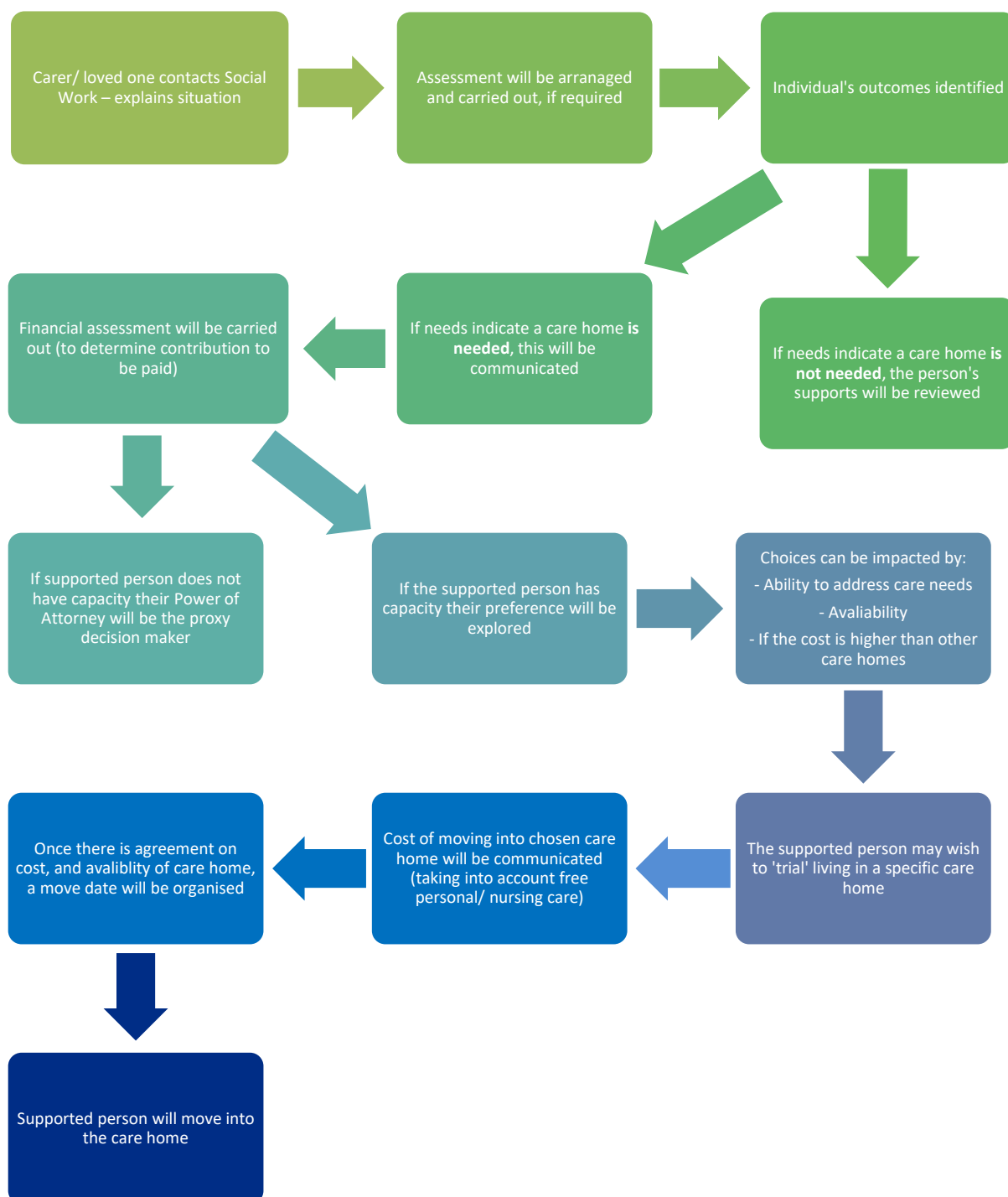
Respite / Short Breaks

However, where an individual is cared for by a family member or carer, sometimes there is a need for a break from caring for the carers. Therefore, the individual cared for may be placed into a care home temporarily to give the carer respite in the form of a short break.

If a care home placement is based on the carer being assessed as needing respite, the placement is not chargeable. For further information please refer to the [Carer's Short Breaks Statement](#).

Flowchart of the Process to move to a care home

For those who are going through the process of moving to a care home, the below may be helpful in terms of setting out the different stages to be aware of.



Appendix II – Ordinary Residence Policy



Ordinary Residents Policy and Procedure June 2025

Overview

Adults who require social care support have a right to choose the area in which they wish to live. This policy establishes how Clackmannanshire or Stirling Health and Social Care Partnership (CSHSCP) determine a person's ordinary residence. This policy primarily relates to individuals moving between areas within Scotland and outlines best practice where this move causes a dispute between Partnership areas. The associated procedure has been established as best practice to ensure that Clackmannanshire or Stirling Health and Social Care Partnership (CSHSCP) determine and manage Ordinary Residence queries and disputes in a transparent, consistent and fair manner. This policy and procedure relate to the responsibilities for residential and nursing home care, and also for other types of care.

Introduction

Through its procedures and practices for determining ordinary residence, CSHSCP shall uphold and follow the guidance laid out in the Scottish Government [Circular No: CCD 3/2015](#), which is the most recent national publication on the topic.

Assessments regarding a supported person's Ordinary Residence status will be conducted on a case-by-case basis whilst taking account of the supported person's needs and in accordance with current care arrangements. Moreover, it should be stated that priority sits with the supported person's needs above any questions or dispute relating to their Ordinary Residence status.

Purpose

Whilst the majority of those requiring a social care assessment or support will reside in Clackmannanshire or Stirling and will be considered as "ordinarily resident" within the CSHSCP area. CSHSCP is liable to fund services to meet the assessed need of those who are ordinarily resident in Clackmannanshire or Stirling, but they will be subject to standard financial assessments, if care is assessed as being required.

This policy has been prepared in line with national guidance to ensure that there is a clear policy and procedure to follow when determining someone's ordinary residence.

To ensure parity, and a consistent approach, is adopted throughout CSHSCP the policy and procedure applies equally to queries or disputes relating to Ordinary Residence whether the supported person's residence within or out with Stirling or Clackmannanshire.

Access to a social care assessment or receipt of service provision should not be hindered by any dispute regarding as Scottish local authorities have a duty to provide community care services.

The matter which local authority should finance provision when there is a dispute should not be a barrier to accessing care and support.

Key Principles

The following guiding principles have been outlined by Scottish Government and should be applied in all cases in order to ensure a person-centred approach is adopted, and one that is consistent across Scotland:

- The welfare of the individual is paramount;
- The individual should be able to choose where and how they live whenever reasonably practicable, taking account of the individual's assessed needs;
- The individual's needs should be met by the local authority in which the individual is physically present at the time when the need for community care services arises (the local authority of the moment) at the earliest opportunity and disputes about payment should not result in delays in meeting need.
- Reciprocity and co-operation. The smooth functioning of out of area placements is in the interests of all parties and most importantly the

interests of those in need of care. All authorities are expected to co-operate fully and communicate properly.

Definition

As set out in the Scottish Government's guidance "There is no statutory definition of the term 'ordinarily resident' in the 1968 [Social Work (Scotland)] Act, nor have the Scottish courts been asked, as at the date of this Circular taking effect, to interpret its meaning."

However, deciphering where someone is ordinarily resident involves different factors and consideration which requires judgement or discussions, which include, but are not limited to, taking account of the length of time that a person has lived in a particular area, that person's intentions when moving to that area.

Further information on what considerations are taken regarding different cases is outlined below.

Consideration used to Determine Ordinary Residence

When someone moves from one local authority to another and has an assessed need which is managed through the provision of a package of care, a referral should be made from their existing local authority area adult social work either Clackmannanshire or Stirling.

When a referral is received due to an adult moving from one local authority area to another, it is important to establish in which local authority the adult will be considered "Ordinary Resident". This is to establish which local authority has responsibility all aspects of the individual's care, including their funding. Social work documents should be shared between the two local authority areas involved to assist in making this decision.

Where a person has shown a clear intention to move between local authority areas on a permanent basis and has sought the assistance from the local authority, both those authorities should provide as much help as possible in facilitating the move.

However, a social work assessment as well as additional assessments, in particular with regards to risk, may be required by the receiving local authority area someone has moved to, as part of their duties towards keeping people safe, and providing support within locally agreed criteria.

However, if the assessed care need of the individual means they require residential or nursing care, then the responsibility for funding will remain with the placing authority.

Capacity

Capacity is important to ascertain as if someone is deemed to lack capacity, their legal representative or the responsible person/organisation should provide support in enabling a decision to establish regarding their place of residence. Such decisions can be made and supported by those with legal authority (also referred to as a proxy

decision maker) in the form of Power of Attorney or Guardianship, or another form of Intervention Order granted by the court.

The effect of a person having formally acquired proxy decision-making status is that any decision made in that capacity is to be treated as if the individual who lacks capacity has made the decision themselves.

Where the proxy decision maker takes the decision to move the individual out of area and the proxy arranges the move without the local authority making arrangements, the individual's Ordinary Residence will change to the new area.

Where, however, the proxy takes the decision to move the individual and the local authority arranges the move, the individual's Ordinary Residence will not change as a result of that move.

Funding Arrangements

A supported person who is ordinarily resident in Clackmannanshire or Stirling may choose to take up a placement in another local authority, perhaps to be closer to family or simply as a matter of preference.

Social work staff should provide advice and information about choosing a care home to move into, but in this instance the supported person will become ordinarily resident in the receiving local authority once they move, provided that:

- the adult social work service has not contracted or assessed the placement;
- the person is self-funding (see below).

If the supported person requires funding in the future, they will be treated as Ordinarily Resident in the local authority where they lived at that time, not the one which they have moved to.

For those moving to Clackmannanshire or Stirling residential placements are not covered by Ordinary Residence meaning the funding of a placement will instead remain with the placing authority.

Self-funding

This scenario covers when an individual (or in cases where the individual lacks capacity, their proxy decision-maker) arranges care of their own accord, rather than a local authority arranging this.

If an individual / family and/or carer wishes to arrange the supported person's care themselves, they will be responsible for the funding of the care, as such, there is no need to establish where the supported person is an Ordinary Resident.

An individual who arranges their own care may be entitled to access free personal and nursing care, however they would need to request an assessment of need from the local authority to be able to access free personal and nursing care.

For more information, the Scottish Government has produced guidance regarding entitlement to this type of support for self-arrangers, which can be accessed here http://www.sehd.scot.nhs.uk/publications/CC2010_01.pdf.

Internal Processes

Clackmannanshire and Stirling will undergo an internal process of review and decision making alongside the authority which the dispute is with around the funding linked to Ordinary Residence.

It is important to note that during the time of decision making, service provision will not be affected. Thus, when someone moves, from one local authority area to another, there should not be a disruption in terms of the care or support they access. This may vary when an individual moves as there is a need to for sufficient time to arrange care within the newly moved to local authority area.

Within the first 12 weeks of someone moving to Clackmannanshire or Stirling a review must take place to determine the level of care and need in line with local eligibility.

The assessed needs delivered by the receiving local authority which may be different to the level of care and support which had previously been accessed within the local authority area the individual has moved from; at this stage signposting and advice will be given to ensure that areas of need are met, even if this means changes to someone's care package.

Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee

17 September 2025

Agenda Item 12

Review of Scheme of Delegation

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	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To review and recommend any changes to the Scheme of Delegation to the IJB for approval as part of periodic review of the IJBs governance frameworks.
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Recommendations:	<p>The Finance, Audit and Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Consider and discuss the contents of the report. 2) Recommend the Scheme of Delegation to the IJB for approval. 3) Note the background to the extant Scheme of Delegation 4) Agree that the Scheme of Delegation is further reviewed when a revised Integration Scheme is approved and on a bi-annual basis and that the Finance, Audit & Performance Committee oversee such reviews and make such recommendations to the IJB that it sees fit. 5) Note that any revisions to the Scheme of Delegation require the approval of the Board.
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Key issues and risks:	IJBs, Health Boards and Local Authorities have a legal obligation to publish and monitor a Scheme of Delegation.
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1. Background

- 1.1. A Scheme of Delegation is a key element of the IJBs governance frameworks that specifies which functions and powers of the Integration Joint Board, oversees health and social care services in a local area, are delegated to its officers or committees, rather than being retained for the full Board to decide.
- 1.2. The extant [Scheme of Delegation](#) was approved by the IJB on 23 March 2022 (appendix 1).

2. Current Status

- 2.1. Appendix 1 provides the extant Scheme of Delegation which sets out how decisions are delegated to Officers and which powers are reserved to the IJB.
- 2.2. A draft revised Scheme of Delegation (appendix 2) is attached with proposed changes tracked. No substantive changes are proposed to the Scheme of Delegation at this time.
- 2.3. The delegations contained in the Scheme of Delegation (Section 3) refer to the officers of the IJB, namely the Chief Officer or, as the case may be, the Chief Finance Officer. This reflects normal custom and practice that the Chief Finance Officer usually acts as deputy to the Chief Officer.
- 2.4. Section 4 of the scheme of delegation details the Powers Expressly Reserved to the Integration Joint Board.
- 2.5. The scheme sets out, at section 5, Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers. The key restrictions are:
 - All delegated authorities must be exercised within the IJBs approved budget(s)
 - No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer (5.2)
 - All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJBs Financial Regulations, Integration Scheme and its Strategic Plan. (5.3)
 - Officers will report back to the IJB on actions taken under authority delegated to them. (5.4)
 - If an officer is proposing to taken any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/or the service delivery/performance for the IJB or any of the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities. (5.5)
- 2.6. The Scheme of Delegation is a key element of the IJBs Governance Frameworks and the governance workplan acknowledges the need for it to be reviewed periodically. There is interdependency between the Integration Scheme and the Scheme of Delegation.

3. Integration Scheme and Dispute

- 3.1. The Integration Scheme is the legal agreement between the partners to form the Integration Joint Board. There is a requirement on the partners, set out in statute, to review the scheme every 5 years.
- 3.2. The development of a revised Integration Scheme began in January 2024 and progressed over the year between all four partners and HSCP representatives (Forth Valley wide).
- 3.3. As a result of the work in 2024, a dispute was raised by both councils around this and whilst the dispute resolution process will continue to be progressed by the partner bodies, a review of the Scheme of Delegation should be taken forward.
- 3.4. When a revised Integration Scheme is agreed and approved, there will be a requirement to conduct a further review the Scheme of Delegation. It is not currently possible to put a firm timeline on this.
- 3.5. Approval or amendment of the Scheme of Delegation is a power expressly reserved to the IJB (Section 4.2.12 of extant Scheme of Delegation).

4. Conclusions

- 4.1. This report is presented to the Committee on the Scheme of Delegation for consideration and discussion. Further to considering proposing to IJB for approval.
- 4.2. The key constraint in the effectiveness of the existing Scheme of Delegation is the restriction of financial authority set out at section 5.1. This constraint conflates the strategic role of the Chief Officer as accountable officer to the IJB with financial limits on approval of transactions at a constituent authority level.
- 4.3. The IJBs transactions are processed through the constituent authorities and officers (including the Chief Officer) delegated authority at a transactional level is defined through the Schemes of Delegation of Clackmannanshire and Stirling Council and NHS Forth Valley.
- 4.4. The Schemes of Delegation of a number of peer IJBs has been examined to inform this review and, for all schemes examined, the prime restriction is within approved or available budget per restriction 2 of Section 5 of the extant Scheme of Delegation. The Schemes of Falkirk, Angus, South Ayrshire and Perth and Kinross IJBs were examined.
- 4.5. It is therefore proposed that the principal restriction on delegated powers by officers therefore remains that 'All delegated authorities must be exercised within the IJBs approved budget(s)' and the transactional limit is a matter appropriately reflected in the Scheme of Delegation of the constituent authorities. This is in line with current practice examined across peer IJBs.

- 4.6. Should the recommendations set out in this report be agreed by the committee the revised Scheme of Delegation will be presented to the IJB for approval at its November meeting.

5. Conclusions

- 5.1. This report is presented to the Committee on the Scheme of Delegation for consideration and discussion and recommendation to the IJB.
- 5.2. The draft revised Scheme of Delegation updates a key element of the IJBs governance frameworks, taking due consideration of the issues set out in this report.
- 5.3. As there are close interdependencies between the Integration Scheme and the Scheme of Delegation the Scheme of Delegation will require to be further reviewed when a revised Integration Scheme be approved.
- 5.4. This notwithstanding the above, the Scheme of Delegation should be reviewed on a bi-annual basis, and it is proposed that the Finance, Audit and Performance Committee oversee such reviews on behalf of the IJB making such recommendations as it sees fit. Any proposed revisions to the Scheme of Delegation as a result of review will require to be presented to the IJB for approval.

6. Appendices

Appendix 1 – Current Scheme of Delegation
Appendix 2 – Proposed Scheme of Delegation

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	The Scheme form a part of the IJBs governance frameworks and financial management arrangements.

Other Resources:	As detailed within the report.
Legal:	The Scheme of Delegation and the Integration Scheme are interdependent. The Integration Scheme is the legal partnership agreement establishing and governing the IJB.
Risk & mitigation:	Effective governance frameworks assist the IJB in managing risk and discharging its accountabilities.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Scheme of Delegation

Clackmannanshire & Stirling Integration Joint Board

1. Introduction & Commencement

- 1.1 In the absence of a decision by the Clackmannanshire & Stirling Integration Joint Board (the **IJB** or the **Board**) to the contrary, all of its powers would have to be exercised through meetings of the full Board. That is, all decisions no matter how large or small would need to be taken at meetings of the full IJB.
- 1.2 Recognising that would be unworkable and would detract from the Board's aims and values, the IJB has chosen to exercise the power to delegate. A Scheme of Delegation will help to ensure the effective and efficient management of IJB business between Board meetings by providing the Chief Officer and, as appropriate, the Chief Financial Officer with authority to take decisions and/ or to act on the IJB's behalf.
- 1.3 This Scheme of Delegation (**Scheme**) was approved by the IJB on [16 November 2016].
- 1.4 The Scheme specifies the powers which the IJB has decided to delegate to officers and regulates the exercise of delegated powers.

2. Interpretation

- 2.1 The Interpretation Act 1978 shall apply to the interpretation of this Scheme as it applies to an Act of Parliament.
- 2.2 In this Scheme the following terms have the meanings assigned to them:
 - 2.2.1 "2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;
 - 2.2.2 "Chief Finance Officer" means the chief financial officer of the IJB appointed by the IJB under Section 95 of the Local Government (Scotland) Act 1973;
 - 2.2.3 "Chief Officer" means the Chief Officer of the IJB appointed by the IJB under Section 10 of the 2014 Act;

2.2.4 “Constituent Authorities” means Clackmannanshire Council, Stirling Council and NHS Forth Valley; and

2.2.5 “Integration Scheme” means the Clackmannanshire & Stirling Integration Scheme agreed by the Constituent Authorities under the 2014 Act and approved by Scottish Ministers.

3. Delegation

3.1 The matters to be reserved to the IJB are mainly the strategic policy, direction, financial and regulatory issues which require to be decided by the IJB. Day to day management and actions on behalf of the IJB will be delegated to the relevant officer(s).

3.2 The IJB has determined that all powers which are not specifically reserved to the Board are delegated to the Chief Officer or, as the case may be, the Chief Finance Officer to the Board.

3.3 The Chief Officer will have delegated responsibility from the IJB for all matters in respect of the oversight, development and implementation of IJB policy unless specifically reserved to the IJB, together with such statutory or other legal duties as may have been specifically assigned to the Chief Officer.

3.4 The Chief Finance Officer will have delegated responsibility from the IJB for the planning, development and delivery of the three year financial strategy together with such statutory or other legal duties as may have been specifically assigned to the Chief Finance Officer including

3.4.1 Establishing financial governance systems for the proper use of the delegated resources;

3.4.2 Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources; and

3.4.3 Ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the plan;

3.5 The Chief Officer or Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the IJB or any decision taken in the exercise of a delegated power.

3.6 The Chief Officer or Chief Finance Officer are authorised to execute contracts and other legal documents on behalf of the IJB. The delegated power at this Section 3.6 cannot be sub-delegated by the Chief Officer or Chief Finance Officer.

- 3.7 The IJB may deal with a delegated matter itself or withdraw or amend the delegation. If the IJB determines that a particular power should be exercised by it, notwithstanding the delegation permitted in this Section 3, no officer may exercise delegated authority in respect of that power.
- 3.8 All exercise of delegated power is subject to Section 5.
- 3.9 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so in accordance with the terms of this Scheme.

4. Powers Expressly Reserved to the Integration Joint Board

- 4.1 Powers which are not reserved to the IJB are delegated, in accordance with the provisions of this Scheme.
- 4.2 The following is a comprehensive list of what is reserved to the IJB:
- 4.2.1 any function, power or remit which is, in terms of statute or other legal or regulatory requirement bound to be undertaken by the IJB itself;
 - 4.2.2 the approval to issue Directions to constituent authorities in terms of Section 26 and 27 of the 2014 Act;
 - 4.2.3 to change the name of the IJB;
 - 4.2.4 to receive any certified abstract of the Board's annual accounts;
 - 4.2.5 the approval or amendment of the financial strategy;
 - 4.2.6 the approval or amendment of the annual budget;
 - 4.2.7 the approval of any investment strategy and annual investment report;
 - 4.2.8 the approval of any stakeholder expenses policy relating to service user, unpaid carer and third sector representatives and determining issues regarding the entitlement of IJB members and others to expenses;
 - 4.2.9 to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct IJB business;

- 4.2.10 the approval annually of the Integrated Revenue Budget;
- 4.2.11 the incurring of any additional net expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is approved by and reported to the IJB;
- 4.2.12 the approval or amendment of the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;
- 4.2.13 approving the appointment of the Chief Officer and Chief Finance Officer subject to compliance with any relevant frameworks or policies of the relevant constituent authority, if appropriate;
- 4.2.14 any approval or amendment of the Strategic Plan including the associated Financial Plan;
- 4.2.15 to set and amend a programme of IJB and committee meetings;
- 4.2.16 any matters reserved to the Board by Standing Orders, Financial Regulations and other strategies or frameworks approved by the IJB; and
- 4.2.17 [Any other matters which it is considered should be reserved to the IJB].

5. Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers

- 5.1 All delegated authorities must be exercised within the IJB's approved budget(s). If the exercise of any power might lead to a budget being exceeded, and the IJB has not previously been notified of the likelihood of that budget being so exceeded, or it is expected the action will lead to a budget being exceeded by more than has been notified to the IJB, the officer must consult with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB before exercising that delegated power.
- 5.2 No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer.
- 5.3 All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and the legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJB's Financial Regulations, Integration

Scheme and its Strategic Plan. For the avoidance of doubt, delegated powers must not be exercised by any officer where the decision or action by that officer in exercising that delegated power would represent:

5.3.1.1 a departure from IJB strategy or policy;

5.3.1.2 a departure from the IJB's Financial Regulations, Integration Scheme of its Strategic Plan, or would be contrary to any standing instruction, decision or direction of the IJB; or

5.3.1.3 a significant development of IJB strategy, policy or approach.

5.4 Officers will report back to the IJB on actions taken under authority delegated to them.

5.5 If an officer is proposing to take any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/ or the service delivery/ performance for the IJB or any of the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities.

6. Sub-delegation & Deputies

6.1 The Chief Officer and the Chief Finance Officer may sub-delegate powers to officers of Constituent Authorities, as appropriate. Any officer of a Constituent Authority afforded delegated power under this Section may only exercise that power in respect of their own Constituent Authority and in accordance with the requirements of their post and employment with that Constituent Authority. Any such sub-delegation must be recorded in writing and copied to the Chief Executive of the Constituent Authority that employs the relevant officer. In doing so, the Chief Officer or the Chief Finance Officer shall retain responsibility for carrying out the delegated power.

6.2 If the Chief Officer is absent or otherwise unable to carry out their responsibilities for a period of 4 weeks or longer, the Integration Scheme provides that formal arrangements require to be made by the IJB. Under any such arrangements, the person appointed there under would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Officer.

6.3 If the Chief Finance Officer is absent or otherwise unable to carry out their responsibilities, any suitably experienced and qualified person formally appointed by the IJB to carry out the role in the Chief Finance Officer's absence would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Finance Officer.

- 6.4 Any officer exercising delegated authority either by sub-delegation under Section 6.1, or under Section 6.2 or 6.3 is required to exercise it in accordance with Section 5 of this Scheme

7. Alteration & Review of Scheme

- 7.1 Subject to the provisions of the 2014 Act the IJB shall be entitled to amend, vary or revoke this Scheme from time to time.
- 7.2 The Chief Officer shall have the power to alter the Scheme only to correct any minor errors or to make any consequential amendments required as a result of a decision of the IJB.
- 7.3 The IJB shall review this Scheme periodically (at least annually) or earlier, if required.

Scheme of Delegation Clackmannanshire & Stirling Integration Joint Board

1. Introduction & Commencement

- 1.1 In the absence of a decision by the Clackmannanshire & Stirling Integration Joint Board (the **IJB** or the **Board**) to the contrary, all of its powers would have to be exercised through meetings of the full Board. That is, all decisions no matter how large or small would need to be taken at meetings of the full IJB.
- 1.2 Recognising that would be unworkable and would detract from the Board's aims and values, the IJB has chosen to exercise the power to delegate. A Scheme of Delegation will help to ensure the effective and efficient management of IJB business between Board meetings by providing the Chief Officer and, as appropriate, the Chief Financial Officer with authority to take decisions and/ or to act on the IJB's behalf.
- 1.3 This Scheme of Delegation (**Scheme**) was approved by the IJB on 23 March 2022.
- 1.4 The Scheme specifies the powers which the IJB has decided to delegate to officers and regulates the exercise of delegated powers.

2. Interpretation

- 2.1 The Interpretation Act 1978 shall apply to the interpretation of this Scheme as it applies to an Act of Parliament.
- 2.2 In this Scheme the following terms have the meanings assigned to them:
 - 2.2.1 "2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;
 - 2.2.2 "Chief Finance Officer" means the chief financial officer of the IJB appointed by the IJB under Section 95 of the Local Government (Scotland) Act 1973;
 - 2.2.3 "Chief Officer" means the Chief Officer of the IJB appointed by the IJB under Section 10 of the 2014 Act;

Appendix 2 – Proposed Scheme of Delegation

2.2.4 “Constituent Authorities” means Clackmannanshire Council, Stirling Council and NHS Forth Valley; and

2.2.5 “Integration Scheme” means the Clackmannanshire & Stirling Integration Scheme agreed by the Constituent Authorities under the 2014 Act and approved by Scottish Ministers.

3. Delegation

3.1 The matters to be reserved to the IJB are mainly the strategic policy, direction, financial and regulatory issues which require to be decided by the IJB. Day to day management and actions on behalf of the IJB will be delegated to the relevant officer(s).

3.2 The IJB has determined that all powers which are not specifically reserved to the Board are delegated to the Chief Officer or, as the case may be, the Chief Finance Officer to the Board.

3.3 The Chief Officer will have delegated responsibility from the IJB for all matters in respect of the oversight, operational management and delivery of integrated functions of the Board as set out in the Integration Scheme. ~~development and implementation of IJB policy unless specifically reserved to the IJB,~~ together with such statutory or other legal duties as may have been specifically assigned to the Chief Officer.

3.4 The Chief Finance Officer will have delegated responsibility from the IJB for the planning, development and delivery of the three year financial strategy together with such statutory or other legal duties as may have been specifically assigned to the Chief Finance Officer including

3.4.1 Establishing financial governance systems for the proper use of the delegated resources;

3.4.2 Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources; and

3.4.3 Ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the plan;

3.5 The Chief Officer or Chief Finance Officer are authorised to take, or make arrangements for, any action required to implement any decision of the IJB or any decision taken in the exercise of a delegated power.

3.6 The Chief Officer or Chief Finance Officer are authorised to execute contracts and other legal documents on behalf of the IJB. The delegated power at this Section 3.6 cannot be sub-delegated by the Chief Officer or Chief Finance Officer.

Appendix 2 – Proposed Scheme of Delegation

- 3.7 The IJB may deal with a delegated matter itself or withdraw or amend the delegation. If the IJB determines that a particular power should be exercised by it, notwithstanding the delegation permitted in this Section 3, no officer may exercise delegated authority in respect of that power.
- 3.8 All exercise of delegated power is subject to Section 5.
- 3.9 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so in accordance with the terms of this Scheme.

4. Powers Expressly Reserved to the Integration Joint Board

- 4.1 Powers which are not reserved to the IJB are delegated, in accordance with the provisions of this Scheme.
- 4.2 The following is a comprehensive list of what is reserved to the IJB:
- 4.2.1 any function, power or remit which is, in terms of statute or other legal or regulatory requirement bound to be undertaken by the IJB itself;
 - 4.2.2 the approval to issue Directions to constituent authorities in terms of Section 26 and 27 of the 2014 Act;
 - 4.2.3 to change the name of the IJB;
 - 4.2.4 to receive any certified abstract of the Board's annual accounts;
 - 4.2.5 the approval or amendment of the financial strategy;
 - 4.2.6 the approval or amendment of the annual budget;
 - 4.2.7 the approval of any investment strategy and annual investment report;
 - 4.2.8 the approval of any stakeholder expenses policy relating to service user, unpaid carer and third sector representatives and determining issues regarding the entitlement of IJB members and others to expenses;
 - 4.2.9 to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct IJB business;
 - 4.2.10 the approval annually of the Integrated Revenue Budget;
 - 4.2.11 the incurring of any additional net expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is approved by and reported to the IJB;
 - 4.2.12 the approval or amendment of the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;

Appendix 2 – Proposed Scheme of Delegation

- 4.2.13 approving the appointment of the Chief Officer and Chief Finance Officer subject to compliance with any relevant frameworks or policies of the relevant constituent authority, if appropriate;
- 4.2.14 any approval or amendment of the Strategic [Commissioning](#) Plan including the associated Financial Plan;
- 4.2.15 to set and amend a programme of IJB and committee meetings;
- 4.2.16 any matters reserved to the Board by Standing Orders, Financial Regulations and other strategies or frameworks approved by the IJB; and
- 4.2.17 [Any other matters which it is considered should be reserved to the IJB].

5. Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers

- 5.1 All delegated authorities must be exercised within the IJB's approved budget(s). If the exercise of any power might lead to a budget being exceeded, and the IJB has not previously been notified of the likelihood of that budget being so exceeded, or it is expected the action will lead to a budget being exceeded by more than has been notified to the IJB, the officer must consult with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB before exercising that delegated power.
- 5.2 No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer.
- 5.3 All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and the legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJB's Financial Regulations, Integration Scheme and its Strategic [Commissioning](#) Plan. For the avoidance of doubt, delegated powers must not be exercised by any officer where the decision or action by that officer in exercising that delegated power would represent:
 - 5.3.1.1 a departure from IJB strategy or policy;
 - 5.3.1.2 a departure from the IJB's Financial Regulations, Integration Scheme of its Strategic Plan, or would be contrary to any standing instruction, decision or direction of the IJB; or
 - 5.3.1.3 a significant development of IJB strategy, policy or approach.
- 5.4 Officers will report back to the IJB on actions taken under authority delegated to them.
- 5.5 If an officer is proposing to take any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/ or the service delivery/ performance for the IJB or any of

Appendix 2 – Proposed Scheme of Delegation

the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities.

6. Sub-delegation & Deputies

- 6.1 The Chief Officer and the Chief Finance Officer may sub-delegate powers to officers of Constituent Authorities, as appropriate. Any officer of a Constituent Authority afforded delegated power under this Section may only exercise that power in respect of their own Constituent Authority and in accordance with the requirements of their post and employment with that Constituent Authority. Any such sub-delegation must be recorded in writing and copied to the Chief Executive of the Constituent Authority that employs the relevant officer. In doing so, the Chief Officer or the Chief Finance Officer shall retain responsibility for carrying out the delegated power.
- 6.2 If the Chief Officer is absent or otherwise unable to carry out their responsibilities for a period of 4 weeks or longer, the Integration Scheme provides that formal arrangements require to be made by the IJB. Under any such arrangements, the person appointed there under would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Officer.
- 6.3 If the Chief Finance Officer is absent or otherwise unable to carry out their responsibilities, any suitably experienced and qualified person formally appointed by the IJB to carry out the role in the Chief Finance Officer's absence would be entitled to exercise delegated responsibility under this Scheme as is afforded to the Chief Finance Officer.
- 6.4 Any officer exercising delegated authority either by sub-delegation under Section 6.1, or under Section 6.2 or 6.3 is required to exercise it in accordance with Section 5 of this Scheme

7. Alteration & Review of Scheme

- 7.1 Subject to the provisions of the 2014 Act the IJB shall be entitled to amend, vary or revoke this Scheme from time to time.
- 7.2 The Chief Officer shall have the power to alter the Scheme only to correct any minor errors or to make any consequential amendments required as a result of a decision of the IJB.
- 7.3 The IJB shall review this Scheme periodically (at least bi-annually) or earlier, if required.

Clackmannanshire & Stirling Integration Joint Board Finance, Audit and Performance Committee

17 September 2025

Agenda Item 13

Relevant National Reports:

Accounts Commission: Delivering for the Future, Responding to Workforce Challenge

For Discussion and Noting

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

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

Purpose of Report:	To bring relevant national reports to the attention of the Finance, Audit and Performance (FAP) Committee for noting.
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Recommendations:	<p>The FAP Committee is asked to:</p> <ol style="list-style-type: none"> 1) Note the report and its direct relevance to the IJB and constituent authorities. 2) Note the key messages and recommendations from the reports.
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1. Background

- The extant terms of reference for the Committee states that any national reports relevant to the context or responsibilities of the IJB will be brought to the attention of the Committee.
- Since the last meeting of the IJB Audit and Risk Committee the following relevant national report has been published.
- Accounts Commission: Delivering for the Future, Responding to the Workforce Challenge.

Whilst the report is aimed primarily at councils it is relevant to the IJB as a significant element of the workforce supporting delegated integration functions is employed by Clackmannanshire and Stirling Councils and also many of the wider observations are applicable to the wider public sector workforce and indeed the workforce of social care providers.

2. Key Messages and Recommendations - Accounts Commission: Delivering for the Future, Responding to the Workforce Challenge

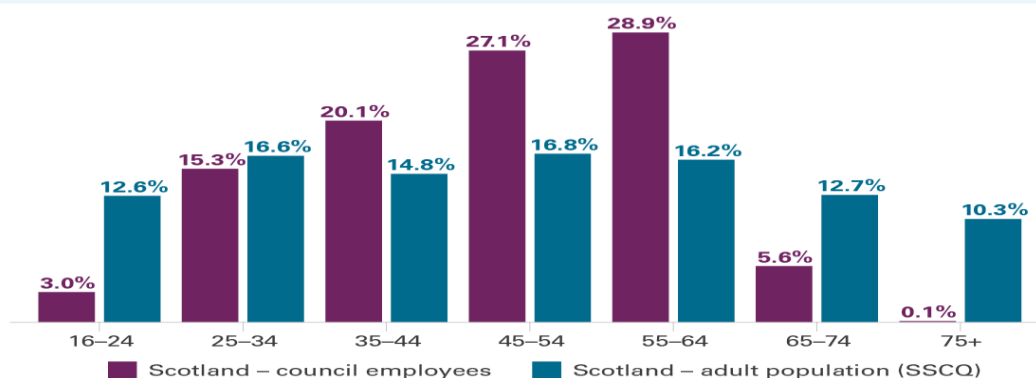
- Key messages from Accounts Commission: Delivering for the Future, Responding to the Workforce Challenge
- Councils are facing clear and continuing financial pressures and are having to make savings as they redesign and transform how they deliver services, including examining the need to make workforce reductions.

- Auditors report that councils have responded positively to these challenges, but that further progress with workforce planning is still needed in light of continuing financial and demand pressures.
- Staff remain the most important resource councils have to deliver services and meet the needs of their citizens.

The report incorporates commentary of increasing demands, the challenges of doing more with less, recruitment and retention challenges and rising absence levels which drives reliance on temporary workforce solutions including agency staff. All these issues are relevant to the HSCP and are and continue to be considered within our workforce, service and delivery plans. The workforce planning maturity index may be an approach work reviewing our workforce plans against.

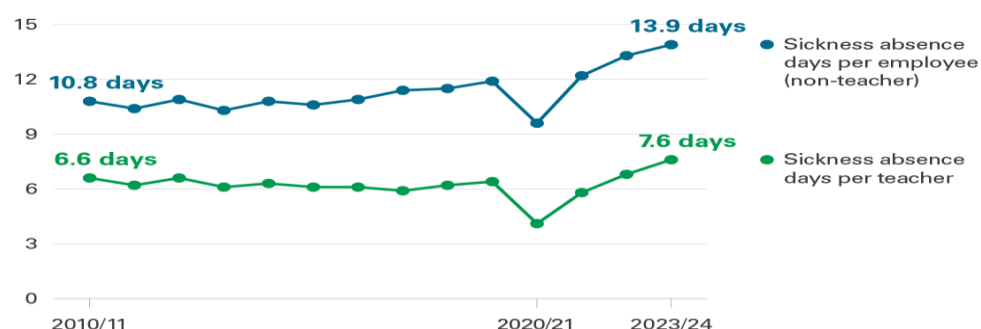
Key visual exhibits from the paper are provided below.

Exhibit 1.
Council employees and adult population 2024
Over a third of the workforce now over the age of 55.



Source: Scotland's Local Government Workforce Report 2024, produced by Society of Local Authority Chief Executives (Solace), the Society of Personnel and Development Scotland (SPDS) and the Improvement service (IS)

Exhibit 2.
Average sickness days lost per employee



Source: Local Government Benchmarking Framework

Exhibit 3. Workforce planning maturity matrix

Basic	Developing	Mature
<ul style="list-style-type: none"> • Short-term operational focus • Limited workforce data and analytics • Workforce plan not linked to priorities and delivery of strategic plans 	<ul style="list-style-type: none"> • Medium-term focus • Aligned to delivering priorities • Workforce and recruitment plans • Some workforce analysis • Annual review 	<ul style="list-style-type: none"> • Long-term focus on strategic priorities • Workforce and market analysis • Recruitment, development, retention and succession included in workforce planning • Workforce plans reflect new ways of working and scenario planning of future models for service delivery and demands • Real time monitoring including of performance levels and staff wellbeing

Source: Audit Scotland

2.2. The report sets out the commissions view that:

- Staff remain the most important resource that councils have to deliver services and meet the needs of their citizens. But the challenges of recruiting and supporting staff are increasing as the workforce ages, needs change, and structural issues with labour markets emerge. Financial pressures are also an important factor. As councils adopt new technology and ways of working, and look to generate efficiencies, the shape and size of the future workforce needs to be actively considered.
- Councils have workforce strategies and plans in place, but there remains scope for better alignment of these plans to wider corporate strategies, more joined up approaches to corporate and service-level arrangements, and for improved progress reporting in some cases.
- Councils are now taking a range of actions to improve the effectiveness and mobility of their workforces, and continued investment in leadership and staff development will be necessary. But this investment must be joined up across the whole organisation. Councils must now, as a priority, ensure that workforce planning moves past the 'developing' stage and begin exhibiting the characteristics of mature organisations in order to achieve Best Value

3. Conclusions

- 3.1. The key messages and recommendations from the relevant reports appended should be considered in future planning and delivery of the delegated integration functions under the auspices of the IJB.
- 3.2. The report specifically comments on issues such as increasing demands, absence levels rising, the workforce ageing, financial pressures and recruitment and retention challenges.
- 3.3. All of the above are relevant to the IJB and the delivery vehicle of the Health and Social Care Partnership including the services of social care providers commissioned through the constituent authorities.

- 3.4. Financial pressures mean there is a need for the size of the public sector workforce to reduce aligned to the assumptions within the Scottish Governments Medium Term Financial Strategy.
- 3.5. It is reasonable that the key messages of the report are taken into account as part of the next iteration of workforce planning review locally.

4. Appendices

None – hyperlinks are provided to the respective reports.

[Delivering for the future: Responding to the workforce challenge](#)