

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **24 September 2025, 2 – 5 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. Welcome and Apologies
2. Notification of Substitutes
3. Declaration(s) of Interest
4. Draft Minute of the Integration Joint Board meeting held on 13 August 2025
5. Action Log
6. Chief Officer Update Joanna Macdonald
15 mins

For Decision with Direction

7. Review of Housing Adaptations Wendy Forrest
20 mins
8. Financial Report Ewan Murray
20 mins

For Decision without Direction

9. Annual Performance Report 2024/25 Wendy Forrest
20 mins
10. Reviewing the Strategic Commissioning Plan Wendy Forrest
15 mins
11. Monitoring the 2025/26 to 2026/27 Delivery Plan Wendy Forrest
15 mins
12. Long Term Care and Ordinary Residence Policies Wendy Forrest
10 mins

13. Commissioning Change to the Model of Bed Based
Respite in Clackmannanshire and Stirling

Judy Stein
10 mins

Break for 10 minutes

14. Climate Change Report 2024/25

Lesley Fulford
10 mins

For Consideration and Noting

15. Minutes

- a. Finance Audit and Performance Committee - 25.06.2025
- b. Special Finance Audit and Performance Committee - 20.08.2025
- c. Joint Staff Forum – 22.05.2025

Date of next meeting

26 November 2025

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
13 August 2025

For Approval

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

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 13 August 2025 2 pm – 5 pm, in Stirling Council Chambers, Old Viewforth, Stirling and hybrid via MS Teams

PRESENT

Voting Members

Councillor David Wilson (**Chair**), Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Susan McGill, Stirling Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martha Benny, Clackmannanshire Council
Allan Rennie (**Vice Chair**), Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley
Gordon Johnston, Non-Executive Board Members, NHS Forth Valley

Non-Voting Members

Joanna Macdonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Natalie Masterson, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Kevin McIntyre, Union Representative, Clackmannanshire
Abigail Robertson, Union Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Lorraine Robertson, Chief Nurse HSCP

Standards Officer

Lesley Fulford, Senior Planning Manager

In Attendance

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

1. APOLOGIES FOR ABSENCE

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

Apologies for absence were noted on behalf of:

Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley
Robert Clark, Employee Director, NHS Forth Valley
Mike Evans, Localities Representative
Councillor Rosemary Fraser, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

Councillor Susan McGill for Councillor Rosemary Fraser

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 18 JUNE 2025

The draft minute of the meeting held on 18 June 2025 was approved.

5. ACTION LOG

The action log was approved.

6. CHIEF OFFICER UPDATE

Ms Macdonald delivered a verbal update to the Integration Joint Board (IJB).

Ms Macdonald confirmed that Mr Murray will step down as Chief Finance Officer on 17 October 2025. Recruitment for this post and the Head of Community Health and Care role will begin shortly. Mr Murray has engaged with Chief Finance Officers/Director of Finance from constituent authorities regarding his departure. To support continuity, they have agreed to assist Ms Macdonald during the transition period, recognising the strategic importance of the role amid ongoing financial pressures.

Emma Cavanagh, Ailsa Halliday, and Katy Allen have been appointed as Project Managers. Rachel Sinclair has taken up the Interim Locality Manager role for Stirling and Liam Gallagher has been appointed as Locality Manager for Clackmannanshire.

Ms Macdonald updated the Board on recent care home visits in Clackmannanshire and Stirling, noting their value in informing future planning. Board members were invited to participate in future visits.

The Cabinet Secretary has appointed Alison Jaap, Professor Clare Mackenzie,

and Finlay Scott as Non-Executive Directors of Forth Valley NHS Board. Ms Macdonald provided a brief overview of their backgrounds.

Ms Macdonald highlighted several recent publications:

- The Health and Social Care Service Renewal Framework (Scottish Government, 17 June 2025), outlining five principles for renewal: Prevention, People, Community, Population, and Digital.
- The Mental Health Nursing Review, co-developed with stakeholders, aims to strengthen mental health nursing in Scotland. Lorraine Robertson, HSCP Chief Nurse, contributed via the Leadership Advisory Group.
- A Common Understanding 2025 sets a framework for collaboration between NHS Scotland and the pharmaceutical industry, promoting transparency and outcome-focused partnerships.

Ms Macdonald updated the Board on the dispute resolution process. A follow-up meeting with the three Chief Executives took place on 12 August 2025, where it was agreed to form a short-life working group with legal representatives from Clackmannanshire Council, Stirling Council, and NHS Forth Valley. An update will be provided to the IJB on 24 September 2025.

Ms Macdonald also reported progress on the review of the integration scheme, noting that over 90% of the content is now agreed. She will continue to keep the IJB informed through regular communications.

7. FORTH VALLEY MENTAL HEALTH AND WELLBEING STRATEGIC PLAN

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

At the IJB meeting on 19 June 2024, a paper was presented outlining the need for a new strategic plan for Mental Health & Wellbeing, addressing current and emerging needs of Forth Valley residents and unpaid carers.

Ms Borthwick advised that feedback from the Professional Advisory Group has been incorporated in the plan. Also, the section on Children and Young People was revised following input from Chief Social Work Officers, with a clearer alignment to existing Children's Services Plans.

An amendment to the EQIA will acknowledge that mental health can affect men and women differently, ensuring a more inclusive and gender-sensitive approach. Further revisions will also strengthen the focus on trauma-informed approaches.

The Board noted that the Strategic Plan aims to guide prioritisation and resource reallocation, recognising the challenge of delivering improvements without additional funding. A value-based health and care approach, including ethical commissioning, will be embedded through key actions in the implementation plan.

Stakeholder feedback emphasised the need for a Forth Valley-wide scope, inclusive of children and young people, and extending beyond services directly delegated to the IJB. Delivery will require collaboration across partners, with a focus beyond the 'provide' pillar to effectively meet population needs.

Councillor Rennie raised concerns regarding the absence of gap analysis, limited detail on community consultation responses, and lack of clarity around adult autism assessments and psychological therapies. She noted that several areas fall outside the IJB's remit, raising questions about delivery mechanisms. While initially unable to support the paper, she acknowledged reassurances from Ms Macdonald and Dr Borthwick and appreciated the engagement, though felt there were missed opportunities, particularly around funding and goal setting. She confirmed her support for the plan, subject to further detail being provided during implementation.

Dr Borthwick confirmed that consultation feedback shaped the Strategic Plan and offered to provide a summary of themes and consultees. Autism assessments continue for adults meeting criteria for secondary care mental health services; assessments for those with less complex needs have been paused pending engagement, as committed by the NHS Forth Valley Chief Executive.

Implementation planning was highlighted as critical, with a need to balance aspirational and specific actions across the three pillars. Some actions are in place, others in development, and some require new approaches. The ten-year scope reflects the complexity and long-term nature of the work. It was acknowledged that online services alone are insufficient, and a suite of support options must be available. The need to strengthen references to stigma and discrimination was agreed.

Mr Fairbairn raised concerns about the current imbalance in resources and requested a high-level assessment of how the plan will impact service pressures. He also sought assurance on policy development and Health and Social Care Partnership (HSCP) management capacity to deliver the plan.

Dr Borthwick explained that the prevent, promote, provide structure aims to reduce demand on direct service provision. While quantifying this impact is challenging, resource planning will form part of the implementation phase. She acknowledged strong support during the plan's development and confirmed that implementation will be supported by new project manager capacity and contributions from partner organisations. Ross Cheape will assume greater operational responsibilities, enabling Dr Borthwick to focus on strategic leadership.

Councillor Earl emphasised the importance of financial clarity, noting that understanding resource allocation is essential to shaping the strategy. Dr Borthwick acknowledged the complexity and confirmed that further work is ongoing to develop evidence-based financial assumptions, with inclusive stakeholder engagement being key.

The Integration Joint Board:

- 1) Approved the Mental Health and Wellbeing Strategic Plan (Appendix 1) subject to further detail being provided during implementation.**
- 2) Approved the Equality Impact Assessment (Appendix 2) subject to acknowledging that mental health can affect men and women differently, ensuring a more inclusive and gender-sensitive approach.**
- 3) Issued the Directions appended at Appendix 3.**

8. MONITORING THE 2025/26 TO 2026/27 DELIVERY PLAN

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

Mr Murray provided an update on the Project Manager posts, highlighting that this additional capacity is essential for progressing the delivery plan, supporting the revised Senior Leadership Team structure, and informing future reporting to both the Finance, Audit and Performance (FAP) Committee and the IJB. A review of the effectiveness of these appointments is planned within six months, with the option to bring this forward if necessary.

Councillor Earl queried the reduction in posts from four to three and the potential implications for delivery. In response, Ms Macdonald clarified that the fourth post will be a temporary Social Work Lead, reporting to the Chief Social Workers. This role will focus on commissioning and adult social care processes, aiming to enhance performance. It will be reviewed alongside the three Project Manager roles, with progress updates to be provided to the IJB.

Ms Forrest further confirmed that the Project Managers have been appointed on a secondment basis, with agreement from their line managers to ensure appropriate arrangements are in place to cover workloads during the secondment period.

The Integration Joint Board:

- 1) Considered and discussed the content of the paper.**
- 2) Noted and drew assurance from arrangements being put in place.**
- 3) Noted that the effectiveness of arrangements will be reviewed within 6 months.**

9. FINANCIAL REPORT

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

The report confirms the final outturn for the 2024/25 financial year, subject to statutory audit, with no material change from the draft position presented to the IJB on 18 June 2025.

Mr Murray noted that the report also includes initial projections for 2025/26 based on quarter one financial performance on a broadly linear basis. He welcomed the reinstatement of integrated financial reporting but emphasised the seriousness of the financial outlook. While elements of the current year delivery plan which are backloaded over the remainder of the year will improve the projections, it is unlikely, even under the most optimistic scenario, that these alone will achieve financial balance. This necessitates urgent consideration of further in-year financial recovery options, despite the challenges outlined in the report.

This has informed the recommendation for a private session next week, following the special FAP Committee meeting, open to all IJB members, to discuss and explore potential additional options.

Mr Murray also flagged ongoing concerns around primary care prescribing. Although current projections are lower than in recent years, prescribing costs and volumes remain volatile and could materially affect future forecasts.

Future reports will include savings trackers aligned to the revenue budget direction. Members are asked to note that the £1.327m additional payment in 24/25 from Clackmannanshire Council which the Council is seeking to be repayable in 2026/27 and therefore does not affect current year projections.

Ms McGuire queried why the HSCP is expected to cover redundancy costs associated with the closure of Menstrie House, rather than Clackmannanshire Council. Mr Murray explained that staffing was identified as a key variable during the decision-making process, and the estimated cost of voluntary redundancies, over £500,000, has a significant financial impact. He suggested that the Board may wish to consider instructing further discussions between himself, Ms Macdonald, and Clackmannanshire Council to explore potential areas of flexibility.

Following discussion, the Board agreed that HSCP should not set a precedent by covering such costs, which could create future financial risks. Ms Macdonald confirmed it was not anticipated that HSCP would be accountable for the redundancy costs. The Board agreed to formally instruct Ms Macdonald and Mr Murray to meet with the Chief Executives of Clackmannanshire and Stirling Councils, with a formal response to be brought back to the IJB on 24 September 2025.

The Board also requested an analysis of expected cost reductions from current strategies for 2025/26, including progress on existing plans, potential non-essential expenditure cuts, and identification of services that could be eliminated without affecting statutory provision.

Councillor Rennie raised concerns about assumptions behind Learning Disability residential and non-residential costs, noting a significant overspend in non-residential services. Mr Murray confirmed the Delivery Plan aims to mitigate this and outlined the role of the Senior Resource Allocation Group in reviewing high-tariff care packages. He acknowledged the challenge of sourcing local alternatives for individuals with complex needs and stressed the need for collaboration with housing partners to develop such future provisions. A deeper understanding of the complexity of needs is essential for future planning

The Integration Joint Board:

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

10. QUARTER ONE PERFORMANCE REPORT (APRIL TO JUNE 2025)

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

The report presented performance data for the period April to June 2025, aligned to delivery of the Strategic Commissioning Plan.

Ms Forrest noted the request to enhance the management summary by including clearer reflections on areas of strength and those requiring improvement. Board members were advised that if specific performance information is required in future reports, they should direct their requests to her.

There has been positive feedback regarding Multi-Disciplinary Team (MDT) working, particularly in relation to programme changes impacting the delivery of the social work front door and demand management. Ms Macdonald provided an update on daily MDT activity, confirming that 350 individuals have engaged with the process to date. This represents a transformational shift in

service access, ensuring timely and appropriate support. Further analysis will be presented at a future IJB meeting. The approach reflects a whole-system model. Ms Macdonald also noted that Falkirk IJB is leading a test of change, and discussions are underway with Falkirk HSCP to explore alignment across both areas to ensure consistent care delivery for the population.

Mr Fairbairn emphasised the importance of using the Performance Report as a tool to assess progress against strategic objectives. He noted that the data should inform whether current actions are effective and suggested that future executive summaries clearly reflect this analysis. He also proposed that the report be developed to show how each constituent authority is delivering on their commissioned responsibilities.

Ms Forrest confirmed that the upcoming review of the Strategic Commissioning Plan will align the next three years' priorities with financial planning, performance indicators, and the delivery cycle. This will ensure visibility across the refreshed Strategic Commissioning Plan, the Delivery Plan, and the financial and performance framework. Ms Macdonald noted that this work is linked to ongoing discussions related to the dispute and the Integration Scheme. One area under review is the Strategic Commissioning Plan, with all three partner organisations involved in shaping its direction.

Councillor Earl raised concerns about the inability to support self-employed Personal Assistants (PAs) through allocated budgets due to issues around employment status and tax liability. He noted that this is limiting access to a valuable resource and confirmed Perth & Kinross HSCP had found a solution. He requested that direct contact be made with Perth & Kinross HSCP to understand their approach and explore whether a process can be implemented across Clackmannanshire and Stirling HSCP. Ms Forrest agreed to follow up and report back to Councillor Earl.

The Integration Joint Board:

- 1) Reviewed the Quarter one (April to June 2025) Performance Report.**
- 2) Noted the areas where actions have been taken to address the issues identified where performance needs to be improved.**
- 3) Approved Quarter one (April to June 2025) Executive Summary (Appendix 1) & Report (Appendix 2).**

11. ADP ANNUAL REPORT

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

Ms Forrest advised that the Alcohol and Drug Partnership (ADP) Annual Report for 2024/25 requires formal sign-off, as mandated by the Scottish Government. The report reflects collaborative work across Clackmannanshire and Stirling, focused on substance use, and has been developed with input from all ADP stakeholders and partners.

She highlighted the impact of ADP investment in social work and social care, within locality teams, enabling improved support and better outcomes for individuals at home. A further report will be presented in November, providing oversight on delivery against the Medically Assisted Treatment (MAT) standards, also requested by the Scottish Government.

Mr Jones responded to survey questions, confirming ongoing work to understand local naloxone supply routes, aligned with internal service reviews. He also noted that historically, ADP-specific funding for children and family services has been limited. However, following the national drugs mission, significant reinvestment funding has been earmarked, with new arrangements expected to be in place by April 2026.

The Integration Joint Board:

- 1) Noted the contents of the ADP Annual Report 2024-25.**
- 2) Approved its submission to Scottish Government.**
- 3) Will continue to seek updates on the ADP's collective work to reduce substance use harm across communities.**

12. STRATEGIC RISK REGISTER

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

The Strategic Risk Register (SRR) presented was unchanged from the version submitted to the IJB on 18 June 2025, with a light-touch review undertaken. While no substantial changes were made, revisions to risk scores and their rationale demonstrate that the SRR remains under active review.

Mr Murray confirmed a new risk has been added relating to the transformation of sustainable service delivery, which has been scored at 20 (high). Mr Fairbairn noted that this risk is closely linked to the financial challenges discussed earlier and recommended it be the central focus of the next IJB development session.

Councillor Earl requested a detailed discussion, at a future FAP Committee, on Risk HSC006, Information Management and Governance and Risk HSC009, Primary Care Sustainability, both of which have been regraded from high to medium. Mr Murray agreed that deeper analysis of individual risks would be beneficial.

Following discussion Ms Forrest confirmed she is working with procurement and commissioning colleagues to ensure appropriate arrangements are in place to support the wider commissioning of care and support.

The Integration Joint Board:

- 1) Considered, discussed and commented on the Strategic Risk Register.**
- 2) Noted the addition of a specific transformation risk, the risks that have been rescored and the reasons for this.**
- 3) Approved the Strategic Risk Register.**

13. REVIEW OF MEETINGS

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

Ms Fulford advised that, as IJB meetings continue to operate on a hybrid basis, there is a need to review current arrangements and consider alternative structures. She outlined how partner organisations, Falkirk IJB, Stirling Council, Clackmannanshire Council, and NHS Forth Valley, conduct and record meetings.

The option for consideration was to release the recording and publish it on the HSCP website.

Currently, C&S IJB recordings are used solely for minute-taking and deleted after 90 days. Adopting an alternative approach would align the IJB with partner bodies.

Mr Fairbairn expressed concern about permanently publicising meeting recordings, noting that the IJB is not a local authority and that the approved minute should remain the official record. He recommended that recordings not be retained in the public domain beyond three months.

Mr Rennie supported increased transparency but requested further information on technical implications, given the IJB's limited IT resources and varied meeting venues.

The Board agreed that further work is required to assess the pros and cons of recording, archiving, and public access to meetings.

Ms Fulford also raised the issue of deputations, noting recent submissions have prompted a review of governance and legislative compliance. She outlined options for managing deputations in practice. In response to Councillor Earl's query on how the Board is notified, Ms Fulford confirmed that deputations must be submitted in writing to the Chair prior to the meeting, who will determine whether to accept and allocate time for presentation.

The Integration Joint Board:

- 1) Noted the contents of the paper.**

- 2) **Approved that more information is presented to the Board on the approach to amending the way meetings are supported and documented.**
- 3) **Approved the recommendation to allow the IJB through the Chief Officer or Chief Finance Officer to respond to deputations on behalf of the IJB to ensure transparency and accountability of its decisions and strategic direction with all partner bodies.**

14. IJB MEMBERSHIP

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

In response to the request for non-voting members on the Finance, Audit and Performance Committee, Anthea Coulter has volunteered to serve as a non-voting member.

Following the resignation of the two unpaid carer representatives, the Carers Centres were asked to nominate new representatives to the IJB. Nominations have now been received:

- Andy Witty – Clackmannanshire representative
- Moira Carmichael – Stirling representative
- Joan Dyer – Stirling substitute representative

The Integration Joint Board:

- 1) **Noted the contents of the paper.**
- 2) **Approved nominations set out in section 2 of this report.**

17. MINUTES

- a. Finance, Audit and Performance Committee 19.02.2025

18. ANY OTHER COMPETENT BUSINESS (AOCB)

None

19. DATE OF NEXT MEETING

24 September 2025

Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
6. Chief Officer Update	Update on the dispute resolution process	Joanna Macdonald	24 September 2025	In progress	Ongoing
7. Forth Valley Mental Health and Wellbeing Strategic Plan	Recommendation to be updated to reflect that the strategic plan is being approved subject to further detail being provided during the implementation phase.	Jen Borthwick	2025/26	In progress	Ongoing
	EQIA will be amended to acknowledge that mental health can affect men and women differently, ensuring a more inclusive and gender-sensitive approach.	Jen Borthwick	ASAP	In Progress	Ongoing
8. Monitoring the 2025/26 to 2026/27 Delivery Plan	Review of Project Manager roles	Wendy Forrest	February 2026	PMOs aligned to each area in Delivery Plan	Ongoing



9. Financial Report	Provide details of the outcome of discussions with Clackmannanshire and Stirling Council clarifying redundancy cost position for Menstrie House staff.	Ewan Murray	24 September 2025	In Progress	Ongoing
	Provide an analysis of expected cost reduction from current strategies for 2025/26.	Ewan Murray	24 September 2025	In Progress	Ongoing
10. Quarter one Performance Report (April – June 2025)	Contact Perth & Kinross HSCP for guidance on support for self-employed Personal Assistants	Wendy Forrest	ASAP	Actioned and completed - issues being resolved	Completed
12. Strategic Risk Register	A detailed discussion to be scheduled at a future FAP Committee on the rationale for the regrading of risks HSC006 and HSC009.	Ewan Murray	03 December 2025	In Progress	Ongoing



13. Review of Meetings	Further work is required to assess the pros and cons of recording, archiving, and public access to meetings.	Lesley Fulford	September 2025	In Progress	Ongoing
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Clackmannanshire & Stirling Integration Joint Board

24 September 2025

Agenda Item 7

Review of Housing Adaptations

For Approval

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

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

Purpose of Report:	The purpose of this report is to present to the Integration Joint Board the findings of the review of the Housing Adaptations service provision across the Health and Social Care Partnership.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the findings of the review and the key recommendations as set out in Appendix 1. 2) Agree the actions to be taken forward in the Adaptations Delivery Plan 2025/26 as set out in Appendix 2. 3) Agree and issue the Direction as set out in Appendix 3 of this report.
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Key issues and risks:	There is a need to continue progress with the work set out in this paper to ensure compliance with current guidance, and a need to meet the IJB's responsibilities linked to the delegated functions in the provision of housing adaptations.
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Clackmannanshire & Stirling HSCP Professional Advisory Group view, which will provide professional advice and expertise on key aspects within this report.	<p>The group agreed that the paper was a comprehensive and well-structured report that will contribute to strengthening service delivery for individuals requiring support.</p> <p>Following discussion, the group made the following recommendations:</p> <ul style="list-style-type: none"> • Include falls data to illustrate the financial impact of hospital admissions. • Ensure effective recycling and re-use of equipment to support cost reduction. • Provide further detail on the challenges associated with recruiting Occupational Therapists. • Add a recommendation highlighting the need for additional Occupational Therapy resources, recognising their critical role within delegated functions.
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	<ul style="list-style-type: none"> • Explore strategies to reduce the volume of Occupational Therapy assessment requests. • Consider the involvement of other key professionals with relevant skill sets to support service delivery. • Improve communication to raise awareness of the AskSara project, particularly for individuals who face barriers to accessing online services. The project should also be made more visible on the Clackmannanshire and Stirling Health and Social Care Partnership website.
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1. Background

- 1.1. The timely provision of aids and adaptations can support individuals of all ages, with short and long-term needs to enable independent living. If delivered well, the provision of aids and equipment can be a cost-effective model of intervention, reducing emergency hospital admissions, admissions to care homes and/or reduce the need for care at home services.
- 1.2. The demand for an aids and adaptations service is likely to increase primarily due to the aging population and increasing co-morbidity within our older people's population.
- 1.3. Between 2018 and 2043, the number of people 75 years and over is expected to increase by 88% in Clackmannanshire and 77% in Stirling which are both higher than the national rate of 74% (NRS Population Estimates 2018). According to the Scottish Household Survey 2022, 18% of households surveyed said that their home required an adaptation in Clackmannanshire and 13% in Stirling. This is higher than the national average of 12% and reflects the aging population as well as type of housing.
- 1.4. Adaptations are an integral part of the options offered as part of a housing, health and social work assessment provision, where possible supporting and enabling people to remain at home. Where effective and timely supports are not in place the outcome can result in the breakdown in a person's care; with greater risks for individuals during periods of transitions between services, for example due to changes in health conditions or when moving from hospital to home. Having in place effective policy, systems, processes and resources are crucial to ensuring the seamless and timely provision of aids and adaptations.
- 1.5. The purpose of the Review was to consider the current integration arrangements for housing adaptations against statutory requirements, guidance and research; to identify gaps in service provision; and the areas requiring improvement.
- 1.6. The Review included all housing tenures across the HSCP area and considered the local delivery arrangements in place for adults to support independent living.

- 1.7. A full copy of the report and delivery plan can be found at Appendix 1.

2. Housing Delegated Functions and Statutory Guidance

- 2.1. The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for Clackmannanshire and Stirling Integration Joint Board.
- 2.2. Regulations require Clackmannanshire Council and Stirling Council to delegate some of their housing statutory functions to the IJB. The provision of housing adaptations for adults under the Housing (Scotland) Act 2001 and 2006 along with provision funded through the local authority Housing Revenue Account (HRA) must be delegated by each local authority to the IJB.

[Housing Services and Integrated Health and Social Care: Housing Advice Note September 2015](#)

- 2.3. This means that the IJB will take on responsibility in relation to the planning and the delivery of adaptations provided to council tenants and those living in the private sector (owner-occupiers and private sector tenants).
- 2.4. In practical terms the following changed when the new integrated authorities came into operation:
- The duty to assess for an adaptation will be delegated to the IJB. This is the work undertaken, in most cases, by Occupational Therapists.
 - The planning for and resources to undertake adaptations, both under the scheme of assistance and the Housing Revenue Account (HRA) will be delegated to Integration Authority.
 - The resource to fund these adaptations, including for local authority tenants, will pass to the Integration Authority.
 - Adaptations for Housing Association tenants continues to be directly support by the Scottish Government.
 - The Public Bodies Act and associated Regulations set out where responsibilities lie, they do not prescribe the delivery arrangements which are to be agree locally.
- 2.5. The requirement for Local Authority Housing Revenue Accounts (HRA) to only fund housing adaptations for council tenants continues. However, local authorities are required under the integration arrangements to identify and delegate the annual budget from the HRA to the IJB equal to the amount of money required to pay for adaptations for council tenants.
- 2.6. The purpose of delegating housing adaptations functions is to bring together the strategic planning process with a more joined up focus on improving planning and delivery of adaptations across all tenures. Along with enabling people to live independently, timely delivery of adaptations can also be effective in preventing hospital admissions, alleviating delayed discharge and contribute towards takingly health inequalities.

- 2.7. In 2023, the Scottish Government produced updated Statutory Guidance which covers the responsibilities of NHS Scotland, Local Authorities, Integration Joint Boards and their housing partners.
- 2.8. The aim of the guidance is to remove system barriers & promote pathways which are consistent and equitable placing services users and unpaid carer at the centre of provision.
- 2.9. In relation to housing adaptations, key actions to be considered are:
 - Early intervention with full exploration of rehousing opportunities.
 - Better planning for the delivery of barrier-free housing and an inclusive design/living approach.
 - Robust governance arrangements, which provides a clear strategic direction and supports priority setting.
 - Joint finance arrangements which help streamline service improvements.
 - Equity in the system, applying a 'tenure neutral' approach where possible.
 - Removing the need for OTs to provide an assessment for standard adaptations in properties and encouraging 'direct access' arrangements.
 - Maximising procurement and recycling benefits to help deliver efficiencies

[Scottish Government Equipment and Adaptations: Guidance on Provision 2023](#)

- 2.10. Despite the scope of the delegated duties outlined above, the 2023 Scottish Government Report (link above) suggests that little has changed across Scotland in terms of widespread strategic planning, or improvements in the delivery of services for aids and adaptations although, there are some best practice examples where tenure neutral approaches are being considered.

3. Definition of Aids and Adaptations

- 3.1. To clearly distinguish between other housing functions which have not been delegated, the 2015 Housing Advice Note provides a definition for adaptations to mean:

“Any alteration or addition to the structure, access, layout or fixtures and any equipment of fittings installed or provided for use in accommodation, for the purpose of allowing a person to occupy, or continue to occupy, the accommodation as their sole or main residence”.

- 3.2. More recent statutory guidance issued by the Scottish Government in 2023 defines aids and adaptations as follows:

Aids: a piece of equipment which is portable and not permanently fixed in a home. It can be any item acquired commercially or off the shelf, which can be modified or customised to increase the functional capabilities of individuals.

Adaptations: the provision of fixed equipment and/or modification to a home. The purpose is to enable independent living, privacy, confidence and dignity for individuals. There are two sub-categories frequently used for adaptations.

- Minor adaptations or alterations: any requests or recommended work which requires the fitting of a relatively straight forward aid such as grab rails, lever taps, stair rails, additional bannisters etc.
 - Major adaptations: any work which exceeds a specific monetary value e.g. £1,000 and includes items such as level access showers, wet rooms, stair lifts, over bath showers, door access ramps, exemptions.
- 3.3. For the purpose of this Review, the above definition of adaptations will be used, aids provided by health and social care services are not included within this Review. Further work will be undertaken by the HSCP on the provision of aids and equipment which will align with the relevant recommendations within this Review.

4. Scope and Methodology

- 4.1. In September 2024, the HSCP Specialist Housing Forum requested a Review of Housing Adaptations Services to be undertaken. The HSCP Specialist Housing Forum is chaired by senior leadership in HSCP and has representation from Clackmannanshire Council and Stirling Council Housing Management.
- 4.2. The Review remit included the provision of major and minor adaptations for adults delegated to the IJB as defined in Section 3 above.
- 4.3. The agreed scope of the Review was:
- Provide an overview of the legislative, strategic, policy and best practice context for housing adaptations.
 - Map out and review the current strategic planning, governance and funding arrangements in place for housing adaptations.
 - Review the current housing adaptation's local delivery arrangements, demand for services, access and assessment pathways across all tenures.
 - Review the current information available to services users and access to advice, including housing options where a move may be more beneficial
 - Through service user engagement, understand the extent in which service provision puts service users, and unpaid carers, at the centre of provision.
 - Analyse the findings from the review and provide recommendations to inform a delivery plan to achieve the best possible outcomes for people
- 4.4. The Review involved desk top analysis of current legislation, national policy and research along with a review of the local strategic planning, governance and finance arrangements.
- 4.5. To understand current provision and local delivery arrangements, information was gathered and analysed with 11 partner organisations including Stirling Council, Clackmannanshire Council, 8 housing associations and HSCP OT Assessment Teams. Engagement sessions were also held with stakeholder/ partners to gain insight into current issues and challenges in the delivery of adaptations.

- 4.6. Between May and September 2025, engagement was undertaken with service users and unpaid carer groups to gain invaluable insight into services user's experience of adaptations service delivery to not only validate the review findings but also identify any further areas of improvement.
- 4.7. Regular updates on progress were provided to the Specialist Housing Forum with short life working groups established to agree the recommendations and finalise the delivery plan.

5. Current Provision

- 5.1. According to the data provided by partner organisations, in 2023/24 there were just over 950 adaptations provided across all tenures in the HSCP at a total cost of just under £2.5million. The greatest provision is in local authority social housing representing 54% of provision and 44% of costs.
- 5.2. Analysis of adaptations provision over the three-year period, 2021/22 and 2023/24 shows that the number of adaptations across all tenures have increased.
- 5.3. Due to Covid 19 there were limitations in the delivery of adaptations in people's homes in 2021/22 with backlogs being addressed in 2022/23 and 2023/24. The average number of adaptations provided between 2021/22 and 2023/24 were 338 local authorities adaptations, 102 private sector and 270 Stage 3 adaptations
- 5.4. Analysis of just over 900 adaptations provided in 2023/24 shows that the majority of adaptations (60%) are minor adaptations while 40% are major adaptations. The most popular minor adaptations are internal grab rails (38%), followed by external handrails (22%), internal bannisters (15%) and external grab rails (7%). The greatest proportion of major adaptations are wet floor/level access showers at 68% rising to 75% where this has included a mixture of works. Other major adaptations included stairlift and ramps (4%) and Closomats (4%)
- 5.5. As at January 2025, there are 155 people waiting for an adaptation to be undertaken. The majority of these (77%) are for wet floor/level access showers and handrails/bannisters (15%). The reasons included for waiting lists are, reduction in Scottish Government resource allocations for housing association Stage 3 grants, high demand through self-referral processes in place for wet floor showers with two organisations, a resource issue with Clackmannanshire Private Sector Grants provision. There is also a backlog of people requesting OT assessments from referrals to adult social work assessment teams which has been difficult to quantify due to system issues.

6. Key Findings and Recommendations

- 6.1. Analysis of provision against regulatory and statutory requirements as well as best practice research has enabled the identification of key findings to inform the recommendations going forward.
- 6.2. The key findings and recommendations of the review are detailed in the full report at Appendix 1 of this paper.
- 6.3. Key findings are summarised below:
 - There is an opportunity to align joint strategic plans through the development of a new Housing Contribution Statement, to identify the key priorities for adaptations services which focus on prevention and early intervention across housing, health and social care as well as longer term housing solutions to reduce the need for adaptations in the future.
 - The review of current governance and financial arrangements, suggests that further work is required by partners to ensure that the correct resource allocations are delegated to the IJB each year and integration governance arrangements are put in place to monitor budgets and performance to effectively plan and direct service provision.
 - A review of best practice research has identified that some HSCPs have put in place systems and processes to try and streamline services provision and reduce the need for OT assessment.
 - Feedback from OT assessment teams has identified that there is a backlog of people waiting for an assessment, with a lack of governance meaning too much time is spent on administration processes.
 - There is also a need to align OT assessment process with Right Care Right Time projects such as AskSara to reduce demand at social work front door.
 - Service user and unpaid carer feedback has validated that the length of time individuals are waiting for an OT assessment is one of the main issues, with individuals feeling "they are being passed about" between OT services with a lack of information available to easily understand how to access services and the service standards that should be expected. There was good feedback on the positive impact adaptations can have on people's lives once the assessment process was completed and referral made to housing.
 - Despite the majority of major and minor adaptations being of the same type a range of local delivery arrangements are in place across the partnership. Some good practice is in place in terms of direct referrals for minor adaptations and wet floor/level access shower being offer during capital replacement programmes.
 - Rising costs for both labour and adaptations means that less can be done with allocated budgets while demand is increasing.
- 6.4. A total of eight thematic recommendations have been identified to be taken forward by partners with proposed actions outlined in the delivery plan attached in the report at Appendix 2.
- 6.5. These are as follows:

- **Strategic Priorities:** Partners need to develop and agree the joint strategic direction for adaptations which is more person centred, aligns with right care right time projects and includes solutions that meet the longer-term housing needs of individuals where adaptations are not possible.
- **Governance, Finance and Performance:** partners need to identify high level budgets to be delegated to the IJB each year and put in place joint governance arrangements for monitoring budgets and the outcomes delivered to service users to inform resource allocation.
- **Benchmarking and Best Practice:** Undertake benchmarking work with HSCPs who have recently undertaken changes to adaptations services to align with health and social care integration.
- **Access to OTs:** To minimise waiting times and benefit from health and social care integration, there is a need to streamline resources and improve access to adaptations through a review of current processes and resources.
- **Adaptations Policy:** Revised policies are required for council and private sector adaptations including a joint approach for complex cases. Policies are to align with right care right time projects, aim to have earlier conversations and consider alternative housing options.
- **Access to information:** Update information to service users about adaptations services and provide consistent information which is accessible and enables informed choices to access the correct support.
- **Service user experience:** Partners need to undertake further consultation with key stakeholders as well as services users when undertaking system redesign and the development of new adaptations policy.
- **Procurement:** To address rising costs, review current procurement arrangements and explore further the potential of putting in place standard designs and upgrading existing stock through capital programmes.

7. Conclusions

- 7.1. The provision of housing adaptations plays an integral role in housing, health and social work services to enable people to continue live at home. Timely delivery can enable people to live independently in the community, support hospital discharge, avoid the need for care home placements and help to reduce packages of care.
- 7.2. The Adaptations Review has identified eight recommendations to be taken forward which are outline in Appendix 1.
- 7.3. The Delivery Plan attached at Appendix 2, details the action required to be taken forward to deliver the recommendations.
- 7.4. Adaptations service provision in council houses and private sector housing is a delegated function of the Integration Joint Board. The Delivery Plan at Appendix 2 aims to take forward action which will align strategic direction of adaptations, improve budget allocation, monitoring and planning by the IJB with Stirling Council and Clackmannanshire Council and ensure more streamline services and consistent services are delivered to benefit from the integration of this delegated housing function.

8. Appendices

Appendix 1: Housing Adaptations Review Report August 2025
 Appendix 2: Housing Adaptations Review Delivery Plan 2025/26
 Appendix 3: Direction

Fit with Strategic Priorities:	
Prevention and Early Intervention	x
Independent Living through Choice and Control	x
Achieve Care Closer to Home	x
Supporting People and Empowering Communities	x
Reducing Loneliness and Isolation	x
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Ensure the IJB delegated resources are allocated and monitored as outlined in Section 2 above.
Other Resources:	None
Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 associated statutory guidance require Clackmannanshire Council and Stirling Council to delegate their housing statutory functions to the IJB. This includes provision of housing adaptations for adults under the Housing (Scotland) Act 2001 and 2006 along with provision funded through the local authority Housing Revenue Account (HRA). Housing Services and Integrated Health and Social Care: Housing Advice Note September 2015
Risk & mitigation:	Progress with the delivery plan will be monitored by the Specialist Housing Forum with any risks and mitigation action agreed through the Forum.
Equality and Human Rights:	The content of this report does not require a EQIA which will be undertaken when there are changes to a new Adaptations Policy.
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to)

	<p>how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>
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Housing Adaptations Review Report: March 2025



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1. Introduction

1.1 Background

The provision of housing adaptations play an important role in integrated health and social care services. Timely provision enables some of the most vulnerable people living across the HSCP to achieve their individual outcomes, to live in their own homes for as long as possible and to achieve the quality of life they choose. If delivered well, they can be a cost-effective model of intervention, reducing emergency hospital admissions, long term admission to care home or need for home care.

Like the rest of Scotland, the population across the HSCP is ageing. Between 2018 and 2043, the number of people 75 years and over is expected to increase by 88% in Clackmannanshire and 77% in Stirling which are both higher than the national rate of 74%. This means by 2043, there is estimated to be 17,375 people living across Clackmannanshire (6,347) and Stirling (11,028) over the age of 75 years (NRS Population Estimates 2018). There are no population projections for people with a physical disability, however between 2011 and 2022 there has been an increase in Clackmannanshire and Stirling by 3.4% and 2.2% respectively (Scotland Census 2011 & 2022).

Adaptations are an integral part of housing, health and social work assessment and service provision to enable people to remain at home. Where effective and timely services are not in place the outcome can result in the breakdown in a person's care with greater risks for individuals during periods of transitions across services due to changes in health conditions and when moving from hospital to home. Having in place effective policy, systems, processes, resources and infrastructure are crucial to ensuring the seamless and timely provision of adaptations.

1.2 Purpose of the Review

The purpose is to review the current integration arrangements for housing adaptations against statutory requirements, guidance and research to identify gaps in service provision and areas requiring improvement. The review included all housing tenures across the HSCP and will consider the local delivery arrangements to support people of all ages to remain living at home.

- Provide an overview of the legislative, strategic and policy context for housing adaptations
- Map out the current strategic planning, governance and funding arrangements in place for housing adaptations and review the current governance arrangements in place
- Review the current housing adaptation's local delivery arrangements, demand for services, access and assessment pathways across all tenures
- Review the current information available to services users and access to advice, including housing options where a move may be more beneficial
- Identify barriers in the current systems to promoting seamless pathways which are consistent and equitable across the HSCP
- Understand the extent in which current service provision put service users, and unpaid carers, at the centre of provision.
- Analyse the findings from the review and provide recommendations to inform an improvement plan to achieve the best possible outcomes for people from investment in adaptations

1.3 Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for Clackmannanshire and Stirling Integration Joint Board (IJB). Regulations require Forth Valley Health Board, Clackmannanshire Council and Stirling Council to delegate some of their statutory functions to the IJB.

The provision of adaptations, aids and equipment for adults under the Housing (Scotland) Acts 2001 and 2006 along with provisions funded through local authority Housing Revenue Accounts must be delegated by each local authority to the IJB. This means that the IJB will take on responsibility in relation to the planning and delivery of housing adaptations provided to council tenants and those living in the private sector (owner-occupiers and private sector tenants) as part of the planning and direction of integrated health and social care services. This delegate function includes responsibility for allocating the associated budgets. Adaptations for housing association tenants continue to be directly support by the Scottish Government however, the guidance is clear that there must be a focus of improving the planning and delivery of adaptations across all tenures.

The 2014 Act and regulations set out where the responsibilities will lie in future for adaptations, they do not prescribe the delivery arrangements which will be decided locally. Authorities will need to ensure, that in taking a person-centered approach as required by the Act, they plan and direct delivery of adaptations that support prevention and anticipatory care. (Housing Advice Note Sept 2015 [Health and Social Care Integration Guidance: Housing Advice Note \(www.gov.scot\)](http://www.gov.scot/Health_and_Social_Care_Integration_Guidance:_Housing_Advice_Note))

1.4 Definition of Aids and Adaptations

The timely provision of aids and adaptations can support individuals of all ages, with short and long-term needs across a range of population groups with physical, sensory or communication needs. Many older people may not see themselves as disabled, but may benefit from aids and adaptations due to being frail or having a difficulty with everyday tasks. Aids and adaptations can be defined as:

Aids: a piece of equipment which is portable and not permanently fixed in a home. It can be any item acquired commercially or off the shelf, which can be modified or customised to increase the functional capabilities of individuals. E.g. pressure relief mattresses, moving and handling equipment, shower chairs and stools, bath lifts, raised toilet seats, frames, and mobility aids, ancillary equipment for people with sensory impairments, wheelchairs for short term loans. These are provided by Health and Social Care services and not included within this review.

Adaptations: the provision of fixed equipment and/or modification to a home. The purpose is to enable independent living, privacy, confidence and dignity for individuals. These are wide ranging and not limited to defined types. There are two sub categories frequently used for adaptations.

- Minor adaptations or alterations: any requests or recommended work which requires the fitting of a relatively straight forward aid such as grab rails, lever taps, stair rails, additional bannisters etc.
- Major adaptations: any work which exceeds a specific monetary value e.g. £1,000 and includes items such as level access showers, wet rooms, stair lifts, over bath showers, door access ramps, exemptions

For the purpose of this review, the above definition of adaptations will be used. (ⁱⁱScottish Government Statutory Guidance [Scottish Government Equipment and Adaptations: Guidance on Provision 2023](#))

2. Legislative and Best Practice Context

The legislative framework governing adaptations has evolved over many years and is driven by several pieces of legislation, guidance and advice notes outlined in Sections 2.1 and 2.2 below.

2.1. Housing Adaptations Legislation

- [The National Health Service \(Scotland\) Act 1978](#) places a duty on Health Boards to provide medical, nursing and other services, in the home of the patient or elsewhere such as a care home and to meet all reasonable requirements to provide care or after care to prevent illness.
- [Section 12 of the Social Work \(Scotland\) Act 1968](#): places a duty on local authorities to promote social welfare by making available appropriate facilities, advice, guidance and assistance, they may consider suitable and adequate to anyone over 18 who needs assistance. Section 12a, places a duty on local authorities to carry out an assessment of need for anyone they are under a duty to provide care or assistance, and to decide if those needs require a provision of a service.
- [Section 2 \(1\) of the Chronically Sick and Disabled Persons Act 1970](#), places a duty on local authorities to provide assistance in arranging adaptations or the provision of any additional features designed to secure greater safety, comfort or convenience,
- [The Children \(Scotland\) Act 1995 Regulations and Guidance Volume 1](#): legal framework for assessment, services and support to children with disabilities, children affected by disabilities and their families. Service for these children should be designed to minimise the adverse effects of disability and to enable them to lead lives which are as normal as possible. Where necessary an occupational therapist should assess a child's living environment and identify changes necessary to enhance the child's quality of life.
- [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) established the legal framework for the integration of health and social care in Scotland and requires health boards and local authorities to delegate some of their statutory functions, and associated budgets to their integrated authority. Integration authorities are responsible for the planning and delivery of the services using the entire delegated budget with the aim of integration to provide for more people to be cared for at home. The act also introduced the National Health and Wellbeing Outcomes that apply equally across health and social care services in Scotland. These outcomes aim to give people a clear understanding of what they can expect in terms of service improvements in health and well-being including the provision of adaptations.
- [The Housing \(Scotland\) Act 2001 and Housing Scotland Act \(2006\)](#): outline the relevant functions in relation to the provision of adaptations to households, living in the private sector (owner-occupation and private rented sector) and social rented housing.

2.2 Statutory Guidance

The Scottish Government Housing Advice Note and Adaptations, Aids and Equipment Advice Note Public Bodies (Joint Working) (Scotland) Act 2014 provides statutory guidance and sets out the arrangements to be followed by integrated authorities, health boards and local authorities in relation to delegated housing functions.

Functions relating to aids and adaptations which must be delegated to Integrated Authorities include those contained in Housing Scotland Act 2001 and the Housing (Scotland) Act 2006. To clearly

distinguish between other housing functions which have not been delegate, the regulations provide a definition for an “aid or adaption” to clearly mean:

“Any alteration or addition to the structure, access, layout or fixtures of accommodation, and any equipment or fittings installed or provided for use in the accommodation, for the purpose of allowing a person to occupy, or to continue to occupy, the accommodation as their sole or main residence”

The table below sets out the housing delegated functions in so far as they relate to housing adaptations which must be delegated to integration authorities.

<https://www.gov.scot/publications/housing-advice-note/documents/>

Act	Sections	Tenure	What it does
Housing (Scotland) Act 2001	Section 92(2)(a)	All tenures	This allows a local authority to provide assistance to a housing association (RSL) or to any other person concerned with providing adaptations. That assistance can take the form of grants, indemnities, guarantees, providing advice, training, information and commissioning research. This has rarely been used
Housing (Scotland) Act 2006	Section 71(1)(b)	Private Sector (owners and tenant)	Sets the scope and levels of mandatory grant for adaptations for people in the private sector, and puts a duty on local authorities to provide assistance, through the Scheme of Assistance, where adaptations are not covered by grant

The requirement for Local Authority Housing Revenue Accounts (HRA) to only fund housing adaptations for council tenants continues. However, local authorities are required under the integration arrangements to identify and delegate the budget from the HRA to the Integration Authority equal to the amount of money required to pay for adaptations for council tenants. The funding and managements arrangements in place for housing adaptations are outline below.

Arrangements Funding Source	Private Sector (Scheme of Assistance)		Social Rented Tenants	
	Owner Occupier	Private Sector Tenant	Local Authority Tenant	Housing Association (HA) Tenant
Funding Source	Local authority private sector grant funding		Housing Revenue Account	HA Adaptations Funding *
Level of Funding	80% or 100%	80% or 100%	100%	Up to 100%
Delegated to IJB	Yes	Yes	Yes	No
Access to Funding	Local authority private sector teams, or grant officers		Local Authority Housing Services	Housing Associations
Local delivery arrangements Management of Process	Local authority private sector teams/grants officers, or Care and Repair, or individual owners		Local Authority Housing or Property Services	Housing Associations

*Stage 2 and 3 Housing Association adaptations continue to be directly funded by the Scottish Government and are not delegated to the IJB.

Local Authorities and IJBs, along with other relevant partners, need to consider how the delegation of functions can best be implemented for the benefit of all individuals assessed as requiring adaptations along with the funding resources which must be included. The funding of housing associations adaptations will continue to be provided by the Scottish Government but planning for adaptations should be aligned with Strategic Commissioning Plans. In practical terms the following changed when the new integrated authorities came in to operation:

- The duty to assess for an adaptation will be delegated to the Integration Authority. This is the work that in most cases is undertaken by OTs in local social work departments.
 - The planning for and resources to undertake adaptations (both under the scheme of assistance and the HRA) will be delegated to the Integration Authorities.
 - The resource to fund these adaptations, including for Local Authority tenants, will pass to the Integration Authority.
- “It is important to recognise that the Act and the Regulations set out where the responsibilities will in future lie for adaptations, they do not prescribe the delivery arrangements – these will be decided locally agreed with the relevant local authorities and integration authority”.***

The Scottish Government produced updated guidance on equipment and adaptations in January 2023. [Scottish Government: Equipment and Adaptations Guidance Jan 2023](#).

The guidance covers the responsibilities of NHS Scotland and Local Authorities, IJBs, and their Housing and Education partners for the provision of equipment and adaptations and replaces all previous guidance. The aims are to removed system barriers and promote pathways which are consistent and equitable placing services users and unpaid carers at the centred of provision.

In relation to housing adaptations the guidance reinforces the importance of timely service delivery, however also outlines that their delivery should be seen as one of a number of possible solutions available. Other solutions such as housing support, or re-housing may be a better option to meet long term needs. Key actions are:

- Early intervention with full exploration of rehousing opportunities;
- Better planning for the delivery of barrier-free housing and an inclusive design/living approach;
- Robust joint governance, which provides a clear strategic direction and supports priority setting;
- Joint finance arrangements which help streamline service improvements (e.g. pooled budgets)
- Equity in the system, applying a ‘tenure neutral’ approach;
- To address barriers in the system, removing the requirement for grant assistance for owner occupiers and providing 100% funding for the assessed adaptations;
- Removing the need for OTs to provide an assessment for standard adaptations in properties e.g. shower provision; and encouraging ‘direct access’ arrangements.
- Maximising procurement and recycling benefits to help deliver efficiencies

Despite the scope of the delegated duties above, the report suggests that little has changed across Scotland in terms of widespread strategic planning, or improvements in the delivery of services although, there are some best practice examples where tenure neutral approaches are being considered. E.g. a small number of local authorities have removed the grant arrangements for some adaptations with more focus on partnership business models, which maximizes procurement and recycling benefits. This approach would establish a basis for tenure neutral integrated approaches and equality of service provision.



Good Practice Example

Both Glasgow City and West Dunbartonshire private sector housing changed their arrangements in 2011 & 2012 to remove the requirement for a grant application for the provision of Stairlifts to owner occupiers. Instead, owners are now assessed in the same way as people living in publicly funded housing, and receive their Stairlift provision via the EquipU partnership Stairlifts contract.

This has:

- Ensured owners are treated equitably in a 'tenure-neutral' service;
- Significantly reduced timescales from assessment to installation - average 2-5 weeks;
- Delivered procurement and recycling savings with over a third of all stairlifts recycled back for use in other homes;
- Improved maintenance arrangements, as owners do not own the stairlifts, and are therefore no longer required to maintain these themselves;
- Frees up staff resources as they no longer require to process grant applications.

One of the first owners to receive a new Stairlift under the changed arrangements, Mrs F, stated that she couldn't believe how quickly she had received the stairlift, and called it her 'golden chair', advising that because it helped her now access her upstairs shower room, she "felt good about herself again, and hadn't felt that way for a long time".

To assist with the implementation of adaptations the guidance advises that partners should implement Housing Solutions change programmes which assists all relevant partners to apply the principles of the Scottish Government Adapting for Change programme. [Housing Solutions Change Programme](#)

2.3 Housing Adaptations Policy

There are a range of national policy drivers and research which has informed adaptations service provision.

Housing to 2040 published in March 2021 sets out the Scottish Government's long term housing strategy with the aim that by 2040, everyone will have a safe, high-quality home that is affordable and meets their needs in the place they want to be. The strategy reinforces the commitment towards promoting independent living:

Part 4B 'Independent living - We will take action so that our homes support those with long-term conditions and disabilities and everyone who can and wants to is enabled to live independently in a home of their own.' [Housing to 2040](#)

Housing to 2040 highlights the considerable number of people in Scotland whose current housing needs are not being met. Approximately 61,000 people need adaptations to their home, only 1% of housing is fully accessible for wheelchair users and 10,000 disabled people are on housing waiting lists. The number of disabled people is also expected to rise.

Research by Horizon Housing in 2018 projected an 80% increase in the population of wheelchair users by 2024. Future projections suggest the challenge will only increase without action. By 2040, it is projected that there will be over 730,000 people in Scotland over the age of 75 years. This will put even greater demand on housing and health and social care services to help people live independently at home.

There are a number of national actions within Housing to 2040 aimed at improving the adaptations system that should be considered by HSCP when planning and directing the delivery of adaptations provision.

- establish an inclusive programme of retrofitting social homes to address accessibility requirements and digital connectivity to support technology enabled care
- Undertake a review of the adaptations system
- streamline and accelerate the adaptations system to improve the time it takes to apply for and receive support.
- Provide help to older and disabled home owners who want to move to a home that better meets their needs
- To respond to the Independent Review of Adult care services to work together to embed a person-centred approach that aligns housing support with social care services so people have choice and flexibility to live independently.
- Ensure strategic planning is joined up locally across housing and health and social care services

Housing to 2040 also aims to introduce new build standards (Scottish Accessible Homes Standard) from 2025/26 to replace the Housing for Varying Needs Standards (Pickles 1998) currently in place. The aim is to future proof new homes for lifelong accessibility across all tenures with the Affordable Housing Supply Programme for social housing supporting an 'inclusive living' approach.

Inclusive Livings (McCall et al 2020b) research undertaken by Stirling University, has a number of recommendations, including calls for a lifelong approach to adaptations and need for a unified vision to breakdown silos between groups of people and housing tenure. More practical recommendations to help a lifelong approach included the creation of an online cost/benefit indicator and review of the current funding system. [Inclusive Living: ageing, adaptations and future-proofing homes](#)

Adaptations without Delay (RCOT) 2019: recognises the need for a more preventative approach to intervention, and offered an approach for tackling social care assessment delays alongside recommending shifting away from the current focus on type and cost of adaptations to more focus on a person-centered approach through collaboration in assessment, design and installation.

[Adaptations Without Delay RCOT 2019](#)

The assessments for and provision of adaptations should meet the national health and well-being outcomes and the strategic priorities of the C&S IJB Strategic Commissioning Plan 2023-33. To overcome the barrier that occupational therapists need to be involved in all adaptations, the Royal College of Physicians Report recommended using an 'Adaptations without delay' framework to assist decision making. The framework adopts a definition of adaptations that considers the types of solutions alongside the complexity of the situation.

Type of Adaptation	Description	Type of Intervention Required
1. Simple situation requiring a simple adaption or readily available off-the shelf/retail solution	Installation of this type of adaption requires minimal disruption to the structure or fabric of the homes and /or is readily available off-the-shelf/retail solution. E.g. installation of an off the shelf grab-rail	Universal – the persons situation and solution is simple and they can be signed posted to retail options and/or supported to install simple adaptations e.g. Ask SARA, Care and Repair, social landlords support

2. Simple situation requiring a standard structural solution	Installation of this type of adaptation impacts on one or two aspects of the home environment, involving structural changes but with minimal disruption. The adaptation may require reconfiguration of the space, but this can be done through standard building alterations or installation techniques e.g. wet floor shower	Targeted – the person's situation is simple and straight forward but support is required to identify a solution. The solution is a standard structural or a non-structural adaptation. E.g. technical support through Scheme of Assistance, Care and Repair, social housing technical team and housing management team.
3. Complex situation requiring a non-structural solution	A person has one or more complex key areas of need (as above) which requires the non-structural solution to be customised for the person	
4. Complex situation requiring a specialised structural solution	A person has one or more complex key are of need (as above) which requires a specialised structural solution. This type of adaptation requires substantial structural changes to the home environment. The solution will involve reconfiguration of the spatial layout of the home and or installation of specific fixtures and fittings such as height adjustable baths	Specialist- the person's situation is complex and the solution is a personalized, non-structural or specialist structural adaption. Need for OT person centred assessment to identify barriers. OT works with technical officer to identify solutions which are then discussed further with the person

Housing Solutions is a change programme built around training resources which apply the principles of [Adapting for Change](#) and supports strategic service change and improvement across health and social care partnerships. It focuses on encouraging wider responsibility across housing, health and social care services for the early identification and discussion on effective long-term solutions.

Adapting the Adaptations Process (McCall September 2022) researched the barriers within current policy and practice in Scotland. The report highlights that there are many examples of good practice with stakeholders understanding the important role adaptations have in meeting national health and wellbeing outcomes and the impact they have on people lives. However, the report concludes that the current system that supports home adaptations in Scotland is 'fragmented, overly complex and bureaucratic and that these challenges undermine the preventative potential that adaptations can offer services users. [Adapting the Adaptations Process 2022](#) . Recommendations included:

- Creation of a simplified, tenure neutral adaptations process:
- Evaluation of the full extent of adaptations investment as a system
- Creation of an adaptations support hub that focus on supporting partnership working, training and sharing good practice
- Create consistent, integrated and sustainable local governance and partnership mechanisms between housing, health and social care that jointly agrees strategy and policy direction
- Take an inclusive living approach to, building and retrofitting adaptable and flexible housing that supports all groups
- Ensure the systematic evaluation of the outcomes from adaptations to evidence what works and influence strategy and resource allocation
- Increase funding for adaptations to address the increase in costs of materials and works
- Integrate adaptations into planned maintenance programmes

The Scottish Housing Day September 2024 **‘Homes for Life’** was held in the backdrop of the ongoing housing emergency which has been declared by the Scottish Government and a number of local authorities. The [Home for Life Report 2024](#) covers a range of topics on homes for life, to ensure the housing system has capacity to support people with aids, adaptations and technology and included feedback from those with lived experience of using services. The main recommendations were:

- We need clearer focus and leadership on housing in later life at a national level.
- Scottish Government should launch a national conversation about housing and later life. This would help to normalise talking about a range of different housing needs and raise awareness of advice, information and support that is available nationally and locally.
- The Scottish Government’s review of adaptations must be taken forward as an urgent priority and should consider unmet need for adaptations, provision of adequate funding and a tenure blind approach.
- There is a need to ensure access to cross tenure advice and information to help people understand the different types of support that are available to them.
- There is a clear need for closer partnership working between housing, health and social care to balance the financial risks involved in delivering specialist housing.

What’s Next for Adaptations? (McCall et al 2025): Recently published research conducted by International Stigma of Place-Based Ageing (ISPA) in partnership with Stirling University, Chartered Institute for Housing Scotland, Scottish Housing Federation and ALACHO, explores the impact of the aging population on future demand for adaptations. The report found that ‘the need for adaptations is not just increasing, it is shifting and becoming more complex and more urgent’. [What’s Next for Adaptations August 2025](#). Stakeholders who took part in the research advised that there are widespread delays and inequalities in accessing services. These result in serious consequences of more falls, avoidable hospital admissions and missed opportunities for prevention. The report makes clear what needs to change to meet the increasing need for adaptations, not only as a crisis intervention, but as a part of the core infrastructure to enable healthy, independent living.

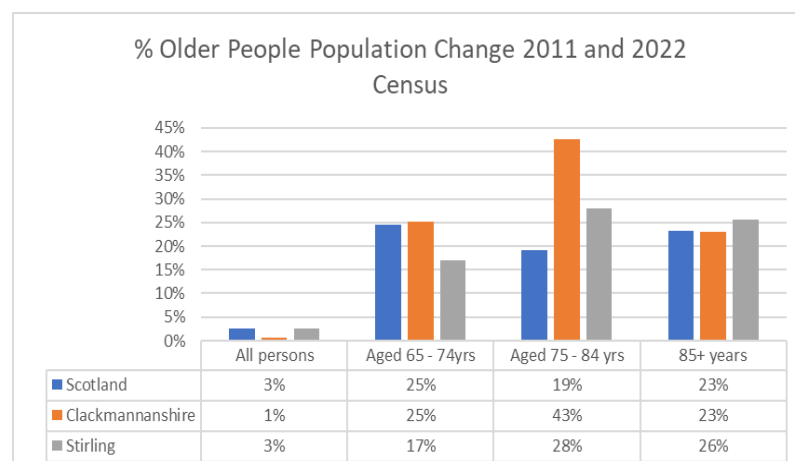
- Establish a national legal and policy framework for adaptations
- Secure sufficient, sustained funding to cover both the cost of adaptation works and the staffing, assessment and co-ordination required to deliver them
- Create a single, co-ordinated pathway for adaptations, with shared referral routes, clearer roles and joined-up working
- Strengthen data systems and feedback loops to connect policy practice and lived experience
- Embed early intervention, inclusive design, and smarter use of technology to future proof housing stock
- Clarify and expand the role of Self-directed Support (SDS), particularly Option 1: Direct Payments as a funding mechanism for adaptations
- Scale up effective local models and improve public awareness, ensuring earlier access to adaptations, more informed choices, and stronger support across all tenures.

3. Local Context

The local context and key drivers for the provision of adaptations across the HSCP include demographic changes in households with a person requiring adaptations, and the strategic direction of the HSCP and its partners in meeting the population needs.

3.1 Demographics

According to the 2022 Census data population data 26% of the Clackmannanshire population (13,465 people) and 22% of the Stirling population (20,273 people) have a long-term health condition or disability. This is an increase of 6% and 5% respectively from 2011. The proportion of the population with a physical disability has also increased between 2011 and 2022 from 7% of the population to 11% in Clackmannanshire and 6% to 8% of the population in Stirling.



Analysis of the 2022 Census data shows that the population across the HSCP has aged since 2011. The Chart opposite shows that compared to the slight increase in the population between 2011 and 2022, the greatest increase in Clackmannanshire and Stirling has been in the 75–84-year-old age band (43% and 28% respectively).

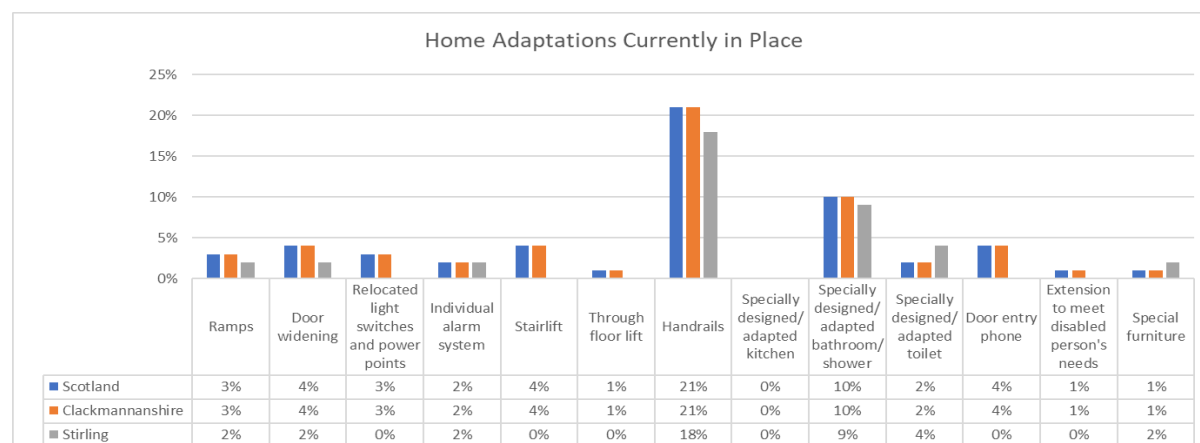
The population of Clackmannanshire and Stirling will continue to age. Between 2018 and 2043, the number of people over the age of 75 years are expected to increase by 88% in Clackmannanshire and 77% in Stirling which are both higher than the national rate of 74%. This means that by 2043, there is estimated to be 17,375 people living across and Clackmannanshire (6,347) and Stirling (11,028) over the age of 75 years.

The Scottish House Conditions Survey (SHCS) 2022, [SHS 2022](#) provides some indication of proportion of households with adaptations currently in place across the HSCP and unmet need. However, due to the relatively small bases some caution should be taken when applying these figures.

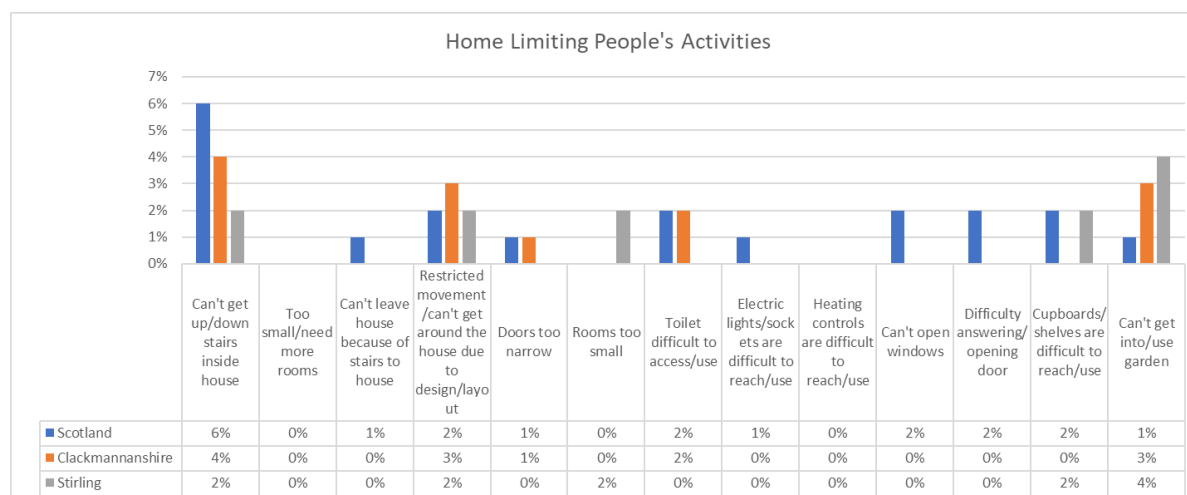
% of Homes Requiring and Adaptation		
Clackmannanshire	Stirling	Scotland
18%	13%	12%

18% of household surveyed said that their home required an adaptation in Clackmannanshire and 13% in Stirling. This is higher than the national average and reflect the aging population as well as type of housing.

According to the SCHS in 2022, the majority of adaptations in place across the HSCP are handrails at 21% for both Clackmannanshire and Stirling. Specially design and adapted bathroom/shower and toilet are next at 12% for both areas.



In 2022, 10% of households in each council area said that their home was limiting the activities of a person living there. There are a number of reasons why homes are limiting daily activities but the main reasons are can't get up and down the stairs and restricted movements due to the design and layout of the house and cannot use the garden.



3.2 Local Strategic Priorities

The HSCP Strategic Commissioning Plan 2023 to 2033 sets out the HSCP's vision and objectives over a 10-year period for the provision of health and social care services. The vision and ambitions have been co-created through engagement across the HSCP area and has strengthened the foundations towards stronger partnership working where everyone has a voice and a place at the table.

Vision: Enabling people in Clackmannanshire and Stirling to live full and positive lives within supportive communities by working together and promoting wellbeing.

Our aim is to ensure care and support is person-centered, based on fairness, respect, equality, dignity and autonomy

Priority 4 of the Local Housing Strategies (LHS) are to be aligned with the five strategic themes of the IJB recognising the significant role housing has in contributing to their delivery and supporting people to meet their outcomes and leading independent lives. [LHS Scottish Government Guidance 2019](#). Both Clackmannanshire Council and Stirling Council are presently undertaking new LHS.

- 1. Prevention, early intervention and harm reduction:** promote positive health and wellbeing, prevention, early intervention and harm reduction through the provision of quality housing in the right location to maintain independence and improve access to services.
- 2. Independent living through choice and control:** through the co-production and design of services with people with lived experiences and helping people to make informed decision about their housing.
- 3. Achieving care closer to home:** shifting delivery of care and support from institutional, hospital-led services towards services in the community through working together with HSCP to identify and deliver housing that meets people needs.
- 4. Supporting empowered people and communities:** Registered social landlords have a strong track record of working with communities to support and empower people and to help people live in their local communities and sustain their home
- 5. Reducing loneliness and isolation:** Through customer participation and empowerment Housing can help to build local communities and build connections to prevent the negative impacts on a person's health and wellbeing caused by loneliness and isolation.

The five Strategic themes of the HSCP and the provision of adaptations are also aligned with the National Health and Wellbeing outcomes including the following. The HSCP is currently undertaking a three year review of progress of the plan and due to report in March 2026.

Outcome 2	Outcome 3	Outcome 4
People including those with disabilities or long-term conditions, or are frail, are able to live as far as practicable, independently at home or a home setting in the community	People who use health and social care services have positive experiences of those services and have their dignity respected	Health and social care services are centered on helping to maintain or improve the quality of life for people who use those services

3.3 Clackmannanshire & Stirling HSCP Policy Drivers

The Right Care Right Time (RCRT) Programme: builds upon the recommendations of the David Welsh Review of Adult Assessment and Review Processes in 2021 as well as other good practice identified in the period since. The problems identified are, multiple bottle necks in current adult social work processes with many people on pending lists. There is an over provision of care and lack of timely reviews. These problems in turn cause difficulties on prevention and early intervention, and long-term relationship work. The RCRT Programme aims to achieve the following outcomes:

- Improve service user experience by creating more efficient processes that reduce reliance on pending lists.
- Reduce the costs of care, where possible, by providing the right care at the right time with regular reviews and signposting for outcomes.
- Support workforce wellbeing through the development of clear, efficient and easy to use processes.

There are three main projects currently being progressed through the Clackmannanshire and Stirling RCRT programme. **The Care at Home Review Team, Optimising the Rapid Services and The Adult Social Care Front Door Service.** All of these projects will have a role for housing with a need to understand how housing strategy and policies can contribute to this programme of work.

As part of the new Front Door Service, the HSCP has recently put in place an online advice tool called 'AskSARA, that helps individuals find solutions to make small changes that can help with some tasks they are having difficulties with. Examples of some of the equipment are, chair risers, stair rails and grab rails and personal alarms. The HSCP recommends that people seeking assistance contact AskSARA in the first instance and advises that the equipment recommended can be purchased directly by the individual with AskSARA providing information of suggested vetted retailers.

Self-Directed Support (SDS): The HSCP is committed to continuing to transform the way that social care support is provided within localities and communities. The effective implementation of SDS can assist with ensuring a personalised approach to support individuals and enable the HSCP to meet the challenges it faces regarding changing demographics and increased demands.

The HSCP had recently developed and is implementing a revised approach to SDS which takes into account the national SDS standards and recommendations from internal audits. In June 2024 a refreshed SDS Policy was agreed which aligns with the spirit and requirements of the SDS Act through proposed changes to practice to better reflect person centered care and support planning.

4. Current Adaptations Service Provision

4.1 Information Requirements and Data Analysis

The scope of the Adaptations review includes provision across the HSCP is to include all housing tenures (owner-occupation, private rented sector, local authority and housing association social rented provision). The review was undertaken between September 2024 and April 2025. To gain insight into the current approach of services provision along with the demand for adaptations across all tenures, eleven partner organisations (two local authority partners, eight RSLs and the HSCP), agreed to take part in the review and provide data to assist. The data requested included:

- List of adaptations by type and cost for the last three financial years
- Copy of current adaptations policy
- Any waiting lists by type of adaptation

Initial meetings were undertaken with partners to clarify the purpose of the review, the information required and to gain a better understanding of current services delivery and challenges. The following organisations have been involved in the review.

Organisation	Tenure	Stock 2023/24	Date of Visit	Funding Type
Clackmannanshire Council Housing	Council	5045	16.7.2024	HRA
Stirling Council Housing	Council	6059	15.8.2024	HRA
Clackmannanshire Scheme of Assistance	Private	17,628*	29.7.2024	Local Authority General Fund
Stirling Scheme of Assistance & Care and Repair Service	Private	32,698*	11.8.2024	Local Authority General Fund
Forth Housing Association	RSL	910	22.7.2024	SG Stage 3
Hanover Housing Association	RSL	179	7.10.2024	SG Stage 3
Health and Social Care Partnership	n/a	n/a	14.6.2024	Delegated Function
Kingdom Housing Association	RSL	280	6.8.2024	SG Stage 3
Link Housing Association	RSL	131	27.8.2024	SG Stage 3
Ochil View Housing Association	RSL	1271	14.8.2024	SG Stage 3
Paragon Housing Association	RSL	575	5.8.2024	SG Stage 3
Rural Stirling Housing Association	RSL	664	7.8.2024	SG Stage 3
Trust Housing Association	RSL	187	4.9.2024	SG Stage 3

* Figures taken from households living in private housing sector Census Data 2022

4.2 Provision of Housing Adaptations

In 2023/24 there were just over 950 adaptations provided across all tenures in the HSCP at a total cost of just under £2.5million. The table below provides a breakdown of adaptations by tenure type. The greatest provision is in local authority social housing representing 56% of provision and 44% of costs. It should be noted that the high proportion in Clackmannanshire Council can be explained due to addressing the backlog of requests from Covid 19 with a large number of these being for level access and wet floor showers and is not expected to continue at this rate.

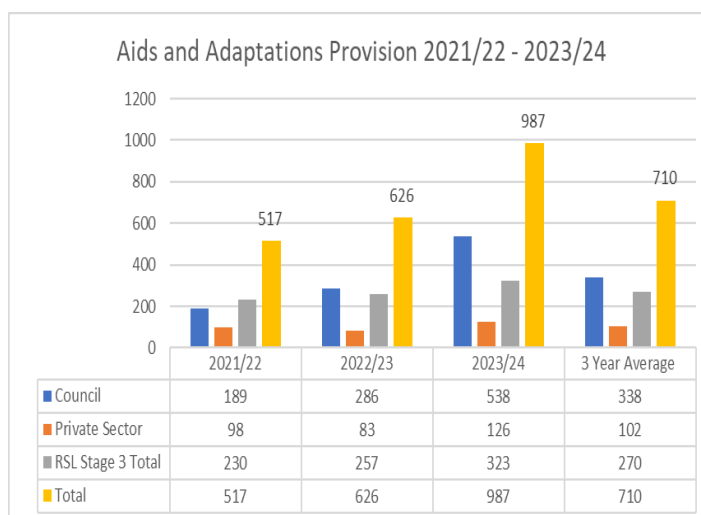
Tenure	Number of Adaptations 2023/24	% of Provision 2023/24	Spend on Provision	% of Total Spend
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Clackmannanshire Council Housing	271	28%	£773,544	32%
Stirling Council Housing	267	28%	£440,160	18%
Clackmannanshire Private Sector	21	2%	£100,310	4%
Stirling Private Sector	83	9%	£563,712	23%
Housing Association (Stage 3)	321	33%	£537,137	22%
Total	963	100%	£2,414,863	100%

It should also be noted that the figures above for private sector adaptations undertaken across Clackmannanshire and Stirling exclude minor adaptations and are for grants processed only.

For 2024/25 the number of adaptation referrals have increased since 2023/24 for provision across the Stirling area for council housing minor and major adaptations provisions with 284 adaptations with a spend of £503,436) and are lower for the Clackmannanshire area with 193 adaptations and a spend of £548,030). There were 86 major adaptations completed in the private sector in Stirling through the Scheme of Assistance in 2024/25 at a cost of £628,561.

Analysis of adaptations provision over the three-year period, 2021/22 and 2023/24 shows that the number of adaptations across all tenures have increased. Due to Covid 19 there were limitations in the delivery of adaptations in people's homes in 2021/22 with backlogs being addressed in 2022/23 and 2023/24. The average number of adaptations provided between 2021/22 and 2023/24 were 338 local authorities adaptations, 102 private sector and 270 Stage 3 adaptations.



More detailed analysis was also undertaken of the type of adaptations being provided across all tenures by major and minor adaptations.

Adaptations	Council	SoA	Stage 3	Total
Minor	382	0	172	554
Major	156	110	104	370
Total	538	110	276	924
% minor by Tenure	69%	0%	31%	60%
% major by tenure	28%	100%	38%	40%

The table opposite, summarises the analysis of 924 adaptations provided in 2023/24 and shows that the majority of adaptations (60%) are minor adaptations while one in four are major adaptations. This split is similar for council adaptations and Stage 3 adaptations.

Analysis of minor adaptations identifies that the most popular are internal grab rails (38%), followed by external handrails (22%), internal bannisters (15%) and external grab rails (7%). Including where people had a mix of handrails, these account for 84% of all minor adaptations. Other minor adaptations included key safes (5%), alternations to thresholds (2%), rehanging doors (2%), additional sockets (1%), additional step (1%) and door entry system alterations (1%).

Minor Adaptations	Council	Stage 3	Total	% of Total
Internal Grab Rail	147	65	212	38%
External Grab Rail	34	4	38	7%
Internal Bannister	61	22	83	15%
External Handrails	95	29	124	22%
Mix of grab and handrails	10	0	10	2%
Additional Sockets	2	4	6	1%
Additional step	5	1	6	1%
Alterations to thresholds	6	5	11	2%
Rehang doors	6	3	9	2%
Other	12	13	25	5%
Door entry system alterations	4	1	5	1%
Key Safes	0	25	25	5%
Total	382	172	554	100%

Analysis of major adaptations identifies that the greatest proportion are wet floor/level access showers at 68% rising to 75% where this has included a mixture of works. Other major adaptations included stairlift and ramps (4%), closomats (4%) replacing baths/removing shower (1%) extensions (1%) and garden alterations (1%)

Major Adaptations	Council	SoA (Stirling)	Stage 3	Total	% of Total
Wet Floor/Level Access Shower	132	68	38	238	68%
Wet Floor Shower Plus Additional	18	0	5	23	7%
Replace Bath	2	0	2	4	1%
Closomat	2	10	3	15	4%
Structural Alterations	2	0	6	8	2%
Stair Lifts/Ramps	0	10	4	14	4%
Extension	0	1	1	2	1%
Garden Alterations	0	0	3	3	1%
Fees	0	0	29	29	8%
Hoist	0	0	13	13	4%
Total	156	89	104	349	100%

4.3 Waiting Lists

From data provided by partners, as of September 2024, there are 155 people waiting for an adaptation to be undertaken in their home with their housing provider. The table below shows that the majority of these (77%) are for wet floor/level access showers and handrails/bannisters (15%). Other types of adaptations people are waiting for are thresholds/rehanging doors, kitchen adaptations ((1%), over bath showers (1%), stairlift (1%) and extension (1%).

Funding	Tenure	Level access shower/wet floor shower	Thresholds/rehang Doors	Kitchen	Over bath shower	Handrails/bannisters	Stairlift	Extension	Other	Total
Clacks HRA	Clacks HRA	21	0	0	0	0	0	0	0	21
Stirling HRA	Stirling HRA									tbc
Clacks SoA	Clacks SoA	47	0	0	0	0	2	0	1	50
Stirling SoA	Stirling SoA	0	0	0	0	0	0	0	0	0
Stage 3	Housing Associations	44	6	1	2	24	0	1	6	84
Total	ALL	112	6	1	2	24	2	1	7	155
% of Total	% of Total	72%	4%	1%	1%	15%	1%	1%	5%	100%

The reasons given for waiting lists during individual meetings with service providers are:

- At the time of the meetings with housing associations the Scottish Government had not allocated the Stage 3 grants. Subsequently, the Scottish Government has allocated funding which is significantly less than previous years (approx. 25% less)
- Clackmannanshire Council HRA and housing associations are reporting a waiting list of 21 and 44 level access showers respectively. Clackmannanshire Council HRA and some of the housing associations have in place self-referral processes for wet floor showers
- Due to a gap in resources Clackmannanshire Council Private Sector Housing Team transferred in April 2024 the local delivery arrangements for the Scheme of Assistance to the Locality Social Work Team based in Clackmannanshire. This has subsequently generated the current waiting list due to gaps in resources and skills within the Adult Assessment Team.
- The figures in the table above do not include the number of people who have requested an OT assessment and waiting to be allocated an OT. Due to recording mechanisms, it was not possible to obtain this information as part of the review, therefore the number of people actually waiting for an adaptations service as part of the whole system, could be far greater.

4.4 Approach and Access

The approach to the provision of adaptations across the HSCP has developed locally across the two local authority areas over a number of decades in response to national legislation and regulations, statutory best practice guidance and relevant funding arrangements. It is therefore unsurprising, that analyses of the data received by partners demonstrates that there are a variety of different processes in place to access services with no integrated approach in place.

The table below provides a high-level overview of the data received from the eleven partners. Six partners have an up-to-date adaptations policy in place with three currently updating their policies. Nine organisations require an OT assessment to access major adaptations. One housing association has recently updated its policy to align with Royal College of Occupational Therapist guidance: Adaptations Without Delay while Clackmannanshire Council have direct access arrangements in place for wet floor/level access showers with an OT assessment required only for complex cases. Both organisations have stated that the self-referral process is the main reasons for waiting lists.

Organisation	Policy in Place	No of Adaptations 2023/24	Access to services
Clackmannanshire Council Housing	No	271	No OT assessment required unless for complex case
Stirling Council Housing	No	267	OT assessment required for all major adaptations
Clackmannanshire Scheme of Assistance	No	43	OT assessment required for all adaptations
Stirling Scheme of Assistance	In development	83	OT assessment required for all major adaptations
Housing Associations	6 out of 7 have policies in place	321	OT assessment required for all major adaptations, except for one organisation where and OT assessment required for complex cases

All organisations have information available regarding adaptations service provision online. However, some are out of date and there are no clear service standards available for services users

to refer to. There needs to be a clearer and more consistent approach to information for adaptations for services which is easy for individual to access the right information and support to assist with timely provision. E.g. more could be done to align information for housing adaptations to the recently developed AskSARA approach.

4.5 Local Authority Provision

Local authorities are assessed by the Scottish Housing Regulator in meeting the 16 outcomes of the Scottish Social Housing Charter. Adaptations are covered by Outcome 11, Tenancy Sustainment with social landlords needing to ensure tenants get the information they need on how to obtain support to remain in their home and to ensure suitable support is available. This includes tenants who may need their home adapted to cope with age, disability, health conditions or caring responsibilities.

In 2023/24 538 adaptations were provided in council tenancies across the HSCP by Clackmannanshire and Stirling Council. The chart below provides a further breakdown of the minor and major adaptations provided. The greatest majority of the 382 minor adaptations undertaken in 2023/24 are for internal, external grabrails (47% followed by internal bannisters and external handrails (41%). Almost all of the 156 major adaptations completed are wet floor shower and additional (97%) with the remainder replacing bath, providing a closemat and structural alterations.

Minor Adaptations	Internal Grab Rail	External Grab Rail	Internal Bannister	External Handrails	Mix	Additional Sockets	Additional step	Alterations to thresholds	Rehang doors	O'ther	Door entry system alterations	Total
Clackmannanshire	72	16	22	46	5	1	3	4	4	4	0	177
Stirling	75	18	39	49	5	1	2	2	2	8	4	205
Clacks % Stirling Total	147	34	61	95	10	2	5	6	6	12	4	382
% of total	38%	9%	16%	25%	3%	1%	1%	2%	2%	3%	1%	100%
Major Adaptations	Wet Floor Shower	Wet Floor Shower Plus Additional	Replace Bath	Closomat Replacement	Structural Alteration	Extension	Garden Alterations	Total				
Clackmannanshire	94	0	0	0	0	0	0	94				
Stirling	38	18	2	2	2	0	0	62				
Clacks & Stirling Total	132	18	2	2	2	0	0	156				
% of total	85%	12%	1%	1%	1%	0%	0%	100%				

Clackmannanshire Council provision: Minor adaptations can all be undertaken without an OT assessment. Contracts are in place for external blacksmith works while inhouse service provide internal minor adaptations. Also, a self-referral process is currently in place for wet floor/level access shower with all other major adaptations and complex adaptations requiring an OT assessment. Clackmannanshire Council and Adults OT Team are currently working on a new policy for adaptations including a new triage process to reduce need for OT referrals. Feedback from service user satisfaction surveys under taken in April 2022 for bathroom adaptations stated that 85.5% were satisfied with the improvement, 84% were satisfied with the service provided by the contractor and 96% were satisfied by the service provided by council staff.

Stirling Council provision: All major adaptations currently require an OT assessment, with the number of people waiting for an OT assessment for major adaptations difficult to quantify due to system recording issues. Contracts are in place for the provision of major and minor adaptations. Stirling Council retrofits housing stock without an OT assessment during capital programme works where tenant is a pensioner, or has a need for a wet floor/level access shower.

Feedback from discussions with officers involved with the delivery of the service identifies the following themes:

- **Complex Cases:** Lack of a complex care panel to discuss cases with OTs and relevant colleagues to ensure streamlining of complex cases and best outcomes achieved. Pilot has recommenced in January 2025 covering all tenures.
- **Key contacts:** Uncertainty of who the current OTs are for Stirling locality areas.
- **Holistic housing solutions:** Where a house cannot be adapted, some people are choosing to remain due to community, family or have lived there all their lives. Risks of crisis intervention high for these households
- **Inconsistent Referral process:** e.g. Clackmannanshire have a self-referral process for showers while Stirling doesn't.
- **Allocations list:** Need to map out people waiting for council housing due to medical need and suitability of current home to be adapted.
- **Assessment Waiting Lists:** It is difficult to quantify the number of people waiting for assessment from OTs to priorities work due to current system
- **Complaints:** 90% of enquiries/complaints about why is the adaptation taking so long and not happening
- **Rising costs:** for both labour and adaptations means we are doing less for more.
- **Standard designs:** some standards designs have been taken forward e.g space standards for wet floor shower and ramps
- **Inconsistency over approaches:** Stirling can't have wet floor showers installed in upper flat where there is no lift and communal entrance and stairs whereas Clackmannanshire do install.
- **Decision processes:** Needs to be quicker to reduce waiting list
- **No policy and procedures in place:** tend to priorities official referrals and medical practitioners' referrals

4.6 Scheme of Assistance

The Scheme of Assistance (SOA) offers assistance for home owners who need to carry out repairs to their homes. The assistance is provided by local authorities and can include advice and guidance, practical help, or financial assistance by way of grants or loans. Local authorities have a statutory requirement to deliver the SOA under the Housing (Scotland) Act 2006 with the budget monitoring, planning and direction of delivery delegated to the IJB.

The SOA can be resource intensive for services due to the support required to assist service users through the process, and further more can inhibit access by creating a financial barrier therefore slowing the process of provision. Currently local delivery arrangements are different between the two councils with Stirling Council's Private Sector Housing Team delivering and administering the scheme of assistance, with a Care and Repair service in place for adaptations under £1,000. While in Clackmannanshire the SOA was transferred to the Clackmannanshire HSCP Locality Team and the Care and Repair service commissioned through OchilView HA, ceasing a number of years ago.

A total of 110 adaptations were funded through the SOA across the HSCP in 2023/24. Of these the majority were adaptations to bathrooms for the provision of levels access or wet floor shower (74%), followed by ramps/stairlifts albeit a far lower proportion (15%). Two extensions were provided for bathroom facilities accounting for 2%.

Major Adaptations	Access (Ramps/Stair Lifts etc)	Bathroom adapts (Showers)	Bathroom Adapts (wash/dry toilets)	Extension	Door Widening	Total
Clackmannanshire	6	13	0	1	1	21
Stirling	10	68	10	1	0	89
HSCP Total	16	81	10	2	1	110
% of Total	15%	74%	9%	2%	1%	

Clackmannanshire Private Sector Provision: At the time of the review being undertaken the arrangements in Clackmannanshire for the provision of major adaptations in the private sector are currently being reviewed due to backlog of cases and lack of resources within the OT Team to take forward. Interim arrangements have been agreed, with a new policy being developed. For minor adaptations, there is no Care and Repair Service in place, with the HSCP responsible for the provision of all minor adaptations, with a number of contracts in place which are needing reviewed.

Stirling Council Private Sector Adaptations: Stirling Council has in place a Private Sector Housing Team and Care and Repair Service for both the provision of major and minor adaptations across the area. There are contracts in place for minor adaptations to be installed.

At the time of writing, the feedback from officers from the delivery of the scheme off assistance identified the following themes:

- **Policy and procedure:** Need for policy and procedures which are currently being reviewed by Stirling Private Sector Grants Team and Clackmannanshire Council.
- **Advice and Assistance:** Care and Repair not promoted as much with Care and Repair Officer post currently vacant
- **Waiting Lists:** Due to system recording issues, it is currently unclear what the waiting list position is for people in the private sector requesting a referral to an OT.

4.7 Stage 3 Adaptations for Housing association Tenants

The source of funding for major adaptations to a housing association property will depend on the level of grant funding available to the housing association and the capacity of the housing association to fund the costs. Grant funding for major adaptations is in the form of Housing Association Grant (HAG) and is provided by the Scottish Government and must be deemed essential.

In 2023/24 a total of 323 major and minor adaptations were undertaken across the HSCP to housing association properties. Analysis of breakdown by major and minor adaptations by type provided by 7 housing associations show a similar picture of provision as the two local authorities. With 40% of provision of minor being for internal or external grab rails, 30% for internal bannisters or external handrails with 15% being for key safes. For major adaptations, the majority are for shower related adaptations (63%) followed by hoists (18%).

Minor Adaptations	Stairlifts	Internal Grab Rail	External Grab Rail	Internal Bannister	External Handrails	Mix	Additional Sockets/Lighting	Additional step	Alterations to thresholds	Rehang doors/new doors	Other	Door entry system alterations	Key Safes	Ramps	Total
Total	2	65	4	22	29	0	4	1	5	3	13	1	25	2	174
% of Total	1%	37%	2%	13%	17%	0%	2%	1%	3%	2%	7%	1%	14%	1%	
Major Adaptations	Wet Floor Shower	Wet Floor Shower Plus Additional	Replace Bath	Closoomat Replacement/Geberit toilet	Structural Alterations	Extension	Garden Alterations	Hoist	Level access shower	Total	Total				
Total	8	5	2	3	6	1	3	13	30	71	100				
% of Total	8%	5%	2%	4%	8%	1%	10%	18%	42%						

Feedback from RSLs identified the following themes:

- **Funding issues:** Funding going forward is the biggest concern along with rising costs of labour and materials. Possible that the Scottish Government are pushing RSLs to meet the costs of Stage 3 adaptations themselves. Also issues with the Stage 3 Adaptations budget not being delegated the IJB.
- **Need for Service Charges:** one RSLs is currently considering a service charge to assist with cost recovery of minor adaptations. Adaptations Policy in place 2020.
- **OT resources for assessment:** The majority of RSLs require an OT for essential adaptation, but have employed private OT in the past due to lack of resource. Currently need an OT assessment for major adaptations including wet floor showers.
- **Increasing Demand:** Profile of older tenants who are now aging with some partner landlords have very little ground floor accommodation to provide longer term solutions.
- **Other issues impacting on adaptations:** Biggest issues around MH and neuro divergent, hoarding and other conditions with little support from partner agencies
- **Waiting lists:** Backlog of requests for medical adaptations and not going to meet demands
- **Holistic Housing Solutions:** Need for a whole house assessment
- **Duty of Care:** understanding the duty of care lies with the local authorities.
- **Data:** No comprehensive data set of tenants with disabilities
- **Wide Range of referral mechanisms:** Accept referrals from OT, but accept letters from GPs, Health professionals from Forth Valley HB.

4.8 OT assessment and referral process

As part of the review process the Clackmannanshire Locality Manager and Team Leader were interviewed to provide comments on the current assessment and referral process for adaptations across all tenures for the HSCP.

As outlined in sections 4.6 and 4.7 above, there is a variety of referral routes for an individual when they would like or need an OT assessment for adaptations.

- Make an enquiry to housing and then, depending on the adaption required and tenure status refer themselves to social work for assessment if required.
- Alternatively, people can get in touch directly with social work services and request an assessment.
- People may also be referred to community OT services as part of hospital discharge process and may received a service from Reach for provision of equipment to enable discharge from hospital before being referred to community OTs.
- People may be place at Bellfield for a period time for intermediate care and reablement and may receive and OT assessment as part of this process.

Further work is required to review these processes to establish if improvements in service provision can be gained from integration of health and social care services and streamlining OT resources and processes. It should also be noted that the review did not include analysis of current OT resources with a piece of work running parallel to map out current resources.

The main themes to develop from discussion with the Locality Manager and Team Leader for Clackmannanshire are as follows:

- **Access to Services:** Need more collaborative working and link to Right Care Right Times. One stop shop approach from call center to access for adaptations to avoid referral to social work. Need to develop criteria and go direct to Housing. OT assessments required for the majority of major adaptations with exceptions of Clackmannanshire Council and Forth HA wet floor showers.
- **OT Assessment and Resources:** Piece of working running parallel to the review mapping out OT resources. Role of a Housing OT with post currently vacant in Stirling Council.
- **Policy and Processes:** Social work spending a lot of time on administration of process with too much emphasis on evidence base, assessment and oversight rather than governance of the practice. RCRT and Front Door approach aim to avoid referral to social work. Develop criteria and go direct to Housing
- **OT Assessment:** required for the majority of major adaptations with exceptions of Clackmannanshire Council and Forth HA wet floor showers. Need to consider what other local authorities are doing e.g. at Falkirk Council Housing undertakes minor adaptations with Health directly referring into housing
- **Changing Demand:** Increasing demand and higher end for specialist moving and handling therefore seeing a massive shift in type of adaptations being requested and also more in a crisis situation. A lot of calls coming to duty team but not straight forward and take time
- **Clackmannanshire SOA:** OTs were passed all the project management and paperwork in April 2024 with housing assistance no longer in place. No assistance with delivery or monitoring of service delivery. Waiting list in place with backlog of approximately 70 cases. Unclear about whose is undertaking provision for children who require adaptations as Children and Families Services are not delegated to the IJB.
- **Separate Policies and funding for equipment:** Equipment policies are separate in Clackmannanshire Council using the Joint Loan Equipment Service but Clacks also have their own small amount of funding for equipment

4.9 Gaps in information provision

The review process acknowledges the help and assistance of stakeholders in providing information and their time to help inform the review. It should be noted that there was difficulty in obtaining information to assist the review in the areas outlined below. These are also areas where the review has identified gaps in service provision and need for improvements.

- Understanding of the referral processes between the customer, OTs and housing organisations/landlords
- OT assessment waiting list across the HSCP.
- Difficult to understand demand for referrals by the population across Clackmannanshire and Stirling versus the provision of adaptations
- No service standards available for service delivery to monitor performance or for service user information.

5. Service User Engagement

Following on from the desk top analysis and meetings with partners, engagement was undertaken with a variety of local groups to understand the lived experiences of individual's accessing adaptations services and the outcomes delivered. The engagement was undertaken between May and September 2025 and has been crucial to informing the delivery plan.

The consultation also involved discussion with both Clackmannanshire and Stirling Carers Groups and Stirling Citizen's Advice Bureau (CAB).

The key themes emerging from service user and carer/advice service engagement are as follows:

- **Length of time taken:** In general, the majority of feedback from individuals who had adaptations installed said that it was the length of time they had to wait in very difficult situations (e.g. lack of access to toilet or shower) which was the problem with no offer of help or support during this time.
- **Access to OT Services:** Service users who had been referred to OT services, had not received any information back about the referral, how long they will need to wait etc. Some individuals had requested OT assistance directly but had heard nothing back.
- **Transitions from Hospital/Bellfield to home:** clear feedback that people felt that they were being passed about between services with a lack of joined up thinking being highlighted and duplication of work.
- **Information and service standards:** lack of information on how service users can access adaptations services to help themselves, particularly in the private sector. There are also no service standards available to given an indication of how long they will wait for a service to help with the decision of how to manage in the interim.
- **Housing solutions approach:** although agreement that adaptations can significantly help people to remain at home, service users said that there was a need to also consider a longer-term approach, make sure new build housing was fit for purpose, and provide advice and assistance to people to consider other housing solutions where adaptations weren't the best option.
- **Social Isolation:** People who lived on their own who lack of family or friends, particularly struggled with being able to access service provision.

Appendix 1 provides more detail of the outcome of the engagement including the groups who have taken part.

6. Delegated Budget Provision, Governance and Monitoring

The provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and relevant statutory guidance outlined in Section 2 above require the budgets along with the planning and direction of housing adaptations to be delegated to the HSCP.

Between 2021/22 and 2023/24 the number of adaptations provided across the HSCP area for council tenants and private sector individuals has increased by 40%. Both local authorities have seen an increase in provision for council tenants, with the greatest increase from Clackmannanshire Council tenants at 63% although this can be attributed to the policy change to self-referrals for shower adaptations. The provision for major adaptations through scheme of assistance have decreased slightly across the HSCP by 13% in Clackmannanshire and 3% in Stirling, however, this may be due to individuals waiting for an OT assessment.

Funding Source	No of Adaptations 2021/22	No of Adaptations 2022/23	No of Adaptations 2023/24	% 3 year Change
Clacks HRA*	166	212	271	63%
Stirling HRA**	183	244	267	46%
Clacks SoA**	24	19	21	-13%
Stirling SoA	86	72	83	-3%
Total	459	547	642	40%

Analysis of budget information provided by HSCP shows that the budget across the HSCP for council tenants and SOA was just over £1.5M in 2023/24 with an over spend of £215K. Although the number of adaptations provided has increased, the budget has remained fairly static with the exception of Clackmannanshire Council where the budget for council tenant provision has increase significantly. This is because the budget allocations have not changed since the HSCP came into effect in 2014.

There are overspends across all of the provisions of adaptations with the exception of Clackmannanshire SOA. However, the overspend for Stirling HRA is for adaptations for children and families which is not a delegated function of the HSCP.

Budget	Budget 21/22	Actual 21/22	Variance 21/22	Budget 22/23	Actual 22/23	Variance 22/23	Budget 23/24	Actual 23/24	Variance 23/24
Clacks HRA*	50,000	52,955	-2,955	250,000	211,778	38,222	570,000	773,544	-203,544
Stirling HRA**	250,000	350,000	-100,000	250,000	379,342	-129,342	250,000	281,719	-31,719
Clacks SoA***	159,000	73,867	85,133	159,000	108,493	50,507	159,000	100,310	58,690
Stirling SoA	525,000	440,896	84,104	525,000	504,628	20,372	525,000	563,712	-38,712
Total budget delegated	984,000	917,718	66,282	1,184,000	1,204,241	-20,241	1,504,000	1,719,285	-215,285
* Budget does not appear to be delegated to IJB									
** deductions are made for adaptations for children									

Information provided by HSCP Finance confirmed the following.

- Stirling Council: the housing adaptations budgets are held and monitored by the Housing Service and the HSCP reports the high-level figures to the IJB for the part that is delegated to the partnership. The reported spend for the partnership is always on budget as the codes contain spend on children and families which is not HSCP spend, however there has been no change in budget allocations since integration.
- Clackmannanshire Council: The only high-level housing adaptations budget delegated to the IJB is £159,000 for private sector adaptations, with the budget used to fund adaptations with no other costs such as staff charged to the budget. At the year-end any underspend is used to support other areas of the budget. Clackmannanshire Council Housing adaptations for council tenants are managed by Housing through the HRA and not delegated to the IJB.

This suggests that further work is required by partners to ensure that budgets are fully delegated to the IJB and integration governance arrangements are put in place to monitor budgets to effectively direct the planning and commissioning of services.

7. Key Findings and Recommendations

7.1 Key Findings

The review has enabled the identification of keys findings to help inform recommendations for consideration by partners going forward. These have been grouped into areas of national policy and research drivers, local policy drivers and current provision, feedback from key stakeholders, including service users and review of current governance and budget arrangements.

Policy and Best Practice Research

The main reason for delegating housing adaptations functions to IJBs is to remove system barriers and promote consistent and equitable pathways placing services users at the center. At national and local level little has changed in terms of strategic planning or service delivery improvements. There

are some good practice examples from other HSCPs, which would be beneficial for the HSCP to research further

As well as national policy drivers to streamline systems and promote a tenure neutral approach, research and national working groups have made recommendations enforcing the benefits of this approach through calls for:

- A lifelong approach to adaptations and need for unified vision with more focus on a preventative approach to intervention.
- A housing solution approach with the need for cohesive local housing plans, aligned to housing allocation policies, which promote the provision of barrier-free housing and early intervention strategies, supporting people and their families, to consider their long-term housing needs.
- Shifting focus away from type and costs of adaptations to a more person-centered approach through collaboration in assessment, design and installation.
- 'Adaptations without Delay' offers an approach to tackle assessment delays through providing a framework and definition for adaptations which avoids OTs being involved in every case.
- Reduce systems barriers, through creating a simplified, tenure neutral approach to adaptations with evaluation of the full extent of the system.

Current Local Provision and Delivery Arrangements:

Information from the Scottish Household Survey 2022 suggests there is current unmet need for adaptations of approximately 9,500 households, with demand likely to increase further given the projected increase in households across the HSCP between 2018 and 2043 and the aging population.

The greatest provision of major adaptations across the HSCP are for a level access shower or wet floor shower accounting for 75% (261 out of 329 adaptations) in 2023/24. While internal and external grab rails accounting for 45% (250 out of 554) of all minor adaptations in 2023/24 across the HSCP, with internal and external handrails accounting for 37% (207 out of 554).

Despite the majority of major and minor adaptations installations being the same type across the tenures, a range of local delivery arrangements exist across the HSCP defined by tenure and funding arrangements. The integration of housing, health and social work, should provide an opportunity to consider tenure neutral approaches to service delivery to improve access and equity.

The extent of waiting lists and cause of backlogs within the adaptations process are unclear across the HSCP and require urgent attention. Timely adaptations can prevent hospital and care home admissions and greatly improve individuals' quality of life. Out of the eleven partners involved in the review six have policies in place and two are in development. Two partners follow the Royal College of Physicians "Adaptations Without Delay" with direct access arrangements in place with an OT assessment only required for complex cases.

The HSCP is implementing transformation projects to ensure individuals are accessing care at the right time and the right place, however there has been no alignment of the delivery of housing adaptations with projects such as AskSARA and the new Self-Directed Support policy. Partners need to agree a joint strategic approach to the planning and commissioning direction of adaptations service provision which are aligned with transformation projects.

Key Stakeholders Feedback:

Engagement with stakeholders Identified a number of key themes as part of the review process. These includes

- Increase in complexity and higher end cases mean the correct resource needs to be available to find the correct solutions. Other issues such as mental health and hoarding mean that adaptations are sometimes not put in place causing further issues.
- A more joined up, holistic approach to solutions where adaptations are not a suitable long-term solution would assist.
- Lack of governance arrangements means that OTs feel they are spending too much time on administration tasks
- The lack of consistent approaches to the provision of adaptations across the HSCP mean that services are not streamlined. Service users appear to access services depending on the local arrangements in place, based on the tenure of service user, historical delivery arrangements and associated budget allocations.
- Waiting lists and backlog of cases are building with uncertainty where the blockages are within the processes. The majority of complaints related to the length of time people are waiting.
- Rising costs of adaptations due to labour and material costs, mean we need to be considering ways to ensure best value is being delivered across the HSCP. Standard designs have been taken forward by some partners.

Service User Engagement

The experience of service users mirrored the key findings from the review as follows:

- **Length of time taken:** In general, the majority of feedback from individuals who had adaptations installed said that they key issue was the length of time they had to wait for assessment and installation of major adaptations, leaving them living in very difficult situations.
- **Access to OT Services:** service users who had been referred to OT services, had not received any information back about the referral, how long they will need to wait etc.
- **Transitions from Hospital/Bellfield to home:** clear feedback that people felt that they were being passed about between services with a lack of joined up thinking being highlighted and duplication of work.
- **Information and service standards:** lack of information on how service users can access adaptations services to help themselves, particularly in the private sector with no service standards available.
- **Housing solutions approach:** although agreement that adaptations can significantly help people to remain at home, service users said that there was a need to also consider a longer-term approach including alternative housing.

Delegated Budget, Governance and Monitoring:

Analysis of local arrangements for the delegated housing adaptations budget shows both Stirling Council HRA and Scheme of Assistance budgets have been delegated to the IJB with high-level figures reported to the IJB. For Clackmannanshire, it appears that the HRA budget is not reported though the IJB. There is a need for a more cohesive joint strategic approach to housing adaptations, which are underpinned by robust governance arrangements.

This requires an alignment of strategic direction between the HSCP and both local authorities with joint governance arrangements for adaptations services to be put in place which includes budget monitoring, future planning and performance reporting.

7.2 Recommendations:

The table below outlines the key recommendations which have been agreed by the Specialist Housing Forum to inform the delivery plan and reflect the findings of the review including the feedback received from service users, unpaid carers and stakeholders.

Theme	Recommendation
Strategic Priorities	Partners need to develop and agree the joint strategic direction for adaptations which is more person centred, aligns with right care right time projects and includes solutions that meet the longer-term housing needs of individuals where adaptations are not possible.
Governance, Finance and Performance	Aligned to the strategic direction, partners need to identify budgets to be delegated to the IJB each year and put in place joint governance arrangements for monitoring budgets and the outcomes delivered to service users.
Benchmarking & Best Practice	Undertake further benchmarking work with HSCPs and local authorities who have recently undertaken changes to adaptations services to align with the integration of HSCP.
	An appraisal of the benefits and impacts of putting in place the recommendations of the Royal College of Physicians 'Adaptations Without Delay' to remove barriers related to the assessment pathways, ensuring that direct access opportunities are maximised.
Service User Experience	Partners need to undertake further engagement with key stakeholders as well as services users when undertaking system redesign and the development of new adaptations policy.
Access to OT Services	To minimise waiting times and benefit from health and social care integration, there is a need to streamline resources and improve access to adaptations through a review of current HSCP OT processes and resources.
Housing Policy and procedures	Revised policies are required for council and private sector adaptations including a joint approach for complex cases. Policies are to align with right care right time projects, aim to have earlier conversations and consider alternative housing options.
Access to information	Update information to service users about adaptations services and provide consistent information which is accessible and enables informed choices to access the correct support.
Procurement	To address rising costs, review current procurement arrangements and explore further the potential of putting in place standard designs and upgrading existing stock through capital programmes.

Appendix 1: Service User Feedback

Service User Group	Feedback
Celebrating Carers Event: 4 June 2025	<ul style="list-style-type: none"> Owner-occupier required to get a wet floor shower installed. Got assistance through Stirling Care and Repair Service and said the service was excellent, taking about 6 weeks. Really appreciated the 80% grant assistance received and said it was a great help. Carer said there was a lack of information and advice for people to start the process before contacting OT services. More could be done to promote services and make it easier for people to access as current system seems very complex.
Stirling Tenants Assembly: 18 June 2025	<ul style="list-style-type: none"> Budget considerations: is there enough to meet demand as appears to have been decreasing over the years Length of waiting lists – this is the biggest problem Improve services for people being discharged from hospital to reduce time. There is a lack of continuity of services from people leaving hospital and returning to the community Lack of follow-up when a person has been discharged from hospital and a major change to their physical ability and change in configuration of home 'pass the parcel' - being passed between hospital and community OTS. There is a need for a named worker and not an answering machine Difficult to understand how to access services - lack of information available How can tenants get involved in any working group going forward Recycling of ramps – how do we do this. Lack of prevention – what can you do to help someone now before waiting for an event to happen Make service more streamlined - the integration of Health and Social Care should enable this to happen across the two council areas.
<u>Tullibody Pensioners Group: 23 June 2025</u>	<ul style="list-style-type: none"> The process seemed to take a long time when I needed the help quickly. There needs to be a more holistic and longer-term approach between housing and the HSCP to try and encourage people to down size and free up larger homes for younger families?
Sauchie Community Group: 28 July 2025	<ul style="list-style-type: none"> House is not suitable for adaptation for a wet floor shower and has a housing application for a more suitable property. Length of time to wait for a new property Can we build more housing that is fit for purpose and limits the need for future adaptations e.g. more single storey properties in the social rented and private sector. Length of time waiting for an OT to visit for an assessment for a downstairs wet floor shower following discharge from hospital in October 2024. Nothing happens, no communication on when someone will visit or what is happening. Serious risk of falling and infections. Lack of support for people who are living their own and no family to help Lack of information about how I can request assistance help. People attending did not know about AskSara or how to ask for help and support even though they are willing to take forward a lot on their own. Once I got the help and support to get a wet floor shower installed in my council house, the service was excellent, but it took a while for the work to be agreed and I felt like I had to make a case for it.

Dementia Friendly Dunblane: 19 September 2025	To be added
Clackmannanshire Older People's Forum: 30 Oct 2025	To be added
Clackmannanshire Tenant and Residents Federation date 18 September 2025	To be added
Clackmannanshire Carers Centre: 10 September 2025	<p>Group advised that the provision of minor adaptations was good however, some examples were given where policies could be more flexible and clearer to enable independent living. e.g. external hand rail installed at elderly parent's front door but not given a hand rail at the back door as policy was for only one. This meant that the person could not access back garden to hang washing out or use the garden which she had previously enjoyed.</p> <p>The group stated that experiences of receiving major adaptations, particularly in the private sector were not as positive.</p> <ul style="list-style-type: none"> • Length of time waiting for a level access shower in the private sector – advised that there is a two-year waiting list. • Person careering for could not get a stair lift as they have dementia • The group also said there was a lack of understanding of why some people got an adaptation and others didn't and sometimes this led to frustration. • Lack of check-up a few months after the adaptations has been installed. • The group stated that it would be good to understand why these policies were in place and to be given an explanation

Stakeholder Group	Experiences/Case Studies
Stirling Carers Centre 29 May 2025	<p>Service user stayed in Bellfield last year for a long time and was discharged without an OT assessment or adaptations in place. There was no ramp in place on discharge and ambulance service had to lift down external steps causing concerns with safety and dignity. On returning home the individual had no access to a shower but was deemed to be safe as could wash at sink. OT assessment happened after discharge.</p> <p>Owner-occupiers living in a rural area. Husband had a major stroke, had previously been a keen cyclist and walker, but now a permanent wheelchair user requiring a downstairs bedroom and bathroom. Placed at Bellfield for a period of time and a ramp was installed before discharge which was really helpful but required an extension for downstairs which the couple ended up financing fully themselves.</p>
Clackmannanshire and Falkirk Carers Centre, 27 May 2025	<p>Support workers use AskSARA in the first instance as part of Adult Front Door service to provide advice and enable carers to go and get equipment themselves. If AskSARA advises that an OT assessment is required then a referral is made. Main issues identified are:</p> <ul style="list-style-type: none"> • Clearer info required on line and to carers to enable them to access support or manage themselves

	<ul style="list-style-type: none"> • No service standards or information about the length of time to wait for and OT assessment and then for work to progress • Need to tell more people about Ask SARA – a really good tool
Stirling CAB – 1 August 2025	<p>Older service user who is a permanent wheelchair user living in a rural area in a 3- bedroom, social rented bungalow which has been partly adapted. Requires adaptations to bathroom as cannot use the toilet and kitchen as at risk of burns. Has been waiting over 3 months for an OT assessment. Client was in hospital for 2-3 months and discharged from hospital was given leaflet for Stirling Council's Care and Repair Service to contact for adaptations as could not walk and finding stairs difficult to use. Concerns about the level of support provided on discharge from hospital and difficulty in contacting the Care and Repair Service. Seemed like the services were not joined up and being passed about.</p>

Theme	Recommendation	Action	Priority	Timescale
Strategic Priorities	Partners need to develop and agree the joint strategic direction for adaptations which is more person centred, aligns with right care right time projects and includes solutions that meet the longer-term housing needs of individuals where adaptations are not possible	➤ Develop the joint strategic priorities for housing adaptations as part of the new Housing Contribution Statements and Local Housing Strategies.	Medium	March 2026
		➤ Develop new build housing through Strategic Housing Investment Plans (SHIP) which meets the needs of the aging population and minimises the need for future retrofitting.	High	November 2025
		➤ Include housing adaptations in the Right Care Right Time project workstreams where relevant.	Medium	March 2026
Governance, Finance and Performance	Aligned to the strategic direction, partners need to identify budgets to be delegated to the IJB each year and put in place joint governance arrangements for monitoring budgets and the outcomes delivered to service users.	➤ The HSCP, Clackmannanshire Council and Stirling Council to agree private sector and housing revenue account (HRA) budgets to be delegated to the HSCP annually.	High	October 2025
		➤ The HSCP, Clackmannanshire Council and Stirling Council to clarify the budget holders for private sector and HRA adaptations for adults	High	October 2025
		➤ Set up quarterly joint budget and performance monitoring arrangements.	High	October 2025
		➤ Agree performance monitoring indicators and report on a quarterly basis to the IJB.	Medium	December 2025
		➤ Use information from financial and performance monitoring to plan future service provision and inform budgets.	Medium	March 2026
Benchmarking & Best Practice	Undertake further benchmarking work with HSCPs and local authorities who have recently undertaken changes to adaptations services to align with the integration of HSCP	➤ Undertake benchmarking work with Falkirk HSCP, Fife HSCP, Edinburgh HSCP, North Ayrshire HSCP and West Lothian HSCP and make recommendations to inform new policies being developed ➤ Include HSCP's with similar rural and population mix such as Perth & Kinross, Moray, Aberdeenshire and Scottish Borders	High	January 2026
	An appraisal of the benefits and impacts of putting in place the recommendations of the Royal College of Physicians 'Adaptations Without Delay' to remove	➤ Consider adaptations without delay process to support people earlier as part of early intervention and prevention approach for example:	High	January 2026

Theme	Recommendation	Action	Priority	Timescale
	barriers related to the assessment pathways, ensuring that direct access opportunities are maximised.	<ul style="list-style-type: none"> - Create a comprehensive triage and self-assessment form to self-refer for minor and major adaptations. - Streamline OT assessment paper work. - Develop a prioritising system for adaptations, including complexity. - Review the current thresholds for adaptations. - Understand what the current practice within OTS teams and the conversations staff are having with people. 		
Service User Experience	Partners need to undertake further engagement with key stakeholders as well as services users when undertaking system redesign and the development of new aids and adaptations policy	➤ Develop an up-to-date database of groups and individuals who are willing to take part in consultation to inform future service design	High	October 2025
		➤ Involve service users in the design of new policies being developed as part of the adaptations review	Medium	March 2026
		➤ Develop and put in place a universal satisfaction survey for both private sector and council tenants which are included as part of quarterly performance monitoring	Medium	March 2026
		➤ Involve service users in redesign of access to adaptations services including information	High	March 2026
Access to OT Services	To minimise waiting times and benefit from health and social care integration, there is a need to streamline resources and improve access to adaptations through a review of current HSCP OT processes.	➤ Map out in detail the current access arrangements to HSCP OT services for housing adaptations across the HSCP, and align with review of OT resources	High	July 2026
		➤ Understand the current processes in place and systems being used across the HSCP to access OT assessments	High	July 2026
		➤ Undertake process mapping to ensure full integration of OT services for adaptations	Hogh	July 2026
Housing Policy and procedures	Revised policies are required for council and private sector adaptations including a joint approach for complex cases. Policies are to align with right care right time projects, aim to have earlier conversations and consider alternative housing options	➤ Clackmannanshire Council to put in place revised adaptations policies for scheme of assistance and council tenants	High	March 2026
		➤ Stirling Council to put in place revised adaptations policies for scheme of assistance and council tenants	Medium	July 2026
Access to information	Update information to service users about adaptations services and provide consistent information which is accessible and enables informed choices to access the correct support.	➤ Service users and partners to develop the most effective approach to access information, advice and support for adaptations which is aligned to right care right time.	Medium	May 2026
		➤ Agree timelines and actions required to implement the new arrangements	Medium	May 2026

Theme	Recommendation	Action	Priority	Timescale
Procurement	To address rising costs, review current procurement arrangements and explore further the potential of putting in place standard designs and upgrading existing stock through capital programmes.	➤ Review current procurement arrangements for minor and major housing adaptations across the HSCP and put in place consistent approaches	Medium	June 2026
		➤ For high volume straight forward adaptations e.g. kitchen design and shower installations, develop and agree standard designs across both councils	Low	July 2026
		➤ Consider the requirements for retrofitting current stock to minimise the need for future adaptations.	Low	July 2026

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2025_26/013
Does this direction supersede, vary or revoke an existing direction?	No
If yes please provide reference number of existing direction	
Approval Date	24 September 2025
Services / functions covered	Housing adaptations services provided across Clackmannanshire and Stirling Councils to council tenants, home owners and private rented tenants.
Full text of Direction	<p>To direct Clackmannanshire Council, Stirling Council and NHS Forth Valley in the planning and provision of housing adaptations as delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.</p> <p>NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the actions as outlined within the Delivery Plan (Appendix 2).</p>
List of key stakeholders impacted and any specific engagement and consultation requirements	<p>Clackmannanshire Council Housing Stirling Council Housing, HSCP OT Services Local Registered Social Landlords/ Housing Associations Stirling Citizen's Advice Bureau Clackmannanshire Tenant and Residents Federation (18 September 2025) Stirling Tenant Assembly Stirling Carers Group Clackmannanshire Carers Group Attendance at Celebrating Carers Event in Alloa June 2025 Tullibody Pensioners Group Sauchie Community Group Dementia Friendly Dunblane (19 September 2025) Clackmannanshire Older People's Forum (Oct 2025)</p>
Timescale(s) for Delivery	1 Year
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	
Budget / finances allocated	Funding currently delegated to the IJB is approx. £1.5 Million per annum for 2025/26.
Performance Measures	None
Date direction will be reviewed	October 2026

Clackmannanshire & Stirling Integration Joint Board

24 September 2025

Agenda Item 8

Financial Report

For Approval

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

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

Purpose of Report:	To provide the Integration Joint Board with an update on the final 2024/25 Financial Position and an overview of financial projections for 2025/26 at Month 4.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the background and other updates specifically the timing of the UK Autumn Statement and likely impact on timing of the Scottish Draft Budget and Spending Review (Section 1) 2) Note the revised final 2024/25 Financial Year Outturn, subject to statutory audit (Section 2) 3) Consider and discuss the content of the paper. 4) Note the integrated finance report and narrative on areas of material variance. (Section 3) 5) Note the assessment of the impact of the Delivery Plan on the projections which, assuming full delivery, would reduce the projected overspend to £3.961m. (Section 3.6) 6) Note that in order to provide assurance on achieving a balanced budget position additional financial recovery measures and/or funding contributions would be required. 7) Approve the directions appended to this report. (Appendix 4)
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<p>Key issues and risks:</p>	<p>The revised final financial position for 2024/25, subject to statutory audit, sets out the net overspend which was not recovered in year. The final risk share agreements between the constituent authorities remains unresolved at the time of writing and part of the ongoing dispute resolution process.</p> <p>The projections at Month 4 for 2025/26 illustrate significant ongoing pressure on the partnership budget requiring urgent action through a combination of increased pace of progress on the Delivery Plan and the need for identification and actioning of additional recovery measures.</p> <p>Without additional measures there is a significant risk that the partnership budget continues to overspend. Additional measures may also pose a significant risk to performance and delivery of statutory obligations of the constituent authorities.</p>
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1. Background & Other Updates

- 1.1. In relation to financial year 24/25 the IJB received a draft 24/25 Year End Financial Report at its June meeting highlighting that this was subject to further change and a further update at the 13 August 2025 meeting.
- 1.2. The IJB approved the 2025/26 Revenue Budget, 2025/26 to 2026/27 Delivery Plan and Medium-Term Financial Plan at its special meeting of 2 May 2025. The budget remained unbalanced at this time and therefore the IJB were advised of the probability of requiring to stay in 'financial recovery mode' and consider further financial recovery measures on an ongoing basis. The delay in setting the budget also posed some additional risks particularly in terms of the ability to bring in additional project management capacity to assist in driving forward the ambitious programme of service transformation and reform set out in the Delivery Plan.
- 1.3. Given the above, the risk scoring in the IJBs Strategic Risk Register for HSC001 Delivery of Strategic Commissioning Plan within available budget remains at 25, the highest possible score.
- 1.4. From discussions with Chief Officers and Chief Finance Officers groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees. To this end we continue to observe and discuss approaches and learning with peer partnerships across Scotland.
- 1.5. The issues set out in this report continue to echo the key messages across IJBs nationally contained within the Accounts Commission report on

Integration Joint Boards' Finance and Performance 2024 published in July 2024, and the IJB Finance Bulletin published in March 2025.

- 1.6. In terms of other updates, the timing of the UK Budget has been confirmed by the UK Chancellor of the Exchequer as 26 November which is very late by normal standards. The Cabinet Secretary for Finance and Local Government has since commented that this means the Scottish Draft Budget and Spending Review is unlikely to be published prior to Christmas 2025. This has ramifications for budget planning and clarity of settlements for 2026/27 and given this it is critical that national finance networks and Scottish Government finance officers work closely in order that financial planning assumptions are aligned.
- 1.7. Whilst Scottish tax and spending plans for devolved matters are a matter for the Scottish Parliament the economic outlook continues to be extremely challenging, and this will undoubtedly have impacts for public spending at UK and Scottish levels. This highlights the importance of bring service delivery in line with resources and the need for ongoing service and policy reform.

2. 2024/25 Financial Year Outturn & Statutory Audit

- 2.1. The report to the June IJB set out a draft outturn position which was subject to further change and an update was provided to the August position which detailed a £6.976m net overspend on the Integrated Budget which is the position reflected in the unaudited accounts presented to the IJB Finance, Audit and Performance Committee on 20 August. Since this point and prior to the required assurance letter being provided from Stirling Councils Chief Finance Officer a further adjustment was advised and further year end checks in Clackmannanshire Council as part of processes to finalise the Council's financial position have resulted in a net adjustment to the Clackmannanshire arm of the budget. As a result of these changes the revised net overspend on the Integrated Budget for 2024/25, subject to statutory audit is £6.991m. This leaves the unresolved risk share for 2024/25 at £0.421m as summarised in the table below.

Clackmannanshire & Stirling Health & Social Care Partnership				
Draft Outturn Summary				
Financial Year 2024-25				
	NHS Forth Valley	Stirling Council	Clackmannanshire Council	Total
	£000	£000	£000	£000
Integrated Budget	160,937	55,820	28,853	245,610
Expenditure	165,362	60,000	31,527	256,889
Variance	(4,425)	(4,180)	(2,675)	(11,280)
Reserve utilisation per Rev Budget	1,974	987	987	3,947
	(2,452)	(3,193)	(1,688)	(7,333)
Further recovery measures (MDT)	171	85	85	341
Overspend before risk shares	(2,281)	(3,108)	(1,603)	(6,991)
Agreed additional funding	3,496	1,748	1,327	6,571
	1,215	(1,360)	(276)	(421)

- 2.2. All the required assurance letters are now in place with the assurance letter from Clackmannanshire Councils Chief Finance Officer being provided on 21 August 2025 and the assurance letter from Stirling Councils Chief Finance Officer being provided on 1 September 2025. The normal year end timescale for receipt of assurance letters is by 30 May.
- 2.3. A further iteration of the accounts is being prepared reflecting the above and the statutory external audit began on 1 September 2025. The IJB FAP Committee will receive an update on progress at its meeting on 17 September. It is unlikely that 24/25 accounts can be fully closed prior to conclusion of the 24/25 risk share discussions therefore finalisation of the audit is likely to occur post the current IJB Chief Finance Officers departure from post. The Interim Chief Officer will seek appropriate support via the NHS Board Director of Finance and Council Chief Finance Officers during this period.

3. Integrated Finance Report incorporating 2025/26 Projections based on Month 4

- 3.1. The projections based on financial performance to Month 4 are provided below.

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2025-26
M4

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000
Community Nursing	5,557	5,286	271
Complex Care Adults	1,428	1,882	(454)
Clackmannanshire Community Healthcare Centre	3,334	3,587	(253)
The Bellfield Centre	9,188	8,605	583
Palliative Care in the Community	27	18	9
Older People/Physical Disabilities - Residential	25,557	29,764	(4,206)
Older People/Physical Disabilities - Non Residential	24,525	30,086	(5,561)
Learning Disabilities - Residential	6,476	6,418	59
Learning Disabilities - Non Residential	25,735	30,001	(4,267)
Mental Health - Residential	2,173	2,704	(531)
Mental Health - Non Residential	9,179	8,233	946
Assessment & Care Management	9,979	9,812	167
Reablement	13,321	12,164	1,157
Housing Aids & Adaptations	835	835	-
Health Promotion, Health Improvement & Corporate Services	2,761	2,305	456
Addictions	4,201	4,135	66
Public Dental Service	1,405	1,352	53
Management & Other	3,119	2,694	425
Community Admin	1,772	1,457	316
Transformation Funds	2,658	2,008	650
Leadership Funds	-	-	-
Cs Community Living Change Fund	-	-	-
Resource Transfer & Pass Through Funds	(621)	(930)	309
Family Health Services	56,422	56,485	(62)
GP Out of Hours Services	3,063	2,555	508
Primary Care Improvement Plan	31	31	-
Prescribing	32,952	37,662	(4,710)
Vaccinations (Woman & Children Team)	-	464	(464)
Contribution from reserves per revenue budget (NHS FV Contribution to 25/26 Risk Share)	4,000	-	4,000
Integrated Budget Total	249,078	259,613	(10,534)
Set Aside Budget for Large Hospital Services	38,511	43,748	(5,237)
Set Aside Total	38,511	43,748	(5,237)
Strategic Plan Budget Total	287,589	303,361	(15,771)

- 3.2. Members have also previously commented that it would be useful to be aware of the composition of the position across the constituent authorities. This information is therefore provided at Appendix 1.
- 3.3. The projections above are based on best information available at time of writing and care commitments per records held in social care recording systems. They do not factor in, however, how the implementation of the delivery plan may further impact the position over the remainder of the year. An assessment of this is provided at section 3.6 below.
- 3.4. The projected net overspend on the integrated budget of £10.534m incorporates the additional payment of £4m made in 24/25 by NHS Forth Valley towards the residual financial gap not met by savings proposals for 2025/26 at the point (2 May) that the Revenue Budget, Delivery Plan and Medium-Term Financial Plan was approved by the IJB. This integrated budget projection at month 4 is a £0.174m deterioration against the position reported to the IJB in August. It does not at this point reflect any potential additional payment from Stirling Council. Stirling Council have made provision for a potential additional payment of up to £1.973m by means of an earmarked reserve dependent on an agreed cost share amongst partners and a report requiring approval to release funding being brought back to council in due course. This, therefore, also now dovetails with the ongoing dispute resolution process.
- 3.5. As can be observed from the summary integrated financial report incorporated at section 3.1 of this report and the further analysis and narrative below the key drivers of the projected overspend are:
 - Primary Care Prescribing – increased costs and volumes. This remains a cost pressure although the level of financial pressure appears to be lower than we have experienced in recent years. Members are, however, reminded that prescribing costs and volumes can be volatile and are challenging to accurately predict.
 - Demographic demand driven pressures in Complex Care, Older People/Physical Disabilities residential care and care at home and Learning Disabilities. The pressures in this area have been compounded by a very high tariff ordinary resident case currently being cared for in the community on a 2:1, 24 hours a day basis whilst suitable alternative care provision is sought locally. This case was not known about at budget planning.
- 3.6. As stated above and discussed at the private session with IJB members on 20 August there are significant elements of the delivery plan which are ‘backloaded’ over the remainder of the financial year. This is both an impact of lead in times for changes and the fact the budget was not agreed until 2 May has also impacted progression. 3 project managers are now in place and have been assigned portfolios of work to support and the pace of change is expected to accelerate as a result.

An assessment of the impact of this on the projections has been undertaken by the Chief Finance Officer and is provided below including a Red/Amber/Green (RAG) risk assessment.

Assessment of Delivery Plan Impact on Projections	£m	RAG Risk Assessment	Explanatory Notes
Gross Projection Integrated Budget	(14.534)		Before additional payment received in 24/25 from NHS FV (accounted for below)
Estimated Impact of 'Backloaded' Elements Delivery Plan over remainder of year			
PC Prescribing Optimisation Programme	1.500		Projections based on April May data and unlikely material impact at that point from programme which has high engagement.
Bed Reduction CCHC1	0.152		2 beds closed to date with further 2 by end of Sept 25. Wont make full estimated saving in year per delivery plan (0.254m) however non recurrent community nursing underspend offsetting.
Bed Reduction Bellfield Wallace	0.302		Revised plan without beds closing.
Reconfiguration / Bed Reduction Bellfield Intermediate Care	0.300		Castle suite closed July. Projected underspend for Bellfield as a whole in year.
Reducing Net Admissions into Long Term Care (Older Adults)	1.434		Figure Based on Intial Modelling - revised arrangements from 12 Sept seeking to achieve material net reduction as outcome. Despite ongoing efforts delivery of net reductions continues to be challenging to achieve.
Reducing Net Admissions into Long Term Care (Learning Disability/Mental Health)	0.223		Estimated based on Stirling avg cost per cases.
Bellsdyke Ward Redesign	0.600		Estimated £0.150m over delivery of initial estimate. Financial reporting requires to be adjusted to reflect in Integrated Budget. Some dependency on capital works.
MH Beds: Identify 3 beds for income generation	0.066		Work underway but limited capacity at current. Estimate based on 3/12ths of year but dependent on available bed capacity.
Once for C/S IJB contributions policy / Improving Financial Assessment and Recovery	0.830		Impacts advised from commissioning team 9/9 re recoup of SDS underspends, recouped debts and estimated financial benefit from Access to Funds/Interventions. Contributions Policy requires council approval and operational embedding to secure full benefits and give defensible policy position.
LD Review Activity	0.050		As notified to CO/CFO by service manager 2/9
Reprovision of Care provider post exit from market	0.009		Per Commissioning Briefing 8/9 - full year effect further £0.018m
Sub Total	5.467		
Further Recovery Measures			
Estimated Impact of Review of High Tariff Care Package	0.400		Initial estimate subject to further review as alternative care package considered.
Increase Review Activity Over Remainder of Year	0.100		Less impact observed in Clackmannanshire than Stirling localities to date
Additional Polypharmacy Reviews	0.066		Per PC Clincial lead proposal - presentation to August FAP Committee, net of costs on implementation
Review of Earmarked Reserves	0.463		Initial review. Further review of small balances required - likely to yield another £50-£100k
Rate reductions secured from care and support providers	0.077		As advised from commissioning team 9/9. Potential further benefit.
Sub-Total	1.106		
Adjusted Projection Before Consideration of Further Service Reductions or Non-Delivery of Statutory Functions	(7.961)		
Less: Additional Payment in 24/25 for 25/26 Risk Share from NHS Forth Valley	4.000		
Net Residual Projected Overspend	(3.961)		Excludes any potential further funding support from Stirling Council from earmarked reserve established which requires report back to council.

- 3.7. Whilst the risk assessment illustrates a significant degree of delivery risk the net residual overspend is broadly consistent with the initial delivery plan approved by the IJB on 2 May.
- 3.8. The net residual projected overspend of £3.961m above excludes any further potential payment from Stirling Council from the earmarked reserve established by the council which will require a further report back to council in due course.

- 3.9. This position is viewed, based on best available information at the time of writing and is viewed as the best position achievable without consideration of further material service reductions or non-delivery of statutory functions particularly the statutory obligations of local authorities to assess needs and promote social welfare by making available advice, guidance and assistance per Sections 12(A)/12(1) of the Social Work Scotland Act 1968.
- 3.10. Meantime the seriousness of the financial position and the need to continue to identify and assess further options has been highlighted to all services and team via internal communications from the Interim Chief Officer and Chief Finance Officer.
- 3.11. The issues set out at section 3.9 makes the appropriate governance considerations complex. To this point the working arrangements with both local authorities has been to continue to meet statutory functions whilst continuing to seek to mitigate the financial position as far as possible. From an IJB perspective there is effectively no other considerations for decision with direction at this point other than the directions appended to this paper.
- 3.12. There is however therefore a requirement to continue to work with the constituent authorities to urgently consider further potential budget recovery options to mitigate the risks as far as possible as well as taking all available steps to accelerate progression with the delivery plan utilising the project management capacity now being put in place.

4. Areas of Material Variance

- 4.1. Primary Care Prescribing – projected overspend £4.710m (previous projection £4.422m overspend) Cost associated with drugs and other therapeutics (such as some dressings etc.) prescribed in Primary Care by GPs and other primary care prescribers such as nurse prescribers. This has over the past couple of years been the most material element of projected overspend in the Integrated Budget.

Based on most recent prescribing information (to May 25) volumes are only up 1.1% on the year to May 24 whilst average cost per item has now increased to £10.84 per item up 5p per item from April resulting in the increase to the projection (average cost per item in 24/25 was £11.07). Members are asked to specifically note that prescribing costs and volumes can be volatile and such volatility, including the impact of market forces and issues such as short supply, can materially affect forecasts from month to month. Specific updates on Prescribing will be incorporated with future reports.

- 4.2. Older People / Physical Disabilities Residential Care – Projected overspend £4.206m (previous projection £4.899m overspend). The Delivery plan incorporated a target for achieving a net reduction in long term care placements in line with strategic priorities and taking account of the additional cost pressure the increase in the National Care Home Contract rate increase brought. In Stirling localities, a small net decrease in service users' numbers

in nursing homes was observed (421 @ 25 March 25 and 417 @ 21 August 2025) however there were a significant number (35) of unstarted placements recorded at the last available data point (28 July). Care home deaths during June, July and August appeared low compared to longer term trends though. In the Clackmannanshire locality there were 262 placements as at 31 July 2025, an increase of 21 from the start of the financial year. A significant element of the increase has been driven by placements of former Menstrie House residents in appropriate alternative care settings however some ongoing net growth in numbers is also apparent. To assist in mitigating the financial position a reduction in net admissions into long term care would be required however this continues to be challenging to achieve whilst maintaining flow and whole system performance. Whilst efforts to achieve this whilst prioritising appropriate hospital discharges will continue, such interventions do pose a risk to whole system performance.

- 4.3. Older People / Physical Disabilities Non-Residential Care – Projected overspend £5.561m (previous projection £5.495m overspend). The numbers of clients receiving care and support in Stirling locality teams in the week to 28 July 2025 was 916 compared to 922 at 31 March 2025 with weekly hours having reduced from 9,895 to 9,545 (source CAH actual weekly hours 2025/26). In Clackmannanshire there were 984 current service users at 30 June 2025 an increase of 35 users since 1 April (+3.6%). Further work is ongoing facilitate the presentation of activity data consistently across the partnership.
- 4.4. Learning Disabilities (LD) Non-Residential Care – projected overspend £4.267m (previous projection £3.723m overspend). Over recent years the cost and complexity of care needs for Learning Disability has increased considerably and often there are no suitable local alternative provisions for service users locally. Peer partnerships are reporting such issues also as a key pressure area and the experiential learning since establishment of the Senior Resource Allocation Group (SRAG) is that much of the high tariff care needs presenting to SRAG relate to the Learning Disability client group. The LD aspects of the Delivery Plan are therefore key to assisting in mitigating some of these increases as is development of alternative local care models including supported accommodation type models over the medium term.
- 4.5. Complex Care – projected overspend £0.454m (previous projection £0.508m over) overspend related to costs associated with patients / service users cared for under complex care arrangements. These are often patients who would have previously required hospital care, and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient.
- 4.6. Clackmannanshire Community Healthcare Centre wards - projected overspend £0.253m (previous projection £0.226m) – There have been significant cost pressures across these wards over the past couple of years and whilst this has dissipated somewhat, some degree of financial pressure is still projected in the current financial year. Absence is being managed in line

with organisational policies and efforts are ongoing to reduce absence and associated temporary workforce costs whilst managing safe staffing levels.

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

5. Set Aside Budget for Large Hospital Services

- 5.1 As has previously been reported, the financial pressures in relation to the Set Aside budget are predominantly related to unfunded contingency beds (UCBs), unfunded provisions included services previously funded by non-recurrent Scottish Government funding and associated supplementary staffing costs. The overspend for the 2024/25 financial year was £4.922m and the 2025/26 projection at Month 4 is an overspend of £5.237m (previous projection £5.281m). An analysis of this is provided in the table below.

Set Aside Budget for Large Hospital Services	Projected Variance £m	Narrative
Accident and Emergency Services	(1,981)	Urgent Care Centre Funding deficit and overestablished/unfunded posts
Inpatient Hospital Services General Medicine	(499)	Significant bank nurse hours over several wards
Inpatient Hospital Services Geriatric Medicine	(1,272)	Temporary workforce costs and unfunded posts
Inpatient Hospital Services Rehab Medicine	(1,124)	Agency locum medical costs and nurse bank houes
Inpatient Hospital Services Respiratory Medicine	(164)	Increase in pharmacy issues
Palliative Care	(11)	
Learning Disabilities	(46)	Lochview temporary workforce costs
Mental Health	(154)	Nurse bank and temporary workforce costs. Significant reduction from 24/25
Other Medical	15	
Total	(5,237)	

Note: negative reflects an overspend

- 5.1. Financial reporting in relation to Mental Health services is subject to ongoing review and future changes to reflect operational responsibilities and requires to transfer to the integrated budget post finalisation of governance and reporting arrangements for hosted services.

6. Further Material Financial Risk Issues

- 6.1. The report to the August IJB highlighted emergent financial risks in relation to the pan Forth Valley Primary Care Improvement Plan and fee setting arrangements for the Scotland Excel Care and Support Framework. These

issues still remain risks and work is ongoing to mitigate them as far as possible.

- 6.2. It is viewed as unlikely that the PCIP risk will crystallise in 2025/26 as the earmarked reserves held by both partnerships will mitigate it however further work on identifying and implementing sustainable options is required to prevent the financial pressure crystallising in 2026/27. There will be whole system discussion in this regard in due course.
- 6.3. The risk in relation to the Scotland Excel Care and Support framework has been quantified as up to £0.183m based on estimated actual hours. A robust review of applications and documentary evidence supporting the case for further uplift is required. We continue to engage with Scotland Excel as commissioners/purchasers to seek to appropriately mitigate this risk as far as possible.
- 6.4. As the Care and Support Framework contracts are held by the Councils there may require to be further discussions in regard of whether we continue to be committed to the framework in the future. Moving away from this framework would require and local procurement exercise which would be a significant undertaking.

7. Directions

- 7.1. In terms of recovery planning from an IJB perspective there are no fundamental changes or additional directions required at this point other than the direction in relation to review of earmarked reserves. Use of directions should, however, continue to be a live consideration for future reports to the Board.
- 7.2. There is, however, a need to clarify and amend the initial budget direction to NHS Forth Valley approved for issue by the Board on 2 May 2025 alongside the Revenue Budget and Delivery Plan. At this point in time the direction value was £190.909m reflecting the 2025/26 payment and set aside budget for large hospital services.
- 7.3. The direction requires to be amended to reflect the additional £4m payment from NHS Forth Valley in 2024/25 towards 2025/26 service pressures as detailed in the Revenue Budget and Delivery Plan. It is important to recognise that whilst NHS Forth Valley made this payment with a specific intended purpose it is for the IJB to determine its use and how the funding should be directed. A constituent authority cannot place conditions on the use of a payment other than in line with the specific terms of the Integration Scheme (where Scottish Government allocate funding for a specific purpose). The quantum in the amended direction is therefore amended to reflect the £4m and total direction value amended to £194.909m.
- 7.4. NHS Forth Valley also provided an additional £0.075m payment intended for the pilot in the use and associated managed service costs for GLP-1 drugs for weight loss (equivalent payment was also made to Falkirk IJB reflecting a pan

FV approach to prescribing). The proposal has now been supported by the Primary Care Medicines Resources Group and Medicines Optimisation Board therefore the IJB is asked to approve the associated direction appended to this report. This is likely to be an area of significant ongoing growth and the IJB should expect to be kept appraisal both in terms of the pilot and ongoing direct and indirect impacts of prescribing of GLP-1 drugs. This will be an area of activity and cost growth in future years.

8. Reserves

- 8.1. The draft 2024/25 IJB Accounts reflect a reserves position of £9.827m (subject to change when the 2024/25 risk shares finalised). The detail of this is appended to this report.
- 8.2. All reserves have been earmarked for specific purposes and the majority are expected to be expended during 2025/26.
- 8.3. Some scope to contribute to the financial recovery plan from a review of reserves is anticipated at this stage. There has not been sufficient time to conduct a full review of reserves at this point however the Chief Finance Officer will endeavour to do this and leave recommendations with the Interim Chief Officer prior to leaving post.
- 8.4. The reserves position includes a balance of £0.063m of service pressures reserves held by Stirling Council and a balance of £0.609m of Band 2 to 4 funding reserves held by NHS Forth Valley. Approximately £0.200m of the later reserve has commitments against it for Strathcarron Hospice Hospice at Home and Distress Brief Interventions costs in 2025/26 whilst longer term sustainable plans are put in place. This would leave a balance of £0.400m available to contribute to the recovery plan.
- 8.5. It is therefore recommended that £0.463m is allocated to contribute to the recovery plan at this point in time with further review of earmarked balances to be subject to further review to identify any further scope to contribute.
- 8.6. Directions are appended to this report for approval to facilitate the recommendation above.

9. Conclusion

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

- 9.2. This will be difficult to achieve whilst maintaining whole system performance, delivering all delegated integration functions and statutory obligations of the Councils and NHS Board.
- 9.3. It is also critical that additional short-term options do not adversely impact progression with the delivery plan particularly those elements which are projected to generate significant recurrent full year financial benefits in 2026/27.
- 9.4. Progressing with plans and approaches to manage these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership and constituent authorities over period of the Delivery Plan.

10. Appendices

- Appendix 1 – Analysis of Projections at Partner Level
- Appendix 2 – 25/26 Directions Log
- Appendix 3 – Reserves Detail
- Appendix 4 – Directions for Approval
- Appendix 5 – Delivery Plan Savings Projections

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

Appendix 1 – Integrated Budget Projections Analysis at Partner Level



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

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

APPENDIX 2 – Directions Log

Directions Log 25 / 26									
Reference Number	Report Title	Direction to	Text/Summary of Direction	Services / Functions Covered	Date Issued	Status*	Link to LJB paper	Most Recent Review	Planned Review Date
CSUB-2025_26/001	25/26 Revenue Budget 25/26 - 27/28 Delivery Plan and Medium Term Financial Plan	Clackmannanshire Council Stirling Council Forth Valley	Clackmannanshire Council is directed to spend the delegated net budget of £30,047m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to: Commissioning a Change to the Model of Care for Older Adults £0.288m Review and Redesign of Learning Disability Day Services £0.131m Shift from traditional respite models to short breaks provision £0.148m Reducing Reliance on Long-Term Care £0.765m Additional Income from revised contribution policies £0.167m Improving Financial Assessment and Recovery £0.498m Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.100m Care at Home Review Team £0.217m Review of OGA Placement and high tariff packages of care £0.114m MECS Reduction in Overtime £0.010m Reablement staff costs £0.008m Cease all local social work and OT posts £0.120m Removal of Historic Accommodation based housing support payments and maximising income £0.050m	Clackmannanshire and Stirling LJB	02 May 2025	In Progress	https://www.clackmannanshirephac.org.uk/content/uploads/2025/04/2025-26-27-28-Social-Meeting-2nd-May-2025.pdf	May-25	Mar-26
CSUB-2025_26/002	Care at Home Contract Implementation	NOT APPROVED OR ISSUED		Clackmannanshire and Stirling LJB					
CSUB-2025_26/004	Mental Health Inpatient Design	NHS Forth Valley	The two existing inpatient psychiatric rehabilitation wards are to be merged into a single inpatient unit with an improved flow. This aligns with supporting people in the community and builds towards and much more community-orientated model of care. Achievement of this will be monitored through the Length of Stay, Flow and Delayed Discharge Data.	Mental Health and Learning Disability, Inpatient Services, Bellside Hospital, Trysview and Russell Park Ward	26 March 2025	In Progress	LJB Meeting Wednesday 26 March	Mar-25	Jun-26
CSUB-2025_26/005	ADP Commissioning	NOT APPROVED OR ISSUED		Clackmannanshire and Stirling LJB					
CSUB-2025_26/006	Model of Care - Respite and Short Breaks	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Short Breaks Service Statement, a key component of this being the dissemination of advice and information to carers. And to inform their employees of the approach outlined in this paper, and detailed at Appendix 1.	Social work through their role to support carers Third sector through providing carers supports	26 March 2025	In Progress	LJB Meeting Wednesday 26 March	Mar-25	Aug-25
CSUB-2025_26/007	Implementation of Scotland Excel Care and Support Framework	Clackmannanshire Council Stirling Council	Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the contract as described and carry out ongoing contract monitoring as described.	All externally commissioned provision of care at home services across Clackmannanshire and Stirling Councils.	21 May 2025	In Progress	LJB Meeting Wednesday 21 May	May-25	Apr-27
CSUB-2025_26/008	Proposed Delivery Plan for Dementia	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council and NHS Forth Valley are directed to: 1) Take the necessary steps to implement organisational change and development for staff across the HSCP, in line with the approach outlined in this cover paper. 2) Take the necessary steps to procure as required any ancillary services to support the approach outlined in the cover paper.	Commissioned Support for those individuals living with dementia.	18 June 2025	In Progress	LJB Meeting Wednesday 18 June	Jun-25	Jun-26
CSUB-2025_26/009	Palliative and End of Life Care Commissioning Approach	Clackmannanshire Council Stirling Council NHS Forth Valley	NHS Forth Valley, Clackmannanshire Council & Stirling Council are enabled to direct resources both staffing and financial in line with the model of care, to deliver PARECUL.	Community support for those who are palliative or end of life care, and their family members/ carers	18 June 2025	In Progress	LJB Meeting Wednesday 18 June	Jun-25	Jun-26
CSUB-2025_26/010	Commissioning of Independent Advocacy Services	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Model of Care for Independent Advocacy as approved by the LJB on 18 June 2025 (including staffing and financial resources).	All adult health and social care services	18 June 2025	In Progress	LJB Meeting Wednesday 18 June	Jun-25	Oct-27
CSUB-2025_26/011	Supported Housing Best Value Review	Clackmannanshire Council Stirling Council NHS Forth Valley	NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the actions as outlined within the Delivery Plan (Appendix 2).	Supported housing provision for older people, learning disabilities and mental health provided across both Clackmannanshire and Stirling Councils.	18 June 2025	In Progress	LJB Meeting Wednesday 18 June	Jun-25	Sep-26
CSUB-2025_26/012	Forth Valley Mental Health and Wellbeing Strategic Plan	Clackmannanshire Council Stirling Council NHS Forth Valley	NHS Forth Valley, Clackmannanshire Council & Stirling Council are directed to support their employees to implement the Mental Health & Wellbeing Strategic Plan as required.	Community Mental Health Services Mental Health Assessment and Treatment Service Mental Health Officer Teams Substance Use Services Psychiatric Liaison Adult Inpatient Services Forensic Mental Health Services Prison Mental Health Services LD Services Older Adult Mental Health Services NHS Forth Valley Strategic Planning Services CAS strategic planning services Community Planning Services NHS Forth Valley Public Health Psychological Services Allied Health Professional Services Commissioned services as appropriate – third sector providers Carers and Service Users Primary Care	13 August 2025	In Progress	LJB Meeting Wednesday 13 August	Aug-25	Aug-26

APPENDIX 3 – Reserves Detail

Clackmannanshire & Stirling Integration Joint Board
Financial Year 2024/25
Carry Forward Reserves at Year Ended 31 March 2025

Reserves	Originating Constituent Authority	Reserve Detail	Brought Forward Balance £000	Transfers Out £000	Transfers £000	Carry Forward Balance £000	Comments
General Reserves							
General Reserve	NHS Forth Valley	General	599	(599)	-	-	
General Reserve	Clackmannanshire Council	General	151	(151)	-	-	
General Reserve	Stirling Council	General	1,850	(1,850)	-	-	
General Reserves Total			2,600	(2,600)		-	
Earmarked Reserves							
Transformation Fund	NHS Forth Valley	Earmarked	1,123	(785)	0	338	
Leadership Fund	NHS Forth Valley	Earmarked	322	(140)	-	182	
Invest to Save Fund	NHS Forth Valley	Earmarked	500	(218)	-	282	
Primary Care Premises	NHS Forth Valley	Earmarked	157	(19)	-	138	
GP Out of Hours (OOH) Fund	NHS Forth Valley	Earmarked	466	-	105	571	
Alcohol & Drugs Partnership	NHS Forth Valley	Earmarked	275	(180)	26	120	
Drug Related Deaths Funding	NHS Forth Valley	Earmarked	88	-	-	88	
GP subcommittees for GP contract	NHS Forth Valley	Earmarked	39	(3)	-	37	
Mental Health Innovation Fund	NHS Forth Valley	Earmarked	54	(32)	-	22	
Strategic Change Fund	NHS Forth Valley	Earmarked	237	(120)	-	118	
Community Living Change Fund	NHS Forth Valley	Earmarked	512	(512)	-	-	
District Nursing Posts	NHS Forth Valley	Earmarked	87	(44)	-	43	
Alcohol & Drugs - National Drugs Mission	NHS Forth Valley	Earmarked	61	-	-	61	
Mh R&R Facilities Projects	NHS Forth Valley	Earmarked	102	(67)	-	35	
Mh R&R Fund - Phase 2 Dementia Post Diagnostic Services	NHS Forth Valley	Earmarked	214	-	(0)	214	
Workforce Wellbeing - Primary Care And Social Care	NHS Forth Valley	Earmarked	51	-	-	51	
Electric Speed Adjusting Hand Pieces	NHS Forth Valley	Earmarked	30	(1)	-	29	
Ventilation Improvement Allowance	NHS Forth Valley	Earmarked	17	(11)	-	6	
Winter 300m Remobilisation Of Nhs Dental Services	NHS Forth Valley	Earmarked	41	-	-	41	
Emergency Covid Funding For Eating Disorders	NHS Forth Valley	Earmarked	88	13	-	101	
Primary Care Digital Improvement	NHS Forth Valley	Earmarked	54	-	-	54	
Service Pressures Reserve	NHS Forth Valley	Earmarked	110	(2)	-	108	
Long Covid Support Fund	NHS Forth Valley	Earmarked	72	(71)	67	68	
Mh Outcomes Framework - General	NHS Forth Valley	Earmarked	102	(24)	225	303	
Learning Disability Health Checks	NHS Forth Valley	Earmarked	80	(24)	52	108	
Global Sum & Correction Factor	NHS Forth Valley	Earmarked	34	-	72	107	
Nhs Board Funds (Pms)	NHS Forth Valley	Earmarked	50	-	25	74	
Prescribing Hscp Invest To Save	NHS Forth Valley	Earmarked	200	(11)	-	189	
Primary Care Pay Earmarked Reserves	NHS Forth Valley	Earmarked	538	(538)	-	-	
Scottish Dental Access Initiative Grant (Sdai)	NHS Forth Valley	Earmarked	120	(120)	75	75	
Mh Digital Therapy Posts	NHS Forth Valley	Earmarked	28	(28)	18	18	
Mental Health Strategy (Action 15)	NHS Forth Valley	Earmarked	40	-	22	61	
Maternity & Neonatal Psychological Interventions	NHS Forth Valley	Earmarked	52	(34)	-	18	
Hscp Awi Delays	NHS Forth Valley	Earmarked	-	-	51	51	
National Recruitment Campaign For B2-4 (Cs)	NHS Forth Valley	Earmarked	-	-	609	609	
Primary Care Improvement Fund	NHS Forth Valley	Earmarked	-	-	385	385	
Vaccines Adult Flu	NHS Forth Valley	Earmarked	-	-	154	154	
Vaccines Shingles	NHS Forth Valley	Earmarked	-	-	76	76	
Nhs Fv Contribution To Clack/Stirling Ijb Risk Share	NHS Forth Valley	Earmarked	-	-	4,000	4,000	
Year End Underspend (Cs)	NHS Forth Valley	Earmarked	-	-	588	588	
Unresolved Risk Share Allocation	NHS Forth Valley	Earmarked	-	-	(213)	(213)	
Earmarked Reserves Total			7,262	(3,614)	6,178	9,827	
Total Reserves			9,862	(6,214)	6,178	9,827	

APPENDIX 4 – Directions for Approval

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2025_26/014
Does this direction supersede, vary or revoke an existing direction?	Yes, CSIJB-2025_26/001
If yes, please provide reference number of existing direction	
Approval Date	24 September 2025
Services / functions covered	Revenue Budget 2025-26, 2025-26 to 2027/28 Draft Delivery Plan and Medium-Term Financial Plan
Full text of Direction	<p>NHS Forth Valley is directed to spend the delegated net budget of £194.909m in line (£36.333m of which is set aside for large hospital services) with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to this report, the following allocations relate to:</p> <p>Bellsdyke Ward Redesign £0.450m</p> <p>Reductions of 4 Beds in each of CCHC1, Wallace Bellfield and Bellfield Intermediate Care £0.706m</p> <p>Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals £0.387m</p> <p>Take management action to bring CCHC ward budgets into balance £0.669m</p> <p>Community Nursing Skill Mix Options £0.020m</p> <p>Improved Stock Management CCHC and Bellfield £0.030m</p> <p>Removal of vacant Band 2 former hairdressing post CCHC1 £0.020m</p> <p>Deletion of Service Manager post in Health Improvement £0.085m</p> <p>Primary Care Medicines Optimisation Programme £1.5m</p> <p>Income Generation for 3 beds (1 IPCU, 1 Hope House, 1 LD) £0.263m</p> <p>Review and Spend Reduction Older Peoples CMHTS £0.145m</p> <p>Substance Use Services – Technical Switches (Naloxone / buprenorphine) £0.062m</p> <p>Psychology Non pays budget reduction - £0.011m</p> <p>Psychology – Cease mat leave cover - £0.060m</p> <p>Move all patients, where safe, to typical antipsychotics £0.020m</p> <p>Delete Vacant Pharmacy Tech post at Lochview £0.010m</p> <p>Delete Vacant Arts Therapist Post £0.030m</p> <p>Apply Vacancy Factor to AHP budget based on recent years turnover rates £0.075m</p>

	Admin Review: Eating Disorders Service 0.4WTE reduction £0.021m Cease funding support for Frailty and ARBD from HSCP transformation funding £0.093m
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement has taken place with the IJB Strategic Planning Group, Joint Staff Forum, Members of the Corporate Management Teams of Clackmannanshire Council, Stirling Council and NHS Forth Valley and Elected Members through the budget development process.
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	To be added when paper published on website
Budget / finances allocated	The budget delegated to NHS Forth Valley is £190.909m consisting of £36.333m in relation to the Set Aside budget for large hospital services and £158.576m in relation to the Integrated Budget as per the report.
Performance Measures	The budget will be monitored through established periodic budget monitoring arrangements.
Date direction will be reviewed	31 March 2026

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2025_26/015
Does this direction supersede, vary or revoke an existing direction?	No
If yes, please provide reference number of existing direction	n/a
Approval Date	24 September 2025
Services / functions covered	Primary Care Prescribing
Full text of Direction	NHS Forth Valley is directed to spend £0.075m on a pilot for prescribing of GPL1 Drugs with associated managed service support.
List of key stakeholders impacted and any specific engagement and consultation requirements	Engagement has taken place with the Primary Care Medicines Resources Group and Medicines Optimisation Board
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	To be added when paper published on website
Budget / finances allocated	£0.075m from IJB earmarked reserves.
Performance Measures	Evaluation of pilot to be prepared and presented in due course to inform future planning and service delivery.
Date direction will be reviewed	31 March 2026

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2025_26/016
Does this direction supersede, vary or revoke an existing direction?	No
If yes, please provide reference number of existing direction	n/a
Approval Date	24 September 2025
Services / functions covered	Earmarked Reserves
Full text of Direction	<p>Utilisation of Earmarked Reserves to contribute to projected overspend on Integrated Budget.</p> <p>Stirling Council – balance of service pressure reserve £0.063m</p> <p>NHS Forth Valley – balance of Band2-4 funding reserve £0.400m</p>
List of key stakeholders impacted and any specific engagement and consultation requirements	HSCP SLT 17 September 2025
Timescale(s) for Delivery	2025/2026 Financial Year
Direction to	Stirling Council & NHS Forth Valley
Link to relevant IJB report(s)	To be added when paper published on website
Budget / finances allocated	£0.463m from IJB earmarked reserves.
Performance Measures	n/a
Date direction will be reviewed	31 March 2026

APPENDIX 5						
Programmes	Workstream	Del Plan No.	Deliver Plan Element - 2 May 25	25/26 Saving Required £'000	Projected 25/26 Saving £'000	Narrative/Notes
Remodelling of Beds	Menstrie House Workstream	1	Commissioning a Change to the Model of Care for Older Adults Long Term Provision in Clackmannanshire	288	0	MH Closed at handed back to council Aug 25 ahead of schedule. Redundancy costs charged to integrated budget means zero saving 25/26 but full amount in 26/27.
	Overnight Short Breaks in Clackmannanshire & Stirling Workstream	5	Shift from traditional respite models to short breaks provision	148	0	Paper with decision with direction to IJB Nov 24 but material savings in 25/26 highly unlikely.
	Rationalisation of Beds Across Clackmannanshire & Stirling System Workstream	6	Reduction of 4 Beds CCHC 1	254	152	Per delivery plan assessment
		7	Reduction of 4 Beds Wallace Bellfield	302	302	Per Delivery plan assessment
		8	Reconfiguration of Bellfield Intermediate Care Beds with net 4 bed reduction	300	300	Per Delivery plan assessment
		17	Take Management Action to Bring CCH ward budgets into balance	669	416	Target to bring budget into balance.
		18	Community Nursing: Skill Mix Options	20	20	Actioned
		29	Removal of vacant B2 former hairdressing post CCHC 1	20	20	Actioned
		8	Community Beds including Overnight Care			
				2,001	1,210	
LD Review, Redesign & Implementation of SDS	Community Workstream	2	Review and Redesign of Learning Disabilities Day Services	131	0	
		43	Delete current vacancies at Riverbank as by product of moving to 1 Day Care Provision	73	73	Actioned
	Residential & Inpatient Workstream	3	Review and Redesign of Community Residential Resources			Any Revenue Savings would be delivered 26/27
		9	Review of Inpatient Learning Disability Provision in Forth Valley			Any Revenue Savings would be delivered 26/27
		40	Delete Vacant Pharmacy Tech part time post at Lochview	10	10	Actioned
		41	Delete Vacant Arts Therapist p	30	30	Actioned
	Coming Home Workstream	21	Reviews of Out of Area placements and high tariff packages of care (MH/LD)	474	450	Includes estimated impact of review of high tariff care package. Further reviews may net savings in year.
				718	563	
Adult Autism	Adult Autism Workstream	D	NDD/Adult Autism			
				0		
Right Care Right Time (RCRT)	RCRT Workstream	10	Reducing Net Admissions into Long Term Care	2,295	1,657	Figure per assessment. Delivery and performance risk.
		16	Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative community supports	300		Difficult to assess direct financial benefit, if any.
		20	Care at Home Review Team (OP/PD Teams)	650	750	Assumes full delivery plus £100k further scope in Clackmannanshire
		25	Cease all locum social work and occupational therapist posts by 1 April	361		Further information required to assess
		A	RAPID: D2A			
		C	Life IT - Clacks			
				3,606	2,407	
Equipment, Stores & Contracts	Equipment Stores & Contracts Workstream	15	Community Equipment Redesign Including Westmarc			There is requirement for revenue savings to mitigate overspends however significant work required to realise.
				0		
AHP Review & Redesign	AHP Review & Redesign Workstream	11	Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals.	387	387	Actioned
		42	AHPs - Apply Vacancy factor to AHP budget based on recent years turnover rates	75	75	Actioned
				462	462	

MH Programme - tbc		4	Bellsdyke Ward Redesign - consolidation of I/p psychiatric rehab to single inpatient unit.	450	600	
		12	Old Age Psychiatry Community Services Scoping			
		33	Identify 3 beds for income generation (1 IPCU, 1 Hope House, 1 LD)	263	66	
	MH Bed Based, Inpatient & Community Rationalisation Workstream	34	Older Peoples Services CMHTs - review and reduce overall spend	145	145	
		37	Psychology non pays - budget reduction	11	11	
		38	Psychology - cease mat leave cover (based on last 4 years)	60	60	
		39	Depots - Move all patients, where safe, to typical antipsychotics	20	20	
		48	Further MH Commissioning Consortium Approaches			For future scoping.
		35	Substance Use Services - Changes to automatic dispensing of naloxone 2x year	40	0	
	Delivering ADP Transformation Workstream	36	Substance Use Services - Switch of oral Buprenorphine from brand to sub lingual	22	0	
		E	ADP Commissioning Consortium			
				1,011	902	
Income Maximisation		13	Draft Updated 'Once for Clacks and Stirling' contributions policies	500	254	Initial assessment of impact based on M1-4 compared to same period in 24/25. ERP impact making assessment difficult in Stirling more work to be done - prudent estimate taken at this point. Require to get council approval of contributions policy to fully embed and secure financial benefits.
		19	Improving Financial Assessment and Recovery	1,498	1,013	Per commissioning team update 16/9. Potential further £150k Stirling plus work required to replicate in Clacks
				1,998	1,267	
Housing with Care		30	Removal of Historic Accommodation based housing support payments and maximising income through effective rent collection	150		Further work ongoing to assess.
	Housing with Care Workstream	44	Improving Value from Supported Housing Arrangements: North Church Street Callander	12		Further work ongoing to assess.
		45	Improving Value from Supported Housing Arrangements: West Lodge Gardens			Further work ongoing to assess.
		46	Improving Value from Support Housing Arrangements: Improved Processes and Income Recovery	16		Further work ongoing to assess.
				178	0	
Tracking & Delivery of Mgmt Responsibility		22	MECS Reduction in Overtime	30	30	
		23	Reablement Staff Costs - vacant post and reduction in use of casual staff.	25	25	Actioned
		26	Removal of vacant sensory centre post	24	24	Actioned
		27	Improved Stock Management CCHC and Bellfield	30	30	
	Tracking & Delivery of Mgmt Responsibility Workstream	31	Deletion of Service Manager post in Health Improvement as part of wider redesign process	85	85	Actioned
		47	Admin Review: Eating Disorders Service reduction in admin hours (turnover opportunity) 0.4 WTE reduction	21	21	Actioned
		49	Align with Falkirk HSCP position on disinvestment from Frailty and ARBD from transformation funding	93	93	
				308	308	
Pan FV Primary Care Medicines Optimisatic Programme		14	Review Formulary for Provision of Continence Products			Further work ongoing to assess.
	NHS FV Meds Programme Workstream	32	Primary Care Medicines Optimisation Programme (including 25/26 PII, Polypharmacy, Meds/therapeutics of ltd clinical value and non medical prescribing)	1,500	1,500	Full delivery assumed.
				1,500	1,500	
Additional Measures			Polypharmacy Reviews		66	
			Reprovision of Care post provider exit from market		9	
			Review of Earmarked Reserves		463	
			Rate Reductions from Providers		77	
			Total as per 2 May 25 IJB Report (Gross)	£11,782k	8,619	
Projected Delivery as % of Delivery Plan Quantum					71%	

Clackmannanshire & Stirling Integration Joint Board

24 September 2025

Agenda Item 9

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 Integration Joint Board are asked to agree the Annual Performance Report (Appendix 2) and the associated Executive Summary (Appendix 1).</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 Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Review the Annual Performance Report (2024/25). 2) Approve Annual Performance Report Executive Summary (Appendix 1) & the full Report (Appendix 2), in line with recommendation from Finance, Audit and Performance Committee.
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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 (APR) 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.
- 1.6. The APR was presented to the Finance, Audit and Performance Committee on 17 September, comments reflected members satisfaction that this APR continues to highlight and celebrate successes across different services internally, and from our partners. As well as noting their pleasure at being able to see the progress being made across the Partnership, and the positive impacts that this is having on those who access services within our community.

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 Integration Joint Board is asked to:
- Review the Annual Performance Report (2024/25).
 - Approve Annual Performance Report Executive Summary (Appendix 1) & the full Report (Appendix 2).

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% sought 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.

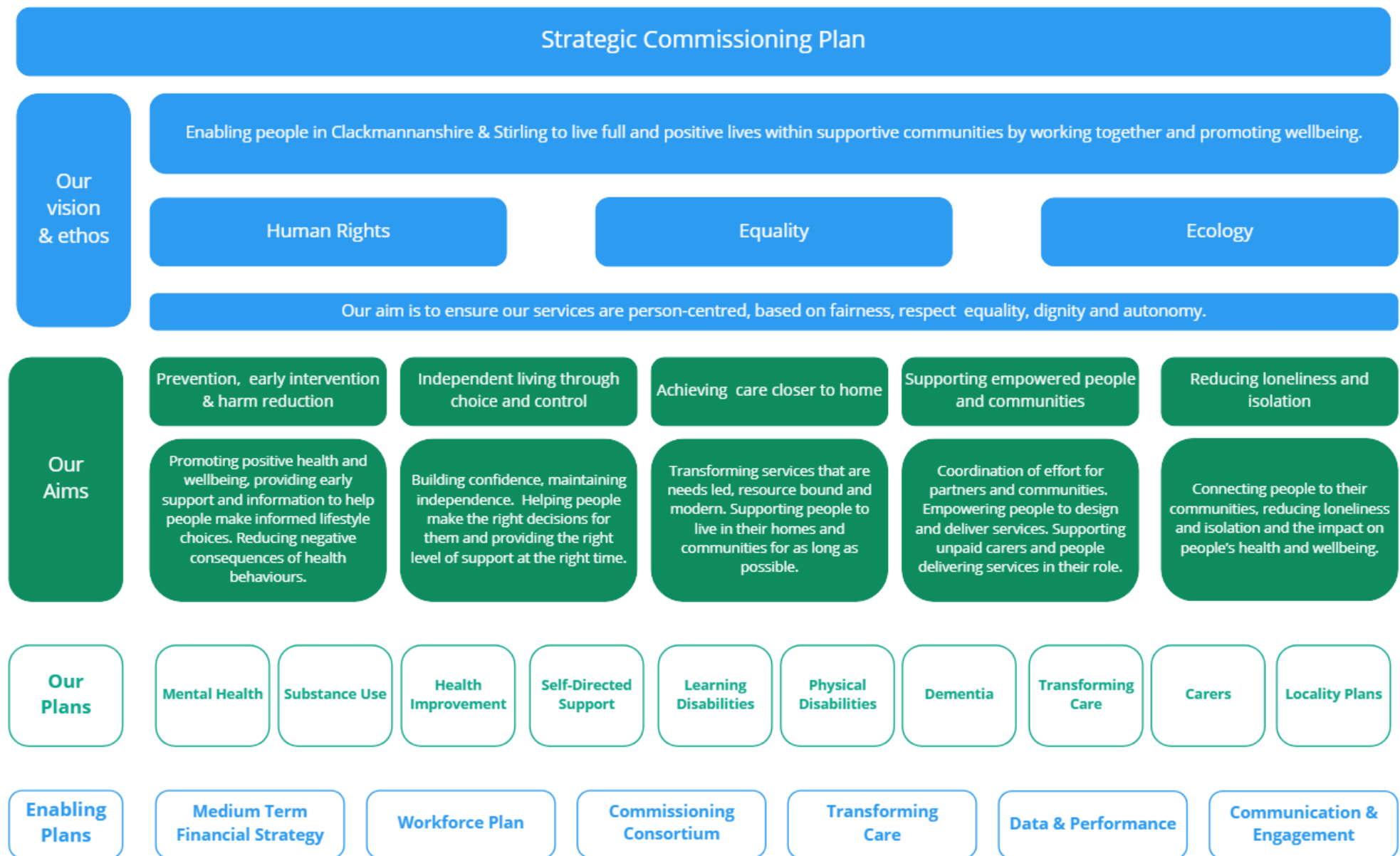
This report is a review of service delivery across Clackmannanshire and Stirling Health and Social Care Partnership outlining outcomes for communities, key achievements, effective partnership working and challenges as well as reporting on the significant programme which has been delivered to modernise 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.

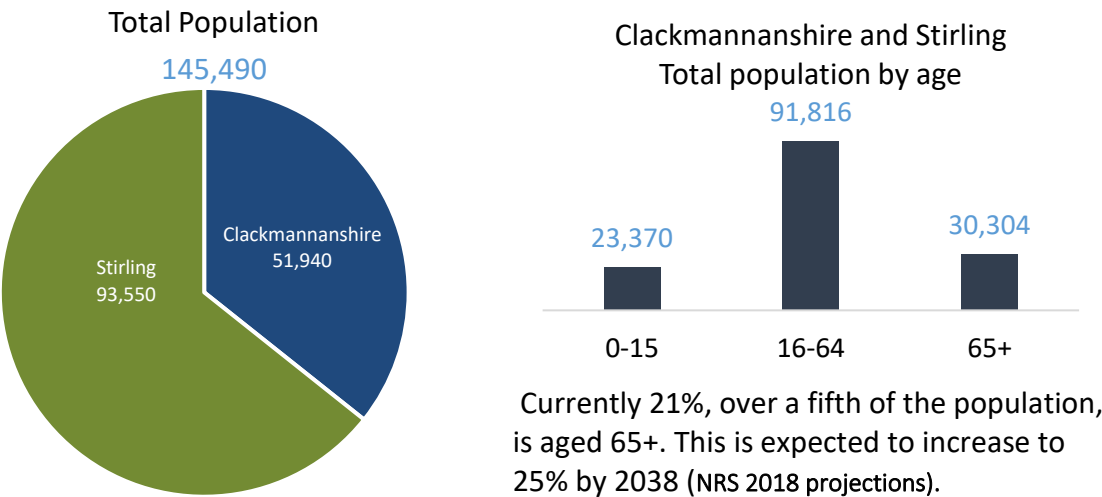
Health and Wellbeing Outcomes

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.

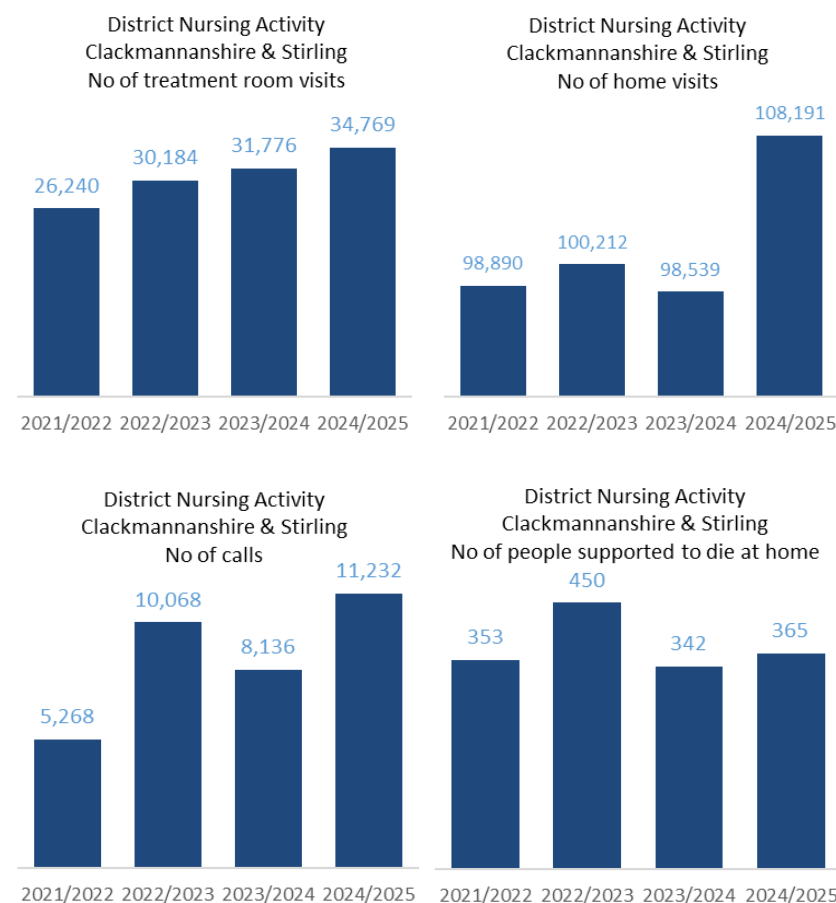
The rate of emergency bed days per 100,000 population for adults (18+)(NI-13) has reduced slightly from 116,414 in 2022/23 to 116,095 in 2023-24. This is below the Scottish average of 112,883 and the average of our comparator HSCP's.

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

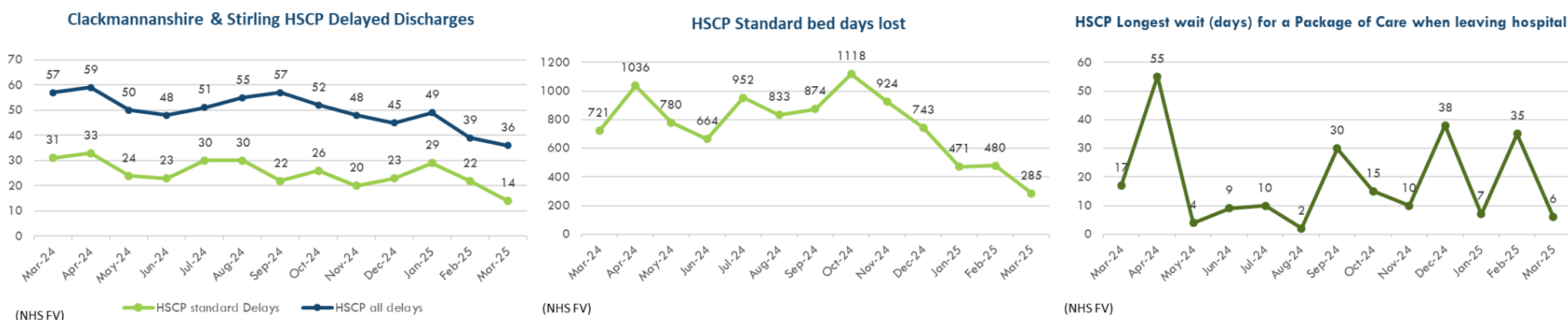


More information from Falls Awareness week 2024 can be found [here](#).

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. Significantly positive and long term trends demonstrating good outcomes for people in terms of unnecessary hospital stays and an improved fiscal position across the system as a result of avoidance of acute bed usage.



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.

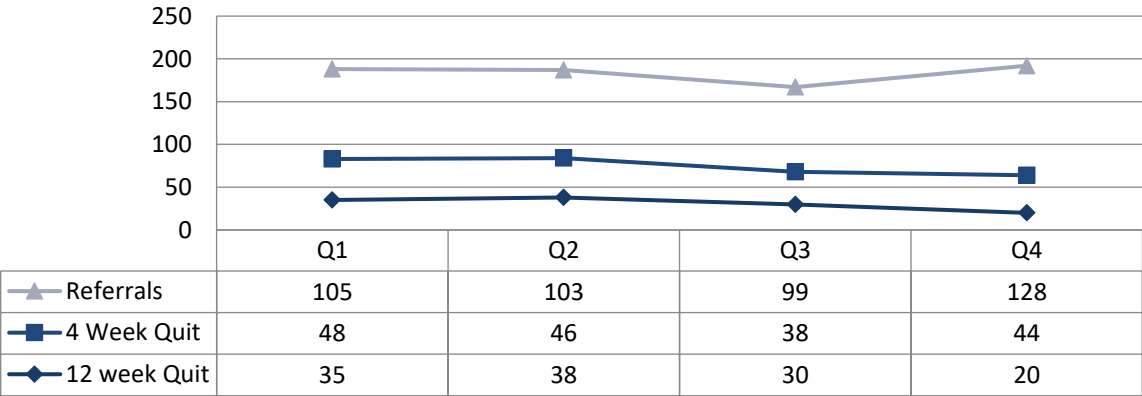
Of the 435 individuals referred to Stop Smoking Services in Stirling in 2024-25, 40% (176) reported they had not smoked in the prior four weeks. Moving into the measured quit attempt period, this fell to 28% (123) at the twelve week mark. The definition we use for a ‘successful quit’ is an individuals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

Going forward there will be updates in terms of a response to vaping and the impact on population health.

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.

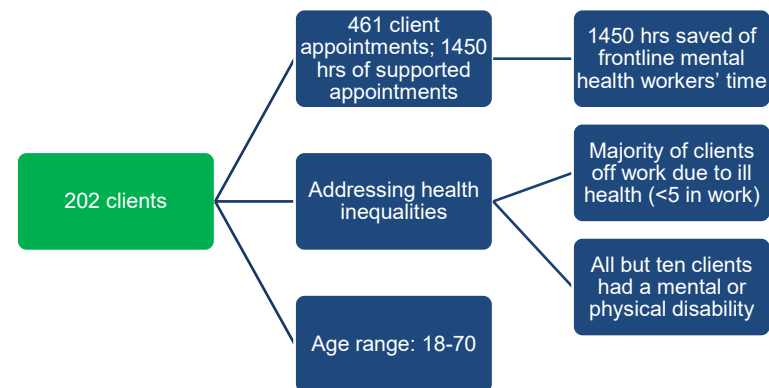
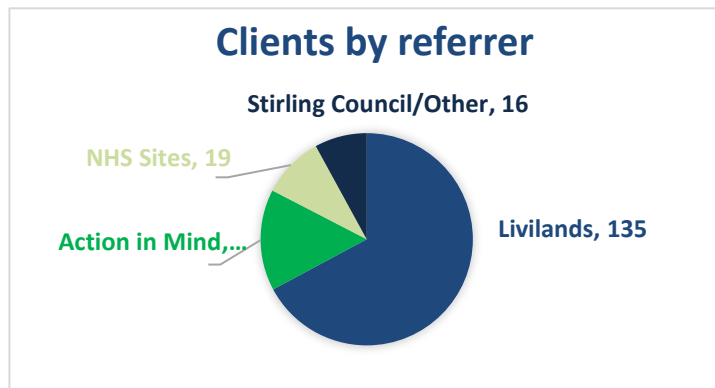
The project encompasses a second-tier consultancy support service to front line mental health professionals on rights, financial inclusion and associated social/ welfare/ legal matters for their clients or patients. This project adopts an early intervention educative element through the delivery of financial 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/medication-assisted-treatment-mat-standards/summary/).

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

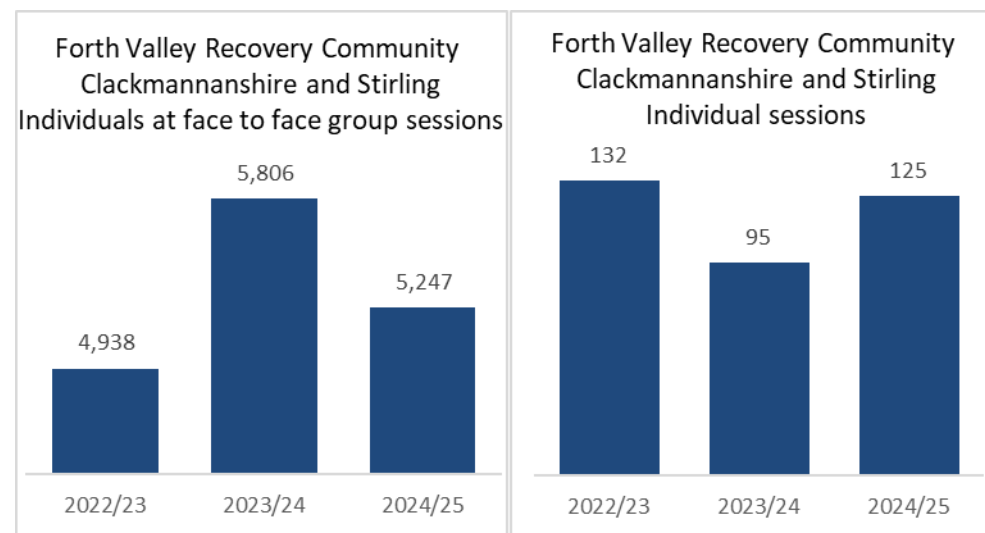
Key actions for 2025-26

- 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:

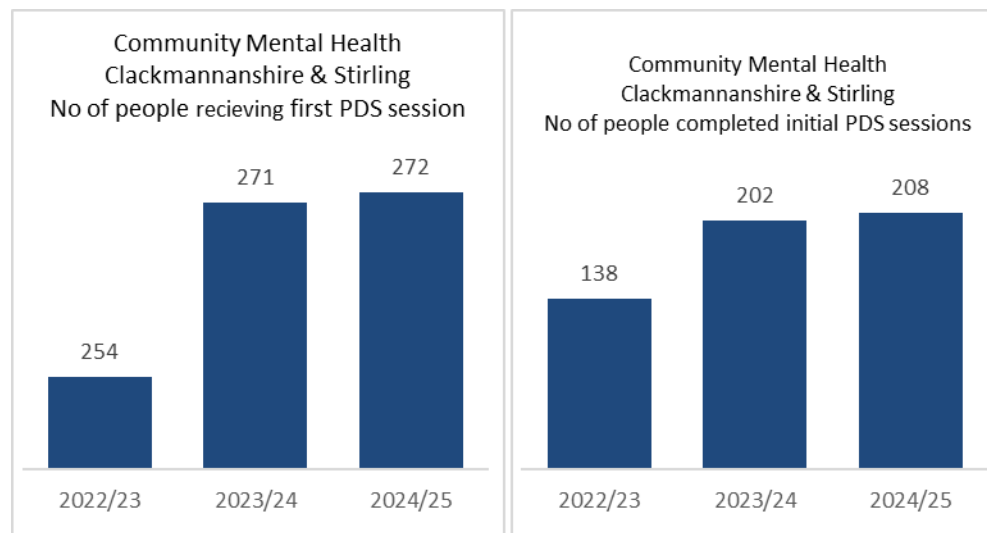
It is important that everyone, including members of staff, are aware of the ethos of SDS. Staff need to understand how to put knowledge into practice to continue to embed a consistent and holistic approach to social care. In light of this, Self-directed Support Forth Valley (SDSFV) have developed and 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.”*

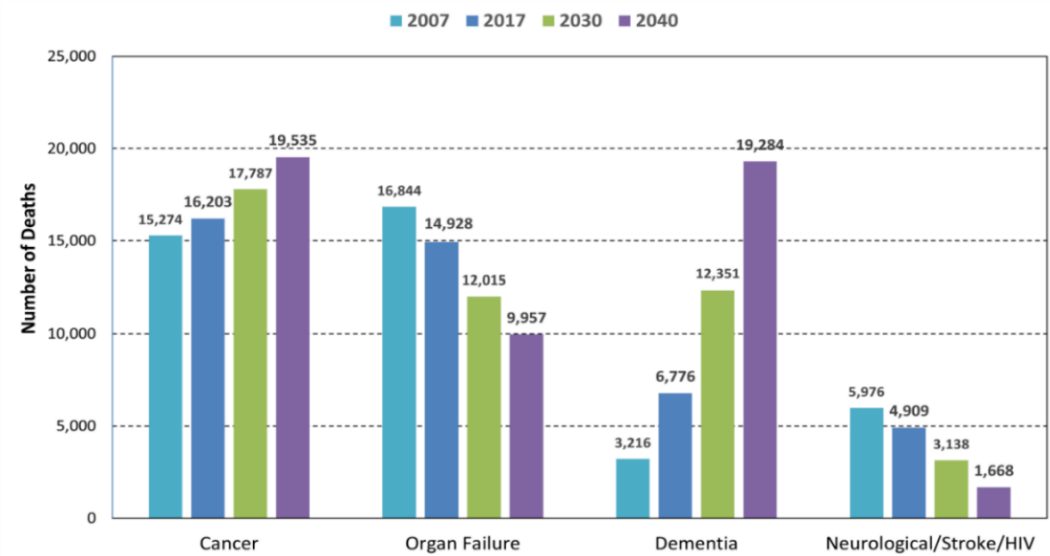
Upon agreement of the P&EOLC Strategic Commissioning Plan in November 2024, by both IJBs in Clackmannanshire and Stirling, and Falkirk, a commissioning consortium was convened.

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.

The delivery model of commissioning of local hubs will be reported as part of performance reporting during 2025 - 2026.

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



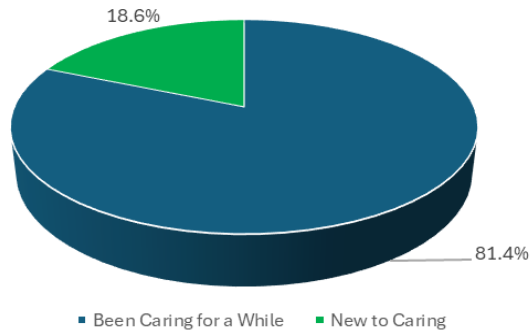
Our health and social care system needs to evolve and transform to keep pace with the changing PEOLC needs of FV residents. An ageing population, increasing multi-morbidities and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources. 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

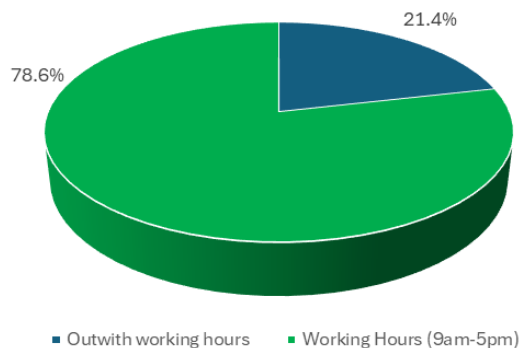
How would you describe yourself?



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-centred 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

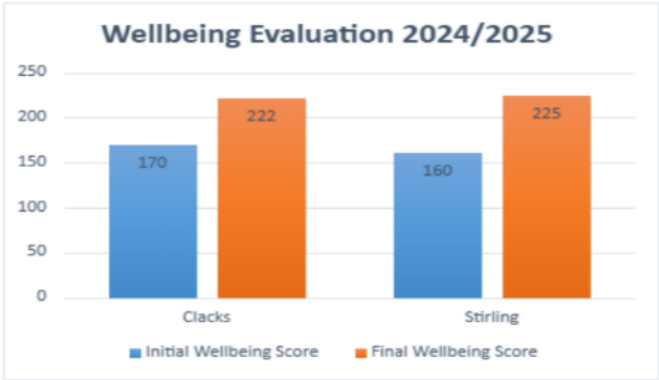


The main aim of the Community Link Worker Project is to support activities that provide a person-centred and human rights approach. This is done by utilising social prescribing, which is an important self-management tool, enabling people to continue to live in their community, independently, safely and 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 Large Hospital 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 £6.991 million after taking account of the impact of financial recovery measures.



£286.9m total
IJB Strategic Plan
Budget 2024/25



£6.991m 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 £0.421m 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 owned 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

24 September 2025

Agenda Item 10

Reviewing the Strategic Commissioning Plan

For Approval

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

Directions	
No Direction Required	<input 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 update and seek approval from the Integration Joint Board (IJB) for the process for the three year review of the Strategic Commissioning Plan (2023-2033).
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1. Consider and approve the process for reviewing the Strategic Commissioning Plan 2023 - 2033. 2. Note that the Strategic Planning Group has in principle agreed the proposed process and has agreed to oversee the review on behalf of the IJB. With the finalised review of the Strategic Commissioning Plan scheduled to be presented to the IJB in March 2026.
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Key issues and risks:	The Strategic Commissioning Plan is a key requirement of the Integration Joint Board, as the overarching commissioning body for all delegated functions, as laid out in the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Government Guidance. The role of the Strategic Planning Group within the Act is to oversee and monitor the delivery of the Plan. The Act also states that the Plan must be reviewed at least every three years.
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1. Background and Introduction

- 1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a number of duties on Health and Social Care Partnership (HSCPs) in relation to strategic commissioning. One of which is to produce a Strategic Commissioning Plan, another being to ensure the Plan is reviewed at regular intervals, and at least every three years.
- 1.2. Strategic Commissioning is the process by which health and care services are planned, commissioned and monitored and sets out the arrangements for delivery of all integration functions.
- 1.3. The HSCP published their current Strategic Commissioning Plan in 2023, and the Plan covers a 10-year period. The Scottish Governments statutory guidance on strategic plans sets out that Integration Authorities (IJBs) are required to

review their strategic plan at least every three years. In line with the Act and statutory guidance, in 2026 the review for the current Plan is required to be published.

- 1.4. Our current Plan focusses specifically on; integrated working, partnership opportunities and co-production with those with lived and living experience to deliver a quality system of care and support. This aligns to the spirit and principles of the legislation creating the conditions for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the people in Clackmannanshire and Stirling who need joined-up support and care, particularly people with multiple, complex, long-term conditions.
- 1.5. The Strategic Commissioning Plan lays out the national and local context required and outlines the legislation and national and local frameworks as well as links to the National Health & Wellbeing Outcomes.
- 1.6. The strategic context within which the original Plan is drafted links to wider outcomes and priorities. This includes the United Nations Sustainable Development Goals, Scottish Governments National Performance Framework and National Health and Wellbeing Outcomes. This Plan also contributes towards delivering the priorities of NHS Forth Valley, Clackmannanshire Council and Stirling Council and as well as wider local partnerships including community planning arrangements.
- 1.7. Delivery of health and social care services in Clackmannanshire and Stirling reflect and align to the national and local policy environment and it is important that we are flexible and open to these changes, as they are continually evolving.
- 1.8. The Plan defines five strategic themes:
 - Prevention, early intervention & harm reduction
 - Independent living through choice and control
 - Achieving care closer to home
 - Supporting empowered people and communities
 - Reducing Loneliness & Isolation

These were drafted following a wider process of consultation and engagement and were drafted taking cognisance of our priority to provide health and social care services that support people to meet their outcomes, are of a high quality, fulfil the needs of people and help individuals to live independent and fulfilling lives.

- 1.9. Undertaking a review, does not mean the Strategic Commissioning Plan will be rewritten, as it has been agreed as covering a 10-year period. Instead, it allows for reflection and review; where we are now in comparison to when the Plan was developed and agreed. This will likely mean that a refreshed document providing updates and necessary amendments will instead be produced to ensure any relevant changes are able to be reflected.

2. Proposed process for the Review

- 2.1. Engagement is key to the review of the Strategic Commissioning Plan. As such, it is proposed that a Review Working Group will be established with representation from the HSCP and the three constituent organisations.
- 2.2. The following groups have been approached to be representatives on that group:
 - Officers from across each of the constituent bodies
 - HSCP operational and planning officers
 - Third Sector Interface representatives.

The wider participation of key community planning groups and representatives will be a key part of the engagement process including ADP and Justice Partnerships. The wider participation of communities and supported people and their carers will be sought to ensure that a wide a range of views can be gathered to inform the content and drafting of the Review. Staff side and trade unions will have a vital role to play in consulting with staff and practitioners across our system. We will link closely with our colleagues within Falkirk HSCP to ensure alignment of our whole system working and our hosting arrangements.

- 2.3. In addition, on-line and in person consultation sessions and events will take place between November and January 2026 to ensure those within our communities are able to contribute their views to this process, as they are the recipients of the care and support we deliver. Questions will be focused on people's experiences over the past three years, since the publications of the Strategic Commissioning Plan.
- 2.4. It is further proposed that the Strategic Planning Group oversee the review process on behalf of the IJB. Their statutory role in providing oversight of the Strategic Commissioning Plan, as well as providing governance and assurance on strategic planning matters.
- 2.5. As part of the review process, there is a process already underway to develop key performance indicators (KPIs) which can be used to monitor progress made by the HSCP in supporting our communities.
- 2.6. The creation of KPIs will also assist the Annual (and quarterly) Performance Reporting processes, the publication of which is also a requirement under the the Public Bodies (Joint Working) (Scotland) Act 2014. These would directly align to the Strategic Commissioning Plan, and our interpretation of our key priorities within the review period, as our interpretation of our high-level priorities may change over time.

3. Implications for the Review

- 3.1. There is a commitment as we refresh of the Strategic Commissioning Plan to align to the commitments as laid in our agreed HSCP Delivery Plan. The operational modernisation and change needs to be included in our refreshed

Strategic Commissioning Plan including a focus on IT and the use of TEC; improved communication with communities linked to self-care & self-management; signposting and a continued commitment to carers support and early intervention and prevention across wider service areas.

- 3.2. There are implications that we are experiencing across the Partnership, and it would be prudent not take these into account, especially as the review process will look into the future as well as where we started.
- 3.3. Some of these implications, with are not unique to the Partnership, are:
 - The status quo is unsustainable, and demand will outstrip our resources if we continue to use our current models.
 - Genuine, transparent public engagement and consultation on sustainable service delivery need to inform our response to those with needs in our communities.
 - There is a wider need, that is evidenced across the country, to prioritise areas, and to make difficult decisions around disinvestment.
 - Work is ongoing to ensure we have access to the most robust data available to support informed decision making, but currently this information is limited. Which means we need to work with what we have access to, this includes using evidence collected and collated nationally such as Kings Fund and Nuffield Trust.
- 3.4. Given the fiscal challenges and growing demand for and costs of service provision it is proposed to integrate budget consultation with the process set out for the review of the Strategic Commissioning Plan. This aligns with the ethos of 'Needs Led, Resource Bound' and will inform future delivery planning. It is specifically acknowledged that the status quo is financially unsustainable and that prioritisation is required.
- 3.5. By aligning the strategic planning process with budget consultation and the IJB Business Case including the next iteration of the Delivery Plan, this approach aims to align strategic planning and operational delivery within fiscal constraints.

4. Next Steps

- 4.1 The timeline for this work is as follows:
 - Review Working Group to be established by the end of September 2025, which will also take into account:
 - Alignment to Delivery Plan priorities
 - Review of up to date national and local policy changes
 - Update to Strategic Planning Group – November 2025
 - Programme of engagement on-line and in person throughout October – December 2026
 - Reviewed Plan presented to Finance, Audit and Performance – January 2025
 - Reviewed Plan presented to Integration Joint Board – March 2025.
- 4.2 As part of this process the following will provide a fundamental focus:

- financial context
- outcomes for people including carers
- priorities we can deliver within the current financial context

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	<p>There are numerous financial considerations that need to be factored into this work. During the timeline in the 'Next Steps' section both the UK Autumn Statement (expected Nov 25) and Scottish Draft Budget and Spending Review (expected Jan 26) will impact upon our delivery.</p> <p>In addition, the following also needs to be taken cognisant of, which reinforces our HSCP's position of being needs led but resource bound:</p> <ul style="list-style-type: none"> • Scottish Government Medium Term Financial Strategy and Fiscal Sustainability Delivery Plan • Resource Funding (day to day spending) projected to grow by 1% a year to 2029/30 • Controlling the public sector paybill (0.5% downward trajectory of next 5 years, reducing absence) • Need to realise efficiencies across public sector (data, digital, shared services, AI/automation, procurement, review of public sector landscape) • Reform aimed at addressing long-term spend growth • Reducing demand-led spending through preventative measures
Other Resources:	N/A
Legal:	There is a legal requirement to review the Strategic Commissioning Plan every three years.
Risk & mitigation:	The Strategic Commissioning Plan is a key requirement of the Integration Joint Board, as the overarching commissioning

	body for all delegated functions, as laid out in the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Government Guidance. The Act also states that the Plan must be reviewed at least every three years.
Equality and Human Rights:	The EQIA for this piece of work has already been published, Strategic-Commissioning-Plan-2023-2033.pdf .
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>

Clackmannanshire & Stirling Integration Joint Board

24 September 2025

Agenda Item 11

Monitoring the 2025/26 to 2026/27 Delivery Plan

For Noting

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

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 update the Integration Joint Board (IJB) on the approach to monitoring the Delivery Plan and developments in establishing project management capacity and project management office arrangements.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider and discuss the content of the paper. 2) Note and draw assurance from arrangements being put in place. 3) Note that the effectiveness of arrangements will be reviewed within 6 months.
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Key issues and risks:	<p>Service and financial sustainability are key risks for the HSCP and constituent authorities in being able to discharge statutory obligations within a constrained financial environment with increasing demand and complexity.</p> <p>The approach set out in this paper will assist in managing demand for services, expectations of services and discharge of legal obligations.</p> <p>Given the size, scale and complexity of the Delivery Plan effective and efficient programme and project management arrangements are viewed as key to supporting senior responsible owners (SRO's) to delivery the projects and changes required.</p>
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1. Background and Progress in Appointing Project Management Capacity

- 1.1. The IJB approved the 2025/26 Revenue Budget, and 2025/26 to 2027/28 Delivery Plan and Medium-Term financial plan at its special meeting on 2 May 2025. The budget incorporated plans to establish project management support to support delivery of the ambitious programmes of change set out in the Delivery Plan.
- 1.2. The budget made provision for 4 fixed term project managers and post a competitive internal recruitment process 3 project managers were appointed. We will not seek to appoint to the 4th post the portfolio of work will be distributed across the 3 appointees and existing programme management capacity. Instead, the Interim Chief Officer has identified a requirement for dedicated social work practice improvement capacity and is developing plans to achieve this.
- 1.3. The individuals appointed commenced their new roles on or around 18th August following a competitive interview process.

2. Programme Management Approach for Delivery Plan

- 2.1. There is already PMO support for Primary Care Medicines Optimisation on a pan Forth Valley basis and this will remain. Additionally, Stirling Council provide a programme management support through an Adult Social Care Portfolio Lead supporting the HSCP which will remain and supplement the additional fixed term capacity which has been appointed.
- 2.2. The fixed term project managers will report to the Head of Strategic Planning and Health Improvement and the approach to project management established in 2024/25 by the previous Interim Chief Officer and Chief Finance Officer will be used for programme and project control and reporting in the first instance with ongoing consideration of use of available tools
- 2.3. This along with support from Finance Officers and in particular the HSCP Management Accountant as the consolidator role supporting the Chief Finance Officer forms the core project team who will meet weekly to monitor and review progress.
- 2.4. The proposed portfolios for the project managers were agreed at the HSCP Senior Leadership Team meeting on 27th August 2025 to distribute the required workload across the team.
- 2.5. This coincides with review and reform of Senior Leadership Team meetings instigated by the Interim Chief Officer from 20th August to alternate focus on a weekly basis between Operational matters and Performance, Finance and Strategy.

- 2.6. Reporting from the Delivery Plan meetings will feed the weekly reporting for SLT using project management system JIRA into the Finance, Audit and Performance (FAP) Committee and IJB reporting from September cycles, with the FAP committee having the opportunity to take 'deep dives' into projects or thematic in each cycle.
- 2.7. The reporting will be served by the development of an overall progress dashboard which will provide an overview including risk assessment and overview of progress including financials.
- 2.8. This will dovetail with savings reporting within financial reports to give a rounded view of progress with the Delivery Plan as the core means of transformation and modernisation of service delivery in line with the approved Strategic Commissioning Plan priorities seeking to balance service and financial sustainability, challenging though this continues to be.
- 2.9. Consideration will also be given to how progress is demonstrated and reported within the 2025/26 Annual Performance Report. It is suggested that the approach set out above along with system level information in relation to the 9 Health and Wellbeing Outcomes and other information such as case studies will aide this.

3. Conclusions

- 3.1. It is acknowledged that a resourced, efficient and effective programme and project management structure is critical in supporting senior responsible officers (SRO's) to deliver change at the scale and pace required.
- 3.2. This requires to be dovetailed with reformed HSCP Senior Leadership Team arrangements and appropriate reporting to the SLT, IJB and IJB Finance Audit and Performance Committee to form a basis for delivery, reporting and assurance in a risk informed manner.
- 3.3. It is suggested these arrangements are put in place from the September cycle and their effectiveness being reviewed within 6 months and adaptations considered in light of experience to date.

4. Appendices

None

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 type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	The 2025/26 to 2027/28 Delivery Plan and Medium-Term Financial Plan are the core means of seeking to deliver service transformation and savings required to be deliver demonstrable progress against the approved Strategic Commissioning Plan priorities and seek to balance service and financial sustainability.
Other Resources:	The body of the paper set out progress in securing required project management capacity as approved with the 2025/26 Revenue Budget.
Legal:	
Risk & mitigation:	<p>The approach set out will assist in delivery of service change in sustainable manner as part of the ongoing approach to delivery of the strategic plan priorities in a 'Needs Led, Resource Bound' manner.</p> <p>Risk HSC001 in the IJB Strategic Risk Register 'Delivery of Strategic Commissioning Plan within available budget' is currently scored at 25 High – the highest possible scoring.</p>
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at:</p>

	<p>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>
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Clackmannanshire & Stirling Integration Joint Board

24 September 2025

Agenda Item 12

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 present Long Term Care and Ordinary Residence Policies to Integration Joint Board policies for agreement.
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Recommendations:	<p>The Integration Joint Board is 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) Approve both policies in line with recommendation from Finance, Audit and Performance Committee.
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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 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. 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 Clackmannanshire or Stirling Health and Social Care Partnership (CSHSCP) area. However, 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 in

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 relate 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 consistent 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 Currently, national guidance on Ordinary Residence, states that disputes, decision and referrals should be sent to the Head of Community Care. Agreement should be taken on whether it is appropriate that this arrangement remains the same or whether the function of receiving and coordinating correspondence should be delegated to another team? In the case of the latter oversight would remain with the Head of Community Care as well as providing an escalation point, if needed.
- 3.2 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 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 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.
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 This paper <u>does not</u> require a Fairer Duty assessment.</p>



Long Term Care Settings 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 responds 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.

More information on income maximisation and benefits advice is available from local Welfare Rights Services and Citizens Advice Bureau.

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

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.

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 what 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, 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.

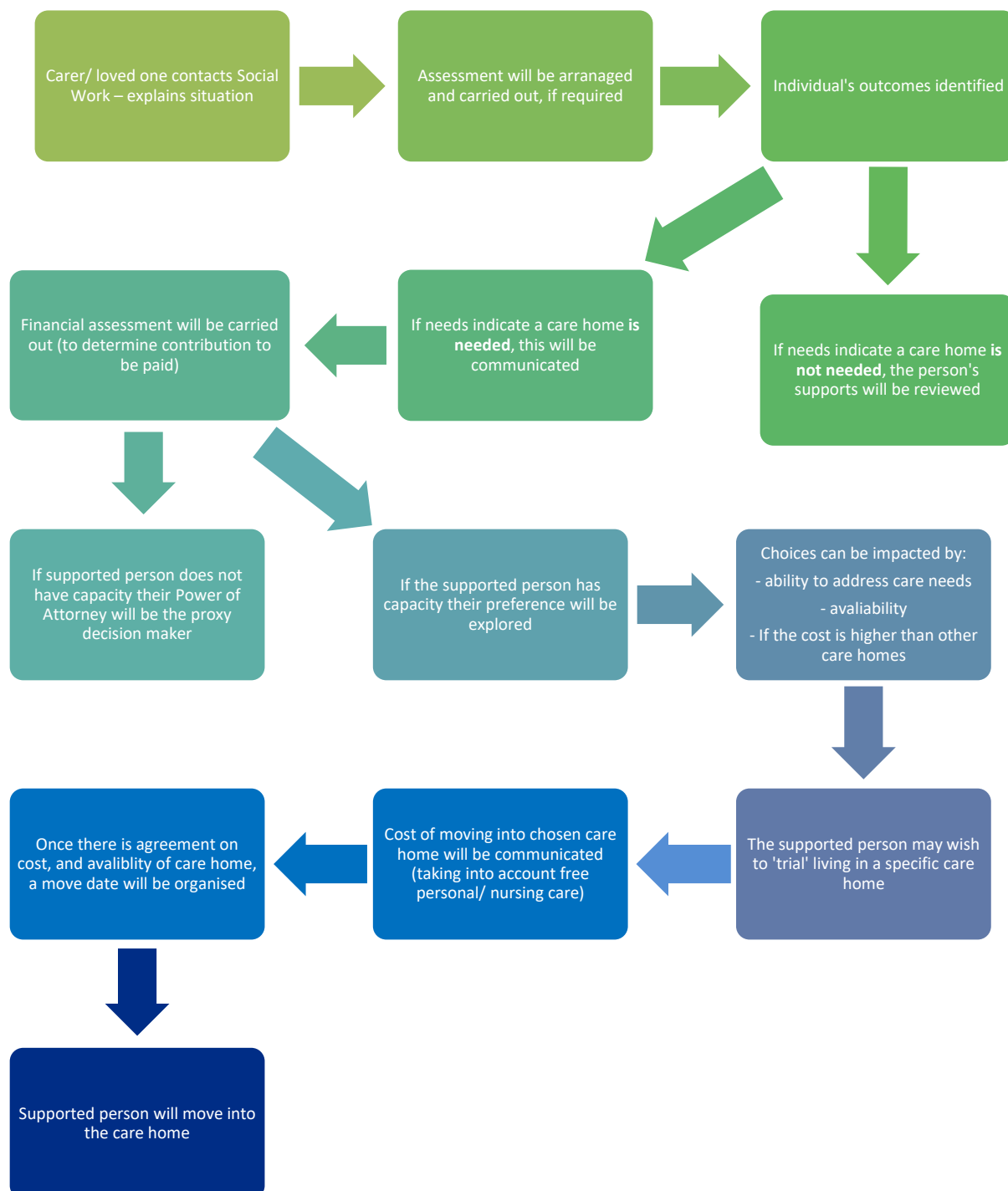
Respite / Short Breaks

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.

For the purposes of this policy Clackmannanshire and Stirling are considered one area in terms of 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 a 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 and 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 needs 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 a move 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

24 September 2025

Agenda Item 13

Commissioning Change to the Model of Bed Based Respite in Clackmannanshire and Stirling

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer, Clackmannanshire & Stirling HSCP
Paper presented by	Judy Stein, Interim Head of Community Health and Care, Clackmannanshire & Stirling HSCP
Author	David Niven, Adult Social Care Portfolio Lead, Stirling Council
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:	This report aims to update the IJB on recent progress and the future plans for commissioning change to the model of bed based respite in Clackmannanshire and Stirling.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>1) Note ongoing progress with commissioning change to bed based respite which will lead to a further report to the IJB for decision with directions at the 26 November 2025 IJB meeting.</p>
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Key issues and risks:	<ul style="list-style-type: none"> • There is a co-dependency between the Ludgate Short Stay Assessment beds aspect of this work and the other beds redesign work within the Health and Social Care Partnership (HSCP) Delivery Plan. It is expected that a report on HSCP Rationalisation of Beds Across the Clackmannanshire and Stirling System will be brought to the HSCP Senior Leadership Team (SLT) during October '25 and the content of the report will be used to inform the subsequent stages of the Bed Based Respite work. • There is a risk that the projected 25/26 savings of £148k incorporated within the HSCP Delivery Plan may not all be realised within this financial year. This will be due to the timescale required to implement the recommended bed based respite changes that will be detailed within the 26 November 2025 IJB report and directions.
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1. Background

- 1.1. In March 2025 the Integration Joint Board (IJB) approved the Clackmannanshire & Stirling Health & Social Care Partnership Short Breaks Services Statement (Appendix 1).
- 1.2. In line with the Self-directed Support legislation and Carers Short Breaks Service Statement agreed in March 2025, there is a need to review and consider how the current residential respite provision is modernised.

- 1.3. Within the March 2025 IJB report section 3.11 noted that “Implementing the short breaks policy [services statement] will require disinvestment from traditional respite models in order to establish a short breaks fund to be appointed within localities... To enable this shift this would mean the current respite beds within Ludgate would be surplus to requirement, in which case the council would need to consider the future of the building.”
- 1.4. The working group established during the summer of 2025 to progress this work has identified that the shift to the language of short breaks enables wider conversations to be had more easily about what a break for a carer can look like.
- 1.5. The Bed Based Respite Working Group recognises that there is merit in looking more closely at the overnight element within the short breaks services statement to emphasise that there are opportunities for supported people and their carers to tailor the carer’s short breaks. This includes the opportunity to create more innovative and dynamic short breaks while also recognising that there are some carers and supported people who really benefit from the peace of mind that is available from access to nursing care level bed based respite.

2. Consideration

- 2.1. The Bed Based Respite Working Group (BBR WG) are progressing the specification of a suite of options for how to deliver Commissioning Change to the Model of Bed Based Respite across Clackmannanshire and Stirling. Once complete the options will be shared with the HSCP Senior Leadership Team for feedback and approval to proceed with stakeholder engagement in the form of consultation.
- 2.2. Once the stakeholder engagement has been completed a report to the IJB will be drafted which will include recommendations and directions for consideration by the IJB. When IJB approval is secured the recommendations and directions will be implemented.
- 2.3. Draft Project Plan

Draft Outline Project Milestones	Timeline
Working Group complete the specification of Options for the Future Model of Bed Based Respite.	Mon 29 Sept ‘25
HSCP Senior Leadership Team review options and consider request to commence stakeholder engagement in form of consultation.	Weds 1 Oct ‘25
6-week stakeholder consultation process.	Weds 1 Oct ‘25 to Weds 12 Nov ‘25
Complete consultation response analysis.	Mon 17 Nov ‘25
Submit IJB report for deadline.	Weds 19 Nov ‘25

IJB meeting – present report and request approval of recommendations and directions.	Weds 26 Nov '25
Commence implementation phase	Mon 1 Dec '25
Implementation phase duration dependant on option approved	tbc

2.4. Completing the options for progressing this work is reliant on a number of elements which are underway but not yet complete:

2.4.1. The working group continue to identify, collate and analyse accurate service data and costs relating specifically to bed based respite in both Clackmannanshire and Stirling. The data and costs are being used to understand the current services more clearly and to inform the proposed options.

2.4.2. The working group are clear about the need to develop options that apply equally across both Clackmannanshire & Stirling. This will address the issues identified within the June 2025 IJB Report titled Modernising the Approach to Residential Respite Provision. The issues centre around the existence of a short breaks budget in Stirling but only one block booked bed that can be allocated more than two weeks in advance, and market purchases with a maximum of only two weeks of notice. While in Clackmannanshire there is currently no short breaks budget that can be used to offer choice and control to carers for their short breaks and four beds available within the Ludgate Centre.

2.4.3. The working group is aware that the March 2025 IJB Report (see section 1.3 above) states that “Implementing the short breaks policy [services statement] will require disinvestment from traditional respite models in order to establish a short breaks fund to be appointed within localities.... To enable this shift would mean the current respite beds within Ludgate would be surplus to requirement,...” However, the working group are also aware that the ten beds at the Ludgate Centre (4 Respite and 6 Short Stay Assessment) are staffed as a single unit, and it cannot be assumed that 40% of the budget can be saved with the removal of 4 of the 10 beds. The working group recognise that the significant level of savings expected and the need to establish a sufficient short breaks budget in Clackmannanshire means that options considered will need to include the closure of all beds at Ludgate House. This feeds into the ongoing work to model service data and costs explained in 2.4.1 above.

2.4.4. The working group also understands that any option proposed which includes the closure of the Ludgate Centre beds is likely to create concern for the existing workforce and their trades unions. The stakeholder engagement in the form of consultation noted in section 2.1 above will include the workforce and trades unions but the consultation will be focussed on stakeholder’s views of the options, their relative merits, and the recommended way forward. When the stakeholder engagement in the form of consultation is complete and the IJB has considered the recommendations and made a decision, the working group will

commence the implementation of the IJB decisions. It will be during the implementation phase of this work (after the IJB decision making) that any Clackmannanshire Council Organisational Change Protocol related workforce consultation will occur.

- 2.5. As referred to in the Key Issues and Risks table at the beginning of this report and with relevance to section 2.4.3 above a separate piece of work will be undertaken alongside the bed based respite work to produce a report on HSCP Rationalisation of Beds Across the Clackmannanshire and Stirling System. It is expected that the Rationalisation of Beds workstream will bring a report to the HSCP Senior Leadership Team during October '25 and the content of the report will be used to inform the subsequent stages of the Bed Based Respite work.
- 2.6. The Rationalisation of Beds report is likely to recommend to SLT that an appropriate management response to the intermediate care implications of closing the respite beds at Ludgate will be to consolidate all HSCP intermediate care at the Bellfield Centre creating a genuine centre of excellence and delivering a once for Clackmannanshire & Stirling approach.
- 2.7. The working group will continue to work at pace on this challenging area of work to ensure delivery in line with the milestones noted in section 2.3 above.

3. Conclusions

- 3.1. This report has provided an update to the IJB on recent progress and the future plans for Commissioning Change to the Model of Bed Based Respite in Clackmannanshire and Stirling.
- 3.2. As noted within the body of this report the Bed Based Respite Working Group have a plan in place to deliver the necessary elements required for a further report to be submitted to the IJB for decision with directions at the 26 November 2025 IJB meeting.

4. Appendices

Appendix 1: Short Breaks Services Statement

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 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:	<p>Costs related to the implementation of the Short Breaks Services Statement will be met within existing budgetary provisions and support the delivery of the 3-year Delivery Plan and Medium-Term Financial Plan.</p> <p>IJBs as Section 106 Public Bodies have a statutory obligation to secure best value. Therefore, we require to ensure effective management of resources to deliver the best possible outcomes for our citizens within resources available.</p> <p>If carers are no longer supported appropriately to continue in their caring role this would have substantial financial and resource implications on services due to the replacement care that would then be required.</p> <p>The further work required detailed above will require to incorporate an assessment of the financial implications of the preferred option.</p>
Other Resources:	This report does not affect other resources and any impact on other resources will be assessed during the next stages of planning and detailed within the 26 November 2025 report which will be submitted to the IJB for decision with direction prior to implementation.
Legal:	This will aid compliance with relevant requirements within the Carers Act.
Risk & mitigation:	<p>There is a risk that without significant further service change the requirements of the Carers Act cannot be met within resources available. Furthermore, there is significant evidence current service models do not secure Best Value for public money.</p> <p>Risk and mitigation will be monitored and overseen by the Bed Based Respite Working Group.</p>
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:</p>

	<p>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>
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Carers Short Breaks Services Statement

Updated March 2025

Why do we have a Short Breaks Services Statement?

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

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

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

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

What is a short break?

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

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

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

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

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

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

Who can access short breaks from caring?

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

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

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

How to access a short break from caring

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

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

What does a good break look like?

A short break from caring is personal to each individual carer, this is highlighted below in the comments from carers caring for a loved one in Clackmannanshire and Stirling:

“Quality time away from the person I look after, and having time to relax and do something I enjoy”

“Something to help improve my health and wellbeing, like overnight respite or day care for the person I look after”

“A few hours, twice a week to give me time with my family and time for myself”

“Head space, breaks are essential for me and my husband to keep the calmness and our joy of life, as well as our love for each other”

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

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

Types of Short Breaks

Universal (Community) Services

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

Carer Support Groups

Local carer support groups provide an opportunity for carers to meet up, share information and have a short break from caring. There is a range of regular support groups and one-off

activities for carers in the Clackmannanshire and Stirling area, in both urban and rural locations. Many are facilitated by our local Carers Centres, and can be found at the links below:

[Clackmannanshire Support Groups](#)
[Stirling Support Groups](#)

Online Carer Support Groups

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

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

Time to Live (TTL) Grants

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

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

Respitivity

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

Replacement Care to enable the carer a break

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

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

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

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

Will I have to pay for my short break?

Charges will not apply to carers when short breaks are arranged to give them a break from caring. In some circumstances, charges may apply to support for the cared-for person when

funding is provided for the carer and cared-for person to take a break together. This will be explained and agreed before the break takes place.

Feedback, monitoring & review

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

CSHSCP Short Breaks Service

Tel: 01786 237886

Email: sbs@stirling.gov.uk

National short break websites

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

Clackmannanshire & Stirling Integration Joint Board

24 September 2025

Agenda Item 14

Climate Change Report 2024/2025

For Noting and Approval

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

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

Purpose of Report:	<p>To advise IJB on statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.</p> <p>To present the draft Climate Change Report 2024 / 2025 for approval.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009. 2) Approve the draft Climate Change Report 2024 / 2025 for submission to Sustainable Scotland Network.
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1. Background

- 1.1. As a public body the Integration Joint Board (IJB) has a statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.
- 1.2. As the Clackmannanshire & Stirling IJB has no direct responsibility for staff, buildings or fleet cars the report does not contain a significant level of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

2. Climate Change (Scotland) Act 2009 Requirements and Background

- 2.1. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a *“public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland’s climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable”*.
- 2.2. The three elements of the public bodies climate change duties are:
 - **Mitigation - Reducing Greenhouse Gas Emissions**
 - The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to

delivery of the Act's greenhouse gas emissions reduction targets. Reducing emissions is referred to as climate change *mitigation*.

- The Act has set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.

- **Adaptation - Adapting to the Impacts of a Changing Climate**

- The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statutory adaptation programme. The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will have varying degrees of influence in relation to adaptation, all public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably - Sustainable Development as a Core Value**

- The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

- 2.3. The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

3. Historical Climate Change Reports

- 3.1. Previous climate change reports for the Clackmannanshire & Stirling IJB can be found here:

<https://sustainablescotlandnetwork.org/reports/clackmannanshire-and-stirling-ijb>

- 3.2. All three of the Constituent Authorities submit reports to the Sustainable Scotland Network (SSN) and these are published online. Links to all three partners' plans are available in sections 3.3 to 3.5.

3.3. Clackmannanshire Council

<https://sustainablesotlandnetwork.org/reports/clackmannanshire-council>

3.4. Stirling Council

<https://sustainablesotlandnetwork.org/reports/stirling-council>

3.5. NHS Forth Valley

<https://sustainablesotlandnetwork.org/reports/nhs-forth-valley>

4. Integration Joint Board Climate Change Report 2024 / 2025

4.1. As the Clackmannanshire & Stirling IJB has no direct responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.

4.2. In some sections readers are directed to read the three constituent partners Climate Change Reports.

4.3. The Integration Joint Board is asked to approve the Clackmannanshire & Stirling IJB draft Climate Change Report 2024 / 2025 for submission to SSN by the end of November 2025.

5. Pandemic

5.1. On 11 March 2020 the [World Health Organisation](https://www.who.int/) declared COVID-19 was a pandemic.¹ As a result of the Scottish Government guidance and route map at that time the Integration Joint Board moved to meet virtually through MS teams.

5.2. The method of virtual and hybrid meetings undoubtedly had some climate change benefits in terms of for example, reduced travel and less paper use for Board papers. The IJB moved back to face to face (with hybrid as an option) meetings in September 2022.

6. National Policy and Context

6.1. Scottish Government state on their [website](https://www.gov.scot/)² “We are transitioning to a net zero emissions Scotland for the benefit of our environment, our people, and our prosperity. We also need to adapt and build resilience to the impacts of climate change alongside our actions to reduce emissions.

¹ <https://www.theguardian.com/world/2020/mar/11/who-declares-coronavirus-pandemic>

² [Climate change - gov.scot \(www.gov.scot\)](https://www.gov.scot/)

- 6.2. *Scotland's ambitious climate change legislation sets a target date for net zero emissions of all greenhouse gases by 2045. Our contribution to climate change will end, definitively, within one generation.*
- 6.3. *To meet Scotland's targets, a rapid transformation across all sectors of our economy and society is required. We published our [Climate Change Plan update](#) in December 2020 which reflects the increased ambition of the new targets set by the Climate Change (Emissions Reduction Targets) (Scotland) Act 2019."*

NHS Scotland

- 6.4. NHS Scotland published their annual report on [Climate Emergency and Sustainability 2024](#)³ (April 2022 to March 2023). This report shows how NHS Scotland is working to reduce its environmental impact and adapting its infrastructure and services to address the risks presented by climate change. It also shows that many changes the NHS seeks to deliver have other potential benefits. These include improving health outcomes, clinical services and financial performance.

NHS Forth Valley

- 6.5. NHS Forth Valley have published [Annual Climate Emergency and Sustainability Report 2022/23](#)⁴. More recently the HSCP have representation on the Climate Emergency Response and Sustainability Team within NHS Forth Valley which is strengthening relationships across the system.

Clackmannanshire Council

- 6.6. An effective relationship is being scoped out.

Stirling Council

- 6.7. Stirling Council published a [Sustainable Stirling](#)⁵ report (April 2022 to March 2023). A relationship is also forming with Stirling Council around participation with the Climate Adaptation Working Group.

7. Conclusions

- 7.1. Whilst the statutory duty lies with the partner bodies, IJB officers recognise the IJB will need to consider going forward the implications of net zero on delegated services.
- 7.2. As a public sector body that commissions services from its partner bodies, that does not directly employ staff or own assets, the opportunities for direct

³ [Supporting documents - Annual NHS Scotland Climate Emergency & Sustainability Report 2024 - gov.scot \(www.gov.scot\)](#)

⁴ [Climate-Emergency-and-Sustainability-Annual-Report-2023-2024.pdf](#)

⁵ [Climate Change \(Duties of Public Bodies: Reporting Requirements\) \(Scotland\) Order 2015 \(stirling.gov.uk\)](#)

emissions reductions are limited. However, as the IJB is responsible for making decisions about service change, service redesign and investment and disinvestment, there is an indirect responsibility to consider the climate change implications of these decisions

- 7.3. The approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2024 / 2025 will ensure the IJB is able to meet its requirements under the Climate Change (Scotland) Act 2009.

8. Appendices

Appendix 1 - Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2024 / 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 Empowered People and Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	None to note
Other Resources:	None to note
Legal:	Approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2024 / 2025 will ensure the Board is able to meet its requirements under the Climate Change (Scotland) Act 2009.
Risk & mitigation:	If the Board do not approve the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2024 / 2025 they will be in breach of statutory requirements.
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

<p>Fairer Duty Scotland</p>	<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>
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Public Bodies Climate Change Duties Compliance Reporting Template 2021/22

1. Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions may not be accepted for analysis and may be classed as non-compliant with Public Bodies Duties legislative reporting requirements.



2. Guidance

1. Please save-as this workbook with your organisation's name in the title before completing
2. Question 1f must be completed to ensure the correct emission factors are applied in Q3b,
3. If you need to add more rows please email the file to ccreporting@ed.ac.uk
4. Hybrid/homeworking emissions - please include an estimate of FTEs working remotely - hybrid/home in the designated row provided in table 3b
In order for this to be calculated correctly the total no. of FTEs must be entered in Q1c
5. Local Authorities completeing the recommended tab should select their local authority region at the top of the sheet
and their emissions will be provided automatically from BEIS datasets

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

PART 1 Profile of Reporting Body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Clackmannanshire and Stirling Integration Joint Board

1b Type of body

Select from the options below

Integration Joint Boards

1c Highest number of full-time equivalent staff in the body during the report year

0 THIS MUST BE COMPLETED

1d Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			
Other (please specify in comments)			

1e Overall budget of the body

Specify approximate £/annum for the report year.

Budget

£257.384m

Budget Comments

Available here <https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2024/03/IJB-27.03.24-v2.pdf>

1f Report type

Specify the report year type

Report type

Financial

Report year comments

2024/2025

THIS MUST BE COMPLETED

1g Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Integration Joint Board is responsible for the services as outlined in the Public Bodies (Joint Working) Scotland Act 2014.

PART 2 Governance, Management and Strategy

<p>Governance and management</p>	<p>1</p>
---	----------

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff,

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

[illegible]

2c	Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?
----	--

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link
----------------------	------------------	---------------

[illegible]

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
------------	------------------	------	---------------------	----------

[illegible]

2f	<p>What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?</p> <p>Provide a brief summary of the body's areas and activities of focus for the year ahead.</p> <p>As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.</p>
2g	<p>Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?</p> <p>If yes, please provide details of the key findings and resultant action taken.</p> <p>(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.</p> <p>As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.</p>
Further information	
2h	<p>Supporting information and best practice</p> <p>Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.</p> <p>As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.</p>

PART 3 Corporate Emissions, Targets and Project Data

3a Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

ENSURE QUESTION 1f IS COMPLETED BEFORE STARTING THIS SECTION, THEN SELECT APPROPRIATE BASELINE YEAR	
Reference year	Year

Reference year	Year*	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	Please select from drop down box	Financial				-	tCO ₂ e	
Year 1 carbon footprint		0 Financial				-	tCO ₂ e	
Year 2 carbon footprint		0 Financial				-	tCO ₂ e	
Year 3 carbon footprint		0 Financial				-	tCO ₂ e	
Year 4 carbon footprint		0 Financial				-	tCO ₂ e	
Year 5 carbon footprint		0 Financial				-	tCO ₂ e	
Year 6 carbon footprint		0 Financial				-	tCO ₂ e	
Year 7 carbon footprint		0 Financial				-	tCO ₂ e	
Year 8 carbon footprint		0 Financial				-	tCO ₂ e	
Year 9 carbon footprint		0 Financial				-	tCO ₂ e	
Year 10 carbon footprint		0 Financial				-	tCO ₂ e	
Year 11 carbon footprint		0 Financial				-	tCO ₂ e	
Year 12 carbon footprint		0 Financial				-	tCO ₂ e	
Year 13 carbon footprint		0 Financial				-	tCO ₂ e	
Year 14 carbon footprint		0 Financial				-	tCO ₂ e	
Year 15 carbon footprint		0 Financial				-	tCO ₂ e	

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the "Comments" column to explain what is included within each category of emission source entered in the first column. If there is no data

(a) Emissions factors are published annually by the UK Department for Business, Energy & Industrial Strategy

Emission Factor Year	2021
----------------------	------

You can now filter emission sources by "type" in column C to enable quicker selection of emission source in column D.

User defined emission sources can be entered below remote/homeworking emissions - rows 101 to 129. If you require

Emission	Emission source	Scope
----------	-----------------	-------

[illegible]

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

[illegible]

3d	Organisational targets
----	------------------------

[illegible][illegible]

Provide any relevant supporting information

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Provide any other relevant supporting information. In the event that the body wishes to refer to information already published, provide information about where the publication can be accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Total		

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

[illegible]

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

[illegible]

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".

Emissions source	Total estimated annual carbon savings (tCO ₂ e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Please select from drop down box		
Total	-	

3i Estimated decrease or increase in emissions from other sources in the year ahead

If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (CO ₂ e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total		Please select from drop down box	

3j Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

In the body table data available, estimate the total emissions savings made from projects since the start of this year (i.e. baseline year).		
Total savings	Total estimated emissions savings (tCO ₂ e)	Comments
Total project savings since baseline year		

Further information

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

7. Provide any other relevant supporting information and any examples of best practice of the body in relation to corporate citizenship, targets and projects.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 4 Adaptation

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Taking action

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4d Where applicable, what contribution has the body made to helping deliver the Programme?

Provide any other relevant supporting information

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?

Provide a summary of the areas and activities of focus for the year ahead.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We

Further information

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Further information

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Public Sector Report on Compliance with Climate Change Duties 2022 Template

PART 6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Lesley Fulford
Role in the body:	Senior Planning Manager
Date:	27/08/2025

Q11 Historic Emissions (Local Authorities Only)

Please note: These statistics cover territorial emissions of carbon dioxide (CO₂), methane (CH₄) and nitrous oxide (N₂O), although not fluorinated gases, which are also included in the UK territorial greenhouse gas emissions statistics. Prior to the 2005 to 2020 publication the statistics covered emissions of carbon dioxide only

[illegible][illegible]

--

Please detail any of the specific policies and actions which are underway to achieve your emission reduction targets

[illegible]

--

Q4) Partnership Working, Communications and Capacity Building
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

[illegible]

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below

[illegible]

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template

**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
Councillor Rosemary Fraser, Stirling 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

**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

**Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held on
Thursday 22 May 2025 @ 2pm via Teams**

Present:

Nicola Brodie, Unison Rep, NHS Forth Valley (NB)
Ross Cheape, Head of Service, MH & LD (RCh)
Amie Drysdale, HR Business Partner, Stirling Council (AD)
Kelly Higgins, Senior OD Adviser, HSCP (KH)
Karren Morrison, Unison Forth Valley Health Branch, Branch Secretary (KM)
Julie Morrison, Unison Branch Welfare Officer, Stirling Council (JM)
Joanna MacDonald, Interim Chief Officer C & S HSCP (JMac) Joint Chair
Julie McIlwaine, HR Manager, NHS Forth valley (JMcl)
Kevin McIntyre, Unison, Clackmannanshire Council (KMcl)
David O'Connor, Unison Regional Organiser, Stirling, Clackmannan & Falkirk (DOC)
Abigail Robertson, Unison, Stirling Council (AR) Joint Chair
Emma Small, RCN Rep, NHS Forth Valley (ES)
Judy Stein, Locality Manager, Stirling, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Branch Secretary JTUC (Chair) (LT)
Stacey Wright, HR Business Partner (sub for Catherine Barclay)

1. Welcome and Introductions

Abigail Robertson chaired the meeting, welcomed all and apologies were noted.

2. Apologies for Absence:

Catherine Barclay, HR Business Partner, Clackmannanshire Council (CB)
Jennifer Borthwick, Director of Psychological Services, MH & LD (JB)
Paul Cameron, Head of Community Health & Care (PC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Wendy Forrest, Head of Strategic Planning & Health Improvement (WF)
Terry O'Gorman, Locality Manager, Stirling (TOG)

3. Minutes of Previous Meeting 13 February 2025

These were approved as an accurate record

4. Matters Arising

There were no matters arising

LT raised the following matters (from previous meetings)

Stirling Council Domestic Staff annual leave in the Bellfield

SC staff annual leave year is Jan – Dec and NHS is April – March. Key concern is SC staff are having to wait until October before their leave is authorised. We have proposed that all leave is in by May to enable all to use their leave in a timely manner. SC have to use theirs by Dec, and this is creating frustration and marginalisation of our staff. Judy & Martin are aware.

Recruitment Freeze

Has this been lifted, causing problems in the day care services if people have left there is no backfill. JM advised they are several posts down.

JMac advised that the recruitment freeze had been lifted after the May Special IJB.

Annual Leave, JMac has a meeting arranged with CC, SC & NHS HR services regarding HR processes. We need to improve things and be fair to each other's staff and recognise things are different in each area.

LT raised concerns that TU colleagues are not involved in meetings. Staff are being signed up to training policies etc that are not relevant to them. Regarding the recruitment freeze this is

impacting on service delivery, on staff taking leave and we have recruitment & retention issues. Posts are still there and not deleted. We are moving into a period of review for the day care service, and they are not delivering to capacity because of unfilled posts. Services are being reduce and not enhanced - has given this feedback to Jennifer Borthwick

JMAC advised that this Forum is where the trade unions meet and is not about specific staffing issues. JMAC has been impressed by the three organisations but there is more that we can do for partnership staff. Christmas leave to be a matter arising at next meeting.

Action – Christmas leave matter arising next meeting

5. Budget Update 19.56

JMac provided an update on the budget position. We had 40 vacancies that could not be recruited to, as the IJB did not approve the budget and we had no delegated responsibility. The three Chief Executives had to agree on how we could spend the budget. The IJB agrees to the budget and then we are authorised to spend. The processes & systems have impacted on managers & staff. The Budget and three-year delivery plan was agreed. For the year 25/26 we have a £19m gap of which £11m is agreed from the delivery plan and this left a gap of £8m, which is the subject of the dispute and around how they collectively agree to fill that gap.

For 25/26 we have significant challenges, through changes and the delivery plan which has been taken through the IJB. This is in the public domain. In the following year we do move into a surplus. The three-year delivery plan was a transparent commitment that we were looking ahead to bring ourselves into financial sustainability. Some of the decisions have been difficult and have impacted on all staff. We have to take a further paper back to the June IJB around the £8m savings, but we can progress with managing the business.

The dispute is now progressing. Stirling Council formally raised a dispute citing the finances of another partner. Clackmannanshire Council have also raised a dispute. JMac has met with the three Chief Executives, and we will now enter into formal public bodies joint working act dispute process. It is important to note that the legislation was written for one LA and one NHS as we are a partnership with two LA's there are timelines around the dispute process and what should happen when etc. It will take longer because of these complexities. If we go into the process of disaggregation this will not happen overnight, it would be the minimum of next financial year

Discussion followed and the following points were noted

- Different priorities for Partners get clouded
- Ongoing grievances underpinned by lack of resources
- There is no resource to hear grievances – different employers, lack of continuity in leadership
- Lessons have not been learned from the previous shared services, same barriers as were there before
- What is the dispute process
- The IJB does not seem to have the same scrutiny as the Council – why is this

JMac addressed the last two points above.

Scot Government have a dispute process as part of the public bodies joint working act. They are sighted on what we are doing, they are attending IJB's and are aware of what is going on. There is learning for them. It could be settled tomorrow if partners agreed on a way through, it also could take up to 40 weeks if we go through the whole process. A paper will go to Stirling Council in June to decide their next steps.

Decisions made by the IJB regarding the three-year delivery plan. Elected Members were sighted on it, and there were meetings and briefings around this. We have also changed our committee's

committee processes, and we now have a finance, audit and performance committee and that is much more robust in how we are managing our performance and finances. This committee has a Clackmannanshire elected member chairing and Stirling holds the vice chair role.

KMcl noted that it was clear in the paperwork what was going on. We do not get a lot of consultation before a formal decision is made. The frustration at IJB level is that these decision will be made without that because the process does not kick in with the employer until the decision is made at the IJB.

RCh noted that there is nothing in any of the three organisations processes that would stop us having the discussion before the IJB. It has to be programmed in to meet timelines of paper review and pre-agendas.

KM noted that the budget freeze had a massive impact on staff etc. She particularly wanted to ask about the Health Improvement Service and what she received from staff. Budgets were stopped completely for the whole year. Some of the senior managers were not replaced. Some of the services were stopped immediately, some in the middle of programmes. Staff were also told that next year's budget had been stopped. Staff have said that there is no clarity about the services and who is making the decisions. Communication has been awful. JMac will take this away and come back to Karren and asked Karren to share any information that she had.

LT noted that we should have consultation at the earliest opportunity. TU's need to be on the front foot together with the Partnerships. Can we take stock of what workstream we have and who attends, what are the gaps. IJB papers seem to be published three working days before and we find things we were not aware of.

JMac noted that she would be happy to have a meeting with staff side/TU colleagues.

6. Complaints & Grievance Procedure

This work is ongoing

KH advised that we are meeting as a group, and we have had two meetings. We agreed to use the previous document which had guiding principles. The 2019 document has gone out for comments. We will re-draft and bring back to the group once agreed.

LT noted that there was concern with this document, and she suggested a meeting with other TU reps and the regional organisers to discuss this document and take it back to the next meeting.

7. Constitution

This was requested at the previous meeting that the constitution be looked at as it was deemed that it was not quorate. **LT** noted that a Quorum is when we are a decision-making body. We are not making decisions so therefore a quorum is not required.

It was agreed that the Constitution needs to be reviewed at some point. In light of the dispute process we should wait until the outcome of that and then look to review. This is not urgent

8. OD & Wellbeing Verbal Update

KH advised that the Strategic Workforce Plan had been submitted to Scot Gov in March. To date nothing has been received back from SG and no direction regarding workforce planning. Imatter issues with staff in Councils not receiving the imatter. Please promote within your services Menstrie House - KH has been in Menstrie House for the past four weeks offering a drop-in service. The HR processes are kicking in. Kelly will be in supporting staff until the process is complete

LT advised that there was an agreement at Council for a new IT system. We need to keep an eye on this.

JMac advised that both Councils are looking at IT systems. Maybe the same but maybe different. The main thing is how does the system supports our staff to work and not the other way around. This is an opportunity as anything new will be an improvement

9. Service Updates

Stirling Locality

No written update provided

Clackmannanshire Locality

No written update provided

JS covered both the Clackmannanshire & Stirling Areas and advised the following MDT meeting. TOG has been leading on this daily and is proving very successful particularly in Stirling. Clacks background processes need to be looked at and sickness leave is impacting. A weekly team briefing meeting has been established in Clacks for communication, finance, IJB various bit & pieces that we share. There is a new team manager in Clackmannanshire, James Lennon and Laura Sleith is acting up. We are putting resilience into the team

Mental Health, Substance Use & Learning Disability

RCh advised that Bellsdyke is progressing well. Had met with TU colleagues this morning and would like to register thanks to Nicola who has supported the process and has been present & visible in the ward.

Substance Use Services – We have started, paused and will re-commence again the work around this service. There will be joint communications from Ross & Wendy Forrest that will clarify the scope of the work. This has been a challenging area to make progress in for a whole host of reasons and has been difficult for all the teams. The senior leadership team within this service are well sighted and they know that there will be clear communication coming. We have asked that they do not engage with the wider group of staff until we have clarity and certainty as it would be unsettling for staff. Karren will be the link TU colleague, and this only relates to health staff.

Learning Disability – RCh has not yet taken over responsibility for these areas and hopes to by the end of June when his replacement is in post. LD redesign is trying to scope around the day provision, com residential and teams and what does that need to look like. Progress has been hampered due to staff absences etc. Engagement with staff side and the wider teams is the next priority.

We are trying to arrange a time for Stirling CEX & CO to attend Riverbank. Ross would also like to attend.

NB queried the Band 5 Vacancy at the MH resource centre, which is to go back to the vacancy panel. RCh advised that the Health Board position is that band 5 posts are held for the recruitment of newly qualified staff. If there is skill mixed questions that is a separate discussion. The bigger issue is there is work to do around efficiencies and we are reviewing how we do services efficiently. It is not the vacancy panel but the availability of applicants.

KM wanted to commend Ross & Nicola and everyone around the work at Bellsdyke. This is a really good example of how organisational change went right. The way it has been handled has made it less painful and difficult and being honest and transparent with the staff. This has been a really good piece of work.

NB noted that Ross has had a transparent approach. However, there has been a hangover from previous cultures and experiences and staff are still suspicious.

Bed Holding and Community Nursing

A written report was provided by Judy Stein.

Judy advised that the analogue to digital has been hugely successful. We have five people who

are not end to end due to no infrastructure in rural Stirling. The team has done a fantastic job and there has been a lot of learning around this area

Menstrie House/Ludgate – Staff have given positive feedback to Kelly visiting. This has been a hugely difficult time for staff. One-to-one meetings with staff have started this week and due to unforeseen circumstances, we were not able to give financial information. Staff will receive this as soon as possible. We are down to seven service users and three have planned moves in the next few weeks. Joanna visited staff last week before the Council meeting and this was appreciated. In relation to Ludgate, Joanna has met with staff and will have a more structured meeting before the papers go to the IJB.

Recruitment we have recruited to a Senior Charge Nurse post in Wallace and the Senior Charge Nurse post in Ward 2 closes today.

Culture work in CCHC continues in ward 2, ward 1 will require input from Kelly

Savings Plans we have put forward proposals and we do need to have discussions with staff side particularly in relation to Bellfield, this will be with Stirling Council & Health. Met with HR today and will start to plan for this.

LT noted that discussions around the Bellfield bed reductions and how that has been managed. We have had good discussions and managed to mitigate the impact; meetings have come to a standstill and further discussions are needed. Judy & Martin did well and thanked them for their shared values.

10. STANDING ITEM

Health & Safety

Minute of 6 February 2025

KM noted the figures on VA & Manual handling. This was raised at staff governance (NHS) and have asked that the risk to be raised to board level. Karren was giving a heads up that this is likely to come to the Partnership and a robust response will be required for areas you may be lacking in.

JS updated the group on V & A training for local authority staff. We have come to an agreement that NHS FV will train local authority trainers in C & S to be able to deliver a similar methodology. Train the Trainer course dates will begin in August. Discussion is ongoing with teams around the expectation that they do the TURAS training first. All Partnership staff have access to this. This has been a huge piece of work thanks to Lisa in Stirling, Christine in Clacks and Brian & Cameron in Health.

LT updated re violence in the workplace and advised that Stirling Council has committed to adopting Unison violence in the workplace charter and we are working on the fair work forum. LT has also been working on a Unison guidance document (for Education) on debriefing accurate incident reporting. The 2nd part is the element around debriefing and risk assessment and have rolled out. LT has been working with education leads around this. All should be able to get a debrief and the guidance can apply across the Partnership.

JM asked regarding the train the trainer courses. This offers some of the workforce career progression would there be remuneration regarding this, as they are training the rest of the workforce.

LT advised she has raised this before where there are proposals for different services. We do not tend to monitor the quality, value & training unless there is an issue, and it is quite a responsibility. As an organisation we should be monitoring elements round about that, and it should be encapsulated in job evaluation.

JS noted that the quality & value of training are all captured. This is a part of the relationship with NHS FV.

RC noted that there is an opportunity not to do LA for LA and NHS for NHS. You can't release Enough people on the same day, if they were mixed, you could make courses more viable Does this give another opportunity for career development doing courses jointly. In discussions.

LT noted that once people opt into doing this, to retain staff they need to remunerate. If people volunteer that is good but when they move on you lose that asset and the corporate memory.

AR updated on lone working. This has been discussed in the H & S minute and Abigail raised at bipartite and is meeting with Michael Grassom on 3 June regarding this. AR has sent out an email to staff and has asked for feedback. Info coming back so far is around not really appreciating the H & S needs and requirements and also not recognising the employers when they put in safety mechanisms and risk assessments and when they ask you to use the equipment you are obliged to use it. The focus seems to be on the devices. Will bring back to the next JSF.

ACTION Lone Working to be an Agenda Item next meeting

11. Any Other Business

LT advised that the SSSC consultation on paraprofessional registration is complete. As the HSCP/IJB is a commissioning body, the plight of migrant workers is a concern and how do we monitor and evaluate around this. We have seen a rise in demand for support & advice. Could we monitor through the ethical procurement document. We have raised this locally. As the Partnership is a commissioning body, could Jennifer Baird come to the next meeting to provide details of who we are commissioning etc.

ACTION Jennifer Baird to be invited to the next meeting

KM noted that the health pay deal was accepted and agreed and arrears will be paid next month in June and July will be the new pay rates.

LT noted that the local authorities are in the middle of balloting. We will be raising the social care partnership workforce and the integrated services. We have people doing the same jobs with no pay parity, Bellfield being an example, this needs to be resolved.

12. Date of Next Meeting(s)

Thursday 21 August at 2pm