Clackmannanshire & Stirling Health & Social Care Partnership

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **26 November 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 24 September 2025	
5.	Action Log	
6.	HSCP Leadership and Staffing Update	Joanna Macdonald **10 mins**
7.	IJB Membership	Wendy Forrest **5 mins**
8.	Chief Officer Update	Joanna Macdonald **10 mins**

For Decision with Direction

9.	Commissioning of Services for Unpaid Carers	Wendy Forrest **10 mins**

For Decision without Direction

10.	Financial Report	Lindsay Sim **20 mins**
11.	ADP Update: National Drugs Mission	Wendy Forrest **10 mins**
12.	Quarter 2 Performance Report	Wendy Forrest **20 mins**

13.	Review of the Strategic Commissioning Plan	Wendy Forrest **10 mins**
14.	Update on Progressing Health and Social Care Through the IJB in Clackmannanshire and Stirling	Joanna Macdonald **10 mins**
15.	Principles and Governance of Hosted Services	Wendy Forrest **10 mins**
16.	Information Governance Assurance Report	Sarah Hughes-Jones **10 mins**
17.	Strategic Risk Register	Ross Cheape **10 mins**
18.	Review of Scheme of Delegation	Wendy Forrest **5 mins**
19.	IJB, Committee and Strategic Planning Group Dates 2026/2027	Wendy Forrest **5 mins**
20.	Future Model of Planned Bed Based Respite through Clackmannanshire and Stirling	Judy Stein **5 mins**
21.	NHS Forth Valley's Population Health and Care Strategy 2025 – 2035	David Munro **5 mins**

Date of next meeting

28 January 2025

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on 24 September 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 24 September 2025 in the Boardroom, Carseview House, Stirling and hybrid via MS Teams**

PRESENT

Voting Members
Councillor David Wilson **(Chair),** Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Denis Coyne, Clackmannanshire Council
Allan Rennie (**Vice Chair),** 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
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley

Non-Voting Members
Joanna Macdonald, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Natalie Masterson, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Andy Witty, Carer Representative, Clackmannanshire
Moira Carmichael, Carer Representative, Stirling
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Robert Clark, Employee Director, NHS Forth Valley
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
Ross Cheape, Head of Service, Mental Health & Learning Disability Services
Judy Stein, Interim Head of Community Health and Care
Jack Frawley, NHS Board Secretary
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:

Andrew Murray, Medical Director, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Mike Evans, Localities Representative
Councillor Rosemary Fraser, Stirling Council
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Eileen Wallace, Service User Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

Councillor Denis Coyne for Councillor Martha Benny, Clackmannanshire Council

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 13 AUGUST 2025

The draft minute of the meeting held on 13 August 2025 was approved.

5. ACTION LOG

The action log was approved and updated accordingly.

6. CHIEF OFFICER UPDATE

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

Ms Macdonald shared updates on the recruitment processes for the Chief Finance Officer and Head of Health and Community roles, highlighting recent stakeholder engagement sessions and upcoming interviews. The draft business case for the Integration Joint Board (IJB) has been postponed to the meeting on 26 November 2025 to allow time for full development.

In relation to care provision in rural Stirling, it was reported that one provider has entered insolvency. Alternative arrangements are being put in place, with commissioners and care providers collaborating to support affected individuals in their homes. Additional social work and commissioning staff are reviewing cases, although resourcing challenges were noted.

Ms Macdonald also reported significant progress in reducing delayed hospital discharges and emphasised the importance of the organ donation initiative, which is being actively promoted among NHS and Council staff.

She expressed appreciation to all who attended the joint development session with Falkirk IJB on 16 September 2025, focused on mental health and wellbeing. Further joint sessions are planned for 2026.

Item 12 was withdrawn from the agenda following a request from Stirling Councils legal services. Once the relevant policies have undergone further review, a paper will be presented to the IJB.

Following the BBC documentary aired on Monday 22 September 2025 regarding Castle Hill Care Home in Inverness, Ms Forrest provided an update on the actions taken in response. She emphasised the importance of processes of assurance relating to the quality of local care home delivery standards, confirming that inspection reports have been reviewed, clinical and social work leadership teams briefed, and staffing levels and training verified as appropriate.

Ms Robertson reported on a recent unannounced inspection of the acute mental health unit at Forth Valley Royal Hospital. The feedback received was positive, particularly in relation to care and safety, with minor environmental issues already addressed. A formal inspection report is expected within 10 weeks.

7. REVIEW OF HOUSING ADAPTATIONS

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

Ms Forrest presented the findings of the review, emphasising the complexities within both Clackmannanshire and Stirling Councils and the need for tailored approaches to hospital discharge and prevention. She noted that issues with social work recording systems had led to delays in data retrieval and operational inefficiencies but confirmed that new systems are in the process of being procured

The Board discussed the importance of enhancing data systems and standardising processes across both Councils to improve service delivery.
The review incorporated input from the Professional Advisory Group as well as, service users, and carers. Recommendations included the development of improved processes, standard operating procedures, and greater consistency across the HSCP areas.

Concerns were raised about the capacity of Council teams and the need for stronger collaboration with energy advice services and building standards.
After discussion, the Board approved the actions outlined in the delivery plan and requested regular updates, including detailed breakdowns by area and tenure. Ms Forrest acknowledged the need for clearer wording in the action points to ensure they are easily understood.

She also confirmed that significant changes had been proposed, with a key focus on addressing the waiting list. At the Finance, Audit and Performance (FAP) Committee meeting on 17 September 2025, Ms Forrest committed to presenting an updated paper at a future meeting, focusing on managing the demand and need entering the system.

The Integration Joint Board:

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

8. FINANCIAL REPORT

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

Mr Muray provided an update on 2024/25 financial position and overview of the financial projections for 2025/26 based on financial performance to month four.

The Scottish Draft Budget and spending review has been delayed until 15 January 2026. This timing presents challenges for local budget-setting processes. In the interim, work will continue in collaboration with Scottish Government partners to plan based on the best available information.

Following the discussions held during the IJB private session on 20 August 2025, Mr Murray provided an assessment outlining the anticipated impact of the delivery plan for the remainder of the financial year, including his evaluation of associated delivery risks.

At this stage, Mr Murray is unable to provide the IJB with assurance that the budget can be fully recovered. As a result, ongoing consideration of further options is required, including further discussions with the constituent authorities. Additional proposals may be brought back to the IJB for decision with Direction as the situation develops.

The report outlines areas of material variance and provides an update on significant financial risk issues. An additional risk has been identified in relation to the prescribing budget, following Scottish Government's suspension of the proprietary discount scheme for a four-month period within the current financial year. This is expected to have an additional financial impact of approximately £150,000 to £180,000 on the Health and Social Care Partnership (HSCP) budget.

The report also includes three Directions for approval. These relate to:

1. Clarification of the additional £4 million payment made by NHS Forth Valley in 2024/25,
2. A pilot programme for prescribing GLP-1 weight loss medications with associated managed service support, and
3. The proposed use of Earmarked Reserves to help offset the projected overspend on the Integrated Budget.

In response to questions regarding the £4 million payment, Mr Murray clarified that it is the IJB, not the NHS Board, that determines how these resources are allocated and directed. Should a surplus arise, a partial repayment to the NHS may be considered; however, the IJB retains full decision-making authority. The payment was aligned with what could realistically be delivered through the delivery plan when initially presented to the IJB for approval.

Ms Macdonald explained that the purpose of the report is to identify what further action is required in relation to and further to the delivery plan. She highlighted the need for additional savings, particularly in areas where targets have not been met, such as care home placements and learning disability services. These areas are now subject to weekly review by the senior leadership team, supported by strengthened governance and enhanced reporting arrangements.

The Board discussed the impact of ongoing budget pressures, including increased workloads for remaining staff, potential reductions in service quality, and the importance of considering workforce implications when making decisions about service changes. Mr Murray provided an update on the benefits of having three new project managers in place to support delivery of the delivery plan.

Councillor Earl noted that the Annual Accounts were discussed in detail at the FAP Committee, during which Mr Murray committed to providing weekly updates, with a first update having been provided. He emphasised that this remains a matter of concern and is being actively addressed. As the Board has not yet received full assurance, there is a need for a shared understanding and a clear framework for assurance. A special meeting of the FAP Committee is being arranged before the IJB meeting on 26 November 2025.

Mr McAllister emphasised the urgency of presenting a detailed list of options and their consequences to achieve a balanced budget. This includes consideration of potential additional funding contributions. The Board agreed that this information should be provided as a priority, with updated narratives and clear explanations included in future reports.

The Board also stressed the importance of understanding what a balanced budget would look like in practice, along with the implications for future service delivery. It was agreed that this information must be shared with the constituent authorities to ensure they have a full understanding of the potential consequences for services and statutory obligations of the constituent authorities.

During the discussion, Councillor Earl raised concerns about the narrative notes provided in Appendix 5, stating that they lacked sufficient detail. He emphasised the importance of clarity, particularly in cases where actions have not been taken and/or estimated financial benefits are not being delivered, stressing that the narrative should clearly explain the reasons why and outline any additional measures under consideration. Mr Murray explained that some of the measures are more complex than others to measure the impact of and joint working between the project managers and finance officers would seek to address this over time.

He also highlighted that the narrative relating to Menstrie House had not been agreed by the Board. Councillor Earl reiterated that the Board had been clear in its position regarding responsibility for redundancy payments and expressed dissatisfaction that this point had been included in the current narrative without Board approval.

Ms Macdonald acknowledged that the narrative on the tracker remains a work in progress as project monitoring arrangements evolve. She also explained that she would work with the three Chief Executives to clarify the position on redundancy payments and the IJB would be further advised in due course.

Mr Rennie and Councillor Earl requested that a further paper be presented at the IJB meeting on 26 November 2025. This paper should set out the measures being brought forward and include an updated version of Appendix 5, populated with an updated narrative.

The Integration Joint Board:

1) **Noted 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) **Noted the revised final 2024/25 Financial Year Outturn, subject to statutory audit (Section 2)**
3) **Considered and discussed the content of the paper.**
4) **Noted the integrated finance report and narrative on areas of material variance. (Section 3)**
5) **Noted 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) **Noted that in order to provide assurance on achieving a balanced budget position additional financial recovery measures and/or funding contributions would be required.**
7) **Approved the Directions appended to this report. (Appendix 4)**

9. ANNUAL PERFORMANCE REPORT 2024/25

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

Ms Forrest noted that the commentary in the Annual Performance Report incorporates both last year's commentary and insights from the quarterly performance reports presented throughout the year.

The report detailed the process for the three-year review of the Strategic Commissioning Plan. Board members discussed the inclusion of carer-focused indicators, emphasised the importance of co-production, and considered alignment with other local and national strategies, as well as the notable progress made in reducing delayed discharges.

In addition to the report's recommendations, Ms Forrest highlighted an update from Public Health Scotland regarding the MSG indicators. These reflect the most current data.

Following discussion, the Board agreed that the report should be updated with the latest data from Public Health Scotland and suggested replacing the front cover images to ensure neutrality. Ms Forrest confirmed that Scottish Government does not provide any feedback on the Annual Performance Reports.

The Integration Joint Board:

1) **Reviewed the Annual Performance Report (2024/25).**
2) **Approved Annual Performance Report Executive Summary (Appendix 1) & the full Report (Appendix 2), in line with recommendation from Finance, Audit and Performance Committee.**

10. REVIEWING THE STRATEGIC COMMISSIONING PLAN

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

Ms Forrest presented a high-level proposed approach for reviewing the Strategic Commissioning Plan. Work has commenced on drafting indicators aligned with the strategic priorities already set out in the plan. A review working group is to be established, and Ms Forrest has contacted all three chief executives to request representation in the review process. This is to ensure clear alignment with both Councils and the NHS, maximising priority delivery and providing assurance against the Strategic Commissioning Plan over the next ten years. She noted that the plan has already been reviewed in the context of the Annual Performance Report, which reflects the implementation of last year's strategic priorities.

The next step will be to update the Strategic Planning Group on the new approach. Ms Forrest is keen for the IJB to be aware that there is agreement on the proposed direction.

Further work is required with the third sector and local communities to support delivery. This approach has been shaped by feedback received.

Ms Forrest agreed to present the draft plan and consultation questions at the next IJB meeting on 26 November 2025.

The Integration Joint Board:

1) **Considered and approved the process for reviewing the Strategic Commissioning Plan 2023 - 2033.**
2) **Noted 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.**

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

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

Ms Forrest provided an update confirming that the three newly appointed project managers are now using Jira, a project management tool that enables clear tracking of activities aligned to their respective priority areas.

Each project manager is responsible for a dedicated workstream, supported by a detailed plan that includes weekly activity reporting. Finance officers have been assigned to each workstream to support the project managers. Senior Responsible Officers (SROs) oversee the weekly Jira reporting and hold accountability for spend activity. Monitoring arrangements are in place, including weekly meetings between Ms Forrest, the project managers, and finance officers, with structured reporting to the Senior Leadership Team (SLT).

The Board was assured that project management capacity is now in place, with weekly reporting and operational steering groups established. It was agreed that effectiveness will be reviewed every three months.

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 3 months.**

12. LONG TERM CARE AND ORDINARY RESIDENCE POLICIES

Item 12 was removed from the agenda at the request of Stirling Council legal services.

13. COMMISSIONING CHANGE TO THE MODEL OF BED BASED RESPTE IN CLACKMANNANSHIRE AND STIRLING

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

Given the heightened media and political sensitivity surrounding the changes, Ms Stein has aimed to keep the Board fully informed about the progress made so far and the timeline for reaching a decision with Direction. A short-life working group has been established to develop options, which will be presented to the SLT for a decision. Alongside this, there will be communications and consultations on the available options for staff, service users, and carers. The process will culminate in a paper, including the decision with Direction, being brought to the IJB meeting on 26 November 2025.

Ms Stein explained that, although formal communications have not yet commenced, initial discussions with staff are planned, to be followed by stakeholder events delivered both in person and via Teams. Carers and other stakeholders will be kept updated at each stage of the process.

Ms Macdonald reiterated to the Board that engaging with staff is a key priority and confirmed that staff are being kept informed directly as developments occur. She also advised that all overnight respite options across Clackmannanshire and Stirling remain under active review.

Mr McIntyre emphasised that, should a decision be required, it is essential that a formal trade union consultation meeting is held prior to the IJB making any decision, ensuring that the outcome of this consultation can be presented as part of the decision-making process. Although the IJB is not the employer, a comprehensive consultation is still necessary. In response, Ms Stein explained that the short life working group is currently considering a range of options, informed by data and financial analysis, and is adopting a joint approach across Clackmannanshire and Stirling. The options have not yet been confirmed or finalised. The Board agreed on the importance of maintaining access to respite and short breaks, and that there must be clarity regarding the nature of the service being provided. Mr McIntyre further stressed the need for all stakeholders to be fully aware of the potential consequences of the proposals, expressing concern that the process might be rushed, leaving insufficient time for a thorough review of the services involved. He emphasised that the process must be conducted properly to allow him to determine whether to support or oppose the proposals, depending on their impact on jobs, and that it is important to understand the longer-term implications.

The Integration Joint Board:

1) **Noted 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.**

14. CLIMATE CHANGE REPORT 2024/25

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

Ms Fulford explained that, as a public body, the IJB has a statutory duty to produce a climate change report. However, since the IJB does not have direct responsibility for staff, buildings, or fleet vehicles, the report contained limited detail. Relevant information on these aspects is included in the constituent authority reports, which are published on the Sustainable Scotland Network. The IJB's climate change report will also be made publicly available there.

Ms Forrest noted that both Stirling Council and the Finance Audit and Performance Committee have discussed the impact of disposable vapes on public health and the environment. A working group has been established to address these issues, and a paper on the environmental impact of disposable vapes will be prepared and presented at a future IJB meeting.

The Integration Joint Board:

1) **Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.**
2) **Approved the draft Climate Change Report 2024 / 2025 for submission to Sustainable Scotland Network.**

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

18. ANY OTHER COMPETENT BUSINESS (AOCB)

The Board thanked Mr Murray for his service as Chief Finance Officer and wished him well in his new role.

19. DATE OF NEXT MEETING

26 November 2025

Clackmannanshire & Stirling
Health & Social Care Partnership

Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
7. Review of Housing Adaptations	Present an updated paper at a future meeting, focusing on managing the demand and need entering the system.	Wendy Forrest	2025/26	In progress to present Jan 2026	Ongoing
8 Financial Report	A further paper to be presented at the IJB meeting on 26 November 2025, setting out the measures being brought forward and include an updated version of Appendix 5, populated with an updated narrative.	CFO	26 November 2025	In progress	Ongoing
10. Reviewing the Strategic Commissioning Plan	Present the draft plan and consultation questions at the next IJB meeting on 26 November 2025.	Wendy Forrest	26 November 2025	In Progress to present updated paper March 2026	Ongoing
11. Monitoring the 2025/26 Delivery Plan	Amend the recommendation to note that the effectiveness of arrangements will be reviewed within 3 months.	Sandra Comrie	Immediate	Complete	Complete

Clackmannanshire & Stirling
Health & Social Care Partnership

14. Climate Change Report 2024/25	A paper on the environmental impact of disposable vapes will be prepared and presented at a future IJB meeting.	Wendy Forrest	TBC	In Progress	Ongoing

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 6

HSCP Leadership and Staffing Update

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Joanna Macdonald, Interim Chief Officer
Author	Sandra Comrie, IJB Support Officer
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	This report presents an update on staffing levels, recent workforce changes, and compliance matters. It is intended to inform the Board about progress in meeting statutory obligations, identify any risks or challenges affecting service delivery, and describe the measures being implemented to maintain safe and effective staffing in accordance with organisational and legal requirements.

Recommendations:	The Integration Joint Board is asked to: 1) Note the current interim arrangements for the Chief Officer role. 2) Note the current interim arrangements for the Chief Finance Officer role. 3) Note the appointment of the permanent Head of Community Health and Care. 4) Note the appointment of the Locality Manager, Clackmannanshire.

Key issues and risks:	*The absence of a Chief Finance Officer presents material risks to the financial integrity, governance, and strategic direction of the HSCP.* *Prompt action is required to ensure appropriate financial leadership and mitigate these risks.* *The absence of a permanent Chief Officer presents material risks to the financial integrity, governance, and strategic direction of the HSCP.* *Prompt action is required to ensure appropriate leadership and mitigate these risks.*

1. Background

1.1. Every IJB in Scotland must have a Chief Officer in post, as mandated by the Public Bodies (Joint Working) (Scotland) Act 2014. This is a statutory requirement and forms a core part of the governance and operational structure of the IJB.

1.2. Integration Joint Boards (Public Bodies (Joint Working) (Scotland) Act 2014) states IJBs must ensure robust financial governance and compliance with statutory duties, including the designation of a Chief Finance Officer to oversee financial management and reporting.

2. HSCP Chief Officer

2.1. Joanna Macdonald, Interim Chief Officer, has been appointed as the new Chief Social Worker Adviser for the Scottish Government and is due to take up her new role in December 2025. Due to the timescales, plans are in place to cover the Chief Officer role on an interim basis to provide some short-term support while we take forward plans to provide longer-term stability for this important role.

3. HSCP Chief Finance Officer

3.1. The permanent post of Chief Finance Officer is being re-advertised and, in the short term, the Section 95 Council finance leads and Director of Finance for NHS Forth Valley from all partner organisations are working together to cover the core financial requirements whilst recruitment is underway. In addition, temporary cover is also being recruited to via specialist agency staff to support the HSCP.

4. HSCP Head of Community Health and Care

4.1 A new Head of Community Health and Care has been successfully appointed, and further information will be shared as soon as the recruitment process is complete. This key post, which is currently being filled by an interim basis, will bring greater stability and capacity to the HSCP, this will help drive forward future plans and priorities across local health and care services. Judy Stein will continue as the Interim Head of Community Health and Care until January 2026.

5. Locality Manager Clackmannanshire

5.1 Liam Gallagher has commenced his role and will oversee all Clackmannanshire Locality functions, including Adult Social Work, MECs and Reablement, CCHC1, CCHC2, Wallace Ludgate, and the Flow and Discharge team.

6. Conclusions

6.1. Statutory leadership roles are being maintained through interim arrangements however this creates risk across the HSCP due to continued interim arrangements within key leadership roles.

7. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	☐
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☐
Supporting People and Empowering Communities	☐
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	Interim arrangements may have short-term financial implications, but permanent appointments are expected to support long-term financial stability.
Other Resources:	Additional support from partner organisations may be required during interim periods.
Legal:	All statutory requirements are being met; no legal issues identified.
Risk & mitigation:	Interim staffing arrangements may lead to short-term instability or gaps in leadership. These risks are being mitigated through close collaboration with partner organisations, ongoing recruitment for permanent posts, and regular review of governance and operational processes to ensure statutory duties and service continuity are maintained.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at:

	Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 7

IJB Membership

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Sandra Comrie, IJB Support Officer
Exempt Report	No

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

Purpose of Report:	This report is to ensure the Integration Joint Board is compliant in its membership in line with The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 order 285 and note the current membership position.

Recommendations:	The Integration Joint Board (IJB) is asked to: 1) Note the content of the paper. 2) Note the statutory membership requirements. 3) Note the statutory member numbers as set out in 2.2 below. 4) Note the appointment of Councillor Scott Farmer as Chair of the IJB. 5) Note membership changes as set out in section 4.

1. Background

1.1. The Public Bodies (Joint Working) Scotland Act 2014 established health and social care integration through the development of public bodies. In this case the Integration Joint Board.

1.2. Section 5 of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order) outlines the membership of the Integration Joint Board where the Integration Scheme is prepared by two or more local authorities.

2. Statutory Membership Requirements

2.1. The requirements for membership for a two local authority IJB are:

- Council Elected Members
- Health Board Non-Executives
- Service User
- Carer
- Third Sector
- Chief Social Work Officer

- Chief Finance Officer
- Chief Officer
- Nurse
- Primary Care Medical
- Non-Primary Care Medical
- Staff

2.2. These requirements are currently met by the Clackmannanshire and Stirling Integration Joint Board (IJB).

Elected	Cllr Janine Rennie	Clackmannanshire Council
Elected	Cllr Fiona Law	Clackmannanshire Council
Elected	Cllr Martha Benny	Clackmannanshire Council
Elected	Cllr Martin Earl	Stirling Council
Elected	Cllr Scott Farmer	Stirling Council
Elected	Cllr Rosemary Fraser	Stirling Council
Non Executive	Stephen McAllister	NHS Forth Valley
Non Executive	John Stuart	NHS Forth Valley
Non Executive	Martin Fairbairn	NHS Forth Valley
Non Executive	Allan Rennie	NHS Forth Valley
Non Executive	Clare McKenzie	NHS Forth Valley
Non Executive	Finlay Scott	NHS Forth Valley
Interim Chief Officer	Joanna Macdonald	HSCP
Chief Finance Officer	TBC	HSCP
Chief Social Work Officer	Jennifer Rezendes	Stirling Council
Chief Social Work Officer	Sharon Robertson	Clackmannanshire Council
Carer Representative	Andy Witty	Clackmannanshire
Carer Representative	Moira Carmichael	Stirling
Primary Care Medical Representative	Dr Kathleen Brennan	NHS Forth Valley
Non-Primary Care Medical Representative	Andrew Murray	NHS Forth Valley
Nursing Representative	Lorraine Robertson	NHS Forth Valley
Service User Representative	Helen MacGuire	Clackmannanshire
Service User Representative	Eileen Wallace	Stirling
Staff Representative	Kevin McIntyre	Clackmannanshire Council
Staff Representative	Robert Clark	NHS Forth Valley
Staff Representative	Abigail Robertson	Stirling Council
Third Sector Representative	Anthea Coulter	Clackmannanshire
Third Sector Representative	Natalie Masterson	Stirling
Standards Officer	TBC	HSCP

2.3. Under section 9.4 of Standing Orders, attendees at an IJB meeting not named as a member are considered members of the public and as such will not be permitted to speak or take part in a meeting of the IJB.

3. IJB Chair

3.1 The Board is asked to note the appointment of Councillor Scott Farmer as Chair of the IJB, with effect from 10 November 2025.

4. Membership Changes

4.1. The following changes should be noted by the IJB:

Resignation:

- Gordon Johnston, Non-Executive Board Member, NHS Forth Valley, effective 30 September 2025.

Appointments:

- Clare McKenzie, Non-Executive Board Member, NHS Forth Valley, and
- Finlay Scott, Non-Executive Board Member, NHS Forth Valley, both effective 30 September 2025.

4.2. The IJB is asked to note the membership changes.

5. Membership Requirements

5.1. The Standards Officer position is currently vacant, and consideration is being given to how this role will be fulfilled.

6. Wider Context

6.1. The Chair of the IJB also chairs the Strategic Planning Group for the Health and Social Care Partnership.

7. Conclusions

7.1. The above proposals will allow Integration Joint Board to meet the requirements of the Order.

8. Appendices

None.

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

Implications	
Finance:	Financial and performance reporting as well as reporting on the transformation programme will be key features of the reporting to the IJB and Committee(s).
Other Resources:	Time commitment from Board members to prepare for and attend the meetings. Officer and Support Services resources in preparation and consultation on business brought forward.
Legal:	Will provide the IJB and Committee(s) with an opportunity to discuss business, take decisions and agree directions (where required). The above proposals will allow Integration Joint Board to meet the requirements of the Order.
Risk & mitigation:	Time commitment from Board members to prepare for and attend the meetings. Officer and Support Services resources in preparation and consultation on business brought forward.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at:

	Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 9

Commissioning of Services for Unpaid Carers

For Approval

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

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	The purpose of this Report is to seek approval from the Integration Joint Board (IJB) to progress the process required around procuring and implementing a refreshed contract for services for unpaid carers on a once for Clackmannanshire and Stirling basis.

Recommendations:	The Integration Joint Board is asked to: 1) Approve the advancement of the process to procure based on the specification. 2) Agree the Direction annexed at Appendix 1.

Key issues and risks:	*Delivery of services to unpaid carers is critical to ensuring that they are supported to carry out their caring role.* *There is a risk that support for unpaid carers is being delivered in a way which is not consistent across the HSCP area due to existing contracting arrangements so by implementing the proposed new arrangements this can be remedied.* *By not undertaking this contracting we are unable to meet local and national legislative and policy requirements relating to the Carers (Scotland) Act 2016. In addition, this is impeding people being able to access the right support at the right time from the right service. The approach set forth in this paper allows the IJB to make a choice based on feedback from those with lived and living experience, as well as taking account of the current financial position. Furthermore, consideration should also be given to the approach agreed for other Commissioning Consortia as there is a risk regarding inconsistency based on care/ client group, should this paper not be agreed.* *Best Value and value-based healthcare are requirements that need to be adhered to, with this in mind we should be ensuring that supported people and their carers are listened to when considering what provisions we should be providing.*

1. Background

1.1 Unpaid carers provide care and support to loved ones including family members and friends who may be affected by disability, poor physical or mental health, frailty and/or substance use. 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.

1.2 Unpaid carers generally begin their caring role due to the relationship with the person they care for. Carers do not necessarily live with the person they care for and may be caring for more than one person at a time.

1.3 In 2022, a Carers Investment Plan was developed by the HSCP to bring about the transformational change required to fully implement the Carers (Scotland) Act 2016. Since then significant work has been carried out to develop a model of care for delivery of services to unpaid carers. One significant part of the transformational work was to ensure that refreshed contracting arrangements were put in place to ensure the delivery of good quality supports for unpaid carers.

1.4 The joint inspection of Clackmannanshire and Stirling Health and Social Care Partnership took place between April 2024 and September 2024. The question was "How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?".

1.5 Following the Inspection an Improvement Plan was developed which noted "Deliver refreshed contract arrangements with Carers Centre/s focused on once for C&S, focused on carer support as well as increased community awareness of community supports available and carers support linked to Self-Directed Support" as one of the actions. This Improvement Plan was approved by the Integration Joint Board on 29th January 2025.

1.6 Subsequently, the Integration Joint Board, at its meeting on 26th March 2025 approved the model of care for Short Breaks / Respite which sets out how the HSCP will seek to deliver these services across the HSCP area.

2. Development of a Carers Centre Contract

2.1 Work has now been carried out to co-produce a specification for the proposed single contract and develop tender documentation. It is intended that this contract will be procured with the intention of being in place for 1st April 2026.

2.2 This procurement is concerned with the provision of a Carers Centre contract delivered across both Clackmannanshire and Stirling HSCP area. This will move away from the current delivery model of separate contracts for each area. The delivery of this contract will align with the Model of Care for unpaid carers, specifically the community approach.

2.3 This procurement is core to the delivery of supporting carers, enabling and empowering them to improve their own health and wellbeing, and maintain or improve their quality of life while they continue in their caring role. All of which are key priorities and principles as laid out within the Clackmannanshire and Stirling HSCP – Strategic Commissioning Plan 2023/33.

2.4 There are legal duties/powers associated with the key areas to identify/involve/support unpaid carers as defined within the Carers (Scotland) Act 2016. Plans on how this can be achieved is outlined within the National carers strategy particularly how to recognise, support, and empower unpaid carers. This includes providing appropriate information and advice for all unpaid carers regardless of their individual circumstances. This will be echoed within the local Carers Strategy which is currently being reviewed.

2.5 As noted above, this procurement is required following the recommendations of the recent Joint Mental Health Inspection and to secure the future of support currently provided to carers specifically through community approaches and to identify unpaid carers across the Clackmannanshire and Stirling communities. Subsequently meeting the key priorities for unpaid carers as defined within the HSCP Strategic Commissioning Plan, such as:-

- Prevention, early intervention and harm reduction;
- Supporting empowered people and communities;
- Reducing loneliness and isolation.

2.6 To progress this service in-house would require vast resources to mirror the third sector organisations already delivering such supports. Contracting in this way will ensure we support our third sector organisations as well as delivering a consistent service for all unpaid carers across the whole Clackmannanshire and Stirling HSCP area.

2.7 The budget can be broken down as follows:-

- Clackmannanshire £167,894 per annum (of which £30,000 is from Children's services for Young Carer Statements);

- Stirling £251,840 per annum (of which £45,000 is from Children's services for Young Carer Statements).

2.8 This proposed contract will be for a term of 4 years (2+1+1) for the value of no more than £1,678,936 (inclusive of all permissible extensions).

3. Next Steps

3.1 The Integration Joint Board is asked to:

- Approve the advancement of the process to procure;
- Agree the text and issuing of the Direction annexed at Appendix 1.

4. Appendices

4.1 Appendix 1: Direction to Clackmannanshire and Stirling Councils

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☐
Communication and Engagement	☐

Implications	
Finance:	Delivery of unpaid carer supports in the manner described above are key strategic elements of the C&SHSCP's Strategic Commissioning Plan and provision has been made in the IJB's Revenue Budget.
Other Resources:	N/A
Legal:	Any relevant procurement will require to be carried out in line with relevant procurement legislation.
Risk & mitigation:	There is a risk that support for unpaid carers is being delivered in a way which is not consistent across the HSCP area and contracting in the manner set out above will provide a single contract with a single specification to ensure consistency of provision. When considering what services should be available, we need to look towards what supported people and their carers tell us they would like to access, as part of our Best Value and value-based healthcare commitments.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to)

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

Appendix 1: Direction

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2025_26/017
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date:-	26 November 2026
Services / functions covered:-	Commissioned Support for carers in line with the Carers (Scotland) Act 2016.
Full text of Direction:-	Clackmannanshire Council and Stirling Council are directed to:- Take the necessary steps to procure "*refreshed contract arrangements with Carers Centre/s focused on once for Clackmannanshire & Stirling basis, focused on carer support as well as increased community awareness of community supports available and carers support linked to Self Directed Support*" in line with the approach set out in the Mental Health Inspection Improvement Plan (approved by the IJB on 29th January 2025) and to support the approach outlined in the cover paper to the Report.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	Third sector leaders, third and independent sector providers, HSCP staff (including Clackmannanshire Council, Stirling Council and NHS colleagues), NHS Acute colleagues, unpaid carers and supported individuals.
Timescale(s) for Delivery:-	As soon as possible, but allowing for appropriate notice period to close out on existing uncontracted arrangements.
Direction to:-	Clackmannanshire Council Stirling Council
Link to relevant IJB Report(s):-	*Link to be inserted*
Budget / finances allocated:-	Changes outlined in the paper will be financed by current resources allocated to carers supports, through making the proposed amendments to services outlined in the paper.
Performance Measures:-	HSCP's Performance Framework and KPI's as part of the Contract.
Date direction will be reviewed:-	26th November 2026

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 10

Financial Report

For Approval

Paper Approved for Submission by:	Lindsay Sim, Chief Finance Officer Clackmannanshire Council
Paper presented by	Lindsay Sim, Chief Finance Officer Clackmannanshire Council
Author(s)	Lindsay Sim, Chief Finance Officer Clackmannanshire Council
Exempt Report	No

Clackmannanshire Council
Stirling Council
NHS Forth Valley

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

Purpose of Report:	To provide the Integration Joint Board with an update on the Financial Position for 2025/26 as at Month 6.

Recommendations:	The Integration Joint Board is asked to: 1) Note the background updates 2) Note the revised final 2024/25 Financial Year Outturn, subject to conclusion of the statutory audit and the expected timing of approval of the Audited Financial Accounts for 2024/25 (Section 2) 3) Note the projected overview at Month 6 and narrative on areas of material variance (Section 3) 4) Note that further traction is required on the delivery plan to mitigate the projected overspend (Section 3.4) 5) Consider and discuss the content of the paper.

Key issues and risks:	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 has now been resolved. The projections at Month 6 for 2025/26 illustrate significant ongoing pressure on the partnership budget requiring urgent action through a combination of increased pace of progress on the Delivery Plan and the need for identification and actioning of additional recovery measures. Without additional measures there is a significant risk that the partnership budget continues to overspend. Additional measures may also pose a significant risk to performance and delivery of statutory obligations of the constituent authorities.

1. Background Updates

1.1. In relation to financial year 2024/25 the IJB received a draft 2024/25 Year End Financial Report at its June meeting highlighting that this was subject to further change and updates were also provided to the Board at the August and September meetings.

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. 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 Scottish Draft Budget and Spending Review is expected to be published week commencing 12th January 2026. 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 bringing 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 September IJB set out a draft outturn position showing an overspend of £6.990m with an unresolved risk share of £0.421m. Risk share agreement has now been reached and additional funding of £6.990m has been agreed by partners. The required updated assurance letters have also been received from the respective partners reflecting these additional contributions.

2.2. The financial position for 2024/25 reflecting this agreement by partners on risk share is presented in the table below. This position is subject to final audit and will be confirmed and reported within the final audited accounts.

Clackmannanshire & Stirling Health & Social Care Partnership				
Draft Outturn Summary at November 2025				
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	-2,674	-11,279
Reserve utilisation per Revenue Budget	1,974	987	987	3,948
	-2,451	-3,193	-1,687	-7,331
Further recovery measure (MDT)	171	85	85	341
Overspend before risk shares	-2,280	-3,108	-1,602	-6,990
Agreed additional funding from partners	**3,496**	**1,747**	**1,747**	**6,990**
	1,216	-1,361	145	0

2.3. The Interim Chief Officer and the three partner Finance Officers are working with external audit to conclude the audit of the 2024/25 final accounts. The audited accounts are anticipated to be presented to a special meeting of the Audit and Finance Committee in the new year and presented to the next IJB meeting on 28 January for approval.

3. Integrated Finance Report incorporating 2025/26 Projections based on Month 6

3.1. The projections based on financial performance to Month 6 are provided below along with the movement in the variance reported at Month 4.

Projection Overview					
Financial Year 2025/26					
M6		PARTNERSHIP			
Authority	**Annual Budget £'000**	**Forecast Expenditure £'000**	**Forecast Variance £'000**	**Forecast Variance M4 £'000**	**Movement £'000**
Community Nursing	5,557	5,212	345	271	74
Complex Care Adults	1,415	1,812	-397	-454	57
Clackmannanshire Community Healthcare Centre	3,334	3,558	-224	-253	29
The Bellfield Centre	9,188	8,420	769	583	186
Palliative Care in the Community	50	35	15	9	6
Older People/Physical Disabilities - Residential	25,560	29,902	-4,342	-4,206	-136
Older People/Physical Disabilities - Non Residential	24,772	30,511	-5,739	-5,561	-178
Learning Disabilities - Residential	6,476	6,456	20	59	-39
Learning Disabilities - Non Residential	25,828	30,281	-4,453	-4,267	-186
Mental Health - Residential	2,173	2,841	-668	-531	-137
Mental Health - Non Residential	9,192	8,122	1,070	946	124
Assessment & Care Management	10,125	9,936	189	167	22
Reablement	13,293	12,268	1,025	1,157	-132
Housing Aids & Adaptations	835	835	0	0	0
Health Promotion, Health Improvement & Corporate Services	2,761	2,328	432	456	-24
Addictions	4,158	3,964	193	66	127
Public Dental Service	1,411	1,353	58	53	5
Management Other	2,973	2,738	236	425	-189
Community Admin	1,772	1,460	313	316	-3
Transformation Funds	2,658	2,008	650	650	0
Leadership Funds	0	0	0	0	0
Cs Community Living Change Fund	0	0	0	0	0
Resource Transfer & Pass Through Funds	-930	-1,080	150	309	-159
Family Health Services	56,422	56,319	104	-62	166
GP Out fo Hours Services	3,169	2,498	670	508	162
Primary Care Improvement Plan	5,160	5,160	0	0	0
Prescribing	32,580	37,926	-5,346	-4,710	-636
Vaccinations (Woman & Children Team)	423	360	63	-464	527
Contribution from reserves per revenue budget (NHS FV Contribitoon to 2025/26 Risk Share	4,000	0	4,000	4,000	0
Integrated Budget Total	**254,356**	**265,224**	**-10,868**	**-10,533**	**-335**
Set Aside Budget for Large Hospital Services	38,995	43,418	-4,423	-5,237	814
Set Aside Total	**38,995**	**43,418**	**-4,423**	**-5,237**	**814**
Strategic Plan Budget Total	**293,351**	**308,642**	**-15,291**	**-15,770**	**479**

3.2. The composition of the position across the constituent authorities is shown below.

Clackmannanshire & Stirling Health & Social Care Partnership			
Projection Overview - integrated budget			
Financial Year 2025/26			
M6			

Authority	Annual Budget £'000	Forecast Expenditure £'000	Forecast Variance £'000
NHS Forth Valley	161,908	162,847	-939
Stirling Council	58,401	65,874	-7,473
Clackmannanshire Council	30,047	36,504	-6,457
Sub total pre Reserves Utilisation	**250,356**	**265,224**	**-14,868**
Contribution from reserves per revenue budget (NHS FV Contribution to 2025/26 Risk Share	4,000		4,000
Integrated Budget Total	**254,356**	**265,224**	**-10,868**

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. As the implementation of the delivery plan takes pace, it is hoped that this may further impact the position favourably over the remainder of the year.

3.4. The integrated budget projection at month 6 is an overspend of £10.868m. which is a £0.335m reduction against the position reported to the IJB in September. The key drivers of the projected overspend are:

- Primary Care Prescribing overspend of £5.3m.This relates to the 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. The projected overspend has increased by £0.636m since Month 4 and is due to increased costs and volumes. Prescribing costs and volumes can be volatile and can be impacted by demand and supply issues which makes them challenging to accurately predict.

- Complex Care, Older People/Physical Disabilities Residential Care and Care at Home and Learning Disabilities Care at Home and Mental Health overspend of £15.8m. This is mostly being driven by demographic pressures. However, this has also 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. Further detail for each area is set out below:

    - Older People / Physical Disabilities Residential Care – Projected overspend £4.342m (previous projection £4.206m 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. 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.

- Older People / Physical Disabilities Non-Residential Care – Projected overspend £5.739m (previous projection £5.561m overspend). Further information to be provided within the next report.

- Learning Disabilities (LD) Non-Residential Care – projected overspend £4.453m (previous projection £4.206m 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.

- Mental Health – Residential – projected overspend £0.668m (previous projection £0.631m). Further information to be provided within the next report.

- Complex Care – projected overspend £0.397m (previous projection £0.454m 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.

- Clackmannanshire Community Healthcare Centre wards - projected overspend £0.224m (previous projection £0.253m) – 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.

- 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 there are no material increases in the forecasted spend within these areas as this will increase the overspend further. Communications have been issued to budget managers to emphasise this. There may on an ongoing basis be a requirement for reallocation of budgets and this will be kept under active review.

3.5. The forecasted position includes the contribution from NHS Forth Valley of £4m but does not reflect any additional budgeted contributions from local authority partners at this stage. If required, this will be dealt with in line with the integration scheme once the final outturn position for 2025/26 has been determined.

Delivery Plan

3.6. The Chief Finance Officer previously carried out an assessment of the progress on the delivery plan and the impact on projections as reported to the Board in September. This included a Red, Amber and Green status against each area and indicated that there was a net residual overspend of £3.961m. The detail of this assessment is included within Appendix 1.

3.7. Whilst the risk assessment illustrated 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. As previously reported 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 which has also impacted progression.

3.9. This position was 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. 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 working arrangements within both local authorities is to continue to meet statutory functions. However, there remains the requirement to continue to

work with the constituent authorities to mitigate the financial risk as far as possible as well as taking all available steps to accelerate progression with the delivery plan utilising the project management capacity that is now in place.

4. 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 including 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 6 is an overspend of £4.423m (previous projection £5.237m). An analysis of this is provided in the table below.

Set Aside Budget for large Hospital Services 2025/26
Month 6

	Annual Budget £'000	Forecast Expenditure £'000	Forecast Variance M6 £'000	Forecast Variance M4 £'000	Movement £'000	Narrative
Accident and Emergency Services	12,524	14,713	(2,189)	(1,981)	(208)	Urgent Care Centre Funding deficit and overestablished/unfunded posts
Inpatient Hospital Services General Medicine	3,964	4,476	(512)	(499)	(13)	Significant bank nurse hours over several wards
Inpatient Hospital Services Geriatric Medicine	6,851	7,041	(190)	(1,272)	1,082	
Inpatient Hospital Services Rehabiltation Medicine	2,247	3,255	(1,008)	(1,124)	116	bank hours
Inpatient Hospital Services Respiratory Medicine	2,375	2,683	(308)	(164)	(144)	Ongoing drug cost pressures
Inpatient Hospital Services Psychiatry of Learning Disability	1,482	1,505	(23)	(46)	23	
Palliative Care (Hospital Based)	1,755	1,766	(11)	(11)	0	
Mental Health Inpatient Services	7,797	8,005	(208)	(154)	(54)	
Other Medical		(26)	26	15	11	
Sub Total	**38,995**	**43,418**	**(4,423)**	**(5,236)**	**813**	

4.1. As noted previously, financial reporting in relation to Mental Health services is subject to ongoing review and future changes to reflect operational responsibilities.

5. Directions

5.1. In terms of recovery planning from an IJB perspective there are no fundamental changes or additional directions required at this point. Use of directions should, however, continue to be a live consideration for future reports to the Board.

6. Reserves

6.1. The draft 2024/25 IJB Accounts reflect a reserves position of £9.827m (subject to conclusion of the audit). This remains the same as previously reported in September and the detail of this is appended to this report.

6.2. All reserves have been earmarked for specific purposes and the majority are expected to be expended during 2025/26.

6.3. The Chief Finance Officer had previously reported that there may be some scope to allocate reserves as part of the 2025/26 recovery plan. This will be reviewed by the incoming Chief Financial Officer and reported to the Board.

7. Conclusion

7.1. The projected overspend on the integrated budget continues to set out a deeply concerning position for the IJB and its constituent authorities. It is crucial that work continues to progress the delivery plan and reduce expenditure where possible to ensure service and financial sustainability.

8. Appendices

Appendix 1 - Assessment of Progress on the Delivery Plan and Impact on Projections (as at September 2025)

Appendix 2 – 2025/26 Directions Log

Appendix 3 – Reserves Detail

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	Per body of report.
Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable planning. The financial position and possible implications of

	risk share has significant risk to the IJB and constituent authority's abilities to meet statutory obligations.
Risk & mitigation:	The IJB is at significant risk of continuing to overspend during 2025/26 based on demand for and cost of services. The revised 2025/26 to 2027/28 Delivery Plan approved by the IJB on 2 May 2025 seeks to mitigate this and bring service delivery within budget. The key financial resilience risk HSC001 is scored 25, the highest possible score, in the IJBs Strategic Risk Register.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1 – Assessment of Progress on the Delivery Plan and Impact on Projections (as at September 2025)

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.

APPENDIX 2 – Directions Log

Reference Number	Report Title	Direction to	Text/Summary of Direction	Services / Functions Covered	Date Issued	Status*	Link to IJB paper	Most Recent Review	Planned Review Date
CSIJB-2025_26/001	25/26 Revenue Budget 25/26 - 27/28 Delivery Plan and Medium Term Financial Plan	Clackmannanshire Council Stirling Council Forth Valley	Clackmannanshire Council is directed to spend the delegated net budget of £30.047m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to: Commissioning a Change to the Model of Care for Older Adults £0.288m Review and Redesign of Learning Disability Day Services £0.131m Shift from traditional respite models to short breaks provision £0.148m Reducing Reliance on Long-Term Care £0.765m Additional Income from revised contribution policies £0.167m Improving Financial Assessment and Recovery £0.499m Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.100m Care at Home Review Team £0.217m Review of OOA Placement and high tariff packages of care £0.114m MECS Reduction in Overtime £0.010m Reablement staff costs £0.008m Cease all local social work and OT posts £0.120m Removal of Historic Accommodation based housing support payments and maximising income £0.050m Stirling Council is directed to spend the delegated net budget of £57.337m in line with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to the report, the following allocations relate to: Reconfiguration of Bellfield Intermediate Care Beds with net 4 bed reduction £0.150m Reducing Reliance on Long-Term Care £1.530m Additional Income from revised contribution policies £0.333m Improving Financial Assessment and Recovery £0.999m Reduction in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative supports £0.200m Care at Home Review Team £0.433m Review of OOA Placement and high tariff packages of care £0.360m	Revenue Budget 2025-26, 2025-26 to 2027/28 Draft Delivery Plan and Medium-Term Financial Plan	02 May 2025	In Progress	https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2025/04/Special-Meeting-2nd-May-2025.pdf	May-25	Mar-26
			MECS Reduction in Overtime £0.020m Reablement staff costs £0.017m Cease all local social work and OT posts £0.241m Removal of vacant sensory centre post £0.024m Removal of Historic Accommodation based housing support payments and maximising income £0.100m Delete current vacancies at Riverbank £0.073m Improving Value from Supported Housing £0.028m						
			NHS Forth Valley is directed to spend the delegated net budget of £190.909m in line (£36.333m of which is set aside for large hospital services) with the 2023/33 Strategic Commissioning Plan, the budget outlined within this report and specifically in respect of the savings outlined in the Draft Delivery Plan and Medium-Term Financial Plan appended to this report, the following allocations relate to: Bellsdyke Ward Redesign £0.450m Reductions of 4 Beds in each of CCHC1, Wallace Bellfield and Bellfield Intermediate Care £0.706m Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals £0.387m Take management action to bring CCHC ward budgets into balance £0.669m Community Nursing Skill Mix Options £0.020m Improved Stock Management CCHC and Bellfield £0.030m Removal of vacant Band 2 former hairdressing post CCHC1 £0.020m Deletion of Service Manager post in Health Improvement £0.085m Primary Care Medicines Optimisation Programme £1.5m Income Generation for 3 beds (1 IPCU, 1 Hope House, 1 LD) £0.263m Review and Spend Reduction Older Peoples CMHTS £0. 145m Substance Use Services – Technical Switches (Naloxone / buprenorphine) £0.062m Psychology Non pays budget reduction - £0.011m Psychology – Cease mat leave cover - £0.060m Move all patients, where safe, to typical antipsychotics £0.020m Delete Vacant Pharmacy Tech post at Lochview £0.010m Delete Vacant Arts Therapist Post £0.030m Apply Vacancy Factor to AHP budget based on recent years turnover rates £0.075m Admin Review: Eating Disorders Service 0.4WTE reduction £0.021m Cease funding support for Frailty and ARBD from HSCP transformation funding £0.093m						
			Clackmannanshire and Stirling Councils are directed to implement, effective from 7 April 2025 the increased rates for the National Care Home Contract as set out in the settlement letter and minute of variation from Scotland Excel, COSLA and Scottish Care dated 4 April 2025. The extent integration scheme requires Clackmannanshire Council, Stirling Council and NHS Forth Valley to consider draft budget proposals based on the Strategic Commissioning Plan as part of their annual budget setting processes. All partners are requested to consider the Medium-Term Financial Plan set out within this report as part of their budget processes for 2026/27 to 2027/28						
CSIJB-2025_26/002	Care at Home Contract Implementation	**NOT APPROVED OR ISSUED**		**Clackmannanshire and Stirling IJB**					
CSIJB-2025_26/004	Mental Health Inpatient Design	NHS Forth Valley	The two existing inpatient psychiatric rehabilitation wards are to be merged into a single inpatient unit with an improved flow. This aligns with supporting people in the community and builds towards and much more community-orientated model of care. Achievement of this will be monitored through the Length of Stay, Flow and Delayed Discharge Data.	Mental Health and Learning Disability, Inpatient Services. Bellsdyke Hospital: Trystview and Russell Park Ward	26 March 2025	In Progress	IJB-Meeting-Wednesday-26-March	Mar-25	Jun-26
CSIJB-2025_26/005	ADP Commissioning	**NOT APPROVED OR ISSUED**		**Clackmannanshire and Stirling IJB**					
CSIJB-2025_26/006	Model of Care - Respite and Short Breaks	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Short Breaks Service Statement, a key component of this being the dissemination of advice and information to carers. And to inform their employees of the approach outlined in this paper, and detailed at Appendix I.	Social work through their role to support carers Third sector through providing carers supports	26 March 2025	In Progress	IJB-Meeting-Wednesday-26-March	Mar-25	Aug-25
CSIJB-2025_26/007	Implementation of Scotland Excel Care and Support Framework	Clackmannanshire Council Stirling Council	Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the contract as described and carry out ongoing contract monitoring as described.	All externally commissioned provision of care at home services across Clackmannanshire and Stirling Councils.	21 May 2025	In Progress	IJB-Meeting-Wednesday-21-May	May-25	Apr-27
CSIJB-2025_26/008	Proposed Delivery Plan for Dementia	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council and NHS Forth Valley are directed to:- 1)Take the necessary steps to implement organisational change and development for staff across the HSCP, in line with the approach outlined in the cover paper. 2)Take the necessary steps to procure as required any ancillary services to support the approach outlined in the cover paper.	Commissioned Support for those individuals living with dementia.	18 June 2025	In Progress	IJB-Meeting-Wednesday-18-June	Jun-25	Jun-26
CSIJB-2025_26/009	Palliative and End of Life Care Commissioning Approach	Clackmannanshire Council Stirling Council NHS Forth Valley	NHS Forth Valley, Clackmannanshire Council & Stirling Council are enabled to direct resources both staffing and financial in line with the model of care, to deliver P&EOLC	Community support for those who are palliative or end of life care, and their family members/ carers	18 June 2025	In Progress	IJB-Meeting-Wednesday-18-June	Jun-25	Jun-26
CSIJB-2025_26/010	Commissioning of Independent Advocacy Services	Clackmannanshire Council Stirling Council NHS Forth Valley	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support their employees to implement the Model of Care for Independent Advocacy as approved by the IJB on 18 June 2025 (including staffing and financial resources).	All adult health and social care services	18 June 2025	In Progress	IJB-Meeting-Wednesday-18-June	Jun-25	Oct-27
CSIJB-2025_26/011	Supported Housing Best Value Review	Clackmannanshire Council Stirling Council NHS Forth Valley	NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the actions as outlined within the Delivery Plan (Appendix 2).	Supported housing provision for older people, learning disabilities and mental health provided across both Clackmannanshire and Stirling Councils.	18 June 2025	In Progress	IJB-Meeting-Wednesday-18-June	Jun-25	Sep-26
CSIJB-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 C&S strategic planning services Community Planning Services NHS Forth Valley Public Health Psychological Services Allied Health Professional Services Commissioned services as appropriate – third sector providers Carers and Service Users Primary Care	13 August 2025	In Progress	IJB-Meeting-Wednesday-13-Aug	Aug-25	Aug-26
CSIJB-2025_26/013	Review of Housing Adaptations	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).	Housing adaptations services provided across both Clackmannanshire and Stirling Councils.	24 September 2025	In Progress	IJB-Wednesday-24-September-2025.pdf	24 September 2025	Sep-26
CSIJB-2025_26/014	Financial Report	NHS Forth Valley	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: Bellsdyke Ward Redesign £0.450m Reductions of 4 Beds in each of CCHC1, Wallace Bellfield and Bellfield Intermediate Care £0.706m Redesign of AHP input into Reablement, Discharge to Assess and community response to urgent referrals £0.387m Take management action to bring CCHC ward budgets into balance £0.669m Community Nursing Skill Mix Options £0.020m Improved Stock Management CCHC and Bellfield £0.030m Removal of vacant Band 2 former hairdressing post CCHC1 £0.020m Deletion of Service Manager post in Health Improvement £0.085m Primary Care Medicines Optimisation Programme £1.5m Income Generation for 3 beds (1 IPCU, 1 Hope House, 1 LD) £0.263m Review and Spend Reduction Older Peoples CMHTS £0. 145m Substance Use Services – Technical Switches (Naloxone / buprenorphine) £0.062m Psychology Non pays budget reduction - £0.011m Psychology – Cease mat leave cover - £0.060m Move all patients, where safe, to typical antipsychotics £0.020m Delete Vacant Pharmacy Tech post at Lochview £0.010m Delete Vacant Arts Therapist Post £0.030m Apply Vacancy Factor to AHP budget based on recent years turnover rates £0.075m Admin Review: Eating Disorders Service 0.4WTE reduction £0.021m Cease funding support for Frailty and ARBD from HSCP transformation funding £0.093m	Revenue Budget 2025-26, 2025-26 to 2027/28 Draft Delivery Plan and Medium-Term Financial Plan	24 September 2025	In Progress	IJB-Wednesday-24-September-2025.pdf	24 September 2025	Mar-26
CSIJB-2025_26/015	Financial Report	NHS Forth Valley	NHS Forth Valley is directed to spend £0.075m on a pilot for prescribing of GPL1 Drugs with associated managed service support.	Primary Care Prescribing	24 September 2025	In Progress	IJB-Wednesday-24-September-2025.pdf	24 September 2025	Mar-26
CSIJB-2025_26/016	Financial Report	NHS Forth Valley Stirling Council	Utilisation of Earmarked Reserves to contribute to projected overspend on Integrated Budget. Stirling Council – balance of service pressure reserve £0.063m NHS Forth Valley – balance of Band2-4 funding reserve £0.400m	Earmarked Reserves	24 September 2025	In Progress	IJB-Wednesday-24-September-2025.pdf	24 September 2025	Mar-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		
Alchohol & 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)		
Autism Strategy	Stirling Council	Earmarked	23	-	-	23		
Drug & Alcohol Recovery Support	Stirling Council	Earmarked	179	(18)	-	160		
See Hear Funding	Stirling Council	Earmarked	67	-	-	67		
Dementia Friendly	Stirling Council	Earmarked	27	-	-	27		
Appropriate Adult	Stirling Council	Earmarked	69	(45)	55	79		
Self Directed Support	Stirling Council	Earmarked	32	-	-	32		
Old Age Isolation	Stirling Council	Earmarked	27	-	-	27		
Service Pressures Reserve	Stirling Council	Earmarked	268	(205)	-	63		
MHO Training Grant	Stirling Council	Earmarked	32	-	-	32		
SDS Core	Stirling Council	Earmarked	81	(56)	-	24		
Mental Health Recovery	Stirling Council	Earmarked	49	-	-	49		
Telecare Fire Safety	Stirling Council	Earmarked	17	(15)	-	2		
Telecare Analogue to Digital	Stirling Council	Earmarked	2	-	-	2		
Housing - PSHG	Stirling Council	Earmarked	69	(69)	-	-		
Transformation Fund	Stirling Council	Earmarked	161	(43)	-	119		
Unresolved Risk Share Allocation	Stirling Council	Earmarked	-	-	(106)	(106)		
Aids for Daily Living	Clackmannanshire Council	Earmarked	117	(117)	-	-		
Mental Health Recovery & Renewal	Clackmannanshire Council	Earmarked	25	-	-	25		
Service Pressures Reserve	Clackmannanshire Council	Earmarked	73	(73)	-	-		
Unresolved Risk Share Allocation	Clackmannanshire Council	Earmarked	-	-	(106)	(106)		
Earmarked Reserves Total			**7,262**	**(3,614)**	**6,178**	**9,827**		
Total Reserves			**9,862**	**(6,214)**	**6,178**	**9,827**		

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 11

ADP Update: National Drugs Mission

For Approval

Paper Approved for Submission by:	Joanna Macdonald, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Simon Jones, Specialist Manager ADP and Mental Health
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To update IJB on progress to achieve the objectives of the National Drugs Mission and the redesign across the substance use system.

Recommendations:	The Integration Joint Board is asked to: 1) Note the progress made across system of care following previous IJB decisions. 2) Agree the delivery of ADP partner's strategic direction in relation to substance use care, support and treatment as required by the Partnership Delivery Framework, this will ensure continued transformational commissioning focused on the planning around the end of the National Drugs Mission funding. Note the role of the Lived Experience Advisory Panel, and their continued commitment to support the ADP

Key issues and risks:	*ADP has made significant progress in improving collective responsiveness and human rights empowerment activity across the partnership.*

1. Background

1.1. Scottish Government declared a National Drugs Mission in 2021 to address the rise in drug-related deaths across Scotland. Additional funding guarantees were implemented over the life of the parliament, to April 2026. These additional monies (approx. £838k per annum) for distribution to Clackmannanshire and Stirling ADP represent around 40% of total ADP funding - with a focus on change and transformation.

1.2. Additionally, around £800k per annum of National Drugs Mission is additionally disbursed by Scottish Government to Third Sector projects across Clackmannanshire and Stirling, through Corra Foundation. Although this funding is not subject to ADP oversight, it does fund provision of children and young people's services, harm reduction outreach and social health support, filling gaps in provision identified at the start of the National Drugs Mission. Withdrawal of most of this Corra Foundation funding has either taken place already or is expected in the coming months, creating gaps in funding which have been anticipated by previous ADP updates to the IJB as outlined below.

1.3. ADP partners remain committed to the continuation of modernisation of community focused services, working to ensure that the loss of this funding is mitigated for April 2026. Achieving this will require work with partners across the Substance Use Service, recognising that this may present difficult choices for our services in the coming years.

1.4. As members are aware, the impact of the approval of previous ADP commissioning recommendations to recommission third sector substance use support, in line with MAT Standards, in November 2023, has meant care closer to home and access to care management in communities. Anecdotal feedback from the Lived Experience Panel (LEAP) has been overwhelmingly positive of the direction of travel, with members reporting a confidence in HSCP leadership to deliver required change and modernisation to meet needs in the community.

1.5. In August 2024, the IJB approved the establishment of a new system of primary care-aligned substance use prescribing and to rebalance ADP investments towards social health, recovery and human rights outcomes. As a result, a new contract for third sector specialist delivery is now in effect, fulfilling the expectations of the November 2023 IJB direction.

1.6. As with all commissioning services, this contract continues to be subject to regular contract monitoring arrangements, with a new model of care for psychosocial behavioural support being rolled out now after engagement and feedback from lived and living experience voices. Recent scrutiny of this provision by the Care Inspectorate saw the highest-possible grades awarded to Change Grow Live.

1.7. In August 2024, IJB directed a change in the model of care. This has required significant system-wide change which requires partners to navigate complex processes. Reaching a cohesive position on these changes has not proved easy and work is ongoing to implement alignment of services with primary care provision by April 2026.

1.8. It is intended that the changes to the system will ensure people affected by substance use issues are supported in communities; with equitable access to treatment across localities. Achieving this will require change in how we deliver primary and secondary care services for people with substance use issues. Clinical leadership is led by HSCP GP Clinical Lead alongside senior leaders within NHS Forth Valley.

1.9. The March 2025 IJB ADP paper, approved the approach to enable full oversight by ADP partners and IJB members of all delegated spend on alcohol and drugs, including internally or externally commissioned resources, through a revised financial accounting framework. Work on this framework continues to be developed, with the intention of providing full oversight, by IJB, of investments intended by Scottish Government for delegation to ADP. Delivery of this work is also now anticipated for April 2026, ensuring that the IJB can be assured of the financial arrangements for ADP delivery.

1.10. The ADP Commissioning Plan, presented to the ADP in May 2025 sets out the proposed approach to realign funding. Planning for this financial shift is underway but will present a risk in the financial year 2026/2027. Senior leaders across the HSCP are sighted on this risk and working to mitigate the impact.

2. Progress and Future Strategic Direction

2.1. The reasons for substance use, and harms from it, are predictably complex. Data collected relating to Clackmannanshire and Stirling suggests a similar picture seen across other areas of Scotland and the UK, and more broadly at continental and international levels. Patterns of substance use are expected to remain less predictable at an individual level, with rapidly changing behaviours linked to changes in availability in illicit, globalised drugs markets far from ADP control. At domestic national levels the social, economic and legal outlook for people affected by problematic substance use continues to be negative.

2.2. In this context, ADP partners are grateful for the nuanced, and person-centred consideration of substance use that is seen across sectors and communities across the HSCP area. By emphasising the wellbeing and rights of each person, support can be delivered to ensure an effective, collaborative response to individuals.

2.3. This visible political and community leadership and commitment to all our people was vividly seen at the recent national Recovery Walk, held in Stirling for 2025, where colleagues and supported people walked together alongside national and local political leaders.

2.4. The National Drugs Mission period has seen unprecedented changes to ADP partners' activity and strategic transformation at a local and national level.

2.5. As a local partnership, the ADP partners can reflect on the significant successes in recent years:

2.5.1. Lived and living experience voices are now amplified across ADP decision-making, policy development allowing for better-informed commissioning decisions and community focused operational responses.

2.5.2. The collective response to emerging harms is convened within hours or days, not months as was sometimes the case before the National Drugs Mission. We can demonstrate effective response to potentially lethal harms and future plans will further improve people's lives for those affected by substance use issues.

2.5.3. The Tier 3 Specialist Third Sector contract has established the conditions for a new, flexible model of community case management support which meets the expressed needs of Lived and Living Experience voices and empowers staff and supported people to act collaboratively and creatively.

2.5.4. ADP now has a practical approach to Lived and Living Experience involvement which aligns to human rights principles. This includes the work of LEAP, our Lived Experience Advisory Panel which now contributes to agenda setting for ADP and scrutinises plans. We include

LLE voices in commissioning activity to guide forward planning and ensure public funding supports improved outcomes through service delivery. Our Health Improvement Service undertakes qualitative data gathering activity on topics suggested through LLE accountability mechanisms, which has driven recent work between ADP and Housing colleagues.

2.5.5. Our services are currently engaged in a redesign to deliver access to substance use treatment and support in a primary-care adjacent way.

2.6. Scottish Government is in the process of considering a new strategic approach after the end of the National Drugs Mission in April 2026. A letter of comfort was provided in October 2025, committing to extend current, additional ADP allocations (without reference to the Corra Foundation funding) through 2026-27 subject to the passage of the Scottish Government budget in early 2026.

2.7. Scottish Government have embarked on a redesign of the Partnership Delivery Framework, which aligns with COSLA, laying out how ADPs are governed. There is no anticipated change to current arrangements by which ADPs are delegated to Integration Authority's oversight.

2.8. Scottish Government has also expressed an intention to review national strategies related to substance use, including the Rights, Respect and Recovery strategy and the Alcohol Framework, with a view to describing a combined, refreshed strategic approach to alcohol and other drugs from early 2026. ADP continues to participate in strategic discussions with Scottish Government as requested.

2.9. Scottish Government has further intimated its hope to maintain existing levels of funding, but with a diversified focus on alcohol and other drugs from April 2026. In effect, ADP partners anticipate that any continuity of funding will be accompanied by an expanded portfolio of requests by Scottish Government, though at the time of this report there is no detail to share.

2.10. In this context IJB members are asked to note the significant complexity facing ADP partners in assessing the likely strategic direction.

3. Future National Drugs Mission Additional Allocations

3.1. The upcoming implementation of new strategic objectives, together with existing transformational work already agreed or delivered, presents an opportunity for ADP partners to further consider their commissioning intentions, influenced by those with a lived or living experience.

3.2. Current National Drugs Mission additional funding from SG totals approximately £839k for 2025-26, and there is commitment from SG to maintain this level for 2026-27, pending passage of the Scottish Government budget. ADP partners propose to consider any of this funding allocated after April 2026 to further improve provision of recovery-oriented support in line with strategic directives. However, this would require disinvestment from current areas of spend which requires further planning.

3.3. The HSCP Leadership, together with relevant ADP Partners intend to consider investments based on risk and aligned with the strategic direction of the IJB.

4. Conclusions

4.1. The work will continue to deliver the ADP Delivery Plan as part of the wider ADP Commissioning Consortium, with oversight being managed through local steering group of multi-agency representation, as well as from those with a lived experience.

4.2. This Delivery Plan approach follows the principles of Best Value & Value Based Health and Care to address the care, support and treatment needs of those affected by substance use issues. It ensures we are following the principles of choice and control, in line with SDS legislation, whilst taking account effective risk management in terms of organisational, clinical and individual risk.

5. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	X
Independent Living through Choice and Control	X
Achieve Care Closer to Home	X
Supporting People and Empowering Communities	X
Reducing Loneliness and Isolation	X
Enabling Activities	
Medium Term Financial Plan	X
Workforce Plan	☐
Commissioning Consortium	X
Transforming Care	X
Data and Performance	X
Communication and Engagement	X
Implications	
Finance:	SG have instructed that allocations to ADPs should not be subject to savings measures by NHS or IJBs, however the commissioning approach so far is demonstrating the capacity to improve outcomes at greater scale through redesign of systems rather than cost savings.
Other Resources:	

Legal:	None
Risk & mitigation:	Risks to people's safety and rights remain until we fully understand the impact of system-change in the context of a changing pattern and population of people who use substances. Redesign work has thus far been focussed on the provision of services for people who require medication assisted treatment and further work is needed to understand wider impacts and implications.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 12

Quarter Two Performance Report (July to September 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
Exempt Report	No

Clackmannanshire Council
Stirling Council
NHS Forth Valley

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

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

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

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

1. Background

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

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

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

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

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

2. Considerations

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

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

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

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

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

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

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

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

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

3. Development of Quarterly Performance Reports

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

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

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

4. Conclusions

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

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

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

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

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

5. Appendices

5.1 Appendix 1 Quarter Two (1st July to 30th September 2025) Executive Summary

5.2 Appendix 2 Quarter One (1st July to 30th September 2025) Performance Report

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐
Implications	
Finance:	Performance reports should be read in conjunction with financial reports to give a broad overview of strategic, operational and financial performance and sustainability.
Other Resources:	As detailed in the body of the paper.
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	The IJB is presented with the strategic risk register on a quarterly basis. Given the context on constrained resources, increasing demand and complexity and a programme of transformation and service modernisation there is a

	fundamental tension between financial and service sustainability and performance which is likely to require difficult choices and service prioritisation decisions.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1

Clackmannanshire & Stirling Integrated Joint Board Quarter Two Performance Report (July to September 2025) Executive Summary

This Quarter Two (Q2) Performance Report (July–September 2025) provides an overview of progress made by the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) in delivering the priorities set out in the Strategic Commissioning Plan 2023–2033. It supports the Integration Joint Board (IJB) in fulfilling its statutory responsibilities for performance monitoring and strategic oversight.

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

- Delayed discharges remain a key focus with a 'home first' approach and 'discharge to assess' being common practice. The September 2025 census point showed an increase, compared to June 2025, in both All Delays (from 32 to 55) and Standard Delays (from 15 to 27) though these are comparative with September 2024.
- The number of bed days attributed to standard delayed discharges also showed an increase this quarter from 331 in quarter 1 to 424 in quarter 2 though this is nearly half the 874 reported in 24/25 Q2.
- The number of delayed discharge waits over 2 weeks showed a reduction from 8 at the June census point 7 in September. This is less than half of the 16 waiting over 2 weeks in September 2024.
- A&E attendances show a small reduction from quarter 1 to a rate of 1,372 per 100,000 population. Note data completeness issues.
- There are still ongoing challenges in meeting 4-hour wait targets of 95% with 60.1% reported in September 2025. Note data completeness issues.
- FV Smoking quits at 12 weeks follow up for SIMD 1&2 quits in Q1 reduced from 54 People in 2024/25 Q4 to 52 people in 2025/26 Q1. (Note Always one quarter behind).
- The rate of admissions due to falls for the over 65 age group increased from 5.0 in 2024/25 Q4 to 5.3 in 2025/26 Q1 with an increase from 148 to 158 hospital admissions due to falls. The number of admissions for all age groups due to falls reduced slightly from 246 in 2024/25 Q4 to 244 in 2025/26 Q1. Note data completeness issues. Falls prevention efforts included a successful Falls Awareness Week campaign, with community engagement and digital outreach.
- Psychological therapy services achieved their highest compliance to date (83.1%) for psychological therapy access within 18 weeks, though waiting lists remain a concern with 952 people waiting for an initial appointment.
- 100% of Forth Valley people referred with their drug or alcohol problem waited no longer than three weeks for treatment that supports their recovery.

Strategic Theme 2: Independent living through choice and control

- Key Indicators have been developed for the Right Care Right Time programme of work with a dashboard able to present baseline data to managers to monitor impact and change.

- The Community Mental Health Team offer a minimum of three sessions of post-diagnostic support for every Clackmannanshire and Stirling resident who receives a diagnosis of dementia. Information from third sector supports is being developed as part of the commissioning approach to community hubs.
- SDS Forth valley are actively promoting training opportunities for staff and key partners in the community to raise awareness of services available and increase the referrals from Adult Social Care providing the right advice at the right time.

Strategic Theme 3: Achieving care closer to home

- The number of HSCP residents waiting to move into Reablement (snapshot last week in quarter) has increased from 28 in 2025/26 Q1 to 30 in 2025/26 Q2.
- The percentage of Reablement clients with reduced or no hours after the reablement service has decreased from 67.5% in 2025/26 Q1 to 55% in 2025/26 Q2.
- The number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter has decreased to 5 at the end of 2025/26 Q1 from 7 at the end of 2025/26 Q1.
- The number of people delayed for over 2 weeks awaiting a package of care remained at 0 person at the end of 2025/26 Q1.
- The number of people waiting for a Package of Care at last week of quarter decreased from 42 at the end of 2025/26 Q1 to 31 at the end of 2024/25 Q4. All of these residents have been waiting for less than 2 weeks.
- Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less) has increased to 34.5 in 2025/26 Q1 to 31.5 days in 2025/26 Q2.

Strategic Theme 4: Supporting empowered people and communities

- The number of Chief Social Worker Guardianships have increased from 168 in 2025/26 Q1 to 181 in 2025/26 Q2.
- Digital carer engagement and support through Mobilise continues to exceed targets with 4,032 individuals reached (Discovery) during 2025/26 Q2 with a target of 2,730. 330 individuals engaged in further services (Engage) against a target of 210 and 179 individuals engaged in deeper support (Support) against a target of 92.
- Carers Centres, Citizen Advice Bureau and Self Directed Support Forth Valley continue to provide vital support in the community.
- Referrals for social prescribing through Community Link Workers have increased to 93 from 87 in 2025/26 Q1 though the number of social prescribing encounters decreased from 347 in 2025/26 Q1 to 209 in 2025/26 Q2.

Strategic Theme 5: Reducing Loneliness and Isolation

- Third sector partners (CTSI, SVE) and Community Link Workers play a key role in reconnecting individuals.
- Work is ongoing to improve data collection and reporting on community engagement.

Clackmannanshire & Stirling
Health & Social Care
Partnership

Appendix 2

Clackmannanshire & Stirling Integration Joint Board

Quarter Two Performance Report (July to September 2025)

Introduction

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

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

Finance

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

Strategic Theme 1: Prevention, early intervention & harm reduction

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

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

Reference	Performance indicator	Q2 25/26	Desired trend or target	12 month trend	3 month trend
DD.TOT.CSHSCP	HSCP Delayed discharges (standard, code 9 and code 100) at census point (NHS FV).	**55**	↓	↓57	↑32
DD.ST.CSHSCP	HSCP Delayed discharges (standard) at census point (NHS FV).	**27**	↓	↑22	↑15
DD.OBD.CSHSCP	HSCP Occupied bed days attributed to standard delayed discharges at census point (NHS FV).	**424**	↓	↓874	↑331
DD.2wk.CSHSCP	HSCP Standard delayed discharge waits over 2 weeks at census point (NHS FV).	**7**	↓	↓16	↓8
DD.09.CSHSCP	HSCP Delayed Discharges (code 9) at census point (NHS FV).	27	↓	↓34	↑16
PHS MSG1a18+	HSCP Emergency admissions (age 18+) **MSG 1a (PHS)** (note always one quarter behind) (p data completeness issues)	December 2024 **1,338**	↓	December 2023 ↑1,257	September 2024 ↑1,303
READ28.CSHSCP	HSCP Readmissions to hospital rate per 1,000 admissions in last month of quarter (NHS FV). (p data completeness issues)	**57.79**	↓	↑47.107	↓53.52
US.CSHSCP	HSCP A&E attendances (age 18+) rate per 100,000 population in last month of quarter (NHS FV). (p data completeness issues)	**1,372p**	↓	↓1,462	↓1,441
ED.CSHSCP	HSCP A&E (ED&MIU) 4 Hour waits at end of quarter (NHS FV) (p data completeness issues)	**60.1%p**	95%	↑51.9%	↓60.4%
Smoke.12.12wLDP	HSCP Smoking No of quits at 12 weeks follow up SIMD 1&2 quits (note always one quarter behind)	**Q1 25/26 52**	87↑	Q1 24/25 ↓58	Q4 24/25 ↓54
PHS DisFallAdm	HSCP Number of hospital admissions due to falls (all ages).(note always one quarter behind) (p data completeness issues)	**Q1 25/26 244p**	↓	Q1 24/25 ↑240	Q4 24/25 ↓ 246p
PHS DisFallAdm	HSCP Number of hospital admissions due to falls (aged 65+).(note always one quarter behind) (p data completeness issues)	**Q1 25/26 158p**	↓	Q1 24/25 ↓169	Q4 24/25 ↑148p
PHS DisFallAdm	HSCP Falls rate per 1,000 population aged 65+ (note always one quarter behind) (p data completeness issues)	**Q1 25/26 5.3p**	↓	Q1 24/25 ↓5.7	Q4 24/25 ↑5.0p

Reference	Performance indicator	Q2 25/26	Desired trend or target	12 month trend	3 month trend
DN.V.CSHSCP	HSCP District Nursing Activity - No of visits (NHS FV).	**31,977**	Activity Data	↑26,847	↑30,192
DN.TRV.CSHSCP	HSCP District Nursing Activity - No of Treatment room visits (NHS FV).	**9,108**	Activity Data	↑8,172	↑8,721
DN.C.CSHSCP	HSCP District Nursing Activity - No of calls (NHS FV).	**3,329**	Activity Data	↓3,339	↑3,012
	Priority 1 Mental Health & Wellbeing				
RTT.COMP.PSYCH	% of **FV** patients who commenced psychological therapy within 18 weeks of referral at end of quarter. NHS Local Delivery Plan standard.	**83.1%**	90%	↑79.9%	↑73.3%
PAA.PS (Total)	**FV** Patients Waiting for Initial Appointment at end of quarter (NHS Forth Valley).	**952**	↓	↑752	↑951
PHS MSG2c	HSCP Unplanned bed days mental health (age 18+) **MSG 2c** (note always one quarter behind) completeness issues apply to the latest figures	**Completeness issues with data from PHS**			
NSS MHADM	Mental health admissions of HSCP residents (NHS Forth Valley).	**90**	Activity Data	↓95	↓104
NSS MHREAD	Mental health readmissions of HSCP residents within 28 days (NHS Forth Valley).	**19**	↓	↓26	--19
	Priority 2: Drug and alcohol care and support capacity across communities				
ADP.CSHSCP	% of Forth Valley people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery.	**Q1 25/26 100%**	HEAT target 90%	Q1 24/25 ↑98.8%	Q1 24/25 ↑ 98.9%
ADP.CGL.CSHSCP01	Number of HSCP residents attending Face to Face group sessions with Forth Valley Recovery Community (FVRC).	**1,119**	Activity Data	↓1,206	↑1,084
ADP.CGL.CSHSCP01	Number of HSCP residents attending individual sessions with Forth Valley Recovery Community.	**25**	Activity Data	↓43	↓30

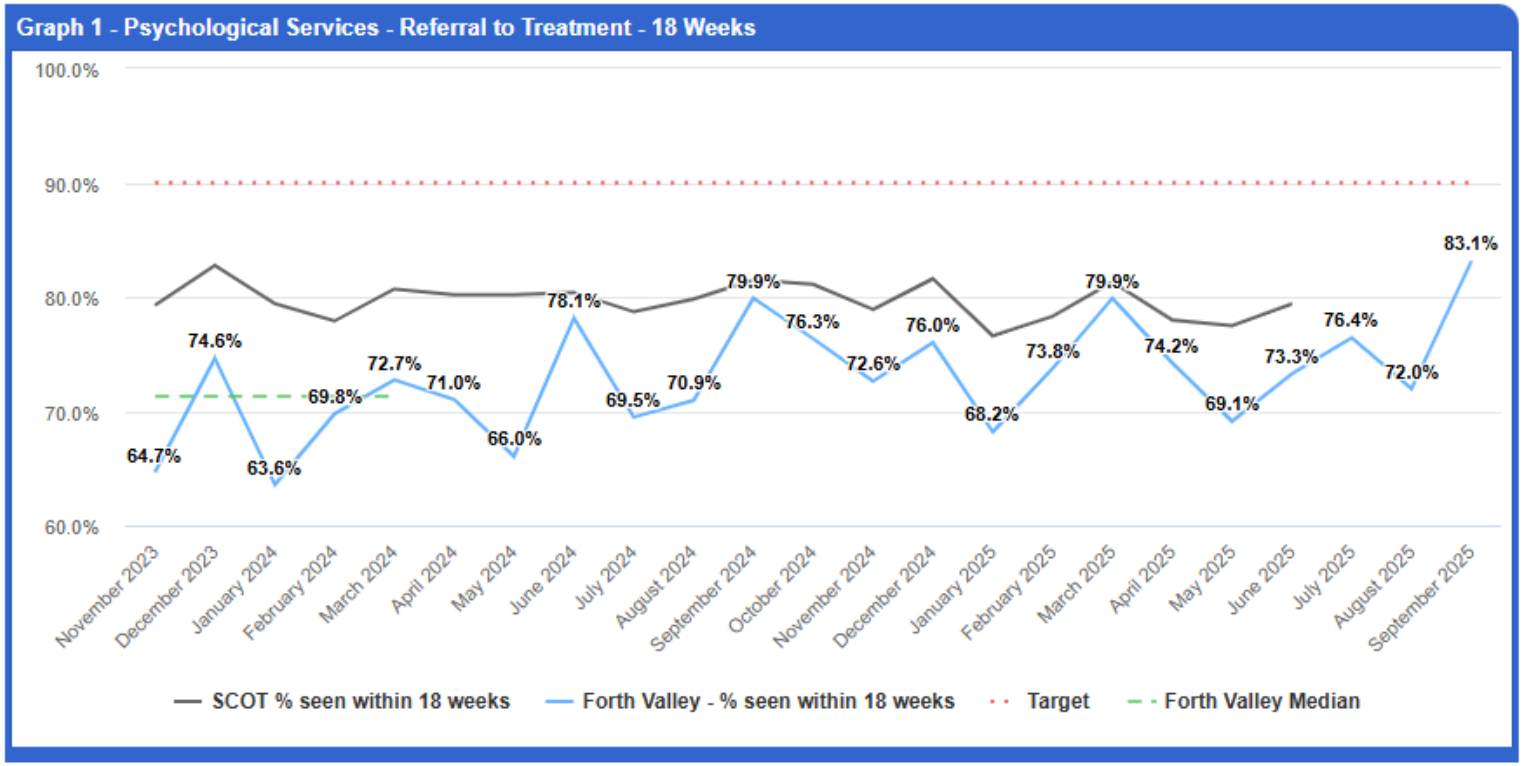
Falls

Falls Awareness Week (15 -19 September) is a national campaign observed to increase awareness around falls health and injury prevention. This week creates an opportunity for engaging our local communities and our staff to join in the conversation around safer mobility and keeping well. In 2025, we wanted to work across the whole system to promote the importance of strength and balance, healthy movement and reducing

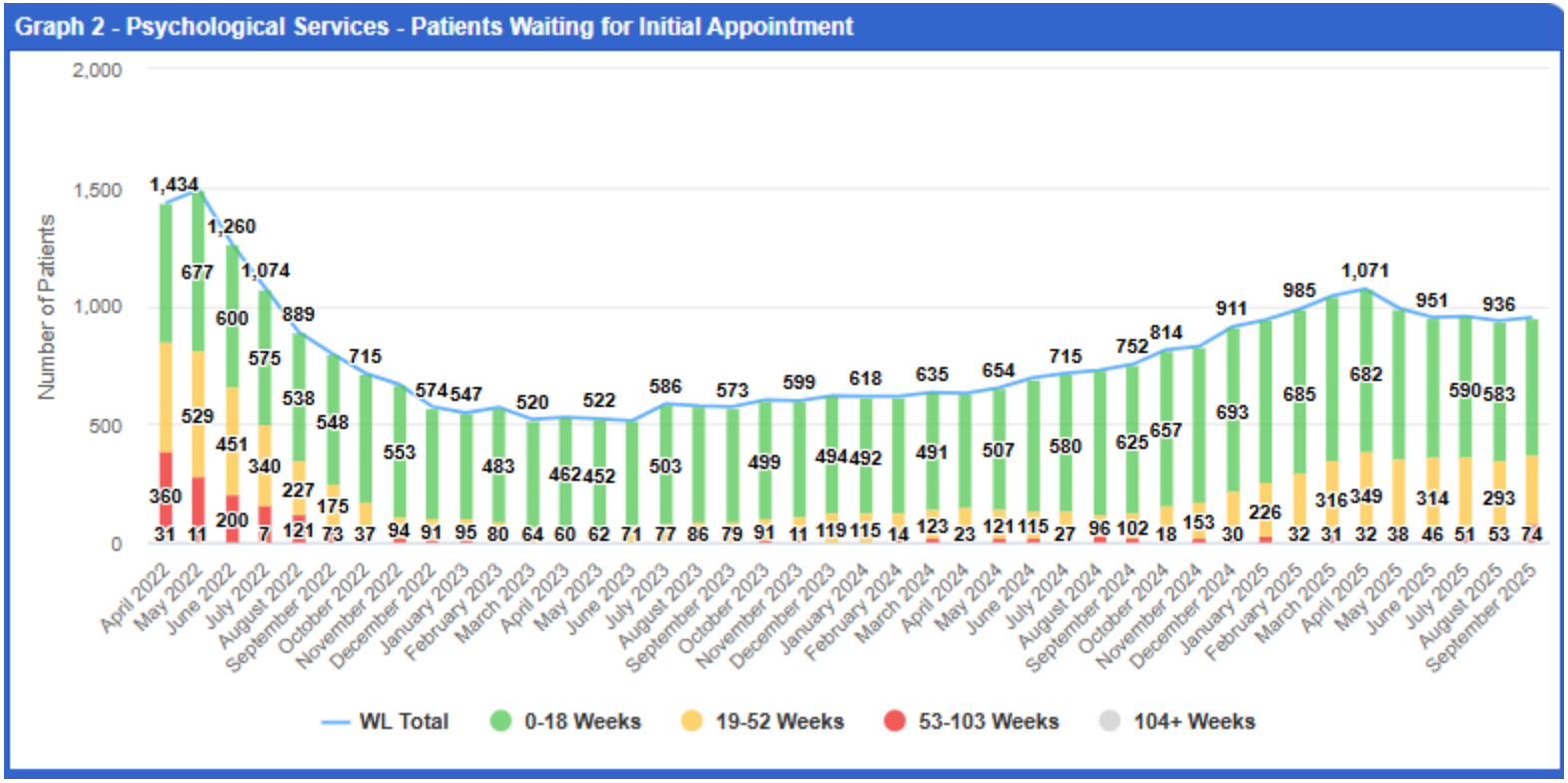
the risks associated with falls. The week encompassed a social media campaign, one larger system drop-in event for both staff and members of the community and some smaller more localised events including a pop-up stand within the library spaces. 71 people attended the drop in event at The Bellfield Centre and the Falls web page had 108 views across the promotion period. .

Priority 1: Mental Health and Wellbeing

Psychological Therapies



This graph includes psychological therapies delivered within adult and child services to ensure consistency with PHS reporting parameters.
In September 2025, compliance with the RTT was 83.1% continuing a fairly consistent pattern of around 70% compliance or above. This was the highest compliance to date. It reflects the highest ever monthly uptake of digital therapies. Fewer people started individual and group therapies in September than in the preceding 2 months, due to clinicians picking up cases mid-therapy from clinicians who had left the service and due to a number of groups being in the latter stages. More groups will be starting in October and November.
In April 2025 waiting list projections were requested by Scottish Government, and conducted by Public Health Scotland on NHS Forth Valley's behalf. These indicated that we are unlikely to meet the RTT without significant investment in additional resource.



In May 2022 a redesign of the largest specialty within the service commenced. This included the introduction of triage appointments as standard which explains the reduction in the number of people waiting for initial appointment from that time point. May 2025 saw a decrease in numbers waiting which has been maintained throughout Q2 with 952 people waiting in September. The service's Improvement Plan focuses on delivering therapy to those people who have been waiting over 104 weeks for treatment.

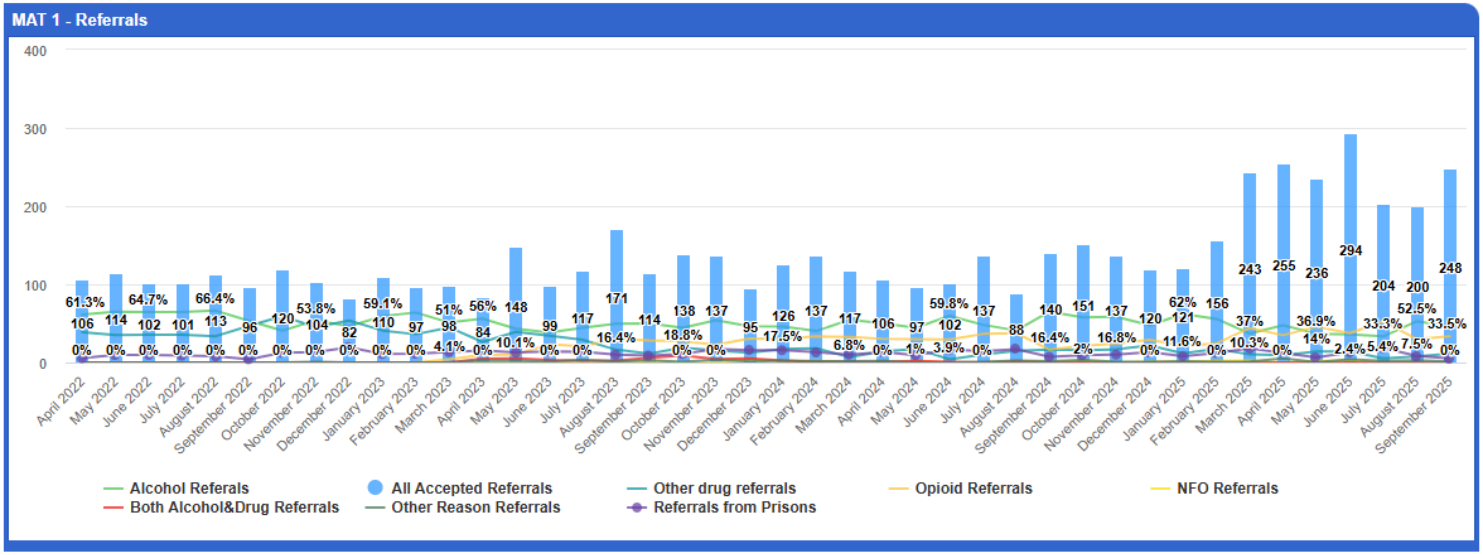
Priority 2: Drug and alcohol care and support capacity across communities

Medication Assisted Treatment (MAT) Standards for Forth Valley.

MAT Standards 1 to 5 cover same-day access to services, medication choice, ongoing support, access to harm reduction support and support to remain in treatment. Data is available for Standards 1, 2 and 5 as outlined below.
MAT standards 6 to 10 are on psychological support, primary care access, independent advocacy and social support, mental health, and trauma-informed care.

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

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



September 2025

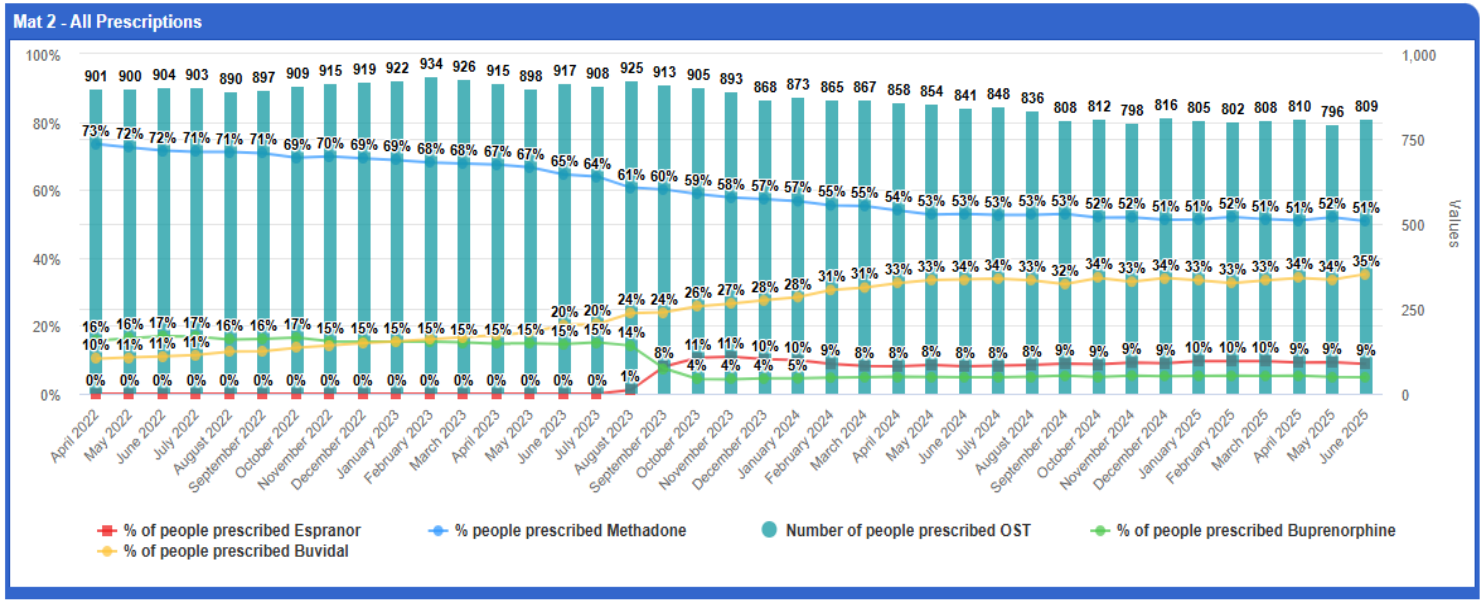
- Alcohol Referals: 47.2%
- All Accepted Referrals: 248
- Other drug referrals: 11.3%
- Opioid Referrals: 33.5%
- NFO Referrals: 0%
- Both Alcohol&Drug Referrals: 0%
- Other Reason Referrals: 1.2%
- Referrals from Prisons: 5.2%

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

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

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

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



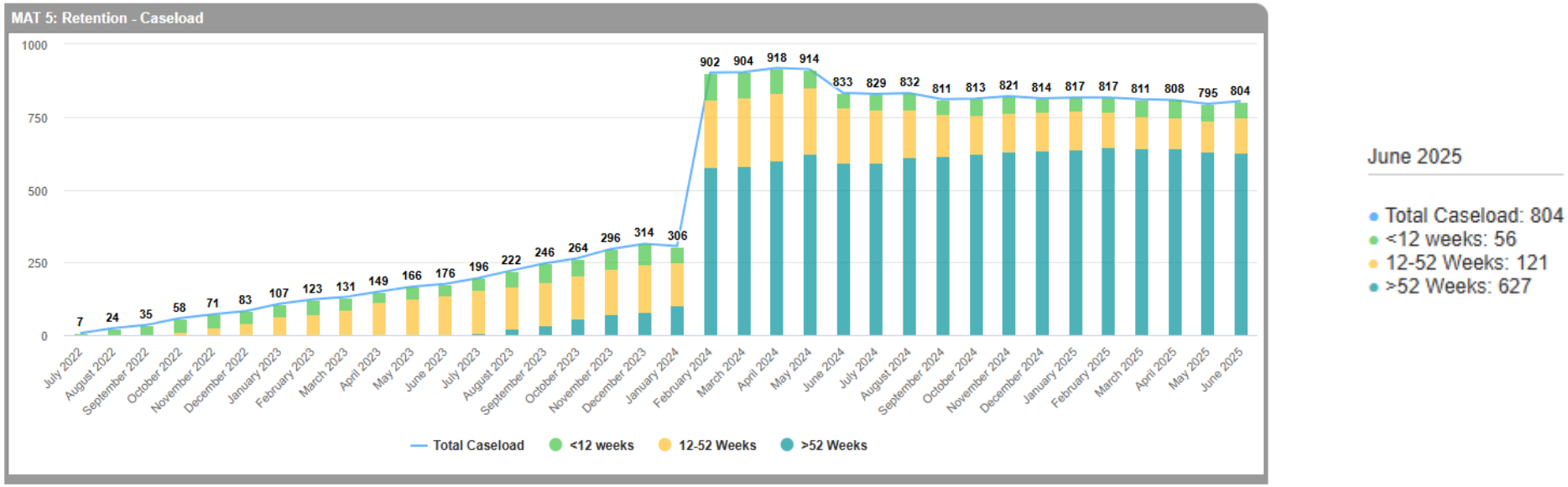
June 2025

- % of people prescribed Espranor: 9%
- % people prescribed Methadone: 51%
- Number of people prescribed OST: 809
- % of people prescribed Buprenorphine: 5%
- % of people prescribed Buvidal: 35%

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

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

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



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

Alcohol and Drug Partnership

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

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

In 2024/25 Q4, 100% of people referred with their drug or alcohol problem (excluding Prisons) waited no longer than three weeks for treatment that supports their recovery (across Forth Valley area). This continues to be above the 90% HEAT Target. This data pertains to Experienced Waits where adjustments have been made to account for periods of unavailability.

Change Grow Live

People with a dependence on substances often benefit from specialist psychologically-informed support to understand the relationship between problems in their lives and their substance use. Change Grow Live deliver this support, and case management for people's recovery for as long as they wish under a contract monitored by ADP. CGL's recent Care Inspectorate report demonstrated very high standards of care for people, reflected in the highest ratings achievable on first inspection. The service is continuing its redesign work under new contractual arrangements with ADP, to better support co-located and multidisciplinary care towards people's social health and recovery. People with lived and living experience of substance use and its inequalities have told us they would value being able to be seen closer to home and more flexibly as their lives change in recovery, which we are now working to deliver.

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.

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

Reference	Performance indicator	Q2 25/26	Desired trend or target	12 month trend	3 month trend
ASC.LD	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter.	**265**	Activity Data	↑251	↑259
ASC.LD	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter.	**6**	Activity Data	↑4	--6
ASC.LD	Number of people in Learning Disability care group living in care home on last day of the quarter.	**72**	Activity Data	↑70	↓73
ASC.LD	Number of Learning Disability Clients on Dynamic Support Register with Priority to return (Coming Home)	**33**	Activity Data	--33	--33
	Priority 3 Self-Directed Support information and advice promoted across all communities				
SDSFV	No of referrals from Adult Social Care to SDS FV	**9**	↑	↓13	--9
SDSFV	Self referrals to SDS FV	**6**	Activity Data	--6	↑<5
SDSFV	SDS FV Active Clients	**31**	Activity Data	Not available	↑14
ASC	Number of Self-Directed Support Option 1 during the quarter	**55**	Activity Data	↓65	↓64
ASC	Number of Self-Directed Support Option 2 during the quarter	**109**	Activity Data	↑98	↑105
ASC	Number of Self-Directed Support Option 3 during the quarter	**4,286**	Activity Data	↑4,152	↑4,061
ASC	Number of Self-Directed Support Option 4 during the quarter	**138**	Activity Data	↑134	↑142
ASC	Number of Support Plans created during the quarter	**3**	Activity Data	↓7	↓5
	Number of people who completed 1 year of post diagnostic support in the quarter. **Under development**	**Not available**	Activity Data		
	Number of new individuals receiving PDS during the quarter. **Under development**	**Not available**	Activity Data		

Right Care Right Time

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

An important component of redesigning the Adult Social Care Front Door Service are multidisciplinary team (MDT) meetings. On 31 March 2025, the first MDT meeting took place. While still a new process that is continuing to develop, it is clear there has been a positive impact in terms of efficacy and the value this adds is encouraging. Ultimately, it is about helping teams with rationalising referrals and directing them accordingly, showcasing the values of joint and joined up working. New Key Indicators are being developed for this service area and a dashboard collating baseline data has been designed.

To date, the MDTs have been attended by; social work, community nursing, reablement/MECs, Allied Health Professionals (AHPs) and staff working with carers and in the Bellfield. This has enabled the pooling of information (from across NHS and Council systems) to stimulate discussion about who is best placed to proceed with referrals, to ensure care and support is able to be accessed in a more coordinated way. This framework focusses on people within our communities and meeting their outcomes, while also meeting out financial obligations. Self-Directed support is an important component to this work which underpins the way we deliver social care and support.

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

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

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

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

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

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

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

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

Strategic Theme 3: Achieving care closer to home

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

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

Reference	Performance indicator	Q2 25/26	Desired trend or target	12 month trend	3 month trend
HSC ADA 002L	Number of HSCP residents moved into Intermediate Care (step up) from home	**21**	Activity Data	↑17	↑19
HSC ADA 002M	Number of HSCP residents moved into Intermediate Care (step down) from hospital	**61**	Activity Data	↓65	↓84
ASCWkPWDBD	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter	**30**	↓	↑17	↑28
ASCWkPWDAT	Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter	**5**	↓	↓19	↓7
HSC ADA 002w	Average total length of stay in local authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less).	**34.5**	↓	↑20.5	↑31.5
ADA01p & ADA01q	% Reablement clients with reduced or no hours after Reablement service.	**55%**	↑	↓56%	↑67.5%
DDCenFS	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter	**0**	↓	↓1	-0
ASCWkPOCWAQ	No of people waiting for a Package of Care at last week of quarter	**31**	↓	↓72	↓42
ASC	Total number of Packages of Care sourced in quarter	**649**	Activity Data	na	↑551
ASC	Total number of hours for Packages of Care sourced in quarter	**6,376**	Activity Data	na	↑5,047
ASC	Number of people receiving 80+ hours of care at home per week at the end of the quarter in Stirling area	**72**	Activity Data	↑71	↑71
ASC	Number of people receiving Telecare/Community Alarm service - All ages at end of quarter	**3,084**	Activity Data	↑3,058	↑3,038

Reference	Performance indicator	Q2 25/26	Desired trend or target	12 month trend	3 month trend
DN.DAH.CSHSCP	HSCP District Nursing Activity - No of supported deaths at home (NHS FV).	**79**	Activity Data	↓	↑71
	Priority 5 Good public information across all care and support working				
	Indicators to be developed.				
	Priority 6 Workforce capacity and recruitment				
	Workforce data is important to the planning and delivery of services. The Integrated Performance Framework sets out the requirement to develop data in order to plan and monitor service delivery. This is a key focus on the Strategic Workforce Plan Implementation Group over 2024 - 25. Indicators in development.				

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

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

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

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

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

Priority 6: Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. Work has continued throughout 2024 - 2025 on Year 2 report for the Integrated Workforce Plan and was presented to Integration Joint Board in March 2025.
The Integrated Performance Framework sets out the requirement to develop data in order to plan and monitor service delivery.

Strategic Theme 4: Supporting empowered people and communities

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

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

Reference	Performance indicator	Q2 24/25	Desired trend or target	12 month trend	3 month trend
HSC MHO 008	Number of Chief Social Worker Guardianships	**181**	Activity data	↑159	↑168
	Priority 7 Support for Carers				
HSC CAR 001	Mobilise service - Discover - Number of individuals reached in the quarter	**4,032**	Q2 2,730	↑3,987	↑2,142
HSC CAR 002	Mobilise service - Engage - Number of individuals engaging in further services in the quarter	**330**	Q2 210	↓541	↓487
HSC CAR 003	Mobilise service - Support - Number of individuals engaging in deeper support in the quarter	**179**	Q2 92	↓189	↓228
HSC CAR 031	CAB - Active Clients accessing Unpaid Carer Advice Project in the quarter	**28**	Activity data	↓74	↓63
HSC CAR 032	CAB - New Clients accessing Unpaid Carer Advice Project in the quarter	**8**	Activity data	↓16	↓11
HSC CAR 033	CAB - Number of contacts Unpaid Carer Advice Project in the quarter	**34**	Activity data	↓168	--34
HSC CAR 034	Citizens Advice Bureau - Number of Level 1 advice contacts Unpaid Carer Advice Project in the quarter (Note a client may receive more than one type of advice)	**103**	Activity data	↓235	↑52
HSC CAR 035	Citizens Advice Bureau - Total project to date - Client Financial Gain.[1].	**£29,379.04**	Activity data	£27,497.80	£51,288
HSC CAR 036	Citizens Advice Bureau - No of Referrals IN	**48**	Activity data	↑34	↑<5

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

Reference	Performance indicator	Q2 24/25	Desired trend or target	12 month trend	3 month trend
HSC CAR 037	Citizens Advice Bureau - No of Referrals OUT	**9**	Activity data	↓33	↑<5
HSC CAR 051	Number of Adult carers accessing individual support from Carers Centres.	**612**	Activity data	↑456	↓788
HSC CAR 052	Number of New Adult carers registered by Carers Centres.	**144**	Activity data	↓168	↑142
HSC CAR 053	Number of Adult Carer Support Plans offered by Carer Centres.	**171**	Activity data	↑128	↑142
HSC CAR 054	Number of Adult Carer Support Plans completed by Carer Centres.	**113**	Activity data	↑103	↑77
HSC CAR 055	No of Carers registered and active with a Carers Centre at end of quarter	**2,794**	Activity data	2,848	↑2,975
ASC	No of Adult Carer Support Plans in quarter (social care)	**39**	Activity data	↓49	↑21
	Priority 8 Early intervention linking people with third sector and community supports				
	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers (CLW).	**93**	↑	↑89	↑87
	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW).	**209**	↑	↓389	↓347

Priority 7: Support for Carers

Carers

As Carers' support continues to be a priority for Clackmannanshire and Stirling HSCP, the Carers' Lead and Short Breaks Co-ordinator continue to progress work to widen the scope of support based on the needs of carers. This is reflected within the Improvement Plan linked to the Joint Inspection process.

Digital and community approaches supports are aligned within the Model of Care for unpaid carers. Quarterly contract meetings are facilitated by the carers lead to discuss contract performance, a report is also submitted by each provider to the Carers Planning Group which is used to inform the QPR.

Digital Approach

Mobilise is the HSCP's digital support offer for unpaid carers within the Clackmannanshire and Stirling Health and Social Care Partnership. Having only been commissioned since April 2024, time is needed to raise awareness through marketing campaigns to maximise the effects of digital nudging.

The targets are based on annual delivery with such contracts being front loaded in terms of costs which settles through the lifetime of the contract, therefore early actual figures will always be higher and settle during the contract period. This means quarterly data at times may show reduced outcomes however this should be viewed cautiously and in context to the annual target and annual delivery.
This quarter the Discovery rate, number of individuals reached through Mobilise, was 1,302 individuals above the target for Q2. the Engagement rate, number of individuals engaging in further services, was above the target of 210 individuals at 330. Likewise, the Support figure, number of individuals engaging in deeper support, was almost double the 92 target, with instead 179 individuals being supported.

Community support

Falkirk & Clackmannanshire Carers Centre – Clackmannanshire element only

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

Stirling Carers Centre

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

Citizens Advice Bureau, Unpaid carer advice project

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

Respite

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

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

Priority 9 Develop locally based multiagency working across communities

Locality Working

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

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

Locality Planning Networks

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

Strategic Theme 5: Reducing loneliness and isolation

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

Third sector update

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

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

Ministerial Strategic Group (MSG) Indicators

Public Health Scotland

MSG Indicators Workbook - Summary

Partnership: Clackmannanshire & Stirling | Locality: All | 12 months to: March 2025

← Please hover over the blue icon for more information

Indicators 1 to 4 (values shown for patients over 18 years of age)	12 months from April 2024 to March 2025	12 months total up to March 2024	12 months total up to March 2025	Percentage change
Indicator 1a - Number of Emergency Admissions		14,595	15,738	7.8%
Indicator 1b - Number of Admissions from A&E		6,966	7,209	3.5%
Indicator 2a - Number of Unscheduled Bed Days; Acute		106,697	106,699	0.0%
Indicator 2b - Number of Unscheduled Bed Days; Geriatric Long Stay		1	75	7400.0%
Indicator 2c - Number of Unscheduled Bed Days; Mental Health		22,601	14,833	-34.4%
Indicator 3a - Number of A&E Attendances		26,053	24,847	-4.6%
Indicator 4a - Delayed Discharge Bed Days; All Reasons		15,624	19,792	26.7%
Indicator 4b - Delayed Discharge Bed Days; Code 9		6,963	9,571	37.5%
Indicator 4c - Delayed Discharge Bed Days; Health and Social Care reasons		8,454	10,180	20.4%
Indicator 4d - Delayed Discharge Bed Days; Patient/Carer/Family-related reasons		207	41	-80.2%

Indicators 5 and 6	Trend of annual totals	Previous financial year	Latest financial year	% point (pp) change
Indicator 5 - Last Six Months of Life by Setting (Community, All Ages)		2022/23	2023/24p	
		89.3%	89.4%	0.20%
Indicator 6 - Percentage of Population in Institutional or Community Settings (Home - Unsupported, All Ages)		2022/23	2023/24	
		97.7%	97.6%	-0.62%

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

Source: PHS NSS Data Completeness March 2025 - 99%

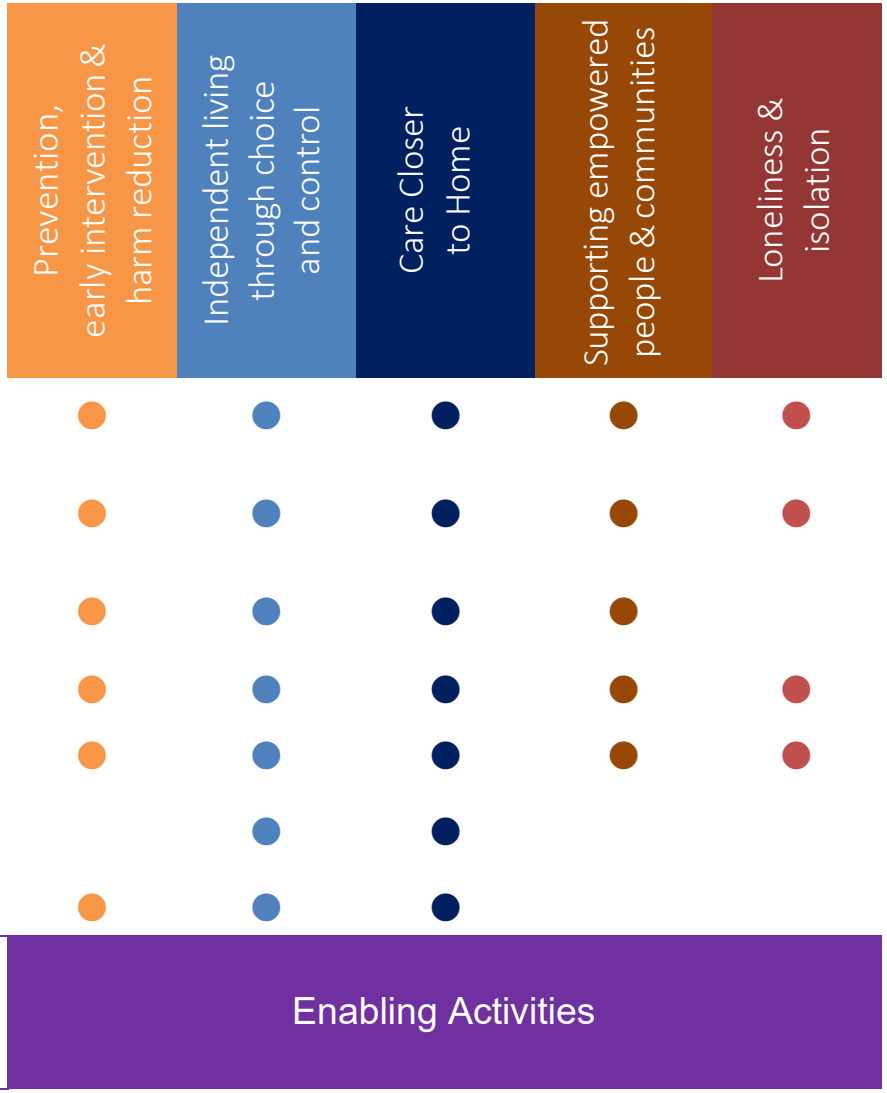
The table above outlines the most up-to-date information for the MSG indicators. Currently for December 2024. The completeness for further June 2025 is currently 35%.

National Health & Wellbeing Outcomes

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

Health and Wellbeing Outcomes

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



Glossary

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

MIU - *Minor Injuries Unit*

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

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

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

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

CGL - Change Grow Live Forth Valley Recovery Community

Delayed Discharge

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

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

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

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

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

FV - Forth Valley

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

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

RTT - *Referral to treatment time*

SDS - Self Directed Support

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

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

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

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

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 13

Review of 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

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	The purpose of this Report to the Integration Joint Board is to provide an update related to the three year review of the Strategic Commissioning Plan (2023-2033).

Recommendations:	The Integration Joint Board is asked to: 1. Consider and note the progress for reviewing the Strategic Commissioning Plan 2023 - 2033. 2. Note the engagement process commenced on 3rd November and is in progress across system. 3. Consider proposed Key Performance Indicators linked to Strategic Planning priorities.

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.

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 As members will be aware, the Strategic Commissioning Plan was published in 2023, and the Plan covers a 10-year period to April 2033. The Scottish Government's 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 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

1.5 These priorities were drafted following a wider process of consultation and engagement, this took cognisance of our commitment 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.

1.6 By undertaking this 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.

1.7 This paper provides an update of progress which was first laid out to members at the last IJB meeting (24 September 2025).

2 Where we currently are

2.1 Over the past three years, since the publication of the HSCP's Strategic Commissioning Plan, there has been progress in a number of areas that are all related to our five key strategic themes.

2.1.1 Please see below for further details:

- Prevention, Early Intervention & Harm Reduction. There has been progress around:
  - District nursing - Have been supporting more people at home, and increased number of proactive discussions around anticipatory care are enabling those in hospital to return home sooner.
  - Falls - Collaborative working in the area of falls prevention has lead to less people falling, and less people going to hospital as a result of a fall.
  - Independent Advocacy – consultation last year (2024) has culminated in the development of the HSCP's Independent Advocacy Strategic Commissioning Plan. The advocacy commissioning consortium was convened in early 2025.

- Independent living through choice and control. There has been progress around:
  - Lived and Living Experience - The SDS Lived Experience Panel was formed at the end of 2024. The panel is made up of people

who have been assessed as needing care and support themselves or have an experience through their caring role, the group meets 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 - 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.

- Achieving care closer to home. There has been progress around:
    - Digital Supports - Mobilise was commissioned last year to provide digital supports for carers. The majority of people accessing it used it out with working hours, 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 and is currently sitting above the Scottish average.
    - Palliative and end of life care - The Forth Valley Strategic Commissioning Plan for P&EOLC was published in November 2024. This followed two periods of engagement across Stirling, Clackmannanshire as well as Falkirk between. As part of the IJB's directions a Commissioning Consortium was convened in January 2025 to determine a Forth Valley approach moving forward.
    - Inspection Gradings of Services - The proportion of care services graded 'good' (4) or better in Care Inspectorate inspections has increased and is currently sitting above the Scottish average.

2.2 Supporting empowered people and communities. There has been progress around:
    - 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 support available in our communities.
    - Welfare Rights Project for Carer - Citizens Advice Bureau is commissioned to provide support for carers; focused and immediate person-centred advice and information, ensuring carers are able to access financial support.
    - Community Link Workers - continued funding of the award winning Community Link Worker programme that provides person specific navigation and signposting through services & communities. The positive impacts of which are illustrated through their wellbeing evaluations and reflected within the Annual Report.

2.3 Reducing Loneliness and Social Isolation

2.3.1 Community Mental Health and Wellbeing Fund facilitated by Third Sector Interface 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 community groups.

2.3.2 Information for communities - The Clackmannanshire & Stirling Carers Support Pack has been developed with carers to provide up to date information on local community supports which are aimed at both carers and those they care for.

3 Consultation

3.1 Engagement is key to the review of the Strategic Commissioning Plan. As a result a Review Working Group has been established with representation from partners including third sector and those with living experience.

3.2 The online survey was opened on 3rd November and will close on 12 January 2026, meaning the survey will be open for ten weeks. The survey can be accessed through our online survey portal, Clackmannanshire & Stirling HSCP - Citizen Space.

3.3 In person engagement events are being planned in each of the HSCP's three localities, across the same time period. As well as MS Teams sessions

3.4 At the Strategic Planning Group meeting on 19th November, there was presentation on progress focused on progress and feedback on review of the Plan.

3.5 The below five questions comprise those that are being consulted on.

1. Is there anything you do to help keep yourself feeling well?
    - Maintain social connections
    - Volunteer / are involved in your local community
    - Try to manage stress
    - Focus on your wellbeing
    - Eat a balanced diet
    - Exercise regularly
    - Focus on getting enough sleep
    - Engage in leisure activities (e.g hobbies)
    - Any other activities?

2. Thinking about your own health and well-being, what are the barriers to keeping yourself feeling well?

3. Which area do you feel that should be prioritised in next three years?
    - Prevention, Early Intervention and Harm Reduction
    - Independent Living through Choice and Control
    - Achieving Care Closer to Home
    - Supporting Empowered People and Communities

- Reducing Loneliness and Isolation

4. Which of the below area(s) are most important to you?
    - Mental Health
    - Substance Use
    - Population Health
    - Self-Directed Support (SDS)
    - Learning Disability
    - Physical disability
    - Dementia
    - Transforming Care
    - Carers
    - Locality Plans

5. Expanding on your answer to the above question, please can you use the space below to provide your interpretation of what your chosen area encompass at a locality level.

4 Considerations for the Review

4.1 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 need 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; continued commitment to carers support and early intervention and prevention across wider service areas.

4.2 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 priorisation is required. By aligning the strategic planning process with budget consultation and the IJB Business Case, including the next iteration of the delivery plan, this aims to align strategic planning and operational delivery within fiscal constraints.

5 Next Steps

5.1 The revised timeline for this work, as updated following the previous paper to the September IJB, 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 – 19th November 2025

- Programme of engagement on-line and in person throughout November – January 2026
- Reviewed Plan presented to Finance, Audit and Performance – February 2025
- Reviewed Plan presented to Integration Joint Board – March 2025.

5.2 Views gained from engagement activities will provide a focus for work over the next three years. This will be captured through the outcomes and Key Performance Indicators identified in appendix I which will form the basis of our performance reporting going forward.

6 Appendix

6.1 Appendix I - Suggested Outcomes and Key Performance Indicators (KPIs)

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒

Implications	
Finance:	There are numerous financial considerations that need to be factored into this work, which will impact upon our delivery. Some of these have not yet been produced. As such, there is a need to take cognisant of a range of information which impact upon our financial position, which reinforces the HSCP's position of being needs led but resource bound.
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 **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix I - Proposed Outcomes and Key Performance Indicators (KPIs)

The following expands upon the current five strategic themes and provides person centred outcomes which helps explain the Partnership's interpretation of each theme. Underneath are suggested KPIs, those that appear in red outline data that needs to be collected, or where there is no existing trend data.

Strategic Theme 1 - Prevention, early intervention & harm reduction

How do we define this?
Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.

Proposed Outcomes:

- I will receive early support tailored to their needs, in order to prevent the escalation of my health / wellbeing issues and improve my overall wellbeing.
- I have access to clear, timely information throughout my lifetime that enables me to make informed lifestyle choices which help maintain or improve my health and wellbeing.
- I am supported to adopt and be aware of healthier behaviours.

Proposed KPIs:

- Number of Anticipatory Care Plans completed
- Number of people accessing MECS or assistive technology
- Number of hospital admissions due to falls
- Equipment
- Psychological Services
    - Number of new patients seen compared to those who have started treatment
    - Completed referral to treatment (18 week target)
- ADP data
- Commissioned services data & activity

Strategic Theme 2 - Independent living through choice and control

How do we define this?
Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.

Proposed Outcomes:

- I am able to build my confidence and resilience by accessing clear, relevant information and personalised (statutory) support that builds on my strengths whilst complementing community and informal supports.
- I am supported to maintain independence by making informed decisions, that take into account changing circumstances, and a recognition of when my care and support may change due to my needs.
- I receive the right level of support at the right time which helps sustain my wellbeing.

Proposed KPIs:

- % of people completing reablement who do not require ongoing care
- Number of people accessing advice through Advocacy services
- Number of people accessing information through SDS Forth Valley. There is an opportunity through contract monitoring t start adding more outcomes focussed information
- Number of delayed discharges
    - Longest wait for a package of day when leaving hospital
    - % of people discharged home from hospital under the discharge without delay programme.
- Number of people who accessed their preferred SDS option
- Number of Support Plans completed
    - % of individuals supported to set and achieve their personal outcomes

Strategic Theme 3 - Achieving care closer to home

How do we define this?
Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.

Proposed Outcomes:

- I receive support that is tailored to my needs and helps me live the life I choose.
- Services are flexible and responsive, helping me navigate changes in my health or circumstances.
- I am supported to remain in my home or community, and to stay connected and independent for as long as possible.

Proposed KPIs:

- % of people with positive experience of the care provided by their GP practice
- Number of people with a care packages delivered in their own home compared to number of people residing within a care home.
- Average length of wait for a package of care to start
- DNs- Number of calls
    - Number of home visits
    - Number of people supported to die at home

Strategic Theme 4 - Supporting empowered people and communities

How do we define this?
Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.

Proposed Outcomes:

- Communities and partners collaborate to provide coordinated services that respond to a broad range of needs.
- I am empowered to actively shape services that matter to me.

- As an unpaid carers I feel valued and supported to maintain my wellbeing and resilience.

Proposed KPIs:

- Number of Adul Carer Support Plans completed
- % of unpaid carers receiving support or respite services, based on those with an Adult Carer Support Plan
- Number of people accessing Mobilise
    - % of carers who self-report being new to caring compared to those who aren't
    - % of when Mobilise is accessed out with core working hours (9-5 weekdays)

Strategic Theme 5 - Reducing Loneliness & Isolation

How do we define this?

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

Proposed outcomes

- I am able to connect to my communities through inclusive and meaningful opportunities.
- I feel able to identify when I experience loneliness or isolation, and am supported to reconnect in ways that improve my wellbeing.
- There are improved social connections available which help contribute to better health and emotional wellbeing.

Proposed KPIs:

- Number of volunteers recruited and active in outreach roles.
- Number of third sector organisations involved in loneliness reduction initiatives.
- Number of people referred to Community Link workers
    - The difference in initial wellbeing score compared to the wellbeing score recorded after input for those accessing support form Community Link Workers

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 14

Update on Progressing Health and Social Care through the IJB in Clackmannanshire and Stirling

For Consideration

Paper Approved for Submission by:	Joanna Macdonald Interim Chief Officer
Paper presented by	Joanna Macdonald Interim Chief Officer
Author	Wendy Forrest, Head of Strategic Planning and Health Improvement
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	The purpose of the report is to provide an update on the range of Integration issues and factors presented to the IJB in June 2024, and to highlight ongoing challenges and progress in the last 18 months.

Recommendations:	The Integration Joint Board is asked to: 1) Consider the content of this report.

Key issues and risks:	N/A

1. Background

1.1 This paper recognises that the delivery of health and social care integration through the Health and Social Care Partnership (HSCP) is led by an effective strategic planning approach and IJB decision making, including use of Directions issued by the IJB.

1.2 Concerns regarding progress through Integration were raised in a paper to the Integration Joint Board in June 2024 by the previous Interim Chief Officer who was in post December 2023 - December 2024. Appendix 1 – Progressing Health and Social Care through the IJB in Clackmannanshire and Stirling.

1.3 This paper aims to update the IJB on progress delivered in the last 18 months as well as highlight any ongoing areas of consideration.

1.4 This update paper reflects the lived experience of the Interim Chief Officer who following competitive interview process has undertaken the role from December 2024 - December 2025.

2. National Context

2.1 The integration of health and social care in Scotland, initiated by the **Public Bodies (Joint Working) (Scotland) Act 2014**, represents the most significant public service reform in recent decades. The demographics, health indices, anticipated financial and workforce pressures that were evident in 2014 created the need for fundamental change in the planning, delivery, receipt and experience of health and social care.

2.2 Health and social care integration has delivered major reforms across Scotland, including 31 Integration Authorities and IJBs for joint planning, stronger involvement of people with lived experience and carers, and deeper partnerships with the third sector. Innovative models such as Hospital at Home and integrated community teams have reduced hospital admissions, while a focus on national outcomes has improved independence, dignity, and quality of life.

2.3 Integration efforts across Scotland have faced significant challenges, including persistent financial pressures and workforce shortages that have slowed transformation. Progress remains uneven, with some regions demonstrating strong collaboration while others struggle with governance and leadership capacity. Performance gaps persist, as delayed discharges and improvements in mental health and substance misuse outcomes have seen limited success despite positive intentions. **20240802 Item 4 Audit Scotland IJB_performance_analysis**,

2.4 Achieving this can only be achieved through collaborative leadership and a commitment to building and sustaining relationships; recognising and valuing integrated finances and financial planning; putting in place agreed governance and accountability arrangements; creating an ability and willingness to share information and establishing meaningful and sustained engagement.

3. Clackmannanshire and Stirling Integration Joint Board

3.1 The Clackmannanshire and Stirling IJB has strengthened as a decision-making body and can demonstrably be shown to make decisions leading to action that has resulted in major change to the way that health and social care is planned, delivered, received and experienced. Notable recent examples include decisions regarding the future of Menstrie House Care Home (March 2025) and the Carers Short Breaks Services Statement (March 2025).

3.2 In June 2024, 60% of IJB papers were for noting with the IJB not being required to make decisions or be involved in decisions making around governance and service redesign. This has shifted significantly in the past 18 months and IJB papers now come to the IJB with a choice of 3 asks from the Board:1. Decision with Direction 2. Decision without Direction and 3. For noting.

3.3 The changes demonstrate respect for the role of the IJB and its governance responsibility over the HSCP delivery. The improvement is evidenced in the papers being presented to the IJB in November 2025. These are: 1 paper for Decision with Direction, 8 for Decisions without Direction and only 1 paper For Noting. This reflects progress in what IJB members should expect to see in papers presented to them at an IJB ensuring IJB members' discharge their roles effectively.

3.2 These changes have been facilitated by re-introduction of IJB development sessions, in addition to formal IJB meetings; additional IJB member briefings for example on finances and the HSCP Delivery Plan and the introduction of

Joint IJB development sessions for both Clackmannanshire & Stirling IJB Members and Falkirk IJB members on shared priorities (January 2025 & September 2025).

3.3 The committee structure has been improved following recommendations for streamlining with a move from two separate Committees; a Finance and Performance Committee and an Audit and Risk Committee to a single Finance, Audit and Performance Committee (February2025). This has reduced duplication of papers considered in both committees ensuring streamlined governance and recommendations to the IJB.

3.4 There has been a shift from no decisions taken before June 2024 resulting in Directions being issued by the IJB to 19 decisions resulting in Directions, over the period 19 June 2024 to 24 September 2025, in line with the revised Directions policy in 2021 following the revision of national Guidance by the Scottish Government.

3.5 In June 2024, concern was expressed regarding the Chief Executive of NHS Forth Valley being a member of the IJB and this is no longer the case. NHS Forth Valley's 6 representatives are now all Non-Executive Members and attendance by Executive Board members is by exception.

3.13 These changes recognise and respect the status of the IJB as a legally independent and autonomous Public Body in its own right. There had been concern expressed in June 2024 that the status of the IJB was not regarded appropriately by the two Local Authorities and NHS Board.

3.14 The IJB must be a transparent governance Body with decision making fully documented. In June 2024 the Report suggested there was an argument to suggest that in some areas, the IJB was too transparent insofar as at most of its meetings there are published minutes of joint staff forum meetings that occur between operational management and trade unions on matters that relate solely to NHS and Council workforces. There will inevitably be occasions and issues considered at such meetings which are employer-only related and as such may not be appropriate for public presentation.

3.16 There has been progress in relation to a 'once for Clackmannanshire and Stirling' approach including discussions on a single Charging Policy during 2025 and decisions on a single approach to Commissioning of Social Care at Home via Scotland Excel approved at the May 2025 IJB meeting. Telecare has also been successfully upgraded to an end-to-end digital service operating through a new 'once for Clackmannanshire & Stirling' Alarm Receiving Centre.

3.20 The Integration Scheme remains an area where progress has been limited. Progress has been made recently with regards to commitment from the three organisations to reach agreement with the latest meeting taking place on 10 September 2025 and it is anticipated much of the areas of disagreement will be proposed to be agreed and a draft Integration Scheme agreed.

3.21 Whilst this is progress the main area of disagreement is risk sharing between the three organisations. This is an area without agreement and where there

has been regular dispute and disagreement in the past year. Scottish Government is sighted on these following motions from both Stirling and Clackmannanshire Councils in May 2025 where the Councils individually raised disputes which initiated the Scottish Government Dispute process. This process offers three levels of resolution commencing with

1. Initial Resolution – Attempted by Chief Officers and senior officers of the Health Board and Local Authority.
2. Escalation – If unresolved, referred to Chief Executives of both bodies.
3. Formal Mediation or Scottish Ministers – If still unresolved, the matter can be escalated to Scottish Ministers for determination.

Clackmannanshire Council, Stirling Council and NHS Forth Valley Chief Executives are currently progressing the dispute at the 'Escalation' stage.

4. Conclusion

4.1 As demonstrated in this paper there has been significant progress in key areas of Governance, Accountability, Respect and Value alongside evidence and clarification of the role and function of the IJB as a separate Governance Authority since concerns were expressed in the paper of June 2024.

4.2 Whilst one of the Parties has openly discussed the option of decoupling the Partnership there continues to be support at this time to progress the review of the Integration Scheme recognising the key area of dispute is risk sharing around finances.

4.3 This paper recognises significant change in the past 18 months and a commitment by IJB Board Members to collaborate and govern integration of health and social care provision at every level across the Clackmannanshire and Stirling Health and Social Care Partnership.

5. Appendices

1. **Appendix 1 - Progressing Health and Care Integration through the IJB June 2024 paper**
2. **Appendix 2 - HSCP Quarterly Performance Review with three organisations - slides - 12/11/25**

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒

Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒

Implications	
Finance:	There are no financial implications
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

19 June 2024

Agenda Item 11

Progressing Health and Social Care through the IJB in Clackmannanshire and Stirling

For Consideration

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	David Williams, Interim Chief Officer
Author	David Williams, Interim Chief Officer
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	The purpose of the report is to summarise the range of issues and factors that have impacted and/or continue to impact the effective delivery of integrated health and social care services through the Integration Joint Board in Clackmannanshire and Stirling.

Recommendations:	The Integration Joint Board is asked to: 1) Consider the content of this report.

Key issues and risks:	N/A

1. Background

1.1 The writer has been in post as Interim Chief Officer since early December having been invited to step into the role for six months by the CEO leadership in the Health Board and Councils. This invitation recognised the significant experience and knowledge base of the writer in the integrated health and social care arena across Scotland over the preceding years since 2014.

1.2 In December 2023, at a full meeting of the Stirling Council, councillors considered the updated position from the Council CEO regarding the formal revision of the Integration Scheme between the Health Board and the two councils, and it was openly discussed that the option to decouple from Clackmannanshire should be considered by Stirling Council. It should also be noted that the formal position of Clackmannanshire Council at its meeting of 10 August 2023 is a preference for a single pan-Forth Valley Integration Authority.

1.3 As such there is a basis for exploration of what it is that is perceived not to have worked or not to be working in relation to the current Partnership arrangements that may have led to such considerations, and what needs to be undertaken to address these issues.

1.4 The CEO of Clackmannanshire Council in early 2024 requested the writer produce a report outlining the areas that are considered to be in need of improvement in the Partnership arrangements. A separate paper has been

prepared for the CEOs of the Partner organisations related to operational functioning both within the HSCP and between the councils and Health Board.

1.5 The writer has, with the agreement of the Chair and Vice Chair, also presented to and facilitated discussion with IJB members in a development session on 27th March on the background to integration focussing on the role, remit and functioning of the Clackmannanshire and Stirling IJB.

1.6 It is acknowledged that everything which is undertaken in an operational context is expected to flow from the strategic planning and thereafter, the Directions issued by the IJB, this paper sets out the writer's perspective of how well or otherwise the IJB achieves this.

1.7 The writer's lived experience in the Interim Chief Officer role since early December has substantially contributed to the content of this paper.

2. Context

2.1 There are known challenges that have been experienced by the C&S Partnership since 2016.

2.2 Unquestionably, the ability of C&S IJB and the delivery of integrated health and social care provision via the HSCP resulting in improved and seamless provision to the citizens of both council areas has been materially and negatively impacted by the historical environment within which the IJB and the succession of Chief Officers have endeavoured to operate.

2.3 Not least amongst this must be an acknowledgement that the Health Board's formal escalation by the Scottish Government in late 2022 for reasons of culture, leadership and governance will have had a materially negative impact on the functioning and performance of the integration arrangements. The fact that the Health Board did not delegate significant elements of the 'must be delegated' functions and services to be integrated, to the two IJBs in its area until after escalation, has necessarily resulted in both IJBs and both HSCPs in Forth Valley operating essentially with 'one arm tied behind their backs' in endeavouring to achieve efficient whole system, integrated and collaborative working to improve the experience and outcomes of citizens in their receipt of services. Six years of not being able to function effectively.

2.4 However, within C&S it must be said there is also 'history' within the local authorities concerned. In the handful of years leading up to 2016, Clackmannanshire and Stirling Councils embarked on a single shared social work service across children and families, criminal justice, and adult social care. These arrangements were dissolved in 2015/16 by Stirling Council deciding to establish a separate children and families and criminal justice service whilst at the same time choosing to establish a single integration authority for adult social work and social care within the permissive elements of the Public Bodies Act. Stirling Council then took a further two years till 2018 to fully delegate adult social work and social care functions and services to the IJB and into the HSCP.

2.5 The role and responsibility of an IJB can be summarised as:

- Develop a Strategic Plan to deliver integrated health and social care provision in the defined area,
- Commission by Direction the delivery of services to be integrated with which to deliver the Strategic Plan, and this responsibility recognises that an IJB is a decision-making Body and a change agent,
- Monitor the performance against the Directions issued.

2.6 The integration of health and social care was unequivocally expected to be a fundamental change to the way that health and social care services are planned, delivered, received, and experienced.

2.7 The demographics, health indices, anticipated financial and workforce pressures that were evident in 2014 created the need for fundamental change in the planning, delivery, receipt and experience of health and social care.

2.8 Maximising the potential and resource availability within the public sector alongside the voluntary and independent sector and the strengths contained within communities was expected to become a norm.

2.9 This clearly set out expectation necessarily requires a will to do and be different by all parties, within the IJB and the HSCP, but also within the councils and the Health Board. Intentional and genuine collaborative, partnership working is necessary for this joint venture to work.

2.10 Key Principles were set out within the Public Bodies Act about what was expected to happen. These were:

- That all Parties would be working towards achieving nationally agreed outcomes
- That there would be joint and equal accountability within a local area
- That the budget of the IJB would be utilised as an integrated budget
- That there was a strengthened role for clinicians, care professionals and third and independent sectors in the planning and delivery of health and social care services.
- That locality planning would be a central focus of endeavour to give meaning to genuine partnership and maximising the assets in local communities.

2.11 Achieving this can only be achieved through collaborative leadership and a commitment to building and sustaining relationships; recognising and valuing integrated finances and financial planning; putting in place agreed governance and accountability arrangements; creating an ability and willingness to share information and establishing meaningful and sustained engagement.

2.12 This endeavour requires a genuine and felt, shift in culture working towards achieving a removal of an approach where the starting point is “we’ve always done it this way”. It is expected to be a wide ranging and long-term change

agenda embracing innovation and moving away from risk aversion, debilitating duplication, and bureaucracy.

2.13 The extant policy of both councils and NHS FV is to have in place a single integration authority for the two council areas via the Integration Joint Board model. Taking account of the three summarised functions of an IJB (strategic planning; commissioning by Direction; monitoring the performance against Directions), it follows that the C&S IJB would be expected to singularly strategically plan, singularly commission and singularly monitor delivery across the partnership area.

2.14 In 2019, the MSG Review of Progress of Integration across Scotland resulted in all 31 Partnerships to undertake a self-assessment of performance against the six areas and sub-areas identified as contributing to integration across Scotland not being at the level that Scottish Government expected by 2019. This Review was undertaken due to recognised under achievement and under delivery against the ambitions of the Public Bodies legislation.

The six areas where it was recognised that across Scotland much work needed to be progressed were:

- Collaborative Leadership and Building Relationships
- Integrated Finances and Financial Planning
- Effective Strategic Planning for Improvement
- Agreed Governance and Accountability Arrangements
- Ability and Willingness to Share Information
- Meaningful and Sustained Engagement

2.15 An improvement plan was developed in the Autumn of 2019, and submitted to Scottish Government as required. In March 2020, the COVID-19 pandemic struck, and this improvement work has not been revisited since as the emphasis in all systems has been on recovery.

3. Clackmannanshire and Stirling Integration Joint Board

3.1 The Clackmannanshire and Stirling IJB as a decision-making body, can demonstrably be shown to have not acted substantially as a decision-making body leading to action that has resulted in major change to the way that health and social care is planned, delivered, received and experienced. In the four full years 2019-22, approximately 60% of all decisions taken by the IJB were simply to ‘note’ the content of papers presented to it. This trend has quite probably seen no difference since then. It should be noted that this issue is not exclusive to Clackmannanshire and Stirling and is equally an issue in many other IJBs.

3.2 This is an issue for IJB members regarding what they should expect to see in papers presented to them, and for officers presenting papers about how the papers are constructed to maximise IJB members’ opportunity to discharge their roles effectively.

3.2 This is in the context of a wide selection of voting and non-voting stakeholders who come together for just eight hours per year (quarterly for two hours) to decide on and commission the delivery of £257M of health and social care services to be provided to a combined population of 145,000 people. It is within these eight hours that the IJB is also expected to monitor and scrutinise the performance of the Health Board and two councils in the integrated delivery of their respective services. This includes oversight and scrutiny of the financial wellbeing of the Partnership which in 2023/24 was overspent by some £5.7M.

3.3 There is a committee structure in place to support the work of the IJB which involves a Finance and Performance Committee and an Audit and Risk Committee. A review of some of the matters considered by either or both committees would indicate a level of duplication of papers considered first in the committee(s) and then subsequently at the IJB. In contrast, the Dundee and Glasgow City IJBs have just one committee that addresses the issues of these two committees.

3.4 Only 1% of decisions that were taken in this period resulted in Directions being issued by the IJB and on every occasion this was only at the start of the financial year and in general terms stating something akin to an ‘allocation to Partner Organisation to provide the relevant services’ (the writer’s paraphrase). This despite approving a revised Directions policy in 2021 following the revision of national Guidance by the Scottish Government.

3.5 Of the decisions that were included within the c40% which involved approval or agreement by the IJB, many should be considered entirely appropriate e.g. approval of strategies, review of eligibility criteria, implementing a commissioning consortium approach, approach to locality and strategic planning etc, some of which could be considered of national importance.

3.6 By the same token, some decisions to approve/agree could not be considered material in nature e.g. agreeing to hold a workshop; ‘approving the content of the report’; awards of contracts through Scotland Excel all of which impact on the use of the valuable time available to the IJB in its meetings together.

3.7 This latter is important in that it highlights a confusion in the role and responsibility of the IJB. Scotland Excel is a commissioning body that operates on behalf of Scotland’s local authorities, and it is a matter for local authorities to award contracts through it once in receipt of a Direction from an IJB to deliver a particular type of service. IJBs do not have the authority to award contracts whether through Scotland Excel or not.

3.8 There is a process that has evolved over the years that requires the IJB to take into account the schedule of all Councils’ meetings and relevant Committees and likewise for the Health Board prior to setting dates for its own Board and Committee meetings for the subsequent year.

3.9 There is also a process that has likewise evolved in respect of the pre-agenda and approval of papers prior to being sent to IJB members and into the public domain.

3.9 Prior to pre-agenda, papers are expected to be sent to the 'Clerk' to the IJB who is the legal officer to either of the Councils in rotation. This is reported to ensure that all papers that are presented to the IJB are both legal and competent.

3.10 There is a question as to whether the Council's legal officer can undertake work on behalf of another Public Body which is expected to commission the provision of services from their employer council by Direction without it being a conflict of interest. This process is not currently set out within either the Integration Scheme or the IJB's Standing Orders.

3.11 Since the inception of the IJB in 2016, the Health Board CEO has been a voting member of the IJB, the rationale throughout being that there are insufficient non-Executive Directors in NHS FV to accommodate a non-Executive Director only cohort. The CEOs for both Councils also routinely attend and are listed in the membership as 'Advisory Members', this even though neither the Integration Scheme nor the IJB Standing Orders references the requirement or agreement for any CEO to be members of the IJB.

3.12 It is the writer's view that it is a clear conflict of interest for the Accountable Officer of the Health Board to be a voting member of the IJB. The legislation makes provision for Executive members of the Health Board's senior management team who are also executive members of the Health Board to be nominated as IJB voting members in exceptional circumstances. It appears that this is not an option that has hitherto been considered by the Board. Similarly, it is the writer's view that there is a question as to what a Council CEO can advise the IJB on that the Chief Officer cannot in either their capacity as Chief Officer of the IJB, or Director of Adult Social Care Services in both Councils, or that the CSWO or CFO equally cannot.

3.13 Arguably these examples reflect a place of subsidiarity for the IJB as opposed to recognising the status of the IJB as a legally independent and autonomous Public Body in its own right.

3.14 Linked to the issues outlined above is an issue of openness and transparency of the IJB, one of the tacit expectations set out for Integration Authorities and linked to a good governance agenda. For instance, the papers for the Finance and Performance Committee are not published on the HSCP website in the way that the papers for the Audit and Risk Committee are. Moreover, the IJB has previously approved (as indicated in 3.5 above) under section 50A (4) of the Local Government (Scotland) Act 1973, that the public be excluded from the meeting in a setting where members of the public as unpaid carers and service user representatives are members of the IJB.

3.15 Conversely there is an argument to suggest that in some areas, the IJB is too transparent insofar as at most of its meetings there are published minutes of joint staff forum meetings that occur between operational management and trade unions on matters that relate solely to NHS and Council workforces. There will inevitably be occasions and issues considered at such meetings

which are employer-only related and as such may not be appropriate for public presentation.

3.16 The HSCP is the operating vehicle across Clackmannanshire and Stirling that is expected to achieve the integration of health and social care provision commissioned by Direction by the IJB. Within the HSCP are the workforces of three employer organisations, NHS FV and both Councils who work under the single joint leadership and management of the Chief Officer in that officer's operational capacity and accountability to the respective three CEOs.

3.17 Importantly, the HSCP is not a distinct and separate organisation, nor is it an operational vehicle of the IJB, **it is** the Health Board and both councils. This is the importance of the HSCP to the IJB. If the HSCP is working well there is a greater likelihood that the IJB's strategic plan can be worked on and delivered. If it doesn't work well, the opposite is the case.

3.18 As indicated, the policy of both Councils and the Health Board is that there is a single integration authority for the Clackmannanshire and Stirling council areas. It follows logically from this that there should be a single vehicle for the delivery of services that flows from the single Integration Authority, hence the HSCP. However, in the writer's opinion, whilst there is a single HSCP with a single Chief Officer and a senior leadership team of just four individuals within integrated job-titled posts working to the Chief Officer, there is very little within the HSCP that is integrated, what we have is non-integration.

3.19 There is not a 'once for Clackmannanshire and Stirling' approach, and the adherence to a primacy of 'what's right for' Clackmannanshire Council, Stirling Council or NHS FV as organisations substantially impacts the ability of the IJB to evidence that it is successfully delivering on the nine National Health and Wellbeing Outcomes for the citizens of the two council areas.

3.20 As indicated in 1.4, a separate paper on the operational functioning of the HSCP and the partnership between the councils and the Health Board has been prepared for the respective CEOs.

4. Conclusion

4.1 It is acknowledged that the content of this report may make a challenging read for many parties within the IJB.

4.2 However, the integration arrangements within Clackmannanshire and Stirling are at a critical point, they are not optimal and performance and impact on citizens across both council areas who require the right care at the right time is not where it needs to be. At the same time, one of the Parties has openly discussed the option of decoupling the Partnership. This at a time when the formal review of the Integration Schemes is currently underway across the Health Board and all three councils (including Falkirk).

4.3 What this paper is intending to highlight is that whether there is one or two IJBs in Clackmannanshire and Stirling going forward, significant change is

required in the approach and commitment to collaborative and integrated health and social care provision by all parties at every level to what has gone before.4.4 Certainty about the future of integration across Clackmannanshire and Stirling is required and soon, and once this clarity is provided, there is a need to fully commit. As Dietrich Bonhoeffer wrote, 'not to speak is to speak, not to act is to act'.

5. Summary of Actions for the IJB to consider

Area for consideration	Vehicle for consideration	Timeframe
Review of the 25.9.2019 MSG improvement plan	IJB development session?	September 2024
IJB to review frequency of its meetings	Draft Revised Standing Orders Paper	19.6.24
IJB to review Committee structure	Draft Revised Standing Orders Paper	19.6.24
IJB to increase the issuing of Directions beyond 1% all decisions taken in each year	Agenda and content of papers for IJB meetings	Annual review of activity in 1.4.25
Schedule of IJB and Committee meetings to be set for subsequent years by August of each year.	Paper to August IJB	7.8.24 IJB
IJB meeting pre-agenda process to be reviewed	Draft Revised Standing Orders Paper	19.6.24
Membership of the IJB to be reviewed	Draft Revised Standing Orders Paper	19.6.24
Review of IJB policy on meeting papers to be published	Draft Revised Standing Orders Paper	19.6.24

6. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒

Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	There are no financial implications
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling
Health & Social Care Partnership

Quarterly Performance Review

13th November 2025

Clackmannanshire and Stirling Health and Social Care Partnership

Web: clacksandstirlinghscp.org

Clackmannanshire Council

Stirling Council

NHS Forth Valley

Clackmannanshire & Stirling
Health & Social Care Partnership

Contents:

HSCP Delivery Plan 25/26 - Transformation Implementation Overview

Clackmannanshire & Stirling Health & Social Care Partnership

Programmes	Workstream
Remodelling of Beds	Menstrie House Workstream
	Overnight Short Breaks in Clackmannanshire & Stirling Workstream
	Rationalisation of Beds Across Clackmannanshire & Stirling System Workstream
LD Review, Redesign & Implementation of SDS	Community Workstream
	Residential & Inpatient Workstream
	Coming Home Workstream
Adult Autism	Adult Autism Workstream
Right Care Right Time (RCRT)	RCRT - LTC Workstream
	RCRT - Community Workstream
Equipment, Stores & Contracts	Equipment Stores & Contracts Workstream
AHP Review & Redesign	AHP Review & Redesign Workstream

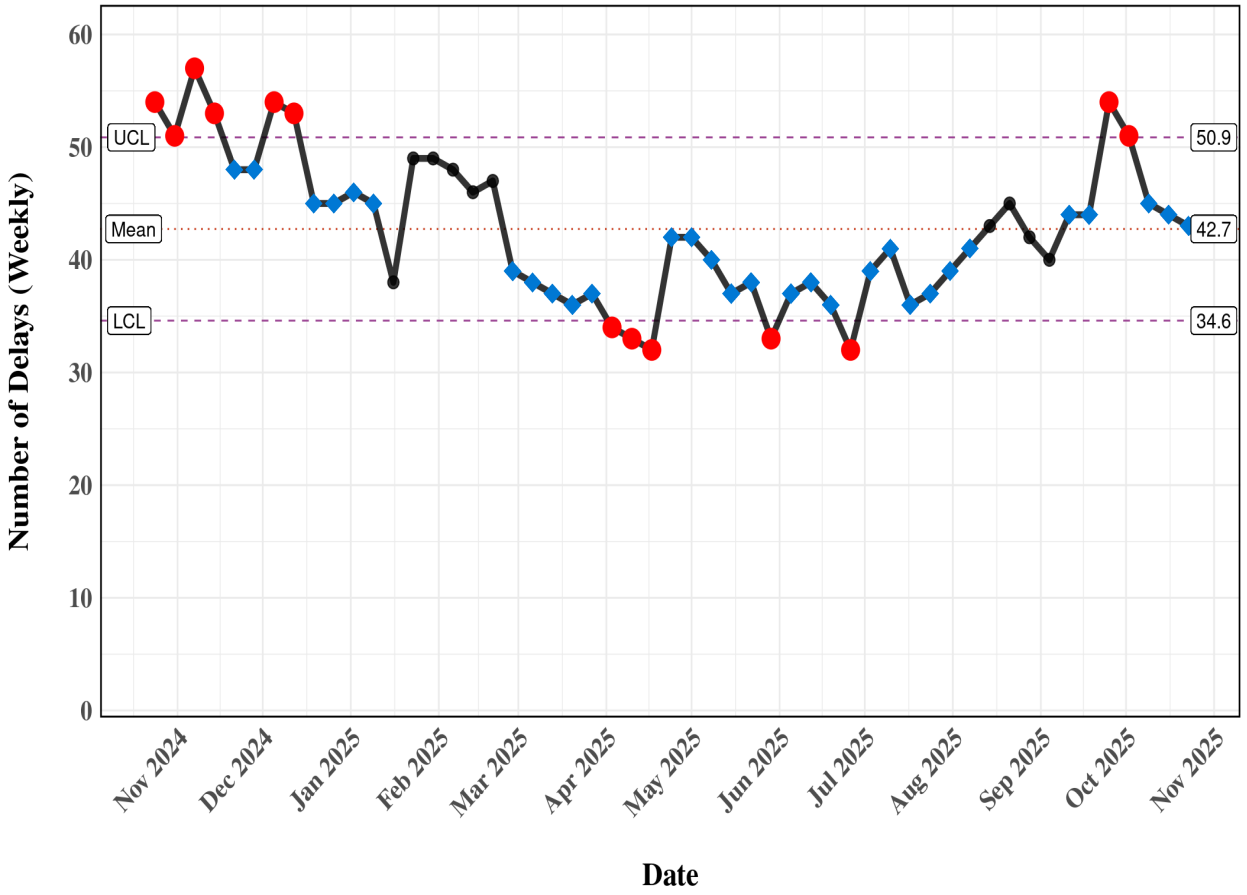
Clackmannanshire & Stirling
Health & Social Care Partnership

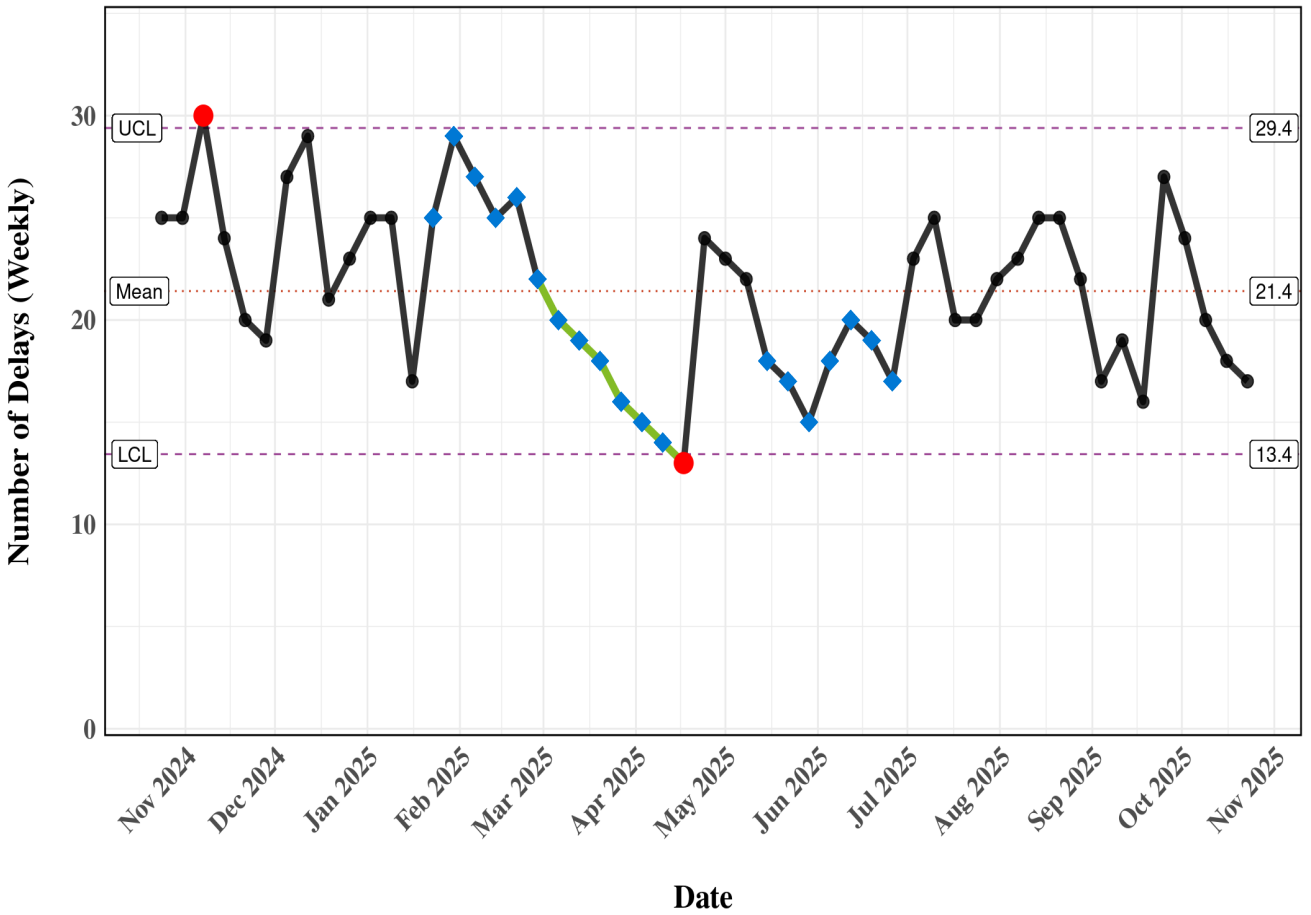
Programmes	Workstream
MH Programme	MH Bed Based, Inpatient & Community Rationalisation Workstream
	Delivering ADP Transformation Workstream
Income Maximisation	Income Maximisation Workstream
Housing with Care	Housing with Care Workstream
Tracking & Delivery of Mgmnt Responsibility	Tracking & Delivery of Mgmnt Responsibility Workstream
NHS FV Meds Programme	NHS FV Meds Programme Workstream

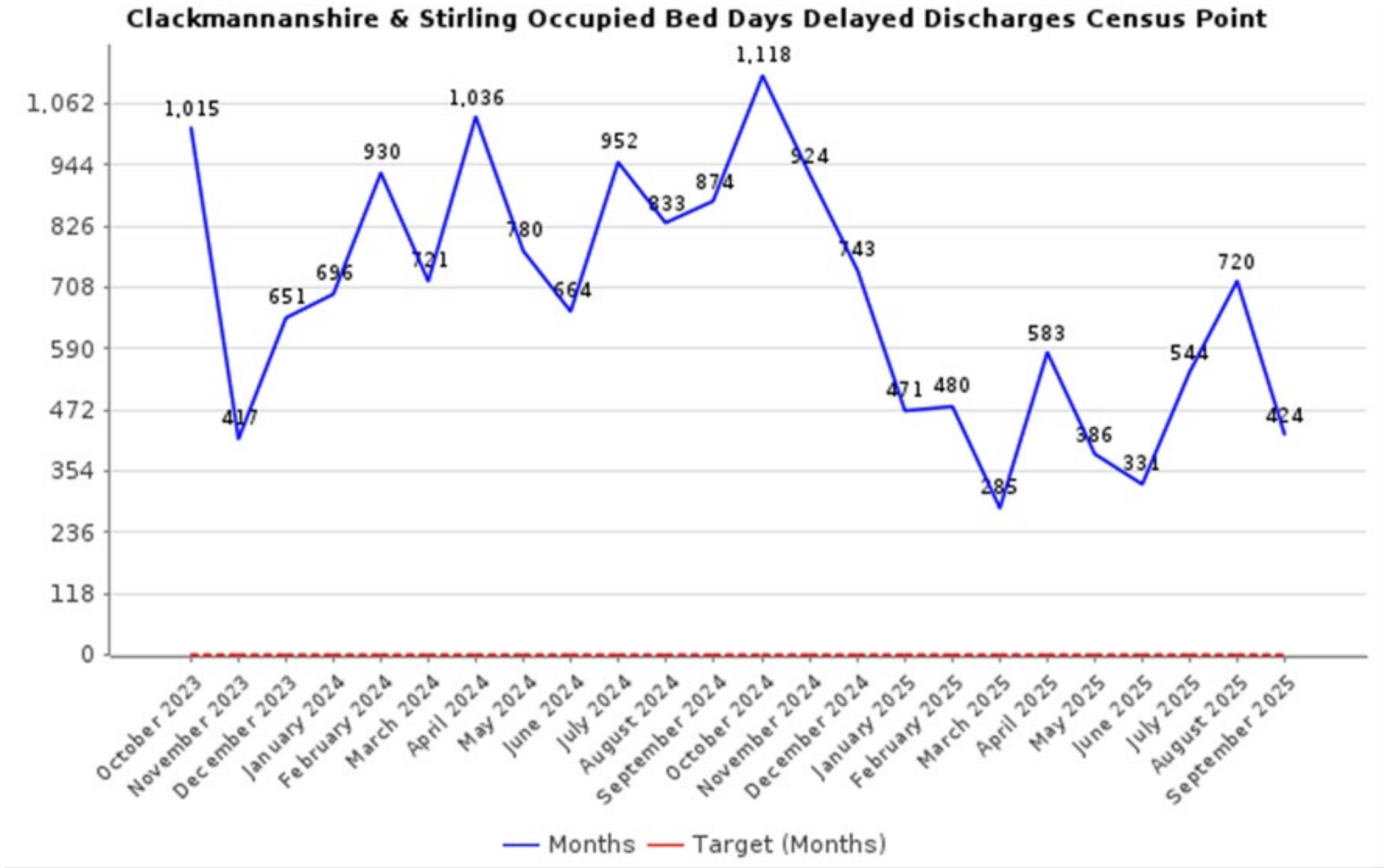
Delayed Discharges

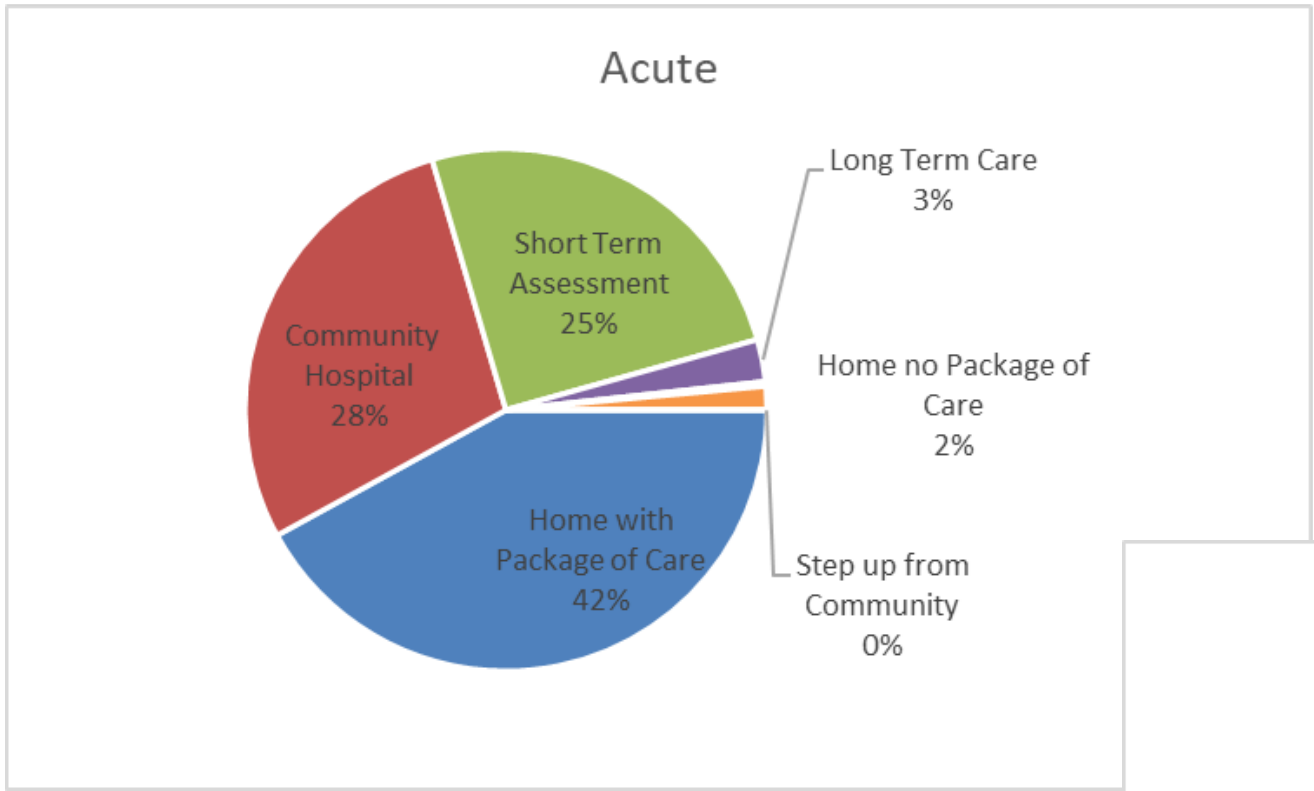
Clackmannanshire & Stirling
Health & Social Care Partnership

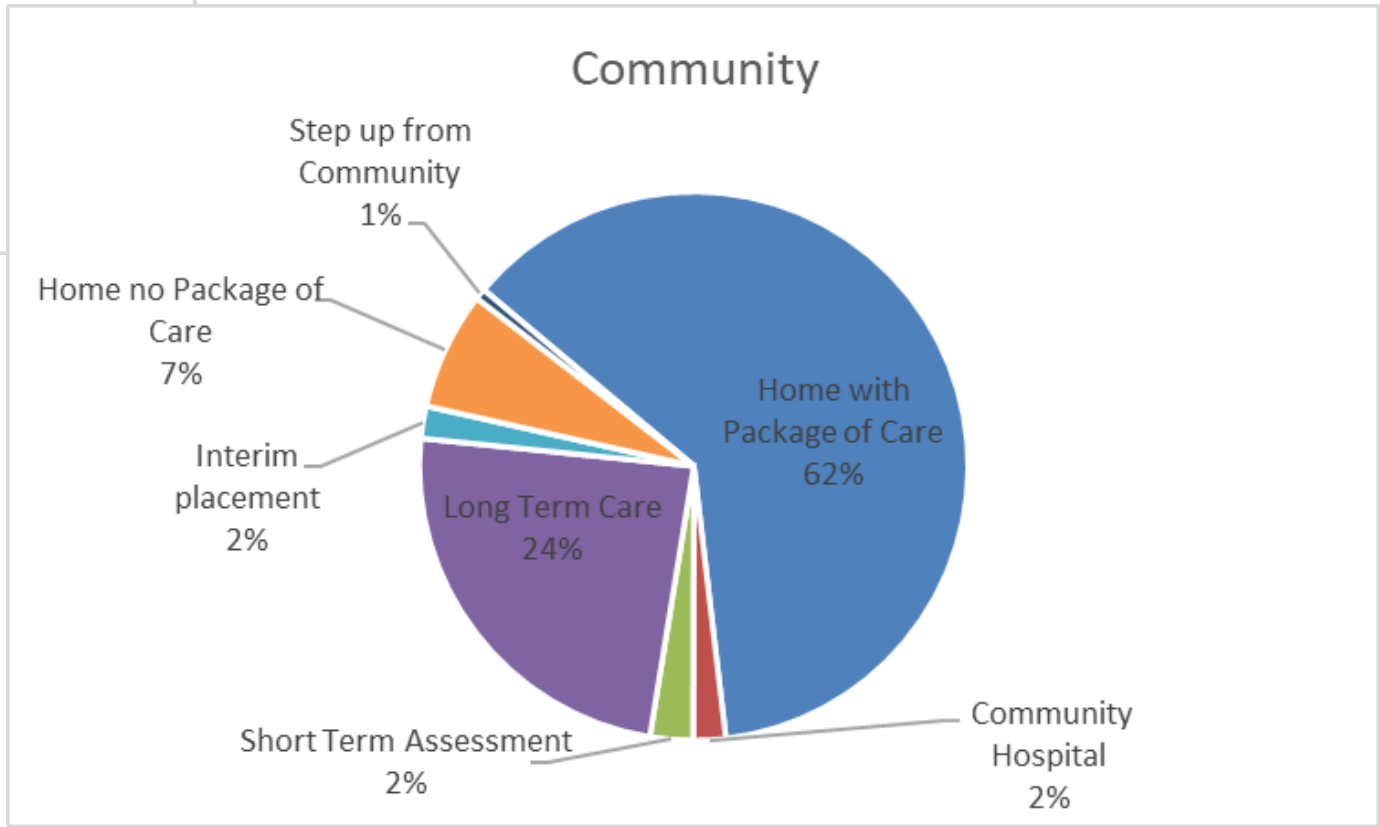
Delays (All and Standard) - Clackmannanshire & Stirling HSCP






Clackmannanshire & Stirling Occupied Bed Days Delayed Discharges Census Point
1,062
944
826
708
590
472
354
236
118
0
1,015
417
651
696
930
721
1,036
780
664
952
833
874
1,118
924
743
471
480
285
583
386
331
544
720
424
October 2023
November 2023
December 2023
January 2024
February 2024
March 2024
April 2024
May 2024
June 2024
July 2024
August 2024
September 2024
October 2024
November 2024
December 2024
January 2025
February 2025
March 2025
April 2025
May 2025
June 2025
July 2025
August 2025
September 2025
Months
Target (Months)


Acute
Long Term Care
3%
Short Term
Assessment
25%
Community
Hospital
28%
Home no Package of
Care
2%
Home with
Package of Care
42%
Step up from
Community
0%


Community
Step up from
Community
1%
Home no Package of
Care
7%
Interim
placement
2%
Long Term Care
24%
Home with
Package of Care
62%
Short Term Assessment
2%
Community
Hospital
2%

Social Work Front Door and Route to Assessment and Package of Care and Reviews

Clackmannanshire & Stirling
Health & Social Care Partnership

Journey to a full assessment

Total Calls/ Contacts
Jun 23 – 1127
Jun 24 – 906
Jun 25 – 1041

Actual Referrals
Jun 23 – 261
Jun 24 – 305
Jun 25 – 316

Progress to full assessment
Jun 23 – 87
Jun 24 – 74
Jun 25 – 114

Number of Calls compared to wait for full assessment

% referrals going onto receive a package of care

Jun 23 – 28%

Jun 24 – 19%

Jun 25 – 24%

% Referral to assessment under 4 weeks

Jun 23 – 52%

Jun 24 – 59%

Jun 25 – 61%

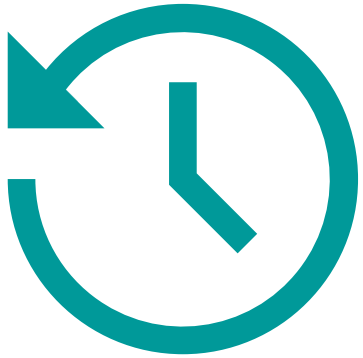
% Referral to Package of care commencing in under 4 weeks

Jun 23 – 61%

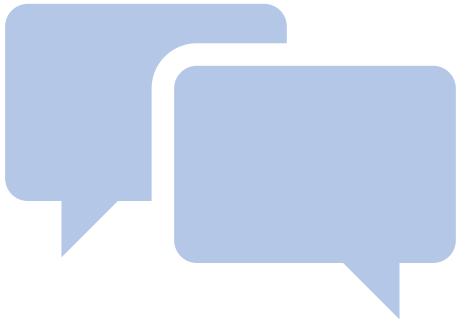
Jun 24 – 79%

Jun 25 – 44%

Percentage of people who go on to get a Package of care



% receiving a package of care before a full assessment
Jun 23 – 16%
Jun 24 – 26%
Jun 25 – 16%

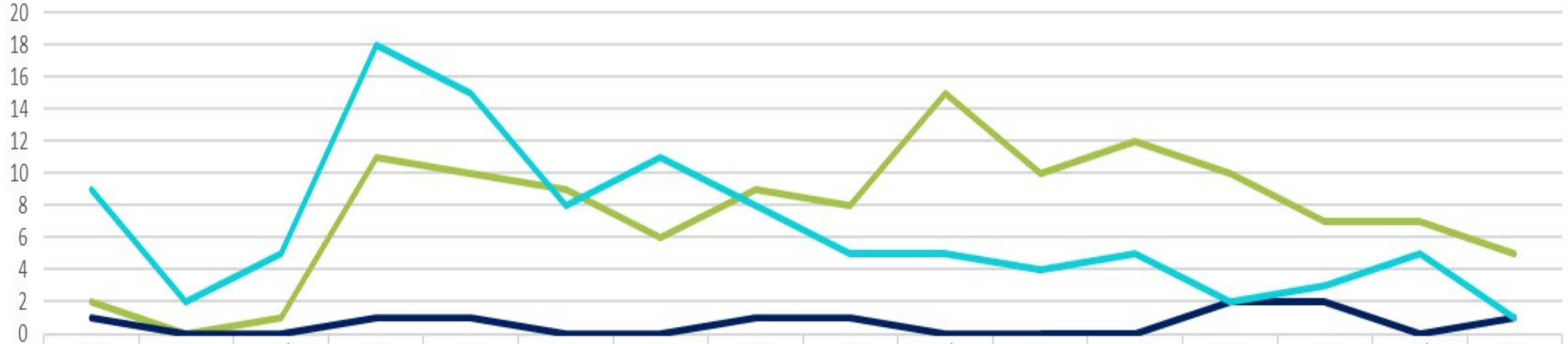


% receiving a package of care after/ during a full assessment
Jun 23 – 29%
Jun 24 – 16%
Jun 25 – 30%

% receiving no package of care after a full assessment
Jun 23 – 55%
Jun 24 – 58%
Jun 25 – 54%

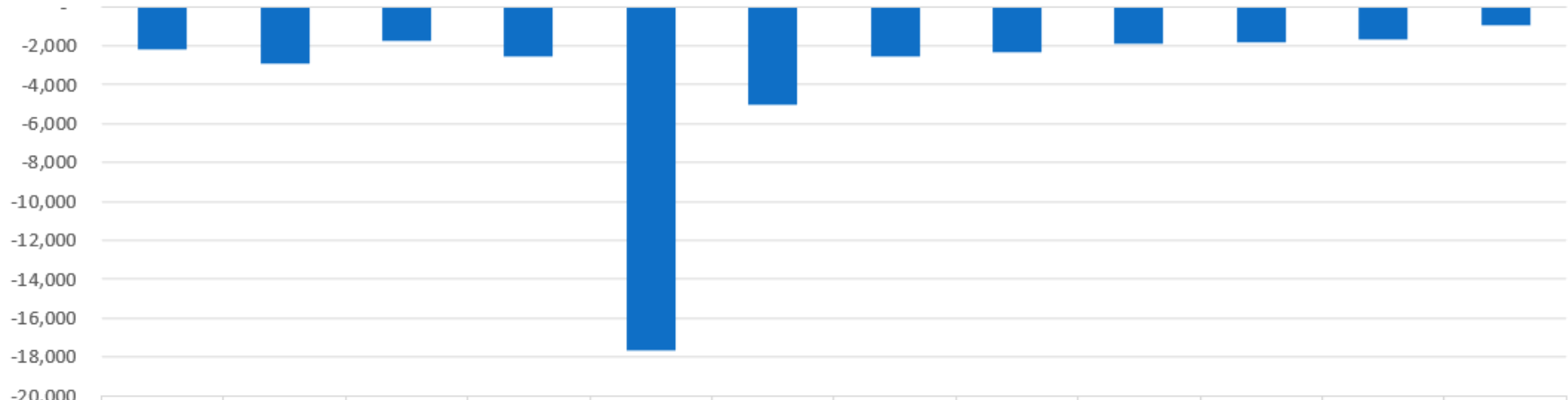
Care at Home Reviews and their outcomes

Completed care at home reviews - number of people with decrease, increase or no change in hours



	Apr	May	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	2024								2025							
Decrease	2	0	1	11	10	9	6	9	8	15	10	12	10	7	7	5
Increase	1	0	0	1	1	0	0	1	1	0	0	0	2	2	0	1
No Change	9	2	5	18	15	8	11	8	5	5	4	5	2	3	5	1

Completed care at home reviews - projected impact on annual hours by month

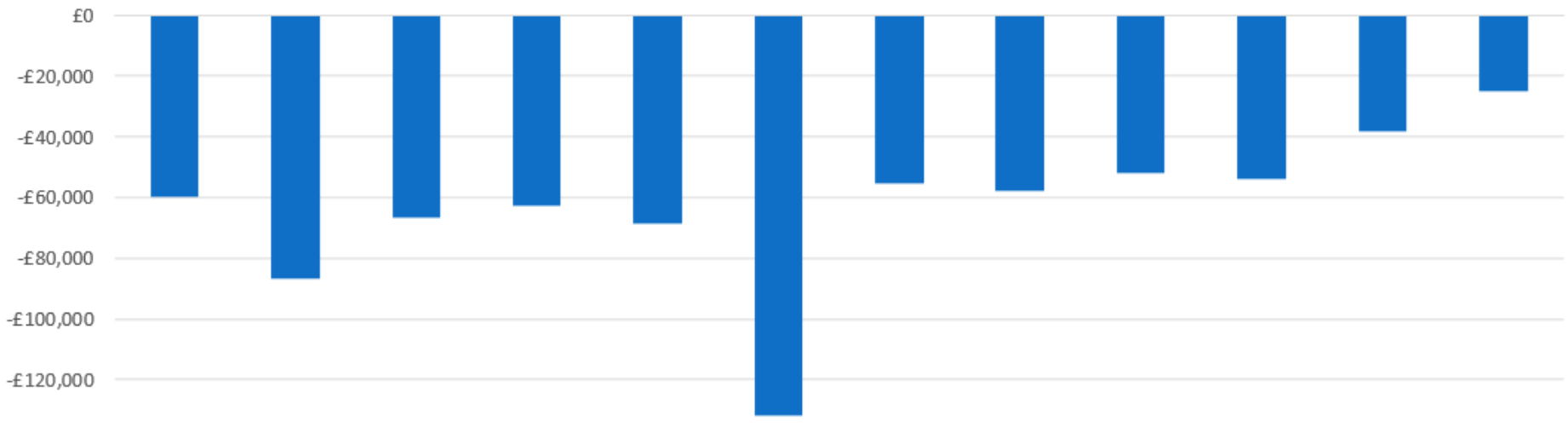


	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	2024				2025							
Total	-2,164	-2,894	-1,760	-2,542	-17,632	-5,060	-2,535	-2,314	-1,859	-1,820	-1,651	-962

Rolling 12 months projected impact on annual hours

-43,192

Completed care at home reviews - projected impact on annual costs by month



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	2024				2025							
Total	-£59,766	-£86,473	-£66,502	-£62,622	-£68,678	-£131,544	-£55,283	-£57,949	-£51,796	-£53,758	-£38,169	-£24,946

Rolling 12 months projected impact on annual costs

-£757,487

Clackmannanshire Council

Stirling Council

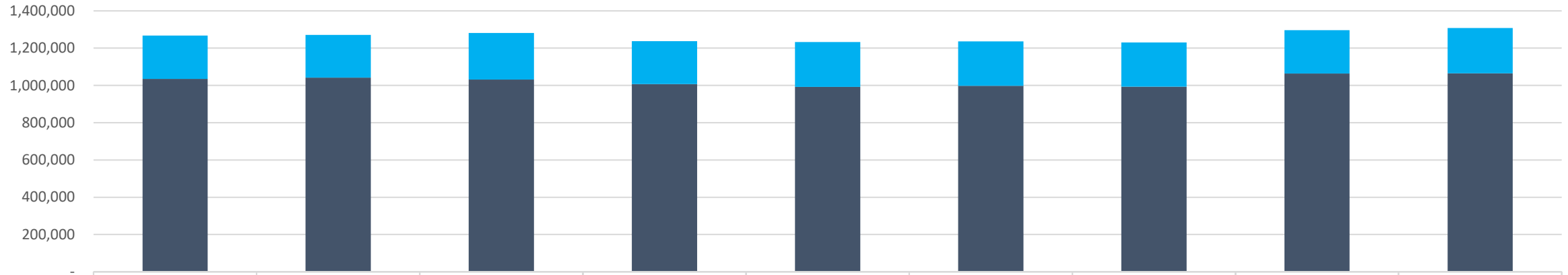
NHS Forth Valley

Care Homes

Clackmannanshire & Stirling
Health & Social Care Partnership

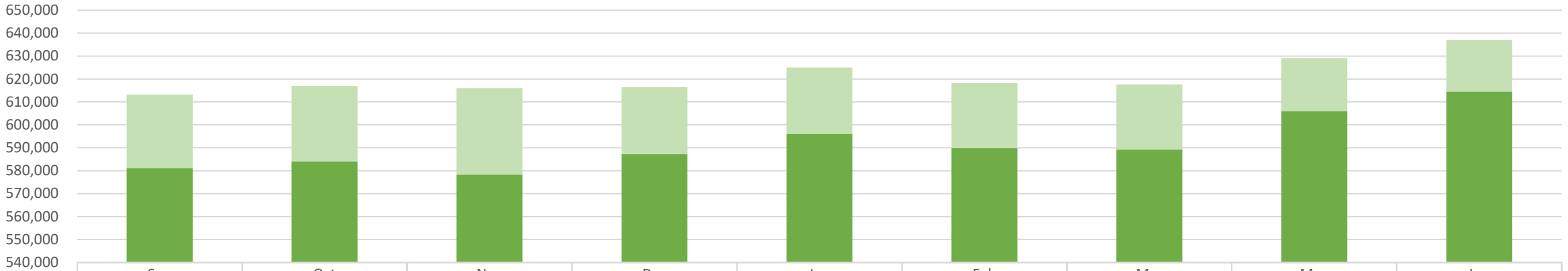
Care Home Costs

Nursing Homes Actual Cost by Funding Type



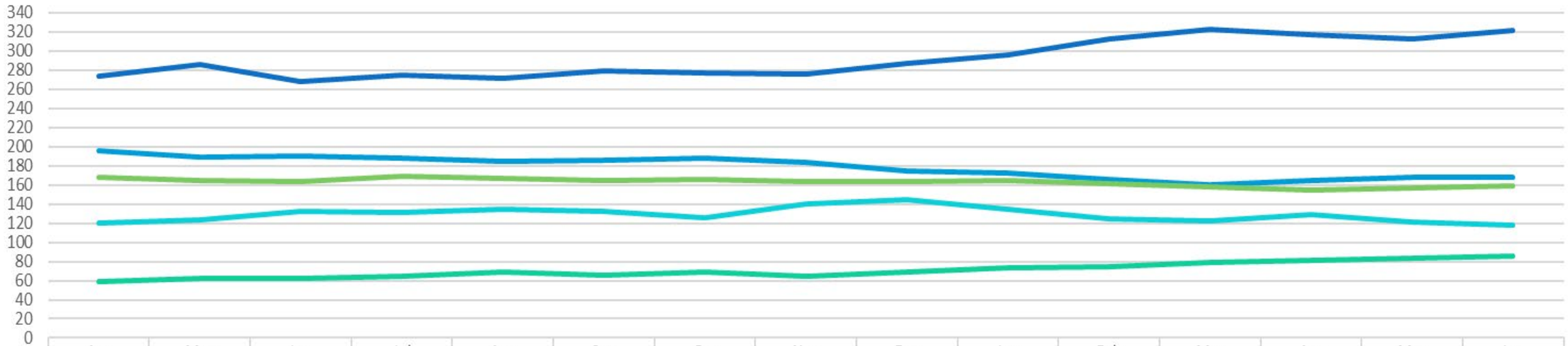
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	May	Jun
	2024				2025				
Nursing Home Self Funded	231,762	228,938	250,412	230,344	241,175	238,608	236,796	232,402	243,850
Nursing Home HSCP funded	1,035,398	1,041,703	1,031,072	1,006,810	991,758	998,112	993,378	1,064,384	1,064,794

Residential Homes Actual Cost by Funding Type



	Sep	Oct	Nov	Dec	Jan	Feb	Mar	May	Jun
	2024				2025				
Residential Self Funded	32,088	32,884	37,724	29,204	28,953	28,367	28,367	23,232	22,553
Residential HSCP funded	581,111	584,126	578,284	587,185	596,068	589,858	589,306	605,950	614,494

Length of stay in care home placement



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	2024									2025					
Up to 1 year	274	286	268	275	271	279	277	276	287	296	312	322	317	312	321
1-2 years	196	189	190	188	185	186	188	183	175	172	166	160	165	168	168
2-3 years	120	123	132	131	134	132	126	140	145	135	125	122	129	121	118
3-4 years	59	62	62	65	69	66	69	65	69	73	74	79	81	83	86
More than 4 years	168	165	163	169	167	165	166	163	163	164	161	158	155	157	159

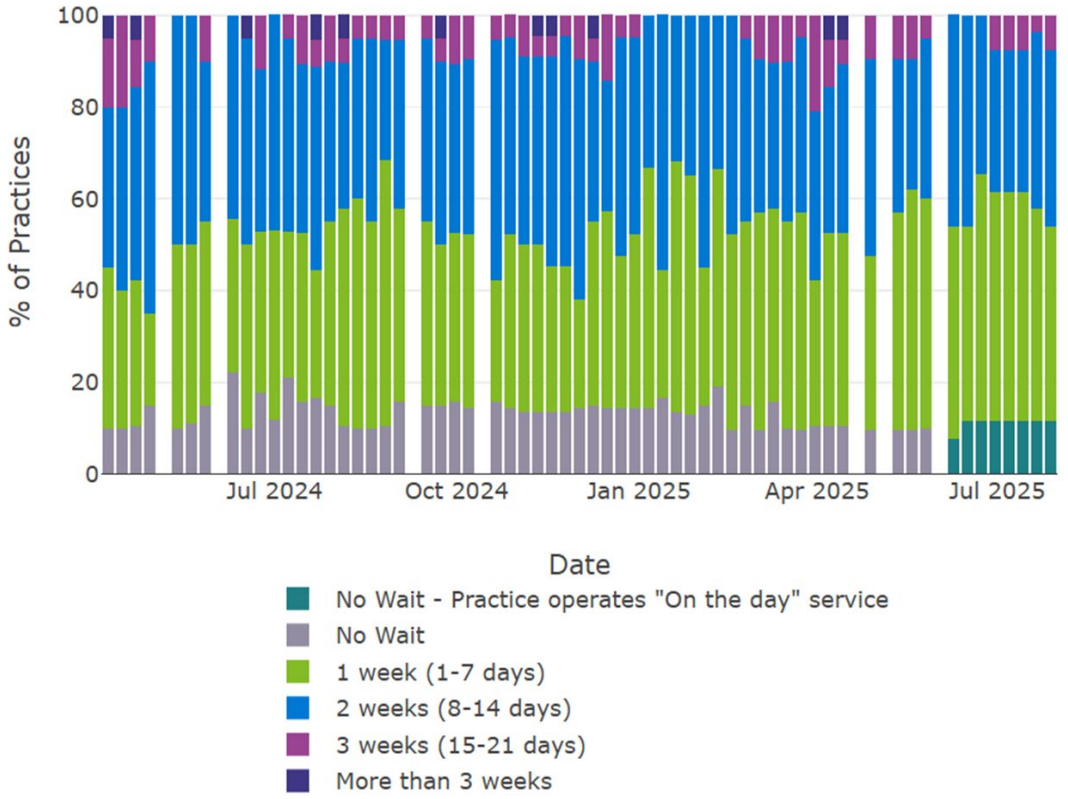
Primary Care

Clackmannanshire & Stirling
Health & Social Care Partnership

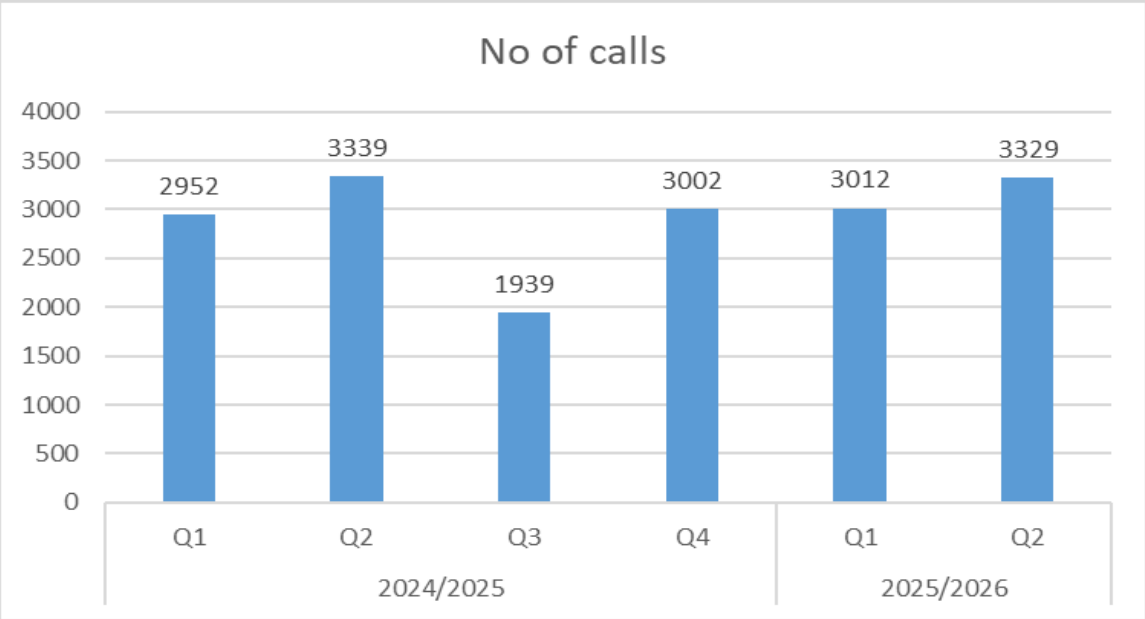
General Practitioners

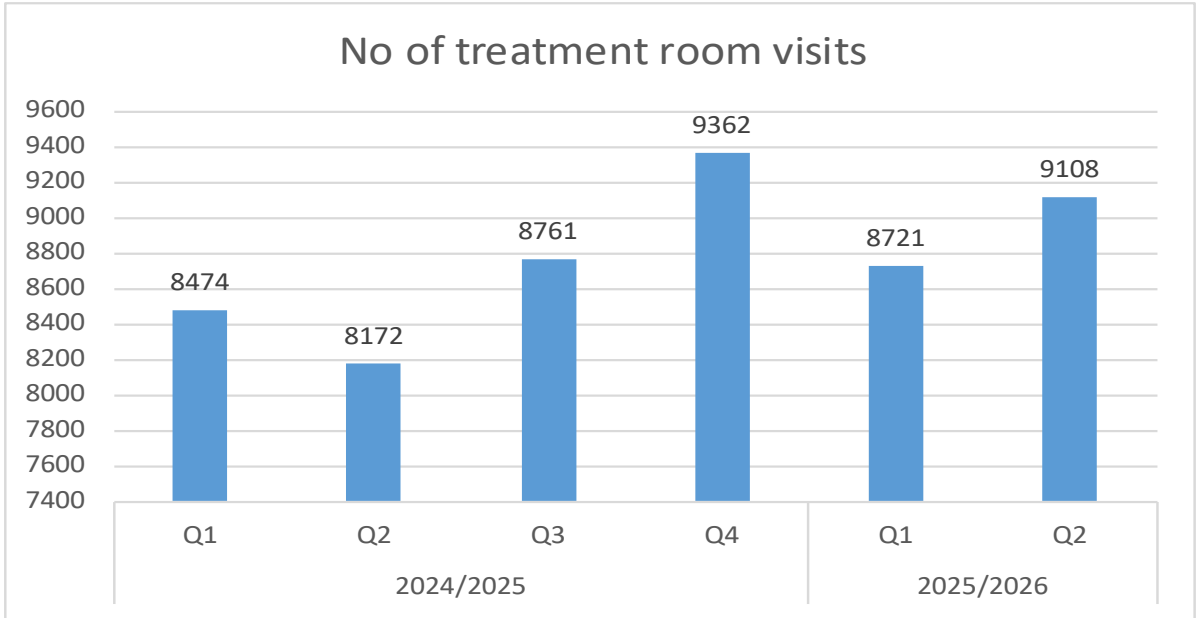
Number of GP Practices and GPs who have consulted with >25 patients a day

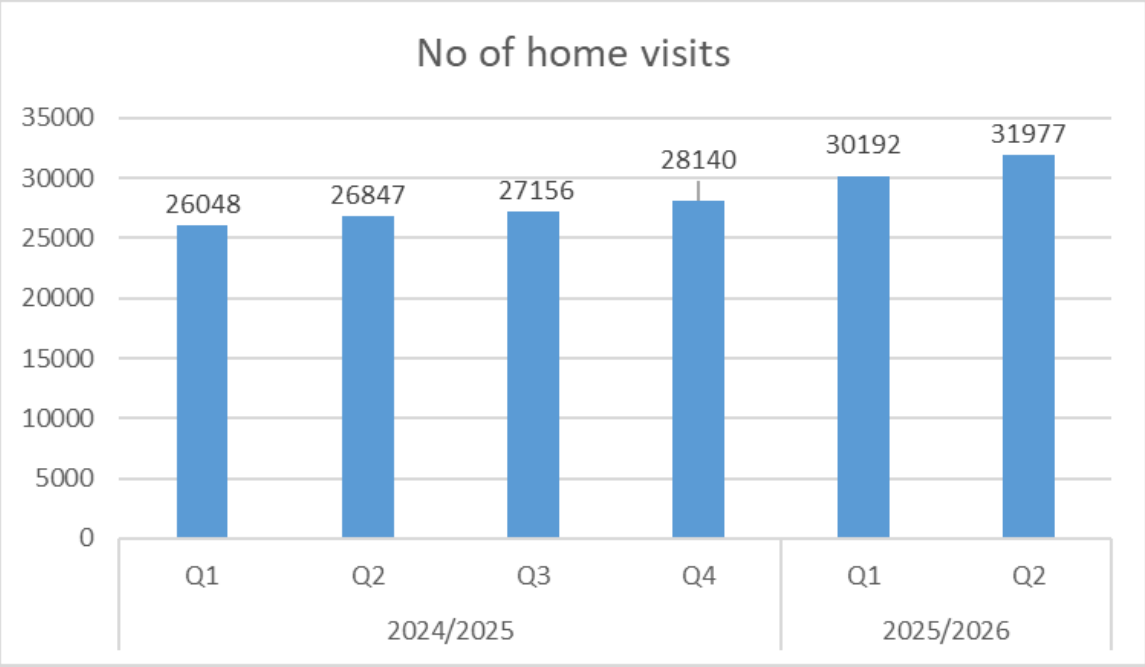
Wait Time for a Routine Appointment - Clackmannanshire & Stirling (Optional question pre June 2025)

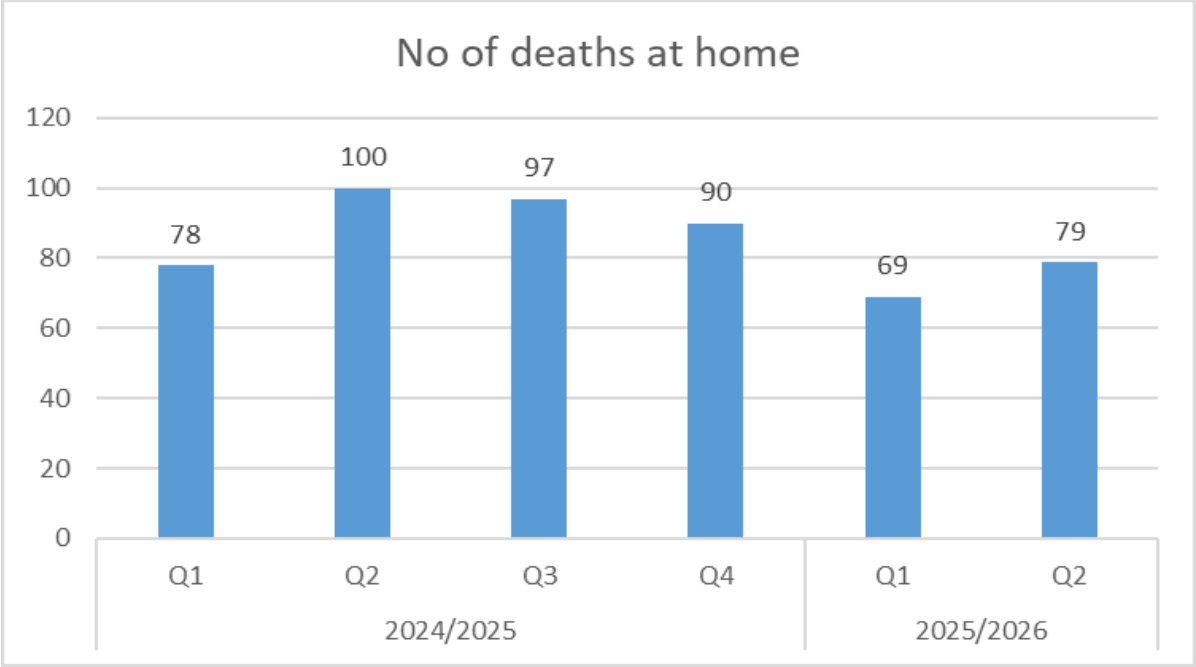


Community Nursing





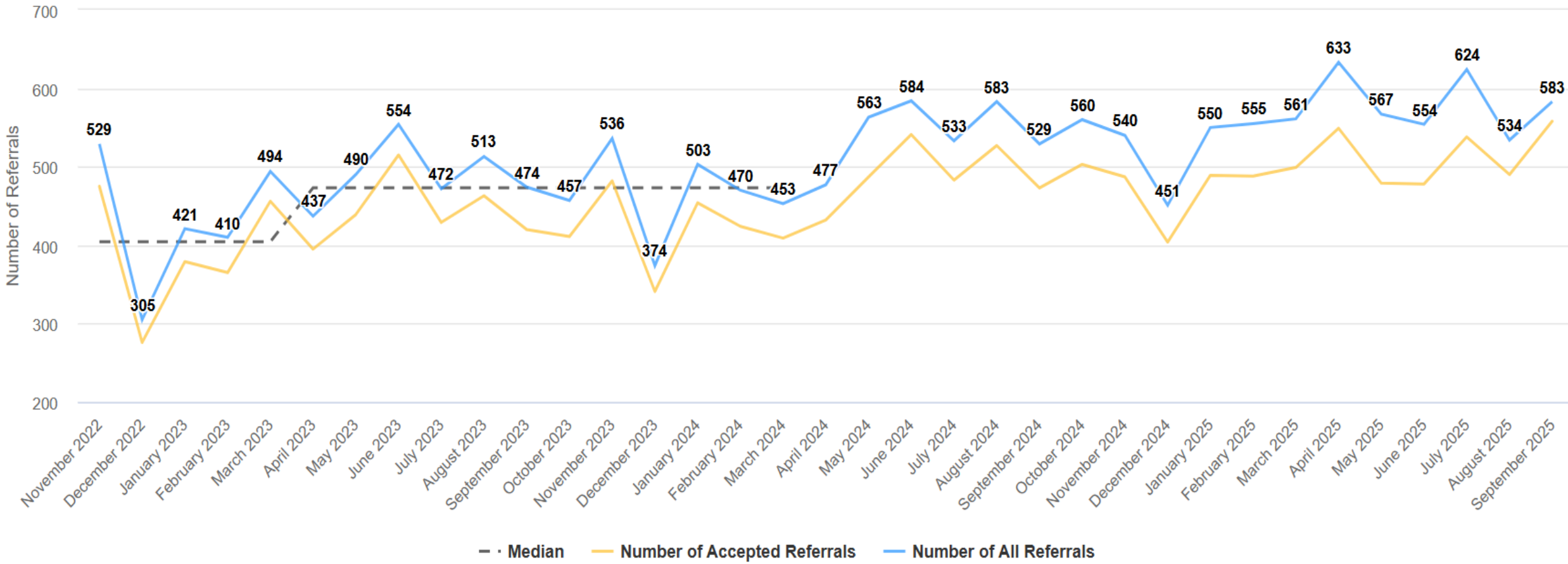




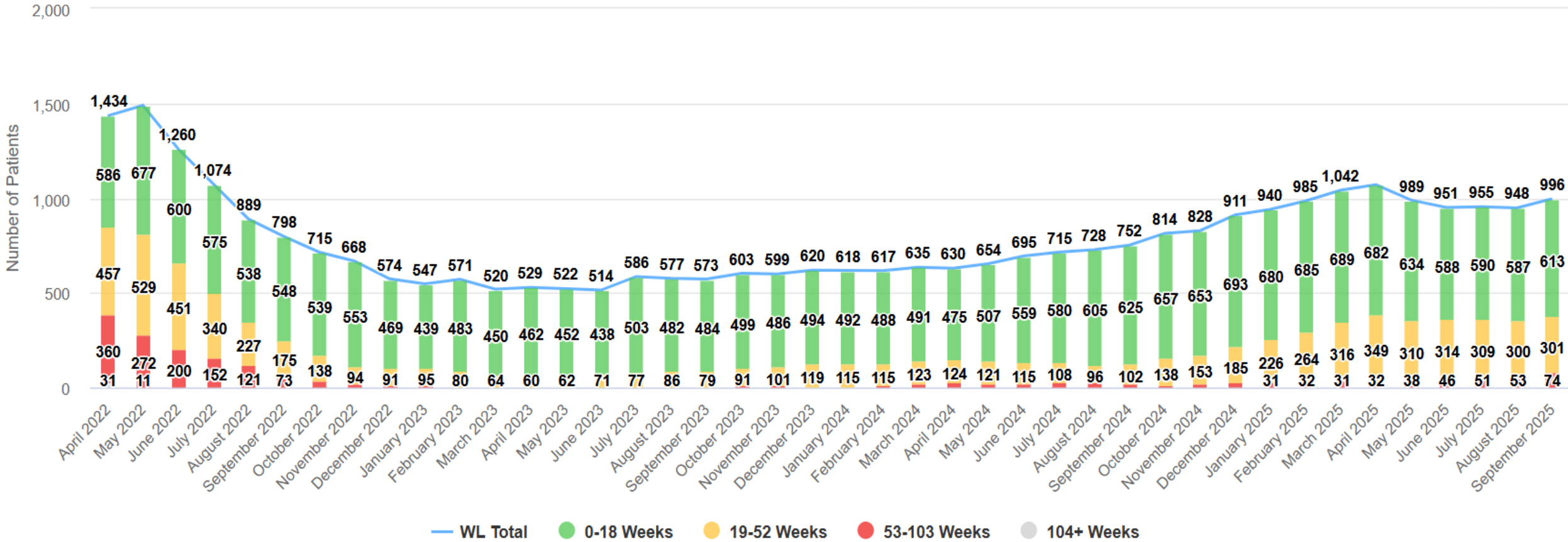
Psychological Services

Clackmannanshire & Stirling
Health & Social Care Partnership

Psychological Services Referrals



Psychological Services - Patients Waiting for Initial Appointment



Web: clacksandstirlinghscp.org

Workforce planning

Management

Recruitment

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire Council

Stirling Council

NHS Forth Valley

Discussion and Questions

Web: clacksandstirlinghscp.org

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire Council

Stirling Council

NHS Forth Valley

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 15

Principles and Governance of Hosted Services

For Consideration and Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Wendy Forrest, Head of Strategic Planning and Health Improvement
Exempt Report	No

Clackmannanshire Council
Stirling Council
NHS Forth Valley

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

Purpose of Report:	This paper sets out a proposed approach ensure a joint accountability approach across both IJBs within Forth Valley. This paper reflects a similar paper agreed by Falkirk IJB in October 2025.

Recommendations:	The Integration Joint Board is asked to: 1) Note the outlined principles and governance arrangements relating to Hosted Services within Clackmannanshire and Stirling IJB 2) Note that a Joint IJB Session will be scheduled to examine these principles across the two IJB areas 3) Requests the Chief Officer to provide an annual Progress Report on Hosted Services for consideration by the IJB

Key issues and risks:	Hosting draws on official duties under the Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government official guidance (including Directions, clinical & care governance, finance/hosted services) and Audit Scotland learning.

1. Background

1.1. Hosted Services refers to an arrangement where one Integration Joint Board (IJB), through its Chief Officer and Health and Social Care Partnership (HSCP), assumes operational management responsibility for a specific service on behalf of all Parties across NHS Forth Valley. This arrangement is agreed within the Integration Schemes and formalised through Directions.

1.2. This paper sets out a proposed approach to group the principles of approach to hosted services into four themes. This will be developed further through joint sessions with the Senior Management Teams of Falkirk and Clackmannanshire and Stirling HSCPs and a planned joint IJB development session early in 2026.

- 1.2.1. Governance & Accountability
- 1.2.2. Operational Clarity
- 1.2.3. Finance & Risk
- 1.2.4. Strategic Alignment & Engagement

1.3. These arrangements aim to:

1.3.1. Ensure clarity of roles and responsibilities.

1.3.2. Strengthen governance and accountability.

1.3.3. Deliver consistent, efficient, and high-quality services across the Board Authority area.

1.4. Hosted Services in a health and social care context are rooted in the Public Bodies (Joint Working) (Scotland) Act 2014, which established Integration Authorities (IJBs) to bring together health and social care services.

1.5. The 2014 Act aimed to improve outcomes by integrating health and social care services, reducing duplication, and ensuring seamless care for people across Scotland.

1.6. Each IJB receives delegated functions from NHS Boards and Local Authorities. However, there was a recognition that to sub-divide all services to individual IJB's was not necessarily the most effective or efficient arrangement, so there required to be a facility for some services, such as Primary Care, Out-of-Hours, or Specialist Mental Health, to be managed on a regional or cross-partnership basis rather than by each IJB individually. So Hosted Services was designed to formally enable this within the legislation.

1.7. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that governance arrangements for hosted services be clearly set out in each Integration Scheme.

1.8. The statutory guidance expands on this and includes the following key points:

- **Clear Accountability**
  The Integration Scheme must specify which Integration Joint Board (IJB) is responsible for the strategic planning of each hosted service. This ensures there is no ambiguity when services are delivered across multiple local authority areas.

- **Lead Partnership Model**
  Hosted services (e.g. specialist services like mental health or learning disability) are often managed under a "lead partnership" arrangement. One IJB takes the lead for planning and operational oversight, while other IJBs contribute to decision-making through agreed governance structures.

- **Clinical and Care Governance**
  The scheme must describe how clinical and care governance will operate for hosted services, ensuring safe, high-quality care across all areas served.

- **Financial Governance**
  There must be a clear mechanism for allocating and monitoring budgets for hosted services, including how overspends or underspends are managed across the partnerships.

- **Performance and Risk Management**
  The Integration Scheme should outline how performance will be monitored and how risks associated with hosted services will be managed collaboratively.

- **Dispute Resolution**
  A formal process for resolving disputes between IJBs regarding hosted services must be included.

1.9 Where a Chief Officer is the Host in relation to a hosted service the Parties agree that the Host will:

- Have Operational Management responsibility for those services across Forth Valley.

- Co-ordinate the Strategic Planning of those hosted services with the Chief Officer of the other Integration Joint Board and have regard to all localities across Forth Valley.

- Seek approval from both Integration Joint Boards on proposed strategy for those services as required in section 29 of the Act and having regard to all localities in the Forth Valley area.

- Ensure that the Lead service complies with agreed clinical and care governance standards within the Hosted Partnership and participate in the respective Integration Joint Board clinical, care and professional governance processes as appropriate, and will ensure timeous escalation to the other as required. The reporting of clinical and care governance matters will be included in the annual reporting process as well as through existing assurance processes.

- Provide reports on those services to the other Integration Joint Board at least on an annual basis, ensuring consultation where significant service change is planned at any point or where efficiency savings or other financial targets are to be applied to the service. Reports will include both performance and financial information in respect of the service.

1.10 Such arrangements can unlock scale and consistency benefits for residents across Forth Valley as well as business efficiencies in relation to transparent finance, robust clinical & care governance, and a single-system performance and engagement approach.

1.11 Within Forth Valley, the following Hosted arrangements are in place and specifically articulated in the current draft Integration Schemes:

Clackmannanshire & Stirling IJB (Lead HSCP for):
- Specialist Mental Health Services
- Learning Disability Services

Falkirk IJB (Lead HSCP for):

- Prison Healthcare Services
- Primary Care Services, including:
  - GP contract management
  - Out of Hours services
  - Community pharmacy, optometry, and dental services (via NHS Board contracting)

1.12 Note – there are a number of smaller services which are hosted, such as nursing bowel and bladder services. These smaller services are out with the scope of this report but will be considered as the broader hosted services arrangements are developed.

2. Assessment

2.1. The initial Clackmannanshire and Stirling Integration Scheme presented to Scottish Ministers for approval in 2015/16 did not include those services now delegated as Hosted and so made no specific reference to the agreed principles and governance for Hosting.

2.2. However, since then, these indicated services have been delegated and there is currently a process in place where both IJB's are submitting revised Integration Schemes with the Hosted services being reflected within these.

2.3. The Clackmannanshire & Stirling's Integration Scheme is still being finalised before submission to Scottish Ministers, whilst Falkirk's revised Integration Scheme is currently being considered by Scottish Ministers.

2.4. The consequence of the staged implementation of hosted arrangements meant that whilst the broad principles intended by the legislation were incorporated in practical terms into the arrangements, there was not a consistent set of operational principles and consistency of governance arrangements established across all parties.

2.5. At present there is no formal arrangement in place for Hosted Services which will offer oversight and assurance across all partners, nor a consistent escalation and/or participation in the planning and delivery of hosted services.

2.6. The proposals within this report reflect the intended operational principles and governance arrangements for the existing and future arrangements for Hosted Services.

2.7. It is intended that a Joint IJB Workshop will be held in the first quarter of 2026 to go through these principles in detail, with this report providing a high-level indication of the direction of travel.

2.8. The Principles and Governance of Hosted Services are designed to:

2.8.1. Achieve consistency and efficiency in service delivery across the region.

2.8.2. Ensure robust governance, clinical assurance, and financial transparency.
2.8.3. Enable a single-system approach to performance, workforce planning, and engagement.

2.9. The Scope:
2.9.1. Applies to all services designated as “hosted” within the Integration Schemes.
2.9.2. Covers operational management, performance reporting, and financial accountability for hosted services.
2.9.3. Recognises that while operational responsibility sits with the hosting HSCP, strategic planning remains a shared responsibility across all IJBs.

2.10. The principles are grouped into four themes with corresponding principles:

Theme	Principles
Governance & Accountability	• Anchor in existing Structures and local Integration Schemes. • Use Directions to make responsibilities explicit. • Embed in a robust governance model across existing structures (including Clinical & Care Governance). • Risk management, escalation and dispute resolution
Operational Clarity	• Define scope and agreement of the hosted service • Adopt a common performance structure. • Clarify workforce, leadership and professional responsibility. • Data & information sharing by design. • Management of Change and Transitions.
Finance & Risk	• Apply a transparent financial structure and risk-share.
Strategic Alignment & Engagement	• Commissioning & market shaping remains whole-system. • Equality, rights, engagement and complaints.

3. Conclusions

3.1. Individual hosting IJB’s will ensure appropriate oversight for activity delegated to it, including participation and/or escalation to the other partners (the non-hosting IJB and NHS Forth Valley) as appropriate.

3.2. It is proposed that both IJB’s receive an annual Progress Report on Hosted activity across Forth Valley.

4. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	☐
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☐
Supporting People and Empowering Communities	☐
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	There are no direct financial implications with this proposal.
Other Resources:	
Legal:	The Hosted Services arrangements are contained within the Integration Scheme, which is a legislative requirement of the Public Bodies Act. There are no distinct Legal implications of this proposal
Risk & mitigation:	Whilst the current hosting arrangements are guided by the principles set out within the Public Bodies (Joint Working) (Scotland) Act 2014, there is no consistency of governance arrangements in place to assure all parties involved with Hosted arrangements. Not to implement this proposal may present some risk that the current inconsistencies of governance and oversight of Hosted Services remains.
Equality and Human Rights:	An initial EQIA has been completed. The Board are not being asked to make a decision which will impact on people. Therefore, a full EQIA is not required. Should any changes be made to the policies, procedures or services detailed within the report, a full EQIA may be required. This initial EQIA will be kept under review.
Data Protection:	The content of this report **does not** require a DPIA

Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 16

Information Governance Assurance Report

For Approval

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Sarah Hughes-Jones, Data Protection Officer for CSIJB and NHS Forth Valley Head of Information Governance
Author	Sarah Hughes-Jones, Data Protection Officer for CSIJB and NHS Forth Valley Head of Information Governance
Exempt Report	No

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

Purpose of Report:	This report is to provide assurance to the Board regarding the arrangements for information governance that are applicable to the Board as a public body, along with the information governance arrangements in place within its partners, Clackmannanshire and Stirling Councils (the Councils) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Integration Joint Board (IJB). Good information governance ensures that organisations handle information legally, securely, efficiently and effectively in order to support delivery of the best possible care. The 3 information governance areas in which the Board, and its partners, have statutory responsibilities are: • Freedom of Information • Data Protection • Records Management

Recommendations:	The Integration Joint Board is asked to: 1. Consider and approve the Information Governance activity for the year 2024/2025

Key issues and risks:	No significant issues or risks are identified in this report. The Board's information governance framework remains fit for purpose with relevant controls in place through support from partners.

1. Background

1.1. The Board holds a range of information and records. These records primarily relate to its business, its members and any operational matters which come to its attention, such as complaints and information requests. Its partners hold a far broader range of information, particularly personal information, about the delivery of services and those using them.

1.2. The Board is supported in its information governance responsibilities by information governance specialists in NHS Forth Valley and the Councils. The Head of Information Governance in NHS Forth Valley is the nominated Data Protection Officer for the Board. NHS Forth Valley also administers statutory information requests on behalf of the Board.

1.3. The Partners have their own information governance teams, and existing mechanisms in place to ensure that both NHS Forth Valley and the Councils have appropriate information governance arrangements in place.

1.3.1. Within NHS Forth Valley, information governance matters are monitored through the Information Governance Group and reported to the Strategic Planning, Performance and Resources Committee.

1.3.2. Within Clackmannanshire Council the Information Governance Team supervises and monitors FOIs, SARS and record management. The Data Protection Officer heads the team and reports to the Strategic Director. Annual compliance figures are reported in the Service Business Plan and updates are reported to Audit & Scrutiny Committee annually.

1.3.3. Within Stirling Council information governance matters are supervised, and compliance is monitored, via the Information Governance Team, managed by the Chief Officer Governance (who is the Data Protection Officer), and reported to the Operational Governance Board with annual updates provided on compliance across all service areas.

1.4. There is a close working relationship between information governance specialists across the Partners underpinned by the Joint Information Governance Group (JIGG). The purpose of the JIGG is to promote partnership working and resolve any information governance issues as they arise.

2. Information Governance Assurance Report 2024/25

2.1. This section of the report provides the Board with an overview of the statutory processes for which they are responsible as a public body, and sets out the activity over the reporting period for the following areas:

Freedom of Information (FOI)

2.2. The Board is subject to the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, as are its partners.

2.3. All partners can receive FOI requests which relate to integrated services. The Board directly receives very few FOI requests, and most of these relate to information which is held by one or more of the partners. When an information request asks for information held by a partner rather than the Board, the legislation requires the Board to respond explaining that the information is not held, and to direct the requester to the relevant partner for the information.

2.4. 14 information requests were made to the Board under the Freedom of Information (Scotland) Act 2002 during 2024/25. This is on par with previous years (nine requests received in 2023/24 and thirteen requests received in 2022/23). Ten requests were answered on time, and four were closed late. The delay was caused by pressures on NHS Forth Valley's FOI Team which, with the introduction of further resource, have now been rectified. The Board may be aware that NHS Forth Valley is currently subject to a Level 3 Intervention from the Scottish Information Commissioner following a prolonged period of poor compliance, however recent investment and focus has rectified performance and now requires to be sustained.

2.5. Of the 14 information requests received, no information was held for nine. One request exempted information on the basis that it was otherwise accessible to the applicant. Three requests provided all information requested, and there was one request for which partial information was held, and was provided.

2.6. The Board received no requests for environmental information in the relevant period. This is to be expected as the Board does not generally hold environmental information.

2.7. The Board makes information available to the public on a proactive basis by publishing a Guide to Information, based on a Model Publication Scheme issued by the Scottish Information Commissioner.

Data Protection

2.8. The Board is subject to data protection legislation (UK GDPR and the Data Protection Act 2018), as are its partners. The Board pays a small annual fee to the UK Information Commissioner's Office (ICO) to register their position as a data controller. However, the Board processes minimal personal data (primarily information about its members, and details of anyone making information requests or complaints). By contrast, its partners hold a large amount of personal data about employees and service users/patients.

2.9. The Board received no Subject Access Requests (i.e. requests by individuals for their personal information) in the relevant period. This is to be expected given the Board holds limited personal data. The partners receive Subject Access Requests in their own right which relate to integrated services which are processed according to their own procedures.

2.10. One of the data protection principles is that data controllers must have appropriate security measures in place to protect personal data. NHS Forth Valley and the Councils have information security policies and procedures in place to protect personal data, including the management of information security incidents / data breaches, for the assurance of the Board. There were no data breaches involving Board information in the relevant period. Again, this is to be expected given the Board holds limited personal data. The partners have their own processes in place to deal with any information security incidents / data breaches relating to integrated services and to ensure that all staff who handle personal data undertake appropriate training.

2.11. A key element of data protection legislation is the principle of "accountability". This requires Controllers to have practices in place which enable them to evidence their compliance with data protection legislation. The Information Commissioner issued an Accountability Framework to assist Controllers in managing and maturing their compliance.

2.12. Linked to this, Controllers must take a "data protection by design and default" approach to new projects with privacy implications, including ensuring data protection impact assessments are carried out and information sharing agreements are in place. This is of limited direct impact to the Board as new processing activities are largely undertaken by the partners who have processes and procedures in place to ensure appropriate governance controls.

Records Management

2.14 The Board is subject to the Public Records (Scotland) Act 2011, as are its partners. The Act requires certain public authorities to prepare and implement a Records Management Plan (RMP) which must set out proper arrangements for management of its records. The plan must be broken down into 15 key elements and must be submitted to the Keeper of the Records of Scotland (Keeper)**.** The Board holds limited records in its own right but has an interest in ensuring its partners are properly managing their records relating to integrated services in line with their approved plans. The partners' records management arrangements therefore impact on the Board's plan.

2.15 The Board submitted its first plan to the Keeper in June 2019. The plan is available on the National Records of Scotland website. https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-clackmannanshire-and-stirling-integration-joint-board.pdf

2.16 The IJB submitted a Progress Update Review (PUR) to the Keeper in September 2023. This was evaluated and accepted in February 2024. The Keeper recognised the IJB's commitment to its records management commitments. Five elements were agreed under the 'Improvement Model', this is when the Keeper agrees the plans an organisation has outlined to further develop some of its records management arrangements. The areas for further improvement were:

- Adoption of a Business Classification Scheme to support the management of records.
- Management of destruction arrangements.
- Management of business continuity and vital records arrangements.
- Management of Audit Trails.
- Assessment and Review arrangements.

2.17 NHS Forth Valley is currently in the process of recruiting a new Corporate Records Manager, and a further PUR will be considered once the successful candidate is in post.

3. Conclusions

3.1. There are broadly appropriate arrangements in place to ensure the Board's compliance with its information governance responsibilities. The weakness in freedom of information performance noted in the previous report has now been rectified following investment in NHS Forth Valley's FOI team.

3.2. In relation to data protection responsibilities, the partners need to ensure that data processing activities adhere to the governance arrangements set out within the information sharing and joint data processing agreements.

3.3. In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plans. This will assist the Board to ensure it can demonstrate improvement on its own plan.

4. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	☐
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☐
Supporting People and Empowering Communities	☐
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	There are no financial implications associated with this report.
Other Resources:	The Board relies on specialists from its partner organisations in relation to information governance. There is no formal agreement in place for these support services.

Legal:	See below.
Risk & mitigation:	The Joint Information Governance Group meets regularly and oversees the information governance requirements of the Board and will support the Leadership Team to comply with legal and risk implications
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 17

Strategic Risk Register

For Approval

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Ross Cheape, Head of Service
Author(s)	Ross Cheape, Head of Service
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

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

Recommendations:	The Integration Joint Board is asked to: 1) Consider, discuss and comment on the Strategic Risk Register 2) Approve the plan to present the Strategic Risk Register on a Risk Management System, and seek endorsement from the Finance, Audit and Performance Committee in December. 3) Note the unaltered Strategic Risk Register

1. Background and Considerations

1.1 In light of the heightened risk profile across Health and Social Care at both local and national levels since March 2024, the Strategic Risk Register (SRR) is now presented as an agenda item for the Integration Joint Board (IJB), rather than being subsumed within routine performance reporting as was previously the case.

1.2 The Finance, Audit and Performance (FAP) Committee undertakes scrutiny of the Strategic Risk Register (SRR) prior to its submission to the Integration Joint Board (IJB). Following each quarterly meeting of the FAP Committee, the SRR is subsequently presented to the IJB for consideration and approval. The SRR will be reviewed at the December 2025 meeting of the FAP Committee and thereafter submitted to the January 2026 meeting of the IJB for formal approval.

1.3 In the interim, the responsibility for maintaining the SRR has been transferred to the Head of Mental Health and Learning Disability Services and ahead of the review at FAP the SRR will be uploaded to the Corporate Risk Management system and supported by the NHS Forth Valley Corporate Risk Team. This will enhance governance and oversight of the SRR, which will be shared in an accessible format for the purposes of scrutiny and assurance.

1.4 The SRR is presented on today's agenda as an appendix to this paper without having been scrutinised by FAP Committee and without alterations since the last review. In addition to the changes to the management of this information,

HSCP Senior Leadership Team will review the SRR and ensure that it captures all risks across the services of the IJB.

1.5 As previously agreed, any new risks or alterations to the risk scores of extant risks will be set out in the covering paper to the IJB reflected in the covering paper with an explanation of the reasoning applied.

1.6 Discussion and comment on the SRR from IJB members are welcomed to inform risk management.

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

2.1. As outlined above, the SRR remains unchanged since its previous submission to the IJB. Nevertheless, the HSCP Senior Management Team has reviewed the risks currently recorded and is satisfied that they remain contemporaneous and accurately reflect the prevailing risk landscape. These risks are:

- HSC001 – Delivery of the Strategic Commissioning Plan
- HSC002 – Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny
- HSC003 – Delivery of Integrated Performance Framework
- HSC004 – Delivery of Integrated Work Plan
- HSC005 – Patient / Service User Experience
- HSC006 – Information Management and Governance
- HSC007 – Harm to Vulnerable People, Public Protection and Clinical and Professional Care Governance
- HSC008 – Sustainability of Adult Placement in External Care Home and Care at Home Sectors
- HSC009 – Primary Care Sustainability
- HSC010 – Potential Industrial Action
- HSC011 – Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety
- HSC012 – Transformation and Sustainable Service Delivery

There is merit, as discussed in January 2025, in splitting this risk into internal (IJB/HSCP) and external (Integration Scheme/constituent authorities) elements going forward. It is proposed that this is considered by the FAP committee in December 2025 as part of the review and scrutiny process. This will also allow for consultation with risk management experts to support recommendations.

3. Appendices

Appendix 1 - Strategic Risk Register

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒

Implications	
Finance:	The risks in relation to finance as incorporated within the Strategic Risk Register.
Other Resources:	As detailed.
Legal:	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has stuatutory duties regarding budget and securing Best Value.
Risk & mitigation:	The Strategic Risk Register sets out the key strategic risks of the IJB and mitigation and control actions. Regular review of the SRR is a key part of the internal control environment.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

CLACKMANNANSHIRE & STIRLING IJB: STRATEGIC RISK REGISTER @ 11062025

Ref	Title	Description	Likelihood	Impact	Risk Score	Impact Category	Risk Appetite	Risk Tolerance	Brief Descriptor - Mitigation/Control Actions	Risk Owner(s)	Manager(s) Responsibl	Update/Notes / Direction of Travel
HSC 001	**Delivery of Strategic Commissioning Plan within available budget**	**Risk** The risk that delegated integration functions and services cannot be delivered within resources available. **Cause** Demand for statutorily provided services exceeds ability to deliver within budget and available resources. Cost of delivery of services exceeds provided and available budget. Insufficient funding allocations to the IJB from Partners. **Effect** Inability to deliver Strategic Plan	Current (5) Target (3)	Current (5) Target (3)	Current (25) High Target (9) Medium	Financial	**Cautious** We wish to achieve sustainability by spending well, making the most of our resources and achieving statutory financial targets.	**Moderate** we are prepared to accept variances for a limitied period whilst mitigation/recovery plans are implemented.	• The Integration Scheme details the actions to be taken in the likelihood of projected overspend on integrated budget and what the process should be should recovery measures fail. • 3 year Delivery Plan in place, with a range of programmes. identified to support delivery of Strategic Commissioning Plan within allocated budgets • Governance / reporting mechanisms for Delivery Plan are in established • Financial position monitored on ongoing basis by SLT, IJB FAP Committee, and full IJB. • Delivery Plan incorporates Medium Term Financial Plan **1.** 25/26 Revenue Budget and Delivery Plan approved incorporating risk assessment. (2 May 25) **2.** Agreed process for agrement and payment of contract rates including uplifts. (Annually 25/26 complete) **3.** Ongoing development of approach to and implementation of directions policy including savings detail at constituent authority level. **4.** Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (March 26) **5.** Follow integration scheme requirements for recovery plan (Aug 25 if projections indicate required) **6.** Development of 26/27 IJB Business Case per Integration Scheme requirement (Sep 25) **7.** Development of 26/27 IJB Revenue Budget proposals (Sept 25> March 26) **8.** Budget Consultation Aligned to Strategic Commissioning Plan review (Nov 25>Feb 26) **9.** Ongoing assessment of further budget recovery options per requirements of Integration Scheme (ongoing)	Chief Officer	Chief Finance Officer	Revenue Budget and Revised Delivery Plan agreed 2 May Special IJB. Monitoring arrangements being put in place along with performance and activity dashboards.
HSC 002	**Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny**	**Risk** The risk there is inadequate committment to existing model of integration and that governance and assurance arrangements are unable to allow the IJB to discharge its statutory duties. **Cause** Lack of clarity of role and responsibilities within the IJB, HSCP and Partner Organisations. **Effect** Poor performance in service provision and financial terms leading to Strategic Plan not being delivered	Current (4) Target (2)	Current (4) Target (4)	Current (16) High Target (8) Low	Compliance	**Averse** - We are not prepared to take any risk when discussing our regulatory compliance or in delivery of the Strategic Commissioning Plan priorities.	**Cautious** - We are prepared to take informed risks provided that benefit outweighs the negative outcome.	This risk is intended to cover the relationship between the constituent authorities and the IJB and the Integration Scheme itself which though the legal partnership agreement establishing and governing the IJB is a key governance framework of the constituent authorities as well as the IJB. **1.** The Integration Scheme sets out roles and responsibilities of the IJB (including statutory officers) and the Partner Organisations. **2.** A revised IS has been developed and approved by 2 of the 3 partners. **3.** Dispute process now invoked to seek to resolve matters including revised IS. (ongoing) **4.** HSCP Performance Review established (June 25) **5.** The Standing Orders of the IJB have been reviewed and updated (Nov 24) **6.** Routine consideration of proportionate scrutiny arrangements for each constituent authority e.g. local performance report to Clackmannanshire Council Audit and Scrutiny Committee (ongoing). **5.** Interim Chief Officer and reviewed and reformed SMLT working arrangements. (June 25) **6.** Ensure use of revised directions policy and implement performance monitoring (from March 2024 use - Feb 25 monitoring via FAP Committee) **7.** Prepare Annual Governance Statement and present to FAP then Monitor Governance Action Plan (June 2025 and ongoing) **8.** Staff communications issued re dispute process including assurance this should not impact day to day operations or focus on delivery plan (June 25 ongoing) **9.** Work on ongoing to find solution to lack of functional, effective commissioning service in Clackmannanshire arm of HSCP. (Ongoing)	Chief Officer / Constituent Authorities Chief Executives	Chief Officer / Constituent Authorities Chief Executives	Risk was retitled to Reflect current position re revised Integration Scheme, Dispute and ongoing related considerations.
HSC 003	**Delivery of Integrated Performance Framework**	**Risk** The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities. **Cause** Lack of accurate recording, poor recording and information systems and lack of access to and analysis of available information. **Effect** Inability to adequately provide reporting and assurance on performance to IJB.	Current (4) Target (1)	Current (4) Target (4)	Current (16) High Target (4) Low	Transformation / Innovation	**Moderate** - accepting that a greater degree of risk is required to improve outcomes, transform services and ensure VFM.	**Open** - To allow innovation and initiation and planning for change.	The Integrated Performance Framework is the basis that the IJB has oversight and scrutiny over performance of delegated integration functions. **1.** Review and reform of Integrated Performance Framework (IPF) (June 24) **2.** Subject to IJB approval work with constituent authorities to implement IPF (from June 2024) **3.** Further develop approach to Annual Performance Report including future development of planning and reporting at locality level and benchmarking with 'peer' Health and Social Care Partnerships. (July-Sept 25 and annually) **4.** Develop workplan for new FAP Committee to discharge terms of reference including performance remit (Oct 24) **5.** Development of performance measures and reporting at locality level. (in place subject to further development) **6.** Agree Improvement Plan with NHS FV to address data issues including SMR data and ensure appropriate planning around unscheduled care. (ongoing by March 26)	Chief Officer	Chief Finance Officer and Head of Strategic Planning and Health Improvement	
HSC 004	**Delivery of Integrated Workforce Plan**	**Risk** The risk that workforce challenges are not adequately managed. **Cause** Lack of robust workforce planning and failure to appropriately support the integrated workforce. **Effect** Reduced recruitment and retention and failure to appropriately develop, train and performance manage the integrated workforce.	Current (3) Target (1)	Current (4) Target (3)	Current (12) Medium Target (3) Low	Workforce	**Cautious** - to support staff to innovate and improve, balancing risk and benefits.	No tolerance set.	The work with the constituent authorities to effectively manage and support the integrated workforce. **1.** Ensure inclusive approach to staff engagement at all levels. (Ongoing) **2.** Develop multi-disciplinary care pathways and teams. (ongoing) **3.** Workforce engagement on transformation programme including practice elements such as SDS. (from March 24) **4.** Ensure consistent use of iMatter staff survey platform across the constituent authorities, and the development of reporting infrastructure against HSCP within that system. (from June 25 for new imatter survey) **5.** Staff Development and Training Programmes including Mandatory Training. (ongoing but requires commitment and support from constituent authorities) **6.** Positively manage relationships with Staff Side/Trade Union representatives. (ongoing) **7.** Continue to prioritise and support workforce wellbeing. (Ongoing) **8.** Monitor implementation of the approved workforce plan. (May 25 and Annually)	Chief Officer	Heads of Service (x3)	
HSC 005	**Patient / Service User Experience**	**Risk** The risk that patients/service users have a poor experience of care and/or their personal outcomes are not met. **Cause** Lack of co-design of services taking account of lived experience, lack of assurance on clincial and care governance standards. **Effect** Patients/service users personal outcomes are not met. Failure may create additional avoidable demand.	Current (4) Target (2)	Current (4) Target (3)	Current (16) High Target (6) Low	Patient/Service User Harm	**Averse** - No tolerance but recognition we will have to accept risk that have been reduced as low as possible	No tolerance set.	The work to continually seek patient and service user feedback to inform and improve service delivery. **1.** Participation and Engagement Strategy. (In place but requires review - Sept 25) **2.** Service user particulation in IJB, SPG and Locality Planning Network (In place) **3.** Use of Care Opinion (In place) **4.** Complaints processes and review of significant events to facilitate learning (in place) **5.** Carers Planning Group including Carers representatives (in place) **6.** Process and training for EQIAs (In place) **7.** Self Directed Support Steering Group including representation from peer support organisations and co-chaired by person with lived experience (in place). **8.** Self Directed Support Lived Experience Panel (in place and being developed based on feedback from supported people and their carers). **9.** IJB agreed Self Directed Support Policy and associated Directions.(June 2024) **10.** Jointly developed new Transitions Policy developed in partnership with people with lived experience (in place). **11.** Ensure detailed improvement action plans are put in place and monitored where inspections highlight required improvements.	Chief Officer	Heads of Service (x3)	
HSC 006	**Information Management and Governance**	**Risk** The risk that Information Management and Governance issues are not adequately managed to support delivery of strategic commissioning plan and information sharing processes, practice and governance is inadequate to support efficient service delivery. **Cause** Lack of or non adherance to adequate policies, data sharing arrangements and management information systems. **Effect** Inefficient service delivery, reputational harm and sub optimal performance management.	Current (3) Target (3)	Current (4) Target (3)	Current (12) Medium Target (9) Medium	Compliance	**Averse** - We are not prepared to take any risk when discussing out regulatory compliance	**Cautious** - We are prepared to take informed risks provided that benefit outweighs the negative outcome.	The work with the constiuent authorities to ensure robust and legal information management and governance arrangements are in place to support integrated service delivery. **1.** Ensure Data Sharing agreements between constituent authorities are in place, signed and periodically reviewed. **2.** Annual Information Governance Assurance Report (Oct 24 and Annually) **3.** Awareness raising of respective organisational policies (ongoing) **4.** Mandatory training (ongoing monitored through appraisal processes)	Chief Officer	Chair of Data Sharing Partnership / Heads of Service / Standards Officer	
HSC 007	**Harm to Vulnerable People, Public Protection and Clinical & Professional Care Governance**	**Risk** The risk that clinical and professional care governance arrangements are inconsistently applied and there resultant harm to service users or the general public. **Cause** Potential for a lack of effective systems of clinical and care governance including assurance. **Effect** Harm to vulnerable people or general public.	Current (4) Target (1)	Current (4) Target (4)	Current (16) High Target (4) Low	Patient/Service User Harm	**Averse** - No tolerance but recognition we will have to accept risk that have been reduced as low as possible	No tolerance set.	Through the operational delivery construct of the HSCP we seek to deliver safe and effective services to the partnership population and incorporate clincial and care governance and professional assurance into this as part of the IJBs assurance frameworks. **1.** Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way (Annually) **2.** Clinical and Care Governance Assurance arrangements (Nov 24) **3.** Whole system working to minimise delay to discharge arrangements (ongoing) **4.** Establishment of Quarterly Clinical and Care Governance Meetings (in place) **5.** Further develop linkage with Performance Frameworks (in development) **6.** Annual Clinical and Care Governance Assurance Report to IJB (Annually) **7.** Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete (October 24) **8.** Develop and present improvement plan for Joint Inspection of MH Services (Jan 25)	Chief Officer / Chief Social Work Officers / NHS Forth Valley Medical Director	Heads of Service (x3)	

HSC 008	**Sustainability of adult placement in external care home and care at home sectors**	**Risk** The risk that providers are not sustainable or oversight arrangements are inadequate. **Cause** Lack of effective overview or provider failure for financial or other reasons e.g. lack of workforce or inability to control costs. **Effect** Increased likelyhood of statutory sector requiring to step in as 'provider of last resort' / unforeseen increased costs	Current (4) Target (2)	Current (4) Target (2)	Current (16) **High** Target (4) **Low**	Financial	**Cautious** We wish to achieve sustainability by spending well, making the most of our resources and achieving statutory financial targets.	**Moderate** we are prepared to accept variances for a limitied period whilst mitigation/recovery plans are implemented.	The work with provider market to secure safe effective and sustainable service delivery within resources available and achieve best value. **1**. Provider forums are in place as is a commissioning and monitoring framework. (in place) **2**. There is clear regulation and inspection. (in place) **3**. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) **4**. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group. (ongoing). **5**. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local inteligence. (in place) **6**. Business continuity planning arrangements. (In place – subject to ongoing review) **7**. Preparation of Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues. (as required) **8**. Caseload review. (ongoing) **9**. Care Home Assurance Tool. (ongoing) **10**. Ensure consistent and effective approach to appropriately manage Large Scale Investigations. (LSI's) (Ongoing) **11**. Engagement in national round table discussions via CO/CFO networks to highlight sector risks and attempt to align responses with other HSCPs.	Chief Officer	Heads of Services / Strategic Commissioning Manager / Chief Finance Officer /Adult Support and Protection Co-ord	
HSC 009	**Primary Care Sustainability**	**Risk** The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services /(PCIP) **Cause** Insuffient funding, lack of idenfication and implementation of sustainable service options, aging workforce and demand for services outstripping supply. **Effect** GP Practices requiring to be , loss of service provision and resultant impacts on rest of Health and Social Care system.	Current (3) Target (3)	Current (5) Target (3)	Current (15) **Medium** Target (9) **Medium**	Transformation / Innovation	**Moderate** - accepting that a greater degree of risk is required to improve outcomes, transofrm services and ensure VFM.	**Open** - To allow innovation and initiation and planning for change.	The work with NHS FV and Falkirk IJB to seek to ensure a viable and sustainable Primary Care sector as part of effective service delivery. **1**. Premises investment priorities identified (in place but subject to review) **2**. Primary Care Improvement Plan (PCIP) being delivered proactively and sustainability options being appraised. **3**. Support for practices to become training practices (delivered in conjunction with NES) **4**. Primary Care Improvement Plan tripartite oversight and review to ensure sustainable (ongoing) **5**. GP IT Programme Board established **6**. Pan FV Local Sustainability Group in place to advise on sustainability matters (in place) **7**. Expansion of community pharmacy services. **8**. Alignment with quality clusters and leads to ensure GP practices and MDTs are informed of and involved in quality improvement and assurance. 9. Establishment and monitoring of GP Sustainability data and workload to inform the development of future controls and actions.	UB Chief Officers	Head of Primary Care / Associate Medical Director / GP Clinical Leads / Chief Finance Officers	Further review required to fully align with NHS FV and Falkirk IJB articulation and assessment of PC risk.
HSC 010	**Potential Industrial Action**	**Risk** The risk that industrial action materially affects service delivery. **Cause** If one of more sectors of H&SC workforce chooses to take industrial action. **Effect** Distruption to service delivery, requirement to invoke business continuity plans and potential for unforseen cost implications.	Current (3) Target (2)	Current (3) Target (3)	Current (9) **Medium** Target (6) **Low**	Workforce	**Cautious** - to support staff to innovate and improve, balancing risk and benefits.	No tolerance set.	The work with constituent authorities and national networks to understand and mitigate the risk of industrial action and potential impact on service delivery. **1**. Review and ensure business continuity arrangements are up to date and robust (Ongoing) **2**. Work closely with constituent authorities to fully understand likely impacts. (Ongoing) **3**. Ensure ongoing constructive working relationships with staff side / unions are maintained. (Ongoing) **4**. Participate in regional pan FV and local resilience arrangements. (ongoing) **5**. Monitor outstanding pay negotiations and likeness of resolution without resort to industrial action.	Chief Officer	SMLT	Reassessed as Medium risk given outstanding Local Government pay negotiations.
HSC 011	**Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety**	**Risk** The risk that demand for services outstrips the ability to deliver due to workforce availability, provider capacity and/or adequacy of resources. **Cause** Demand outstripping supply and/or transformation programmes being inadequate. **Effect** Inability to meet demand, requirement to prioritise and potential not to meet statutory obligations. One or more parts of H&SC system being overwhelmed and loss of public confidence.	Current (5) Target (2)	Current (4) Target (3)	Current (20) **High** Target (6) **Low**	Public Confidence	**Cautious** - for risks impacting on public confidence which flow from informed decision making.	**Moderate** - we are prepared to operate within a moderate tolerance range for Public Confidence for a defined period while mitigation plans are developed.	The work to continually assess the demand and capacity requirements to deliver safe effective service delivery. **1**. Ensure Strategic Planning is Based on robust Strategic Needs Assessment (ongoing) **2**. Manage positive arrangements with providers through providers forum (Ongoing) **3**. Ensure robust data informed annual IJB Business Case is produced. (Jan 25/annually) **4**. Use of national networks to articulate and inform future resource requirements (Ongoing) **5**. Local capacity and activity monitoring (Weekly) **6**. Development of capacity and activity dashboard (April 25) **7**. Ensure focus on transformation programme to maximise use of existing resources (Ongoing) **8**. Work with constituent authorities to promote partnership as a good place to work. (Ongoing)	Chief Officer	Heads of Service (x3) / Chief Finance Officer	
HSC 012	**Transformation and Sustainable Service Delivery**	**Risk** The risk that the programme of transformational change detailed in the 2025/26 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability. **Cause** Transformation not delivering estimated financial impact and/or not being deliverable at pace or scale envisaged **Effect** Overspend or lack of demonstrable progress in Strategic Commissioning Plan priorities and/or National Health and Wellbeing outcomes.	Current (4) Target (2)	Current (5) Target (3)	Current (20) **High** Target (6) **Low**	Transformation / Innovation	**Moderate** - accepting that a greater degree of risk is required to improve outcomes, transofrm services and ensure VFM.	**Open** - To allow innovation and initiation and planning for change.	The Delivery Plan is the agreed single plan for transformation and modernisation of delivery of delegated integration functions. The plan will be a rolling 3 year plan aligned to SCP priorities and the 9 National Health and Wellbeing Outcomes. 1. Development and Approval of Revised Delivery Plan (May 25) 2. Establishment of Project Management capacity (est Aug 25) 3. Establishment of Monitoring Arrangements building on reporting mechanisms developed in 24/25 (August 25) 4. Development of detailed planning and proposals for 26/27 IJB Business Case and update to rolling 3 year Delivery Plan.(sept 25 to March 26) 5. Review of Strategic Commissioning Plan per legislative requirements (Sept 25> March 26)	Chief Officer / Chief Finance Officer	Heads of Service (x3)/ SMLT	Previous discussions have highlighted that whilst there is crossover with financial sustainability risk the transformation risk has not been adequately reflected in SRR. This risk closely aligns with HSC001 however focuses on the risk that around transformation.

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

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 18

Review of Scheme of Delegation

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	Sandra Comrie, IJB Support Officer
Exempt Report	No

Clackmannanshire Council

Stirling Council

NHS Forth Valley

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

Purpose of Report:	To review and recommend any changes to the Scheme of Delegation, as part of periodic review of the IJBs governance frameworks.

Recommendations:	The Integration Joint Board (IJB) is asked to: 1) Consider and discuss the contents of the report. 2) Approve the Scheme of Delegation 3) Note the background to the extant Scheme of Delegation 4) Agree that the Scheme of Delegation is further reviewed when a revised Integration Scheme is approved and on a bi-annual basis 5) Note that any revisions to the Scheme of Delegation require the approval of the Board.

Key issues and risks:	IJB's, Health Boards and Local Authorities have a legal obligation to publish and monitor a Scheme of Delegation.

1. Background

1.1. A Scheme of Delegation is a key element of the IJBs governance frameworks; it specifies which functions and powers, delegated to the Integration Joint Board, are in place to oversee health and social care services in a local area, i.e. those which are delegated to its Officers or Committees, rather than being retained for the full IJB to decide.

1.2. The extant Scheme of Delegation was approved by the IJB on 23 March 2022 (appendix 1).

2. Current Status

2.1. Appendix 1 provides the extant Scheme of Delegation which sets out how decisions are delegated to Officers, and which powers are reserved to the IJB.

2.2. A draft revised Scheme of Delegation (appendix 2) is attached with proposed changes tracked. No substantive changes are proposed to the Scheme of Delegation at this time.

2.3. The delegations in Section 3 of the Scheme of Delegation apply to IJB Officers, specifically the Chief Officer or Chief Finance Officer. It is common for the Chief Finance Officer to serve as deputy to the Chief Officer.

2.4. Section 4 of the Scheme of Delegation details the Powers Expressly Reserved to the Integration Joint Board.

2.5. The scheme sets out, at section 5, Restrictions on and Terms Applicable to the Exercise of all Delegated Powers by Officers. The key restrictions are:

- All delegated authorities must be exercised within the IJBs approved budget(s)
- No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer (5.2)
- All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJBs Financial Regulations, Integration Scheme and its Strategic Plan. (5.3)
- Officers will report back to the IJB on actions taken under authority delegated to them. (5.4)
- If an officer is proposing to taken any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/or the service delivery/performance for the IJB or any of the Constituent Authorities then they must first consult with the Chair and Vice Chair of the IJB and the Chief Executives of the Constituent Authorities. (5.5)

2.6. The Scheme of Delegation is a key element of the IJBs Governance Frameworks and the governance workplan acknowledges the need for it to be reviewed periodically. There is interdependency between the Integration Scheme and the Scheme of Delegation.

3. Integration Scheme and Dispute

3.1. The Integration Scheme is the legal agreement between the partners to form the Integration Joint Board. There is a requirement on the partners, set out in statute, to review the scheme every 5 years.

3.2. The development of a revised Integration Scheme began in January 2024 and progressed over the year between all four partners and HSCP representatives (Forth Valley wide).

3.3. As a result of the work in 2024, a dispute was raised by both councils around this and whilst the dispute resolution process will continue to be progressed by the partner bodies, a review of the Scheme of Delegation should be taken forward.

3.4. When a revised Integration Scheme is agreed and approved, there will be a requirement to conduct a further review of the Scheme of Delegation. In other words, it is not currently possible to put a firm timeline on this as it need to be in line with approval of revised Integration Scheme.

3.5. Approval or amendment of the Scheme of Delegation is a power expressly reserved to the IJB (Section 4.2.12 of extant Scheme of Delegation).

4. Conclusions

4.1. This report is presented to the IJB for approval.

4.2. The key constraint in the effectiveness of the existing Scheme of Delegation is the restriction of financial authority set out at section 5.1. This constraint conflates the strategic role of the Chief Officer as accountable officer to the IJB with financial limits on approval of transactions at a constituent authority level.

4.3. The IJBs transactions are processed through the constituent authorities and officers (including the Chief Officer) delegated authority at a transactional level is defined through the Schemes of Delegation of Clackmannanshire Council, Stirling Council and NHS Forth Valley.

4.4 Schemes of Delegation from several peer IJBs were reviewed, and in all cases, the main limitation was adherence to the approved or available budget as outlined in restriction 2 of Section 5 of the current Scheme of Delegation. The schemes reviewed included those from Falkirk, Angus, South Ayrshire, and Perth and Kinross IJBs.

4.5 It is therefore proposed that the principal restriction on delegated powers by Officers therefore remains that ‘All delegated authorities must be exercised within the IJBs approved budget(s)’ and the transactional limit is a matter appropriately reflected in the Scheme of Delegation of the constituent authorities. This is in line with current practice examined across peer IJBs.

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

5. Conclusions

5.1 This report is presented to the IJB on the Scheme of Delegation for approval.

5.2 The draft revised Scheme of Delegation updates a key element of the IJBs governance frameworks, taking due consideration of the issues set out in this report.

5.3 As there are close interdependencies between the Integration Scheme and the Scheme of Delegation the Scheme of Delegation will require to be further reviewed when a revised Integration Scheme can be approved.

5.4 Notwithstanding the foregoing, the Scheme of Delegation should be reviewed biannually. Any recommended amendments resulting from this review must be submitted to the IJB for formal approval.

6. Appendices

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

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	The Scheme of Delegation forms a part of the IJBs governance frameworks and financial management arrangements.
Other Resources:	As detailed within the report.

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

Scheme of Delegation

Clackmannanshire & Stirling Integration Joint Board

1. Introduction & Commencement

1.1 In the absence of a decision by the Clackmannanshire & Stirling Integration Joint Board (the **IJB** or the **Board**) to the contrary, all of its powers would have to be exercised through meetings of the full Board. That is, all decisions no matter how large or small would need to be taken at meetings of the full IJB.

1.2 Recognising that would be unworkable and would detract from the Board's aims and values, the IJB has chosen to exercise the power to delegate. A Scheme of Delegation will help to ensure the effective and efficient management of IJB business between Board meetings by providing the Chief Officer and, as appropriate, the Chief Financial Officer with authority to take decisions and/ or to act on the IJB's behalf.

1.3 This Scheme of Delegation (**Scheme**) was approved by the IJB on [16 November 2016].

1.4 The Scheme specifies the powers which the IJB has decided to delegate to officers and regulates the exercise of delegated powers.

2. Interpretation

2.1 The Interpretation Act 1978 shall apply to the interpretation of this Scheme as it applies to an Act of Parliament.

2.2. In this Scheme the following terms have the meanings assigned to them:

2.2.1 "2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

2.2.2 "Chief Finance Officer" means the chief financial officer of the IJB appointed by the IJB under Section 95 of the Local Government (Scotland) Act 1973;

2.2.3 "Chief Officer" means the Chief Officer of the IJB appointed by the IJB under Section 10 of the 2014 Act;

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

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

3. Delegation

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

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

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

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

3.4.1 Establishing financial governance systems for the proper use of the delegated resources;
3.4.2 Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board’s resources; and
3.4.3 Ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the plan;

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

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

3.7 The IJB may deal with a delegated matter itself or withdraw or amend the delegation. If the IJB determines that a particular power should be exercised by it, notwithstanding the delegation permitted in this Section 3, no officer may exercise delegated authority in respect of that power.

3.8 All exercise of delegated power is subject to Section 5.

3.9 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so in accordance with the terms of this Scheme.

4. Powers Expressly Reserved to the Integration Joint Board

4.1 Powers which are not reserved to the IJB are delegated, in accordance with the provisions of this Scheme.

4.2 The following is a comprehensive list of what is reserved to the IJB:

4.2.1 any function, power or remit which is, in terms of statute or other legal or regulatory requirement bound to be undertaken by the IJB itself;

4.2.2 the approval to issue Directions to constituent authorities in terms of Section 26 and 27 of the 2014 Act;

4.2.3 to change the name of the IJB;

4.2.4 to receive any certified abstract of the Board's annual accounts;

4.2.5 the approval or amendment of the financial strategy;

4.2.6 the approval or amendment of the annual budget;

4.2.7 the approval of any investment strategy and annual investment report;

4.2.8 the approval of any stakeholder expenses policy relating to service user, unpaid carer and third sector representatives and determining issues regarding the entitlement of IJB members and others to expenses;

4.2.9 to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct IJB business;

4.2.10 the approval annually of the Integrated Revenue Budget;

4.2.11 the incurring of any additional net expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is approved by and reported to the IJB;

4.2.12 the approval or amendment of the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;

4.2.13 approving the appointment of the Chief Officer and Chief Finance Officer subject to compliance with any relevant frameworks or policies of the relevant constituent authority, if appropriate;

4.2.14 any approval or amendment of the Strategic Plan including the associated Financial Plan;

4.2.15 to set and amend a programme of IJB and committee meetings;

4.2.16 any matters reserved to the Board by Standing Orders, Financial Regulations and other strategies or frameworks approved by the IJB; and

4.2.17 [Any other matters which it is considered should be reserved to the IJB].

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

5.1 All delegated authorities must be exercised within the IJB's approved budget(s). If the exercise of any power might lead to a budget being exceeded, and the IJB has not previously been notified of the likelihood of that budget being so exceeded, or it is expected the action will lead to a budget being exceeded by more than has been notified to the IJB, the officer must consult with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB before exercising that delegated power.

5.2 No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer.

5.3 All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and the legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJB's Financial Regulations, Integration

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

5.3.1.1 a departure from IJB strategy or policy;
5.3.1.2 a departure from the IJB's Financial Regulations, Integration Scheme of its Strategic Plan, or would be contrary to any standing instruction, decision or direction of the IJB; or
5.3.1.3 a significant development of IJB strategy, policy or approach.

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

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

6. Sub-delegation & Deputies

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

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

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

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

7. Alteration & Review of Scheme

7.1 Subject to the provisions of the 2014 Act the IJB shall be entitled to amend, vary or revoke this Scheme from time to time.

7.2 The Chief Officer shall have the power to alter the Scheme only to correct any minor errors or to make any consequential amendments required as a result of a decision of the IJB.

7.3 The IJB shall review this Scheme periodically (at least annually) or earlier, if required.

Scheme of Delegation
Clackmannanshire & Stirling Integration Joint Board

1. Introduction & Commencement

1.1 In the absence of a decision by the Clackmannanshire & Stirling Integration Joint Board (the **IJB** or the **Board**) to the contrary, all of its powers would have to be exercised through meetings of the full Board. That is, all decisions no matter how large or small would need to be taken at meetings of the full IJB.

1.2 Recognising that would be unworkable and would detract from the Board's aims and values, the IJB has chosen to exercise the power to delegate. A Scheme of Delegation will help to ensure the effective and efficient management of IJB business between Board meetings by providing the Chief Officer and, as appropriate, the Chief Financial Officer with authority to take decisions and/ or to act on the IJB's behalf.

1.3 This Scheme of Delegation (**Scheme**) was approved by the IJB on 23 March 2022.

1.4 The Scheme specifies the powers which the IJB has decided to delegate to officers and regulates the exercise of delegated powers.

2. Interpretation

2.1 The Interpretation Act 1978 shall apply to the interpretation of this Scheme as it applies to an Act of Parliament.

2.2. In this Scheme the following terms have the meanings assigned to them:

2.2.1 "2014 Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

2.2.2 "Chief Finance Officer" means the chief financial officer of the IJB appointed by the IJB under Section 95 of the Local Government (Scotland) Act 1973;

2.2.3 "Chief Officer" means the Chief Officer of the IJB appointed by the IJB under Section 10 of the 2014 Act;

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

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

3. Delegation

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

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

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

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

3.4.1 Establishing financial governance systems for the proper use of the delegated resources;
3.4.2 Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's resources; and
3.4.3 Ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the plan;

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

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

3.7 The IJB may deal with a delegated matter itself or withdraw or amend the delegation. If the IJB determines that a particular power should be exercised by it, notwithstanding the delegation permitted in this Section 3, no officer may exercise delegated authority in respect of that power.

3.8 All exercise of delegated power is subject to Section 5.

3.9 It is the responsibility of any officer who intends to exercise delegated authority to ensure that they are permitted to do so in accordance with the terms of this Scheme.

4. Powers Expressly Reserved to the Integration Joint Board

4.1 Powers which are not reserved to the IJB are delegated, in accordance with the provisions of this Scheme.

4.2 The following is a comprehensive list of what is reserved to the IJB:

4.2.1 any function, power or remit which is, in terms of statute or other legal or regulatory requirement bound to be undertaken by the IJB itself;

4.2.2 the approval to issue Directions to constituent authorities in terms of Section 26 and 27 of the 2014 Act;

4.2.3 to change the name of the IJB;

4.2.4 to receive any certified abstract of the Board's annual accounts;

4.2.5 the approval or amendment of the financial strategy;

4.2.6 the approval or amendment of the annual budget;

4.2.7 the approval of any investment strategy and annual investment report;

4.2.8 the approval of any stakeholder expenses policy relating to service user, unpaid carer and third sector representatives and determining issues regarding the entitlement of IJB members and others to expenses;

4.2.9 to establish such committees, sub-committees and joint committees as may be considered appropriate to conduct IJB business;

4.2.10 the approval annually of the Integrated Revenue Budget;

4.2.11 the incurring of any additional net expenditure not provided for in the estimate of revenue expenditure unless, such expenditure is approved by and reported to the IJB;

4.2.12 the approval or amendment of the IJB's Standing Orders, Financial Regulations and/ or this Scheme of Delegation;

4.2.13 approving the appointment of the Chief Officer and Chief Finance Officer subject to compliance with any relevant frameworks or policies of the relevant constituent authority, if appropriate;

4.2.14 any approval or amendment of the Strategic Commissioning Plan including the associated Financial Plan;

4.2.15 to set and amend a programme of IJB and committee meetings;

4.2.16 any matters reserved to the Board by Standing Orders, Financial Regulations and other strategies or frameworks approved by the IJB; and

4.2.17 [Any other matters which it is considered should be reserved to the IJB].

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

5.1 All delegated authorities must be exercised within the IJB's approved budget(s). If the exercise of any power might lead to a budget being exceeded, and the IJB has not previously been notified of the likelihood of that budget being so exceeded, or it is expected the action will lead to a budget being exceeded by more than has been notified to the IJB, the officer must consult with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB before exercising that delegated power.

5.2 No delegation may be granted if it is reserved by law to the IJB or if the IJB has expressly determined the matter in question should be discharged other than by an officer.

5.3 All delegations must be exercised in compliance with IJB's strategies, frameworks, standing decisions and the legal framework within which the IJB and the relevant officer operates, including without prejudice to the foregoing generality, in compliance with the IJB's Financial Regulations, Integration Scheme and its Strategic Commissioning Plan. For the avoidance of doubt, delegated powers must not be exercised by any officer where the decision or action by that officer in exercising that delegated power would represent:

5.3.1.1 a departure from IJB strategy or policy;
5.3.1.2 a departure from the IJB's Financial Regulations, Integration Scheme of its Strategic Plan, or would be contrary to any standing instruction, decision or direction of the IJB; or
5.3.1.3 a significant development of IJB strategy, policy or approach.

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

5.5 If an officer is proposing to take any action that is or is likely to be regarded as controversial or have any material effect on the financial, reputational or operational risk and/ or the service delivery/ performance for the IJB or any of

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

6. Sub-delegation & Deputies

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

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

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

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

7. Alteration & Review of Scheme

7.1 Subject to the provisions of the 2014 Act the IJB shall be entitled to amend, vary or revoke this Scheme from time to time.

7.2 The Chief Officer shall have the power to alter the Scheme only to correct any minor errors or to make any consequential amendments required as a result of a decision of the IJB.

7.3 The IJB shall review this Scheme periodically (at least bi-annually) or earlier, if required.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 19

IJB, Committee and Strategic Planning Group Dates 2026 / 2027

For Noting and Approval

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Sandra Comrie, IJB Support Officer
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	Seeking the IJB's approval of the Programme of Meeting Dates for the Integration Joint Board for 2026 / 2027.

Recommendations:	The Integration Joint Board is asked to: 1) Note the content of the paper 2) Approve the proposed Integration Joint Board programme of meeting dates for 2026 / 2027 set out in paragraph 2.1. 3) Approve the proposed Integration Joint Board Finance, Audit and Performance Committee programme of meeting dates for 2026 / 2027 set out in paragraph 3.1. 4) Approve the Strategic Planning Group programme of meeting dates for 2026 / 2027 set out in paragraph 4.1.

1. Background

1.1. Section 7 paragraph number 7.1 in the Clackmannanshire & Stirling Integration Joint Boards Standing Orders states "the IJB will operate a quarterly cycle of meetings and will keep its meeting frequency under review. All meetings will be held on days, at the times and in the places fixed by the IJB and then published in its Programme of Meetings. These are published here https://clacksandstirlinghscp.org/about-us/meeting-schedule/

1.2. Section 22 of the Standing Orders allows for Committees to be established and there is currently one in place:

- Finance Audit and Performance Committee

2. Proposed 2026 / 2027 IJB Meeting Dates

2.1. The Integration Joint Board is asked to approve the proposed IJB meeting dates in table 2 for the year 2026 / 2027. Once the dates are confirmed, appropriate venues will be selected. Meetings will be held in a hybrid format, accommodating both in-person attendance and participation via MS Teams.

Table 2 – Proposed Programme of Meeting Dates

Date	Time
Wednesday 24 June 2026	1400 – 1700
Wednesday 23 September 2026	1400 – 1700
Wednesday 25 November 2026	1400 – 1700
Wednesday 27 January 2027	1400 – 1700
Wednesday 24 March 2027	1400 – 1700

2.2. These meeting dates align with the proposed Committee dates listed in section 3 of this report and will allow scrutinised papers to be brought forward for the Board's decision.

2.3. Board members are asked to approve the proposed Integration Joint Board dates in table 2.

3. Proposed 2026 / 2027 Finance Audit and Performance Committee Dates

3.1. The Integration Joint Board is asked to approve the proposed Finance Audit and Performance Committee meeting dates in table 3 for the year 2026 / 2027. Upon confirmation of dates, suitable venues will be identified. Once the dates are confirmed, appropriate venues will be selected. Meetings will be held in a hybrid format, accommodating both in-person attendance and participation via MS Teams.

Table 3 – Proposed Finance, Audit and Performance Committee Meeting Dates

Date	Time
Wednesday 03 June 2026	1400 – 1700
Wednesday 02 September 2026	1400 – 1700
Wednesday 04 November 2026	1400 – 1700
Wednesday 24 February 2027	1400 – 1700

3.2. Board members are asked to approve the proposed dates for Finance, Audit and Performance Committee in table 3.

4. Proposed 2026 / 2027 Strategic Planning Group Dates

4.1. The Integration Joint Board is asked to approve the proposed Strategic Planning Group meeting dates in table 4 for the year 2026 / 2027. Once the dates are confirmed, appropriate venues will be selected. Meetings will be held in a hybrid format, accommodating both in-person attendance and participation via MS Teams.

Table 4 – Proposed Strategic Planning Group Meeting Dates

Date	Time
Wednesday 22 July 2026	1400 – 1600
Wednesday 21 October 2026	1400 – 1600
Wednesday 09 December 2026	1400 – 1600
Wednesday 03 March 2027	1400 – 1600

5. Conclusions

5.1. The above proposals will allow Integration Joint Board, Finance, Audit and Performance Committee, and Strategic Planning Group members to robustly discuss business, take decisions, agree Directions and influence policy (where required).

6. Appendices

None.

Fit with Strategic Priorities:	
Care Closer to Home	☐
Primary Care Transformation	☐
Caring, Connected Communities	☐
Mental Health	☐
Supporting people living with Dementia	☐
Alcohol and Drugs	☐
Enabling Activities	
Technology Enabled Care	☐
Workforce Planning and Development	☐
Housing and Adaptations	☐
Infrastructure	☐
Implications	
Finance:	Financial and performance reporting as well as reporting on the Delivery Plan will be key features of the reporting to the IJB and Committees.
Other Resources:	Time commitment from Board members to prepare for and attend the meetings. Officer and support services resources in preparation and consultation on business brought forward.

Legal:	Will provide the IJB and Committee with an opportunity to discuss business, take decisions, agree direction and influence policy (where required).
Risk & mitigation:	The proposed schedule is significantly more comprehensive and complex than has been previously in place, and aligns to wider statutory reporting into both Councils and NHS Board as well as Community Planning structures.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 20

Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	Judy Stein, Interim Head of Community Health and Care
Author	David Niven, Adult Social Care Portfolio Lead, Stirling Council
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	This report provides an update on progress since the last IJB report on 24 September 25 with respect to the development of a Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling.

Recommendations:	The Integration Joint Board is asked to: 1) Note the progress that has been made with the recent completion of the planned six-week stakeholder engagement process. 2) Note the intention to complete the work required to present a consultation 'responses' report and a comprehensive IJB report for decision with directions to the next appropriate IJB meeting.

Key issues and risks:	*An issue should be noted about the unachievable nature of the expected 25/26 savings in the Delivery Plan relating to bed based respite provision because the time required to initiate change will be greater than that available during the remainder of the financial year. There is a risk that HSCP bed based respite staff wellbeing is affected by the extended period required to complete the IJB report for decision with direction.*

1. Background

1.1. The Planned Bed Based Respite Working Group was established during the summer of 2025 with the aim of reviewing and considering how the current residential respite provision across Clackmannanshire & Stirling works and whether there are opportunities to improve the service in line with Self-directed Support legislation and the recently adopted HSCP Carers Short Breaks Service Statement.

2. Update

2.1. Since the last IJB report on the 24 September 2025, the Planned Bed Based Respite Working Group has completed the specification of a set of potential future options for planned bed based respite throughout Clackmannanshire & Stirling. The future options were reviewed and approved by the HSCP Senior Leadership Team (SLT) before wider circulation and are attached to this report as Appendix 1.

2.2. From Wednesday 1 October 2025 to Wednesday 12 November 25, the Planned Bed Based Respite Working Group conducted a six-week period of stakeholder engagement in the form of consultation. The consultation on the Future Model of Planned Bed Based Respite Throughout Clackmannanshire & Stirling was largely focussed on the options detailed within Appendix 1, and recognised that there is an inconsistent respite landscape across Clackmannanshire and Stirling which is not always as carer focused as it should be.

2.3. A total of eight consultation events attended by 48 people were conducted with a variety of groups including key stakeholder group meetings and 'open to all' events across a number of mediums. This included in person meetings at a number of locations, online events, and self-service online via the HSCP Citizen Space portal (where all documents shared at meetings were also available). A consultation 'process' report has been produced and is attached as Appendix 2.

2.4. Appendix 2 contains the following documents:

2.4.1. A consultation overview document used to aid communications about the consultation and to 'get the word out'.
2.4.2. The slides presented at each consultation event to provide information, structure, and consistency to each meeting.
2.4.3. The consultation questions which were discussed at the events and which formed the core of the online survey hosted on the HSCP Citizen Space online portal, and
2.4.4. A summary document noting when and where the consultation events were held and the numbers of people and colleagues participating at each meeting.

2.5. The Planned Bed Based Respite Working Group had set itself a very ambitious target of being able to complete the consultation 'responses' report and an IJB report for decision with directions within the one-week period from the end of the consultation process to the final IJB reporting deadline of 19 November 2025. Unfortunately, this timeline has proven to be too ambitious for all of the associated elements to be completed. The work required including the consultation 'responses' report and the IJB report for decision with direction will be completed over the coming period and will be brought to the next appropriate IJB meeting.

3. Conclusions

3.1. The six-week stakeholder engagement in the form of consultation process on the future model of bed based respite throughout Clackmannanshire & Stirling has recently been completed.

3.2. Further time is required to complete the consultation 'responses' report and the associated elements required to complete the expected IJB report for decision with directions.

3.3. Once completed the consultation 'responses' report and the IJB report for decision with directions will be presented to the IJB.

4. Appendices

Appendix 1: FMPBBR Future Options Grid
Appendix 2: FMPBBR Consultation 'Process' Report

Fit with Strategic Priorities:	
Prevention and Early Intervention	☐
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☒
Data and Performance	☐
Communication and Engagement	☐

Implications	
Finance:	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. 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. The priority of this work is to ensure that the future model of planned bed based respite is more appropriate (offering increased independence, flexibility, choice and control) for more carers and supported people than the current model. The HSCP is keen to ensure that as many carers as possible are supported appropriately to continue in their caring roles for as long as possible because any failure to do so would have substantial financial and resource implications on services due to the replacement care that would then be required. The further work required, detailed above, will require to incorporate an assessment of the financial implications of the preferred option.

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 next report to the IJB for decision with direction prior to any implementation.
Legal:	This will aid compliance with relevant requirements within the Carers Act.
Risk & mitigation:	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. Risk and mitigation will be monitored and overseen by the Bed Based Respite Working Group.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Health & Social Care Partnership

Future Model of Planned Bed Based Respite - Working Group

Options for the Future Model of Planned Bed Based Respite Throughout Clackmannanshire & Stirling

V0.7 - 1 Oct 25

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
Description of Option:	• Continue current 4 bed residential care level bed based respite service at Ludgate House Centre while undertaking required periodic upgrades and rolling maintenance. • There is only a £65k Clackmannanshire respite/short breaks budget while in Stirling there is £603k (25/26 figures). • Continue with single block booked nursing	• As with Option 1 but the 4 bed residential care level bed based respite service at Ludgate House Centre would be actively open to be booked by Stirling residents for respite as well as Clackmannanshire residents. • When Stirling residents book respite at Ludgate the Stirling respite/short breaks budget would pay into	• Decommission the 4 bed residential care level bed based respite service at Ludgate House Centre and use the funding released to: 1) Commission nursing care level bed based respite from the local care home market. 2) Establish the necessary Clackmannanshire respite/short	• As per Option 3 plus: • 1) the decommissioning of the residential care provided at Ludgate House Centre, and • 2) work with the HSCP Senior Leadership Team to continue to develop the Intermediate Care model that focusses on

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
	care level respite bed at Annfield House in Stirling. • Continue to use the Stirling respite budget to: 1) Fund flexible short breaks of all varieties that provide those carers with assessed needs, the choice and control to meet their respite outcomes, and 2) Purchase short notice (only 2 weeks in advance) nursing care level bed based respite within local care homes that have the capacity and chose to accept the commission on a case by case basis.	the Clackmannanshire respite/short breaks budget. • The Clackmannanshire respite budget would in turn be used to offer a greater diversity of short breaks to carers with assessed needs in Clackmannanshire. • The existing Annfield House nursing care level bed based respite would also be open to Clackmannanshire carers that have appropriate assessed needs. Reciprocal payments, similar to those noted for Stirling residents' use of Ludgate above, would be payable into the Stirling respite budget.	breaks budget to offer a greater diversity of short breaks to carers in Clackmannanshire. 3) Contribute to the required 2025/26 HSCP savings targets.	optimising independence, personal outcomes for carers & cared for people, and equality of access based upon assessed need and demand. Delivered from CCHC. • This Option will be developed further in collaboration with the staff, supported people, carers and HSCP SLT during October '25. Both the engagement responses and the developing Option 3+ proposals will inform the report and recommendations

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
				to the IJB in Nov ’25.
Remaining Beds at Ludgate House Centre	Continue with the 6 x Short Term Assessment (STA) beds at Ludgate House Centre pending HSCP management decision on the Rationalisation of Beds Across the Clackmannanshire and Stirling System.			
Likely Service Outcome	Maintenance of current quality and distribution of bed based respite. This means that many carers in Stirling will be unable to book respite more than two weeks in advance, while there will remain a healthy respite/short breaks budget with which to fund a diversity of alternative short breaks and greater levels of choice and control for carers and supported people throughout Stirling. In Clackmannanshire, bed based respite will be limited to the four Ludgate residential care level respite beds with a very small	Maintenance of current quality and distribution of bed based respite but in this option carers can access bed based respite wherever they chose across Clackmannanshire & Stirling within the existing provision and commissioning arrangements (4 beds at Ludgate, the Annfield bed and whatever short notice bookings can be secured from the local care home market). The Clackmannanshire respite/short breaks budget is likely to be enhanced as a result of payments received for	Bed based respite will undergo new commissioning arrangements. This is likely to lead to 3 nursing care level bed based respite beds being contracted from the local care home market in Clackmannanshire along with 3 in Stirling. This capacity is based on analysis of current demand. There would be open access to all nursing care level bed based respite for carers with assed needs resident in Clackmannanshire & Stirling. This would enable the current usage	As per Option 3 plus the intermediate care model delivered from a much better environment at CCHC which optimises independence and the use of personal and community assets, is outcomes focused, and enables choice and control for carers and cared for people.

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
	budget available to provide a diversity of alternative short breaks and greater levels of choice and control for carers and supported people.	Stirling residents use of Ludgate residential care level bed based respite. The Stirling respite/short breaks budget is likely to reduce as a result of payments made for residential care level bed based respite at Ludgate.	of bed based respite at Ludgate to be covered and increase the ability to book bed based respite more than two weeks in advance in Stirling from 1 bed to 3. In addition, there would also be an enhanced respite/short breaks budget in Clackmannanshire. The existing budget in Stirling would remain available (less the cost of the additional nursing level care beds commissioned in Stirling), to fund a diversity of alternative short breaks and greater levels of choice and control for carers and supported people.	

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
Short Breaks Budget	Sufficient short breaks budget is in place in both Clackmannanshire & Stirling. Budget can be used to fund alternatives to traditional bed based respite when enabling carers with an assessed need to have a break. Some examples of the types of alternatives to bed based respite are: • Overnight Care at Home (for the cared for person) enabling the carer to be away • Shared Lives (requires commissioning and infrastructure which is being established) where the cared for person builds a relationship with approved carers who are happy to have them to stay within their home, and share their lives, while the carer has a break • Holidays/trips/breaks where both the Carer and the Cared for Person can enjoy a break together • Overnight short breaks for the carer whereby the cared for person stays within a care home near to where the carer is so that regular contact can be maintained			
Cost Factors.	Clackmannanshire - current Ludgate residential care level bed based respite costs are much higher than the national care home contract (NCHC) rate. Ludgate costs currently run at approximately 2 times NCHC rates. Stirling – Nursing care level bed based respite is commissioned at the NCHC rate.	Clackmannanshire - current Ludgate residential care level bed based respite costs are much higher than the national care home contract (NCHC) rate. Ludgate costs currently run at approximately 2 times NCHC rates. Stirling – Nursing care level bed based respite is commissioned at the NCHC rate.	Clackmannanshire - significant reduction in costs due to nursing care level bed based respite commissioned under this option expected to be at national care home contract (NCHC) rate. The NCHC is currently approximately half that of the Ludgate costs. Within the cost reduction noted above there is likely to be a significant	Option 3 plus further work is required to specify the risk implications of the additional elements of this option which will be updated as the development work progresses.

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
	This option would not incur any additional running costs though there may be ongoing upgrade and maintenance costs for the Ludgate building and equipment within.	This option would not incur any additional running costs though there may be ongoing upgrade and maintenance costs for the Ludgate building and equipment within. **Please note that likely charges for Ludgate residential care level bed based respite are approximately double those currently paid by Stirling for nursing care level bed based respite. This option would reduce the overall quantity of care that could be provided by the Stirling respite/short breaks budget while increasing the Clackmannanshire respite/short breaks budget.	reduction in workforce costs due to leavers, moving to new posts under different budgets, redeployment. There is also likely to be cost savings/avoidance for capital/maintenance costs at Ludgate House Centre. This option is likely to be cost neutral in Stirling because nursing care level bed based respite is already purchased at the NCHC rate.	

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
Practical Cost Estimates for Respite Component (4 beds) at Ludgate House Centre & Stirling Respite/Short Breaks Budget. **Based on Whole Year Effects**	Ludgate House actual HSCP costs for 25/26 forecast (excluding senior management and non HSCP costs) = £2,129/respite bed/week. **Annual cost to HSCP 25/26 forecast 4 x Ludgate Respite Beds = £442,857** **Annual cost to HSCP 25/26 forecast Clacks Short Breaks Budget = £65,000** Stirling Nursing Care Level Bed Based Respite costs for 25/26 actual (at NCHC Rate) = £1013.05/respite bed/week. **Annual cost to HSCP 25/26 forecast Stirling Short Breaks Budget (including Annfield Bed) = £603,000**	Ludgate House actual HSCP costs for 25/26 forecast (excluding senior management and non HSCP costs) = £2,129/respite bed/week. **Annual cost to HSCP 25/26 forecast 4 x Ludgate Respite Beds = £442,857** **Annual cost to HSCP 25/26 forecast Clacks Short Breaks Budget = £65,000** Stirling Nursing Care Level Bed Based Respite costs for 25/26 actual (at NCHC Rate) = £1013.05/respite bed/week. **Annual cost to HSCP 25/26 forecast Stirling Short Breaks Budget (including Annfield Bed) = £603,000**	**Clackmannanshire** 3 x Commissioned Nursing Care Level Bed Based Respite beds at NCHC rate of £1,013.05/bed/week **Annual NCHC cost to HSCP for 3 Clacks Nursing Care Level Respite Beds = £158,036** **Annual cost to HSCP 25/26 forecast Existing Clacks Short Breaks Budget = £65,000** **Annual cost to HSCP 25/26 forecast Increase (released from decommissioning 4 x Ludgate Respite Beds) to Clacks Short Breaks Budget = £136,821** **25/26 Savings (also released from**	Option 3 plus tbc

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
	Total Currently Identified Annual Costs to HSCP = £1,110,857 Further year costs to HSCP £1,110,857 + uplifts	**Total Currently Identified Annual Costs to HSCP = £1,110,857** However, higher costs of care at Ludgate will result in a transfer of budget and purchasing power from Stirling to Clackmannanshire. Further year costs to HSCP £1,110,857 + uplifts	**decommissioning 4 x Ludgate Respite Beds) as per HSCP Delivery Plan = £148,000** **Stirling** 3 x Commissioned Nursing Care Level Bed Based Respite beds at NCHC rate of £1,013.05/bed/week – this will be met from Stirling respite/short breaks budget **Annual NCHC cost to HSCP for 3 Stirling Nursing Care Level Respite Beds = £158,036** **Remainder Annual cost to HSCP 25/26 forecast Stirling Short Breaks Budget = £444,964**	

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
			Total Currently Identified Annual Costs to HSCP = £962,857 The figure above includes a £136,821 increase to the existing Clacks Respite/Short Breaks Budget of £65k so many more carer centred and varied short breaks can be funded in addition to access to 3 commissioned nursing care level respite beds for residents of Clackmannanshire. **Total 25/26 HSCP Delivery Plan Saving of £148,000**	
Benefits	Local service retained. No work to implement change required.	A 'once for Clackmannanshire & Stirling approach' and suite of options is available to everyone, and existing	Cost effective approach. Much more respite and short breaks can be provided, savings target can be realised, and	Option 3 plus Local service improved with long-term future.

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
		assets (human, physical, and financial) are maximised across Clackmannanshire & Stirling.	much more carer choice and control can be enabled. Nursing care level needs can be easily met.	
Risks	Lack of Clackmannanshire respite/short breaks budget to enable a variety of short breaks options to be offered and therefore no choice and control for carers and supported people. High cost of bed based respite per night at Ludgate. Lack of nursing level bed based respite care in Clackmannanshire.	Providing bed based respite via Ludgate House Centre is still a high cost/ financially inefficient service and it does not meet nursing care level needs.	Ludgate bed based respite workforce may become subject to Clackmannanshire Council Organisational Change Protocol.	As per Option 3 plus further risk analysis based on development work during October 25.
Time to Deliver	Ongoing	3 months from 1 Dec 25	6 months from 1 Dec 25	6 months from 1 Dec 25
Post engagement summary notes on				

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
options from Residents/Families/Carers				
Post engagement summary notes on options from TU's & Workforce				
Recommendation – (choose from Possible, Preferred, or Discounted)				

Appendix 2.1

Clackmannanshire & Stirling Health & Social Care Partnership

Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling

Engagement – Weds 1 Oct '25 to Weds 12 Nov '25

The Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) have established an officer working group to explore and make recommendations to the Senior Leadership Team and the Integration Joint Board (IJB) on the Future Model of Planned Bed Based Respite throughout the HSCP area.

In March 2025 the IJB approved the Clackmannanshire & Stirling Carers Short Breaks Services Statement. This document recognises carers' entitlement to an assessment of their needs. In some cases carer needs will include overnight respite care for the cared for person to give the carer a break. The Clackmannanshire & Stirling HSCP recognise that there is an inconsistent respite landscape across the HSCP area which is not always as carer focused as it should be.

The Short Breaks Services Statement can be accessed on the HSCP website at the following link HSCP Short Breaks Statement.

The Future Model of Planned Bed based Respite Working Group (the working group) seeks to understand the current provision of bed based respite and to consider what future options might be. Following initial enquiries and data analysis the working group have produced a set of draft future options.

The working group are now keen to conduct a period of engagement in the form of consultation on the draft future options over the six week period from Weds 1 Oct '25 to Weds 12 Nov '25.

A series of in person and online meetings have been arranged and throughout the consultation period all of the information is also available on the HSCP Citizen Space webpage. Also, within Citizen Space any interested party can record their answers to the consultation questions and everyone is encouraged to do so.

Planned Meetings, Dates, Times, Locations – and target audience

Weds 1 Oct 25 – 2pm-4pm Ludgate Centre – Ludgate Staff Meeting **(staff only)**

Thurs 2 Oct 25 – 10am-noon Ludgate Centre – Ludgate Staff Meeting **(staff only)**

Tues 7 Oct 25 – 1:30pm-3pm Alloa Town Hall, Alloa, FK10 1AB – Ludgate Service Users & Carers Meeting **(by invitation to current service users and carers only)**

Weds 8 Oct 25 – 1.30pm-3pm Carseview House, Stirling, FK9 4SW – **In Person** Carers Meeting **(Open to all)**

Thurs 9 Oct 25 – 1.30pm-3pm Alloa Town Hall, Alloa, FK10 1AB – **In Person** Carers Meeting **(Open to all)**

Tues 21 Oct 25 – 7pm-8:30pm **Online** – Carers Meeting **(Open to all)** **Link to join the meeting**. Meeting ID: 316 381 298 019 2 Passcode: BQ6X49iE

Mon 27 Oct 25 – 7pm-8:30pm **Online** – Carers Meeting **(Open to all)** **Link to join the meeting**. Meeting ID: 383 664 213 568 Passcode: e9Zm2v45

Thurs 30 Oct 25 – 3-4pm – **Online** Wider HSCP **Staff Online Meeting –** diary invite will be circulated directly to staff

W/c 27 Oct and w/c 3 Nov 25 – Any further meetings identified as necessary during process.

Following the consultation process the results of the analysis of the responses received will be incorporated into a recommendations report that will go to the HSCP Senior Leadership Team for their consideration and recommendation on to the Integration Joint Board for decision.

The Clackmannanshire & Stirling HSCP encourage all interested parties to take part in the Future Model of Bed Based Respite consultation by attending either an in person or online meeting and submitting your thoughts and views via the online questionnaire available on Citizen Space.

Citizen Space URL: https://cshscp.citizenspace.com/planning/bed-based-respite-consultation/

Appendix 2.2

Clackmannanshire & Stirling
Health & Social Care Partnership

Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling

Weds 1 October ’25 to Weds 12 November ‘25

All Stakeholder Engagement Events

Web: clacksandstirlinghscp.org

Stakeholder Event Meetings:

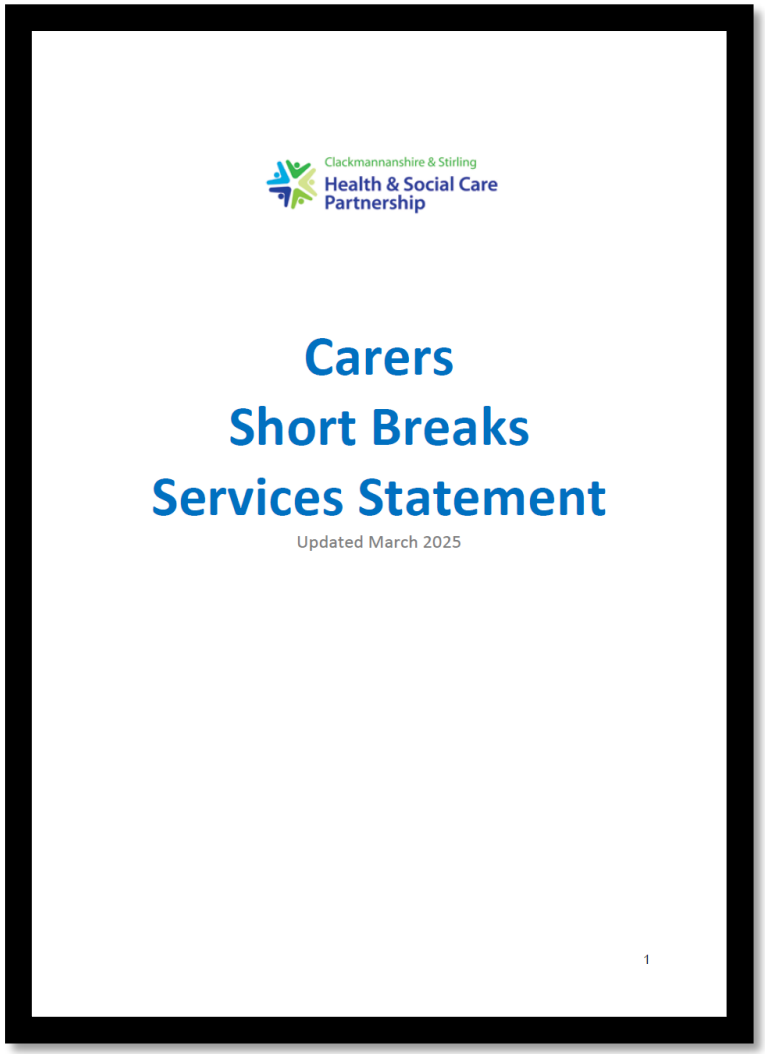
Agenda:

- **Welcome & Introductions** – J Stein/R Sinclair/J Baird
- **Context to Engagement** – J Stein/R Sinclair/J Baird
- **Carers & Respite/Short Breaks** – J Stein/R Sinclair/J Baird
- **Key Points of this Engagement** – J Stein/R Sinclair/J Baird
- **Ludgate House Respite Options** – D Niven
- **Engagement Timescales** – D Niven
- **Overall Timescales** – D Niven
- **Feedback & Consultation Questions** – All

Context to Engagement.

- The Future Model of Planned Bed Based Respite Working Group was established during the summer of 2025 at the request of the HSCP Senior Leadership Team (SLT). It is chaired by Judy Stein, Interim Head of Community Health & Care.
- The working group have been tasked with looking into Planned Bed Based Respite Provision across Clackmannanshire & Stirling and identifying options for improving the service.
- Decisions have not yet been made about the future of the service
- Any decisions will be made via the SLT and Integration Joint Board (IJB)
- A 6 week consultation process is now underway – requesting feedback on the options identified
- A report with recommendations will be taken to the 26 Nov 25 IJB meeting

Carers & Respite/Short Breaks.



- Short Breaks Services Statement approved by IJB in March ‘25
- Respite/short breaks provision is based on social work assessed need
- Short Breaks Budget can be used to fund both traditional bed based respite and alternatives e.g.
  - Overnight Care at Home
  - Shared Lives (infrastructure is in development)
  - Holidays/trips/breaks where both the Carer and the Cared for Person can enjoy a break together
  - Overnight short breaks for the carer where the cared for person stays within a care home near to where the carer is, so that regular contact can be maintained

Key Points of this Engagement:

- **The focus is on the Future Model of Planned Bed Based Respite**
- **Respite/Short Breaks for carers is supported through Carers Act**
- **Carers with assessed need are entitled to choice and control through Self-directed Support Act**
- **Current Bed Based Respite provision is very different in Clackmannanshire and Stirling and a more consistent carer centred approach is required**
- **This engagement process is not about Emergency Care, Short Term Assessment, or Intermediate care beds.**

Planned Bed Based Respite Options:

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
Description of Option:	• Continue current 4 bed residential care level bed based respite service at Ludgate House Centre while undertaking required periodic upgrades and rolling maintenance. • There is only a £65k Clackmannanshire respite/short breaks budget while in Stirling there is £603k (25/26 figures). • Continue with single block booked nursing care level respite bed at Annfield House in Stirling. • Continue to use the Stirling respite budget to: 1) Fund flexible short breaks of all varieties that provide those carers with assessed needs, the choice and control to meet their respite outcomes, and 2) Purchase short notice (only 2 weeks in advance) nursing care level bed based respite within local care homes that have the capacity and chose to accept the commission on a case by case basis.	• As with Option 1 but the 4 bed residential care level bed based respite service at Ludgate House Centre would be actively open to be booked by Stirling residents for respite as well as Clackmannanshire residents. • When Stirling residents book respite at Ludgate the Stirling respite/short breaks budget would pay into the Clackmannanshire respite/short breaks budget. • The Clackmannanshire respite budget would in turn be used to offer a greater diversity of short breaks to carers with assessed needs in Clackmannanshire. • The existing Annfield House nursing care level bed based respite would also be open to Clackmannanshire carers that have appropriate assessed needs. Reciprocal payments, similar to those noted for Stirling residents' use of Ludgate above, would be payable into the Stirling respite budget.	• Decommission the 4 bed residential care level bed based respite service at Ludgate House Centre and use the funding released to: • 1) Commission nursing care level bed based respite from the local care home market. • 2)Establish the necessary Clackmannanshire respite/short breaks budget to offer a greater diversity of short breaks to carers in Clackmannanshire. • 3)Contribute to the required 2025/26 HSCP savings targets.	• As per Option 3 plus: • 1) the decommissioning of the residential care provided at Ludgate House Centre, and • 2) work with the HSCP Senior Leadership Team to continue to develop the Intermediate Care model that focusses on optimising independence, personal outcomes for carers & cared for people, and equality of access based upon assessed need and demand. Delivered from CCHC. • This Option will be developed further in collaboration with the staff, supported people, carers and HSCP SLT during October '25. Both the engagement responses and the developing Option 3+ proposals will inform the report and recommendations to the IJB in Nov '25.

Engagement Timescales:

Bed Based Respite Options Consultation Timeline: 1st October – 12 November

Meetings	Week 1 1st – 3rd Oct	Week 2 6th – 10th Oct	Week 3 13th-17th	Week 4 20th-24th Oct	Week 5 27th– 31st Oct	Week 6 3rd – 7th Nov	Analysis 10th – 14th Nov
Workforce Meeting 1	Wed 1st 2-4pm Ludgate Resource Centre – JS						Analysis and reporting from responses
Workforce Meeting 2	Thurs 2nd 10am-12pm Ludgate Resource Centre – JS						
In person Ludgate service users meeting		Tues 7th 1.30-3pm Alloa Town Hall - RS					
In Person Carers Meeting (Stirling)		Wed 8th 1.30-3pm Carseview House - RS					
In Person Carers Meeting (Clacks)		Thurs 9th 1.30-3pm Alloa Tow Hall-WF					
Online Carers Meeting 1				Tuesday 21st 7pm - JS			
Online Carers Meeting 2					Monday 27th 7pm – JS		
Online Consultation	Consultation questions open on Citizen Space 1 Oct – 12 Nov						

Overall Timescales:

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

Stakeholder Feedback:

- Open Discussion
- Consultation Questions on Citizen Space – link to follow
  - What matters to you about Planned Bed Based Respite in Clackmannanshire & Stirling?
  - What do you think about the proposed options for the Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling?
  - Is there anything else that you would like to say about Planned Bed Based Respite?
- Next Steps

And Finally…

Thank-you for you time and input today.

Appendix 2.3

Clackmannanshire & Stirling Health & Social Care Partnership

Future Model of Planned Bed Based Respite - Working Group

Tuesday 30 September 2025, 12:30 to 13:30pm

Via MS Teams

Draft Questions for use during 'Engagement in the form of consultation' and within associated Citizens Space.

Question 1 – What matters to you about Planned Bed Based Respite in Clackmannanshire & Stirling?

Question 2 – What do you think about the proposed options for the Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling?

Question 3 – Is there anything else that you would like to say about Planned Bed Based Respite?

End.

Summary of consultation participation on the Future Model of Planned Bed Based Respite in C&S HSCP – Consultation period 1st October – 12th November 2025

V0.3 16Nov25

Meetings held and attendance:

1st October Ludgate workforce meeting held at Ludgate Resource Centre – **8 staff**, 3 service TL/Managers, 1 HR Rep, 1 Unison rep, 1 GMB rep & 4 Consultation Staff (JS, RS, AH, DN).

2nd October Ludgate workforce meeting held at Ludgate Resource Centre – **4 staff**, 2 service TL/Managers, 1 HR Rep, 2 Unison reps, 1 GMB rep & 4 Consultation Staff (JS, RS, AH, DN).

7th October Ludgate service users meeting held at Alloa Town Hall – **7 service users**, 2 service TL/Managers, 1 Carers Lead, & 4 Consultation Staff (RS, JB, AH, DN).

8th October Stirling Carers in person meeting held at Carseview House – **no attendees**, 1 service TL/Managers, 1 Carers Lead, & 4 Consultation Staff (RS, JB, AH, DN).

9th October Alloa Carers in person meeting held at Alloa Town Hall – **6 attendees** (including 2 carers centre representatives), 2 service TL/Managers, 1 Carers Lead, & 3 Consultation Staff (JB, AH, DN).

21st October 7-8.30pm Online carers meeting – **2 attendees** & 4 Consultation Staff (JS, RS, AH, DN).

27th October 7-8.30pm Online carers meeting – **2 attendees** & 3 Consultation Staff (RS, AH, DN).

30th October wider online HSCP staff meeting – **19 attendees**, & 4 Consultation Staff (RS, JB, AH, DN).

Total of 48 consultees attended across 8 events.

Citizen Space – Online Survey Responses:

- **16 full responses completed (20 received)** - from 16 sources - 2 of which were groups of Ludgate staff.
- Survey was open until midnight on 12th November – link to Citizen Space is: Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling - Clackmannanshire & Stirling HSCP - Citizen Space

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

26 November 2025

Agenda Item 21

NHS Forth Valley's Population Health & Care Strategy 2025-2035

For Noting

Paper Approved for Submission by:	Joanna Macdonald, Interim Chief Officer
Paper presented by	David Munro, Senior Planning Manager, NHS Forth Valley
Author	David Munro, Senior Planning Manager, NHS Forth Valley
Exempt Report	No

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

Purpose of Report:	To present the Forth Valley Population Health & Care Strategy (2025 – 2035) for noting.

Recommendations:	The Integration Joint Board is asked to: 1) Note the content of the Forth Valley Population Health & Care Strategy (2025 – 2035), the feedback received during the engagement process, the national policy direction and the results of the equality impact assessment. 2) Consider any future implications.

Key issues and risks:	There is no specific risk in respect of the Strategy. However, a risk assessment of health inequalities was undertaken, which identified a strategic risk associated with health inequalities. Publication and implementation of the NHS Forth Population Health and Care Strategy (2025-2035) are mitigating factors associated with the health inequalities risk.

1. Background

1.1 The NHS Forth Valley Population Health and Care Strategy (2025-2035) sets out the long-term vision, aims and ambitions to help everyone lead longer, healthier lives. At its core, the Strategy aims to shift the focus from treating illness to preventing it – placing greater emphasis on early support, local services and working with partners to tackle some of the wider factors that influence health.

1.2 The Strategy aligns with the strategic plans of both local Health and Social Care Partnerships as well as national health plans.

1.3 The Forth Valley Population Health and Care Strategy was approved by the Forth Valley NHS Board on 30 September 2025. Following approval, the Strategy was shared with key stakeholders and published on the NHS Forth Valley website along with the EQIA, a summary of the engagement responses and how these were reflected within the final Strategy document and a 4 page summary version of the Strategy.

1.4 Implementation of the Strategy will be supported by work conducted through the NHS Forth Valley Programme Board structure and detailed delivery plans with governance through the Committee structure. The development of relevant performance frameworks will enable the monitoring of Strategy implementation. Plans will be adjusted to take account of any new or emerging issues over the next ten years.

2. Vision and Aims

2.1. **Vision:** As a population health organisation, NHS Forth Valley will work with partners to:

- Improve and protect the health and wellbeing of the whole population.
- Tackle health inequalities.
- Improve the way services and supports are developed and delivered.
- Deliver high value and sustainable health and care.

2.2. **Aims:** The key aims of the Forth Valley Population Health band Care Strategy are to:

- Invest in services and supports which prevent people from becoming unwell
- Provide support at an earlier stage to help people stay well for longer.
- Increase the range of services delivered in local communities, making it easier for people to get the help they need, closer to home.
- Improve the health and wellbeing of the whole population - not just existing patients.
- Work alongside local councils, charities, community organisations, carers and other partners to address the wider issues which contribute to poor health.
- Roll out a Value Based Health and Care approach to ensure we get the best possible value and health outcomes from the funding available
- Support and grow our workforce to meet current and future needs.

3. Key Elements of Becoming a Population Health Organisation

3.1. By preventing people from becoming unwell or providing support to those of you who are ill at an earlier stage, it means you can enjoy longer, healthier and happier lives. Reducing health and wellbeing inequalities also helps to ease pressures on health and care services. This will free up more resources to develop and improve services in the future. Investing in services which prevent ill health and deliver better health outcomes will help us to respond to future increases in demand, financial and workforce challenges, new technologies and procedures and new medicines.

3.2. The key elements in becoming a population health organisation are:

- Knowing our Population
- Preventing ill Health
- Working Collaboratively
- Delivering Care Closer to Home
- Ensuring Value Based Health and Care

- Supporting and Developing our Workforce

4. Engagement

4.1. The Strategy reflects the feedback and priorities gathered from local people, patients, staff, community groups, voluntary and partner organisations over the last two years. The draft Forth Valley Population Health and Care Strategy and Engagement Plan were approved by the NHS Board on 29 April 2025. A period of engagement took place between 1 May and 15 June 2025. A summary of the engagement activity is detailed in Appendix 3.

5. Conclusions

5.1. NHS Forth Valley aims to become a population health organisation.

5.2. The Forth Valley Population Health and Care Strategy prioritises prevention over treatment, early support, and community-based services, working collaboratively with partners.

5.3. The Forth Valley Population Health and Care Strategy reflects the input from local people, staff, community groups, and partner organisations gathered over two years.

5.4. A formal engagement period ran from 1 May to 15 June 2025, shaping the final document.

5.5. The Forth Valley Population Health and Care Strategy was formally approved by the NHS Forth Valley Board on 30 September 2025.

5.6. The strategy is now publicly available along with supporting documents such as the EQIA, engagement summary, and a 4-page summary version.

5.7. Implementation of the Strategy will be supported by work conducted through the NHS Forth Valley Programme Board structure.

5.8. Delivery plans will be developed and implementation monitored through the appropriate performance frameworks.

6. Appendices

Appendix 1 – FV Population Health & Care Strategy
Appendix 2 – FV Population Health & Care Strategy EQIA
Appendix 3 – FV Engagement Summary
Appendix 4 – Summary version of the FV Population Health & Care Strategy

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐

Implications	
Finance:	**Financial and Infrastructure Implications** Whilst there are no financial implications associated with developing the Population Health and Care Strategy, there is input to the Strategy preparation, development and engagement in terms of a time commitment from senior leaders in Strategic Planning, Public Health, Patient Relations, HSCPs and other services and departments. Financial implications will be determined alongside implementation.
Other Resources:	**Workforce Implications** There are no workforce implications associated with developing the Population Health and Care Strategy. These will be determined alongside implementation.
Legal:	n/a
Risk & mitigation:	There is no specific risk in respect of the Strategy. However, a risk assessment of health inequalities has been undertaken which identified a strategic risk associated with health inequalities. Publication and implementation of the NHS Forth Population Health and Care Strategy (2025-2035) are mitigating factors associated with the health inequalities risk.
Equality and Human Rights:	The content of this report **does** require an EQIA An EQIA was undertaken to shape the Strategy to ensure that equality has been considered at every step. It was informed by the national EQIA carried out on Scotland's Population Health Framework. As implementation plans are developed, individual EQIAs will be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design.
Data Protection:	The content of this report **does not** require a DPIA

Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment. These elements are covered by the EQIA document (attached).

Preventing Ill Health | Delivering Better Outcomes | Reducing Inequalities

Population Health and Care Strategy

2025 - 2035

NHS Forth Valley

Contents

Welcome

NHS Forth Valley is committed to improving the health and wellbeing of our population. Our vision is to become a population health organisation - helping people live longer, healthier lives, reducing inequalities, and delivering high-quality, sustainable services within available resources.

We know that health and wellbeing is shaped by more than healthcare services. Factors like where you live, your employment and income, housing, transport, and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important.

Scotland faces major health challenges. Life expectancy has stalled, and inequalities are widening. Demand for healthcare is expected to rise by 20% over the next decade, but resources will not grow at the same pace. To meet these challenges, we must change how we work.

This strategy marks a shift from treating illness to preventing it. We will focus on early intervention, reducing inequalities, and delivering care closer to home. We will invest in services that prevent ill health and deliver better outcomes, helping us respond to future pressures such as rising demand, financial constraints, workforce challenges, and advances in technology and medicine.

Supporting our workforce is central to our plans. We value our staff and contractors and we will aim to attract and retain a diverse workforce. We are committed to creating a culture that empowers staff to lead and shape the changes ahead.

We need to make a big change in how we work. Together, we will design services that meet local needs and focus our efforts where they make the biggest difference. This will help to reduce health inequalities, improve lives across Forth Valley, whilst making the best use of our available resources.

We are grateful to everyone who contributed to this Strategy. Your feedback shows strong support for a population health approach—especially around prevention, supporting carers, working with partners, and strengthening primary care. We also recognise the challenges involved in delivering reform and renewal. This Strategy aligns with national frameworks for population health and service renewal.

As we move forward, we will continue to engage with service users, communities, staff and partners on key service developments and changes. This Strategy outlines our vision, aims and ambitions. It will be supported by detailed implementation plans and annual delivery plans, with regular monitoring and updates to ensure we remain responsive to local and national priorities. We will regularly monitor progress and adjust these implementation plans to meet changing needs.

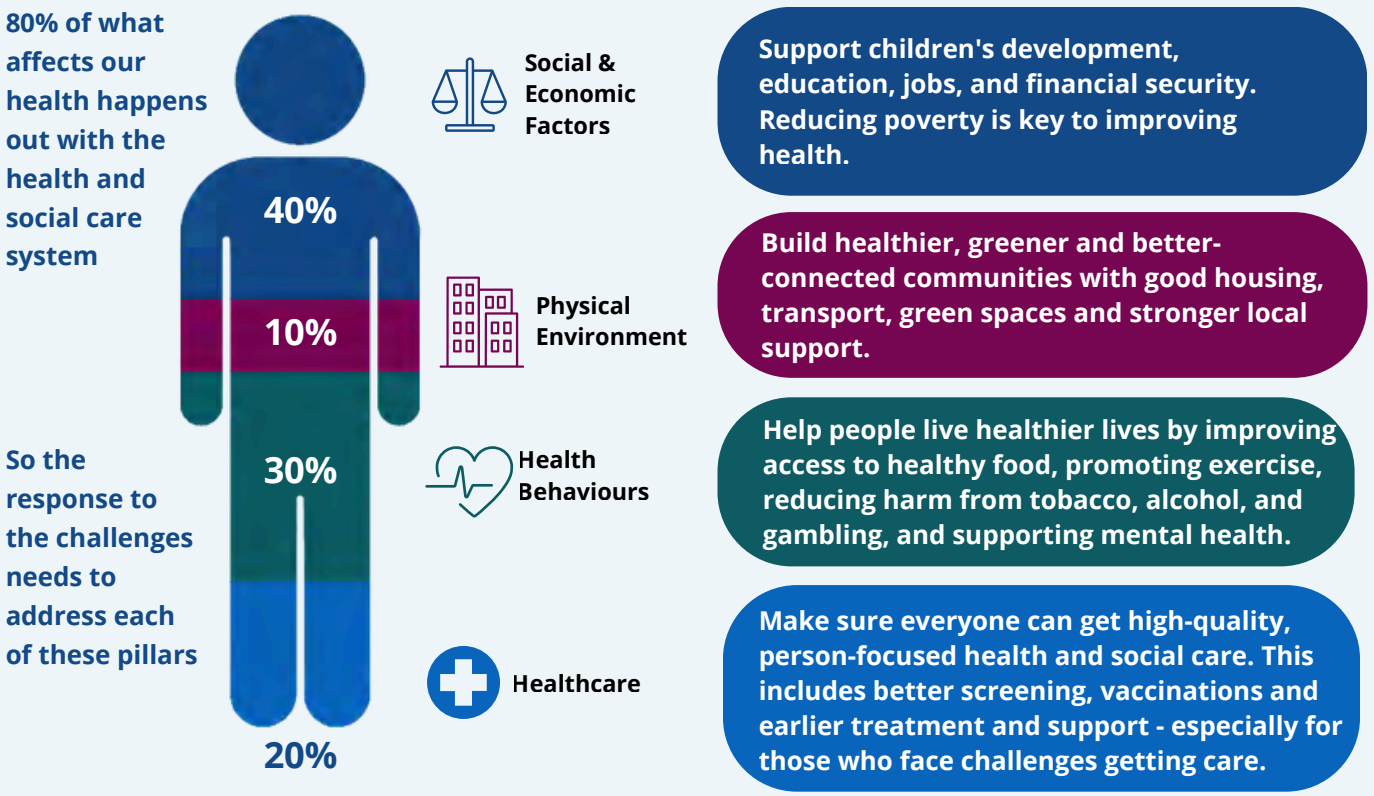
By working together, we can build a healthier, more equitable future for everyone in Forth Valley. We hope you will be part of it.

Ross McGuffie
Chief Executive
NHS Forth Valley

Neena Mahal
Chair
NHS Forth Valley

Population health is an approach aimed at improving the health of the people who live in Forth Valley. The health and care services we provide are only one part of what influences health and wellbeing. Where you live; your employment and income; housing and transport; and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important. The 'four pillars of health' show how these factors shape health inequalities. NHS Forth Valley wants to eliminate these unfair and avoidable differences in health across the area.

Four pillars of health



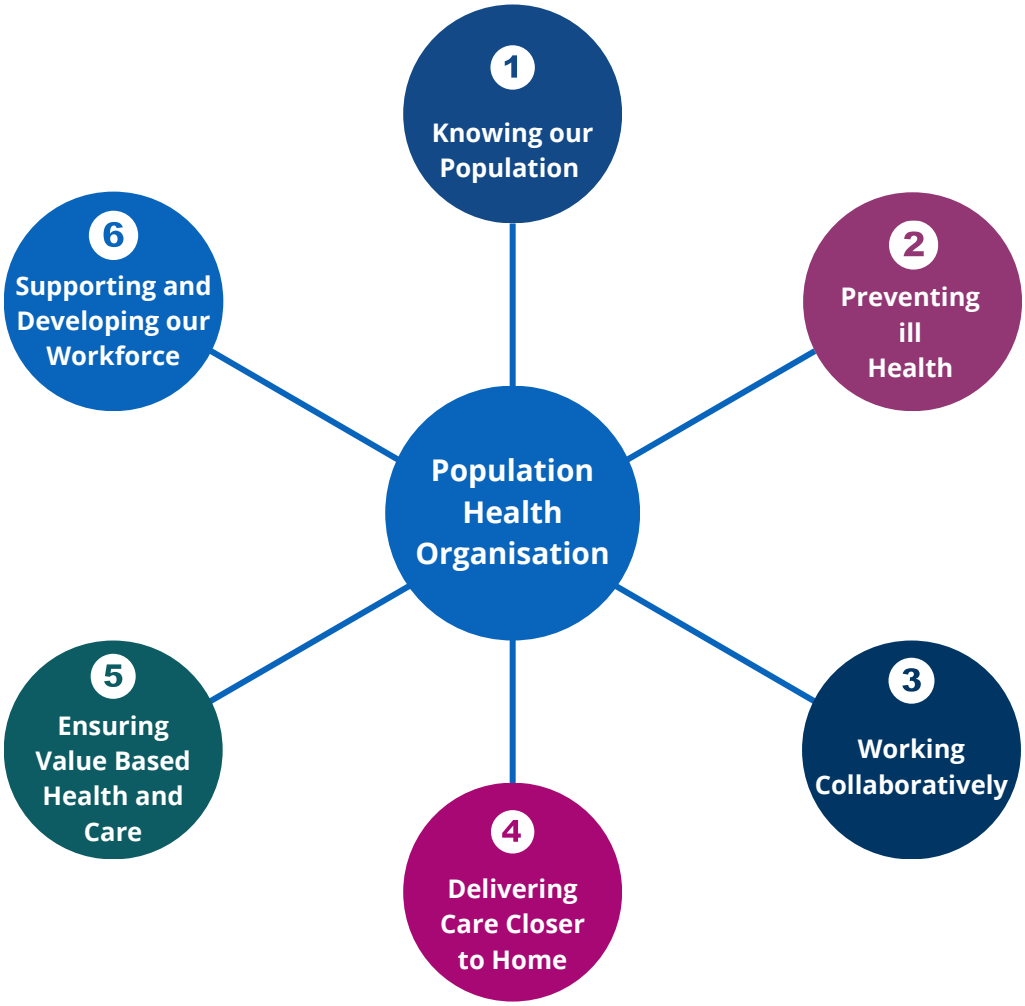
To eliminate health inequalities, it is our vision to become a population health organisation. A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.

As a population health organisation, NHS Forth Valley will work with our partners to:

- Improve and protect the health and wellbeing of the whole population.
- Tackle health inequalities.
- Improve the way services and supports are developed and delivered.
- Deliver high value and sustainable health and care.

By preventing people from becoming unwell or providing support to those of you who are ill at an earlier stage, it means you can enjoy longer, healthier and happier lives. Reducing health and wellbeing inequalities also helps to ease pressures on health and care services. This will free up more resources to develop and improve services in the future. Investing in services which prevent ill health and deliver better health outcomes will help us to respond to future increases in demand, financial and workforce challenges, new technologies and procedures and new medicines.

The key elements in becoming a population health organisation are outlined in the diagram below. These points are developed further within the rest of this Strategy document.



1 Knowing our Population

To be able to improve everyone's health, it is important that we understand the health needs of everybody who lives in Forth Valley. There are challenges we need to plan for and there are opportunities to explore, innovate and develop, to deliver modern services that meet the needs of our communities.

Our population is changing. We will have more elderly people and less people of working age across our communities. Many of our older population will live healthy, engaged and independent lives, supporting their families and communities. However, we also know that an aging population means we will have more people who need support with their health issues, have more than one long term health condition and have complex medical needs which will increase demands on our services.

What you shared with us

- You want to be more proactive in managing your own health and wellbeing, with the right information, support and input from health care professionals.
- You want more services to be in your local communities.
- You would like there to be greater availability of alternatives to attending a face-to-face appointment.
- You want to be regarded as experts in your own health and wellbeing.

Why is this Important?

There are challenges we need to plan for and opportunities to explore, to develop and improve our services for the whole of the Forth Valley population.

Our population is changing:

From 2018 to 2043, the Forth Valley population is projected to increase by 5.9% (from 306,070 to 324,159 people).

People aged over 75 are expected to increase by around 80% (from 25,262 to 45,211 people)

From 2018 to 2043, the number of children aged under 18 in Falkirk and Clackmannanshire is expected to reduce by 5.8% (from 57,300 to 54,000)

More people are experiencing poorer health. In Forth Valley, the evidence shows that since 2019:

People are dying younger and the number of people dying early is increasing

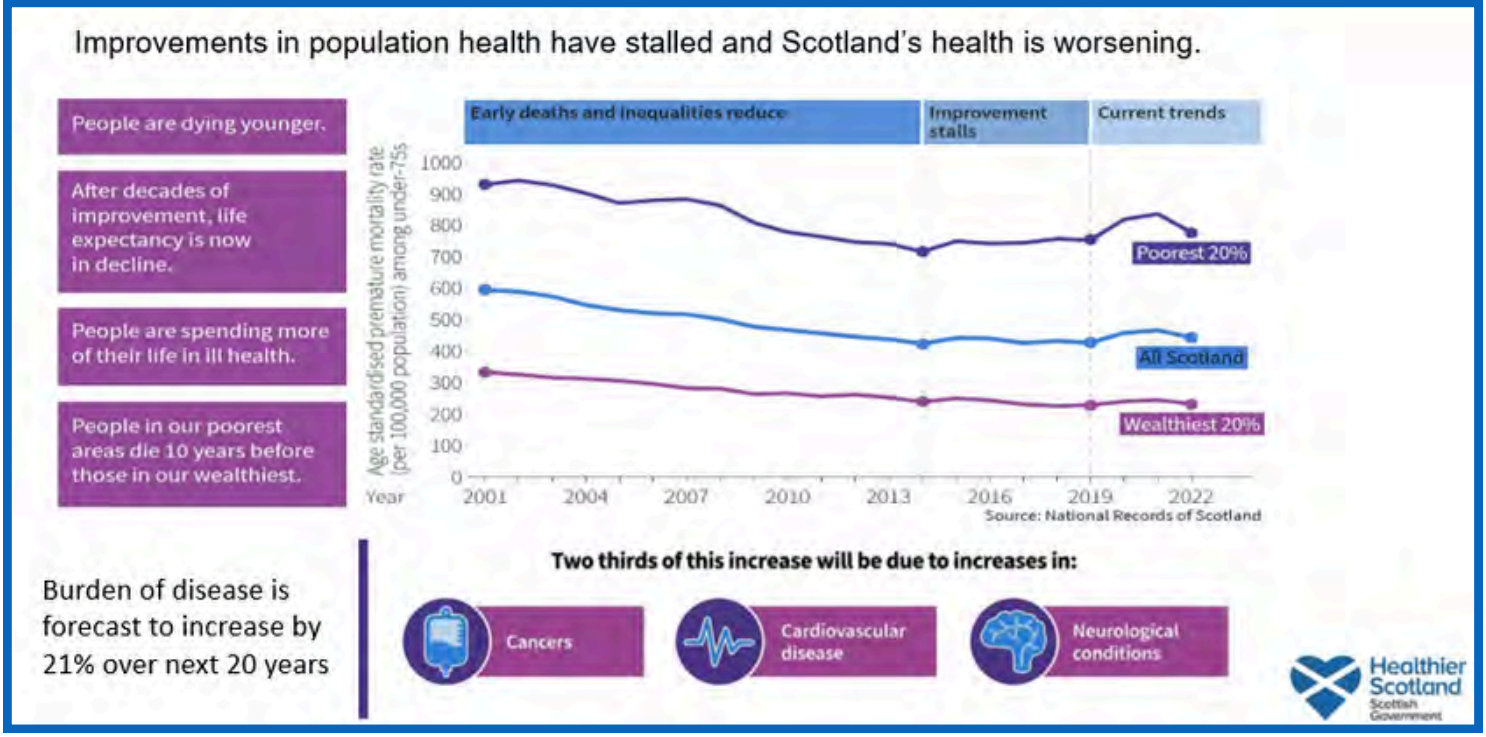
People are spending more of their life living with ill health

The gap in life expectancy between the poorest and wealthiest people is growing

There is a 24-year gap in the time spent in good health between the most affluent and most deprived areas

There will be a 21% increase in the number of people living with long term conditions between 2020 and 2043

Where are we now and where are we heading if nothing changes?



There are health inequalities across Forth Valley which impact on life expectancy and healthy life expectancy. Examples include:

In Clackmannanshire 38.8% of people living in the most deprived areas are out of work and on benefits compared to 27.9% living in the most deprived areas of Falkirk. In the least deprived areas, the percentage out of work on benefits is 7.6% for Clackmannanshire and 4.3% for Stirling.

Educational attainment is lowest for people living in the most deprived areas of Clackmannanshire and highest in the least deprived communities in Stirling.

The rate of child poverty is highest in the most deprived communities at 45.6% in Clackmannanshire, 38.2% in Falkirk and 32.9% in Stirling and between 6% and 10% in the least deprived communities across Forth Valley.

Approximately 6 in 10 people experience psychological trauma at some point in their lives. It is important we understand how this can affect people and make sure support is easy to find when it's needed. We will work to reduce barriers to care, support recovery and improve outcomes for people affected by psychological trauma.

We are creating detailed community profiles to better understand local needs and plan future services. These profiles will include data on:

- Long-term health conditions
- Age Profiles
- Access to personal transport
- Disabilities
- Proximity to health and care services
- wider factors like income, education, and employment.

Combined with health projections, this information will help us design sustainable services tailored to local communities.

Equality and Inclusion

We are committed to continuing our work to build an inclusive organisation where everyone is treated with dignity and respect and feels welcome, safe and supported, regardless of background or circumstance. We will take action to tackle inequalities, discrimination and stigma to ensure that NHS Forth Valley is a place where everyone feels included and valued. While our role as a population health organisation is to improve the health of our entire population, we recognise the need to reach out to those who face the greatest barriers to good health, ensuring they receive the additional support they need.

To do this, we will continue to work closely with our communities, our staff and our partners. By listening to the people we serve and work with, we can better understand their needs and make meaningful, lasting improvements.

We have carried out an Equality Impact Assessment (EQIA) to shape this Strategy to ensure that equality has been considered at every step. It has also been informed by the national EQIA carried out on Scotland's Population Health Framework. This means our future plans and actions will be designed to deliver meaningful change, supporting those most affected by inequalities and making our services more inclusive.

In addition, we are committed to meeting relevant legal obligations, including those set out in Fairer Scotland Duty (which considers socioeconomic inequalities) and the United Nations Convention on the Rights of the Child United (Scotland) Act 2024.

This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities. We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use. Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.

Our Ambitions – we will

1. Work closely with our local communities - listening to their experiences, understanding their needs, and using community profile data to develop targeted solutions that help reduce inequalities.

2. Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.

3. Work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.

4. Work with partners to set shared goals for improving community health, using data and research to guide planning and track progress

5. Check that future service delivery plans include and support all groups, especially those with protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion of belief; sex; sexual orientation).

6. Plan healthcare services based on what the population needs, not just on administrative boundaries, to make care fair and efficient.

7. Help to support better coordination in planning healthcare at national, regional, and local levels.

Preventing ill health is important for improving the health and wellbeing of the Forth Valley population. We want to empower and support people to take more control of their health and wellbeing, to avoid illness and manage health conditions more effectively. This will help to create a healthier population with fewer people requiring avoidable medical treatments or periods in hospital. This approach not only improves quality of life but also reduces the costs of health and social care significantly.

What you shared with us

- You highlighted the challenges you face in improving your health and wellbeing.
- You want to be fully involved in decisions around your treatment and care.
- You want to have the right information to manage your own health.
- You told us that early access to screening and early diagnosis is important.

- You recognised the health inequalities linked to where you live, your income, your age or your ethnicity.
- You emphasised the opportunities to promote wellbeing and healthier lifestyles in everything that we do, through more prevention and self-help activities.

Why is this important?

Prevention is one of the most effective ways to create value in health and care, improving quality of life while also reducing costs of healthcare. Examples include lifestyle advice and support to stop smoking, decrease alcohol intake, or increase the amount of exercise you take as well as support to help manage high blood pressure or cholesterol levels. Prevention can avoid health conditions from developing or becoming worse, avoid you losing your independence or ability to work due to ill health and help you live a longer, healthier life.

There are already many great examples of preventative actions that have helped to improve health and wellbeing, including vaccination programmes, national cancer screening programmes and work with our partners to improve social factors such as education and family income. These efforts have helped reduce the number of preventable deaths, such as from cancer and heart disease, but there are still many more each year that could be avoided.

Health and social care services are only one part of what affects your health and wellbeing, which is why it is so important that we work closely with our communities and our partners.

Only 5% of healthcare spend is currently focused on prevention. The cost of failing to put prevention first can be seen in the rising demand for health and social care but also impacts on other public services. That demand, however, is not shared equally across all groups. For example, conditions such as coronary heart disease, diabetes and stroke are among the biggest contributors to health inequalities, being responsible for around 20% of the difference in life expectancy between the most and least deprived communities.

Those with the greatest health needs often find it difficult to access the services and supports they require. For example, people who regularly miss healthcare appointments are known to be at risk of an earlier death. Improving healthcare access, experience, and outcomes for those that need it most can support people to live well longer, while reducing pressure on the health and care system and healthcare costs in the longer-term.

Only 5% of healthcare spend is focused on prevention

Coronary heart disease, diabetes and stroke are among the biggest contributors to health inequalities

Child Poverty

Local Child Poverty Action Reports are developed jointly between NHS and local councils to outline the steps we are taking to meet national child poverty targets. In 2024, 18,663 children in Forth Valley were living in low-income families. This highlights the urgent need for coordinated action. To address this, we are working closely with our partners to make reducing child poverty a core priority. Our efforts include improving financial wellbeing for pregnant women and their families, ensuring they have access to the support they need from the earliest stages. We are also increasing awareness and understanding among frontline health and social care staff, equipping them with the knowledge and tools to identify and respond to child poverty in their daily roles. In addition, we are supporting community wealth building activities that help retain and circulate resources locally.

Best Start Maternity and Neonatal Care

We are implementing Best Start - the national improvement plan for maternity and neonatal services. This aims to provide family-centred care, building strong family relationships to support confident and capable parenting. This will help to reduce inequalities and deprivation, supporting the best possible outcomes for mothers, babies and the wider family. Person-centred, safe and high-quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children, throughout their life.

Women's Health Plan

The national Women's Health Plan acknowledges that women face particular health inequalities and, in some cases, disadvantages because they are women. Women do not always receive equal healthcare to men and health outcomes are poorer for women than those for men for some conditions. NHS Forth Valley will continue to take action and make changes to improve women's health and reduce inequalities in health outcomes for girls and women, for sex-specific conditions and women's health in general.

Examples of preventative activity already underway

Type 2 diabetes prevention and early intervention - Healthier Future Team

Since 2015, the number of people with type 2 diabetes in Forth Valley has increased by 27%, (rising from 14,314 to 19,533 people). Type 2 diabetes is more common in people who are overweight or obese, people living in deprived areas, and is increasingly common as people get older. Type 2 diabetes can lead to poorer health and shorter life expectancy but is often preventable. Around 6.4% of the people in Forth Valley now have type 2 diabetes, and hospital admissions are rising. The type 2 diabetes Healthier Future Team promotes person-led care, helping people take control of their health through prevention, self-management, improved glucose control and support for disease remission. They work with partners to reach those people who are most at risk.

Hip fracture prevention

Hip fractures in older adults often lead to poor outcomes, with 27% dying, 16% admitted to hospital and 5% suffering another fracture within 12 months. Many individuals are unable to return to living independently and require additional social care support at home or a place in a local care home. A Forth Valley study reviewed current falls and fracture prevention activities and explored future options for improvement. With £11.5m spent annually on hip fractures, some funding could be redirected to prevention, including community exercise classes, home hazard assessments, frailty and bone health screening and self-management tools for those at risk. A Falls and Fracture Prevention Plan will be developed to support a further shift towards prevention activities.

Our Ambitions – we will

1. Embed ill health prevention in all health and care services and Community Planning Partnership work.
2. Prioritise areas for ill-health prevention activity.
3. Target the causes of inequalities within the Forth Valley area together with our local partners.
4. Ensure fair access to healthcare, screening and vaccinations.
5. Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol.
6. Develop social prescribing to further connect people to activities, groups, and services in their communities.
7. Increase the percentage of our collective resources spent on ill health prevention activities each year.

3 Working Collaboratively

We know that a range of factors contribute to health inequalities and poor health. As a Population Health Organisation, NHS Forth Valley must work closely with our communities, our staff and our partners to agree population health priorities, describe the outcomes we want to see, measure outcomes to help monitor change and deliver improvements in health and wellbeing.

What you shared with us

- You want stronger collaboration across all partners and sectors to improve population health together.
- You told us that services should communicate better and share data to reduce duplication and improve coordination.
- You value the involvement of people with lived experience in designing services.
- You want more locally available and community-led services.
- You want transport to be available when you need to travel to appointments.

- You want transport to be available when you need to travel to appointments. You recognise that your health and wellbeing is affected by things like housing, income and the areas where you live.

Why is this important?

Community Planning

Community Planning is a statutory framework that brings together public sector organisations to work together with local communities to improve health, wellbeing, and reduce inequalities. These include NHS Boards, Health and Social Care Partnerships, councils, police, fire and rescue services, colleges and universities.

We will ensure that we provide the strongest possible contribution to the three local Community Planning Partnerships in Forth Valley and work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing, children and young people, healthy weight and cardiovascular disease prevention.

Our whole system approach will focus on preventing ill health and decreasing inequalities together, supported by prevention focused licensing and planning decisions.

Together with Community Planning partners, we will use the national Place Standard Tool to help better understand what matters to local communities. The tool helps people to think about the physical and social aspects of places and the important relationship between them, to assess and identify areas for improvement.

Anchor Institution

Anchor institutions are large organisations that have a significant stake in their local area. They have sizeable assets that can be used to support their local communities to tackle health inequalities and support health and wellbeing. As a large organisation connected to our local communities, we recognise the positive contribution we can make to the health and wellbeing of people in Forth Valley as an anchor institution, beyond the provision of healthcare services. We will collaborate with the other anchor institutions in our communities to help you access fair work, learning and training. We will work together to build a strong local economy and to target support at the most vulnerable people, especially children and families living in poverty.

As an anchor institution, NHS Forth Valley is committed to working to create fair and inclusive employment opportunities by recruiting more people from across Forth Valley and ensuring all staff are paid a living wage. Wherever possible, we will purchase goods and services locally to help support local businesses and the economy. In addition, we will make better use of our land and buildings to benefit local communities, providing spaces that support public services, community initiatives, and wellbeing.

Health and Social Care Partnerships

In Forth Valley, there are two Health and Social Care Partnerships, one covering the Falkirk council area and the other covering the Clackmannanshire and Stirling council areas. These were created to improve outcomes for people, their families and carers by creating more integration and seamless health and social care services, reduce duplication and increase efficiency.

We will ensure that we provide the right care in the right place at the right time, across a variety of primary care, community and hospital settings.

We recognise and value the essential role that carers play in our health and care system. Whether they are family members, friends, or neighbours, carers offer support, compassion, and care to those who need it most.

With our partner organisations, we take the Getting it Right for Everyone (GIRFE) approach to providing support and services from young adulthood to end of life care which is delivered by NHS Forth Valley and our partner organisations. This provides a more personalised way to access help and support when it is needed, placing the person at the centre of all the decision making that affects them. We have also embedded Getting it Right for Every Child (GIRFEC) in practice, which provides a consistent approach to improving and safeguarding the wellbeing of children and young people.

Participation and Engagement

In 2025, we published our Participation and Engagement Strategic Framework. This confirms our commitment to listen to and work with staff, primary care colleagues, carers, partner organisations and communities to improve local health services. Effective engagement helps identify potential issues and opportunities, improve outcomes, and enhance service user experience. The Strategic Framework outlines our approach, based on national standards and legislative requirements, to support best practice in participation and engagement to ensure a stronger voice for our communities.

Examples where we are building healthier communities together

Innovation, Workforce Development and Inclusion

NHS Forth Valley works with the University of Stirling and Forth Valley College to support research, innovation, and career development for health and care staff. Our goal is to grow the future workforce locally, ensuring staff have the skills and experience to meet evolving needs. We are expanding opportunities through a wider range of modern apprenticeships in areas such as administration, estates, and finance. To support parents returning to work, we offer targeted training and placements to help them re-enter the workforce confidently. We also run career sessions and volunteering opportunities for young people, giving them insight into health and care roles and preparing them for future careers in the sector. Recognising the importance of work-life balance, we continue to promote flexible working arrangements that support staff wellbeing and help people thrive both professionally and personally.

Working together to support healthy weight in children

NHS Forth Valley's Child Healthy Weight Team is working with a community group in Clackmannanshire, to help children and young people who are at risk of or living with obesity. The Team trained and supported volunteers to run family cooking sessions that help young people learn new skills, build confidence, try healthy foods. It also supports families to learn how to make healthier food choices together and work towards a healthier weight. This collaboration has now grown to include local schools.

Our Ambitions – we will

1. Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.
2. Play a full role in the regional Anchor Board to provide greater employment opportunities and support the local economy.
3. Take forward work across local health and social care services to deliver improvements in urgent and emergency care.
4. Continue to work with our two Health and Social Care Partnerships to further integrate local health and social care services and support.
5. Work with carers and carers' organisations - listening to their experiences, learning from their insights, and ensuring they have the support needed to continue their vital role.
6. Support the continued development of the three local Community Planning Partnerships to improve the health of local people across Forth Valley.

We know that delivering health services in local communities leads to better health outcomes. It is also more equitable and more cost-effective, by reducing the need to refer you for more specialist care and treatment. Providing more local services can also make it easier for you to get the care and support you need, especially if you are more vulnerable.

It is our ambition to move more care and services into your local communities, supported by community-based health and care staff. As we develop more services in your local communities, there is an opportunity to expand the skilled workforce available to meet the needs of those of you with several or more complex health conditions.

What you shared with us

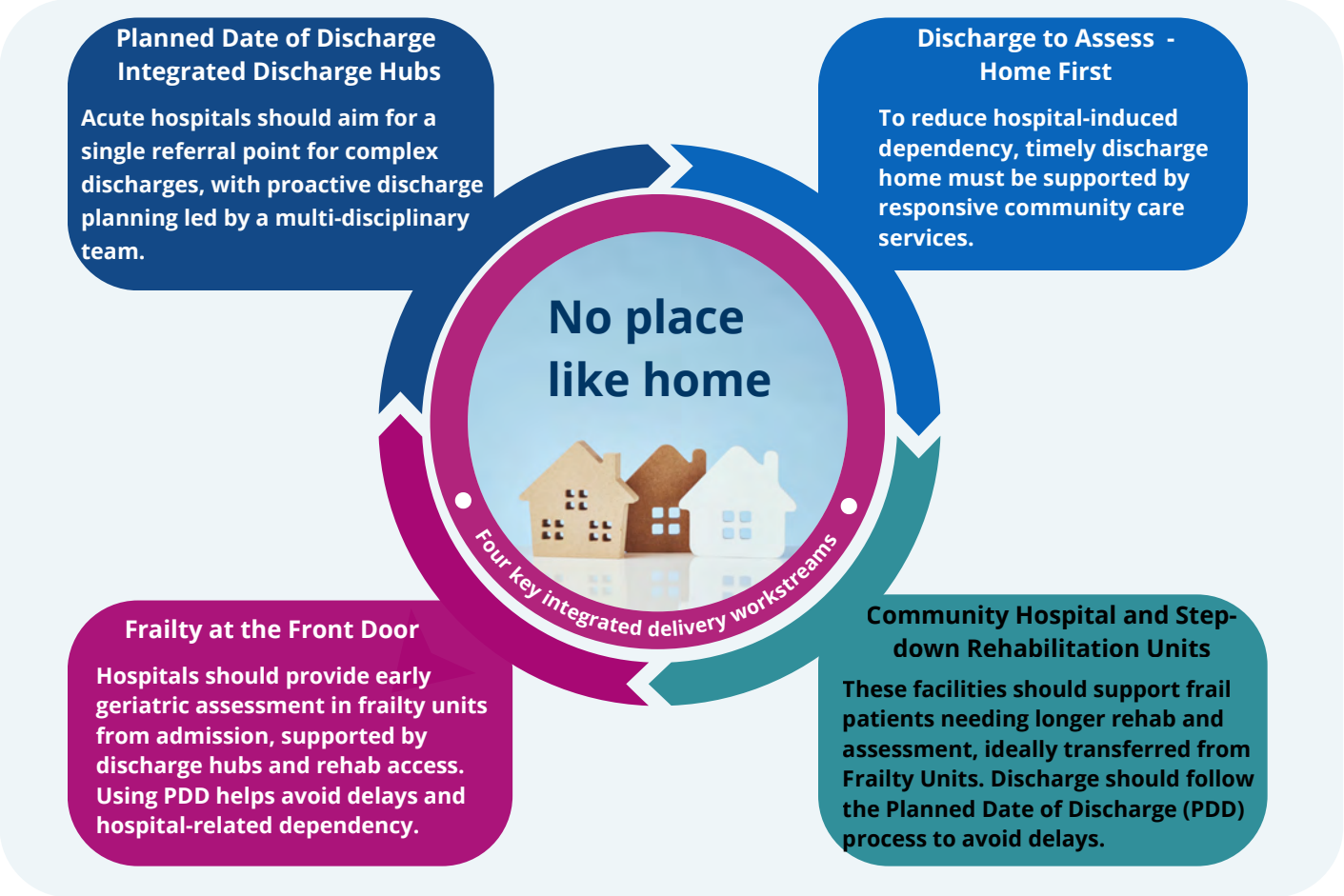
- You want strong support for offering more health and care within the community, particularly in outlying areas where transport can be challenging.
- You told us that it is important to redesign and strengthen primary care and community-based services.
- You told us about the importance of different types of appointments offered e.g. face to face, telephone and online consultations.
- You want quicker and more local access to health and care services.
- You want greater care coordination to reduce duplication and delays.

- You want more support for people to be knowledgeable about their health conditions and the options for care and treatment.

Why is this important?

Providing you with the right care, in the right place and at the right time, gives the best outcomes. This means that more health services need to be delivered in or nearer to local communities where people live. Providing care closer to home makes services easier to access and helps people stay active and independent in their own homes and local communities. Much of this care is provided by a range of healthcare professionals working in primary care settings, including GP practices, dental surgeries, pharmacies and opticians. These primary care teams work closely with a range of community-based healthcare professionals, including community nurses, community mental health nurses and Allied Health Professionals (AHPs) working in local health centres and GP practices or in people's homes. We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.

If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely. If you do need to stay in hospital, we want to ensure that you can return home as soon as you're well enough, with the right support in place. This 'Home First' approach aims to reduce the length of time patients stay in hospital, avoid any delays in being discharged and support people to continue their recovery at home.



The number of people aged over 65 years, particularly those people who are frail, will continue to rise over the next 20 years. It is essential that frail older people are assessed at an early stage, so that services can be put in place to support them, prevent their health from deteriorating and enable them to continue to live safely at home for as long as possible. The Hospital at Home service provides short term hospital-level care in people's own homes, enabling individuals to live at home whilst receiving specialist care. In the Frailty Unit at Forth Valley Royal Hospital, health and social care professionals can provide comprehensive assessments and develop a treatment and care, enabling many older people to return home without having to be admitted to hospital.

Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes. This includes the development of joined up assessment and treatment pathways for people with neurodevelopmental conditions.

Examples of services that will be provided closer to home

Community Glaucoma Service

The Community Glaucoma Service is being established to support patients with stable glaucoma to receive care at local optometry practices instead of hospital. This shift, which will be supported by additional training and equipment, aims to reduce hospital visits, improve access to care and shorten waiting times as the number of people with glaucoma and other eye conditions increases.

Preventing the development of heart disease

GP practices will offer a new service to identify people most at risk of heart disease to help prevent it. It will focus on spotting risk factors early - especially in people who may not realise they're at risk - and offer early treatment, advice and support to help reduce those risks. New ways to reach people who don't often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.

Our Ambitions – we will

1. Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.
2. Embed a "Home First" approach across our services, building on the work of the national Discharge Without Delay Collaborative.
3. Reduce the amount of time people spend in hospital by working with our partners to ensure that when people are ready, they can return home with the right support in place.
4. Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.
5. Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support.
6. Work with partners to further develop mental health and wellbeing services which provide the best outcomes for people.
7. Further develop urgent care services which provide timely access to specialists.
8. Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.

We must ensure that services are designed and delivered in ways which prevent ill health, tackle inequalities and achieve the best outcomes for the current population, as well as future generations. Value Based Health and Care provides an approach that aims to ensure best use of the resources available to improve the health and wellbeing of all local people and to achieve better outcomes for everyone.

Investing in prevention - whether it's stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value. Research shows that for every £1 spent, the average return is £14, driven by better health and wellbeing, fewer cases of poor health, and reduced demand for clinical treatment services.

We also need to deliver health services that are sustainable. Work is being taken forward across NHS Forth Valley to help local teams look at how they can use their resources to deliver maximum value for patients. This involves reviewing existing pathways, approaches and services to identify what delivers the biggest impact and best outcomes for patients and any activities that do not add value. It also builds on the considerable work already undertaken locally to deliver Realistic Medicine and to change the way many local services are designed and delivered in response to increasing demand.

What you shared with us

- You would like to be seen quickly so that you can receive the correct diagnosis and treatment.
- You want greater coordination across all services to reduce duplication and avoid delays.
- You would like more services to be provided in local communities.
- You want to receive safe and effective care and treatment.

- You want to see more focus on delivering service which meet the needs, preferences and goals of individual patients and their families.

Why is this important?

Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.

The programme aims to support all services to review and reform the care they deliver, to ensure they deliver the best possible value. The expected impact and benefits are outlined below.

Personal value: Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals. Outcomes should be measured and shared decision making with individuals promoted through staff training and appraisal.

Waste: Identify and address all forms of waste, including clinical, time and resources by ensuring services are supported to use capacity appropriately and to work collaboratively with procurement teams. All actions should support sustainable care in line with the NHS Scotland Climate Emergency Strategy.

Stewardship: Maximise the effective use of available resources and deliver the best value healthcare.

Unwarranted variation: Understand and reduce unwarranted variation, using local and national sources of information, while working with Public Health Scotland and third sector organisations, and address disparities in access, treatment and outcomes.

Demand optimisation: Support healthcare professionals to use interventions appropriately. This includes diagnostic tests like CT scans and blood tests and prioritising interventions that add meaningful value to care. All staff need to understand the cost and value of tests, equipment and other resources used in their daily practice.

Activities of low or limited clinical value: Understand which procedures or resources meet the definition of low or limited clinical value and plan to reduce the overuse or underuse of interventions, ensuring that resources are allocated effectively to meet people's needs. Reducing the use of medicines with limited clinical value helps reduce the use of unnecessary medications and polypharmacy.

5 Ensuring Value Based Health and Care

NHS Forth Valley has a good track record of improving access to outpatient clinics, day case treatments, surgical operations and diagnostic tests. For example, by taking a Value Based Health and Care approach, staff have been able to improve productivity in our operating theatres to help increase capacity and reduce waiting times for surgery, while reducing overall costs. Our theatres have also embraced greener ways of working, including reducing clinical and domestic waste and replacing single use items with reusable alternatives.

We also recognise the importance of being able to offer advice, information and support to help you to keep as well as possible whilst you are waiting for an appointment or an operation.

Delivering Speech and Language Therapy Support in Schools & Nurseries

NHS Forth Valley's Speech and Language Therapy service now delivers specialist support directly in schools and nurseries, enabling earlier help without formal referrals. This empowers teachers, support staff, and parents with the skills and confidence to support children's speech and language needs. The approach has reduced demand, improved access, and helped maintain some of Scotland's lowest waiting times. Families report high satisfaction, greater confidence, and better outcomes - including improved attendance, fewer exclusions, better literacy attainment, and an improvement in the percentage of young people progressing to positive destinations after leaving school. It shows how changing service delivery can improve outcomes without requiring extra resources.

Rapid Cancer Diagnostic Centre

More than a third of people diagnosed with cancer experience non-specific symptoms, which can delay their diagnosis. To address this, the Forth Valley Rapid Cancer Diagnostic Centre opened in May 2025, offering faster, more direct investigations and assessments. The service enables earlier detection and referral for those with cancer, while providing reassurance and appropriate care pathways for those without cancer. It takes a person-centred approach, giving patients a single point of contact during the diagnostic part of the pathway. Feedback has been positive, highlighting the centre's role in improving access, reducing delays, and supporting better outcomes for people across Forth Valley.

Adult Weight Management

The Adult Weight Management Service faced a significant challenge with lots of people waiting, often for long periods, to access the service. This negatively affected patient motivation and satisfaction. Access to the service was difficult, and people wanted more choice and better outcomes. Recognising the need for change, the team introduced a series of service improvements. A key innovation was the introduction of group information sessions, supported by a surge in patient-facing activity. These changes made a real impact. People could now attend an information session within just six weeks and start a programme two weeks later. Around 40% of attendees managed their weight independently afterward. The percentage of people who stayed engaged with and completed the weight management programme improved from 53% to 83%. There were fewer missed appointments and there was no negative impact on people from areas of deprivation. Patients felt better informed, and the service gained capacity to deliver more targeted support to those with the greatest need. Staff wellbeing also improved, with reduced stress and improved wellbeing - a positive outcome for everyone involved.

Our Ambitions – we will

1. Implement a value based health and care approach across local health and care services, making the best use of available resources to deliver better health outcomes for local patients.
2. Continue to listen and learn from local patients and their families to improve their experience.
3. Further improve access to care and treatment through ongoing work to reducing waiting times for outpatient, inpatient and day treatment.
4. Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.
5. Continue to improve and streamline services and support for people with cancer to speed up diagnosis and treatment.
6. Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.

6 Supporting and Developing our Workforce

We look after and value all our staff and the contractors who work with us. People are at the heart of our strategy, which aims to attract and retain diverse staff, and improve staff experience and wellbeing. We strive to have a culture which enables and empower our staff to fully participate in the transformational change our strategy will deliver. A motivated workforce supported to grow and given the opportunity to be involved in and inform the changes we are planning will be the foundation for our strategic vision, which aims to improve the health and wellbeing of everyone living in Forth Valley.

What you shared with us

- You highlighted the importance of our staff.
- You told us that people have confidence in our staff.
- You recognised that the Covid-19 pandemic has had a lasting impact on staff health and wellbeing.
- You told us that people want more support to help them make decisions about their health.
- You told us that culture change and strong leadership are key to the future.
- You reinforced the importance of healthcare professionals actively delivering person-centred care.

- You recognised the need to build workforce capacity and ensure long term sustainability.

Why is this important?

The most significant challenges facing us in 2025 and beyond are related to finance and our workforce. The ongoing difficulties in recruiting staff for certain services where there are national shortages and the need to plan ahead in areas with an older workforce profile, where we know staff are likely to retire in the next few years, require us to think and work differently. Increasing demand for health and care services and a growing local population also poses many challenges across hospital, community and primary care services. We need to ensure that our staff and primary care colleagues are able to respond to current and future demands in healthcare.

Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention across health and social care services. This has helped us to understand the future needs of our workforce and we will continue to work collaboratively with the key partners to grow our future workforce and ensure they have access to the training, support and career opportunities they require to meet current and future healthcare needs.

Our workforce ambitions will be based around our core values which put our people at the centre of what we do, maximises inclusion and recognises the strength in diversity to deliver great results.

Examples of workforce development

Developing new roles

NHS Forth Valley is developing new roles such as Medical Associate Professions and Clinical Support Workers. We have appointed Physician Associates to work in anaesthetics and Surgical Care Practitioners provide aspects of urology and breast care. We continue to develop roles for Advanced Nurse Practitioners (ANPs) who have undergone specialist training and gained additional qualifications. The work of ANPs across primary care, hospital and community settings, mental health services and prisoner healthcare services has helped increase capacity and reduce waiting times. It has also freed up GPs and Consultants to focus on patients with more complex healthcare needs. Work continues with our university and college partners to explore new and innovative roles to help meet future demand.

Culture and Leadership

Our Culture Change and Compassionate Leadership Programme is an ongoing priority to help improve the experience of local staff at work. Extensive engagement with staff across the organisation has identified key themes and work continues to implement ideas and solutions which staff believe have the potential to make the greatest positive impact. NHS Forth Valley Board has adopted the NHS Scotland values, and work is underway to help embed these across the organisation recognising that living and upholding these values is key for successful culture change.

Our Ambitions – we will

1. Continue to develop as an organisation with compassionate leadership, fostering a culture that supports wellbeing, inclusion, and respect for diversity.

2. Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.

3. Continue to provide practical health and wellbeing support tailored to the varied needs of our workforce, ensuring everyone has a positive experience of working in Forth Valley.

4. Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation.

5. Promote a wide range of career pathways and create accessible opportunities for work experience and employment across local health and social care services.

6. Set objectives for staff recruitment and retention to address identified workforce challenges and support the development of a sustainable, representative workforce.

Delivering the Strategy Together

This Strategy sets out our high-level vision, aims and ambitions for the next 10 years. We are changing how we work so we can better support people to live well and stay well. We will focus on preventing illness, reducing inequalities, making sure care is available where and when people need it most and making the most of our available resources. This will not be simple, but we are ready to make the necessary changes.

This transformation will be supported by detailed implementation and annual delivery plans. Progress will be monitored closely, and we will adapt our plans and resources to respond to changing local needs and priorities.

This Strategy has been shaped by feedback from our service users, staff, partners and communities. We thank everyone who contributed. Your input has helped us focus on what matters most. As we move forward, we will continue to listen carefully, learn from experience, and adapt our plans to meet changing needs.

We invite our partners, our staff, and the people of Forth Valley to work with us to help deliver this Strategy. We all have a role to play in shaping our healthcare system so that it continues to meet our local needs and supports the people of Forth Valley to live longer, healthier lives.

Glossary

Allied Health Professionals	Allied Health Professions are healthcare professionals who apply their expertise to diagnose, treat and rehabilitate people of all ages and all specialties. AHPs are distinct from medicine, pharmacy and nursing and include professions such as physiotherapy, dietetics, speech and language therapy, occupational therapy, podiatry.
Anchor Institution	Anchor Institutions is a term used to describe large organisations, such as NHS Boards, colleges, universities the police and local councils that have the potential to support their local economy and communities through the creation of jobs, training opportunities and the purchase of goods and services.
Benchmarking	Benchmarking is the practice of comparing processes and performance with national best standards and practices in other organisations. Capacity means the number of hospital beds, staff or facilities which are available.
Building Blocks of Health	A source of information on unfair differences in income, wealth and power, which are important drivers of health and health inequalities in Scotland.
Burden of Disease	This describes the total impact of illness on the lives of people, including poor health, disability and premature death. It helps the NHS understand where services and support are most needed.
Capacity	Capacity means the number of hospital beds, staff or facilities which are available.
Carer	A carer is anyone who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.
Community Nursing	Describes staff who provide nursing care to people in the community, for example in their own homes. They aim to enable them to remain at home, where possible and assist individuals to improve, maintain or recover their health and provide support and care to those with life limiting illnesses.
Community Planning Partnerships	Community Planning Partnerships bring together public sector organisations like councils, NHS boards, enterprise agencies and colleges to work together.
Community Wealth Building	This is an approach to economic development. It aims to change how economies function so that more wealth is directed back to local economies, communities have more control over decision-making and local people receive more benefits from economic development.

Glossary

Consultations	Meeting with an expert or professional, such as a medical doctor or physiotherapist, in order to seek advice.
Day case	A day case refers to a patient admitted to a hospital or clinic for treatment, such as surgery or procedures, but is expected to be discharged and return home on the same day, without needing an overnight stay.
Deprivation	Deprivation is a term used to describe areas of population which have a lower income and a reduced standard of living, which can often lead to health inequalities.
Discharge Without Delay	Discharge without delay refers to the process of releasing a patient from a hospital as soon as they are medically stable and ready, minimising any unnecessary delays in their discharge. This initiative aims to improve the patient experience, reduce hospital bed occupancy, and free up resources for other patients
Early intervention	Early intervention is about taking action as soon as possible to tackle problems for people and their families before they escalate further and then become more difficult to treat.
Elective admission	This is an admission to hospital which is planned in advance and is also sometimes referred to as planned or scheduled admission
Emergency Department	The Emergency Department provides care for people with symptoms of serious illness or who have been badly injured. Patients arrive without prior appointment, either by their own means or by ambulance.
Engagement	Engagement is a term used to describe the involvement of stakeholders in any project to seek views and sharing of information.
Equality Impact Assessment (EQIA)	An equality impact assessment (EQIA) is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.
Family Nurse Partnership	The Family Nurse Partnership has specially trained nurses working with young, first-time mothers to prepare them for motherhood and throughout the first two years of their child's life. They support mothers and their families from early pregnancy until the child's second birthday. The program aims to improve the health and life chances of both the child and the young parent.
Forth Valley University College NHS Partnership	The Forth Valley University College NHS Partnership is between NHS Forth Valley, the University of Stirling and Forth Valley College. With a focus on research, innovation, learning and career development, it aims to drive forward innovation to improve the health and wellbeing of local staff, patients and communities across Forth Valley and beyond

Glossary

General Practitioners (GPs)	A GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their healthcare needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met.
Health and Social Care Partnerships	Health and Social Care Partnerships (HSCPs) are the organisations formed as part of the integration of services provided by NHS Boards and local councils.
Health inequalities	Health inequalities are differences in health status or in the factors that affect health between different population groups. For example, differences in mobility between elderly people and younger people or differences in mortality rates between people from different social classes.
Home First	Is an approach to support the delivery of care closer to home; avoid unnecessary hospital stays and support early planning for discharge for those who do need to be admitted to hospital through joined-up working between local health and social care teams.
Inpatient services	Inpatient services refer to medical care and treatment provided within a hospital setting where the patient stays overnight or for a longer period.
Integration Joint Boards	Integration Joint Boards oversee the health and social care partnerships and are responsible for planning, resourcing and operational oversight of a wide range of health and social care services.
Local Authorities	Scotland's local authorities (or councils) are responsible for providing a range of public services. This includes education, social care, roads and transport, economic development, housing and planning, environmental protection, waste management, cultural and leisure services.
Long term health conditions	Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care-group or age category and long term conditions become more prevalent with age.
Modern Apprenticeships	A Modern Apprenticeship is a job which lets people earn a wage while they are training and gain an industry-recognised qualification.

Glossary

Multidisciplinary Team	A multidisciplinary team is a group of healthcare workers who are members of different disciplines (professions) e.g. psychiatrists, nurses or social workers. The team members work together to assess and agree a care and treatment plan for individual patients.
Optometry	Optometry is a healthcare profession focused on the diagnosis, treatment and management of eye conditions, as well as the prescription and fitting of glasses and contact lenses.
Outpatient clinics	A hospital outpatient department or clinic provides treatment for people with health problems who visit for a consultation, diagnosis or treatment, but do not require to stay overnight in hospital.
Partner Organisations (Overview)	Our partners cover the public sector & government, education & research, third sector & community organisations, healthcare providers and other health-related organisations, and economic & social stakeholders.
Partners - Economic and Social Stakeholders	Organisations including local businesses, employers and training providers
Partners - Education and Research	Includes University of Stirling, Forth Valley College, local schools and nurseries.
Partners - Healthcare	Includes primary care providers, such as GPs, dentists, pharmacists, optometrists, and other NHS Boards.
Partners - Public Sector and Government	Includes local councils (Falkirk, Clackmannanshire, Stirling); Health and Social Care Partnerships (Falkirk HSCP and Clackmannanshire & Stirling HSCP); Scottish Government; Police Scotland; Scottish Fire and Rescue Services; Public Health Scotland.
Third Sector and Community Partners	Third sector organisations are non-governmental, not-for-profit organisations that are not part of the public and private sectors. They encompass a wide range of groups like charities, social enterprises, community organisations, voluntary organisations and cooperatives, all of which are driven by social or environmental values rather than profit.

Glossary

Pharmacist	A pharmacist is a healthcare professional specialising in medications and providing expert advice to patients and other healthcare professionals. They play a crucial role in ensuring the safe and effective use of drugs, offering guidance on dosage, storage, and potential risks. Pharmacists may also manage drug stocks, see patients in clinics and the community and prescribe medications.
Physiotherapy / Physiotherapist	A physiotherapist is a healthcare profession that helps people restore, maintain, and improve their physical abilities through movement, exercise, and other techniques. It aims to help individuals manage pain, improve function, and prevent further injuries or disabilities.
Podiatry / Podiatrist	Podiatrists specialise in diagnosing, treating and preventing foot and ankle problems. They diagnose and treat a wide range of conditions, e.g. injuries, skin and nail problems, and conditions related to underlying medical issues like diabetes. Podiatrists may also perform surgery to correct foot and ankle problems.
Polypharmacy	Polypharmacy refers to the use of multiple medications by a single individual, often five or more. While it can be beneficial and necessary for certain health conditions, it also carries risks related to drug interactions and side effects, especially in older adults. Polypharmacy can also result in people not taking their prescribed medication correctly.
Population Health Organisation	A population health organisation is dedicated to improving the health of entire populations, focusing on preventative measures, addressing health inequalities, and promoting overall wellbeing.
Prevention	Prevention refers to actions taken to prevent illness. It includes primary prevention (reducing the risk of disease), secondary prevention (early detection and intervention), and tertiary prevention (managing ongoing illness).
Primary Care	Primary care refers to the first point of contact for individuals seeking healthcare advice or treatment. It includes services provided by GP Practices, pharmacies, dental services and optometry. It focuses on providing accessible, general health and wellbeing advice and treatment, as well as managing long term conditions and promoting preventative care.
Psychological Trauma	Psychological trauma can occur when an individual experiences or witnesses seriously distressing events such as violence or abuse. This can cause intense emotional distress and a range of physical and emotional symptoms.

Glossary

Resources	Resources is a term used to describe money, materials, staff, and other assets available to an organisation.
Social Prescribing	A way to help people improve their wellbeing by connecting them to non-medical support or activities in their local community. This includes local exercise or walking group, art or gardening classes, support with housing, debt, or loneliness, volunteering opportunities, mental health or peer support groups.
Speciality	Specialty is a specific area of healthcare and treatment. For example, Psychiatry, Cardiology, Orthopaedics and Learning Disabilities are all specialties.
Speech and Language Therapy	Speech and language therapy helps individuals of all ages who have difficulties with communication, including speech, language, and swallowing.
Third sector organisation	Third sector organisations are non-governmental, not-for-profit organisations that are not part of the public and private sectors. They encompass a wide range of groups like charities, social enterprises, community organisations, and cooperatives, all of which are driven by social or environmental values rather than profit.
Unscheduled Care	Unscheduled care cannot reasonably be foreseen or planned in advance and is sometimes referred to as emergency care.
Value Based Health & Care	Value based health and care is about achieving the best possible outcomes for patients using the resources available in the most effective and fair way.

NHS Forth Valley Equality Impact Assessment (EQIA)

Please complete electronically and answer all questions unless instructed otherwise. Once complete please email to FV.EQIA@nhs.scot and we will be in touch shortly.

Section A – What's being assessed?

1. Title of EQIA being completed i.e., name of policy, project etc.
NHS Forth Valley Population Health and Care Strategy

2. What is it? Please select the primary function.		
☐ Guidance	☐ Policy	☐ Project
☐ Protocol	☐ Service Change	☒ Strategy
☐ Other, please detail below…		

3. What is the purpose or objective(s) of the proposed work? Tell us about the main aim(s) of the work and the intended outcome(s).
Background and Purpose NHS Forth Valley is committed to improving the health and wellbeing of our population. This Strategy outlines our vision, aims and ambitions. Our vision is to become a population health organisation - helping people live longer, healthier lives, reducing inequalities, and delivering high-quality, sustainable services within available resources. It is important to note that the development of our strategy will be informed by our Equality & Inclusion Strategic Framework (2025-2029), with the aim to ensure that delivery of our strategy will positively contribute to the delivery of our Equality Outcome Aims over this period. As this Strategy is a ten-year outline, we will endeavour to align with our future Equality and Inclusion Strategic Frameworks throughout the duration. ### Aims and Objectives Through the development of the strategy, we aim to: • Ensure that our high level aims and objectives explicitly include commitments to equality and inclusion, highlighting the importance of addressing health inequalities among different demographic groups.

- Express how our aims and objectives in terms of collaboration and transformation efforts will address the needs of marginalised or easy-to-miss groups.

- Ensure stewardship includes appropriate and fair resource distribution.

- Evaluate how these values are upheld in interactions with diverse populations.

- Ensure dignity and respect are maintained across all services.

- Develop the strategy in collaboration with various partners including organisations representing minority and easy-to-miss groups and assess how local and national plans address equality, ensuring lived experience voices and partnership working.

- By adopting a population health approach, we will improve health for the entire population. This will include evaluating how the approach addresses health inequalities and ensuring plans are inclusive of all demographic groups and protected characteristics.

- Through our strategy engagement activity, we will assess the inclusivity of engagement methods and ensure feedback from diverse groups is considered.

- As a population health organisation we will work with various partners and evaluate how partnerships will address health inequalities and ensure diverse representation in decision-making processes.

- Through work to know our population we will consider demographic changes including aging population and health disparities to assess the specific needs of diverse populations and tailor interventions accordingly.

- Our collaborative work with Community Planning Partnerships will focus on addressing population health and inequalities. We will evaluate whether community planning includes diverse voices and ensure the strategy implementation develops to be inclusive of all community members.

- Through our focus on prevention, we will empower people to manage their own health. We will assess how prevention strategies address health inequalities and ensure access to preventative services for all groups.

- The Strategy will emphasise a community first approach through local services to deliver better health outcomes, reduce inequalities and improve cost-effectiveness.

- This work will involve evaluating how local services address the needs of marginalized groups and ensure equitable access to community-based care.

- We will work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.

- With Value Based Health Care Principles at the heart of the Strategy to prevent ill health, tackle inequalities and achieve best outcomes, we will assess how this approach will address health disparities and ensure equitable resource allocation.

Measurement of Intended Outcomes

Measuring the success of the strategy will involve using Performance Targets to monitor achievements and measure impact. Evaluating how performance targets include measures of equality will ensure success metrics reflect improvements in health equity.

The Population Health and Care Strategy outlines our vision, aims and ambitions for NHS Forth Valley for the next 10 years. It will be supported by detailed implementation plans and annual delivery plans, with regular monitoring and updates to ensure we remain responsive to local and national priorities. As we move forward, we will continue to engage with service users, communities, staff and partners on key service developments and changes. We will regularly monitor progress and adjust these implementation plans to meet changing needs.

As we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities. We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use. Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.

4. Who will be affected by the proposed work? Please select all that apply.		
☒ Colleagues	☒ Patients / Service Users	☒ Family, Friends, Carers
☒ External Stakeholders	☒ Students	☒ Organisation
☐ Other, please specify below…		

5. What is the scope of the proposed work?		
☒ NHS Forth Valley/Health and Social Care Partnership Wide	☒ Service / Team Specific	☒ Discipline / Role Specific
☐ Other, please specify below… Strategy for future direction for all services – NHS Forth Valley and 2 Health and Social Care Partnerships (in addition to continuing to work closely with our Integrated Joint Board colleagues and relevant third-sector and community stakeholders).		

Section B – how have you involved people?

1. Tell us about how you involved people in the development of your proposed work?
A Strategy Steering Group was formed to lead the development of the Strategy and support engagement with staff, partners and other stakeholders. The group included senior leaders such as the Medical Director, Director of Public Health, Acting Director of Strategic Planning and Performance, Child Health Commissioner, and Head of Communications. Staff-side representatives also took part, along with colleagues from both Health and Social Care Partnerships (H&SCPs), Primary Care, Human Resources, the Quality Team, and the Corporate Governance Team. A comprehensive engagement plan was prepared, with further engagement planned for a 6 week period during May and June 2025, which built on previous engagement processes. This included patients, people in local communities (including hard to reach groups), staff, advisory groups, professional groups, community planning partners, third sector via 3rd sector interface organisations and carers. A variety of engagement methods were used to obtain feedback from the people who live and work in Forth Valley, ensuring engagement methods are inclusive to reflect feedback from diverse groups to inform the final strategy. Our approach to engagement on the Strategy is informed by the NHS Forth Valley Participation & Engagement Framework 2025-2028 which was approved by the Board in March 2025. A Task and Finish Group was established to support the development of the strategy and the engagement plan. This included a selection of Executive Members and Non-Executive Members of the NHS Board, the Acting Director of Strategic Planning and Performance, and the Head of Planning.

All draft strategy documents and engagement plans have been and will continue to be discussed by the Strategic Planning Performance and Resources Committee (SSPRC). All documents and engagement plans have been and will continue to be approved by the NHS Board.

2. Provide a summary of your findings.

Background – Initial Research and Evidence Gathering

We undertook a period of initial research to help us review the information we already held or could access in order to help build a better picture of our local population and their health and care needs. We conducted extensive review of population and organisation data, including exploring current strategic workstreams to ensure our Strategy aligned with existing organisation aims and objectives. A summary of this can be found below:

Assessment of Population Needs

Scottish Burden of Disease (SBOD) Forecasting Briefing: NHS Forth Valley reviewed the Scottish Burden of Disease (SBOD) Forecasting Briefing (November 2022) to understand how demographic changes over the next 20 years may affect Scotland's disease burden. Although the analysis was at a national level, its insights on trends, assumptions, and drivers were relevant locally. The review highlighted two key points:

- Preventative measures and early interventions are crucial to avoid the projected rise in disease burden.
- Health inequalities are expected to widen unless proactive mitigations are implemented.

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Forth Valley Population Health Strategic Needs Assessment: NHS Forth Valley conducted a strategic needs assessment (December 2024), focusing on: forecasted disease burden - by condition, age group, and local authority; health inequalities - particularly those driven by socioeconomic factors and rising extreme poverty; and population projections to 2043 - highlighting the impact of an ageing population.

The assessment emphasised the implications for: service planning; care provision; workforce requirements; targeting deprivation; and preventative, upstream interventions. The recommendations for NHS Forth Valley were:

- Adopt a population health approach integrating prevention, cross-sector collaboration, and data-driven planning.
- Prioritise resources for areas with the greatest health inequalities and highest projected disease burden.

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Equality and Inclusion Strategic Framework 2025-2028
Our Equality and Inclusion Strategic Framework (2025-2029) outlines our approach to working collaboratively with people, staff and partners to build a more inclusive NHS Forth Valley. It reflects our dedication to creating an organisation where everyone feels respected, safe, and supported. By listening to those we serve and work alongside, we can better understand and address their diverse needs and drive meaningful change. We are taking deliberate steps to address inequalities and promote an inclusive environment across all levels of our organisation, breaking down barriers and ensuring that every voice is heard and valued.

Participation and Engagement Strategic Framework 2025-2028
In 2025 we published a Participation and Engagement Strategic Framework. This confirms the commitment to listen to and work with staff, primary care colleagues, carers, partner organisations including the third sector, and local communities to improve the way local health services are designed and delivered.

Effective engagement and participation are important to help identify potential issues and areas for improvement. We also know that by working together we can address some of the challenges we face, achieve better outcomes and improve the experience of people who use our services. This Strategic Framework outlines our approach to engagement based on national standards for community engagement as well relevant legislative requirements to help ensure best practice.

Phase 1 – Initial Engagement Process (April 2022- April 2025)

Over the past three years, NHS Forth Valley and the two local Health and Social Care Partnerships (Falkirk and Clackmannanshire and Stirling) have engaged widely with communities, staff, and partners to understand what matters most to people when using health services and what is important to help improve people's own health and wellbeing. This work was also informed by national engagement led by the Scottish Government.

Strategy Engagement Plan (April 2025): This was developed to outline the communication actions required to support the launch and dissemination of the new Population Health and Care Strategy across Forth Valley, including our staff our partners and local communities. This included internal groups and external stakeholders, service users, carers, public and media. A wide range of channels and formats were used in the engagement plan to ensure broad and inclusive outreach.

Phase 2 – Additional Engagement Process (1 May 2025 to 15 June 2025)

In May and June 2025, we shared the draft Forth Valley Population Health and Care Strategy with people across Forth Valley and gathered detailed feedback. This included:

- Patient and staff surveys.
- Awareness and engagement events.
- Feedback from care opinion and complaints.
- Meetings and workshops.

The questionnaire included the following questions:

- Does the draft Population Health and Care Strategy for Forth Valley address what is most important to you? If it does not, please tell us why.
- How can you help to deliver the priorities and ambitions set out the Strategy? Please give us your suggestions.
- Is there anything else that you think would help improve the health and wellbeing of local people?
- Is there anything else you would like to tell us before we finalise our Health and Care Strategy?

All responses were reviewed and carefully considered to help inform the development of the final Strategy. Feedback reinforced earlier themes, highlighting the importance of ill health prevention, timely access to services, clear communication, patient-centred care, strong partnerships and well co-ordinated services.
A number of themes emerged from the engagement. These main themes included:

- **Taking a population health approach and focussing on prevention:** there was strong support for a population health approach focused on prevention, early intervention, and reducing health inequalities. Key themes included understanding local health needs, promoting self-management and encouraging healthy lifestyle choices. Prevention accounted for 24% of all feedback.
- **Strategy document:** 17% of feedback focused on the strategy document itself, highlighting suggestions around format, clarity, use of infographics, level of detail, feasibility, timescales, funding, and service sustainability.
- **Partnership working**: 10% of feedback focused on partnership working, with calls for improved integration, joint working across services and sectors and better coordination of care.
- **Mental Health:** Feedback highlighted the need for reform in mental health services, with emphasis on addressing psychological trauma and supporting neurodiversity.
- **Primary and community care:** The response included strengthening primary and community care, recognising the vital role of GPs and multi-disciplinary teams, promoting prevention and social prescribing and adopting a “home first” approach.
- **Access:** Improving access to services was important, including quicker, easier and more local access to emergency, planned, primary care, and imaging services, leading to faster treatment and better outcomes.
- **Suggested areas for focus:** These included long waiting times, reform of mental health services, infrastructure challenges, opportunities to improve digital systems and specific service-level challenges not covered in this high-level strategy.

- **Communication:** Clearer communication and greater involvement in care decisions, along with improved co-ordination across services were seen as important.
- **Infrastructure:** Feedback included better use of data and digital systems to understand population needs, expand access to digital systems (e.g. online booking), use digitals solutions to support self-help and improve system integration. Physical infrastructure concerns such as transport, parking and developing service capacity in line with population growth and increasing demand were also highlighted, along with making use of green spaces.
- **Equality & inclusion:** Key issues included tackling inequalities related to deprivation, child poverty and ensuring services meet the needs of people with protected characteristics.
- **Workforce:** Themes included fostering a positive organisational culture, ensuring workforce sustainability, strengthening primary and community care workforce, supporting health education and prevention, promoting respect for everyone and practicing person-centred care.
- **Person-centred care**: Emphasis was placed on treating people as individuals, with respect and compassion at the heart of care delivery.
- **National issues:** Broader societal challenges were recognised, with calls for national co-ordination, NHS reform and expansion of national screening programmes.

Review of the National Frameworks – national direction of travel for the next 10 years (June 2025)

The SG published two key documents on 17 June 2025:

- Scotland's Population Health Framework 2025-2035
- Health & Social Care Service Renewal Framework 2025-2035

These two key national documents outline future care improvements. These have been reviewed and used to inform the draft Forth Valley Population Health and Care Strategy. Amendments were made to reflect the essential elements from these documents.

3. Did you make any changes to your proposed work as a result of this feedback or evidence?
Updates to the draft Forth Valley Population Health and Care Strategy (July to September 2025) It is important that the Strategy reflects the expressed needs of people living in Forth Valley. We have listened to the feedback from the engagement and used it to shape our Population Health and Care Strategy for 2025–2035. We summarised the key themes from the feedback and how this was used to shape the draft Strategy (attached). This document shows the changes that were made to the draft Strategy document in response to the feedback and evidence received. This summary document will be published on our website and available on request from our Planning Team. As a population health organisation, we will keep listening and working with local people, staff and partners as we plan and make improvements. Engagement Summary Strategy Cl

Section C – what's the impact of your work?

When looking at the impact of our work on equality groups, the Equality Act 2010 asks us to consider how our work will help to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between different groups;
- Foster good relations between different groups.

This doesn't need to be complicated. With your work in mind, consider the ways in which it may have a positive, negative or neutral impact on different groups. For example:

- **Positive** – does your work reduce discrimination or stigma, promote participation and involvement, improve access or increase tolerance?
- **Neutral** – does your work have no impact on this specific group
- **Negative** – although it may be unintentional, does your work discriminate against particular groups, add barriers to access or put people at a disadvantage / make their lives worse?

Please refer to NHS FV EQIA Checklist for further support and guidance.

Groups	Positive	Neutral	Negative	Comments
People of different Ages	x			**Overview:** We know that age can have an impact on an individual's experience of health. Our strategy is expected to have a positive impact on people of all ages by taking a life-course approach, recognising the specific health needs and challenges experienced at different stages of life. Through development of our Equality and Inclusion Strategic Framework, we know from engagement and evidence that different age groups can experience barriers to inclusion and discrimination, and the aims of this Strategy would seek to reduce such experiences through tailored services, preventative programmes and education and awareness. In addition, local engagement and national evidence both highlight that age-related disparities persist, and this Strategy seeks to address them through targeted, inclusive, and equitable health services. **Example:**

				We acknowledge that within Forth Valley, we have an aging population and this Strategy and associated workstreams will help to address the resulting increase in complex health needs and multiple comorbidities/health issues that our aging population will experience, including frailty, loneliness poor mental health. It will also be mindful of ensuring additional barriers are not introduced, such as digital exclusion, with active input to mitigate against this and increase accessibility to services. It is important to highlight the importance that the Board places on childhood and the known impact this will have on the long-term health and wellbeing of each individual within our population. This is why dedicated strategy focussing on children and young people is being developed.
People with a Disability	x			**Overview:** We anticipate a positive impact on people with a disability as our Equality and Inclusion Strategy takes into consideration the varying needs and experiences of disabled people. This includes promoting and striving for better access, better understanding and increased awareness. Evidence and engagement highlight the barriers disabled people face, including physical access issues, communication challenges, digital exclusion and lack of consistent adjustments. This strategy commits to embedding inclusive design, addressing systemic barriers, and ensuring that services are person-centred, responsive, and accessible to all. **Example:** We acknowledge that not just within Forth Valley, but nationally across Scotland, people with disabilities are more likely to suffer from poorer health outcomes and experience higher levels of poverty, unemployment and social isolation. This Strategy and associated workstreams will help to address these inequalities by promoting better awareness of these additional barriers, considering the wider factors of influence such as travel, housing and employment.
Trans and Non-Binary People	x			**Overview:** We anticipate a positive impact on trans and non-binary people as our Strategy will be informed by our Equality and Inclusion Strategic Framework to

				account for varying needs and experiences of trans and non-binary people. This Strategy supports a more inclusive approach to healthcare by recognising the specific barriers faced by trans and non-binary people, including experiences of discrimination, misgendering, and a lack of culturally competent care. Through inclusive policy, training and practice, it aims to build staff confidence, reduce stigma, and ensure trans and non-binary individuals feel respected, safe and able to access care without fear of prejudice. **Example:** We acknowledge that not just locally, but nationally, transgender and non-binary individuals report poor experiences with accessing healthcare, such as not feeling heard or understood, and this can result in barriers that prevent essential healthcare. This, coupled with the higher instances of poor mental health and poverty, result in health inequalities that must be addressed. This Strategy and associated workstreams will help to address these inequalities by creating a more inclusive NHS to ensure trans and non-binary individuals feel safe and supported, with respectful and person-centred healthcare interactions.
People who are Pregnant or on Maternity Leave	x			**Overview:** We anticipate a positive impact on people who are pregnant or on maternity leave as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. This will include support for pregnant individuals and new mothers accessing healthcare services in a person-centred way. **Example:** We acknowledge the importance of maternal health and are committed to reducing inequalities in pregnancy and maternity outcomes, particularly for marginalised groups, as we know pregnancy can increase the likelihood of living in poverty or experiencing abuse. This Strategy and associated workstreams will help to address these inequalities by ensuring a preventative and person-centred approach underpins service delivery, including early intervention and culturally appropriate maternity care. The Strategy also supports equitable access to healthcare, flexible pathways, and workplace policies that consider

				the needs of pregnant individuals and new parents.
People who are Married or in a Civil Partnership	x			**Overview:** We anticipate a positive impact on people who are married or in a civil partnership as our Strategy will account for their varying needs and experiences, ensuring that relationship status does not result in differential access to services or support. It reflects a rights-based approach to inclusion and commits to fair treatment across family-related healthcare and workplace policies. This includes upholding protections for all couples, regardless of marital or civil partnership status, in line with our Equality and Inclusion Strategic Framework. **Example:** We acknowledge that marital or civil partnership status can influence a person's experience of health and have cultural significances that must be accounted for. We know that individuals who are divorced, separated or widowed are more likely to experience poverty and socio-economic barriers, as are those from the LGBTQ+ community or adults who are cohabiting. This Strategy and associated workstreams will help to address these inequalities by ensuring a commitment to equal workplace benefits and protections for all marital statuses by ensuring equal treatment particularly in family related healthcare services.
People from different Ethnic Backgrounds	x			**Overview:** We anticipate a positive impact on people from different ethnic backgrounds as our Strategy will help to tackle the disproportionate health inequalities experienced by some ethnic minority groups and seek to actively reduce these through targeted action. It is informed by our Equality and Inclusion Strategic Framework and aligns with national priorities to embed anti-racist approaches, address systemic barriers, and improve racial equity in both healthcare access and employment. **Example:** We acknowledge that not just locally, but nationally, people from minority ethnic backgrounds are more likely to experience poor health and more likely to suffer from endocrine or cardiac-related illnesses, many of which can be

				linked to an increased incidence of poverty, cultural and language barriers and discrimination that is more prevalent amongst members of minority ethnic groups. This Strategy and associated workstreams will help to address these inequalities by ensuring the development of our Anti-Racism Plan supports the delivery of these objectives across the organisation and our wider community.
People with Religious or Protected Beliefs	x			**Overview:** We anticipate a positive impact on people with religious or protected beliefs, accounting for their varying needs and experiences. Our Strategy is informed by our Equality and Inclusion Strategic Framework, which recognises the importance of respecting and accommodating diverse religious beliefs and practices. The Strategy promotes culturally sensitive care and inclusive environments across NHS Forth Valley, ensuring that services are delivered in ways that uphold dignity, recognise spiritual and cultural needs, and support equitable access for people of all faiths and none. **Example:** We acknowledge that not just locally, but nationally, different faiths may have specific requirements and practices that impact upon experience of health. For example, diet, cultural sensitivities and end-of-life practices can influence the way in which an individual experiences health and engages with healthcare. This Strategy and associated workstreams will direct linkage to relevant supporting policies to assess equity of access to services for those from different religions or faiths and accommodating religious beliefs in healthcare settings, acknowledging and responding to potential discrimination that may contribute to poorer health outcomes.
Men and / or Women	x			**Overview:** We anticipate a positive impact on men and women as our Strategy will encourage gender equality, allowing everyone's voice to be heard to ensure they feel safe and experience validity of concerns and support. It will also include delivery and evaluation of specialised Women's and Men's Health Services, which recognise the need to address gender-related barriers and support equitable access to healthcare and workplace opportunities.

				Example: We acknowledge that not just locally, but nationally, a person's sex can influence their experience of health. Men are more likely to experience poor mental health and avoidance of accessing essential healthcare, whilst also more likely to have hazardous health behaviours such as drinking and smoking. Women are more likely to experience poorer socio-economic outcomes as a result of employment-related interruptions or barriers such as maternity leave, caring responsibilities and menopause. This Strategy and associated workstreams will seek to address these inequalities through the continued development and evaluation of targeted services, including Women's and Men's Health programmes, to meet diverse health and wellbeing needs.
A person's sexual orientation	x			**Overview:** We anticipate a positive impact relating to sexual orientation as our Strategy's outcomes will direct actions and workstreams that aim to eliminate discrimination and promote LGBTQ+ inclusion in patient care and the workplace, with training support to achieve these aims, recognising the varying needs and experiences of different sexual orientations. This Strategy will support targeted training and foster safe, welcoming environments for patients and staff of all sexual orientations. **Example:** We acknowledge that not just locally, but nationally, members of the LGBTQ+ community are more likely to experience poor mental health, be subjected to discrimination, and/or to live in poverty. This Strategy and associated workstreams will seek to address the subsequent impact on health by ensuring a focus on reducing health inequalities, and improving access to inclusive, respectful, and non-discriminatory services.
People who work with us	x			**Overview:** We anticipate a positive impact on our workforce as our Strategy will reflect the diverse needs and experiences of our staff. Inclusive workplaces ensure staff feel valued, supported, and empowered to progress in their careers. The development of our culture is a key enabler of our strategy creating the conditions for staff to fully

				engage in our strategic ambitions. It will promote fairness in career development, strengthen leadership accountability, and prioritise workforce wellbeing. **Example:** We acknowledge that many of our workforce also make up our local community and will have varying experiences of health and wellness, that may be further impacted by the protected characteristic group(s) they belong to. This Strategy and associated workstreams will seek to recognise the health inequalities of our workforce, providing training in key areas such as cultural competence, neurodiversity and anti-racism—all shaped by lived experience—that underpin efforts to build equity and confidence across our organisation.
People who are Carers or Care Experienced	x			**Overview:** We anticipate a positive impact on people who are Carers or Care Experienced as our Strategy recognises the disproportionate challenges they may face in accessing health, education, employment and support services. Guided by our Equality and Inclusion Strategic Framework, we will work to ensure more equitable access to services, promote trauma-informed approaches, and embed flexibility to accommodate caring responsibilities. **Example:** We know Carers and Care Experienced individuals are more likely to experience poor mental health and face additional access barriers when trying to support their own health and wellbeing. The Strategy supports the delivery of inclusive engagement opportunities, enabling the voices of Carers and Care Experienced individuals to shape policy and practice and address this inequality.
People who are socio-economically disadvantaged	x			**Overview:** We anticipate a positive impact on people who are socio-economically disadvantaged as our Strategy explicitly recognises the links between poverty and poor health outcomes. Informed by the Equality and Inclusion Strategic Framework and Fairer Scotland Duty, the Strategy will support targeted actions to reduce barriers to

				access, promote early intervention, and tackle health inequalities experienced by individuals and communities facing financial hardship. We will also consider the cumulative impact of disadvantage and embed inclusive approaches to address these. **Example:** Furthermore, we know the additional socio-economic factors that influence health throughout an individual's life-course, including a higher likelihood of mental health-related hospital admissions for those living in more deprived areas locally or experiencing poverty, and will take steps throughout the duration of this Strategy and beyond, to address these inequalities.
People living in poverty	x			**Overview:** We anticipate a positive impact on people living in poverty as our Strategy aims to reduce health inequalities and remove structural barriers that prevent equitable access to services. **Example:** We acknowledge that people living in poverty have poorer health outcomes for a number of factors. Informed by national data and local engagement, the Strategy will support targeted approaches to improve outcomes for people experiencing poverty, including enhanced access to preventative care, social support, and community-led initiatives that address the wider determinants of health.
Other, please state… (i.e. Homeless or no fixed abode individuals, Veterans etc.)	x			We anticipate a positive impact on people who may experience marginalisation due to housing instability, veteran status, or other intersecting factors. Our Strategy will seek to embed inclusive, trauma-informed approaches that acknowledge the complex needs of these groups. This includes working in partnership with community services, improving access to healthcare, and recognising the role of safe housing, social connection, and continuity of care in supporting health and wellbeing. Furthermore, we will be operating an ask and act approach as outlined here: 'Ask and Act' – advice.scot to help us take preventative signposting and action against homelessness.

Having considered the various groups above, what's the overall difference / impact your work will make?
This assessment provides a high-level overview of how the Population Health and Care Strategy seeks to improve outcomes for all, with a particular focus on reducing health inequalities and addressing barriers faced by marginalised and underrepresented groups. It reflects our commitment to embedding equality, inclusion, and human rights across strategic priorities and acknowledges that this is the beginning of a continuous process. As the Strategy progresses, additional EQIAs will be undertaken for specific programmes, policies, and service redesigns, ensuring that detailed and meaningful consideration is given at every stage. We recognise that individuals experience multiple, overlapping factors that can shape access and outcomes, and we are committed to taking an intersectional approach—recognising the complexity of people's lives and tailoring our responses accordingly, while also recognising the impact of these intersectional experiences and the need for inclusive data collection. While aiming for a positive overall impact, we recognise that some workstreams may have neutral or negative effects. These will be assessed individually, with appropriate actions and mitigations put in place. Equality will remain central to our strategic approach over the next ten-years, supported by robust review, monitoring, and governance processes.

Section D – does your work impact children?

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people a comprehensive set of rights. Examples of these rights include the right to health and education, fair and equal treatment, protection from exploitation and the right to a voice in decisions that affect them. In Scotland, as of 2024 we have a duty to consider how our work will impact children and young people. Further information can be found here: https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

Having considered the various UNCRC Rights, what's the overall difference / impact your work will make? Thinking about this will help you to complete the table below. It may be that not all of the UNCRC Rights are applicable.

It's important to remember that although not directly affecting, a service or project may have an impact on the life of a child or young person. For example, if it impacts upon a parent or carer. If you still feel your work does not impact children/young people, please move to section E.

Overview. Having considered the information above and the UNCRC Rights, what's the overall difference / impact your work will make?
As part of this Strategy, a Children's Population Health and Care Strategy is being developed and will align to our overarching objectives and strategic vision. Whilst not all workstreams associated with this Strategy will directly impact children, we acknowledge and recognise the importance of considering the wider implications that exist and the need to ensure the best interests of the child are a key aspect of our considerations when designing, developing and delivering services as part of this ten-year Strategy. We must ensure we do not view the child in isolation, but as a part of the wider family unit, which will be impacted by all of our decisions and approaches so it does not negatively impact an adults parental capacity.. We would anticipate that the work associated with the Strategy should have a positive impact on helping to further the Rights of the Child, with our children and young people being considered in everything that we do. We do however acknowledge that the EQIAs of individual workstreams may at times illustrate a restriction in a particular Right and on these occasions, it will be our strategic approach to work together both with our Child Health Commissioner, relevant stakeholders and of course, our children and young people, to address this and provide mitigations.

Summary of Findings from UNCRC Rights Analysis:

- The strategic plan strongly supports the best interests of the child, with a vision and guiding principles that prioritise children's wellbeing, safety, and voice.

- The plan furthers rights to health, education, family guidance, and participation by focusing on early intervention, family-centred support, and involving children and young people in service design.

- Some restrictions may arise due to resource limitations, service gaps, or barriers to access, particularly for children with disabilities, those in poverty, or with complex needs.

- The plan recognises the importance of not viewing the child in isolation, but as part of the wider family and community, and aims to address inequalities and ensure fairness for all groups.

- Ongoing engagement, monitoring, and collaboration with children, families, and stakeholders will be essential to maximise positive impacts and address any potential restrictions on rights as the strategy is implemented.

UNCRC Right	**How might your work further this right?**	**How might your work restrict this right?**	**Are there any particular groups impacted? i.e. children with disabilities**
Best interests of the child	The strategic plan places children's best interests at the centre through inclusive systems and early support.	Limited resources or disjointed services may prevent full realisation of this right.	Children with disabilities, complex needs, or in poverty.
Making rights real	The plan promotes active involvement of children and families in shaping services.	Tokenistic engagement or inaccessible formats may hinder realisation.	Children in care, with communication needs, or from minority backgrounds.
Family guidance as children develop	Family-centred approaches and digital empowerment support parental guidance.	Inconsistent or culturally insensitive support may limit effectiveness.	Families with language barriers or low digital literacy.
Life, survival and development	Early intervention and health support promote	Long waiting times or gaps in services may restrict access.	Premature babies, children with chronic

	survival and development.		conditions, and those in deprivation.
Name and nationality	The strategic plan supports this right through inclusive and preventative approaches for all people resident in Forth Valley irrespective of place of birth or personal circumstances.	Challenges like funding and infrastructure may limit full realisation.	Children with complex health and social needs or facing systemic barriers.
Identity	The strategic plan supports this right through inclusive and preventative approaches, recognising the individual person and their healthcare needs.	Challenges like funding and infrastructure may limit full realisation.	Children with complex health and social needs or facing systemic barriers.
Keeping families together	The strategic plan supports this right through inclusive and preventative approaches in accordance with The Promise Scotland.	Challenges in partnership funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Contact with parents across countries	The strategic plan supports this right through inclusive and preventative approaches.	Challenges in confirming who has parental rights for a child	Children with complex needs or facing systemic barriers.
Protection from kidnapping	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Respect for children's views	The strategic plan supports this right through the adoption of engagement processes based on the Lundy Model of child participation.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Sharing thoughts freely	The strategic plan supports this right through the adoption of engagement processes based on the Lundy Model of child participation.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.

Freedom of thought and religion	The strategic plan supports this right through the promotion of cultural competence and culturally safe practice by NHS Forth Valley's workforces	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Freedom of association and peaceful assembly	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Protection of privacy	The strategic plan supports this right through inclusive and preventative approaches in accordance with GDPR (202.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Access to information	The strategic plan supports this right through the adoption of age appropriate inclusive practice..	Challenges like funding and infrastructure may limit full realisation in a developmentally appropriate manner.	Children with complex needs or facing systemic barriers.
Responsibility of parents	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation e.g. an inability to identify who has legal parental responsibility for a child.	Children with complex needs or facing systemic barriers.
Protection from violence	Creating safe homes, schools, and communities is a guiding principle with an educated workforce preventing and responding to child need.	If trauma-informed care is not fully implemented, children may remain vulnerable.	Children exposed to domestic violence or neglect.
Children without families	The strategic plan supports this right through working in partnership with local authorities to ensure inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.

Children who are adopted	The strategic plan will operate in the context of The Promise Scotland and NHS Forth Valley's corporate parenting plan which supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Refugee children	The strategic plan supports this right through inclusive and preventative approaches as, irrespective of a child's background or situation, prevention and responsive healthcare provision will be available to children with both asylum and refugee status who live in Forth Valley.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Disabled children	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Enjoyment of the highest attainable standard of health	Goals include improving mental and physical health by promoting timely contact when healthcare support is necessary and reducing unnecessary contact when it is not..	Health inequalities or inaccessible services or ones with long waiting times may limit outcomes.	Disabled children, those with long-term conditions, and from deprived areas.
Review of a child's placement	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Social and economic help	The strategic plan supports this right through inclusive and preventative approaches to remove barriers to healthcare.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Food, clothing and safe home	The strategic plan supports this right through inclusive and	Challenges like funding and	Children with complex needs or facing systemic barriers.

	preventative approaches operationalised in partnership with third sector colleagues.	infrastructure may limit full realisation.	
Access to education	The strategic plan is structured to support children from birth, transitioning to adulthood promoting a readiness for learning and overall good health to enable engagement with education.	Reactive systems and lack of coordination may hinder educational progress.	Children with additional support needs or in unstable environments.
Aims of education	The strategic plan is structured to support children from birth, transitioning to adulthood promoting a readiness for learning and overall good health to enable engagement with education.	Reactive systems and lack of coordination may hinder educational progress.	Children with additional support needs or in unstable environments.
Minority culture, language and religion	The strategic plan supports this right through inclusive and preventative approaches to service delivery that will include the use of interpretative services and culturally competent practice	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Rest, play, culture, arts	The strategic plan supports this right through inclusive and preventative approaches which will include the use of nursery nurses, play leaders and play & arts therapists to ensure a child's right to play is observed in community and acute healthcare settings.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Protection from harmful work	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.

Protection from harmful drugs	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Protection from sexual abuse	The strategic plan supports this right through inclusive and preventative approaches with the workforce competent in recognising and responding to signs of sexual abuse and exploitation.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Prevention of sale and trafficking	The strategic plan supports this right through inclusive and preventative approaches with the workforce competent in recognising and responding to signs of sexual abuse and exploitation.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Protection from exploitation	The strategic plan supports this right through inclusive and preventative approaches with the workforce competent in recognising and responding to signs of sexual abuse and exploitation.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Children in detention	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Protection in war	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.
Recovery and reintegration	The strategic plan supports this right through inclusive and preventative approaches.	Challenges like funding and infrastructure may limit full realisation.	Children with complex needs or facing systemic barriers.

Section E – anything else?

Is there anything else you want to share with us? *This can be any further details about your work you think will be helpful, or can be any questions or queries you have in relation to Equality and Inclusion? Is there specific support you need from us?*
This high-level Equality Impact Assessment (EQIA) has helped to shape this Strategy to ensure that equality has been considered at every step. Our future plans and actions will be designed to deliver meaningful change, supporting those most affected by inequalities and making our services more inclusive. In addition, we are committed to meeting relevant legal obligations, including those set out in Fairer Scotland Duty (which considers socioeconomic inequalities), Children and Young People (Scotland) Act (2014) and the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act (2024). This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities. We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use. Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.

Please complete the following details:

Name:	Rachel Tardito	David Munro	Kerry Mackenzie
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Date:	18/09/2025	18/09/2025	18/09/2025

Please now save this form and send a copy to FV.EQIA@nhs.scot Someone will then be in touch to provide further guidance and support.

Useful Resources:

- Have you checked your document meets current accessibility requirements? Check the Guide for more information. If still unsure, email FV.equality@nhs.scot and we can support.
- You may find this video helpful: Scottish Government: EQIA - 'IT'S ALL ABOUT PEOPLE' (youtube.com)
- Or this guide: Fairer Scotland and equality impact assessments | NHS Education

Equality, Inclusion and Wellbeing Service Response and Next Steps:
EQIA received, information sufficient and adequate considerations in place to support implementation. As Strategy is a 10-year outline, we acknowledge that additional EQIAs will be undertaken for associated work as required. No negative or adverse impacts identified therefore more detailed actions and mitigations not needed presently. Review date in place. Filed and returned to author. **EQIA Number: FVEQIA-25/033**

Appendix – Action Plan

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd:	NHS Forth Valley Population Health and Care Strategy

Date	**Issue**	**Action Required**	**Lead (Name, title, and contact details)**	**Timescale**	**Resource Implications**	**Comments**
	Vision: Develop an inclusive vision for the strategy from key stakeholder feedback	The vision will be developed to include commitments to equality and diversity & inclusion highlighting the importance of addressing health disparities among different demographic groups				
	Diverse Partnerships: Ensure strategic partnerships include organisations representing minority groups.	Our strategy engagement phase will ensure that we build on the feedback already				

		received from strategic partners to inform our final strategy for approval.				
	Inclusive Engagement: Use diverse engagement methods to gather feedback from all demographic groups.	Working in collaboration with the team, consider further methods to elicit feedback where we have identified any gaps to ensure we have a complete				
	Equitable Resource Allocation: Ensure stewardship includes equitable distribution of resources.	As we develop our strategy, we will use our Values Based Healthcare approach to develop our Stewardship arrangements to inform and direct appropriate distribution of resources				

	Targeted Health Improvement/Prevention: Develop strategies that address specific needs of vulnerable populations.	As we implement the Strategy, we will assess and develop targeted strategies to meet the needs of specific groups within our population.				
	Performance Metrics: Include measures of equality in performance targets.	The Performance Metrics which we use to assess the effectiveness of our strategy delivery will include specific measures of equality				

Further Notes:			
Signed:		Date:	

Forth Valley Population Health & Care Strategy (2025 - 2035)

Engagement Summary

1. Engagement Process

1.1. Phase 1

Over the past three years, NHS Forth Valley and the two local Health and Social Care Partnerships (Falkirk, and Clackmannanshire and Stirling) have engaged widely with communities, staff, and partners to understand what matters most to people when using health services and what is important to help improve people's own health and wellbeing. This work was also informed by national engagement led by the Scottish Government.

1.1.1. Health and Social Care Partnership

The two Health and Social Care Partnerships (HSCPs) undertook considerable public, partnership, patient, carer and staff engagement when preparing the HSCP Commissioning Plans, published in 2022. The HSCPs have continued to build on this engagement and collaboration, with the development of approaches to locality and community engagement generally, and on specific topics including mental health and palliative care.

1.1.2. Patient Feedback and Engagement

Patient feedback and engagement include the following:

- The NHS Forth Valley Healthcare Experience Survey, which was carried out in 2022, to explore what matters most to local people who use our services, how the public expect to be treated by staff along with feedback on local improvements they would like to see. This identified a number of key themes around access, person-centred care, and staff communication.
- The Health and Care Experience Survey 2023/2024 asked about people's experiences of accessing and using their General Practice and other local healthcare services; receiving care support and help with everyday living; and caring responsibilities. Results can be viewed at GP practice, GP cluster, Health and Social care Partnership and NHS Board level.
- Local patient experience surveys were undertaken which informed our response to the HIS report on Forth Valley Royal Hospital.
- Patient complaints and feedback on Care Opinion.

Public engagement has included the following areas:

- Public and partner engagement carried out to inform the development of NHS Forth Valley's Quality Strategy.
- Local public involvement meetings set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare improvements across Forth Valley.
- Public and community engagement carried out to inform the development of Strategic Plans of our two local Integration Joint Boards.
- Mental Health Strategic Plan engagement.

1.1.3. Staff Feedback and Engagement

Staff feedback and engagement include the following:

- NHS Forth Valley staff events and development sessions (June 2022 and August 2022).
- NHS Forth Valley - staff experience survey (carried out in 2022), this identified key themes around increased staffing levels, workload training and development as well as highlighting the importance of kindness, compassion and respect.
- iMatter survey results – 2023 and 2024.
- Staff engagement carried out to inform the development of the Quality Strategy.
- Discussion with key stakeholders including:
    - Programme Boards, including Primary Care, Unscheduled Care, Infrastructure.
    - SLT members and their Teams e.g. Primary Care, Women and Children, Mental health.
    - Whole System Leadership Team.
- Culture Change and Compassionate Leadership Programme – surveys, presentations from Executive Directors to Teams and Departments, Focus Groups. Discovery phase completed July 2023 and reviewed August and September 2023. Key themes shared with staff and design solution workshops took place in May and June 2024. Action Plan developed and working towards collaborative implementation.
- Mental Health Strategic Plan engagement with staff, patients, public, 3rd and voluntary sector, quarter 4, 2024.

1.2. Phase 2

In May and June 2025, we shared the draft Forth Valley Population Health and Care Strategy with people across Forth Valley and gathered detailed feedback. This included:

- Patient and staff surveys.
- Awareness and engagement events.
- Feedback from care opinion and complaints.

- Meetings and workshops.

Feedback reinforced earlier themes, highlighting the importance of ill health prevention, timely access to services, clear communication, patient-centred care, strong partnerships and well co-ordinated services.

A number of themes emerged from the engagement. These main themes included:

- **Taking a population health approach and focussing on prevention:** there was strong support for a population health approach focused on prevention, early intervention, and reducing health inequalities. Key themes included understanding local health needs, promoting self-management and encouraging healthy lifestyle choices. Prevention accounted for 24% of all feedback.
- **Strategy document:** 17% of feedback focused on the strategy document itself, highlighting suggestions around format, clarity, use of infographics, level of detail, feasibility, timescales, funding, and service sustainability.
- **Partnership working**: 10% of feedback focused on partnership working, with calls for improved integration, joint working across services and sectors and better coordination of care.
- **Mental Health:** Feedback highlighted the need for reform in mental health services, with emphasis on addressing psychological trauma and supporting neurodiversity.
- **Primary and community care:** The response included strengthening primary and community care, recognising the vital role of GPs and multi-disciplinary teams, promoting prevention and social prescribing and adopting a “home first” approach.
- **Access:** Improving access to services was important, including quicker, easier and more local access to emergency, planned, primary care, and imaging services, leading to faster treatment and better outcomes.
- **Suggested areas for focus:** These included long waiting times, reform of mental health services, infrastructure challenges, opportunities to improve digital systems and specific service-level challenges not covered in this high-level strategy.
- **Communication:** Clearer communication and greater involvement in care decisions, along with improved co-ordination across services were seen as important.
- **Infrastructure:** Feedback included better use of data and digital systems to understand population needs, expand access to digital systems (e.g. online booking), use digitals solutions to support self-help and improve system integration. Physical infrastructure concerns such as transport, parking and developing service capacity in line with population growth and increasing demand were also highlighted, along with making use of green spaces.
- **Equality & inclusion:** Key issues included tackling inequalities related to deprivation, child poverty and ensuring services meet the needs of people with protected characteristics.
- **Workforce:** Themes included fostering a positive organisational culture, ensuring workforce sustainability, strengthening primary and community

care workforce, supporting health education and prevention, promoting respect for everyone and practicing person-centred care.

- **Person-centred care**: Emphasis was placed on treating people as individuals, with respect and compassion at the heart of care delivery.
- **National issues:** Broader societal challenges were recognised, with calls for national co-ordination, NHS reform and expansion of national screening programmes.

1.3. National Frameworks – national direction of travel for the next 10 years

The SG published two key documents on 17 June 2025:

- Scotland's Population Health Framework 2025-2035
- Health & Social Care Service Renewal Framework 2025-2035

These two key national documents outline future care improvements. These have been reviewed and used to inform the draft Forth Valley Population Health and Care Strategy. Amendments were made to reflect the essential elements from these documents.

2. Updates to the draft Forth Valley Population Health and Care Strategy

We have listened to the feedback from the engagement and used it to shape our Population Health and Care Strategy for 2025–2035. It is important that the Strategy reflects the expressed needs of people living in Forth Valley. As a population health organisation, we will keep listening and working with local people, staff and partners as we plan and make improvements. The tables below show the key themes and comments and how these have helped to shape the Strategy or will be used to guide future implementation plans.

1.	Strategy Document	(general comments)
	Feedback	**Our response**
1	• Current model is unsustainable due to workforce shortages, long waits, and poor service access.	• This acknowledged throughout the Strategy. • Page 5: 'As a population health organisation, NHS Forth Valley will work with our partners to: o Improve and protect the health and wellbeing of the whole population. o Tackle health inequalities. Improve the way services and supports are developed and delivered. o Deliver high value and sustainable health and care.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) • Page 27: 'We also need to deliver health services that are sustainable.' • "…enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.' Page 28 • Page 31: We will 'Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.' • Page 35: We will 'Set objectives for staff recruitment and retention to address identified workforce challenges and support the development of a sustainable, representative workforce.'
2	• Strong feedback that without proper funding—especially for community, prevention, and primary care—the strategy will fail.	• Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' • Page 26: We will 'Move more care from hospitals into local communities

		by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.' • Page 26: We will "Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support."
3	• Comments that the Strategy is seen as too vague, more like a framework than a plan. Needs: o Specific actions o Timelines o Measurable outcomes • Without a clear delivery plan, there's a risk the strategy remains aspirational only.	• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. • Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.'
4	• Too many managers, not enough frontline staff—calls for redirecting resources to service delivery.	• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 28: The 'Value Based Health and Care' section notes our aim to "use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'

5	• Title “Population Health & Care Strategy” seen as unclear. Noted some preference for simpler language like “Healthcare Strategy”.	• This suggestion was carefully considered, but the title of the document remains unchanged.
6	• Many respondents found the strategy comprehensive and aligned with their values.	• We appreciate that many people felt the strategy was thorough and reflected what matters to them. This feedback has been taken on board.
7	• Housing’s impact on health noted, though perhaps not fully reflected in priorities.	• We recognise that housing plays an important role in people’s health. The Strategy does refer to housing in several sections.
8	• Positive personal experiences shared, with encouragement to keep improving.	• People shared positive experiences and encouraged us to keep making things better. We’ve listened to this feedback.

2.	Suggested areas for focus	
	Feedback	**Our response**
1	• No mention of services for hearing and sight-impaired residents, particularly in Falkirk.	• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.
2	• No reference to adult access to neurodevelopmental assessments and services.	• Page 24: Added 'The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes. This includes the development of joined up assessment and treatment pathways for people with neurodevelopmental conditions.'
3	• Difficulties accessing GP appointments and issue about restricted access to preventative medication.	• Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'
4	• No mention of A&E waiting times (challenge/ improvement).	• Page 21: We will: 'Take forward work across local health and social care services to deliver improvements in urgent and emergency care.' • Page 23: 'If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely.' • Page 26: We will: "Further develop urgent care services which provide timely access to specialists."
5	• Specialist Services Coordination: Unclear how local links to centralised specialist services will be improved, including training and support.	• Page 34: 'We continue to develop roles for Advanced Nurse Practitioners (ANPs) who have undergone specialist training and gained additional qualifications. The work of ANPs across primary care, hospital and community settings, mental health services and prisoner

		healthcare services has helped increase capacity and reduce waiting times. It has also freed up GPs and Consultants to focus on patients with more complex healthcare needs.'
6	• No detail on infrastructure plans (e.g. new hospitals or new GP Practices/ GP services) - especially to support areas of population growth linked to housing developments.	• Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' • Page 27: '…change the way many local services are designed and delivered in response to increasing demand.'
7	• Principles are broadly supported, but the strategy lacks specific detail e.g. child poverty is mentioned but needs more detail.	• Page 8: 'The rate of child poverty is highest in the most deprived communities at 45.6% in Clackmannanshire, 38.2% in Falkirk and 32.9% in Stirling and between 6% and 10% in the least deprived communities across Forth Valley.' • Page 14: Significant 'Child Poverty' included, which highlights our collaboration with local councils to tackle child poverty, by improving support for families, raising awareness among staff, and helping communities build local wealth.
8	• Concerns raised about the adequacy of current mental health services.	• Page 18: '…work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing, …' • Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'

		• Page 23: We reference that care is ‘provided by a range of healthcare professionals working in primary care settings.’ We note that ‘primary care teams work closely with a range of community-based healthcare professionals, including community nurses, community mental health nurses.’ • Page 23: ‘We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.’

3.	Prevention	
	Feedback	**Our response**
1	• There is a need for accessible, understandable data to design effective, prevention services.	• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) • Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'
2	• Strategy lacks detail on how prevention will be addressed. • Key areas needing attention: child poverty, vaccination, oral health, obesity.	• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. • Page 14: See "Child Poverty" section. • Page 16: We will "Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol."
3	• Housing impacts health but needs stronger emphasis. • Housing is acknowledged as a health factor but not viewed as a priority.	• We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.
4	• There was support for self-help approaches and better access to health-related information.	• Themes of prevention, self-help, and self-management are prominent throughout the Strategy document.
5	• 24% of the engagement feedback was about Prevention. • There was appreciation for inclusion of physical activity and long-term, population-focused thinking.	• Page 12: 'You emphasised the opportunities to promote wellbeing and healthier lifestyles in everything that we do, through more prevention and self-help activities.' • Page 12: The "Preventing Ill Health" section states that 'We want to empower and support people to take more control of their health and wellbeing, to avoid illness and manage health conditions more effectively.

	• Emphasis on encouraging individuals to take more responsibility for their health, especially regarding lifestyle choices. • Suggestions for healthier food options in hospitals (for staff, visitors and patients) and local partnerships to promote staff physical activity.	• The Strategy highlights how lifestyle choices - like smoking, drinking alcohol, eating well and staying active - can affect our health. • Page 20: The 'Healthy Weight in Children' example emphasises the importance of trying healthy foods and supporting families to learn how to make healthier food choices together and working towards a healthier weight.
6	• Support for more joined-up care, especially from people who are unpaid carers. • Informal carers are vital to home care and need more focus. • Aging carers (often in their 70s) are under-supported.	• Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.' • Page 19: 'We recognise and value the essential role that carers play in our health and care system. Whether they are family members, friends, or neighbours, carers offer support, compassion, and care to those who need it most.' • Page 19: "HSCPs… were created to improve outcomes for people, their families and carers by creating more integration and seamless health and social care services, reduce duplication and increase efficiency." • Page 19: "...our Participation and Engagement Strategic Framework… confirms our commitment to listen to and work with staff, primary care colleagues, carers, partner organisations and communities to improve local health services.' • Page 21: We will 'Work with carers and carers' organisations - listening to their experiences, learning from their insights, and ensuring they have the support needed to continue their vital role.'

7	• There was a call for proper funding of prevention and screening.	• Page 12: “You told us that early access to screening and early diagnosis is important.” • Page 16: We will ‘Ensure fair access to healthcare, screening and vaccinations.’ • Page 27: ‘Investing in prevention - whether it’s stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value.’
8	• Concern over centralisation of services (e.g. immunisations) suggestion that this leads to poorer outcomes and higher costs.	• Page 31: We will ‘Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.’

9	• Strong support for further investment in schools and charities to promote healthier lifestyles among children.	• We have included 2 examples of where we are working with schools:
		  • Page 20; Working Together to Support Healthy Weight in Children.
		  • Page 30: Delivering Speech and Language Therapy Support in Schools & Nurseries.
		• Page 14: The ‘Preventing Ill Health’ section includes focus on “Child Poverty” and ‘Best Start Maternity and Neonatal Care’
		• Page 19: The “Working Collaboratively” section emphasises our joint working with Community Planning and Anchor Partners; GIRFE/ GIRFEC to ensure the wellbeing of children.

10	• Suggestion for wellness clinics (e.g. Well Man/ Woman) for the 50+ age group to support early intervention and prevention.	• Page 26: We will “Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support.” • Page 25: New example added: ‘Preventing the development of heart disease - GP practices will offer a new service to identify people most at risk of heart disease to help prevent it. It will focus on spotting risk factors early - especially in people who may not

		realise they’re at risk - and offer early treatment, advice and support to help reduce those risks. New ways to reach people who don’t often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.’

4.	Workforce	
	Feedback	**Our response**
1	• Strong call for a clearer commitment to culture change across NHS Forth Valley and the two HSCPs. • Culture change should be a central priority, not a minor point. • Call for leaders to model the culture they want to see and ensure their teams are included in the delivery planning process.	• Pages 34 and 35: Culture change is a key element of the 'Supporting and Developing our Workforce' section. • Page 32: We added 'You told us that culture change and strong leadership are key to the future.' • Page 34: Additional example provided 'Culture Change and Compassionate Leadership programme' emphasises the importance of successful culture change.

2	• Emphasis on building a workforce to deliver on health education and health promotion activities - especially for young people.
	• Proposal for a "Health Improvement & Prevention Academy" to build workforce capacity and support culture change, including:
	  • Tiered training
	  • Mentoring and coaching
	  • Leadership development for radical thinking
		• Page 35: We will 'Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.'
		• Page 35: We will "Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation."

3	• While staff commitment remains invaluable, there is growing recognition that sustainable service delivery requires appropriate funding.	• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 32: "You recognised the need to build workforce capacity and ensure long term sustainability." • Page 34: "Work continues with our university and college partners to explore new and innovative roles to help meet future demand."
4	• Primary care contractors and prevention/ screening strategies need adequate investment.	• Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.' • Page 26: We will "Use our community spaces to support more prevention

		and early intervention activities including a range of health assessments, along with tailored advice and support." • Page 27: 'Investing in prevention - whether it's stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value.'
5	• Strategy must go beyond addressing issues in theory—health professionals need to actively practice person-centred care.	• Page 27: 'You want to see more focus on delivering service which meet the needs, preferences and goals of individual patients and their families.' • Page 28: 'Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals.' • Page 32: 'You reinforced the importance of health care professionals actively delivering person-centred care.' • Page 35: We will 'Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.'
6	• Investment in Occupational Health is essential to support a motivated, healthy workforce and ensure service sustainability	• Page 35: We will 'Continue to provide practical health and wellbeing support tailored to the varied needs of our workforce, ensuring everyone has a positive experience of working in Forth Valley.'

5.	Communication	
	Feedback	**Our response**
1	• A complete overhaul of communication with patients is needed including more accessible information on current health issues. • Care should be patient-led, with communities actively involved in service design and delivery—not just consulted.	• Page 11: We will 'Work closely with our local communities - listening to their experiences, understanding their needs, and using community profile data to develop targeted solutions that help reduce inequalities.' • Page 11: We will 'Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.' • Page 17: 'You want more locally available and community-led services.' • Page 17: 'You value the involvement of people with lived experience in designing services.'
2	• Communication must be integrated across all contacts, both digital and in-person. • Current system is still fragmented, often with poor communication between specialities. • Need for better coordination between primary and secondary care and with community pharmacies.	• Page 17: 'You want stronger collaboration across all partners and sectors to improve population health together.' • Page 18: 'Our whole system approach will focus on preventing ill health and decreasing inequalities together, supported by prevention focused licensing and planning decisions.' • Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.' • Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.'
3	• Clackmannanshire Council could contribute housing data to align strategies and improve health outcomes.	• We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.

6.	Infrastructure & Digital	
	Feedback	**Our response**

1	• Digital teams should be involved early in planning across all six strategy strands to:
	  • Align digital goals with strategic priorities.
	  • Avoid duplication or implementation of conflicting systems.
	  • Ensure timely scheduling of digital projects.
		• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)
		• Page 11: We will 'Work with partners to set shared goals for improving community health, using data and research to guide planning and track progress'
		• Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.'
		• Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'

2	• Need for shared access to data and systems across sectors to enable more effective, joined-up care. • Communication must be integrated across all contacts, both digital and in-person.	• Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.'

3	• Strong demand for user-friendly digital tools:
	  • View appointments and test results via an app. Book appointments as easily as ordering groceries.
	  • A single, clear point of access for navigating care pathways.
		• Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'

4	• Proposal for a free NHS self-help app:
	  • Tailored activity programmes.
	  • Self-help videos and tips.
		• The suggestions were noted.
		• Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'

	• Integration with smartwatches and smartphones. • NHS self-help app could be cost-effective alternative to paid fitness apps.	
5	• Concerns about parking stress at appointments.	• The feedback was noted. • Page 23: ‘Providing care closer to home makes services easier to access and helps people stay active and independent in their own homes and local communities.’ • Page 22: ‘You want strong support for offering more health and care within the community, particularly in outlying areas where transport can be challenging.’
6	• Need for additional GP services in areas with rapid housing growth (e.g. Bo’ness).	• Page 9: ‘We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.’ (see infographic) • Page 26: We will ‘Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.’
7	• Suggestion for early consultation between councils and health boards before approving new developments.	• Page 18: ‘Together with Community Planning partners, we will use the national Place Standard Tool to help better understand what matters to local communities. The tool helps people to think about the physical and social aspects of places and the important relationship between them, to assess and identify areas for improvement.’
8	• Recommissioning of green spaces and community clubs is important for wellbeing and retention.	• Page 4: The importance ‘green spaces’ is acknowledged. • Page 25: ‘New ways to reach people who don’t often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.’

7.	Primary & Community Care	
	Feedback	**Our response**
1	• General Practice is central to achieving better health outcomes in Forth Valley. • Funding should prioritise GPs rather than shifting responsibilities to other roles, which may be cheaper but less effective long-term.	• Page 22: 'You told us that it is important to redesign and strengthen primary care and community-based services.' • Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'
2	• Declining GP numbers and funding. • Limited accessibility in rural areas. • Only 6.5% of NHS budget allocated to General Practice.	• Feedback noted. • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)
3	• GPs deliver lifestyle advice and early detection. → More funding for preventive care via GPs. • GPs work in local communities and are a first contact for healthcare. → Expand multidisciplinary teams within practices. • General Practice is cost-effective. → Reverse funding decline and invest in infrastructure. Infrastructure (phone systems, premises,	• Page 22: 'You told us that it is important to redesign and strengthen primary care and community-based services.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'

	check-in/ booking systems) needs investment.	
4	• GPs reach under-served populations. → Support outreach programmes, data analytics, and social prescribing. • GPs connect patients to social care and services. → Fund care navigators/ link workers in all GP practices.	• Page 16: We will 'Develop social prescribing to further connect people to activities, groups, and services in their communities.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)
5	• Education is important • Gender inequality is an issue. • Concern for frail elderly without carers (role for wider community to support?) • Support for devolving care to local specialist nurses in the community to ease hospital pressures. • Emphasis on using community pharmacies appropriately.	• Feedback noted. • Page 10: 'Equality and Inclusion" section redrafted. This section covers all groups, especially those with protected characteristics.' • Page 10: 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.' • Page 24: 'It is essential that frail older people are assessed at an early stage, so that services can be put in place to support them, prevent their health from deteriorating and enable them to continue to live safely at home for as long as possible.' • Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'

8.	Mental Health	
	Feedback	**Our response**
1	• Mental health services have been identified as requiring improvement, with calls for transformation that includes evolving professional attitudes to better meet current needs.	• Page 18: '…work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing …' • Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'
2	• Suicide and drug-related death rates are higher than the national average in Clackmannanshire and Falkirk. • Specific mention of suicide prevention and drug death prevention is recommended.	• Feedback noted. • Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'
3	• No reference to trauma-informed care, despite its importance in national policy. • No mention of the impact of adverse childhood experiences (ACEs), intergenerational trauma, or complex trauma on health outcomes.	• Page 7: Added 'Approximately 6 in 10 people experience psychological trauma at some point in their lives. It is important we understand how this can affect people and make sure support is easy to find when it's needed. We will work to reduce barriers to care, support recovery and improve outcomes for people affected by psychological trauma.'
4	• Lack of inclusion of neurodiverse individuals,	• Page 24: 'This includes the development of joined up assessment

	especially children and young people referred to paediatric services.	and treatment pathways for people with neurodevelopmental conditions.'
5	• Falkirk Alcohol and Drug Partnership (ADP) can lead trauma-informed practice in substance use services.	• Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'
6	• Expand education and outreach on mental health and substance use in schools and communities.	• Feedback noted. • Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.'
7	• Involve people with lived experience in service design to align with community-focused ambitions.	• Page 11: We will 'Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.' • Page 17: 'You value the involvement of people with lived experience in designing services.'

9.	Equality & inclusion	
	Feedback	**Our response**

1	• Trans Healthcare Concerns:
	
	  • Potential withdrawal of GP-led blood test monitoring for hormone treatment is a serious risk.
	  • Long wait times (5–6+ years) for NHS Gender Services already harm mental health.
	  • Further service erosion could increase suicide risk in the Trans community.
	  • Emphasis on ensuring equality, inclusion, dignity, and respect - especially for Trans people in light of legal rulings.
	  • Healthcare settings must treat Trans people with dignity and respect, without unnecessary barriers or forced disclosure.
		• Feedback noted.
		• Page 10: ‘Equality and Inclusion” section redrafted. This section covers all groups, especially those with protected characteristics.’
		• Page 10 ‘This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.’
		• Page 10: ‘We are committed to continuing our work to build an inclusive organisation where everyone is treated with dignity and respect and feels welcome, safe and supported, regardless of background or circumstance.’
		• Page 10: ‘We will take action to tackle inequalities, discrimination and stigma to ensure that NHS Forth Valley is a place where everyone feels included and valued.’
		• Page 10:’ To do this, we will continue to work closely with our communities, our staff and our partners. By listening to the people we serve and work with, we can better understand their needs and make meaningful, lasting improvements.’
		• Page 10: ‘We have carried out an Equality Impact Assessment (EQIA) to shape this Strategy to ensure that equality has been considered at every step.’
		• Page 10: ‘Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.’

		• Page 31: General ambition to: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'
2	• Overlapping Disadvantages: Strategy should better reflect how poverty, trauma, and ethnicity intersect to affect health.	• Feedback noted. • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.

3	• Call to focus on deprived areas and vulnerable groups, including:
	  • Children and young people (CYP) with postnatal depression (PND)
	  • Older adults with dementia
	  • Ethnic minorities and those with drug dependence
		• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.
		• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.

4	• Lack of detail on how universal proportionalism and wider determinants of health will be addressed.	• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. • Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
5	• Need for clearer action on preventative care (e.g. vaccination, oral health, obesity).	• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.

		• Page 10 ‘This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.’ • Page 9: ‘We are creating detailed community profiles to better understand local needs and plan future services.’. These developing community profiles will help us design sustainable services tailored to each community.

10.	Person-Centred	
	Feedback	**Our response**
1	• Patients feel treated like numbers; a shift toward empathy, compassion, and respect is essential. • Staff require intensive training in person-centred approaches.	• Page 17: 'You value the involvement of people with lived experience in designing services.' • Page 28: 'Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals.' • Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."

2	• Access and Experience:
	  • Suggestions for walk-in GP clinics to improve access.
	  • Desire to get quicker GP appointments
	• Would like longer appointments for older adults who need more time and clear explanations.
		• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.
		• Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."
		• Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'
		• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'

3	• Concerns were expressed about avoidable overnight hospital stays, which may be linked to limited access to diagnostic scans such as CT and MRI during nighttime hours.	• The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. • Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience." • Page 26: We will 'Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.'
4	• AHPs contribute to nutrition, cardiovascular disease prevention, and employability support, highlighting their key role in holistic care.	• Page 23: We note the importance of allied health professionals as part of our multidisciplinary healthcare teams.

11.	National Issues	
	Feedback	**Our response**
1	• Influences Beyond NHS Control: Many well-being issues stem from broader societal factors (e.g. online safety, car use), requiring action from Scottish and UK Governments to support prevention efforts.	• Feedback noted. • Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'
2	• Public Health Screening Suggestions: Proposals for universal prostate cancer screening for men and osteoporosis screening.	• Feedback noted. • Page 12: You told us that early access to screening and early diagnosis is important. • Page 16: We will 'Ensure fair access to healthcare, screening and vaccinations.' • Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'
3	• Call for System-Wide Action: Emphasis that change must occur at all levels, not just within statutory services.	• Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.' • Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'
4	• Strong sentiment that "the NHS is broken", indicating a need for deep systemic reform.	• Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.' • Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand. The programme aims to support all services to review and reform the care they deliver, to ensure they deliver the best possible value.'

12.	Access	
	Feedback	**Our response**
1	• Long delays for GP appointments (up to 4 weeks), mental health assessments (4 months), surgery (12+ months), and emergency services (12+ hours in A&E). • Easier access to GPs as well as hospital staff. • These delays are seen as unacceptable and harmful to patient outcomes.	• Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'
2	• A&E should be reserved for true emergencies; others should be redirected to appropriate services (e.g. pharmacists, minor injuries units). • Stronger triage and public education needed to reduce inappropriate A&E use.	• Page 21: We will: 'Take forward work across local health and social care services to deliver improvements in urgent and emergency care.' • Page 23: 'If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely.' • Page 26: We will: "Further develop urgent care services which provide timely access to specialists."
3	• Overwhelmed services due to population growth from new housing developments, with poor communication between health services and local authorities.	• Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' • Page 27: '…change the way many local services are designed and delivered in response to increasing demand.'
4	• Comments regarding resource allocation, with suggestions to reduce management roles and redirect funds to frontline service provision.	• Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'

5	• Better IT systems for communication between medical professionals.	• Page 21: We will ‘Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.’
6	• Reduce gatekeeping of preventative medications (e.g. weight loss treatments like Mounjaro).	• Feedback noted. • Page 28: ‘Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.’ • Page 30: Adult Weight Management example added, which demonstrates the impact that this type of approach has on wellbeing.

13.	Partners	
	Feedback	**Our response**
1	• Strong support for collaborative working between NHS Forth Valley, local authorities, and third sector organisations to improve health and wellbeing.	• Page 17: 'You want stronger collaboration across all partners and sectors to improve population health together.'
2	• Emphasis on aligning housing priorities and council policies with health strategies (especially around prevention agenda).	• We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.
3	• Interest in rolling out community activity programmes like "Park Play" and "WildStrong's Nature Moves" to promote physical activity and social connection.	• Feedback noted. • Page 4: The importance 'green spaces' is acknowledged. • Page 4: We acknowledge "Where you live; your employment and income; housing and transport; and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important."
4	• Allied Health Professionals (AHPs), such as physiotherapists, are eager to support these efforts.	• Page 23: We note the importance of allied health professionals as part of our multidisciplinary healthcare teams.
5	• Support for closer ties with the DWP, especially Disability Employment Advisers in GP surgeries.	• Throughout the Strategy document, there's a strong focus on how employment and income maximisation can positively impact people's health and wellbeing. • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
6	• Highlighting the role of services like Falkirk Council's Sensory Services Team in supporting independence and employability for people with sensory impairments.	• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
7	• Need for shared access to data and systems across	• Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved

	sectors to enable more effective, joined-up care.	access to health and care services and help people monitor and manage their own health.'
8	• Concern over the high number of hospital patients with dementia. • Call for more support in preventing dementia, with recognition that organisations like Alzheimer Scotland cannot address this alone.	• Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) • Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.'

14.	Service Renewal Framework & Feedback	Public Health Framework Our response
1	• Empowering people to be more in in charge of the care they receive (SRF page 3) • “They will also be more in charge of how this care is delivered, participating in shared decision-making to make informed choices about the treatment and care that is right for them.” (SRF page 14) • “People Principle: Care designed around people rather than the ‘system’ or 'services'” (SRF page 24)	• Page 11: We will ‘Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.’
2	• “Population Principle: Population planning, rather than along boundaries.” (SRF page 6)	• Page 11: We will ‘Plan healthcare services based on what the population needs, not just on administrative boundaries, to make care fair and efficient.’
3	• “Our planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level” (SRF page 34)	• Page 11: We will ‘Help to support better coordination in planning healthcare at national, regional, and local levels.’
4	• Reference to “care closer to home”. (SRF page 27)	• “Community First” section changed to “Delivering Care Closer to Home” section. Page 22
5	• “We are shifting funding and workforce capacity into primary and community care.” (SRF page 23, page 27)	• Page 26: We will ‘Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.’
6	• “Hospitals will focus on the most complex and acute areas of care and treatment that cannot be delivered at home or in the community.” (SRF page 30)	• Page 26: We will ‘Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.’
7	• “First, strengthen integration across the system, and second, to improve access to services and a wider range of treatments in the community.” (SRF page 28)	• Page 26: We will ‘Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.’

8	• "Value Based Health and Care delivers better outcomes through the equitable, sustainable, appropriate and transparent use of available resources. Value Based Health and Care in Scotland is based on the primary principle of person centred care that is not only high in quality but also delivers the outcomes and experiences that really matter to people, defined by and reported by them." (SRF page 6)	• Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'
9	• "People's experience and priorities will be key in shaping the future of our health and care services. Over recent years there has been extensive engagement with the public about their experiences of health and care, and they have already told us what matters most to them. We have listened, and we are taking bold steps in this Framework to deliver." (SRF page 12) • "…understand what matters most to the patient… learn and evolve the model building on user experience." (SRF page 23)	• Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."
10	• "…we must address the causes of low engagement in healthcare, including 'missingness'" (PHF page 33 and page 34)	• Page 11: 'Work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.'
11	• "…supporting the generation, circulation and retention of more wealth in local economies." (PHF page 5)	• Page 14: 'In addition, we are supporting community wealth building activities that help retain and circulate resources locally.'
12	• "…healthcare inequalities"; "We will continue to address the barriers and inequalities that exist in vaccination and screening" (PHF page 33)	• Page 16: We will 'Ensure fair access to healthcare, screening and vaccinations.'

13	• References to “Social Prescribing” (PHF pages 6, 25 & 26)	• Page 16: We will ‘Develop social prescribing to further connect people to activities, groups, and services in their communities.’
14	• Reference to “digitally enabled access to information, resources, treatment and services” (PHF page 19) • Reference to “maximise opportunities to improve system and outcomes” (PHF pages 17 and 19)	• Page 21: We will ‘Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.’

Preventing Ill Health | Delivering Better Outcomes | Reducing Inequalities

Population Health and Care Strategy

2025 - 2035
Summary

NHS Forth Valley

Our Vision for Improving Health and Wellbeing

NHS Forth Valley wants to become a population health organisation, one that supports people to live longer, healthier lives, looking beyond traditional ways of delivering health services in hospitals and clinics.

We recognise that health is shaped not just by healthcare, but by where people live, their income, lifestyle as well as access to education, housing and transport. Improving health therefore requires the support of many different organisations and partners, such as councils, schools, the third sector, carers and community groups.

This strategy marks a shift from not just treating illness to preventing people from becoming unwell and improving the health of everyone in Forth Valley. We will prioritise support for the most vulnerable in our communities who can often face the greatest barriers. With life expectancy falling and inequalities widening, this Strategy sets out how we will respond to these challenges over the next 10 years.

Our Main Goals

- Prevent people from becoming unwell
- Work with others to reduce health inequalities
- Provide more care, services and support closer to home
- Achieve the best value and outcomes from the funding available
- Support and grow our workforce

What We Will Do

Understand the Needs of Local Communities

Detailed work is ongoing to understand the needs of different patient groups and local communities across Forth Valley including those with long-term or complex health conditions, disabilities, transport and access to services. This will help us design and develop services which meet current and future needs. We will also work with partner organisations and local communities to tackle stigma and discrimination, to help ensure everyone feels respected and supported.

Focus on Prevention

Only 5% of health funding is spent on prevention and this needs to change. We will invest more in services and activities which help prevent people from becoming unwell or their condition from getting worse. This includes providing support at an early stage, screening and testing for certain health conditions and advice to help people look after and improve their own health. Actions like stopping smoking, eating well and being more active can reduce the risk of developing conditions such as diabetes, heart disease and stroke. Programmes which help people manage their weight, reduce falls and prevent diabetes will be expanded to help improve overall health and wellbeing.

Work in Partnership

Improving health cannot be done by the NHS alone. We will work closely with local councils, colleges, community organisations and carers to agree common goals and design local services with the people who use them. By working together we can help address shared challenges, including improving mental health and services and support for children and families.

Deliver More Care Closer to Home

Delivering more care in local communities leads to better outcomes and lower costs. We will expand community-based services, supported by teams of GPs, nurses, allied health professionals and mental health staff. Our ‘Home First’ approach will help people leave hospital as soon as they are well enough, with more support at home. New services, such as the Community Glaucoma Service and heart disease prevention clinics, will also help reduce the need for people to visit hospital for tests or treatment.

What We Will Do

Tackle Inequalities

We will work with partners to reduce child poverty, social isolation and barriers which can sometimes prevent people from getting the health and care they require. This includes supporting people with mental health conditions and improving access to services for people most in need.

Deliver Better Value

We will get the best value from the resources (money, staff and facilities) available by ensuring these are used in the areas where they will make the biggest difference. That means reducing activities which don't add value and focusing on those which deliver the best outcomes and matter most to patients. We will also adopt greener ways of working to help reduce waste. Services like the Rapid Cancer Diagnostic Service and Children's Speech and Language Therapy services show how redesigning the way we deliver care and treatment can improve both outcomes and efficiency.

Support our Staff

Our staff are central to delivering high-quality care, now and in the future. We are therefore committed to recruiting, training and keeping a diverse and skilled workforce. New roles are being developed for nurses, radiographers and healthcare support workers to help increase capacity and create more career opportunities. We are also investing in initiatives to support future leaders and improve staff wellbeing. Care and compassion, quality and teamwork, openness, honesty and responsibility and treating each other and our patients with dignity and respect are the values which will underpin our approach to developing our workforce.

Delivering the Strategy Together

This Strategy has been shaped by feedback from a wide range of staff, patients and partners. We will continue to involve our staff, service users and local people as we continue to develop and improve local services. Progress will be tracked through detailed annual plans which will adapt to reflect any new or changing needs. Everyone has a role to play in building a healthier Forth Valley and we look forward to working together to achieve the goals set out in this Strategy.

The full Population Health and Care Strategy can be viewed at nhsforthvalley.com/strategy