

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on 28 January 2026, 2 – 5 pm in the Boardroom, Carseview House, Stirling and hybrid via MS Teams

Please notify apologies for absence to:
fv.clackmannshirestirling.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 26 November 2025
5. Action Log
6. Chief Officer Update Jennifer Borthwick
20 mins

For Decision without Direction

7. Finance Update Amy McDonald
20 mins
8. 2024/25 Audited Annual Accounts and Annual Audit Report Amy McDonald
20 mins
9. Stirling Chief Social Work Officer Report 2024/25 Jennifer Rezendes
10 mins
10. Clackmannanshire Chief Social Work Officer Report 2024/25 Sharon Robertson
10 mins
11. Reviewing the Strategic Commissioning Plan - Update Wendy Forrest
10 mins
12. Strategic Risk Register Ross Cheape
10 mins

For Noting

13. Minutes
 - a. Strategic Planning Group – 10 September 2025
 - b. Finance Audit and Performance Committee – 17 September 2025
 - c. Joint Staff Forum – 21 August 2025
14. Any Other Competent Business

Date of next meeting:

25 March 2026

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
26 November 2025

For Approval

Approved for Submission by	Jennifer Borthwick, Interim Chief Officer
Paper presented by	N/A
Author(s)	Jonathan Tonge, Admin Services Coordinator
Exempt Report	No

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 26 November 2025 in the Boardroom, Carseview House, Stirling and hybrid via MS Teams

PRESENT

Voting Members

Councillor Scott Farmer, (Chair), Stirling Council
Councillor Rosemary Fraser, Stirling Council
Councillor Martin Earl, Stirling Council
Councillor Fiona Law, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martha Bennie, Clackmannanshire Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Finlay Scott, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley
Clare McKenzie, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Joanna Macdonald, Interim Chief Officer
Natalie Masterson, Third Sector Representative, Stirling
Helen Macguire, 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
Mike Evans, Localities Representative
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Eileen Wallace, Service User Representative, Stirling

Standards Officer

Lee Robertson, Senior Manager Legal & Governance and Monitoring Officer
Clackmannanshire Council

In Attendance

Jennifer Borthwick, Director of Psychological, Mental Health & Learning Disability Services
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
Nikki Bridle, Chief Executive, Clackmannanshire Council
Lindsay Sim, Chief Finance Officer, Clackmannanshire Council

1. APOLOGIES FOR ABSENCE

Councillor Farmer 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
Allan Rennie (**Vice Chair**), Non-Executive Board Member, NHS Forth Valley

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

None

3a. ITEMS OF URGENT BUSINESS

Publishing of IJB Papers

Councillor Farmer reported that Councillor Gibson had submitted a complaint regarding the failure to publish the Integration Joint Board (IJB) papers on the Health and Social Partnership (HSCP) website three clear days prior to the meeting, as required by section 8.4 of the Standing Orders.

It was noted that the established practice had been to publish the papers on the Monday preceding the Wednesday meeting. The Board acknowledged this constituted a breach of Standing Orders and agreed to proceed with the meeting in accordance with section 8.2 of the Standing orders.

Extension of Voting Rights to Non-Voting Members

Councillor Farmer noted that a response to the Scottish Government's consultation, which suggests expanding IJB voting rights to include members with lived experience, service users, unpaid carers, and representatives from the third sector, is required by 5 December 2025.

Councillor Farmer concluded there were no strong objections, but questions were raised from members as regards how the extension of voting rights would take shape with regards to potential additional public scrutiny and the scope of any possible extension. It was planned that this would be addressed by means of a working group. Councillor Farmer advised that anyone interested was encouraged to intimate to officers that they would like to be considered to be part of that working group.

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.

6. HSCP LEADERSHIP AND STAFFING UPDATE

The IJB considered the paper presented by Joanna Macdonald, Interim Chief Officer

Ms Macdonald acknowledged there had been a period of uncertainty and explained that recruitment for the Interim Chief Officer role was underway.

Ms Macdonald thanked the Chief Finance Officers (CFOs) of the constituent authorities for their continued support. She confirmed ongoing efforts are being made to recruit a permanent CFO, and in the meantime, an agency CFO will temporarily fill this role.

Councillor Farmer noted that assigning specific people to these positions is essential for meeting statutory requirements.

Ms Macdonald formally acknowledged Ms Stein for her contributions as interim Head of Community Health and Care, noting that this position has now been filled on a permanent basis. She also extended her recognition to Liam Gallagher, who has taken on the role of locality manager in Clackmannanshire.

The Integration Joint Board:

- 1) Noted the appointment of the permanent Head of Community Health and Care.**
- 2) Noted the appointment of the Locality Manager, Clackmannanshire.**

7. IJB MEMBERSHIP

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

The Board expressed its appreciation to Gordon Johnston upon his resignation from the Clackmannanshire and Stirling IJB and formally welcomed Clare McKenzie and Finlay Scott to their roles as Non-Executive Board Members, NHS Forth Valley.

They thanked Councillor David Wilson for his work as IJB Chair and welcomed Councillor Scott Farmer as the new Chair.

The Integration Joint Board:

- 1) Noted the resignation of Gordon Johnston from the Clackmannanshire and Stirling IJB and welcomed Clare McKenzie and Finlay Scott as non-executive board members.**
- 2) Noted membership changes as set out in section 4.**

8. CHIEF OFFICER UPDATE

Ms Macdonald provided a verbal update to the Integrated Joint Board.

Ms Macdonald emphasised the successful collaboration among organisations related to the integration scheme. A meeting has been set with CFOs to discuss the sole expected point of contention: the risk sharing arrangements.

Ms Macdonald advised of the deterioration evident to the partnership's financial position which was due to be discussed later in the meeting.

Ms Macdonald advised of an unannounced Care Inspectorate visit to the Bellfield Centre, Stirling which noted that all core assurances were met with no further inspection required. Areas for improvement included clarity on patient and service user spaces and considerations around the Bellfield Centre role as a health and social care environment.

Ms Macdonald reflected on the Recovery Work Scotland event held in Stirling on 27 September at which she was invited to speak and emphasised the importance of listening to individuals' recovery journeys and the support provided by local organisations.

9. COMMISSIONING OF SERVICES FOR UNPAID CARERS

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

Ms Forrest advised that the paper related to the need to issue a Direction to Clackmannanshire and Stirling Council regarding the delivery of carer services. Ms Forrest noted that the IJB's role is to commission services across Clackmannanshire and Stirling and advised the paper outlines the responsibilities of both councils and the NHS to procure on behalf of the HSCP. Ms Forrest clarified it was a technical paper intended to support council colleagues in proceeding with procurement for Once for Clackmannanshire and Stirling Carers Service, which is intended to replace the two separate care commissioning services that currently exist in the Stirling and Clackmannanshire local authority areas.

Ms Forrest advised that, under procurement legislation, the partnership could not anticipate which provider would be successful with any contract for a commissioned service. She offered to bring a paper to a future meeting towards the end of the financial year providing more detail.

The Integration Joint Board:

- 1) Approved the advancement of the process to procure based on the specification.**
- 2) Agreed the Direction annexed at Appendix 1.**

10. FINANCIAL REPORT

The IJB considered the paper presented by Lindsay Sim, Chief Financial Officer, Clackmannanshire Council.

Ms Sim reported that the integrated budget across NHS Forth Valley, Stirling Council, and Clackmannanshire Council is £254.4 million, with a forecast expenditure of £265.2 million, resulting in a projected overspend of £10.9 million. Ms Sim advised further that the set aside budget for large hospital services was under pressures from factors such as urgent care, staffing, agency costs, and prescribing. Progress on the delivery plan continues, with savings expected later in the year. A review of reserves is underway to offset the overspend.

The 2024/25 overspend of £6.9 million has been resolved through partner contributions, with Clackmannanshire's share to be repaid in 2026/7. Risks remain due to delayed UK and Scottish budgets and uncertainty around local government settlements, including potential impacts from corrections to adult social care indicators.

Members raised concerns about financial clarity, technical accountancy terminology used to describe Clackmannanshire's contribution, and realisability of savings. Ms Sim confirmed reserves will be reviewed by partner CFOs. As regards accountancy requirements on a loan, Ms Sim advised in response to member queries that this is not technically a loan under accountancy rules but a repayment of funds. Ms Sim advised that the technical explanation for this would be included in the year end accounts. Savings on the delivery plan are also to be realised in the latter part of the year. Ms Macdonald highlighted positive progress, including inpatient redesign and reducing care home admissions, but acknowledged national funding challenges.

Councillor Farmer stated that unresolved actions will be reviewed at the Finance, Audit and Performance meeting on 14 January 2026 and the next meeting of the Integration Joint Board on 28 January 2026.

The Integration Joint Board:

- 1) Noted 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).**
- 2) Noted the projected overview at Month 6 and narrative on areas of material variance (Section 3).**
- 3) Noted that further traction is required on the delivery plan to mitigate the projected overspend (Section 3.4)**

11. ADP UPDATE: NATIONAL DRUGS MISSION

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

Ms Forrest presented a paper summarising two years of planning linked to National Drug Mission funding, initiated in 2021. The work is moving toward a more community-focused system of care with visible third sector involvement. She acknowledged the challenges and potential impact on staff and urged the IJB to remain mindful of these implications.

Mr Cheape highlighted the complexity of the proposal, noting growing demand across services and the need to weigh risks carefully when reassigning funds as it was likely to lead to divestment elsewhere.

Ms Forrest clarified that the paper reflects the Scottish Government's proposed framework for Alcohol and Drug Partnerships (ADP), which will include alcohol issues, though uncertainty remains around the National Drugs Mission.

The Integration Joint Board:

- 1) Noted the progress made across system of care following previous IJB decisions.**
- 2) Agreed the delivery of ADP partners' Strategic Direction in relation to substance use care, support and treatment is 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.**
- 3) Noted the role of the Lived Experience Advisory Panel, and their continued commitment to support the ADP.**

12. QUARTER 2 PERFORMANCE REPORT

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

Ms Forrest presented this standard quarterly report on the Strategic Commissioning Plan, noting gaps previously highlighted. The report aims to ensure robust data collection across delegated services.

Dr Borthwick responded to a prior query from Councillor Rennie regarding psychological therapies, assuring that individuals referred to psychology have options beyond digital therapies. Over the past year, 2,365 people started evidence-based digital therapy, alongside 33,754 individual or group appointments. Ms Forrest, confirmed imminent plans for the commissioning of dementia services, including post-diagnostic support, with a draft contract prepared.

The discussion highlighted positive developments in service redesign and commissioning but acknowledged ongoing challenges with data systems and the need for clearer alignment between performance reporting and strategic objectives.

The Integration Joint Board:

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

13. REVIEW OF THE STRATEGIC COMMISSIONING PLAN

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

Ms Forrest confirmed the IJB's responsibility for approving the statutory 10-year commissioning plan, which is subject to periodic review. The current paper reflects the agreed approach and ongoing delivery. Representation from constituent organisations and third sector partners was sought for a steering group, with thanks expressed to Ms Masterson and Mr Witty for their contributions. A survey remains open until 03 January 2026, supported by in-person and online sessions providing useful feedback.

The discussion emphasised the need for clear performance measures, robust governance, and effective communication to ensure alignment with strategic objectives.

The Integration Joint Board:

- 1. Considered and noted the progress for reviewing the Strategic Commissioning Plan 2023 - 2033.**
- 2. Noted the engagement process commenced on 3rd November and is in progress across system.**

3. Considered proposed Key Performance Indicators linked to Strategic Planning priorities.

14. UPDATE ON PROGRESSING HEALTH & SOCIAL CARE THROUGH THE IJB IN CLACKMANNANSHIRE & STIRLING

Ms Macdonald reflected on progress since assuming the Interim Chief Officer role, noting that her predecessor's paper, presented at the IJB on 19 June 2024, highlighted concerns about relationships across the system. She stated that constructive, open discussions have strengthened collaboration between constituent organisations. She emphasised the uniqueness of the IJB being comprised of two local authorities and highlighted Audit Scotland's recognition of both progress and challenges. Development sessions have been reintroduced, and while progress on the integration scheme has been limited, the IJB continues to work toward a unified approach for Clackmannanshire and Stirling.

During the discussion concerns were raised about risk-sharing arrangements, stressing that responsibility lies with constituent authorities and suggesting escalation to the Scottish Government if parity cannot be achieved before year-end. Ms Macdonald confirmed a draft integration scheme, including risk-sharing, is expected shortly and will be reviewed with CFOs, and clarified that the Scottish Government had not ceased to be involved since the initial dispute between the constituent organisations.

The Integration Joint Board:

1) Considered the content of this report.

15. PRINCIPLES & GOVERNANCE OF HOSTED SERVICES

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

Ms Forrest explained that the paper was jointly developed with colleagues from Falkirk HSCP and aims to clarify principles and governance related to hosted services.

Ms Forrest explained that specialist mental health services are hosted by the Clackmannanshire and Stirling HSCP on behalf of all providers, while Prison Healthcare and Primary Care are both managed by Falkirk HSCP on behalf of all providers.

Ms Forrest confirmed that this paper had already been noted and approved by the Falkirk IJB on 31 October 2025. She advised that the version presented is the same in terms of content to those papers.

The Integration Joint Board:

- 1) Noted the outlined principles and governance arrangements relating to Hosted Services within Clackmannanshire and Stirling IJB.**

16. INFORMATION GOVERNANCE REPORT

The IJB considered the paper presented by Sarah Hughes-Jones, Head of Information Governance.

Ms Hughes-Jones advised she was in attendance to provide assurance around the Board's compliance with data protection, records management and freedom of information legislation. This assessment is specific to the records and information belonging to the IJB itself. As highlighted in previous reports, the IJB processes limited records and information, with most processes undertaken by either the health board or local authorities. Ms Hughes-Jones advised that the IJB is supported by the processes which are in place by the partner organisations and can consequently be reasonably assured that proper arrangements are in place.

Ms Hughes-Jones advised that, as reflected in the report, the current arrangements are in place to meet requirements under data protection and records management legislation are working well and there are no areas of significant concerns to highlight at this time. In terms of access to information legislation and access, NHS Forth Valley processes Freedom of Information (FOI) requests received by both Clackmannanshire and Stirling and Falkirk IJBs.

Ms Hughes-Jones reported on the work undertaken by NHS Forth Valley to improve FOI performance in respect of the Level 3 intervention from the Scottish Information Commissioner; compliance is now above 90% though NHS Forth Valley remains under intervention.

Following discussion, the Board agreed that "broadly" was unnecessary in section 3.1 and decided the wording should instead confirm that the procedures in place are appropriate as required.

The Integration Joint Board:

- 1) Considered and approved the Information Governance activity for the year 2024/2025.**

17. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ross Cheape, Head of Service for Mental Health & Learning Disabilities.

Mr Cheape advised the Strategic Risk Register remained unchanged from when it was last presented it at the meeting on 13 August 2025. The IJB was asked to approve its move to an electronic risk management system.

The details of what it will involve and look like will be presented to the Finance, Audit and Performance Committee on 14 January 2026 before being presented to the IJB at the meeting on 28 January 2026

After discussion, it was noted that the full board continues to scrutinise the Strategic Risk Register. The Finance, Audit and Performance Committee have a delegated role to oversee proposals, but this does not delegate the responsibility of the board to review them.

The Integration Joint Board:

- 1) Approved the plan to move the Strategic Risk Register on a Risk Management System, and seek endorsement from the Finance, Audit and Performance Committee in December.**

18. REVIEW OF SCHEME OF DELEGATION

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

Ms Forrest presented the updated Scheme of Delegation for approval, noting it reflects prior discussions. In response to Councillor Law's concerns about ensuring services can be delivered within planned budgets, Ms Forrest clarified that financial costings aligned to Directions are expected to be completed before papers reach the board.

The discussion reinforced the need for clear governance, financial assurance, and process transparency to support decision-making and maintain accountability.

The Integration Joint Board:

- 1) Considered and discussed the contents of the report.**
- 2) Approved the Scheme of Delegation.**
- 3) Noted the background to the extant Scheme of Delegation.**
- 4) Agreed that the Scheme of Delegation is further reviewed when a revised Integration Scheme is approved and on a bi-annual basis.**
- 5) Noted that any revisions to the Scheme of Delegation require the approval of the Board.**

19. IJB, COMMITTEE & STRATEGIC PLANNING GROUP DATES 2026/2027

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

Ms Forrest advised this was a standard paper agreed on an annual basis outlining the proposed dates for the IJB, Finance, Audit and Performance Committee and the Strategic Planning Group, which are the three functioning statutory groups, aligned within the IJB.

The Integration Joint Board:

- 1) Noted the content of the paper.**
- 2) Approved the proposed Integration Joint Board programme of meeting dates for 2026 / 2027 set out in paragraph 2.1.**
- 3) Approved the proposed Integration Joint Board Finance, Audit and Performance Committee programme of meeting dates for 2026 / 2027 set out in paragraph 3.1.**
- 4) Approved the Strategic Planning Group programme of meeting dates for 2026 / 2027 set out in paragraph 4.1.**

20. FUTURE MODEL OF PLANNED BED BASED RESPITE THROUGH CLACKMANNANSHIRE & STIRLING

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

Ms Stein presented an update on the development of the Future Model of Planned Bed-Based Respite) for Clackmannanshire and Stirling, noting that a paper with decision with Direction will be brought to the next IJB meeting following a six-week stakeholder engagement process.

She highlighted risks, including staff wellbeing during this period of uncertainty, and confirmed that the £148,000 savings identified in the delivery plan would not be achievable within the current financial year.

The discussion noted that timing and communication around sensitive and difficult decision making was important, including with elected members and communities as part of every process.

The Integration Joint Board

- 1) Noted the progress that has been made with the recent completion of the planned six-week stakeholder engagement process.**
- 2) Noted the intention to complete the work required to present a consultation 'responses' report and a comprehensive IJB report for decision with Direction to the next appropriate IJB meeting.**

21. NHS FORTH VALLEY POPULATION HEALTH & CARE STRATEGY 2025 – 2035

The IJB considered a paper presented by David Munro, Senior Planning Manager, NHS Forth Valley.

Mr Munro presented the engagement summary for the Population Health & Care Strategy 2025–2035, highlighting extensive service user and staff input prior to formal engagement. He emphasised that the current system of care is unsustainable and that maintaining population health requires more than healthcare delivery. The strategy sets out an ambitious 10-year framework focused on prevention, early intervention, tackling inequalities, and shifting care closer to home through community-based models. It also prioritizes value-based health and care and workforce development to ensure sustainability and high-quality care.

The strategy was approved by the NHSFV Board on 29 September 2025, with a summary document available on the intranet. Engagement feedback led to revisions, and next steps will focus on implementation.

The discussion reinforced the strategy's transformative intent, its focus on prevention and community care, and the importance of embedding participation and cultural change.

The Integration Joint Board:

- 1) Noted 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) Considered any future implications.**

22. ANY OTHER COMPETENT BUSINESS (AOCB)

The Board thanked Ms Macdonald for her service as Interim Chief Officer and wished her well in her new role.

23. DATE OF NEXT MEETING

28th January 2026

Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
9. Commissioning of Services for Unpaid Carers	Updated paper with more information about contracts for commissioned service to be bought to a future IJB meeting.	Wendy Forrest	March 2026	In progress	Direction approved at Nov 25 IJB
10. Financial Report	Outstanding actions to be reviewed at the Finance, Audit and Performance meeting on 14/01/26.	Chief Financial Officers	14 January 2026	Report Completed	Complete
16. Information Governance Report	Remove the word “broadly” from section 3.1 where it refers to appropriate processes in place.	Sarah Hughes-Jones	Immediate	Report updated	Complete
17. Strategic Risk Register	Overview of the electronic risk management system to be presented to Finance, Audit and	Ross Cheape	14 January 2026	Report Completed	Complete

	Performance Committee on 14/01/2026.				
20. Future Model of Planned Bed Based Respite throughout Clackmannanshire and Stirling	Paper with decision with Direction to return for IJB approval.	Wendy Forrest	TBC	In Progress	Ongoing

Clackmannanshire & Stirling Integration Joint Board

28 January 2026

Agenda Item 7

Finance Update

For Approval

Paper Approved for Submission by:	Jennifer Borthwick, Interim Chief Officer
Paper presented by:	Amy McDonald, Interim Chief Finance Officer
Author:	Amy McDonald, Interim Chief Finance Officer
Exempt Report	No

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

Purpose of Report:	<p>This report provides;</p> <ul style="list-style-type: none"> a) Details of the 2025/26 financial position; b) The forecast year end outturn for 2025/26; and c) The draft outline budget forecast for 2026/27.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Notes the financial position as at 30 November 2025 for the 2025/26 integrated budgets; 2) Notes the challenging factors that have caused the Interim Chief Finance Officer to re-evaluate the financial implications for the deliverability of the IJB 2025/26 Delivery Plan, that means a substantial overspend for the year is now forecast; 3) Notes the potential for use of IJB ear marked reserves no longer fully committed, up to the draft value of £8.201m, utilising all available reserves thus leaving no contingency to manage budget fluctuations in future years; 4) Notes the forecast 2025/26 deficit position of £7.295m after the use of up to £8.201m from reserves; 5) Notes the Interim Chief Finance Officer has notified partners of the financial deficit forecast for the year. Any financial deficit will be managed through the terms of the Integration Scheme; 6) In light of the latest forecast for the current financial year, notes work to date to refresh the draft forecast budget position for 2026/27, that has indicated an emerging gap in funding of circa £21.190m; 7) Note, that at this stage, similar to the November 2025 delivery plan, there are key areas of the budget that will have to be tackled to bring costs in line with total funding. Indicative areas and changes which could be made, are: <ul style="list-style-type: none"> • Eligibility criteria for service users;
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	<ul style="list-style-type: none"> • Delivery of services to meet statutory requirements; • Consideration of sustainability of additional services currently provided to service users; • Work to bring efficiencies to the partnership which will bring financial sustainability in future years; • Consider and mitigate the risk associated with all budget savings plans changing services levels to meet financial expenditure limits. <p>8) Acknowledges a significant effort will be required to deliver in year savings of over £20m in 2026/27, that these will not be without a wide range of implications and therefore there remains a risk that a deficit in 2026/27 may emerge.</p> <p>9) That the Interim Chief Officer and Interim Chief Finance Officer take an active role in the respective Chief Officer HSCP Network and Chief Finance Officer HSCP Network groups in putting forward the case for greater financial support for Health and Social Care services.</p>
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Key issues and risks:	<i>As noted above at point 9.</i>
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1. Strategic Plan Context

- 1.1. The HSCP must work to provide statutory services but within the funding provided by NHS Forth Valley, Stirling Council and Clackmannanshire Council.
- 1.2. The 2025/26 budget plan was set to achieve a deficit position of £7.892m per the 26 March 2025 budget paper however this position has not fully delivered in year with the current year deficit forecast at £15.496m. The partnership has experienced in-year budget pressures with savings plans being unable to deliver the necessary savings. The Board approved the Delivery Plan at its meeting on 2 May 2025.
- 1.3. The HSCP will continue to provide and commission services as the work to change the partnership cost base continues. Every effort is being made to reduce costs in ways that do not directly impact on patient/client care.
- 1.4. Governance around savings plans will be supported by a new management process in 2026/27 which provides staff with a structure to better achieve the necessary reduction in expenditure. This together with forward planning for future years will provide confidence in the ongoing delivery of the services provided by the partnership.

2. Summary of 25/26 financial position

2.1. The table below summaries the year end outturn position based on month 8 for the IJB:

	Annual Budget £'000	Forecast Expenditure £'000	Forecast Variance £'000
Community Nursing	5,557	5,184	373
Complex Care Adults	1,434	1,803	-369
Clackmannanshire Community Healthcare Centre	3,334	3,517	-183
The Bellfield Centre	9,230	8,377	853
Palliative Care in the Community	50	32	18
Older People/Physical Disabilities - Residential	25,558	30,349	-4,791
Older People/Physical Disabilities - Non Residential	24,779	30,770	-5,991
Learning Disabilities - Residential	6,476	6,387	89
Learning Disabilities - Non Residential	25,839	29,998	-4,159
Mental Health - Residential	2,173	2,820	-647
Mental Health - Non Residential	9,190	8,091	1,099
Assessment & Care Management	10,190	10,159	31
Reablement	13,359	12,313	1,046
Housing Aids & Adaptations	835	835	0
Health Promotion, Health Improvement & Corporate Services	2,761	2,360	401
Substance Misuse	4,158	3,815	343
Public Dental Service	1,411	1,367	44
Management Other	3,080	2,827	253
Community Admin	1,772	1,461	311
Transformation Funds	2,658	2,008	650
Leadership Funds	0	0	0
Cs Community Living Change Fund	0	0	0
Resource Transfer & Pass Through Funds	-931	-931	-0
Family Health Services	56,425	56,506	-81
GP Out fo Hours Services	3,169	2,553	616
Primary Care Improvement Plan	5,160	5,160	0
Prescribing	32,580	37,997	-5,417
Vaccinations (Women's & Children's Team)	423	408	15
Total	250,669	266,165	-15,496
Contribution from reserves per revenue budget (NHS FV Contribitoon to 2025/26 Risk Share	4,000	0	4,000
Integrated Budget Total	254,669	266,165	-11,496
Set Aside Budget for Large Hospital Services	38,978	43,666	-4,688
Set Aside Total	38,978	43,666	-4,688
Strategic Plan Budget Total	293,647	309,831	-16,184

2.2. The anticipated 2025/26 overspend on integrated budgets is £15.496m prior to use of reserve balances. Work started to consider how to reduce this

overspend position in May 2025 when the Board approved the Delivery Plan. Since this time work has been initiated across;

- Staff expenditure – vacancy management.
 - ✓ NHS staff pay costs in total are underspent with a number of vacancies held across councils.
 - ✓ Vacancies across service areas are carefully scrutinised prior to any recruitment taking place.
- Commissioned services – review of care packages
 - ✓ The review of Social Care has been ongoing but set against continued service demand. Work has started and will continue to reduce the hours of care delivered – the immediate savings will take time to feed through with work continuing to ensure the intensive review of care provided delivers required savings into 2026/27.

2.3. When forecasting forward the budget for 2026/27 financial year it became clear the May 2025 delivery plan would be insufficient to address the current and future financial challenges. The Interim Chief Financial Officer has therefore started working on focused savings delivery to ensure planning work being carried out now delivers immediately with further substantive savings being deliverable from 1 April 2026 to supplement the original delivery plan.

2.4. The 2026/27 budget work has highlighted the partnership running costs have been in excess of budget for many years not just the current financial year. The funding gap for 2026/27 is circa £20m which includes circa £6m of inflationary pressures relating to 2026/27 and brought forward deficit from 2025/26 of £15.491m.

2.5. It is likely that additional funding in the 2026/27 financial year will be required by partners to address any balance which cannot be saved in year. This is required in order to allow time to reshape the provision of health and care, working towards delivering services within the financial envelop provided by partners.

2.6. Following a review of ear marked reserves it is anticipated that the last of available reserve balances will be used in 2025/26. Any remaining financial deficit will be managed through the terms of the Integration Scheme.

2.7. Clackmannanshire and Stirling HSCP is in a similar position to other Health and Social Care partnerships in Scotland however it must also implement further service transformation being pursued by other IJBs. Despite this there remains considerable pressure across the system as reported by the Accounts Commission in their July 2024 Report “Integration Joint Boards’ Finance and Performance 2024”. Whilst this report has been in circulation for over a year the messages are still relevant to the current financial situation.

2.8. In the context of the national picture the majority of IJBs are reporting challenges in being able to balance in year budgets and present a balanced budget for the 2026/27 financial year.

2.9. Returning to the current position there are a number of in year budget variances being managed across each of the areas of the Partnership. The main areas of variance are described below:

- **Primary Care Prescribing** pressure continues to grow, current forecast based on medicine expenditure is **£5.417m** over budget at a total spend for the year of £37.997m. The increase in costs relates largely to the growth in prescribing.
- **Older People & Physical Disabilities, residential** care, is forecast to overspend by **£4.791m** due to current service demand.
- **Older People & Physical Disabilities, non-residential** care. Costs have continued to increase in this area, forecast is for a **£5.991m** overspend. Care at home service has grown around 10% in the last 3 years - from 30k to 33k hours per week.
- **Learning Disabilities, non-residential** costs are also **£4.159m** over budget.
- These large overspends are mitigated in part by underspends on Mental Health, non-residential, £1.099m, and Reablement services £1.046m as well as other budget areas as noted in the table above.

3. Reserves

3.1. The use of up to £8.201m of Partnership reserves is proposed – £4m of this balance is held as a contribution to the 2025/26 delivery plan by NHS FV with £4.201m an indicative assessment of the potential release of allocated and committed reserves - still the subject of further review. At this time this £4.201m of reserves are allocated to specific projects and services but there appears an opportunity to consider the release of certain balances. Once fully assessed, if there is potential, following review of commitments, to use any of these allocated reserves to reduce the partnership overspend in 2025/26 this will be done reducing the partner funding required to balance the 2025/26 accounts. Conclusions of that review will be reported back to a further meeting of the IJB.

Budget Forecast 2025/26	Annual Budget £'000	Forecast Expenditure £'000	Forecast Variance £'000
Forecast budget outturn position 2025/26	250,669	266,165	-15,496
Proposed release of ear marked reserve balances	-	-	4,201
Forecast budget outturn position after use of ear marked reserves	-	-	-11,295
Release of NHS 2025/26 risk share contribution			4,000
Forecast budget outturn position after use of reserves			-7,295

3.2. If £4.201m is used from committed reserve balances £2.052m of ear marked reserves will remain. The committed reserve balance at 31 March 2025 is £6.253m.

3.3. On the basis of the financial information as at the date of this report, which does not take account of any potential further savings or yet unknown budget pressures, it is estimated that partner contribution (as provided for in the Integration Scheme) options for 2025/26 are noted in the table below, details of calculation included at Appendix A:

Summary of partner risk share options	Option 1	Option 2	Option 3
NHS Forth Valley	-1,648	-3,342	0
Stirling Council	-2,824	-2,598	-4,219
Clackmannanshire Council	-2,824	-1,355	-3,078
	-7,295	-7,295	-7,296

Risk Share options;

1. Voting share
2. Funding contribution
3. Fund own deficit – note NHS FV 2025/26 remaining reserve contribution indicatively allocated to councils.

3.4. The IJB will consider the proposed approval for the release of the ear marked reserves in 2025/26 together with any proposed additional contributions by the partners in line with the Integration Scheme and each partners governance requirements at a future meeting of the IJB.

4. **Budget 2026/27 overview**

- 4.1. The Interim Chief Finance Officer understands that the 2026/27 Business Plan is late in being presented to partners and the difficulty this presents for partners in setting their own budgets. Work to rectify this is progressing at pace.
- 4.2. The 2026/27 budget will look towards working down the structural deficit which the partnership is carrying in relation to budget overspending in the prior financial year as well as assessing how current year pressure can be managed.
- 4.3. Following the conclusion of the 2025/26 year there will be no unallocated reserves remaining and £2.052m of committed reserves. Action needs to be taken to reduce the cost base and then transform the partnership infrastructure to continue to deliver financial sustainability. The budget work for 2026/27 will consider savings over the next 3 years to allow planning work to occur which will deliver savings in 2027/28 and 2028/29 creating greater efficiency to the partnership and with this financial savings.
- 4.4. The IJB's considerations as part of budget planning will be to protect frontline services. Changes to support will be taken within the context of the

partnership's statutory responsibilities. It is intended that savings in excess of next year's budget savings target are pursued to account for slippage in delivery thus mitigating the risk of having no reserves and further additional contributions required from partners.

- 4.5. Currently the work is ongoing to set out the savings options which will require significant work for the partnership to deliver. Given the scale of what is required the partnership will carry financial risk into the coming year – to be fully assessed.
- 4.6. The anticipated 2026/27 financial gap is estimated at £21.190m. This gives an indication of the minimum level of savings required by the IJB to balance the budget.

Budget pressure 2026/27	2026/27 £'000
Prescribing pressure	-2,090
Transitions to adult care	-1,000
Unfunded pay inflation	-1,092
National Care Home Contract	-1,517
Increase in income	605
Primary Care Improvement Programme	-500
Joint Loan Equipment Store	-100
Estimated 2026/27 inflationary pressures	-5,694
Budget outturn 2025/26	-15,496
Potential budget deficit 2026/27 before savings	-21,190

- 4.7. The following assumptions have been applied;
 - Budgets taken before set-aside and funds applied.
 - Pay inflation 3.5% - for council employees, NHS pay pressures assumed to be fully funded.
 - National Care Home Contract estimated at 5.2%.
 - Increase in income assumed at 3%.
 - No budget pressure has been recognised for Real Living Wage increase - anticipate SG funding will be passported through from Councils. Currently funding provided has a shortfall which equates to £15m for Social Care across Scotland.
 - No non-pay inflation applied, except prescribing which is assumed at 5.5%.
 - Transition from child to adult care figure estimated.
 - Other pressures covers Primary Care Improvement Programme and Joint Loan Equipment Store.
- 4.8. The forecast gross deficit is dependent upon the 2025/26 overspend position being maintained at a £15.496m overspend.
- 4.9. Budget pressures are estimated at £5.694m for 2026/27, this is on top of the existing budget pressure from 2025/26 of £15.496m bringing the total estimated budget deficit to £21.190m. There remains risk around the budget pressures while the budget build for 2026/27 continues.

4.10. How will savings be achieved – the table below shows the savings confidence which could be achieved at each level of savings delivery, further details on these headline figures and the detailed planning behind savings delivery is currently being developed.

Budget savings opportunities	2026/27
High Risk Savings Delivery - Lower confidence	£12-15m
Medium Risk Savings Delivery - Medium confidence	£7-11m
Low Risk Savings Delivery - High confidence	£0-7m

4.11. Confidence levels are based on previous ability to deliver savings. The recently published External Audit Report, 24/25, noted the IJB was able to deliver £5m of savings in 2024/25 year. There are savings in 2025/26 of just over £6m which represent where budgets have been underspent in the year.

4.12. The savings work for 2026/27 requires the IJB to consider a slightly higher risk appetite and to push for savings at a higher level, a realistic plan could consider savings of around £10m to be delivered. The risk associated with the plan will attach to individual savings options. At this stage it is considered unlikely that the IJB will be able to achieve savings to the full value of the £21.190m deficit in 2026/27. This position is indicative.

4.13. Each saving option brought forward will be assessed against current levels of expenditure but will require a further detailed delivery plan to be created for each area. Each delivery plan will outline the work required to deliver the savings and measure progress against defined tasks, this will include any impact on existing staff levels. Monthly progress reporting will be essential in order to support the delivery of these plans with rigorous oversight of progress every fortnight.

4.14. The budget plans, whilst focusing on reducing costs, will also look towards reshaping the delivery structure of the organisation. Bringing efficiencies to service delivery and will provide a greater opportunity for financial efficiency. Financial forecasting will look ahead 3 years in detail to capture the value of these projects now.

5. Management of Financial Risk

To mitigate future financial risk the partnership will work together to deliver the financial savings plan that will set out achievable targets for the next 3 years. It is recognised this is a significant challenge and therefore each saving will be risk assessed as to confidence of delivery so the overall level of risk can be understood and supported, particularly for 2026/27.

Further work surrounding the financial risk will be progressed and brought back to the IJB's March meeting this will include:

- Risk around inflationary pressures for third party providers;

- Risk associated with scale of savings required and overall deliverability – level of confidence to be provided;
- Development of future partnership efficiencies;
- There remains a risk around the year end outturn position for 2025/26. Costs have been forecast across the remaining 4 months of the year based on current run rates and taking into account other known variables.
- Accruals for Social Care are carried out at the year-end – monthly forecasts review annual costs based on live care plans. There may be variations at the year end. To mitigate this a review at the end of Quarter 3 will be carried out to ensure all care costs are being captured.

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	The financial implications are noted throughout the report for the 2025/26 budget outturn and future 2026/27 budget. NHS Forth Valley, Stirling Council and Clackmannanshire Council should be aware that there is a budget deficit in the 2025/26 year and a forecast budget deficit in 2026/27.
Other Resources:	No direct implications.
Legal:	There are no direct legal implications.
Risk & mitigation:	There is inherent risk around financial planning. Estimates are based on best information, circumstances can change which impact these assumptions.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix A

Details of Risk Share Calculations

Option 1 – Voting Rights

1. Required addition partner contribution - risk share	Additional Contribution £'000	Payments to date £'000	Remaining balance £'000
NHS Forth Valley 50%	-5,648	4,000	-1,648
Stirling Council 25%	-2,824	0	-2,824
Clackmannanshire Council 25%	-2,824	0	-2,824
	-11,295	4,000	-7,295

Option 2 – Funding Contribution

2. Required addition partner contribution - funding contribution	Additional Contribution £'000	Payments to date £'000	Remaining balance £'000
NHS Forth Valley 65%	-7,342	4,000	-3,342
Stirling Council 23%	-2,598	0	-2,598
Clackmannanshire Council 12%	-1,355	0	-1,355
	-11,295	4,000	-7,295

Option 3 – Fund own deficit

3. Required addition partner contribution - fund own deficit	Additional Contribution £'000	Payments to date £'000	Remaining balance £'000	Potential Release of reserves £'000	Remaining balance £'000
NHS Forth Valley*	-986	986	0	0	0
Stirling Council	-7,826	0	-7,826	3,608	-4,219
Clackmannanshire Council	-6,685	0	-6,685	3,608	-3,078
	-15,497	986	-14,511	7,215	-7,296

*NHS FV contributed £4m to reserves for risk share in 25/26, unused NHS balance proposed to apply to Stirling and Clackmannanshire deficit.

Clackmannanshire & Stirling Integration Joint Board

28 January 2026

Agenda Item 8

2024/25 Audited Annual Accounts and Annual Audit Report

For Approval

Paper Approved for Submission by:	Jennifer Borthwick, Interim Chief Officer
Paper presented by:	Amy McDonald, Interim Chief Finance Officer
Author – Audit Report:	Stuart Kenny, Audit Director, Deloitte LLP
Exempt Report	No



Clackmannanshire
Council



NHS
Forth Valley

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

Purpose of Report:	To present the draft audited 2024/25 Annual Report and Financial Statements (Annual Accounts) and the Annual Audit Report to the Integration Joint Board for approval.
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Recommendations:	<p>It is recommended that the Integration Joint Board (IJB):</p> <ol style="list-style-type: none"> 1) Consider and agree the Integration Joint Board's 2024/25 Audited Accounts for signature, as attached at Appendix A. 2) Instruct the Interim Chief Finance Officer to submit the approved audited accounts to NHS Forth Valley, Stirling Council and Clackmannanshire Council. 3) Instruct the Interim Chief Officer to sign the representation letter, as attached at Appendix B. 4) Consider the External Auditor's Annual Audit Report and note the recommendations and management comments on in the Report Action Plan, as attached at Appendix C. Progress will be monitored through the Finance, Audit and Performance Committee.
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Appendices:	<p>A: Audited Annual Accounts 2024/25 B: Representation Letter 2024/25 C: Annual Audit Report 2024/25</p>
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Key Risks and Issues:	The Annual Audit Report and Audited Annual Accounts both contain narrative in relation to key issues and risks.
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1. Background

- 1.1. The Local Authority Accounts (Scotland) Regulations 2014 places a statutory obligation on the Integration Joint Board to approve the audited accounts.
- 1.2. The accounts are based on the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the Code) and follow the format of the accounts used by local authorities as the IJB is recognised as a local

government body, under Part VII of the Local Government (Scotland) Act 1973.

2. Recommendations

- 2.1. The Clackmannanshire & Stirling Integration Joint Board Annual Accounts 2024/25 are attached for consideration, discussion and, subject to these considerations, signature.
- 2.2. The accounts detail the financial performance of the partnership alongside an overview of wider performance drawn from the draft Annual Performance Report (APR).
- 2.3. The Annual Audit Report (AAR) is presented with the Annual Accounts, and the findings and recommendations contained therein should be considered alongside the accounts.

3. Summary of Key Information

- 3.1. The accounts follow the following format:

Management Commentary - Explains the performance over the last financial year and highlights some of the potential risks during the next financial year.

Remuneration Note – contains details of the pay and pension benefits accrued by the senior officers of the IJB during 2024/25.

Annual Governance Statement – Highlights the Governance Framework in place. This contains the assurances from Stirling Council, Clackmannanshire Council and NHS Forth Valley. It also contains wording from the Chief Internal Auditor on the internal control environment.

Financial Statements – contains details of the financial transactions, including the Income & Expenditure Account, Balance Sheet and Movement in Reserves Statement.

Notes to the Accounts – including the financial policies used by the IJB over this period and the relevant disclosures required through the code.

4. Appendices

- Appendix A: Audited Annual Accounts 2024/25
- Appendix B: Representation Letter 2024/25
- Appendix C: Annual Audit Report 2024/25

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	There are no financial implications other than those contained within the report.
Other Resources:	There are no implications for other resources.
Legal:	There are no direct legal implications other than the statutory process being followed.
Risk & mitigation:	No other risk and mitigation actions other than those contained within the report.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire and Stirling Integration Joint Board

2024/25 Annual Report and Financial Statements



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Management Commentary

Introduction & Purpose

This publication contains the financial statements for the financial year from 1 April 2024 to 31 March 2025.

The Management Commentary outlines the key messages in relation to the Integration Joint Board's (IJB) financial planning and performance for the year 2024/25 and how this supports delivery of the IJB's strategic priorities as defined in the extant Strategic Commissioning Plan. This commentary also takes a forward look and outlines future plans for the IJB. The commentary also highlights the challenges and risks we will face as we endeavour to meet the needs of and improve outcomes for the population of Clackmannanshire and Stirling.

The IJB is responsible for the strategic planning, funding, and commissioning of Adult Social Care Services, Community and Family Health Services, and strategic planning and funding of large hospital services with NHS Forth Valley and Falkirk Integration Joint Board. These large hospital services continue to be operationally managed by NHS Forth Valley as part of pan Forth Valley arrangements.

The IJB and the Health and Social Care Partnership (HSCP) Senior Management Team would wish to take this opportunity to convey thanks for the tremendous work that staff, both directly employed, and commissioned through providers of health and social care services, have done to continue the delivery of services to our citizens during what has been a significantly challenging year. The IJB would also wish to thank our wider range of partners it works with including partners in the Third Sector.

Role and Remit of the Clackmannanshire and Stirling Integration Joint Board

The Clackmannanshire and Stirling Integration Joint Board was formally established in April 2016 through the legal partnership agreement between NHS Forth Valley and Clackmannanshire and Stirling Councils known as the Integration Scheme.

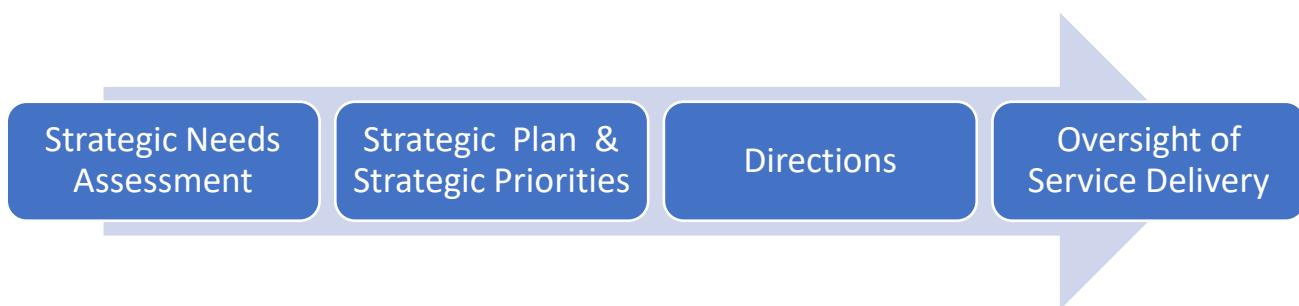
The IJB has responsibility for the strategic planning and commissioning of a wide range of health and adult social care services within the Clackmannanshire and Stirling area. The functions delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) are detailed within the extant Integration Scheme <https://clacksandstirlinghscp.org/about-us/integration-scheme/>.

Clackmannanshire and Stirling IJB is unique in Scotland as the only IJB consisting of two local authorities and one NHS Board. This arrangement brings additional complexity particularly with regard to issues such as integrated strategic and financial planning, service delivery being seamless from the point of the service user, governance arrangements, and assurances required from an operational perspective.

IJB Business Model

The role of the IJB is to plan health and social care services for the population it covers, including preventative type provision such as Health Improvement. The IJB discharges this role through:

- Carrying out a strategic needs assessment for the partnership population.
- Developing and agreeing a Strategic Commissioning Plan including defined priorities to pursue improvement against the 9 National Health and Wellbeing Outcomes that seek to measure the impact that integration is having on people's lives.
- Directing Clackmannanshire and Stirling Councils and NHS Forth Valley to deliver services within the Strategic Commissioning Plan budget.
- Implementing Locality Planning Networks within the IJB's agreed localities which are the 'engine room' for local planning and delivery.



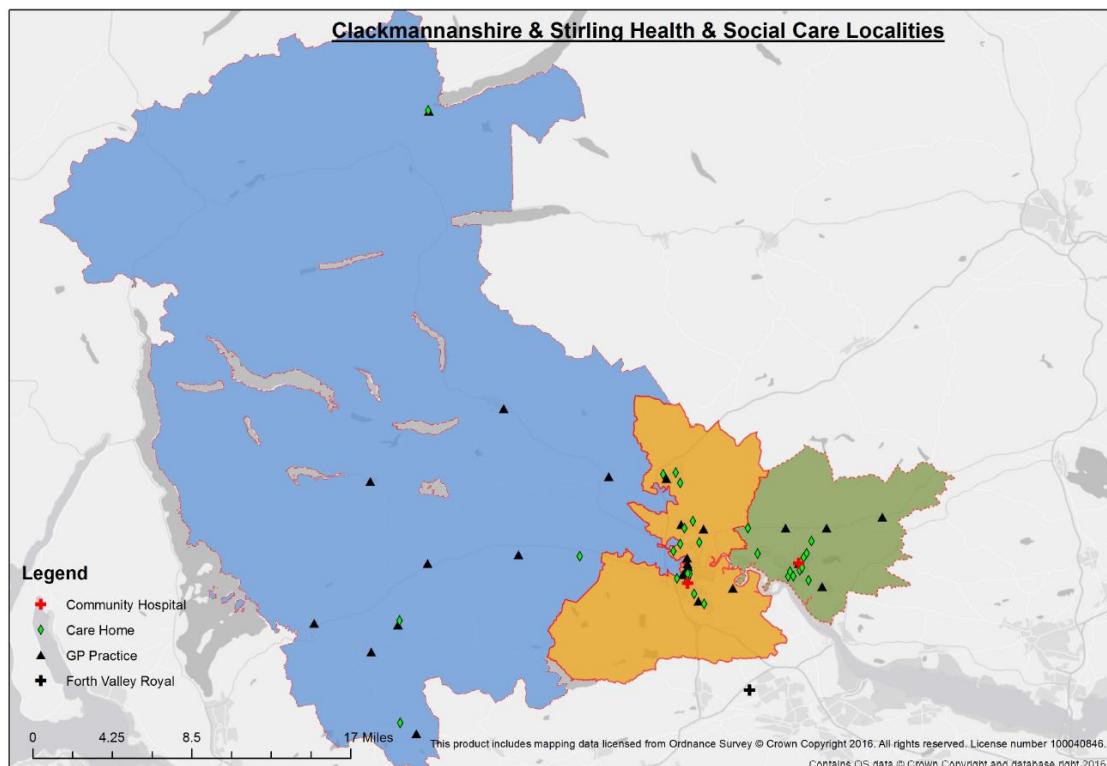
There is therefore a distinction between the Integration Joint Board as the Public Body and the Health and Social Care Partnership as the mechanism or 'delivery vehicle' for delegated integration functions defined in the Integration Scheme. These functions are delivered by means of the IJB directing the constituent authorities to deliver services on the IJB's behalf using the resources available to deliver the Strategic Commissioning Plan.

Review of the Integration Scheme

Under the requirements of the Act, Local Authorities and NHS Boards are required to review Integration Schemes within five years of the scheme being approved in Parliament. The existing integration scheme dated March 2018 was due for review in 2023. Progress to review the scheme was initially delayed by the ongoing impact of the Covid 19 pandemic and therefore agreement was reached with the Scottish Government that the scheme would be fully reviewed during 2024. The review is now complete and a number of changes and updates have been made to the scheme. The revised scheme has been approved by NHS Forth Valley and Stirling Council, however formal approval has not been agreed by Clackmannanshire Council as yet. Discussions are ongoing through the dispute mechanism to conclude the formal approval process. Once all 3 partners have approved the scheme, it will be submitted to the Scottish Government for Ministerial approval. Therefore, at the current point in time, the extant Integration Scheme remains in force.

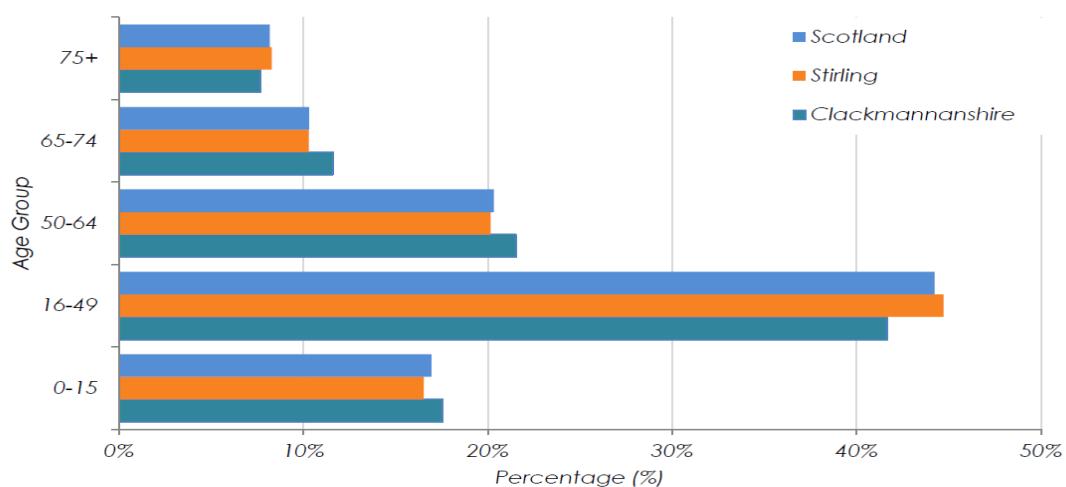
Clackmannanshire and Stirling Health and Social Care Partnership

The Clackmannanshire and Stirling Health and Social Care Partnership population is approximately 145,000 and the partnership provides services over an area of 1,454 square miles with urban centres around Stirling and Alloa and very rural areas to the North and West of Stirling including a significant element of the Loch Lomond and Trossachs National Park.



Note: The acute hospital that serves Clackmannanshire & Stirling is the Forth Valley Royal Hospital in Larbert. Some residents in Rural Stirling also access nearby Glasgow hospitals.

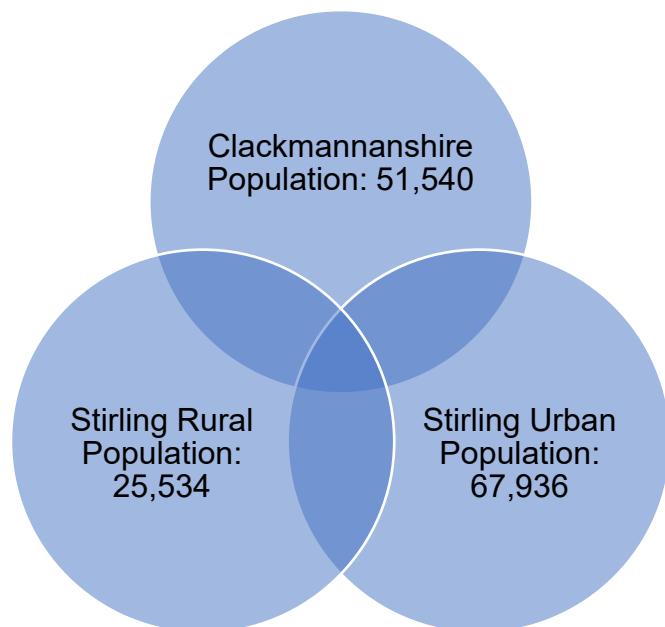
The age distribution of the population of Clackmannanshire and Stirling compared to Scotland is illustrated below:



Our Strategic Needs Assessment highlights a number of key messages for the partnership population:

- We have an ageing population.
- It is projected that Clackmannanshire and Stirling will have growing numbers of individuals living with long term conditions, multiple conditions, and complex needs.
- Supporting unpaid carers is a priority.
- Reducing unplanned emergency hospital care will benefit the service as well as the individual.
- Reducing behaviours such as smoking, alcohol consumption, drug use, and poor diet could have a positive effect on an individual's health and, in general, on the future burden of disease across communities.
- There are significant differences in the issues affecting health and social care within each locality including socio-economic issues. This leads to inequalities.

There are three localities in the partnership:



In September 2023 the IJB approved Locality Plans for each of the 3 localities within the partnership area.

These included locality action plans for 2023-26 focusing on co-produced agreed local priorities.

These local priorities are set out below:

Clackmannanshire

- Issues of Alcohol and Drug Use across Clackmannanshire
- Supporting and promoting Mental Health and Wellbeing
- Addressing Health Inequalities
- Clear shared communication on the clarity of roles across community health and care services to be shared across communities

Stirling Urban

- Clear shared communication on the clarity of roles across community health and care services to be shared across communities
- Supporting and promoting Mental Health and Wellbeing
- Identifying Social Enterprise opportunities based around need within our communities
- Supporting people with dementia within our communities

Stirling Rural

- Better understanding of services and increased knowledge linked to access to services across rural Stirling
- Access to care closer to home
- Scope support available to develop caring and connected communities and supporting recruitment opportunities in health and social care
- Supporting people with dementia within our communities

Integration Joint Board Vision, Strategic Commissioning Plan, and Priorities

The vision of Clackmannanshire and Stirling Health and Social Care Partnership is:

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

2023/2033 Strategic Commissioning Plan

The IJB approved its 2023/2033 Strategic Commissioning Plan in March 2023 which sets out our ambitions that were co-created as a result of extensive engagement across Clackmannanshire and Stirling. This is the third Strategic Commissioning Plan since the establishment of the IJB and covers a 10-year period. The full Strategic Commissioning Plan can be accessed here [Clackmannanshire and Stirling HSCP – Strategic Plan \(clacksandstirlinghscp.org\)](http://Clackmannanshire and Stirling HSCP – Strategic Plan (clacksandstirlinghscp.org))

The Strategic Commissioning Plan demonstrates our ongoing commitment to delivery of a programme of transformation and change to meet the needs of our population.

Our Strategic Themes & Priorities

Our priority is to provide health and social care services that support people to meet their outcomes, to provide services that are high quality, to fulfil the needs of people and help individuals to live independent and fulfilling lives. The Strategic Commissioning Plan sets out how these priorities will be pursued through a 'Needs Led, Resource Bound' approach recognising the financial and other sustainability challenges such as workforce.

1. Prevention, early intervention, and harm reduction

Working with partners to improve overall health and wellbeing and preventing ill health. Promote positive health and wellbeing, prevention, early interventions and harm reduction. Promoting physical activity and reduce exposure to adverse behaviours. Right levels of support and advice at the right time, maintaining independence and improving access to services at times of crisis.

2. Independent Living through choice and control

Supporting people and carers to actively participate in making informed decisions about how they will live their lives and meet their agreed outcomes. Helping people identify what is important to them to live full and positive lives and make decisions that are right for them. Co-production and design of services with people with lived experience who have the insight to shape services of the future.

3. Achieving Care Closer to Home

Shifting delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carer, and communities to deliver services. Improving access to care, the way services and

agencies work together, working efficiently, improving the customer journey, ensure people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home.

4. Supporting empowered people and communities.

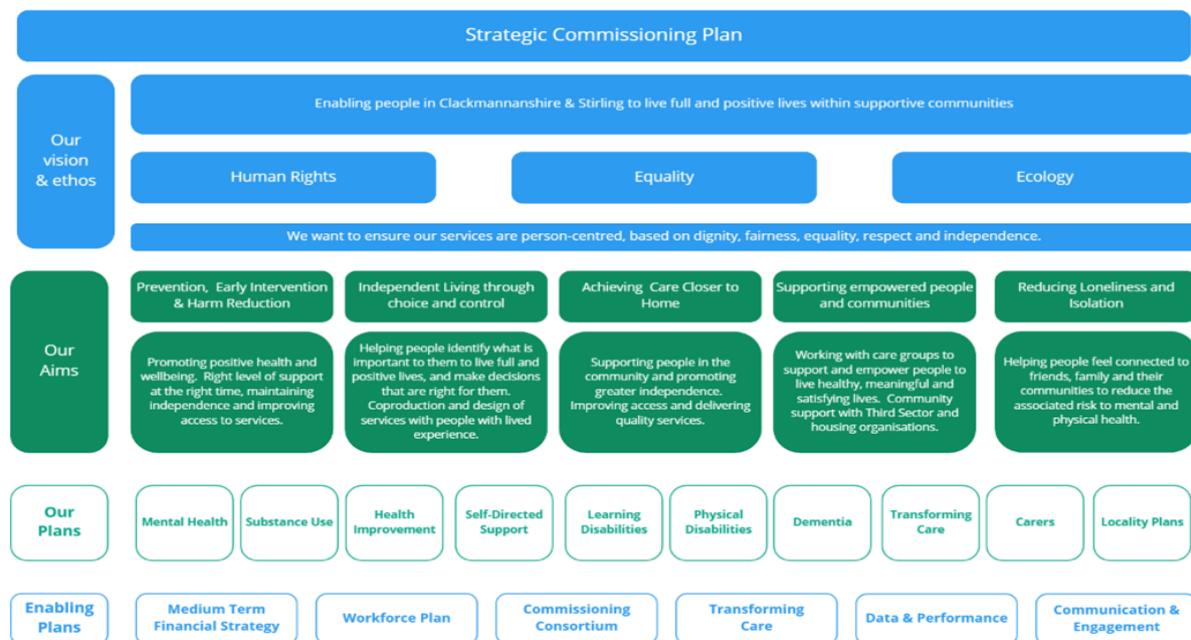
Working with communities to support and empower people to continue to live healthy, meaningful, and satisfying lives as active members of their community. Being innovative and creative in how care and support is provided. Support for unpaid carers; helping people live in their local communities, access 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.

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.

Our 'Plan on a Page'

The partnership vision and ethos, priorities, aims, supporting and enabling plans are brought together visually within 'our plan on a page' below.



Review of Progress in Delivery of Strategic Commissioning Plan

The 2023/2033 Strategic Commissioning Plan will be subject to substantive review at least every three years to comply with extant legislation and statutory guidance and progress on delivering the plan will be the focus of annual performance reports (APRs) during the lifecycle of the plan. A substantive review is therefore planned to be conducted over the remainder of financial year 2025/26.

Principal Activities & Key Achievements in 2024/25

During 2024/25 the key activities and achievements of Clackmannanshire and Stirling Integration Joint Board, aligned to the priorities of the 2023/2033 Strategic Commissioning Plan, included:

- Developing and approving the 2023/24 Annual Performance Report
- Implementing and monitoring delivery plans for Year 2 of the 2023/33 Strategic Commissioning Plans
- Agreeing a 'Once for Clackmannanshire and Stirling Self Directed Support (SDS) Policy
- Agreeing a revised Integrated Performance Framework
- Reviewing and streamlining governance arrangements including streamlined committee structure through establishing a Finance, Audit and Performance Committee to replace the former Audit and Risk and Finance and Performance Committees.
- Agreeing a revised Risk Management Strategy including Risk Appetite and Tolerance Statements
- Agreeing an Independent Advocacy Strategic Commissioning Plan
- Agreeing a Commissioning Approach for Dementia
- Agreeing a plan to Implement the Self-Directed Support Policy for Adults with Learning Disabilities
- Agreeing a Palliative and End of Life Care Strategic Plan
- Agreeing an Improvement Plan in Response to the Joint Inspection of Clackmannanshire and Stirling Health and Social Care Partnership which took place between April and September 2024
- Agreeing to Commission a Change to the Model of Long-Term Care for Older Adults
- Agreeing a Mental Health Inpatient Redesign
- Agreeing a Model of Care for Respite and Short Breaks
- Agreeing and overseeing financial recovery options which partially mitigated the projected overspend whilst maintaining statutory service delivery and maintaining performance.

The IJB also considered and approved the [2023-24 Climate Change report](#) in October 2024 as part of its responsibilities under the Climate Change (Scotland) Act 2009 and the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. The report acknowledges that the IJB does not employ staff or have responsibility for, or ownership of, premises and other assets, which means that the opportunities to directly contribute to net zero targets are limited. As such, the report refers to the associated climate change reports and related annual accounts disclosures of the constituent authorities.

Forward Look: Policy Landscape Reform

Further to the Independent Review of Adult Social Care published in September 2020 Scottish Government agreed policy intent to establish a National Care Service (NCS) over the current parliamentary term.

After significant consultation, discussion and significant changes, the initial National Care Service Bill has now become the Care Reform (Scotland) Act 2025 which was approved in July 2025. The Act introduces key changes including:

- Anne's Law which guarantees the right of people in adult care homes to see loved ones
- Rights for Unpaid Carers including the right to breaks
- Improved Information Sharing
- Establishment of a National Social Work Agency
- Plans for a new digital integrated health and care record

Additionally in June 2025 the Scottish Government approved the Public Service Reform Strategy and the Health and Social Care Service Renewal Framework setting out how the Scottish Government intends to work with the public sector and the public to reform public services and approach addressing fiscal and service sustainability challenges.

2024/25 Annual Accounts

The Accounts report the financial performance of the Integration Joint Board. Its main purpose is to present a true and fair overview of financial performance and demonstrate the use of the public funds available for the delivery of the Integration Joint Board's vision and priorities as set out in the Strategic Commissioning Plan.

The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2024/25 Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting and the Local Authority Accounts (Scotland) Regulations 2014.

For financial year 2024/25 a small surplus of £0.390m has been declared reflecting the net increase in reserves held between 1 April 2024 and 31 March 2025.

At 31 March 2025 the Integration Joint Board holds £10.253 million of reserves which are all earmarked for use during 2025/26 and future years. This figure includes £4m relating to NHS Forth Valley's potential risk share contribution to the projected deficit on the 25/26 Delivery Plan.

During the course of the year, general reserves were deployed to offset operational budget overspends and unachieved financial recovery measures. As a result, the IJB now holds zero general reserves to cushion financial risk or deal with unforeseen cost pressures going forward. This is now the case for most IJBs in Scotland reflecting significant systemic sustainability challenges. The position is not compliant with the IJBs extant reserves policy and strategy and re-establishment of a degree of contingency reserves remains an aspiration over the medium term.

The table below summarises the net total movement in reserves in 2024/25:

	£m
Total Reserves at 1 April 2024	9.863
Net increase in Reserves	0.390
Total Reserves at 31 March 2025	10.253

The reserves held at 31 March 2025 are across two broad categories as summarised in the table below:

Reserve Category	£m
NHS FV estimate 25/26 risk share	4.000
Other Earmarked Reserves	6.253
Total Reserves at 31 March 2025	10.253

A detailed analysis of reserves and movements therein is provided within Note 8 to the financial statements.

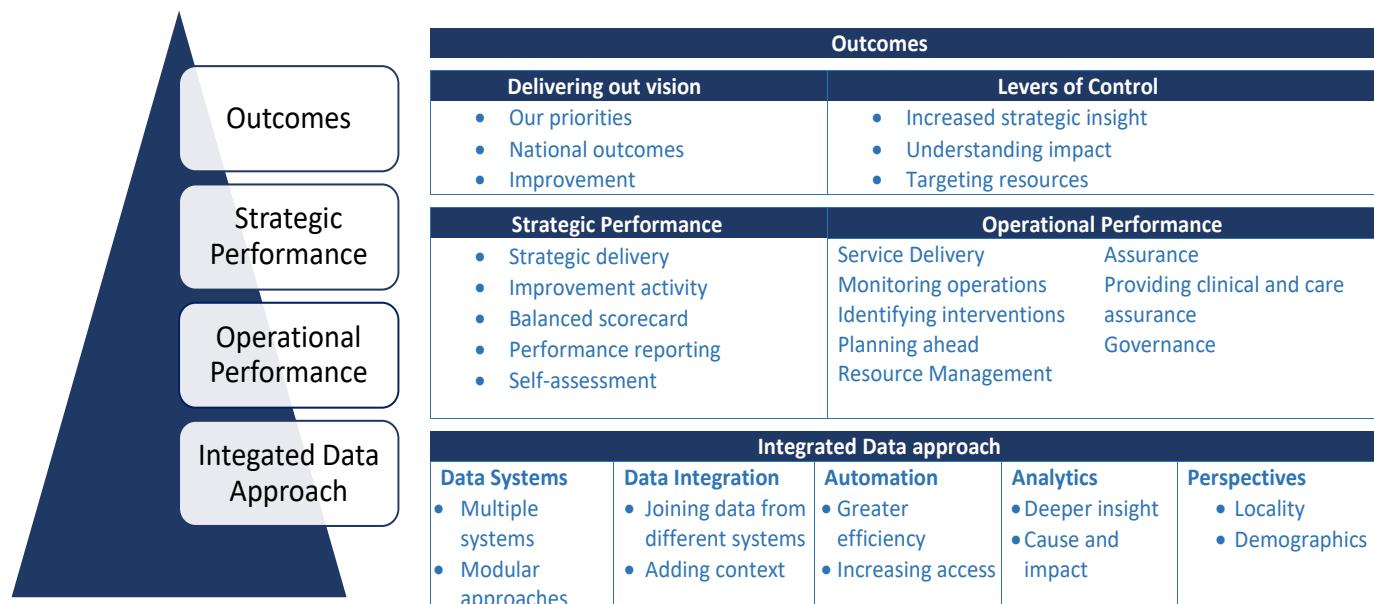
The reserves position creates an additional risk to the IJB and its constituent authorities given projected demand and cost increases and constrained public finances.

Performance Reporting

The Integration Joint Board continues to further evolve its performance management frameworks, infrastructure, and culture in partnership with support services drawn from the constituent authorities.

Specific further work has been undertaken in developing an integrated performance framework and the IJB approved this in June 2024. This framework is aimed at developing over time ways to demonstrate improved outcomes for citizens, best value for the use of public money, and evidence of progress in relation to the agreed Strategic Plan Priorities. There are ongoing challenges with regard to access to data, in particular, automated data. Information Technology and Management Information Systems across the three constituent authorities require significant modernisation from both an individual organisational perspective but also to report and measure the impact of integrated service delivery and gather evidence of improved outcomes. A visual representation of the Integrated Performance Framework is provided below:

Integrated Performance Framework



The Integration Joint Board receives a quarterly performance report which along with financial reports and periodic progress reporting on the Transforming Care Programme, gives a rounded view of the overall operational and financial performance, financial sustainability, and progress in

implementing the Strategic Commissioning Plan priorities of the Partnership. Taken together, information on key performance indicators, measurable progress in delivering the priorities of the Strategic Plan, and financial performance collectively aim to demonstrate best value within a culture of continuous improvement. The published Annual Performance Reports for the Partnership, including those for previous years is available online at this link [Clackmannanshire and Stirling HSCP – Performance Reports](#).

The 2024/25 Annual Performance Report (APR) will represent the 9th for the Partnership and details progress in relation to the partnership priorities along with summary and detailed performance information. The partnership's 2024/25 Annual Performance Report was considered and approved by the IJB in September 2025 and is available online at the link above.

Reporting on Key Performance Indicators

This report does not seek to reproduce the content of the Annual Performance Report but rather provide a 'snapshot' of key elements of performance including desired trends or targets as it relates to the Ministerial Strategic Group (MSG) Performance Indicators and National Health and Wellbeing Indicators.

Ministerial Strategic Group (MSG) Indicators

Ref	Indicator	Strategic Theme	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Desired trend or target
MSG1a	Number of emergency admissions (all ages)	For Info only	16,710	14,258	16,408	16,449	16,694	17,558*	↓
	% change from previous year		22.08%	-14.67%	15.08%	0.25%	1.49%	5.18%	
	Number of emergency admissions (aged 18+)	ST1	14,579	12,640	13,941	14,203	14,594	15,518*	↓ 5% decrease from 2015/16 to 10,584
	% change from previous year		24.61%	-13.30%	10.29%	1.88%	2.75%	6.33%	
MSG2a	Number of unscheduled hospital bed days (all ages); acute specialties	For Info only	103,032	85,714	99,023	109,686	109,474	110,027*	↓
	% change from previous year		7.1%	-16.8%	15.5%	10.8%	-0.2%	0.5%	
	Number of unscheduled hospital bed days (aged 18+); acute specialties	ST1	100,118	83,712	96,411	106,888	106,331	107,610*	↓ 5% decrease from 2015/16 to 88,804
	% change from previous year		7.6%	-16.4%	15.2%	10.9%	-0.5%	1.2%	
MSG2c	Number of unscheduled hospital bed days (all ages); mental health specialties	For Info only	24,177	23,648	21,918	22,985	21,605	Not available	↓
	% change from previous year		-12.35%	-2.19%	-5.76%	-0.39%	-23.41%		
	Number of unscheduled hospital bed days (aged 18+); mental health specialties	ST1	24,180	23,615	21,918	22,985	21,605	Not available	↓ 18% decrease from 2015/16 to 20,378
	% change from previous year		-9.61%	-2.34%	-7.19%	4.87%	-6.00%		
MSG3a	A&E attendances (all ages) - patients from all areas	For Info only	40,552	28,388	36,805	36,430	32,769	30,727	↓
	% change from previous year		5.17%	-30.00%	29.65%	-1.02%	-10.05%	-6.23%	
	A&E attendances (aged 18+) - Patients from all areas	ST1	32,040	23,092	28,512	28,398	26,053	24,847	↓ Maintain 2015/16 baseline of 26,585
	% change from previous year		5.80%	-27.93%	23.47%	-0.40%	-8.26%	-4.63%	
MSG4a	Delayed discharge bed days (aged 18+) - All Reasons	ST1	12,630	9,355	13,518	14,786	15,624	19,792	↓ Maintain 2015/16 baseline of 10,069
	% change from previous year		14.65%	-25.93%	44.50%	9.38%	5.67%	26.68%	
MSG4b	Delayed discharge bed days (aged 18+) - Code 9	For Info only	2,540	3,482	2,608	5,446	6,963	9,571	↓
	% change from previous year		-13.66%	37.09%	-25.10%	108.82%	27.86%	37.46%	
MSG5a	Percentage of last 6 months of life spent in community (all ages)	ST3	88.19%	90.97%	89.59%	89.25%	89.45%**	Not available	↑ 4.1% increase from 2015/16 baseline to 90%

Clackmannanshire and Stirling Integration Joint Board – Annual Accounts for year ended 31 March 2025

MSG6	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (supported) C&S HSCP	For Info only	4.95%	4.91%	4.40%	4.63%	4.93%	Not available	↑
	Scotland		4.49%	4.51%	4.13%	4.19%	4.35%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (unsupported) C&S HSCP	For Info only	92.00%	92.00%	92.00%	92.00%	92.00%	Not available	↑
	Scotland		91.62%	91.98%	92.29%	92.16%	92.07%		
	Balance of care: Proportion of 65+ population living in Community or institutional settings - Home (Supported and unsupported)	ST3	96.96%	97.41%	97.29%	96.85%	96.53%	Not available	↑ 0.1% increase from 2015/16 baseline to 96.6
	Scotland	For Info only	96.11%	96.49%	96.43%	96.35%	96.42%		

* Calendar Year 2024 due to completeness issues

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

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

National Core Indicators Performance Summary

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

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

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

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

Note: Clackmannanshire and Stirling's Comparator HSCP's are Angus, East Lothian, Falkirk, Moray and Perth & Kinross.

Financial Performance and Outlook, Risks, and Plans for the Future

Financial Performance

The IJB reported total income of £292.020m for financial year 2024/25 (an increase of £32.065m compared to the previous year) comprised of £255.157m in respect of the integrated budget and £36.863m relating to set aside.

This compares to total net expenditure of £291.630m incurred during the year (an increase of £19.013m relative to 2023/24) comprised of £254.767m in respect of expenditure on integrated services and £36.863m relating to set aside.

As a result, a small surplus of £0.390m was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2025 as summarised in the table below. The surplus position reflects the overall net increase in reserve balances during the year which was largely due to additional funding provided by NHS Forth Valley in relation to 2025/26 potential risk sharing arrangements and delays in planned expenditure for certain key service developments, for example recruitment to Health and Social Care multidisciplinary teams and ongoing implementation of the Primary Care Improvement Plan. This was offset by the planned release of reserves for various earmarked transformation projects and the use of general reserves to offset operational budget overspends and unachieved savings in year.

	£m
Sum Set Aside for Large Hospital Services	<u>36.863</u>
Integrated Budget Income	255.157
Integrated Budget Expenditure	<u>254.767</u>
Surplus for Financial Year 2024/25	<u>(0.390)</u>

Integrated Budget

Despite the favourable position reported above, the Partnership faced a range of service and financial challenges during the year including:

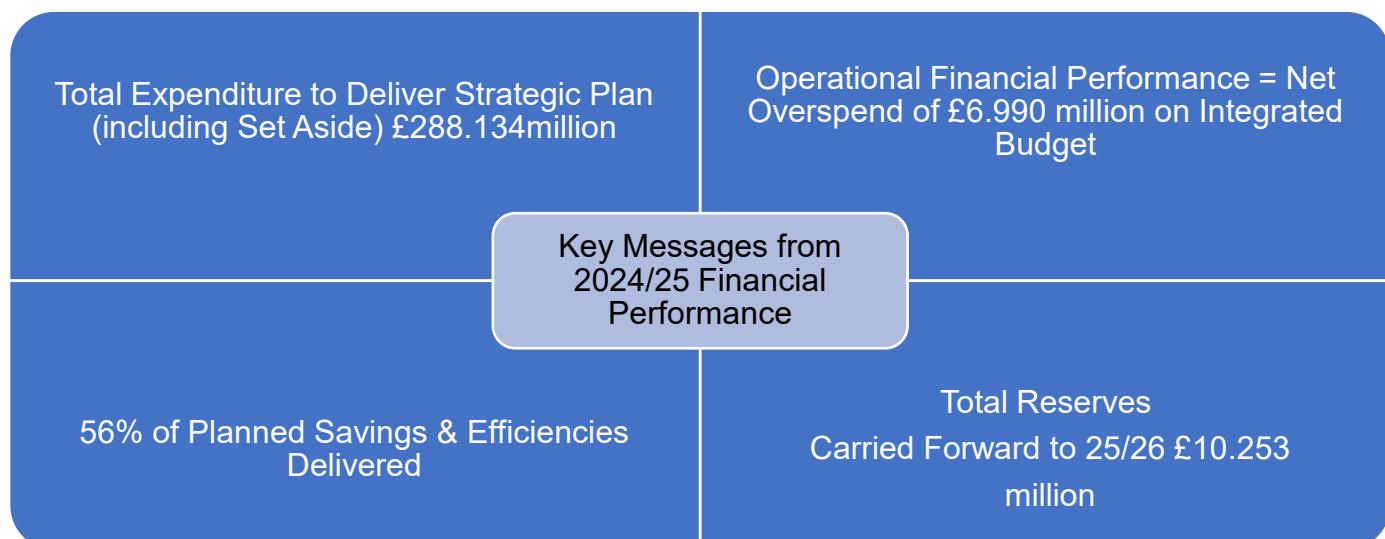
- Significant and enduring increased demand for health and social care services.
- Linked to the point above, increased acuity and complexity of care requirements with associated increased costs. A particular increase in demand for high tariff (over > £52k per annum) packages of care has been observed since the establishment of the Senior Resource Allocation Group (SRAG) over a year ago. Much of this relates to service users with complex Learning Disability needs.
- Recruitment and retention challenges including scarcity of some elements of skilled and trained health and social care workforce (e.g. Mental Health Officers and Physiotherapists).
- General Inflationary pressures and contract inflation predominantly driven by the Scottish Living Wage.
- Delivery of service modernisation and transformational change demonstrating alignment to SCP priorities
- Linked to the point above, delivery of sufficient savings and efficiency programmes to maintain a balanced budget position.

These challenges culminated in a net overspend of £6.990m against the integrated budget delegated to the partnership during 2024/25. This required risk sharing arrangements to be

enacted in order to deliver an overall breakeven position. As a result, the partners made an additional non-recurring payment to the IJB as per the extant integration scheme. In line with previous years, the value of additional payment was based on the proportion of voting shares. As such Clackmannanshire Council made an additional payment of £1.748m¹, Stirling Council made an additional payment of £1.748m and NHS Forth Valley made an additional payment of £3.494m.

In terms of savings achievement, the 2024/25 Revenue Budget approved by the IJB on 27 March 2024 was predicated on a savings requirement of £14.041 million on the Integrated Budget and £6.469 million in relation to the Set Aside Budget for Large Hospital Services with risk assessed plans in place to deliver these. The budget was also predicated on utilisation of £3.947 million of reserves, fully depleting general reserves balances.

Approximately 55.9% of the planned savings and efficiencies programme were achieved in the year in relation to the Integrated Budget with a c£1.5m reduction in costs pressures delivery being observed in relation to the Set Aside Budget for Large Hospital Services. An element of the unachieved balance of savings and efficiency targets, together with other cost pressures, were offset by in-year slippage on implementation of the key business cases approved by the IJB and other underspends including from staff vacancies demonstrating the challenges in relation to workforce recruitment and retention.



Given the financial performance for the year, it is clear that the Partnership is likely to continue to face significant financial challenges to deliver current and future Strategic Plan priorities, alongside improved outcomes for service users, unpaid carers, and communities in a climate of growing demand, cost, and complexity. This will require the ongoing development and implementation of options to achieve financial sustainability aligned as far as possible to the Strategic Commissioning Plan.

Set Aside Budget for Large Hospital Services

The Set Aside budget covers the in-scope integration functions of the NHS that are carried out in a large hospital setting providing services to the population of more than one Local Authority and/or Partnership area. For the Clackmannanshire and Stirling Partnership this includes services provided at the Forth Valley Royal Hospital site including the Lochview Learning Disability Inpatient facility and at Bellsdyke Hospital in Larbert (Mental Health Inpatients). This covers areas

¹ Note that Clackmannshire Council have advised that this is repayable in 2026/27. However that would require agreement from all parties which is not in place and will be dealt with via the dispute mechanism.

such as the emergency department, geriatric and general medicine, palliative care, and learning disability and mental health inpatient services.

For financial year 2024/25 NHS Forth Valley continued, as in previous years, to meet the financial pressure associated with the set aside budget and therefore the financial risk does not currently sit with the Integration Joint Board. As a result, the figures disclosed in the accounts reflect the budget position for the Set Aside element. Financial reports to the Integration Joint Board include information on the actual estimated expenditure against the Set Aside budget, noting that NHS Forth Valley currently meets the financial pressure associated.

	£m
Set Aside Budget	36.863
Estimated Expenditure	41.785
Overspend met by NHS Forth Valley	4.922

Arrangements for the Set Aside budget continue to be under review. Work on completing this review has not been concluded during 2024/25 due to the focus on significant operational pressures, improving whole system performance including delayed discharge performance and efforts to recover the financial position as far as possible and develop the 2025/26 to 2027/28 Delivery Plan. The further work required to complete the review and agree future arrangements in line with extant legislation and the partnership action plan in response to the Ministerial Strategic Group recommendation on Progress on Integration is required to be completed over the course of 2025/26, with recommendations being made thereafter to the IJB and NHS Board. The review of the Integration Scheme, may impact how this is financed and accounted for in future years.

Financial Outlook

We are now at a point where, although there is evidence that the Covid 19 pandemic had an impact in demand for and complexity of needs presenting to services this requires to be considered in a business-as-usual manner in terms of how we plan and deliver services to our citizens.

The approach taken to medium term planning from 2024/25 onwards is to integrate the Delivery Plan and Medium-Term Financial Plan on a 3-year rolling basis partly as a result of economic turbulence in recent years highlighting the difficulties of informative longer term financial planning. This dovetails, in the coming period with the legislative requirement for a review of the Strategic Commissioning Plan which requires to be completed by March 2026.

The 2025/26 Revenue Budget and 2025/26 to 2027/28 Delivery Plan and Medium-Term Financial Plan approved by the IJB on 2 May 2025 detailed a savings requirement of £26.387m on the Integrated Budget over the 3 financial years with plans in identified at that point in time for £22.236m leaving a deficit requiring further identification of savings plans of £4.151m.

The Delivery Plan and Medium-Term Financial Plan was structured along 4 key thematics:

- Doing Things Differently
- Doing Things More Efficiently
- Doing Less
- Raising Revenue

Future Key Risks and Mitigation Actions and Strategies

There are a multitude of risks facing the IJB and the IJB maintains a Strategic Risk Register. Additionally, the IJBs Risk Management Framework has been substantively reviewed over the past year including agreement of risk appetite and tolerance statements. The IJBs Finance, Audit and Performance Committee scrutinises the Strategic Risk Register and given the increased risk profile the IJB now also considers the Strategic Risk Register on a quarterly basis.

The key risks and mitigation are summarised in the table below:

Key Risk	Mitigation (where possible)
Increasing demand for and cost of health and social care services driven by demographic change including an ageing and increasing population with multiple and complex long-term conditions inequalities and wider determinants of health such as deprivation, housing, and employment	Revenue Budget, 2025/26 Delivery Plan and Medium-Term Financial Plan including Transformation Programme and Strategic Shift to Early Intervention and Preventative Approaches clearly aligned to the approved Strategic Commissioning Plan priorities. Whole system working and collaboration including alignment to Community Planning Partnerships.
Increasing public expectations from health and social care services.	Public engagement and consultation of priorities and service delivery options. Review of Strategic Commissioning Plan.
Workforce challenges, staff wellbeing, the ageing workforce, and issues around recruitment and retention within the health and social care workforce. This specifically and notably includes challenges in relation to GP Practice Sustainability.	Workforce planning, effective working relationships with staff and trade unions and ongoing focus on workforce health and wellbeing.
Maintaining performance against key local and national indicators whilst maintaining service delivery within resources available.	Transformation Programme incorporated within the Delivery Plan and alignment to strategic priorities.

All of the above risks may have an impact on the partnership's costs in future years and, therefore, potentially add to the financial pressures over the medium to longer term.

Plans for the Future

There continues to be opportunities for the Integration Joint Board to use its combined resources in a more effective, efficient, and person-centred ways focusing on place-based services to make better use of public resources and improve outcomes for our citizens.

The significantly increasing demands and costs of health and social care services risks exceeding available resources and approaches to service design and delivery requires to be focused on better outcomes for citizens and co-produced with our communities through meaningful and ongoing engagement.

Demonstrable delivery of progress on the priorities defined in the 2023/33 Strategic Commissioning Plan and improved outcomes for our communities will be the focus of service delivery and progressing our delivery plan as the key means to try and balance service performance and financial sustainability. Going forward, increasingly difficult decisions locally, including disinvestment decisions, and collaborative work with partners and Scottish Government

on sustainable policy approaches will be required. These approaches will also continue to incorporate work through commissioning consortia and with partners to reduce climate impact.

The Partnership will continue to adopt a whole-systems approach to improve health and social care outcomes and will work alongside Community Planning partners to address wider issues in relation to congruence with Local Outcome Improvement Plans, driving public value through place-based services, community empowerment, public health, and health improvement.

These approaches will ensure a joint contribution to encouraging, supporting, and maintaining the health and wellbeing of people who live in our communities thus assisting both the partnership and public sector more widely in addressing the challenges faced.

It is recognised that without significant further change to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore continue to embed new ways of working and seek to focus resources away from bed-based models of care into community-based services and invest in early intervention and prevention aligned to the principles of Value Based Health and Care. This requires focussing on driving out waste and inefficiency from our systems and delivery methods. We need to continue to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients and that crucially we co-produce these harnessing the capacity of local communities to support the wider preventative health and wellbeing outcomes.

There is a continuing need to ensure available resources are focussed on Strategic Commissioning Plan Priorities and ensure we and partners meet statutory requirements in innovative ways including increasing use of assistive technologies and digital solutions. It is paramount these solutions are co-produced with communities through an ongoing commitment to public and service user engagement – this process is commonly known as co-production. This approach will be key to the review of the Strategic Commissioning Plan during 2025/26.

The key elements of this approach are set out in the ‘plan on a page’ schematic on Page 9 of this document and supplemented the detailed planning within and aligned to our Transforming Care Programme.

Conclusion

In this ninth year of operations the Partnership has continued to focus heavily on responding to the increased level of demand for Health and Social Care Services presenting across the whole system and supporting whole system performance and safety.

Going forward, the Clackmannanshire and Stirling Health and Social Care Partnership will continue to face significant financial challenges in delivering better outcomes for its patients and service users in line with its Strategic Commissioning Plan priorities and Financial Plans in a climate of growing demand and complexity with increasingly scarce resources.

In order to achieve this, we must continue to identify and implement innovative ways of delivering sustainable services to our citizens in ways that are truly co-produced with our communities, that draw on lived experience of our service users and that are human rights based.

We will continue to work with staff, managers, services, partners (including the third and independent sectors) and our localities and communities to lead and support sustainable service design approaches, identify, and implement innovative, cost effective and person centred,

Clackmannanshire and Stirling Integration Joint Board – Annual Accounts for year ended 31 March 2025
outcomes focused and place-based service delivery models and pathways, and contribute to the delivery of the Partnership’s Strategic Commissioning Plan 2023/2033 priorities within the resources available.

Where to find more information

If you would like more information, please visit our webpage at:

<https://clacksandstirlinghscp.org/>

The papers and minutes from meeting of the Integration Joint Board can be found here:

[Clackmannanshire and Stirling HSCP – Meetings Schedule](#)

Acknowledgements

The Integration Joint Board would wish to take this opportunity to thank the staff, volunteers, and paid and unpaid carers whose work contributes to the provision of services to the populations of Clackmannanshire and Stirling.

Scott Farmer
Chair

Jennifer Borthwick
Interim Chief Officer

Amy McDonald
Interim Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In Clackmannanshire and Stirling Integration Joint Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient, and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 28 January 2026.

Signed on behalf of the Clackmannanshire and Stirling Integration Joint Board.

Scott Farmer

Chair

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently.
- made judgements and estimates that were reasonable and prudent.
- complied with legislation.
- complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance Officer has also:

- kept proper accounting records which were up to date.
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Clackmannanshire & Stirling Integration Joint Board as at 31 March 2025 and the transactions for the year then ended.

Amy McDonald
Interim Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

Voting Membership of the Integration Joint Board in 2024/25

Voting members of the Integration Joint Board constitute Councillors nominated as Board members by constituent authorities and NHS representatives nominated by the NHS Forth Valley. The voting members of the Clackmannanshire and Stirling Integration Joint Board were appointed through nomination by Clackmannanshire Council, NHS Forth Valley, and Stirling Council.

Voting Membership of the Integration Joint Board during 2024/25 was as follows:

Clackmannanshire Council

Councillor Martha Benny
Councillor Wendy Hamilton (till February 2025)
Councillor Janine Rennie
Councillor Fiona Law (from March 2025)

NHS Forth Valley

Allan Rennie, IJB Vice Chair
Martin Fairbairn, Non-Executive
Gordon Johnston, Non-Executive
Stephen McAllister, Non-Executive
John Stuart, Non-Executive

Stirling Council

Councillor David Wilson (IJB Chair from October 2024)
Councillor Gerry McGarvey (IJB Chair till September 2024)
Councillor Martin Earl
Councillor Rosemary Fraser

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by Clackmannanshire & Stirling Councils and NHS Forth Valley. Nomination of the Integration Joint Board Chair and Vice Chair postholders alternates between a Councillor and a Health Board representative.

The IJB Chair changed on 2 October 2024 with Councillor David Wilson becoming Chair, Allan Rennie, Non-Executive Director of NHS Forth Valley, remained the Vice Chair.

The Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the Integration Joint Board

The Integration Joint Board does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board must be appointed and the employing partner must formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation.

The Interim Chief Officer until 29 November 2024 was David Williams and the Interim Chief Officer appointed from 16 December 2024 to 4 December 2025 was Joanna MacDonald. From 8 December 2025 Dr Jennifer Borthwick was appointed as Interim Chief Officer.

Other Officers

No other staff are appointed by the Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. This information is audited.

The Interim Chief Officer and Chief Finance Officer were employed by NHS Forth Valley.

2023/24 Total	Senior Employees This information is audited	Salary, Fees, & Allowances	Taxable Expenses	Total 2024/25
£		£	£	£
75,458	Chief Officer: A Black (01/04/23 – 04/12/23)	-	-	-
30,029	Interim Chief Officer: D Williams (04/12/23 – 29/11/2024)	63,127	0	63,127
-	Interim Chief Officer: J MacDonald (from 16/12/2024)	34,679	0	34,679
86,120	Chief Finance Officer: E Murray	89,866	0	89,866

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers.

The Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

The information in the table below is audited

Senior Employees	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/2024	For Year to 31/03/2025		Movement from 31/03/2024	As at 31/03/2025
	£	£		£000	£000
Chief Officer: A Black	15,574	-	Pension	-	-
			Lump Sum	-	-
Interim Chief Officer: D Williams	6,276	14,204	Pension	1	2
			Lump Sum	0	0
Interim Chief Officer: J MacDonald	-	7,803	Pension	1	1
			Lump Sum	0	0
Chief Finance Officer: E Murray	17,803	20,220	Pension	4	41
			Lump Sum	6	106

Accrued pension benefit estimates are provided by the Scottish Public Pensions Agency (SPPA).

Disclosure by Pay Bands (this information is audited)

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band	Remuneration Band	Number of Employees in Band
2023/24		2024/25
0	£60,000 - £64,999	1
1	£75,000 - £79,999	0
1	£85,000 - £89,999	1

Exit Packages (this information is audited)

There were no exit packages in relation to Clackmannanshire and Stirling Integration Joint Board in financial year 2023/24 or 2024/25.

Scott Farmer

IJB Chair

Jennifer Borthwick
Interim Chief Officer

Annual Governance Statement

The Annual Governance Statement explains the IJB's governance arrangements and reports on the effectiveness of the IJB's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that:

- its business is conducted in accordance with the law and appropriate standards.
- that public money is safeguarded, properly accounted for, and used economically, efficiently, and effectively.

The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's delegated functions and make arrangements to secure best value. To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims, and objectives. Reliance is also placed on the NHS Forth Valley and Clackmannanshire and Stirling Councils' systems of internal control which support compliance with organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB.

Given the IJB utilises the systems of internal control with NHS Forth Valley, Clackmannanshire Council, and Stirling Council the system can only provide reasonable and not absolute assurance of effectiveness.

Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values, by which the IJB is directed and controlled. It enables the IJB to monitor the achievement of the demonstrable progress against the priorities set out in the IJB's Strategic Commissioning Plan. The governance framework will be continually updated to reflect best practice, new legislative requirements, and the expectations of stakeholders.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the IJB's objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them effectively.

Governance Framework and Internal Control System

The Board of the IJB comprises the Chair, Vice Chair and ten other voting members; six are Council Elected Members nominated (three each council) by Clackmannanshire and Stirling Council and six are Board members of NHS Forth Valley (five Non-Executive Directors and one Executive Director). There are also a number of non-voting professional and stakeholder members on the IJB including the Chief Officer, Chief Finance Officer, and professional medical, nursing, and social work advisors to the IJB. Stakeholder members currently include representatives from the third sector interfaces, carers, and service users.

The main features of the governance framework in existence during 2024/25 were:

- The (extant) Integration Scheme
- Standing Orders
- Scheme of Delegation
- Financial Regulations and Reserves Policy and Strategy
- Code of Conduct and Register of Interests

- IJB Committee(s) operating within approved Terms of Reference
- Clinical and Care Governance Framework
- Risk Management Framework and Strategic Risk Register
- Complaints Handling Procedure
- Information Governance Arrangements and Information Security Policy

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision, and delegation.

The IJB utilises the internal control systems of NHS Forth Valley, Clackmannanshire Council and Stirling Council in the commissioning and delivery of in-scope functions with delivery being through the operational construct of the Health and Social Care Partnership. As such the Annual Governance Statements of the constituent authorities have been reviewed and no matters which pose significant additional risk to the IJB are highlighted.

The Chief Internal Auditor complies with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards”. The Head of Internal Audit reports directly to the Integration Joint Board Finance, Audit and Performance Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Integration Joint Board Finance, Audit and Performance Committee on any matter. The annual programme of internal audit work is based on a risk assessment drawn from review of the Integration Joint Boards Strategic Risk Register and is approved by the Integration Joint Boards Finance, Audit and Performance Committee (formerly by the IJB Audit and Risk Committee).

From April 2023 to March 2025 the IJBs Chief Internal Auditor has been appointed on behalf of Clackmannanshire Council. As Clackmannanshire Council procures Internal Audit Services from Falkirk Council’s Internal Audit service, the IJB’s Chief Internal Auditor was the Internal Audit Risk and Corporate Fraud Manager from Falkirk Council.

From April 2025 to March 2027 the IJBs Chief Internal Auditor is Stirling Council’s Audit Service Manager. This arrangement is in line with the decision taken by the IJB on 24 February 2016 agreeing cyclical provision of Internal Audit services. Responsibility therefore rotates between the Chief Internal Auditors of the constituent authorities on a three yearly basis.

Review of Adequacy and Effectiveness

The IJB has responsibility for conducting, at least annually, a review of effectiveness of the system of internal control and the quality of data used throughout the organisation. The review is informed by the work of the Senior Leadership Team, work of the IJB’s internal audit service including the Chief Internal Auditor’s annual assurance report, and reports from external auditors and other review agencies and inspectorates.

The outgoing Chief Internal Auditor’s 2024/25 Annual Assurance Report was presented to the IJB Finance, Audit and Performance Committee in June 2025 and provided a ‘Substantial Assurance’ opinion on the IJB’s arrangements for risk management, governance, and control for the year to 31 March 2025 whilst highlighting a number of outstanding matters that required follow up.

The review of the IJB’s governance framework is supported by a process of self-assessment. This is undertaken by the Chief Finance Officer, who passes the outputs of the self-assessment to the Chief Internal Auditor. This helps to inform the Chief Internal Auditor’s overall opinion on the IJB’s

arrangements for risk management, governance and control, as set out in the Internal Audit Annual Assurance Report.

The Chief Officer also gives assurances as Director of Health and Social Care through the Annual Governance Statement processes of the constituent authorities and the IJB Chief Finance Officer reviews the Annual Governance Statements of the constituent authorities to identify any weaknesses in governance which may affect integration functions and/or pose a risk to the IJB.

The Senior Leadership Team has input to this process through the Chief Finance Officer. In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control.

Due to the nature of IJB Board Membership, a conflict of interest can arise between an IJB Board Members' responsibilities to the IJB and other responsibilities that they may have. The IJB has arrangements in place to deal with any conflicts of interest that may arise. It is the responsibility of Board and Committee Members to declare any potential conflicts of interest, and it is the responsibility of the Chair of the relevant Board or Committee to ensure such declarations are appropriately considered and acted upon. The Standards Commission for Scotland sets out guidance for Councillors and board members on identifying and managing potential conflicts of interest including specific guidance for IJB members.

Roles and Responsibilities

The Chief Officer is the Accountable Officer for the IJB and has day-to-day operational responsibility to monitor delivery of integrated services, with oversight from the IJB.

The Chief Finance Officer complies with the CIPFA Statement on "The Role of the Chief Finance Officer in Local Government 2014". The IJB's Chief Finance Officer has overall responsibility for Clackmannanshire and Stirling Health and Social Care Partnership's financial arrangements.

The Chief Internal Auditor complies with the requirements of the CIPFA Statement on "The Role of the Head of Internal Audit in Public Organisations 2019". The IJB's appointed Chief Internal Auditor has responsibility for the IJB's internal audit function and is professionally qualified and suitably experienced to lead and direct internal audit staff. During 2024/25 the Internal Audit service operated in accordance with Public Sector Internal Audit Standards. From April 2025 the Institute of Internal Auditors' (IIA) Global Internal Audit Standards 2024 (GIAS) apply. The Internal Audit team will be required to operate in compliance with GIAS from April 2025.

The Standards require the Chief Internal Auditor to establish a Quality Assurance and Improvement Programme (QAIP) to allow evaluation of compliance with the Standards. This comprises an annual self-assessment and a five yearly external assessment. The external quality assessment element of the Standards seeks to provide independent assurance on the level of compliance. The Internal Audit Manager undertook a detailed self-assessment against the Standards in March 2023. This confirmed continuing compliance with the Standards, and has now been subject to independent, external validation as part of a national review process established by the Scottish Local Authorities Chief Internal Auditors' Group.

Board members and officers of the IJB are committed to the concept of sound internal control and the effective delivery of IJB services. The IJB's Audit and Risk Committee which has now been superseded by the Finance, Audit and Performance Committee operates in accordance with CIPFA's Audit Committee Principles in Local Authorities in Scotland and Audit Committees: Practical Guidance for Local Authorities. The Committee's core function is to provide the IJB with

independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements.

Other Significant Governance Issues

The material level of net overspend in 2024/25 on operational integrated budgets and inability to set a deliverable balanced overall budget for 2025/26 require to be acknowledged as significant governance issues.

The Chief Finance Officers report to the November 2024 IJB set out potential options that were considered but that it was not possible to fully recover the budget position in year.

The IJB considered the 2025/26 Revenue Budget in March 2025 and approved a revised 2025/26 Indicative Revenue Budget and 2025/26 to 2027/28 Delivery Plan on 2 May 2025. Given the budget was still unbalanced at this time further financial recovery options require to continue to be considered and implemented in line with the requirements of the extant Integration Scheme.

These challenges require to be set within the context of increasing demand and complexity and costs of service provision with financial settlements not keeping pace as referred by the Accounts Commission in their Integration Joint Boards: Finance Bulletin 2023/24 published on 6 March 2025.

Integration Scheme

At the time of writing a revised integration scheme has been approved by two of the three constituent authorities with the other authority seeking further revisions before consideration for approval. Whilst the Integration Scheme forms a significant element of the IJBs governance frameworks it is important to understand that the Integration Scheme is the legal partnership agreement between the constituent authorities which established and govern the IJB. The IJB does not, therefore, have any direct locus on the Integration Scheme itself.

Management of Risk

The Integration Joint Board monitors and seeks to mitigate significant risk through its Risk Management Framework and Strategic Risk Register. The Strategic Risk Register is regularly reviewed by the partnership Senior Leadership Team. The Finance, Audit and Performance Committee will provide a scrutiny role for the Integration Joint Board by reviewing, scrutinising, and approving the Strategic Risk Register as a standing agenda item at each meeting.

The IJBs risk management framework has recently been reviewed, and a revised strategy including risk appetite and tolerance statements were approved by the IJB in August 2024.

Action Plan

Following consideration of the review of adequacy and effectiveness the following action plan is proposed to the IJB Finance, Audit and Performance Committee to ensure continual improvement of the IJB's governance. Regular updates on progress of the agreed actions will be monitored by the Committee.

Review of 2024/25 Action Plan

Areas for Improvement Identified	Action Undertaken in 2024/25	Responsible Party(s)	Previous Planned Date of Completion	Revised Date of Completion
Comprehensive review of the IJBs Governance Frameworks will be undertaken	<p>Standing Orders reviewed, revised, and presented for approval.</p> <p>Preparation of a revised Integration Scheme (IS) (noting the IS is the legal partnership agreement between the constituent authorities).</p>	<p>Chief Officer</p> <p>Clackmannanshire and Stirling Councils and NHS Forth Valley</p>	<p>June 2024</p> <p>October 2024</p>	<p>November 2024 (IJB paper 13)</p> <p>Subject to resolution of dispute between constituent authorities and reaching a point where all constituent authorities can approve revised scheme.</p>
Development of Local Code of Corporate Governance	<p>Not taken forward in way originally envisaged.</p> <p>Instead, further review of governance frameworks including Standing orders, financial regulations and scheme of delegation will be required once revised Integration Scheme is approved.</p>	Chief Finance Officer	September 2024	Estimated by December 2025 – however there are dependencies with the revised Integration Scheme.
Implement Revised Approach to Directions	Substantially complete (subject to ongoing development)	Chief Officer & Chief Finance Officer	From March 2024	Complete

Areas for Improvement Identified	Action Undertaken in 2024/25	Responsible Party(s)	Previous Planned Date of Completion	Revised Date of Completion
Further Develop Best Value Arrangements	Complete within limitations of recording and management information systems and information available.	Chief Officer, Chief Finance Officer and Head of Strategic Planning and Health Improvement	June 2024	June 2025

2025/26 Action Plan

Areas for Improvement Identified	Action Required	Responsible Party(s)	Planned Date of Completion
Review and Reform of IJB Governance Frameworks	Review of Financial Regulations Development of Board Assurance and Escalation Framework Review of Scheme of Delegation (IJB and Operational Delegated Authority Levels)	Chief Finance Officer Chief Finance Officer Chief Officer, Chief Finance Officer	September 2025 December 2025 December 2025
Assurance Arrangements	Reinstate Annual Assurance Report for IJB Committee	FAP Committee Chair	March 2026
Audit Follow Up	Ensure improvement of audit follow up actions	Chief Finance Officer / Senior Planning Manager	December 2025
Workforce Planning	Review Year 3 Action Plan to ensure SMART and specific consideration approaches to recruitment and retention of new talent.	Head of Service (strategic Planning and Health Improvement) / HSCP Senior Organisational Development Advisor	January 2026

Conclusion and Opinion on Assurance

Whilst recognising that further improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment and the implementation of the action plan will be monitored by the HSCP Senior Leadership Team and reported and scrutinised by IJB and the IJB Finance, Audit and Performance Committee.

Scott Farmer

Chair

Jennifer Borthwick

Interim Chief Officer

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

2023/24			2024/25		
Gross Expenditure	Gross Income	Net Expenditure	Gross Expenditure	Gross Income	Net Expenditure
£000	£000	£000	£000	£000	£000
36,595	0	36,595	Large Hospital Services	36,863	0
147,521	(8,522)	138,999	Community Health and Social Care Services	160,440	(10,081)
96,632	0	96,632	Primary Care IJB Running Costs	104,010	0
391	0	391	IJB Operational Costs	398	0
281,139	(8,522)	272,617		301,711	(10,081)
0	(259,955)	(259,955)	Taxation and Non-Specific Grant Income	0	(292,020)
			(Surplus) or Deficit on Provision of Services and Total Comprehensive (Income) and Expenditure		(390)
		12,662			

There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the Integration Joint Board's reserves.

Movements in Reserves 2024/25	General Fund Balance £000	Unusable Reserves £000	Total Reserves £000
Opening Balance at 1 April 2024	(9,863)	0	(9,863)
Total Comprehensive Income and Expenditure	(390)	0	(390)
Closing Balance at 31 March 2025	(10,253)	0	(10,253)

Movements in Reserves 2023/24	General Fund Balance £000	Unusable Reserves £000	Total Reserves £000
Opening Balance at 1 April 2023	(22,525)	0	(22,525)
Total Comprehensive Income and Expenditure	12,662	0	12,662
Closing Balance at 31 March 2024	(9,863)	0	(9,863)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2024	£000		31 March 2025	£000
		Notes		
9,863	Short Term Debtors		10,253	
9,863	Current Assets	Note 7		
9,863	Net Assets		10,253	
(9,863)	Useable Reserves: General Fund		(10,253)	
(9,863)	Total Reserves		(10,253)	

There are no unusable reserves.

Amy McDonald
Interim Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarise the Integration Joint Board's transactions for the 2024/2025 financial year and its position at the year ended 31 March 2025.

The Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements have been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and the Code of Practice on Local Authority Accounting in the United Kingdom as per the requirements of section 106 of the Local Government Scotland Act 1973.

The accounts are prepared on a going concern basis, which assumes that the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

The IJB's funding from and commissioning of services to partners has been confirmed for 2024/25 subject to possible additional funding from Stirling Council dependent progress with the Delivery Plan and associated financial risk. The Delivery Plan also incorporates a Medium-Term Financial Plan for its 3 years lifecycle.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the Integration Joint Board.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The Integration Joint Board is funded through funding contributions from the statutory funding partners Clackmannanshire Council, Stirling Council, and NHS Forth Valley which includes the pass through of funds from Scottish Government for the specific use of the IJB. Expenditure is incurred as the Integration Joint Board commissions specified health and social care services from the funding partners for the benefit of service recipients in Clackmannanshire and Stirling.

Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently, the Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities, and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2025 shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

The Integration Joint Board has no unusable reserves.

Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley, Clackmannanshire and Stirling Councils have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The Integration Joint Boards participation in the CNORIS scheme is therefore supplementary to normal insurance arrangements for clinical and care services.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims, taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

VAT

The Integration Joint Board is not registered for VAT and as such VAT is settled or recovered by the partner agencies.

VAT payable is included as an expense only to the extent that it is not recoverable from His Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Accounting Standards That Have Been Issued but Not Yet Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2025/26 Code:

- Amendment to IAS 21 The Effects of Changes in Foreign Exchange Rate (Lack of Exchangeability)
- Issue of new IFRS17 Insurance Contracts which replaces IFRS4
- Amendment to IAS16 Property, Plan and Equipment and IAS 38 Intangible Assets

The Code requires implementation from 1 April 2025 therefore there is no impact on the 2024/25 Annual Accounts.

These new or amended standards are not expected to have an impact on the IJBs Annual Accounts.

3. Critical Accounting Estimates and Assumptions

Set Aside Budget for Large Hospital Services

For financial year 2024/25 the sum included within the accounts in relation to the Set Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity. The reason for uncertainty in relation to this is the inability of systems to accurately estimate expenditure relating to the populations of Clackmannanshire and Stirling. Systems continue to be developed to be able to accurately provide this information within the accounts in future financial years in partnership with NHS Forth Valley. Development of these arrangements has been materially impacted by the pandemic and ongoing pressures across the health and social care system but is ongoing.

In terms of risk of misstatement, a 10% shift in activity would equate to an estimated £4.179m in costs which would, in turn, be borne by NHS Forth Valley under the terms of the extant Integration Scheme.

The approach to developing arrangements was detailed in a report to the Integration Joint Board meeting in June 2018 and within the partnerships consolidated response to the Ministerial Strategic Groups proposals on Progress on Integration. The Integration Joint Board, and its committees, will continue to receive reports on progress of this work.

4. Events after the Reporting Period

The Annual Accounts were authorised for issue by the Interim Chief Finance Officer on 28 January 2026. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2025, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

	31 March 2024 £000	31 March 2025 £000
30,895	Services Commissioned from Clackmannanshire Council	36,063
55,436	Services Commissioned from Stirling Council	61,988
194,417	Services Commissioned from NHS Forth Valley	203,262
355	Other IJB Operating Expenditure	356
3	Insurance and Related Expenditure	3
33	Auditor Fee: External Audit Work	39
(4,764)	Service Income: Clackmannanshire Council	(5,542)
(3,758)	Service Income: Stirling Council	(4,539)
(259,955)	Partners Funding Contribution and Non-Specific Grant Income	(292,020)
12,662	(Surplus) or Deficit on the Provision of Services	(390)

Service income reflected in the table above reflects contributions received from service users towards the costs of adult social care services provided in line with the extant charging policies of Clackmannanshire and Stirling Councils.

The Auditor Fee relates to statutory audit work. The external auditors did not provide any additional services to the IJB.

6. Taxation and Non-Specific Grant Income

	31 March 2024 £000	31 March 2025 £000
21,437	Funding Contribution from Clackmannanshire Council	30,260
49,430	Funding Contribution from Stirling Council	55,321
189,088	Funding Contribution from NHS Forth Valley	206,439
259,955	Taxation and Non-Specific Grant Income	292,020

The funding contribution from the NHS Board shown above includes £36.863 million in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Forth Valley which currently retains responsibility for managing the costs of providing the services. The Integration Joint Board, however, has strategic responsibility for the consumption of, and level of demand placed on, these resources.

7. Short Term Debtors

	31 March 2024 £000	31 March 2025 £000
2,953	Stirling Council	705

366	Clackmannanshire Council	26
6,544	NHS Forth Valley	9,522
9,863	Total Debtors	10,253

8. Useable Reserve: General Fund

The Integration Joint Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management and pursuance of best value from available resources.
- The IJB also aspires to hold a balance of contingency funds or general reserves to provide a contingency fund to cushion the impact of unexpected events or emergencies. There is currently a zero balance of general reserves and further revisions to the IJBs medium term financial plans will require to consider how a prudent level of general reserves can be reestablished over time.

The table below shows the movements on the General Fund balance:

Balance at 31 March 2024 £000	Reserve Detail	Transfers Out £000	Transfers In £000	Balance at 31 March 2025 £000
(1,606)	Transformation & Leadership Fund	968	(0)	(638)
(450)	Service Pressures (from Winter Funding)	280	0	(170)
(512)	Community Living Fund	512	0	0
(3,592)	Other Earmarked Reserves	1,444	(974)	(3,122)
(0)	Primary Care Improvement Fund	0	(385)	(385)
(40)	Action 15 - Mental Health	0	(22)	(62)
(363)	Alcohol and Drug Partnerships	180	(26)	(209)
(500)	Invest to Save Fund	218	0	(282)
0	National Recruitment Campaign For B2-4 (Cs)	0	(609)	(609)
0	PCIP Transitional Payments	0	0	0
(200)	Prescribing HSCP Invest To Save	12	0	(188)
0	2024/25 Overpayment of risk share due to NHS FV	0	(588)	(588)
0	NHS FV Contribution 25/26 Delivery Plan Risk	0	(4,000)	(4,000)
(7,263)	Total Earmarked	3,614	(6,604)	(10,253)
(2,600)	Contingency	2,600	0	(0)
(9,863)	General Fund	6,214	(6,604)	(10,253)

The table above is in condensed format and the presentation is intended to aide understanding and highlight the reserves with significant values.

The following constitute the material elements of earmarked reserves and further information of the intended purpose are provided below:

Transformation, Leadership and Service Pressures Funding

Funding retained to support non recurrent costs of implementing the transformation programme.

Invest to Save Fund

Funding to support 'pump priming' initiatives intended to release cash savings in 2024/25 and beyond.

Other Earmarked Reserves

The IJB also held a number of smaller earmarked reserves at 31 March 2025 which have specific spending plans but are not material at an individual level. This includes reserves held in respect of GP Out of Hours Services, Dementia post diagnostic support, adult flu and shingles immunisations and the Mental Health outcomes framework.

9. Related Party Transactions

The IJB has related party relationships with NHS Forth Valley and Clackmannanshire and Stirling Councils. In particular, the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts are presented to provide additional information on the relationships.

There are no material transactions with Clackmannanshire and Stirling Integration Joint Board officers or with organisations they have an interest in. The remuneration and any other taxable payments to senior officers, the Chair and Vice Chair are disclosed in the remuneration statement. Each Board member's registered interests will be published on the Integration Joint Board webpage in due course.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by the constituent authorities mainly consist of performance management, human resources, financial management, information services, information technology and payroll.

Transactions with NHS Forth Valley

31 March 2024 £000	31 March 2025 £000
(189,088) Funding Contributions received from the NHS Board	(206,439)
194,417 Expenditure on Services provided by the NHS Board	203,262
196 Key Management Personnel: Non-Voting Members	199
5,525	(2,978)
Net Transactions with NHS Forth Valley	

Key Management Personnel: The Interim Chief Officer and Chief Finance Officer are employed by NHS Forth Valley and recharged to the Integration Joint Board via contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and Chief Finance Officer is provided in the Remuneration Report.

Balances with NHS Forth Valley

31 March 2024 £000	31 March 2025 £000
6,544 Debtors Balances: Amounts due from NHS Board	9,522
6,544	9,522

Transactions with Clackmannanshire Council

31 March 2024	31 March 2025
£000	£000
(21,437) Funding Contributions received from the Council	(30,260)
(4,764) Service Income Received from the Council	(5,542)
30,895 Expenditure on Services provided by the Council	36,063
78 Key Management Personnel: Non-Voting Members	79
4,772	340
Net Transactions with Clackmannanshire Council	

Balances with Clackmannanshire Council

31 March 2024	31 March 2025
£000	£000
366 Debtors Balances: Amounts due from Council	26
366	26

Transactions with Stirling Council

31 March 2024	31 March 2025
£000	£000
(49,430) Funding Contributions received from the Council	(55,321)
(3,758) Service Income Received from the Council	(4,539)
55,436 Expenditure on Services provided by the Council	61,988
117 Key Management Personnel: Non-Voting Members	120
2,365	2,248
Net Transactions with Stirling Council	

Balances with Stirling Council

31 March 2024	31 March 2025
£000	£000
2,953 Debtors Balances: Amounts due from Council	705
2,953	705

10. Expenditure Analysis

Expenditure on services commissioned by the Clackmannanshire and Stirling Integration Joint Board from its constituent authorities is analysed below:

	Year Ended 31 March 2024 £000	Year Ended 31 March 2025 £000
NHS Forth Valley - Health Services		
<u>Set Aside</u>		
Accident and Emergency Services	13,316	13,962
Inpatient Hospital Services Relating to:		
General Medicine	4,504	4,393
Geriatric Medicine	7,152	7,351
Rehabilitation Medicine	3,320	3,234
Respiratory Medicine	2,452	2,496
Psychiatry of Learning Disability	1,356	1,418
Palliative Care (Hospital Based)	1,280	1,477
Mental Health Inpatient Services	7,196	7,454
Set Aside Subtotal	40,576	41,785
Adjustment to budget	(3,981)	(4,922)
Adjusted Set Aside Subtotal	36,595	36,863
<u>Operational</u>		
Nursing Services	5,311	4,877
Community Addiction Services	3,713	3,922
Community Based AHP Services	7,865	8,454
Community Mental Health	979	978
Community Learning Disabilities	6,471	6,599
Community Hospitals	7,377	7,690
Other Health Care Services	7,785	7,782
Integration Fund & Resource Transfer	21,689	21,052
Partnership Costs	196	199
Operational Subtotal	61,386	61,553
<u>Universal</u>		
Primary Medical Services (GMS Contract)	33,975	36,722
Primary Dental Services (GDS Contract)	10,007	10,698
Community Ophthalmic Services	3,251	3,368
Community Pharmaceutical Services	47,465	50,657
GP Out of Hours Services	1,934	2,565
Universal Subtotal	96,632	104,010
Risk share balance & other reserve adjustments	0	1,035
Total Health Services	194,613	203,461

Clackmannanshire Council - Adult Social Care Services

Long Term Care	12,880	15,763
Care at Home	12,926	16,982
Staffing	9,600	9,208
Direct Payments	1,542	1,242
Third Party Payments	687	(206)
Other Adult Social Care Services	1,234	1,595
Partnership Costs	78	79
Income	(4,764)	(5,542)
Resource Transfer	(7,974)	(7,862)
Risk share balance & other reserve adjustments	0	(659)
Total Adult Social Care Services - Clackmannanshire	26,209	30,600

Stirling Council - Adult Social Care Services

Long Term Care	17,929	20,224
Care at Home	24,939	29,287
Staffing	3,916	5,731
Bellfield Centre	4,481	4,708
Reablement	3,918	3,769
Direct Payments	1,668	1,250
Third Party Payments	957	903
Respite	1,072	708
MECS / Telecare / Telehealth	737	959
Other Adult Social Care Services	3,446	3,726
Partnership Costs	117	120
Integration Fund & Resource Transfer	(11,384)	(11,384)
Risk share balance & other reserve adjustments	0	(2,432)

Total Adult Social Care Services - Stirling	51,796	57,569
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Partnership Total	272,618	291,630
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The format of the analysis above reflects the delegated integration functions per the integration scheme.

Independent auditor's report to the members of Clackmannanshire and Stirling Integration Joint Board and the Accounts Commission

Independent auditor's report to the members of Clackmannanshire and Stirling Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Clackmannanshire and Stirling Integration Joint Board for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement and Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Integration Joint Board as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27.

We are independent of the Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Non-audit services prohibited by the Ethical Standard were not provided to the Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the Integration Joint Board's current or future financial sustainability. However, we report on the Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Finance Officer and Clackmannanshire and Stirling Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the Integration Joint Board's operations.

The Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the Integration Joint Board;
- inquiring of the Chief Officer and Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the Integration Joint Board;

- inquiring of the Chief Officer and Chief Finance Officer concerning the Integration Joint Board policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the body operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This includes the Public Bodies (Joint Working) (Scotland) Act 2014.
- Do not have a direct effect on the financial statements but compliance with which may be fundamental to the body's ability to operate or to avoid a material penalty. These include the Data Protection Act 2018 and relevant employment legislation.

As a result of performing the above, we identified the greatest potential for fraud was in relation to management override of controls. In common with audits under ISAs (UK) we are required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risk identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulation described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatements due to fraud;
- enquiring of management and internal audit concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that

report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Stuart Kenny (for and on behalf of Deloitte LLP)
One Trinity Gardens
Newcastle Upon Tyne
NE1 2HF
United Kingdom
28 January 2026

Glossary

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period	The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.
Accruals	The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.
Balance Sheet	A statement of the recorded assets, liabilities, and other balances at the end of the accounting period.
CIPFA	The Chartered Institute of Public Finance and Accountancy.
Consistency	The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.
CNORIS	The Clinical Negligence and Other Risks Indemnity Scheme
COSLA	Convention of Scottish Local Authorities
Creditor	Amounts owed by the IJB for work done, goods received, or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.
Debtor	Amount owed to the IJB for works done, goods received, or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.
Entity	A body corporate, partnership, trust, unincorporated association, or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.
Events after the Reporting Period	Events after the Reporting Period are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.
IAS	International Accounting Standards
IFRS	International Financial Reporting Standards
ISA	International Standard on Auditing
ISD	Information Services Division Scotland
LASAAC	Local Authority (Scotland) Accounts Advisory Committee
Liability	A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.
NRAC	NHS Scotland Resource Allocation Committee (Scottish NHS resource allocation formula)
Provision	An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.
PSIAS	Public Sector Internal Audit Standards.
Related Parties	Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer and their close family and household members.

Remuneration	All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.
Reserves	The accumulation of surpluses, deficits, and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.
Revenue Expenditure	The day-to-day expenses of providing services.
Significant Interest	The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.
SOLACE	Society of Local Authority Chief Executives.
The Code	The Code of Practice on Local Authority Accounting in the United Kingdom.

Stirling Health & Care Village
Outpatients Department, OPD Area 2
Livialds Gate
Stirling
FK8 2AU
Date: 28 January 2026
Ref: SK/IJB/2025
Email: fv.clackmannanshirestirling.hscp@nhs.scot

Dear Stuart,

This representation letter is provided in connection with your audit of the financial statements of Clackmannanshire and Stirling Integration Joint Board ('the entity') for the year ended 31 March 2025 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of Clackmannanshire and Stirling Integration Joint Board as at 31 March 2025 and of the results of its operations and other recognised gains and losses for the year then ended in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003, the Local Authority Accounts (Scotland) Regulations 2014, and in accordance with the applicable accounting framework as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code").

We are aware that it is an offence to mislead an auditor of a public body.

On behalf of the entity, I confirm as the Interim Chief Officer, to the best of my knowledge and belief, the following representations.

Financial statements

1. We understand and have fulfilled our responsibilities for the preparation of the financial statements in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and the CIPFA/LASAC Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 ("the Code"), which give a true and fair view, as set out in the terms of the audit engagement letter.
2. The methods, the data, and the significant assumptions used by us in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

3. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of IAS24 "Related party disclosures".
4. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of, or disclosure have been adjusted or disclosed.
5. The effect of the uncorrected misstatement is immaterial to the financial statements as a whole. The uncorrected misstatement is detailed in the appendix to this letter. ■
6. We confirm that the financial statements have been prepared on the going concern basis and disclose in accordance with IAS 1 all matters of which we are aware that are relevant to the entity's ability to continue as a going concern, including principal conditions or events and our plans. In making our going concern assessment we have adopted the 'continuing provision of service' approach and accordingly we are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the entity's ability to continue as a going concern. There are no circumstances that we are aware of that would affect the appropriateness of the 'continuing provision of service' approach. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.
7. With respect to the accounting estimate relating to the Set Aside Budget for Large Hospital Services, we confirm that:
 - the measurement processes, including related assumptions and models used to determine the estimate in the context of the applicable financial reporting framework is appropriate and has been applied consistently;
 - the assumptions appropriately reflect our intent and ability to carry out specific courses of action on behalf of the entity where relevant to the accounting estimates and disclosures;
 - the disclosures related to the accounting estimate under the entity's applicable financial reporting framework are complete and appropriate; and
 - there have been no subsequent events that require adjustment to the accounting estimate and disclosure included in the financial statements.
8. We confirm that all of the disclosures relating to sections of the Annual Accounts which are 'other information' as set out in the Code of Audit

Practice 2021 have been prepared in accordance with relevant legislation and guidance considered.

Information provided

9. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland.
10. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.
11. We acknowledge our responsibilities for the design, implementation, and maintenance of internal control to prevent and detect fraud and error. We are not aware of any deficiencies in internal control of which you should be aware.
12. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
13. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity or group and involves:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) others where the fraud could have a material effect on the financial statements.
14. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
15. Other than the IJB operating without a named Section 95 officer from 18 October 2025 to 21 December 2025, which is a requirement per the Local Government (Scotland) Act 1973, we are not aware of any instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing the financial statements.
16. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
17. We confirm that we have disclosed to the entity all matters as may be necessary for the purpose of making the remuneration report disclosures required by the Local Authority Accounts (Scotland) Regulations 2014.

18. No claims in connection with litigation have been or are expected to be received.
19. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.
20. We confirm that:
 - (i) we consider that the entity has appropriate processes to prevent and identify any cyber breaches other than those that are clearly inconsequential; and
 - (ii) we have disclosed that there have been no cyber breaches in the financial year and that the IJB use the infrastructure of the NHS Board and Councils and we have noted no breaches from this perspective were noted.
21. All minutes of Board and Committee meetings during and since the financial year have been made available to you.
22. We have drawn to your attention all correspondence and notes of meetings with regulators.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully



Jennifer Borthwick

**Interim Chief Officer
Signed as Accountable Officer, for and on behalf of the IJB**

Appendix 1

Schedule of Uncorrected Misstatements

		Debit/(Credit) Income Statement	Debit/(credit) in net assets	Debit/(credit) prior year reserves	Debit/ (credit) OCI/Equity
Misstatements identified in current year		£'m	£'m	£'m	£'m
Understatement of Health and Social Care Service expenditure	[1]	1.09	(1.09)	-	-

[1] This relates to difference between the Health and Social Care Services transaction listing and the balance disclosed within the accounts.



Clackmannanshire and Stirling Integration Joint Board

Report to the Clackmannanshire and Stirling Integration Joint Board on the 2024/25 audit
Issued for the meeting on the 28 January 2026

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02 Wider Scope

Wider scope audit

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Engagement Lead Introduction

The key messages

Introduction

I have pleasure in presenting our report to the Clackmannanshire and Stirling Integration Joint Board (“the Board”) for the 2024/25 audit. The report summarises our findings and conclusions in relation to the audit of the Annual Report and Financial Statements and the wider scope requirements, the scope of which was set out within our planning report presented to the Finance, Audit and Performance Committee (FAPC) on 19 February 2025.

Conclusions from our testing

Based on our audit work completed to date, we expect to issue an unmodified audit report.

The auditable parts of the Remuneration and Staff report have been tested and no issues have been identified.

Based on the audit procedures performed to date we have identified one uncorrected misstatements. Please see page [29](#).

Outstanding matters

Our financial statement audit is substantially complete subject to completion of the following principal matter:

- Receipt of signed management representation letter; and
- Review of events since 31 March 2025.

Conclusions from our testing (continued)

Significant risk

In our planning report we identified management override of controls as a significant audit risk, please refer to page [6](#) for further details regarding our testing.

Wider Scope

Our wider scope conclusions can be viewed on pages [13](#) to [26](#).

Our key wider scope findings are:

- The £11.912m overspend of the 2024/25 budget, challenges in achieving the savings plan and the unbalanced budget for 2025/26 poses a risk to the financial sustainability of the IJB. See page [17](#) for further details.
- The IJB operated without a designated Section 95 officer from 18 October to 21 December 2025 which is not in line with the requirements of the Local Government (Scotland) Act 1973. See page [22](#) for further details.

Internal Audit

The audit team has reviewed the findings of the Internal Audit team, which has been used to inform our risk assessment. It should however be noted that we have not placed any reliance on the work of Internal Audit during the year.

Audit team

I have taken over responsibility from Ian Howse as the Engagement Leader for the audit.

Stuart Kenny
Engagement Leader

Quality indicators

Impact on the execution of our audit

Management and those charged with governance are in a position to influence the effectiveness of our audit, through timely formulation of judgements, provision of accurate information, and responsiveness to issues identified in the course of the audit.

This slide summarises some key metrics related to your control environment which can significantly impact the execution of the audit. We consider these metrics important in assessing the reliability of your financial reporting and provide context for other messages in this report.

Area	Grading	Reason
Adherence to deliverables timetable	!	There was an average of 16 days delay in obtaining relevant supporting evidence from the constituent authorities, when compared to the audit deadlines agreed at the beginning of the audit, which contributed to the delays in the audit.
Access to finance team and other key personnel	!	We had good access to the finance team of the IJB during the initial stages of our audit work until the departure of the IJB's section 95 officer and management accountant and as the underlying data is held by the constituent authorities, there was a need to also access their respective finance teams. There were some delays in getting access to the relevant staff within the constituent authorities.
Quality of draft Annual Accounts	●	We have obtained and reviewed the initial draft version of the accounts. We have provided comments to management for consideration and amendment which have been incorporated in the accounts.
Response to control deficiencies identified	●	The control deficiencies identified during our audit are explained on Page 10 .
Volume and magnitude of identified errors	!	We have identified uncorrected errors in the current year which we have set out on page 29 .

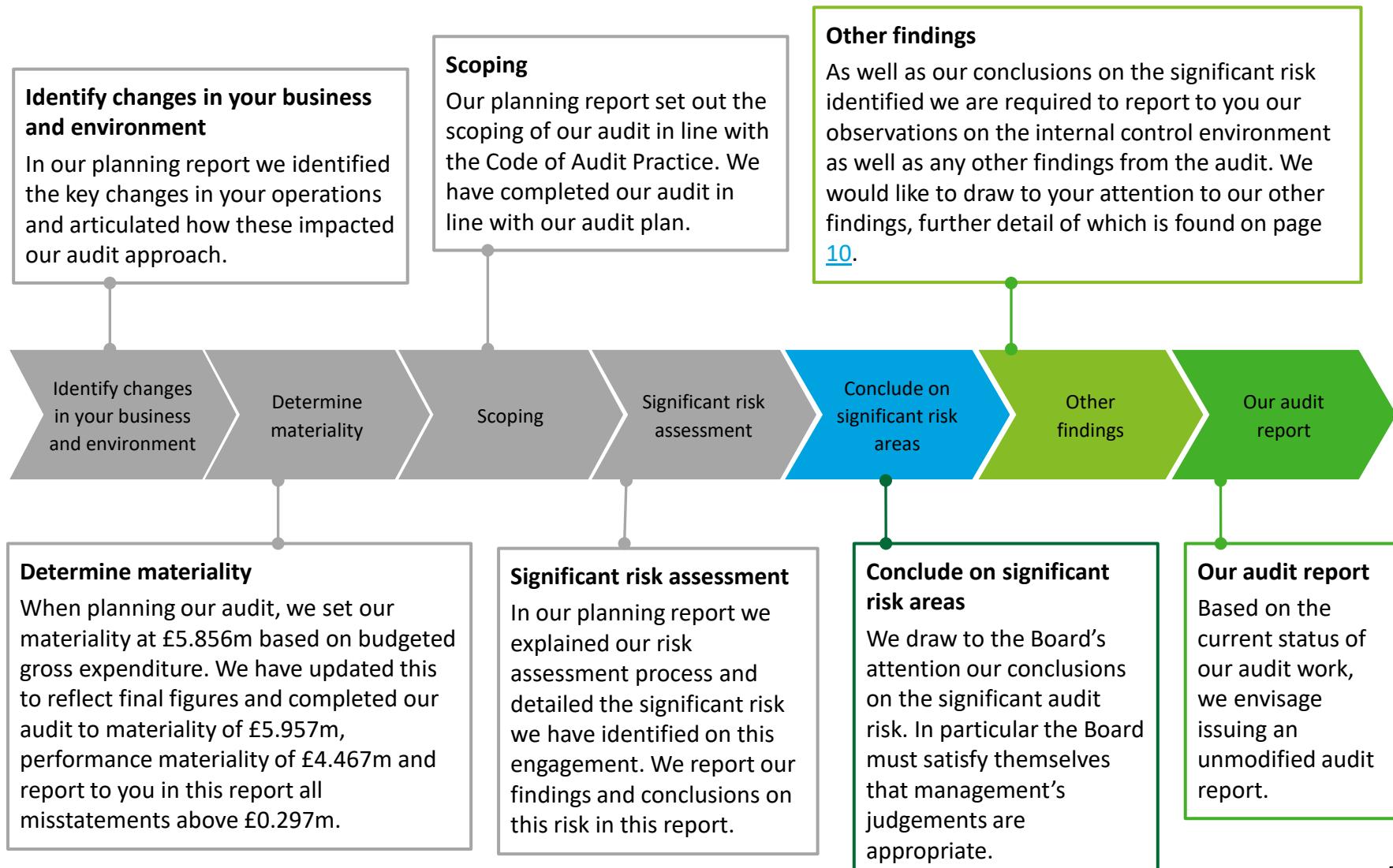
! Lagging

! Developing

● Mature

Our audit explained

We tailor our audit to your business and your strategy



Significant risk

Management override of controls

Risk identified	<p>In accordance with ISA (UK) 240 management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the Annual Report and Accounts as well as the potential to override the IJB's controls for specific transactions.</p> <p>Due to the nature of the IJB accounts, with all expenditure transactions being processed through the respective partner bodies ledger, there are no key judgements or accounting estimates specifically identified in the IJB's Annual Accounts.</p> <p>Under Auditing Standards there is also a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. We have concluded that this is not a significant risk for the IJB as there is little incentive to manipulate revenue recognition with all revenue being from the three contributing partner bodies which can be agreed to confirmations supplied.</p>
Our response	<p>We have performed the following audit procedures in relation to this risk:</p> <ul style="list-style-type: none">• We have considered the overall control environment and 'tone at the top';• We have reviewed the design and implementation of controls relating to journals and accounting estimates;• We have made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments;• We have tested the appropriateness of journals and adjustments made in the preparation of the Annual Report and Accounts using our Spotlight data analytics tools to select journals for testing, based on identification of items of potential audit interest;• We have reviewed accounting estimates for biases that could result in material misstatements due to fraud and perform testing on key accounting estimates as discussed; and• We have obtained an understanding of the business rationale of significant transactions that we have become aware of that are outside of the normal course of business for the entity, or that otherwise appear to be unusual, given our understanding of the entity and its environment.

Significant risks (continued)

Management override of controls (continued)

Key estimates and judgements	The key estimates and judgements in the Annual Accounts includes areas which management inherently has the potential to use their judgement to influence the Annual Accounts. As part of our work on this risk, we reviewed and challenged management's key estimate below:	
Estimate / judgement	Details of management's position	Deloitte Challenge and conclusions
Set Aside Budget for Large Hospitals	<p>For the financial year 2024/25, the sum included within the accounts in relation to the Set-Aside budget for Large Hospital Services reflects the budget allocated rather than the actual cost of hospital activity.</p> <p>Systems are being developed to accurately provide this information in future financial years.</p> <p>In terms of risk of misstatement, a 10% shift in activity would equate to an estimated £4.179m in costs which would, in turn, be borne by NHS Forth Valley.</p>	We have reviewed the evidence and concluded that the rationale provided is reasonable and that the accounting treatment of the set aside budget is appropriate. However, we have noted the lack of a formalised agreement between the IJB and NHS Forth Valley. We have raised a control recommendation in respect of this. See page 8 .
Conclusion	We have not identified any instances of management override of controls from our testing to date.	

Your control environment and findings

Control deficiencies and areas for management focus

- Low priority
- Medium Priority
- High Priority

Observation	Severity	Deloitte recommendation	Management response and remediation plan
Although we were provided with appropriate supporting documentation to complete our audit testing, there were challenges in obtaining trial balances, listings, and evidence from the relevant constituent authorities in a timely manner.	●	<p>The IJB and constituent authority finance teams should agree a clear timeline and list of deliverables for preparing the Annual Accounts.</p> <p>This would allow a more streamlined audit and ensure reporting timelines are met.</p>	The IJB CFO will co-ordinate with NHS Forth Valley, Stirling Council and Clackmannanshire Council to ensure there is clarity around the year end timetable and deliverables. This will support the provision of audit information to Deloitte in a timely manner during the year end audit process.
While the IJB finance staff are responsible for preparing the IJB Annual Accounts, they are reliant on information being provided by the constituent authorities. This caused a delay in completing the audit.	●		
Lack of formalised agreement between the IJB and NHS Forth Valley regarding the overspend on the set aside budget	●	<p>Without a formalised agreement, the IJB might have to bear the financial risk associated with overspend of the set aside budget.</p> <p>Management should ensure the arrangement with NHS Forth Valley to meet the financial pressure associated with the set aside budget is captured and included within the revised integration scheme which is currently under review.</p>	The IJB CFO will work with NHS Forth Valley to ensure mitigation of the financial risk associated with the Set Aside budget, that this is articulated in the revised integration agreement.

Your control environment and findings

Control deficiencies and areas for management focus

-  Low priority
-  Medium Priority
-  High Priority

Observation	Severity	Deloitte recommendation	Management response and remediation plan
Differences have been identified between the underlying transaction information and the values included in the accounts. This suggests that a reconciliation between the accounts and the underlying transaction data has not been performed.		Management should ensure all balances within the accounts have been reconciled and agreed to the underlying transaction data.	The IJB have reconciled the accounts to provide the annual statements however the process of accounts completion was carried out by a number of staff due to changes in accounting staff at that time. The Interim Chief Finance Officer will ensure the accounting adjustments made as part of the completion of the 2025/26 accounts are fully reconciled and reflected in the appropriate ledgers.

Our audit report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report.

66
99



Our opinion on the Annual Accounts

Our audit is substantially complete and based on our work to date, we expect, subject to the successful conclusion of the matters raised on page [3](#), that our opinion on the financial statements will be unmodified.

Going concern

We will highlight that the going concern assessment is on the basis of the 'continuing provision of service' approach, and will report that we concur with management's use of the going concern basis of accounting.



Emphasis of matter and other matter paragraphs

Our audit is substantially complete and based our work to date, we do not expect to include any emphasis of matter paragraphs and an other matter paragraph in our opinion.



Other reporting responsibilities

Our opinion on matters prescribed by the Controller of the Audit are discussed further on page [13](#).

Your Annual Accounts

We are required to provide an opinion on the auditable parts of the Remuneration report, the Annual Governance Statement and whether the Management Commentary is consistent with the disclosures in the accounts.

	Requirement	Deloitte response
Management Commentary	The report outlines the IJB's performance, both financial and non-financial. It also sets out the key risks and uncertainties faced by the IJB.	<p>We have assessed whether the Management Commentary has been prepared in accordance with the statutory guidance.</p> <p>We have also read the Management Commentary to ensure it is materially correct and consistent with our knowledge acquired during the course of performing the audit and is not otherwise misleading.</p> <p>We provided management with comments and suggested changes which have been incorporated within the accounts.</p>
The Remuneration Report	The remuneration report is required to be prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of Senior Employees of the IJB.	We have audited the disclosures of remuneration and pension benefits and we can confirm that they have been properly prepared in accordance with the regulations.
The Annual Governance Statement	The Annual Governance Statement reports that the IJB's governance arrangements provide assurance, are adequate and are operating effectively.	<p>We have assessed whether the information given in the Annual Governance Statement is consistent with the Annual Accounts and has been prepared in accordance with the Delivering Good Governance in Local Government Framework.</p> <p>We provided management with comments and suggested changes which have been incorporated within the accounts.</p>

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the FAPC and the IJB discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA (UK) 260 to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Accounts.
- Our internal control observations
- Other insights we have identified from our audit.

The scope of our work

Our observations are developed in the context of our audit of the Annual Accounts.

We described the scope of our work in our audit plan.

Use of this report

This report has been prepared for the IJB, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

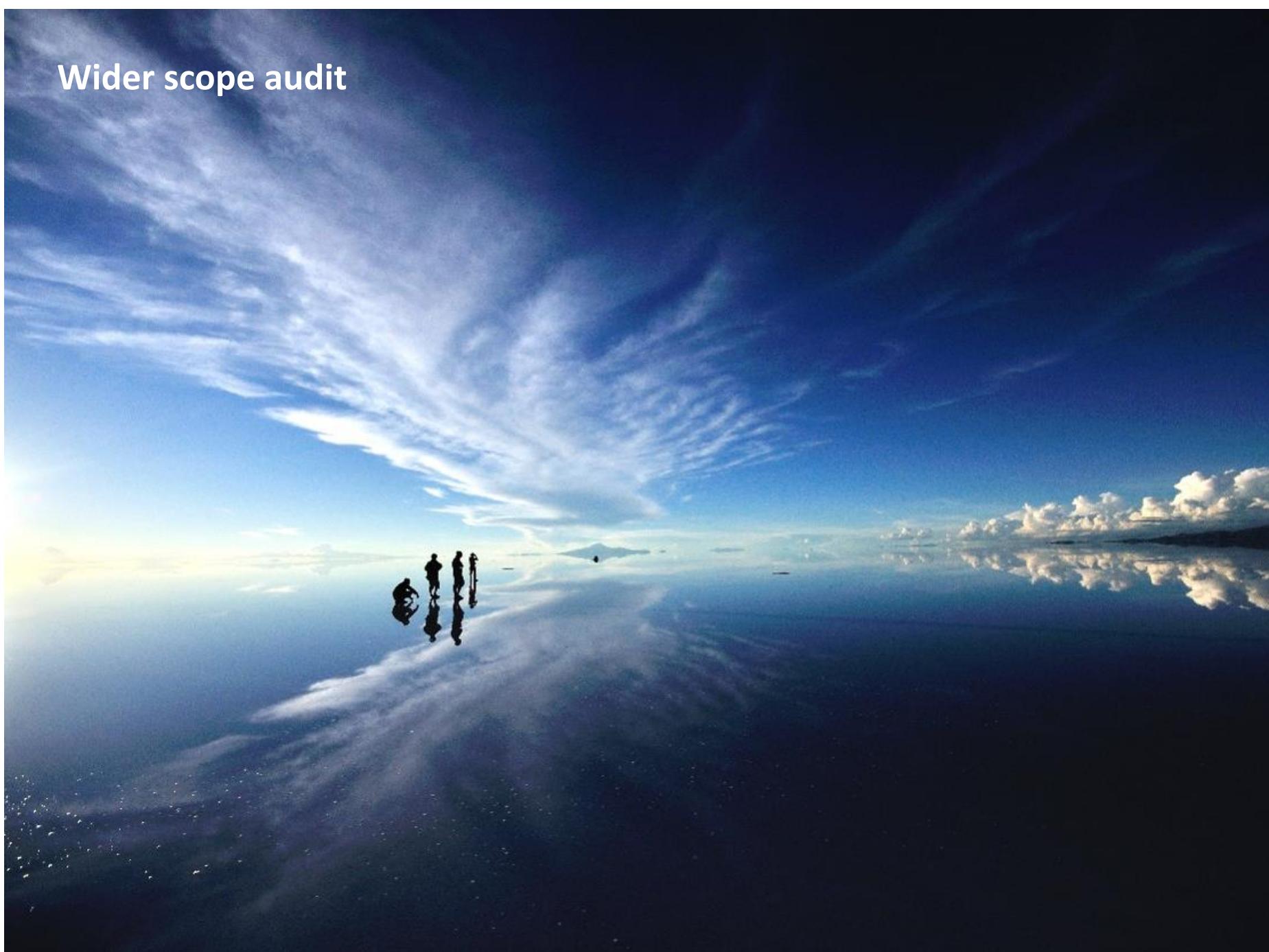
We welcome the opportunity to discuss our report with you and receive your feedback.

Deloitte LLP

Deloitte LLP

Newcastle upon Tyne | January 2026

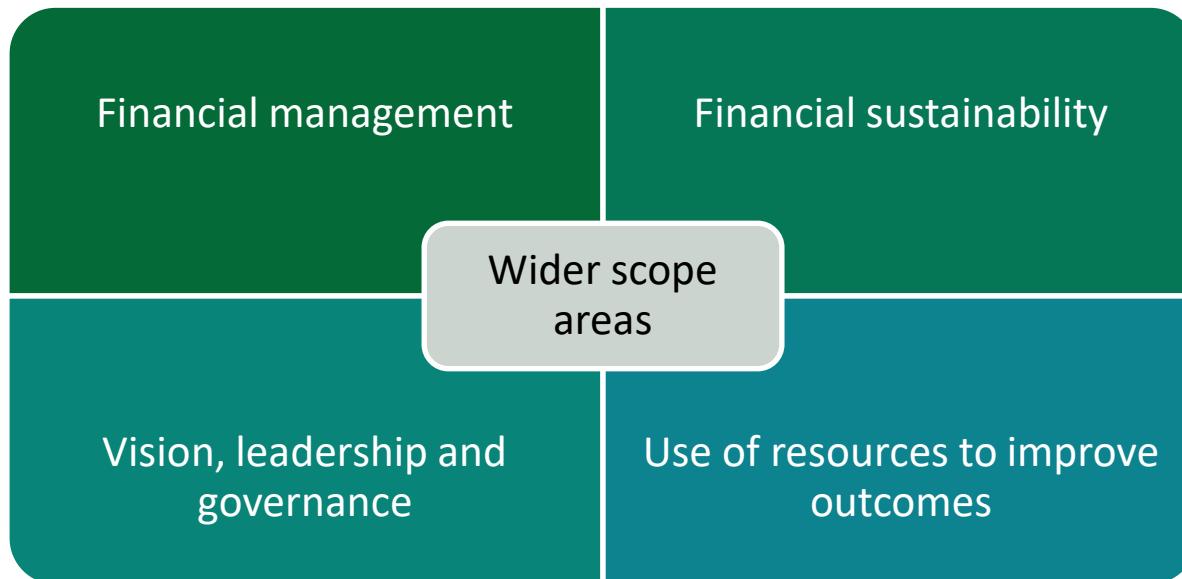
Wider scope audit



Wider scope requirements

Overview

As set out in our audit plan, reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The wider scope audit specified by the Code of Audit Practice broadens the audit of the accounts to include consideration of additional aspects or risks in the following areas.



Our audit work has considered how the IJB is addressing these and our conclusions are set out within this report, with the report structured in accordance with the four dimensions. Our responsibilities in relation to Best Value ('BV') have all been incorporated into this audit work.

Wider scope requirements (continued)

Financial management

Is there sufficient financial capacity?



Is there sound budgetary processes in place?



Is the control environment and internal controls operating effectively?



Financial Management

Significant risks identified in Audit Plan

In our planning paper, we identified a risk that the IJB delivered an overspend for the 2024/25 financial year.

Current year financial performance

The 2024/25 budget of £257.384m, including set aside, was approved by the IJB in March 2024. The final outturn position is a net overspend of £11.912m (£6.990m on the integrated budget and £4.922m on the set aside budget).

The overspend on the integrated budget was covered by additional payment contributions of £6.990m (as part of the risk sharing arrangements to meet the overspend on the integrated budget) from the constituent authorities. In the current year, this led to disputes which were resolved between the constituent authorities on how much should be borne by each authority. As set out on page [Z](#), overspend on set aside budget is met by NHS Forth Valley.

The general reserve is now nil after the utilisation of £3.947m in the current year which was approved as part of the 2024/25 budget. The current position of the general reserve does not comply with the IJB's extant Reserves Policy.

Total reserves as at 31 March 2025 equate to £10.253m which are all earmarked reserves.

As a result of the level of risk associated with the revenue budget, the financial resilience risk scoring within the IJB's risk register continues to be on the highest possible level.

Savings Plans

The IJB 2024/25 budget included planned savings of £14.041m, which was made up of required savings of £10.095m in year and £3.947m utilisation of reserves.

The year end final outturn position reported to the Board highlighted that, out of the £10.095m savings identified, only £5.643m (55.9%) of savings had been achieved.

Wider scope requirements (continued)

Financial management (continued)

Finance Team capacity

The IJB finance team is reliant on support from the three partner bodies to provide information to support the financial management of the IJB, and to discharge their duties. The finance team has remained consistent throughout the year however, there have been changes post year end to management personnel in key finance officer posts. Most notably, the Section 95 Officer and the Management Accountant both left the IJB in October 2025. The Section 95 Officer had been in the position for 10 years.

The Section 95 Officer is a role mandated by the Local Government (Scotland) Act 1973 and the IJB operated without a named Section 95 Officer from 18 October 2025 to 21 December 2025. It is our understanding that during this time the responsibilities of the Section 95 Officer were shared between the Chief Finance Officers of the three partner bodies. However there was no named officer with responsibility for the financial affairs of the IJB in place. An interim Section 95 officer assumed office on the 22 December 2025.

Budget Reporting

The Partnership Senior Management Team (SMT), the Finance, Audit and Performance Committee (FAPC) and the Board regularly review progress against the budget throughout the year with quarterly reporting produced.

In our 2023/24 audit, we recommended further analysis relating to risks of non-achievement and illustration of current/future implications within the financial reports were lacking and this should be progressed to further develop and improve the integrated financial reporting. In the current year, further detail around each material variance provided within the financial reports to the Board. This clearly sets out the various services and provides an explanation of variances when compared to budget.

These financial reports are readily available on the IJB's website as part of the minutes of the FAPC and Board. The reports clearly sets out performance against budget and also includes forecast spend.

Due to the IJB being the only IJB in Scotland to have three partner bodies, there are unique challenges relating to the collation of financial reporting information. Consolidation of three different ledger systems proves inefficient at times, as evident in the timeliness of audit deliverables as noted within this paper on page 8.

Wider scope requirements (continued)

Financial management (continued)

Standards of conduct for prevention and detection of fraud and error

We have assessed the IJB's arrangements for the prevention and detection of fraud and irregularities. This has included specific considerations in response to the Audit Scotland's quarterly bulletin which contains a "Fraud and Irregularities" section. All finance and staff members are made aware of the standards relating to fraud and error. The IJB places reliance on the internal control systems of the constituent authorities and through our audits of these bodies, we have concluded that they have appropriate arrangements for the prevention and detection of fraud.

Internal controls and internal audit

The IJB is largely reliant on the internal control arrangements within the respective partner bodies. In accordance with the agreement with the three partners, from 2022/23, the internal auditors have been appointed on behalf of Clackmannanshire Council.

The 2024/25 Internal Audit Plan was approved by the Audit and Risk Committee (now FAPC) in June 2024 and comprised six assignments for the year, covering 60 audit days. Detailed reports are provided to the Committee for each project.

Deloitte view – financial management

The IJB has budget setting and monitoring processes in place, however, the continued overspends year-on-year, and under achievement of savings against targets leads to the reliance on risk share from the constituent authorities and the utilisation of reserves.

The Section 95 Officer left the IJB in October 2025 and while this has not directly impacted the financial management of the IJB in the 2024/25 financial year, this has presented challenges with the year-end audit timetable. The IJB operated without a named Section 95 officer from 18 October 2025 to 21 December 2025. Per the Local Government (Scotland) Act 1973 it is a requirement to have a named officer with responsibility for the administration of financial affairs in place. It is our understanding that during this time the responsibilities of the Section 95 Officer were shared between the Chief Finance Officers of the three partner bodies. However, there was no named officer with overall responsibility for the financial affairs of the IJB in place.

Wider scope requirements (continued)

Financial sustainability

Can short-term (current and next year) financial balance be achieved?



Is there a medium and longer term plan in place?



Is the body planning effectively to continue to deliver its services or the way in which they should be delivered?



Financial Sustainability

Significant risks identified in Audit Plan

In our audit plan we highlighted that there was a risk that robust medium-to-long term planning arrangements are not in place to ensure that the IJB can manage its finances sustainably and deliver services effectively.

2025/26 budget setting

In May 2025, the IJB approved an unbalanced budget with a proposed deficit of £18.984m on the Integrated Budget and £5.711m on the Set Aside Budget for Large Hospital Services bringing a total financial gap in relation to the Strategic Plan budget of £24.695m or 8.86% of total budgeted expenditure of £278.293 million (set side budget of £36.333m and Integrated budget of £241.36m) for 2025/26.

A savings delivery programme for £11.162m has been agreed to offset part of this gap on the integrated budget. As at September 2025, the IJB is forecasting to achieve £8.6m of savings with the key features of the programme including a £2.3m (forecast achieving £1.66m) saving in Reducing Net Admissions into Long Term Care, £1.5m (forecast achieving £1.01m) in Primary Care Medicines Optimisation Programme (including 25/26 PII, Polypharmacy, Meds/therapeutics of ltd clinical value and non medical prescribing) and £1.5m (forecasted to be fully achievable) in Improving Financial Assessment and Recovery.

Reserves

At the time of approval of the 2025/26 budget, the IJB had carried out its annual review of its reserves strategy in line with good practice. The reserves policy and strategy is largely unchanged from previous years, with the key element being:

- A reserves target of 2.5% of budgeted expenditure;
- A minimum general or contingency reserve level of 1% of budgeted expenditure.
- Maximum reserves level of 4%

At the end of 24/25, the IJB currently holds a nil general reserve balance with £10.253m within the earmarked reserve. This is not in line with the IJB's reserve policy.

Wider scope requirements (continued)

Financial sustainability (continued)

Reserves (continued)



As highlighted previously, financial balance was only achieved after the utilisation of £3.947m of reserves in addition to additional payments from the constituent authorities.

It is worth noting that this is a common theme of IJBs throughout the country; as per Audit Scotland's report on IJBs Finance and performance, by the end of 2023/24, nine IJBs now do not hold any contingency reserves reducing their financial flexibility and increasing the risk to their financial sustainability.

As part of the financial reporting to the Board, this includes a detailed breakdown of the various movement within the reserves.

It is important that clear plans are developed and monitored as part of the regular financial monitoring reporting to the Board to demonstrate how the reserve position can be strengthened.

Medium-to-long term financial planning

In the 2023/24 audit, we recommended that the IJB provided a more comprehensive medium term financial outlook post publication of the Scottish Government's next Medium Term Financial Strategy (MTFS).

As part of the 2025/26 budget approved in May 2025, the IJB has set out the medium-term financial outlook over the next 3 years which was set before the Scottish Government's MTFS was published in June 2025. This 3-year plan sees the IJB in a deficit position by the end of 2027/28 with the only forecasted surplus position in 2026/27. The total estimated savings required for the 3-year period is £22.236m while the cumulative deficit position is £26.387m.

Overall, the cumulative deficit position after achievement of all savings for the three year period is £4.151m. This demonstrates the IJB's need to continuously monitor and develop recurrent cost reducing options alongside the delivery plan savings.

We recommend the IJB's MTFS is reviewed and aligned with the Scottish Government's MTFS.

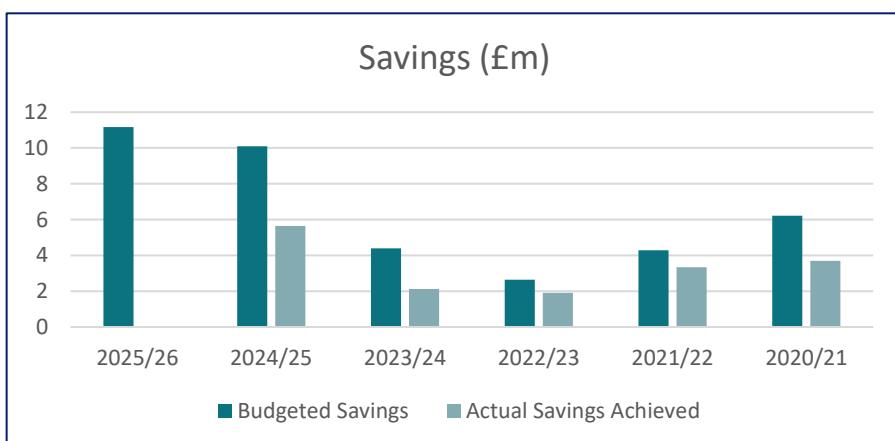
Wider scope requirements (continued)

Financial sustainability (continued)

Savings and transformational change

As explained on page [20](#), the approved budget incorporates the need to make savings in both the Integrated and Set Aside Budgets.

The graph below illustrates the level of savings achieved over the last 5 years against the 2025/26 budgeted amount, demonstrating that the IJB has historically not met its savings targets, and that the 2025/26 savings target is significantly higher than that achieved in previous years.



The delivery plan which was approved alongside the 2025/26 budget has been aligned to the strategic commissioning plan which identifies areas where cost reduction can be achieved. This aims to explore all feasible options to deliver the Strategic Commissioning Plan priorities within the available resources.

The key elements of the Delivery Plan are under 4 thematic areas:

- Raising Revenue;
- Doing Things Differently;
- Doing Less; and
- Doing Things More Efficiently.

To monitor the achievement of the delivery plan, a three person Project Management team appointed on a secondment basis has been put in place since August 2025 who report to the Head of Strategic Planning and Health Improvement to ensure progressing the delivery plan, supporting the Senior Leadership Team (SLT) structure, and informing future reporting to both the Finance, Audit and Performance Committee (FAPC) and the Board.

Reporting from the Delivery Plan meetings is fed to the SLT and included in Board meetings where the Head of Strategic Planning and Health Improvement provides an update to the Board on the status of achievement of the delivery plan.

Wider scope requirements (continued)

Financial sustainability (continued)

Workforce planning

A key enabling activity identified within the Delivery Plan is workforce planning.

The Integrated Workforce Plan 2022-2025 continues to form the basis of the Health & Social Care Partnership's Strategic Workforce Planning and is based on the continuous improvement cycle 'Plan, Do, Study & Act', to ensure that they are a dynamic and flexible organisation, capable of responding to system changes.

In the current year, the annual review of the integrated workforce was carried out and one of the biggest risks faced by the IJB continues to be the availability of workforce and the reliance on temporary staff.

It is critical that the actions identified in the Workforce Plan are taken forward and closely monitored to support the delivery of the Strategic Commissioning Plan.

Deloitte view – financial sustainability

The IJB overspent its budget in 2024/25 and achieved financial balance only after the utilisation of reserves and additional contribution from constituent authorities. The IJB currently has a nil general reserve which is against the IJB's Reserves Policy. A plan should be devised as to how the reserves position will be improved.

For FY26, the IJB has set an unbalanced budget with significant savings required. In 2024/25, the IJB achieved 55.9% of its planned savings and has set an even greater savings plan of £11.162m for 2025/26, which is required to be achieved in order to reduce the planned deficit. The IJB must implement robust measures to identify and achieve savings, thereby reducing the planned deficit. Failure to do so will exacerbate the current financial unsustainability.

There is a three-year Medium-term financial plan however, the IJB is still forecasted to be in a deficit at the end of the third year, with only the second year achieving any surplus on budget. We would recommend Management should review this plan and align this to the Scottish Government's MTFS as this was published after the IJB had set their MTFS.

Wider scope requirements (continued)

Vision, leadership and governance

Are the scrutiny and governance arrangements effective?



Is leadership and decision making effective?



Is there transparent reporting of financial and performance information?



Vision, leadership and governance

Significant risks identified in Audit Plan

In our audit plan, we highlighted the consultation and consideration for approval by the partner bodies for the revised Integration Scheme, the appointment of an interim Chief Officer and the decision to combine the Audit and Risk Committee with the Finance and Performance Committee to create the Finance, Audit and Performance Committee.

Vision and strategy

The IJB's Strategic Commissioning Plan covering the period 2023-2033 was approved by the Board in March 2023. This plan will be subject to substantive review at least every 3 years to comply with legislation and statutory guidance. The vision is clearly defined within the Plan, as:

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

The plan sets out the following 5 strategic themes:

1. Prevention, early intervention and harm reduction
2. Independent living through choice and control
3. Achieving care closer to home
4. Supporting and empowering people and communities
5. Reducing loneliness and isolation

Performance against the delivery of the plan is monitored as part of the quarterly Performance Reports. These reports also set out how the IJB priorities link with the National Health and Wellbeing Outcomes.

Wider scope requirements (continued)

Vision, leadership and governance (continued)

Leadership

The Partnership Senior Management Team was led by the Joanna MacDonald, the Interim Chief Officer between December 2024 to December 2025. She replaced David Williams who was the Chief Officer till November 2024. The IJB has experienced significant turnover in its Chief Officer position, with six different individuals having held this role over the past 10 years. The IJB did not operate with a Section 95 Officer for the period 18 October to 21 December 2025 which is not in line with the requirements of section 95 of the Local Government (Scotland) Act 1973. An interim Section 95 Officer assumed office on the 22 December 2025.

The Chair and the Vice Chair of the Board changed in April 2024 in line with the partnership agreement, which requires these positions to rotate across constituent authorities every two years. Stirling Council nominated the new Chair of the IJB, at its October 2024.

Governance and scrutiny arrangements

Integration Scheme

The Integration Scheme is a key feature of the governance arrangements in place and sets out the legal partnership agreement between NHS Forth Valley and Clackmannanshire and Stirling Councils. The Scheme sets out the functions delegated to the IJB, under the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

Under the requirements of the Act, local authority and NHS Boards are required to review the Integration Scheme within 5 years of the scheme being approved (i.e. by October 2020 at the latest). An initial review was undertaken in January 2020, this did not progress due to the pandemic, ongoing service pressures and other competing demands. The Integration Scheme for the IJB is currently under review and awaiting approval by all three constituent authorities. In the current year, this has been approved by 2 out of the 3 constituents' bodies, with the other authority seeking further revisions before consideration for approval. This was expected to be laid before the Scottish Parliament in Quarter 1 of 2025 but is still yet to be concluded. It is important that this is progressed to ensure full compliance with the Act.

NHS Forth Valley Escalation Framework

On 23 November 2022, NHS Forth Valley, a key partner of the IJB, was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. The Board was de-escalated to stage 3 and with the continued development of the Compassionate leadership and culture change programme and its corresponding reports to the Board, NHS Forth Valley are committed to a path of further de-escalation.

Wider scope requirements (continued)

Vision, leadership and governance (continued)

Governance and scrutiny arrangements (continued)

Finance, Audit and Performance Committee (FAPC)

The IJB approved the establishment of the Finance, Audit and Performance Committee and its Terms of Reference at a special meeting on 7 February 2025. This combined the existing Audit & Risk Committee(ARC) and the Finance Performance Committee(FPC) which were in place till February 2025.

Membership of the new FAPC is 8 voting members (2 from each constituent Council and 4 from NHS Forth Valley), plus 2 non-voting members, meeting 4 times a year.

There was no annual assurance statement as the FAPC was established part way through the 2024/25 year and could not reasonably discharge its Terms of Reference in a part year. The annual assurance statement will be re-established once FAPC has been in place for a full year.

The FAPC oversaw the work of Internal Audit and a substantial assurance in relation to Clackmannanshire and Stirling Integration Joint Board's arrangements for risk management, governance, and control for the year to 31 March 2025.

Transparency of reporting

All Board and FAPC (previously ARC) papers and minutes are publicly available through the Health and Social Care Partnership website. The partnership website includes a suite of information including strategic plan, annual accounts and annual performance reports that can be accessed by members of the public.

Deloitte view – Vision, leadership and governance

The IJB operated without a named Section 95 officer from 18 October 2025 to 21 December 2025. Per the Local Government (Scotland) Act 1973 it is a requirement to have a named officer with responsibility for the administration of financial affairs in place. It is our understanding that during this time the responsibilities of the Section 95 Officer were shared between the Chief Finance Officers of the three partner bodies. However, there was no named officer with overall responsibility for the financial affairs of the IJB in place.

The IJB has experienced significant turnover in its Chief Officer position, with six different individuals having held this role over the past 10 years. This poses a risk to entity's strategic continuity, operational stability, and the robustness of its governance.

The Constituent authorities have not completed the review of the Integration Scheme including issuance of a revised Integration Scheme.

Wider scope requirements (continued)

Use of resources to improve outcomes

Are resources being used effectively to meet outcomes and improvement objectives?



Is there effective planning and working with strategic partners and communities?



Is Best Value demonstrated, including economy, efficiency and effectiveness?



Use of resources to improve outcomes

Significant risks identified in Audit Plan

In our audit plan we highlighted that given the ongoing pressures across the health and care system, including issues on delays in patient discharge and workforce capacity, there is a risk that performance reporting has not been timely, reliable, balanced and transparent. There are also the longer-term uncertainties around the National Care Service.

Performance management framework

The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. The IJB monitors performance and measures impact for the communities against their Strategic Commissioning Plan priorities and be able to share with communities and stakeholders.

The IJB approved an Integrated Performance Framework in June 2024 which is used to drive the performance culture, with evidence-based decision making, service planning and response as well as supporting greater ability for scrutiny in an open and transparent environment. This sets out the indicators and measurement, format and frequency of reporting, concepts and tools and the level of reporting and escalation.

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

The performance management reporting cycle includes the annual performance report, quarterly performance report, monthly key performance measures report and other weekly and daily operational reports.

Wider scope requirements (continued)

Use of resources to improve outcomes

Deloitte view –Use of resources to improve outcomes

The IJB has further enhanced its performance management framework with the approval of the Integrated Performance Framework (IPF) in June 2024. This revised framework promotes a culture of performance driven by data-informed decision-making, effective service planning and responsiveness, and a commitment to greater transparency and accountability through enhanced scrutiny.

Regular reporting on performance is provided to the Board through the quarterly performance reports against the strategic themes and the annual performance report again.

Wider scope requirements (continued)

Best value

Requirements

It is the duty of the IJB to secure Best Value as prescribed in Part 1 of the Local Government in Scotland Act 2003. We have a statutory duty to be satisfied that the IJB have made proper arrangements for securing BV.

Duty to secure Best Value

1. It is the duty of the IJB to make arrangements which secure Best Value.
2. Best Value is continuous improvement in the performance of the IJB's functions.
3. In securing Best Value, the IJB shall maintain an appropriate balance among:
 - a) The quality of its performance of its functions;
 - b) The cost to the IJB of that performance; and
 - c) The cost to persons of any service provided by the IJB for them on a wholly or partly rechargeable basis.
4. In maintaining that balance, the IJB shall have regard to:
 - a) Efficiency;
 - b) Effectiveness;
 - c) Economy; and
 - d) The need to make the equal opportunity requirements.
5. The IJB shall discharge its duties in a way that contributes to the achievement of sustainable development.
6. In measuring the improvement of the performance of an IJB's functions, regard shall be had to the extent to which the outcomes of that performance have improved.

Conclusions

The IJB has a number of arrangements in place to secure best value. As noted elsewhere within this report, the Strategic Commissioning Plan provides a clear vision and has specific focus on some of the BV characteristics.

Best Value is monitored through the reporting to the Board which includes the Quarterly Performance reports, finance reports and service area reports which are all reviewed by the Board. These reports include BV reviews of services provided.

Financial sustainability continues to be a significant risk to the IJB. In the current year, as set out in the financial sustainability section, a Project Management team has been put in place to monitor the delivery of the savings plans which is also a way of securing best value for the IJB.

Deloitte view – Best Value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas that require further development. Significant work is still required to make the level of savings delivery needed to ensure financial sustainability, both short term and long term.

Appendices



Audit adjustment

Uncorrected misstatement

The following uncorrected misstatement has been identified which we request that you ask management to correct as required by ISAs (UK). Uncorrected misstatements increase the result for the year by £1.09m.

	Debit/ (credit) income statement £m	Debit/ (credit) in net assets £m	Debit/ (credit) prior year reserves £m	Debit/ (credit) OCI/Equity £m
Misstatements identified in current year				
Understatement of Health and Social Care Service expenditure	[1] 1.09	(1.09)	-	-

[1] This relates to difference between the Health and Social Care Services transaction listing and the balance disclosed within the accounts.

Disclosure deficiencies

We have not identified any disclosure deficiencies up to the date of this report.

Action Plan

The following recommendations have arisen from our 2024/25 audit work:

Recommendation	Management Response	Priority	Responsible Person	Target Date
1. Financial Sustainability	The IJB Chief Finance Officer will review the achieving the savings plan and the unbalanced draft 2025/26 outturn budget for 2025/26 poses a risk to the financial position and provide an sustainability of the IJB. The IJB should put in place robust measures to budget into balance. ensure savings are monitored and achieved in order to reduce the planned deficit for 2025/26.	High	IJB Chief Finance Officer	March 2026
2. Vision, leadership and governance- Section 95 Officer role	The IJB Chief Finance Officer will recommend an approach to ensure October 2025. Following this date the IJB did not have a named Section 95 officer in place, until mid December 2025 when an interim Section 95 officer covered if the post was appointed.	High	FAPC and the Board	March 2026
3. Vision, leadership and governance- Chief Officer Role	The HSCP has appointed an Interim Chief Officer. The IJB has experienced significant turnover in its prior to starting the Chief Officer position, with 6 different individuals recruitment process to having held this role over the past 10 years. The IJB appoint a new should seek to find a permanent recruitment to this permanent Chief role to ensure operational and governance stability. Officer.	High	The Board	March 2026

Action Plan (continued)

We have followed up the recommendations made in 2023/24. We note that out of the 5 recommendations, only 1 has been fully implemented as documented below

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
1. Housing Aids & Adoptions	Accepted – IJB and Stirling Council CFOs will review treatment and reporting to enhance transparency and understanding. Stirling Council and IJB will consider presentation within future revenue budget papers	Low	Open
			Some consideration was given within the 2025/26 revenue budget however there is scope for further improvement in future years to ensure consistency across both councils.
2024/25 update:	While acknowledging initial consideration in the 2025/26 revenue budget, the recommendation remains open, requiring full implementation and consistent reporting across in future years.		
2. Financial management – financial reporting	Accepted – IJB CFO will consider within future financial reports to IJB / committee.	Low	Complete Further detail now provided with IJB financial reports.

Action Plan (continued)

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
3. Financial sustainability – budget setting	Accepted – Matter already being considered by both IJBs and NHS Forth Valley. Activity information requirements being accessed to develop model in line with legislative requirements. It is anticipated that this will allow arrangements to be progressed for 2025/26 financial year.	Medium	<p><i>Open</i></p> <p>Work has been undertaken and supported by NHS FV information services on an appropriate dataset to support set aside arrangements. Discussions ongoing with Falkirk IJB and NHS FV as to how best to use information as basis for identifying future improvements and how this aligned to improving unscheduled care work on whole system basis and initiatives aiming to shift the balance of care. Aim is for both IJBs to highlight shifting the balance of care opportunities via 2026/27 Business case process.</p>

2024/25 update: Similar to our recommendation last year, management should seek to fully develop the activity and cost model in relation to set aside arrangements.

Action Plan (continued)

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
4. Financial sustainability – medium-to-long-term planning Currently, the IJB is not financially sustainable. A more comprehensive medium-term financial outlook post publication of the Scottish Government's next Medium Term Financial Strategy and Medium Term Financial Framework should be developed and implemented as soon as viably possible.	Accepted – It is currently understood that Scottish Government will publish updated Medium Term Financial Strategy and Medium Term Financial Framework for Health and Social Care by end of 2024. An updated medium-term financial outlook will be developed aligned to these publications and financial planning assumptions of the constituent authorities of the IJB.	Medium	<p><i>Open</i></p> <p>A medium term Financial plan was incorporated within the Revenue budget for 25/26.</p>

Action Plan (continued)

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
5. Financial sustainability – reserves	<p>Accepted</p> <p>To be considered as part of the updated medium term financial outlook. It should however, be understood that re establishing a prudential level of general reserves will be extremely challenging.</p> <p>The utilisation of reserves is not sustainable and places itself and its partner bodies at risk.</p> <p>Although this is a common theme for IJBS across the country, reserves levels should be actively monitored and being applied for the purposes intended. A plan should also be devised as to how the reserves position will be improved.</p>	Medium	<p>Open</p> <p>FAPC request further discussion on reserves at the June 2025 meeting. The extant reserves policy/strategy maintains an aspirational reserves position however, it is difficult to see how this could be achieved whilst delivering statutory services at this current point in time. IJB reserves highlighted through financial sustainability work of Health and Social Care Scotland and will continue to feature in national level discussions.</p>

Action Plan (continued)

We have followed up on open recommendation made in previous audits. Only one remains open in the current year which we have set out below.

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
1. Lack of preparation for the IJB audit	<p>We would recommend that in the future, there is better communication between the constituent authorities and the IJB and that there is an agreed timetable in place with the IJB and the constituent authorities to collate information for the start of the audit.</p> <p>2024/25 update: Deloitte were informed of the delays, and a revised timetable was set, however, due to the exit of key finance team members, the 24/25 audit was delayed again.</p>	Medium	<p>Interim discussion on learning points was held with Finance Working Group. The IJB CFO also completed a survey issued by Audit Scotland.</p> <p>The 2023/24 year-end timetable was drafted and discussed at Finance Working Group prior to year-end.</p> <p>Open The FAPC is presented with a report in relation to delay to unaudited accounts at June 25 meeting. Deloitte were notified and revised timetable meant audit commenced in first week of September 2025. Initial discussion on future improvements held via Finance Working Group to be revisited once all 2024/25 statutory audits are complete.</p>

Our other responsibilities explained

Fraud responsibilities and representations



Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.



Audit work performed:

In our planning we identified the risk of management override of controls as a key audit risk.

During course of our audit, we have had discussions with management and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements.

We will explain in our audit report how we considered the audit capable of detecting irregularities, including fraud. In doing so, we will describe the procedures we performed in understanding the legal and regulatory framework and assessing compliance with relevant laws and regulations.

Required representations:

We have asked the IJB to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you have disclosed to us all information in relation to fraud or suspected fraud that you are aware of and that affects the IJB.

We have also asked the IJB to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error and their belief that they have appropriately fulfilled those responsibilities.

Concerns:

No issues or concerns have been identified in relation to fraud.

Independence and fees

As part of our obligations under International Standards on Auditing (UK), we are required to report to you on the matters listed below:

Independence confirmation	We confirm the audit engagement team, and others in the firm as appropriate, Deloitte LLP and, where applicable, all Deloitte network firms are independent of the IJB and our objectivity is not compromised.
Fees	The expected fee for 2024/25, as communicated by Audit Scotland in January 2025 is analysed below:
	£
	Auditor remuneration 36,890
	Audit Scotland fixed charges:
	• Pooled costs 930
	• Contribution to PABV costs 7,080
	• Sectoral cap adjustment (10,900)
	Total expected fee 34,000
Non-audit services	We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.
Relationships	We have no other relationships with the IJB, its directors, senior managers and affiliates, and have not supplied any services to other known connected parties.



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Clackmannanshire & Stirling Integration Joint Board

28 January 2026

Agenda Item 9

Stirling Chief Social Work Officer Report 2024-25

For Noting

Paper Approved for Submission by:	Jennifer Borthwick, Interim Chief Officer
Paper presented by	Jennifer Rezendes, Chief Social Work Officer
Author	Jennifer Rezendes, Chief Social Work Officer
Exempt Report	No



Clackmannanshire
Council



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

Purpose of Report:	The Chief Social Work Officer Annual Report provides an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across Stirling Council in 2024/25. This is an annual update report and it is appropriate that the Board scrutinise the developments in relation to adult social work and social care over the last year.
Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider and take assurance from the Chief Social Work Officer's Annual Report. 2) Note that the Chief Social Work Officer's report has been submitted to Scottish Government.
Key issues and risks:	<p><i>Highlight key issues and risks associated with report</i></p> <p>This report contains an update and there are therefore no risks associated, although there are some gaps in the report which does present an issue in terms of offering assurance to members of the IJB.</p>

1. Background

- 1.1. Section 3(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc. (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer.
- 1.2. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies whether these are provided by the local authority or purchased from the private or voluntary sectors.

2. Considerations

- 2.1. The Chief Social Work Officer Annual Report for 2024/2025 has been completed using the standard template and following the advisory guidance produced by the Office of the Chief Social Work Adviser to the Scottish Government.
- 2.2. The annual report for Stirling provides an update from the Chief Social Work Officer on a number of areas: Governance, Service Quality, Challenges, Resources, Workforce, Training and Looking Ahead.

2.3. A number of areas are not reflected in this report and work has been identified within the HSCP which will enable them to report on these areas of business for the 25-26 report. These areas include the work of:

- 2.3.1. Adult locality Social Work teams
- 2.3.2. The Learning Disability team
- 2.3.3. The Hospital Discharge team
- 2.3.4. Commissioned services

2.4. Work ongoing includes the HSCP to identifying performance indicators that will enable them to report on the impact of Adult Social Work and Learning Disability Services, the implementation of the Carers Act, and the development of commissioning arrangements, to support an oversight of quality assurance in service delivery in the future.

2.5. Key highlights from this year's report from the HSCP include; embedding the principles of Self-Directed Support in Adult Services; driving forward improvement from Inspection from the Joint Inspection of Adult Services; and furthering the culture of professional development and investment in our workforce through the appointment of a Professional Development Officer (by the CSWO and sitting in Children and Families and Justice Service). This role is supporting Stirling Council employees in our implementation of the Newly Qualified Supportive Year for Social Workers and future professional development. Successful transitioning of telecare equipment from analogue to digital is also making a difference to the people we support.

2.6. Priorities for 2025/26 across all Social Work Services are:

- 2.6.1. Supporting the workforce wellbeing and professional development for future sustainability
- 2.6.2. Embedding the voice of service users in our strategic and local processes
- 2.6.3. Streamlining professional governance and strategic oversight
- 2.6.4. Enhancing assurance and self-evaluation activity

2.7. Specific priorities identified by the HSCP are:

- 2.7.1. Developing system approaches to duties under both Adult with Incapacity and Mental Health Act to strengthen compliance and reporting.
- 2.7.2. Development of a Mental Health core and cluster housing and care model of support.
- 2.7.3. Collaboration between the HSCP and Stirling Council on a Transition policy to support transitions between Children and Families and Adult Social Work Services.

2.8. Those aspects of the CSWO report that pertain to Children and Families /Justice Social Work have already been reviewed by Stirling Council's Social Work and Education Committee and are for information.

3. Appendices

1. CSWO Report
2. EqSIA Initial Assessment

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
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	This paper does not require a Fairer Duty assessment.

Chief Social Work Officer Report

2024-2025



**Caring for our
community**

Foreword



I am delighted to present this report in my first year as Stirling's Chief Social Work Officer, highlighting the achievements and challenges faced in 2024-25, the dedication of our workforce, as well as our ambitions for services in Stirling over the years ahead.

The best Social Work is undertaken through collaboration and partnership, building on the collective wisdom and experience of each other to improve outcomes for those who use our services. Stirling has benefitted from a strength in partnership working, a legacy of hard work and commitment that I have inherited. I would like to offer

a sincere thank you to my predecessor, Marie Valente, who held the role of Chief Social Work Officer for 8 years prior to me coming into post and also to my colleague, Michael Grassom, who covered the role on an interim basis between Marie's retirement in August and me joining in December 2024. Both have offered me advice and guidance in my first few months in Stirling which has been greatly appreciated and a testament to the commitment to partnership working our residents in Stirling benefit from.

Over the last eight months in this role I have seen, first-hand, the hard work that our workforce are putting in across Stirling to balance the demand for our services with the complexity of the circumstances many people we support are experiencing. This report is a reflection of the past year and tells the story of how Children and Families, Justice, and Adult Social Work Services has made an impact across our communities. While we face significant challenges across our services to meet demand, I have been regularly reminded in the conversations I have, the assessments I read, and the strategic planning that I see, of what a privilege it is to work amongst these dedicated people, and how glad I am that I came to Stirling!

Key highlights from this year's report include; early intervention practices taken forward by the Family Wellbeing Team; embedding the principles of Self-Directed Support in Adult Services and our Children with Disability Team; driving forward improvement from Inspection in both Fostering and Adoption Services and from the Joint Inspection of Adult Services; and furthering the culture of professional development and investment in our workforce through dedicated Justice Social Work Practice Forums, and implementing the Newly Qualified Supportive Year for Social Workers. Supporting Stirling residents to remain in their communities, through commitments to Keep the Promise, transitioning our telecare equipment from analogue to digital, and taking a proactive approach to the delivery of Voluntary Throughcare, are making a difference to the people we support.

In the coming years we know that we will need to go further in our approaches to ensure legislation, national policy, and guidance are fully embraced in our strategic planning and operational practices. Work is being taken forward in the HSCP to identify performance indicators that will enable us to see the impact of Adult Social Work and Learning Disability Services, the implementation of the Carers Act, and the development of commissioning arrangements, to support an oversight of quality assurance in service delivery. I will look forward to reporting on the progress of these developments in my next report.

I would like to recognise the collaboration and strong partnership working I have seen since arriving in Stirling; established public protection arrangements with key partners that include regular self-evaluation; joint working to develop strategic approaches between Children and Families and Justice Social Work to meet the aims of the Children (Care and Justice)(Scotland) Act, ensuring our practices remain child focused and rights-respecting; and the partnership Adult and Children and Families Social Work and Education to develop a Transitions Policy that is rooted in the principles of GIRFEC and GIRFE. Working together, Adult, Children and Families, and Justice Social Work Services are navigating the transitions between our services and finding ways to learn with each other to deliver best practices.

Looking to the year ahead, I am excited for our plans to further embed the voice of children, young people, adults, carers and families, into our work. The voices of those we support will be reflected in our operational and strategic improvements. We will be enhancing our professional assurance and governance activity, improving alignment across all Social Work and Social Care Services, and focusing on our workforce, supporting them and investing in opportunities for their professional development.

As we close and reflect on 2024-25, I want to extend my appreciation to everyone in Social Work Services who I know have worked exceptionally hard throughout the year, making a difference in the lives of those who use our services. I look forward to this next year together.

Jennifer Rezendes
Chief Social Work Officer 2024-2025



“Over the last eight months in this role, I have seen, first-hand, the hard work that our workforce are putting in across Stirling to balance the demand for our services with the complexity of the circumstances many people we support are experiencing.”



“Looking to the year ahead, I am excited for our plans to further embed the voice of children, young people, adults, carers and families, into our work.”

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Section 1

Governance accountability, and statutory functions

The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968. The Chief Social Work Officer has statutory responsibility to provide the Council with effective professional advice regarding the provision of Social Work Services provided by the Council or on behalf of the Council by another agency or partnership.

The CSWO role and oversight of functions across all areas of Social Work have not changed in this reporting year, with Children and Families and Justice Social Work within Stirling Council, and Adult Social Work and Social Care within the Clackmannanshire and Stirling Health and Social Care Partnership. Governance arrangements through established committees within the Council and the Clackmannanshire and Stirling HSCP enable opportunity for the CSWO to scrutinise and provide assurance on Social Work functions. The CSWO is a member of the Council Management Team, directly reporting to the Chief Executive Officer, and is a non-voting member of the Integration Joint Board and has a significant degree of involvement in the governance and accountability structures of the organisations, enabling a professional Social Work perspective on all strategic, operational, and financial, decisions.

Partnership Working

Strategic partnership working is well supported through longstanding arrangements with key partners such as Education, NHS Forth Valley, Police Scotland, and third and independent sector providers. The Integration Joint Board (IJB) is unique in Scotland, with a tripartite arrangement including Stirling Council, Clackmannanshire Council, and NHS Forth Valley. Together they set the strategic direction and deliver integrated services through the Health and Social Care Partnership (HSCP). The CSWO is an active contributing member of the IJB and within the HSCP Senior Leadership Team.

The Clackmannanshire and Stirling Public Protection Chief Officer's Group (PPCOG) is the high-level strategic group that oversees public protection. The PPCOG provides oversight and scrutiny across the public protection arena with regular updates from the Clackmannanshire and Stirling Adult Support & Protection Committee (ASPC), Stirling Child Protection Committee (CPC), MAPPA, Clackmannanshire & Stirling Alcohol & Drugs Partnership (ADP), Stirling Gender Based Violence Partnership (GBVP) and a range of Forth Valley regional strategic groups.

Strategic planning for promoting welfare and meeting community-based need spans across multiple areas of Social Work, including but not limited to, Corporate Parenting, Stirling Strategic Partnership Group for Children, Forth Valley Mental Health and Wellbeing, Community Justice Partnership, and the Community Planning Partnership. A strength of the regional arrangements in Central Scotland is its collective approach to Forth Valley planning for operational work where possible and this has supported consistent practices and approaches.

Council governance arrangements are robust, with well organised workplans to ensure proportionate scrutiny in Council across a number of areas in Children and Families and Justice Social Work. Operational scrutiny activity is in place through self-evaluation of practices and multiagency audit activity, in particular in public protection, for both Children and Families and Justice Social Work. These operational area functions are reported to Elected Members via Stirling Council's committee structure.

Social Work and Social Care scrutiny within the HSCP is maturing, with 2024 seeing the introduction of a CSWO Professional Governance meeting which complements a multi professional Clinical and Professional Governance, and an HSCP Adult Social Work and Social Care Governance Group. The Groups are developing and will provide opportunity for regular and ongoing specific consideration of Social Work and Social Care practices in line with legislation, guidance and policy. Outcomes from inspection, audit and self-assessment activity will enable the CSWO to provide assurance on matters of delegated responsibility to the HSCP, supporting timely and continuous improvement across services. This approach to governance includes monitoring of the Improvement Plan for the recent Joint Inspection of Mental Health Services, which sees both the CSWOs in Stirling and Clackmannanshire working collectively to support the professional advice and guidance into the integrated arrangement.

[Stirling Council Governance](#)

Stirling Council provides services to around 90,000 residents across Stirling, which has a mixed geography, comprising the City of Stirling, towns of Bridge of Allan, Dunblane, Doune and Callander, along with many villages. Stirling Council has a traditional Committee decision-making system where full Council (comprising all 23 Elected Members) is the highest decision-making body. Council, through the approval of its Scheme of Delegation, has specified which matters require to come to full Council for consideration/approval and has also established a number of decision-making Committees which have delegated authority to take a range of policy and other decisions in relation to the specific areas of responsibility each Committee has been given. Social Work decision making is currently delegated to the Children and Young People's Committee, for Children and Families Services, and Community, Wellbeing and Housing Committee, for Justice Services.

Looking to 2025-26, plans are in place for Stirling Council to expand committee reporting to include all Social Work functions provided through Justice, Children and Families and Adult Social Work. The CSWO has worked closely with Elected Members and the Chief Governance Officer to ensure appropriate scrutiny of all Social Work functions at a political level. To support proportionate reporting, a Social Work and Social Care Professional Assurance Framework has been developed and will be implemented to ensure the CSWO is provided appropriate operational and strategic detail.

Whilst the wider council wide corporate structures and the IJB have not changed during this reporting period, there has been significant change in leadership during the last year. August 2024 saw the retiral of the previous CSWO which was followed by an interim CSWO arrangement for a period of five months before my permanent appointment was made in December 2024. In addition to this, the Council Chief Executive role was delivered through interim arrangements for a period, followed by a permanent appointment. Across Children and Families and Justice Social Work, we saw the departure of three experienced Team Leaders and a Service Manager, and a change in the leadership of the Child Protection Committee. Within the HSCP there was a change in Chief Officer, Head of Service, and the leadership at Team Manager level, which has all contributed to increased need for recruitment.

[Social Work Practice & Pressures](#)

Across all areas of Social Work there has been a strong commitment to deliver the highest standard of professional service. The level of professionalism and support provided by the senior leadership team across services and within teams has to be recognised as a key contributor to the ability to deliver on statutory functions. The workforce commitment to the children, young people and adults we support is unwavering and the outcomes achieved evidence the positive impact our workforce have on the lives of others. Partnership working remains strong, with clear connections between public bodies and engagement at all levels of the organisation to support both strategic planning and operational delivery of services. Notwithstanding these positive factors, there remains continued pressure across all areas of Social Work.

Stirling Council and the Clackmannanshire and Stirling HSCP have experienced leadership changes across this past year in key positions within both organisations, and while there is commitment to ensure stability across all services, there has been a need for a series of temporary acting up arrangements and interim arrangements, including the use of agency workforce. Availability of resources to meet need in the context of rising complexity has been a challenge, with both the HSCP and Council taking forward actions through commissioning to implement a consortium approach and to build upon provider forum meetings to facilitate collaboration on potential solutions. All areas of service are feeling the pressure to meet statutory requirements against a backdrop of complexity and reduced financial resource. The Mental Health Officer (MHO) team report increases in requirement for statutory mental health work, their involvement in complex Adult Support and Protection work, and a limited MHO workforce to meet these demands. Similarly, the Family Care Team, who deliver our Fostering and Adoption Services, report challenges in foster care recruitment. Similar challenges are mirrored across other areas in Scotland and in Stirling these are mitigated, but not eliminated, by strong collaboration and partnership working.

Actions are being taken to modernise the current Social Work recording system, with a programme of work agreed across the next 3 years to support our quality in case recording. This initiative will include consideration of using AI technology to create greater efficiencies in time for the workforce to increase the amount of time that practitioners can spend with those they support. Embedding Self-Directed Support (SDS) into assessments for adults is making strides, enabling the ability to offer choice and control into conversations about how support can be provided. Equally, the increase in uptake of SDS Option 1 in Children with Disabilities Team reflects the promotion of supporting creative solutions for children and younger people with disabilities. The continued shift toward prevention and early intervention remains a strong commitment, with a growing number of children and families being seen at earlier points to avoid statutory intervention. The MHO team are showcasing the importance of their role and bringing new interest into the post graduate qualification, with the expectation of 2 individuals being put forward for qualification in 2025/26, while a strategic plan is being developed to support Foster Care Recruitment. The addition of a Professional Development Officer to support workforce career development is another investment in the workforce which will impact 2025/26.

Quality Assurance

The CSWO has a key role in assuring the quality of Social Workers and of Social Work practice. An enhanced supported year is in place for Newly Qualified Social Workers (NQSW) entering the workforce and for much of this reporting period we have had a Practice Development Officer in place to oversee and progress support in this area. This role will be developed further in 2025/26 with the introduction of a Professional Development Officer who will lead on developing a career pathway for Social Work Services with the aim of meeting Graduate Apprenticeship, student, NQSW, and future career development through post qualifying offers.



Corporate training is provided electronically via MyPortal and through a designated Training Officer for Public Protection who delivers regular learning and development offers. Analysis of rates of uptake data tell us that there can be low uptake or late cancellation of learning opportunities, despite the impressive range of learning and development on offer, suggesting that attendance can sometimes be compromised by operational demand. CSWO newsletters are sent regularly to frontline staff summarising local and national policy developments with information on other relevant matters – plans are in place for next year to make these more targeted and relevant to specific areas of learning and service need to drive forward quality expectations in practice.



Small group discussions with frontline staff and managers give staff the opportunity to directly engage with the CSWO and keep the CSWO up to date with emerging frontline practice issues. From next year, opportunities for staff to meet with the CSWO in 1-1 sessions will be made available for staff to discuss a range of issues including their professional journey, the role of CSWO and what that means for the Council, or to listen to key issues they may be experiencing or looking to improve.

In Children and Families, the Annual Children and Families Service Plan sets the standard for expected strategic actions in the service, this is in line with the Community Planning Partnership's Children's Service Plan and our Corporate Parenting Strategy. Measures of quality assurance in practice align to these documents. Committee reporting for children, young people and their families includes performance indicators that are scrutinised by the service to identify areas for improvement. The Service are currently reviewing the indicators used, shaping them to help us further understand and improve our practice. The CSWO has regular contact with the young people on the Stirling Champions Board and their support staff who provide real – time feedback on young people's experience of services.

A regular programme of case file audits in Children and Families Social Work and Resources is in place with routine reporting mechanisms back to the CSWO. Throughout this reporting year a number of audit and evaluation activities have been undertaken. These included:

- **Re-registration of children onto Child Protection Register** over an 18-month period. We identified common themes and made improvements in practices, resulting in lower numbers of re-registration as a result. Learning from this work was presented to our Social Work Senior Leadership Team, the Child Protection Committee, and the Stirling Strategic Planning Group for Children.
- **Pre-Birth Child Protection Planning Meeting Audit** with a focus on the voice and rights of unborn children and the participation of parents. This looked at all children subject to Pre-Birth Initial Child Protection Planning Meetings in 2024. Findings indicated no areas of concern in practice, and a strength in good communication across agencies. This provided assurance to our Social Work Senior Leadership Team and is set to be presented at the Child Protection Committee.
- **Bright Spots** is a research and service improvement project which measures subjective wellbeing of care experienced children and young people. Stirling was identified as pilot site for this piece of work in 2023, with research undertaken during April 2024. Analysis of findings offered recommendations that are informing strategic planning and being taken into operational practice improvements across partners involved.

In addition to regular case file audits, our Justice Social Work service have established successful routes for feedback from our service users. This active Service User Group is supported by a member of staff from Recovery Scotland with lived experience of the justice system to help us gather direct feedback on how they experience services, allowing the service to develop. For example, the group undertook a 'walk through' of our reception/interview space at Customer First, the front door for Social Work, and provided feedback as to how we could make this a more trauma informed space to meet with service users. Feedback included changing signage, which we were able to deliver on immediately, while other changes to the physical environment will be enabled over a longer period of time with support from Stirling Council colleagues in Facilities.

In April 2024, Adult Services in Clackmannanshire and Stirling HSCP were subject to external inspection by the Care Inspectorate and Health Improvement Scotland on the theme of adults living in the community with mental illness (under the age of 65) and their unpaid carers.

Recommendations for improvement from this inspection are being progressed through activity within the service and the CSWO is a part of the oversight of the improvement plan. Some developments from the improvement plan include: the development of a Self-Directed Support compliant assessment document; work to rebalance the professional governance of Social Work in the HSCP; and identifying performance indicators that can be a measure of quality practice going forward. These actions will be central to developing regular quality assurance practices in the HSCP going forward.

Interagency quality assurance is regularly undertaken. In Adult Support and Protection, learning is being taken forward from a commissioned learning review, with another being planned for, and will be reported on in 2025/26. In Children and Families, the CPC's Performance & Quality Assurance Subgroup offers an opportunity for leads across agencies to come together to develop an understanding of relevant data, with established practices to review Child Protection IRDs ongoing. Across all areas of public protection, the shared Public Protection Learning & Practice Development Subgroup brings strategic leads together to consider relevant practice issues according to data and local self-evaluation enabling a continuous improvement approach to public protection duties. Regular reports on operational performance data are received in all committees for scrutiny and assurance.

In addition to this, Forth Valley MAPPA have a programme of routine and reactive quality assurance activity including: Case File Audits and quarterly & annual reporting; Further Offending Reviews and Nationally published Initial & Significant Case Reviews. The MAPPA Strategic Oversight Group (SOG) oversees all quality assurance work. In the main, there is evidence of good routine risk management and multi-agency working and examples of good practice have also been identified while areas for improvement have addressed and/or been reflected in the Risk Register.

Future areas of quality assurance development will include a review of operating policies and procedures across Children and Families and Justice Social Work, the implementation of a Social Work and Social Care Professional Assurance Framework and aligned self-evaluation programme, and the coordination of the feedback, participation, and engagement detail currently received, to ensure continuous improvement, and the voice of those we support, remains central to the work undertaken in all Social Work Services.

Section 2

Service Quality and Performance

General

Whilst the majority of issues affecting service quality and posing challenges to Social Work practice are distinct to different areas of service delivered in Stirling, there is a significant degree of overlap where interconnected matters have an impact on performance.

Growing National Agenda

Across all areas of Social Work, and indeed for much of the public sector, there is a growing and rapidly changing national agenda against the backdrop of an ever-shrinking resource base. During 2024/25, we responded to a series of national consultations on a broad range of topics including but not limited to: A Universal Definition of Care Experience; Social Work Graduate Apprenticeships; and Social Work Governance and Assurance. The appetite for policy and legislative changes, and the ability to effectively contribute to these requests have been a challenge for services and for the CSWO.

In addition to this, a range of national reports have been published which have also shaped strategic work throughout the year including: The Thematic Review of Prison-Based Social Work; CELCIS Emerging Insight research; and successive updates on the proposed National Care Service. Legislatively, we have implemented numerous changes in processes and practice as a result of the commencement of the UNCRC and the Children's Care and Justice Act, and sections 3 and 10 of the Health and Care (Staffing) (Scotland) Act 2019, with further debate expected on the Victims, Witnesses, and Justice Reform (Scotland) Bill.

These changes to Social Work Practice are mostly welcome and in line with those core Social Work values which we support in Stirling, across all areas of service. However, with a diminishing resource base, and growing need in the community, this increased national agenda is a challenge at both a strategic and an operational level. Ensuring the CSWO has ability to respond consistently and effectively to the national requests for consultation while delivering to the recommendations made across reviews, audits, and inspection, presents a challenge to the resources required to respond.

Swift

During 2024/25, work continued to replace the existing Social Work Recording System across all Social Work Services that are delivered by Stirling Council (Children and Families, Justice Social Work, and Adult Services). The Replacement Social Work Recording System Programme Board which is overseeing this project is co-chaired by the CSWO and the Head of Strategic Planning and Health Improvement at the Clackmannanshire and Stirling HSCP.

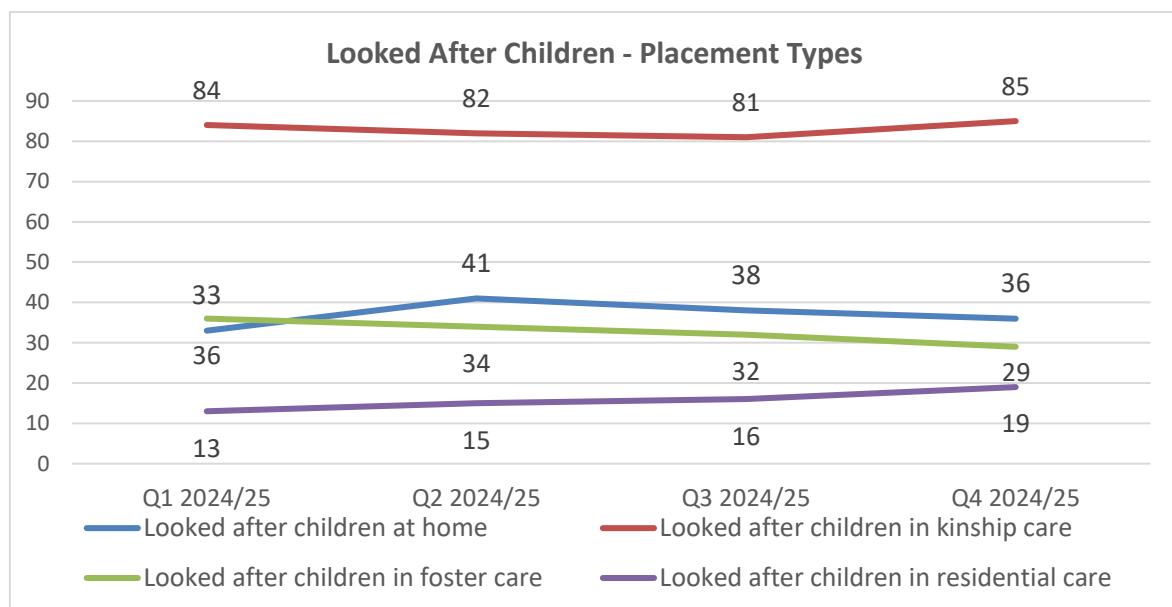
In 2023/24, it was reported that the procurement process was withdrawn to agree the best approach to purchase a replacement system and focus on organisational readiness, the scope of which would be defined by an internal audit. The conclusion of the audit saw several recommendations which have been implemented, including the establishment of a Data Quality Sub-group to ensure data readiness for migration. Preparations are underway to support effective implementation for services, and conversations have been had with other areas and CSWOs to learn from their experiences of implementing a new system, this will be an ongoing and iterative process up until migration to a replacement system in three years. The impact on Social Work practice will be closely monitored to ensure a smooth implementation of the new system.



Children & Families

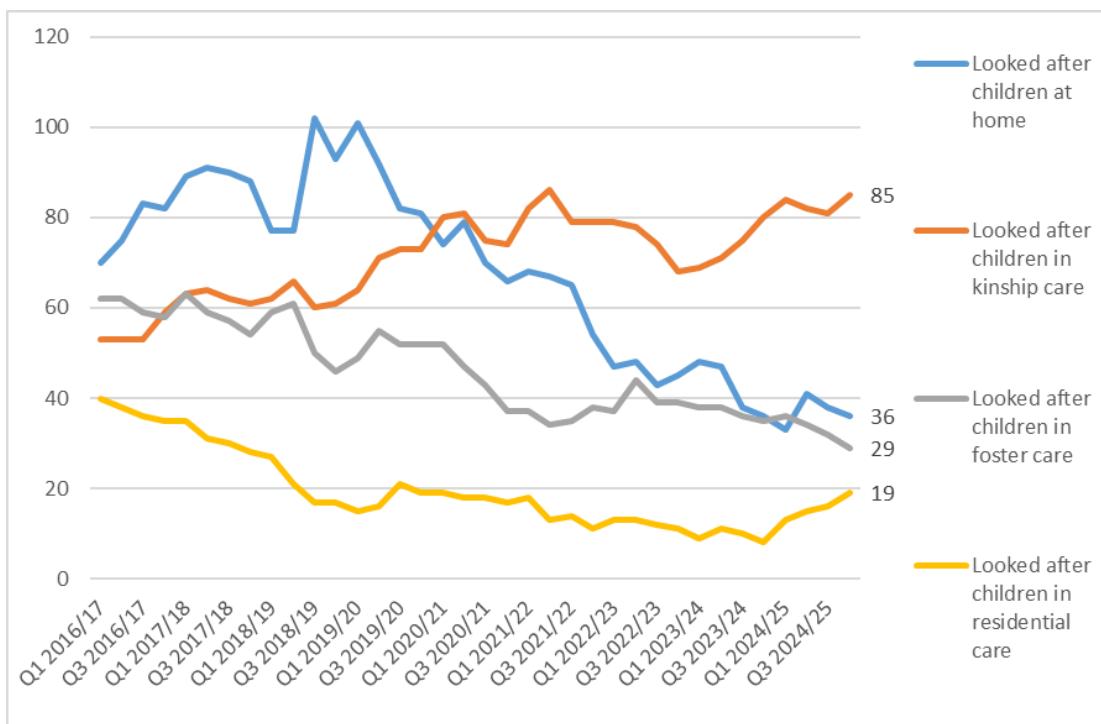
Balance of Care

Stirling's Children and Families service have worked hard to prioritise the shift in the balance of care over a number of years, working together to support families at the earliest point and to keep children together, with their family at home or in kinship arrangements, or placed locally with foster carers. This is an area of monitoring for the service, with actions planned to address recruitment challenges in foster care and enhancing our offer of early intervention, maximising the numbers of children and young people living with their *families*.



Looked After Children- Placement Types

The long-term transformation of care highlighted in the data over the page was made possible by the work of our Social Work fieldwork and family care teams and the scaffolding provided to families as part of wider wraparound support. Our commitment to #keepingthePromise is strengthened by close operational oversight from Fieldwork Service Management through our Resource Allocation Group (RAG). In addition, throughout this reporting year, we have continued to work with commissioned services such as Includem, Family Group Decision Making (FGDM), Functional Family Therapy (FFT) and Homestart.



Long-term trend of Looked After Children living in each placement type

As the graph above indicates, throughout this year, we have seen a rise in the numbers of children and young people living in residential care. There are a range of reasons for this, and ultimately with small numbers, it does not take a significant shift to skew the picture. Unfortunately, there has been a challenge in accessing local family-based care in the last year, as indicated by the reducing number of children in foster care, and this, coupled with some large family groups, and an increasing number of Unaccompanied Asylum-Seeking Children, has led to an increase in the numbers of children living in residential care, reversing the long-term reduction we have seen over the last 8 years. This is being closely monitored and as the graphs and charts above and below highlight, data is integral to the work we do across all children's services. As a result, we continually review the data we collect and the information in these reports informs our service design allowing us to attempt to predict trends in the future.

Placement Type	2020/21	2021/22	2022/23	2023/24	2024/25
Home Supervision	34%	30%	28%	23%	21%
Kinship Care	38%	43%	42%	50%	50%
Foster Care	19%	21%	24%	22%	17%
Residential Care	9%	6%	7%	5%	11%

Proportion of looked-after children living in each placement type

Social Work- Fieldwork Services

As referenced in the previous CSWO Report 2023/2024, the service undertook a restructure and wider service redesign process following the loss of a Team Leader post, and a temporary Service Manager post, as part of wider Council financial savings.

Prior to the Review, our Fieldwork Services were organised into four locality teams, two each in the North and South of Stirling, serving distinct communities of need according to geographic identity, and an Initial Assessment Team, which supported need Stirling-wide. Following the redesign, these four locality teams were reduced to three, supporting the entire Stirling area, with the intention that teams are more able to adapt to changing profiles of need. The Initial Assessment Team (IAT), still Stirling-wide, act as a conduit to Fieldwork teams and are the initial point of contact for anyone referring for a Children and Families Service who are not already working with a Social Worker.

Part of the efficiency actions taken in the Council saw the closure of some office bases. Our Social Work Senior Leadership Team (SLT) worked closely with teams to identify additional suitable office space for staff, using feedback from frontline staff and Team Leaders to ensure office capacity, and the appropriateness of the spaces in relation to facilitating family time, and supporting children and families who are not comfortable meeting within the school estate, were central to accommodation decisions. This saw the co-location of Social Work teams within schools and community use spaces, bringing Social Work Services together with education and community hubs.

Multi-agency working is crucial for all Fieldwork services, and throughout the year we maintained tripartite meetings with Scottish Children's Reporters Administration (SCRA) and Children's Panel members enabling discussion of positive practice and identifying areas for improvement, training or shared learning. In March 2025, the Children's Hearing Improvement Partnership was established and includes the Central Locality Local Authorities (Stirling, Falkirk, Clackmannanshire and West Lothian) as well as Children's Hearings representatives. An update on the progress of this partnership will be provided in next year's report.

Maintaining the right balance of participation in a hybrid environment has proved challenging at times with MS Teams affecting external partners and occasionally, families, from accessing reviews and planning meetings. Workarounds have been developed to overcome this but it is a recognised challenge which can impact meetings. Similarly, while co-location is our preference, there remains a lack of hybrid capability or suitable meeting spaces for multi-agency meetings, particularly where an in-person meeting has been requested.

With respect to meetings more generally (Child Protection Planning Meetings and Looked After and Accommodated Childcare Reviews and Pathways Reviews), work has been undertaken by Reviewing Officers to understand the number of meeting cancellations or rescheduling requests from partner agencies as this has had a significant impact on service delivery at several points in the year, particularly in November and December 2024, and suggests the increased pressures being felt across all public services in efforts to meet increasing demand on time. Challenges with other agencies ability to remain for the duration of meetings, or submit reports, has been noted more frequently.

The promotion of the child's voice and parental participation has seen improvement over the past year, with views being shared and presented meaningfully in reports and meetings. Children and parents also appear to be better prepared and more aware of the purpose of meetings and their voices are more prevalent in planning and decision making. We attribute this improvement, in part, to relationship-based practice across services and because of the high levels of children who have an independent advocate.



Whole Family Support

Our Family Wellbeing Team (FWT), who deliver early intervention and prevention, has been working with families since November 2023. Over the reporting period, the FWT has supported 187 children across 113 families following referrals from a range of services, primarily from Education, with a view to diverting children and families away from the statutory care system. There is a great deal of flexibility in the support this team can offer, both in terms of practical and emotional support as well as the time when this can be delivered.

The most common themes for a referral to the team are: child mental health, parental mental health, general parenting and school attendance. The team is able to provide direct support to families that is tailor-made around their needs. This has included: the building of relationships; support to access services that are provided by partner agencies; practical supports within homes such as help with cleaning and managing the household; and supports to families whilst they are being diagnosed for additional support needs.

Staff within the team have been equipped with skills in Talking Mats to aid communication and Decider Skills courses to offer therapeutic work in respect of mental health, alongside Solihull parenting to support parental mental health and wellbeing. These are some examples of the range of support available, which has been positively received by those referring and the families accessing the team.

Work has been ongoing to create a Family Hub to promote quality opportunities for children to spend time with their family who they do not live with. Recognising that the service does currently deliver family time, but within education settings which are not always appropriate for some of our families, this was an opportunity to augment our offer.

We also hoped that this space could give a chance for group work, individual meetings with parents, space to demonstrate practical parenting skills and also an environment to allow young people to develop their readiness for independence and gather more life skills.

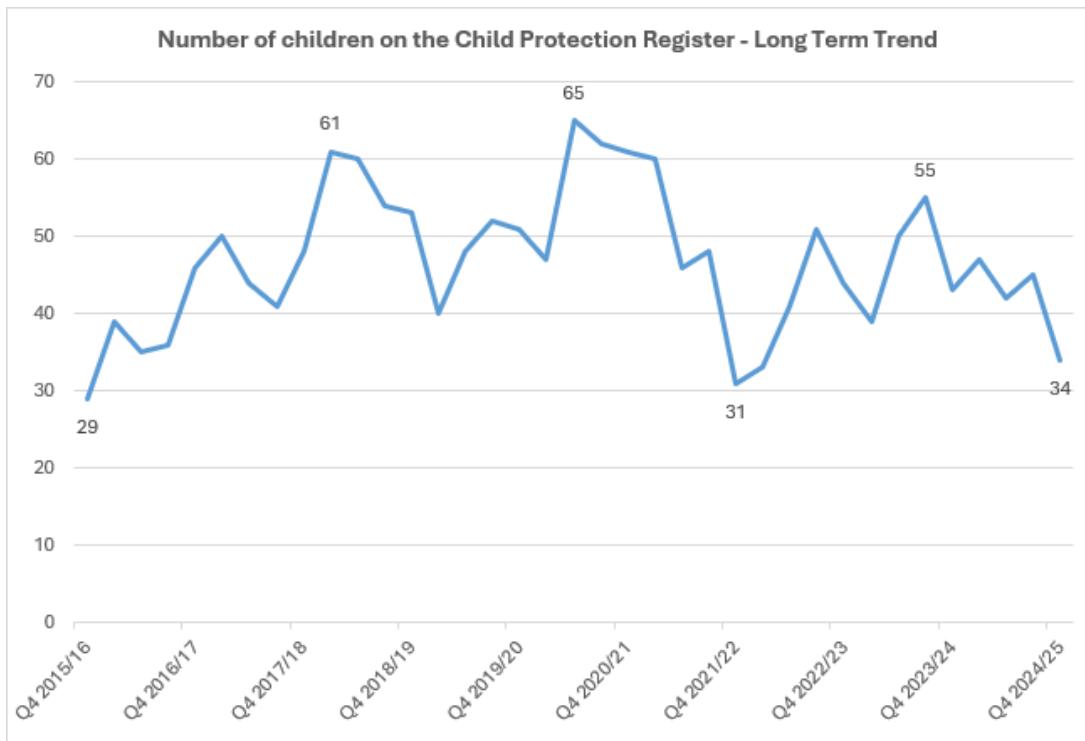
Work was undertaken to review properties and a preferred option was identified and conversations with planning and building control permissions were initiated. However, this was pulled back as a result of wider Council priorities to review assets and buildings within the Council portfolio.

The service plans to seek refreshed data on current family time requirements and will compare this with our historical demands, to understand current need and possible trends. A small short working group will be set up across the Children's Services Planning Partnership to explore places and spaces which could be contributed to this conversation.

Child Protection

The chart overleaf shows a steady reduction in the number of children on the Child Protection Register over the course of this year, from 47 in Q1 to 34 in Q4, reversing the increases last year (peaking at 55 in Q3 23/24). Reflecting changes in National Child Protection Guidance around the timelines for review meetings, on average, children in Stirling are spending less time on the Child Protection Register. Coupled with a number of large sibling groups coming off the Register, we have seen significant reduction in the number of children on the Child Protection Register. This is a positive trend and one which is closely monitored via regular operational meetings with Team Leaders and staff, and quarterly data meetings.





Number of children on the Child Protection Register

These fluctuations seen often reflect changes in the social context of need and risk to which the service has to be responsive. They can also reflect improvement in family circumstances that lead to de-registration or deterioration whereby a new risk – an individual of concern, another harm presentation - is introduced or emerges. As part of internal self-evaluation and monitoring by the Service, our Reviewing Officers undertook a review in 2024 of what was identified as an increase in re-registration numbers after an eighteen-month period. The interrogation of the data helped the service understand the context around these numbers and did not identify that any improvement actions were required, which helped provide a level of assurance around our Child Protection work.

In the recent submission of the Annual Returns to Scottish Government, we detailed over the course of 2024/25 that Stirling Children's Services participated in 152 Inter-agency Referral Discussions (IRDs), 37 of which related to unborn babies. A quality assurance check is undertaken of a sample of IRDs each month to ensure quality intervention and to identify and implement any changes required to practice.

Within Stirling we have worked to implement the Scottish Child Interview Model (SCIM) across Forth Valley with interviews beginning to take place from February 2024. The SCIM Team have undertaken 37 interviews with children from Stirling within 24-25, including 3 using Stepwise. It is acknowledged that this team may not be able to progress every Child Protection interview and therefore there will require to be a continued provision locally with staff trained who can undertake Joint Investigative Interviews where required.

Stirling Child Protection Committee

The Stirling Child Protection Committee (CPC) has been in place since 2023/24 with a specific focus upon the needs, rights and interests of children and young people across our area. The CPC saw a change in Lead Officer over the past year and has experienced a renewed commitment and drive to improve its functioning and the outcomes it aims to achieve.

Within Stirling, child protection is viewed within the wider context of children's services in recognition of our shared priorities across the planning partnerships which supports multi-agency understanding and ownership of strategic aims. We have actively worked to integrate child protection into the wider multi-agency Children's Services Plan. This is ongoing and we are contributing to the next Stirling Children's Services Plan for 2026 to 2029 with a Stirling CPC Strategic Plan aligned to the same timeframes.

Our current Strategic Plan has seen us successfully pursue and drive the following key threads of activity:

- Scottish Child Interview Model (SCIM) Implementation and the establishment of a regional specialist team of trained Social Workers and Police Officers
- Applying for and securing Bairns Hoose Funding Streams to Support Scoping & Development Exercises over 2024/25 and 2025/26
- Our shared service Forth Valley GIRFEC Refresh work to better align regional single assessment paperwork and simplify the Notification of Concern process.
- Incorporation of the National Child Protection Guidance updates 2021-2023 into existing Policy & Procedures.

Nationally, there has been considerable growth in child protection and children's rights agendas which the CPC are discussing and preparing strategically for, including; the extension of the rights of children and young people up to the age of 18; a greater focus upon the impact of trauma; the need to better capture the voice of the child to shape practice and service development; and although not concluded, we are poised to take forward any learning from the Scottish Child Abuse Inquiry.

Locally, the CPC are discussing structural and operational reviews across key partners like Children's Hearings Scotland and Police Scotland, that have made recommendations for change and/or revised operational delivery in line with improved understandings of children's needs and rights. Going forward, the CPC will review its approach to the strategic alignment of identified aims of the Committee with appropriate consideration of risks relating to this on a Committee risk register.

Residential Care and Housing Support

Brucefield Residential Service, and their extension service, Glencairn, are the services we rely on when children and young people require to be looked after in a residential placement. Brucefield and its team of highly skilled and dedicated staff, help Stirling to ensure its children and young people grow up loved, safe and respected. The service was last inspected in 2022, receiving a grade of Very Good, and are continuing to implement the recommendations made by the Care Inspectorate at that time. The service remains committed to working with regulators to drive forward continuous improvement and undertake local self-evaluation to drive forward quality. The service has been in high demand over the last 12 months with 7 emergency admissions for children and young people between the ages of 5 - 15 years old.

Helping the Service ensure that care leavers realise their full potential and have the support they need to thrive is delivered by a motivated and experienced team of staff based in the Housing Support Service at Glasgow Road. The Service comprises of a 7-bedroom house of multiple occupancy, and 8 local flats which offer outreach support. In 2024/25, this Service provided support to 23 young people, young people with lived experience of care and young people who have come to live with us seeking asylum in Stirling.

The team have supported young people over the last year to move into their own tenancies which have been successfully sustained. The model and quality of support provided to young people from this Service has led to an expansion of the Service, seeing the opening of another 2 bedroomed shared flat.

In the last year, we have seen Increased integration and developing sense of identity and community between the young people sharing Glasgow Road and those in community flats based on mutual need rather than asylum status or ethnicity. This has created an opportunity to learn about other cultures and beliefs and has created a more cohesive living environment.



Unaccompanied Asylum-Seeking Children

The numbers of Unaccompanied Asylum-Seeking Children (UASC), continues to grow via the National Transfer Scheme (NTS) from the Home Office, and via spontaneous arrivals. We have seen success in the last year, in overcoming language barriers through building positive and trusting relationships, often through carrying out practical tasks together, accompanying young people to appointments and ensuring they have the opportunity to learn English and foster educational aspirations.

Stirling Council also has registered Host families who can provide a safe, nurturing environment in which our UASC young people can be supported in journeying towards adulthood.

All of the young people in supported housing in 2024/25 were in education at secondary school or college, compared with 2023/24 whereby most young people attended an adult learning environment at Stirling School of English. The partnership working we enjoy with Education Services colleagues has benefitted UASC. Equally, the Scottish Guardianship service was able to provide legislative support for young people to access education and share experiences from across Scotland resulting in this change to secondary and college placements. Integral to achieving this was the collaborative efforts between Housing Support staff, Social Work, and Education colleagues who were committed to identifying an education offer. The response from Education Services has been hugely positive and the young people in attendance at school have achieved, not only educational qualifications, but have also met friends and been integrated into extra circular activities which they enjoy.

The Service are becoming increasingly reliant on interpreting services, particularly, but not exclusively, for Unaccompanied Asylum-Seeking Children and Young People. Interpreters not attending and their agencies being uncontactable have led to significant numbers of meetings being rescheduled and significant stress and frustration for young people and the staff supporting them. The quality of interpreting is also variable and as part of continuous improvement, Reviewing Officers have requested training to help promote and support good quality interpreting during meetings.

The actions taken across the services have been a positive and active effort to support diversity across Stirling.

Children with Disability

As with previous years, the Children with Disability (CWD) team has continued to experience an increase in demand for assessment of children diagnosed with a disability, and linked to this, an increase in respective care plan outcomes met through external service provision. This has placed a strain on existing budget. Despite the growth and demand for assessments across the years, the team have not increased in size, leading to the necessity to implement waiting lists to ensure all assessments continue to be relationship based and enable children, young people and their families to engage fully in the process.

Year	Numbers of Young People (active)
2013	88
2014	90
2015	83
2016	112
2017	118
2018	143
2019	203
2020	225
2021	244
2022	289
2023	323 (inclusive of pending assessment list of 53)
2024	358 (inclusive of pending assessment list of 58)

Number of children with disabilities open to our CWD Team or pending an assessment

Budget pressures have been off-set by underspends in other areas of the service, however more sustainable solutions are being considered for 2025/26 through a strategic commissioning plan and engagement with providers around a developing framework and in a Providers Forum to maximise collaborative solutions.

The Children with Disability Providers Forum, established to ensure opportunity to discuss service requirement, promotes transparency and opportunity for collaboration amongst the local providers of services to children with disability. The provider numbers remained stable across 2024/25 and the Providers Forum has helped to improve dialogue between service providers and the local authority as we work toward meeting local need together.

Going forward the Service will seek support from the Commissioning Team to work with providers to develop a strategy that supports a best value and quality approach to strategic commissioning in this area and across Children's Services, inclusive of the views and voice of those who use these resources, to ensure the need and baseline expectations are mutually agreed and transparent.

While almost all providers we work with continue to experience the challenges faced nationally around staff recruitment and retention, they have confirmed their confidence in meeting the Health and Care (Staffing)(Scotland) Act 2019 duties for 2024/25.

Youth Justice

Within the last year our Youth Justice Service has continued to evolve, responding to emerging need, participating in national discussion, and implementing new legislation in line with UNCRC and the Children's Care and Justice Act. As this legislation has been implemented, we have been supporting the voice of children and young people to ensure their experiences inform any future policy or practice development. In May 2024, we hosted a Forth Valley Places of Safety and Youth Court event which saw around 60 practitioners gather from across agencies to discuss the possibility for a Forth Valley Youth Court, and wider alternative settings for young people who have come into conflict with the law, recognising that Police custody is not the best place for our young people.

Learning from this, we have sought to enhance the voice of those with experience of Youth Justice and were successful in securing funding from CORRA under the second round of #keepingthepromise - Youth Justice Challenge. This has enabled us to employ a Participation Worker who has developed a small group to focus on this area. This has been a test of change looking to build successful working relationships with young people who have both care and justice experience. The Service invited a representative from this group to support a Social Work Team Leader interview process, to ensure their views were taken into account at point of recruitment. This temporary funding runs to October 2025 and we are currently evaluating and exploring opportunities for sustainability.

By continuing to respond to children and young people in a variety of ways, the Service are able to implement approaches in an attempt to reduce a young person's potential for conflict with the law in future. Our work creates opportunities to intervene and disrupt patterns of behaviour before further escalation. Our Mellow group work offer continues to evaluate positively with feedback that young people have benefitted from the social opportunities to form positive relationships, as well as the personal learning they have taken from the experience. One of our Mellow cohorts enjoyed the facilitated space and benefitted from the safe and trusting relationships with the adults leading the group, which led them to ask for a further block of co-designed groupwork focusing on areas of their lives and wider societal issues which they wanted to explore more. This group has now concluded but was another positive example of the service listening and embedding the voice of children and young people into our service planning and design.

Continuing Care and Aftercare

We have continued to develop and expand our support to young people transitioning towards adulthood when they are prepared and ready to do so, fulfilling the Staying Put agenda. We have refined our offer of support to embed the voice and views of young people in planning their support, ensuring that individualised support is offered to meet the style of support they require.

Improvement activity has included the development of best practice guidance for all staff in Children and Families workforce in best approaches to supporting young people, ensuring they are informed of their rights and responsibilities as they transition to more independent living. Providing transparency to children and young people has helped the service manage expectations and provide clarity on the available supports and possible limitations. Alongside this work the service continue to work with our population of carers to support their development needs as they support children who are moving towards adulthood.

Adoption & Fostering

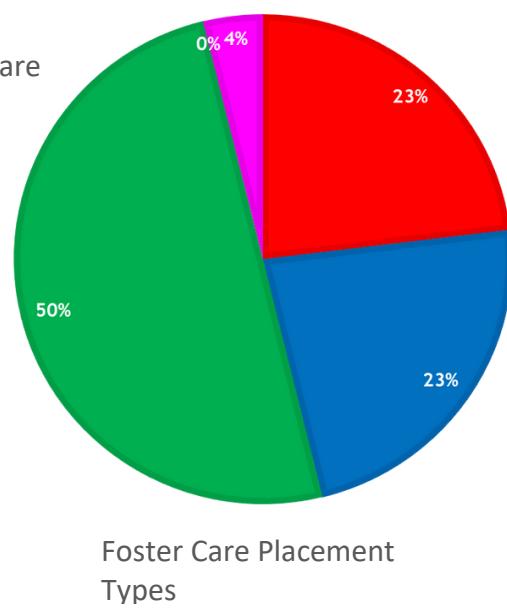
Stirling's Adoption & Fostering service is delivered by the Family Care Team. During 2024, the Service experienced challenges in recruiting and retaining foster carers, with the conversion rate between interested applicants to registered foster carers being low. This low conversion rate can also be seen in prospective adopters. The team are considering the reasons for this and solutions to support effective strategies around recruitment for 2025/26.

The Service received a short notice announced inspection by the Care Inspectorate in February 2025. The outcome of which saw a reduction in grade to Adequate, with both requirements and recommendations made for improvement in relation to care planning, matching, and registration requirements.

Despite the disappointing outcome of inspection, the Care Inspectorate recognised that Children and their Carers experienced a high standard of stable and long-term care and had developed meaningful and trusting relationships with staff from the service, extended family members, birth families and that they were positively involved in the wider community.

An Inspection Response Group was stood up by the CSWO and will support oversight of improvement actions from this and other inspections being taken forward in future.

- Permanent
- Long-Term
- Interim
- Emergency
- Enhanced



Going forward, the team intend to develop a Recruitment Strategy with Stirling Council Communications Team to support a coordinated effort to recruit carers. They are continuing to address access to training for foster carers, and will work closely with Fieldwork teams to ensure strong communication and collaboration across the Service.

The Promise

The Promise continues to be a strength and a priority for Stirling with strategic work led by our Promise Lead Officer across all operational areas and with partner agencies.

In May 2024, we completed evaluation of our Promise Plan 2021/24, and identified that 72% of the 110 actions in the Plan had been achieved and 19% partly achieved. While a small percentage of actions remain to be achieved, a range of additional measures, plans and operational changes made since Plan 2021/24 was written have helped us demonstrate further progress we are making towards #keeping the Promise in Stirling.

"I like that this has been written in language that makes sense and that there isn't a separate version for children. All these kinds of reports and plans should be written this way so anyone can read them and understand them."

A summary analysis of this evaluation was presented in the follow up Corporate Parenting Strategy & Promise Plan 2024/27, published in November 2024, which was developed with a wide range of over 100 stakeholders, including our children and young people, their families and corporate parents. It can be read in full here: [stirling-corporate-parenting-promise-plan-2024-2027.pdf](https://www.stirling.gov.uk/corporate-parenting-promise-plan-2024-2027.pdf)



**the
promise**

The Promise

What is working well	Challenges
<p>Feedback from young people - 83% of the young people who participated in co-production of our Promise Plan 2024/27 say they feel the Promise is being kept to them every day. The remaining young people feel it is being kept to them most days.</p>	<p>National alignment - Waiting for the launch of the National Plan 2024/30 delayed the development of our Local Plan 2024/27, however we were able to accelerate our planning once the National Plan's key themes and recommitment to the original Foundations of The Promise were known.</p>
<p>Co-production - Further embedding of co-production and service design principles in strategic planning and service improvement. A new Participation Worker came into post in October 2024 and has been successful in engaging and amplifying the voice and inclusion of young people at risk of or in conflict with the law.</p>	<p>Language and terminology - We are still grappling with how we can eliminate and replace some of the language we recognise is unhelpful and stigmatising, such as LAC/LAAC. We have not yet been able to locally agree on replacement terminology across all agencies and are keen to be a part of National developments in this area.</p>
<p>Whole Family Wellbeing Fund - Our portfolio of WFWF funded projects continues to demonstrate positive impacts of early intervention to promote family wellbeing and resilience and the services are working well together to ensure families are offered the most appropriate support when they need it.</p>	<p>Moving on - There are still a number of challenges with cliff-edges of care based on age, eligibility and complexity of need. These relate to a lack of appropriate resources available despite earlier transition planning and focused work in areas such as post-school destinations. The groups most affected by the lack of resources as they transition into adulthood are children with complex needs who require residential or regular short breaks care and care leavers who wish to move into their own tenancies.</p>

Justice Social Work

Quality assurance, performance management and the monitoring of data trends have been a priority in all areas of Justice Social Work. Systems are in place to support effective reporting in our Scottish Government Annual Returns, as well as other reporting requirements, such as Community Justice Annual Returns and our Community Payback Order annual report.

Prevention/Early Intervention

Bail Supervision

Bail Supervision was re-established at Stirling Sheriff Court in May 2022, which coincided with the introduction of new national guidance for Bail Supervision, which has since been revised with a further revision expected in response to the Bail and Release from Custody (Scotland) Act 2023.

Over 2024/25 we have seen a reduction in the use of Bail Supervision in our local Court. However, it is anticipated that, with the implementation of the above legislation, that the enhanced role for Justice Social Work may see an increase in the use of Bail Supervision going forward.

Diversion from Prosecution

The use of Diversion Orders has received significant media attention nationally with concerns being raised over the appropriateness of their use, which has resulted in greater scrutiny in how these types of Orders are being managed. We have not experienced this locally, but are cognisant that this may present a challenge from the community as the range of diversion options continues to grow.

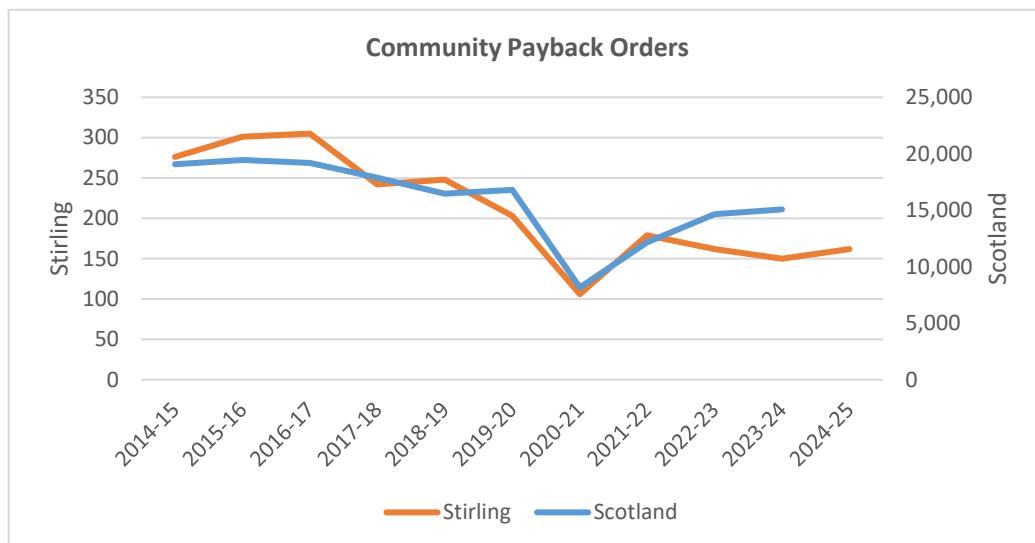
We have seen a gradual increase in the number of people being subject to such Orders over the last 6 years, which is reflective of the national trends over the same period. The use of Diversion is split 3:2, male to female, with significantly more female involvement compared with most other interventions in Justice Social Work.

Community Sentencing

Community Payback Orders (CPOs)

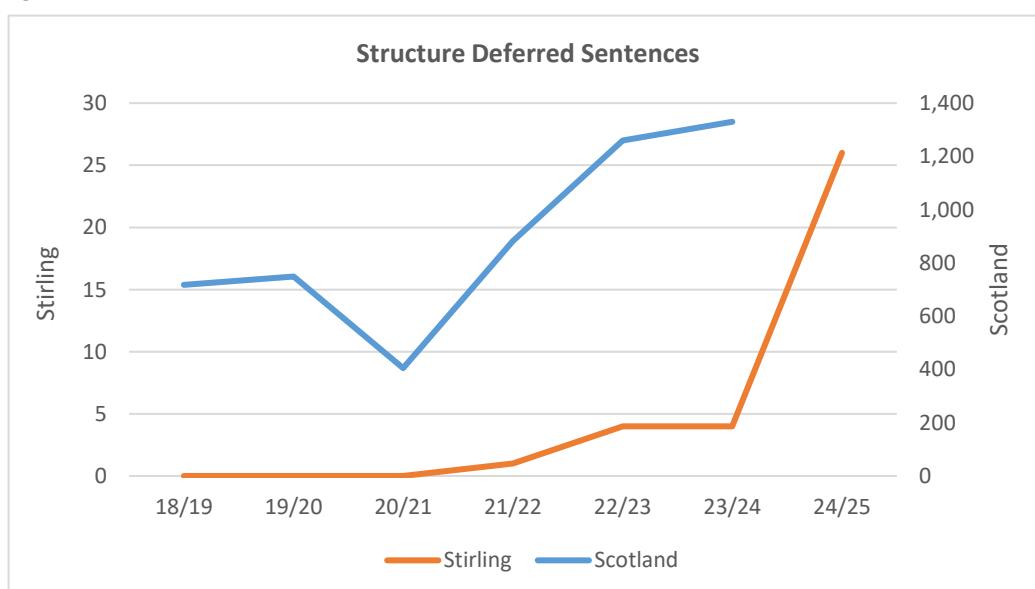
The primary sentence imposed by Courts in Stirling is the Community Payback Order (CPO). Most CPOs have a 'Supervision' Requirement and/or an 'Unpaid Work' Requirement. Over the past 10 years, both locally and nationally, it has been noted that there has been a general levelling out of 'Supervision' Requirements imposed, whilst there has been a reduction in the number of 'Unpaid Work' Requirements. One requirement where we are seeing an increase is the 'Programme' requirement, which is primarily in relation to the people who are placed on either our Caledonian Groupwork Programme (Domestic Abuse), or our MF2C Groupwork Programme (Sexual Offending).

These programmes are delivered with colleagues from Clackmannanshire Justice Social Work Services and has been an area of priority for us for a number of years now. Going forward, we are hoping to develop a Non-Court Mandated Groupwork Programme for Domestic Abusers, which will build on the efforts made to date in delivering our Caledonian Groupwork Programme.



Drug Treatment & Testing Orders (DTTO) / Structured Deferred Sentences (SDS)

We also see people being sentenced to either a DTTO or a SDS, though their numbers are not as large as those subject to CPOs. It is noted that our number of DTTOs have reduced significantly over the last number of years – a trend that has been replicated nationally, and following discussions with our local drug treatment provider it was agreed to cease any further referrals for DTTOs until we complete an overall review of our delivery of Court directed interventions for substance use issues, which will be part of our service plan for 2025/26.



With regards to SDS, although numbers remain low overall in comparison with other Court Orders, we have seen a particular rise in the use of this disposal this year. We await national statistics to identify if this is a local issue or is being mirrored nationally, although we acknowledge the small figures are skewing the overall picture locally.

Multi-Agency Public Protection Arrangements (MAPPA)

With regard to our MAPPA activity, we have well established relationships with a range of key partners, including the Scottish Prison Service, Police Scotland, NHS Forth Valley, Stirling Council Housing, as well as a range of other organisations who are engaged with those supported via MAPPA.

The Forth Valley MAPPA population are exclusively male, and have all been managed at Level 1, (with no Level 2s or Level 3s), though over the year we have seen an increase in the number of our level 1s who are identified as high risk.

What has been noted over the past year has been the significant increase in the number of Registered Sex Offenders (RSO), particularly those identified as High Risk, who are being managed by our Justice Social Work staff. This has placed an increased demand on our staff and partners, though it does not appear to impact negatively on our ability to deliver quality interventions as evidenced through self-evaluation activity.

Court work

Justice Social Work Reports

The provision of Justice Social Work Reports, primarily for the purpose of aiding the Sheriffs with their sentencing of convicted individuals, is a key part of our Court related activity. New practice guidance was introduced in 2023, which has helped to enhance the quality of the reports that we provided for our sentencers.



Prison & Custody

Over the past year we have seen no change in the overall size of our male prison population, (82), although there has been an increase in the numbers of men serving sentences longer than 1 year countered by a drop in the number of 'young offenders', and in our remand population, from 28 to 17.

With regard to the number of women, this for a significant part of the year, remained low. However, since late 2024 we have seen a steady increase in the number of women from Stirling held in custody, with the remand population also increasing. This is an area of concern for us, and we will be focusing on how we can better support women from becoming incarcerated in future over the coming year.

HMP Stirling

Over the past year, our Prison Based Social Work (PBSW) Team have further established themselves within the recently opened HMP Stirling, which has built on the long-standing working arrangements with Scottish Prison Service (SPS) colleagues developed whilst working together in HMP Cornton Vale.

HMP Stirling's PBSW Team were also involved in the Care Inspectorate's Prison Based Social Work Thematic Review, which reviewed all PBSW Teams across the Prison estate in Scotland. Though the published report highlighted numerous challenges for PBSW Teams nationally, there were a number of positive comments attributed to our local arrangements in HMP Stirling which we are proud of. One of the key messages contained within the report stated: *"Governance arrangements across the women's estate are characterised by stronger collaborative working between the Scottish Prison Service and prison-based social work services."*

In addition, it was also noted *"In the most recent developments across the women's estate, the SPS and social work leaders had engaged in some joint strategic planning on what was expected and required for effective social work practice in these settings."*

These written comments were also repeated by the SPS CEO, who was one of the Key Speakers at the 2024 Social Work Scotland Justice Conference, held in June 2024, where she highlighted the excellent work that is being progressed by our HMP Stirling PBSW staff, a number of whom were in the audience that day.



Voluntary Throughcare

In Stirling we have established a proactive delivery of Voluntary Throughcare, where we identify all people who are due to be released from custody who will not be subject to any statutory orders/licences on their release to the community and contact them 3 months prior to liberation. However, over the past number of years we have seen a steady decline in the number of people wishing to access this service, from a peak of 69 in 2019/20 to 19 in 2024/25. As such, we are reviewing how this service will be delivered in future.

It should be noted that nationally a Public Social Partnership (PSP) model was proposed for the delivery of Voluntary Throughcare, and it has been agreed that from the 1st April 2025, a new agency 'Upside' will now lead on the delivery of Voluntary Throughcare. We have met with the staff involved in this new agency, and we will support the development of these services in Stirling.

Statutory Throughcare

Our Justice Social Work staff collaborate closely with colleagues from the SPS, as well as the Parole Board (amongst others) in the delivery of our Statutory Throughcare interventions. This work involves collaborating with individuals whilst they are still in custody, and with them in their transition to the community under various licences or orders. The numbers involved varies each year, although again trends are skewed by relatively low numbers.



Gender Based Violence

Stirling Gender Based Violence Partnership

The Stirling Gender Based Violence (GBV) Partnership has made significant progress in 2024–25 in strengthening strategic direction, improving data reporting mechanisms, and embedding prevention and early intervention approaches.

Key Achievements and Outcomes:

- **New Local GBV Strategy and Action Plan:** A refreshed local strategy has been co-developed in alignment with the Scottish Government's updated Equally Safe Delivery Plan (2023–25). The plan focuses on measurable, outcome-based actions across prevention, early intervention, protection, and recovery, with a commitment to intersectionality and trauma-informed approaches.
- **Improved Multi-Agency Data Sharing and Monitoring:** A quarterly data monitoring template has been introduced and refined, encouraging partners to share qualitative feedback, identifying unmet needs, and highlight emerging issues. This has enhanced the Partnership's ability to understand service pressures and inform targeted action.
 - **GBV Data Dashboard Development:** Early work is underway to develop a simple internal dashboard using collated quarterly partner data, identifying themes such as referral patterns, pressures, and service gaps which will support an understanding of where in services quality standards need to be improved.

Collaborative Practice and Learning:

- The Partnership continues to embed cross-committee work, with regular reporting and collaborative planning alongside Stirling's Child Protection Committee, Adult Support and Protection Committee, and Community Justice Partnership.
- Learning from the 16 Days of Activism was captured through a structured evaluation with partners and survivors, identifying the success of community-led events and areas for future development.
 - The development of a community engagement and campaign evaluation framework during the campaign has provided a structure for ensuring public messaging is informed by lived experience, and that outcomes from public campaigns are tracked over time.
 - The campaign included anonymous input from survivors on what safety and justice meant to them, with key messages co-produced, highlighting the importance of lived experience fed back into service planning.

Challenges and Priorities:

Sustaining partner engagement with the quarterly monitoring process and maintaining consistency of data remain a challenge due to workforce pressures and resource constraints. The Partnership is exploring ways to streamline inputs and provide support.

Caledonian Men's Programme

The Caledonian System is an integrated approach to address men's domestic abuse and to improve the lives of women, children and men. The System offers a trauma informed, combined response to men's abusive behaviour comprising a programme of work for men convicted of domestic abuse related offences; a voluntary service for women, children and families affected by these offences; and inter-agency protocols for joint working.

Through effective partnering with women, our Women's Service contributes to the assessment, management and reduction of risk. Men's workers demonstrate the ability to work 'alongside' men, showing compassion and empathy, whilst also rolling with resistance, and earning the right to question and challenge attitudes and values. It is an area of practice we feel privileged to be able to deliver.

During 2024/2025, Stirling has managed around 20 Caledonian cases at any one time. During this reporting period, 10 new Orders were imposed, and 13 Caledonian Orders have ended. Of these, ending reasons ranged from, Orders being revoked following breach, or a change in offender circumstances, Orders expiring when incomplete, and successful completion of all programme work as directed. Stirling's completion rate is considerably higher than the current national average of 36%, which reflects, alongside the engagement of men in the programme aims, the Services commitment to adhering to programme integrity and a desire to meaningfully engage men in their own journey of change.

Community Justice Partnership (CJP)

The Stirling Community Justice Partnership (CJP) has continued to strengthen its collaborative, person-centred approach to justice. Key developments this year include the launch of a new women's group supporting those with complex needs, and the development of a non-court mandated domestic abuse programme. Justice Social Work has been recognised for expanding its use of Structured Deferred Sentences and enhancing support for Newly Qualified Social Work staff in their teams.

Despite ongoing challenges—particularly in housing, funding, and rising numbers of women in the justice system—Community Justice partners have delivered over 11,000 hours of unpaid work across 35 community projects and supported improved housing outcomes for those leaving custody. Strong multi-agency collaboration has underpinned efforts to reduce remand, enhance throughcare, and improve access to health and employability services.

Strategic progress includes the development of a new Community Justice Outcomes Improvement Plan (CJOIP), deeper third sector engagement, and preparations for the implementation of the Bail and Release from Custody (Scotland) Act 2023. Looking ahead, the CJP remains committed to embedding trauma-informed practice, strengthening lived experience involvement, and aligning with national developments to reduce reoffending and improve outcomes for individuals and communities across Stirling.

Adult Social Work

Self-Directed Support (SDS) Re-design

The HSCP continue its journey to implement Self Directed Support (SDS) into its Social Work assessments through the development of a revised approach to SDS which was agreed by the Integrated Joint Board (IJB) in June 2024. An SDS Steering Group has been established which consists of partners, HSCP staff, children and families' staff, commissioners, Third Sector organisations and provides a forum for planning, reviewing, monitoring and reporting.

A breakdown of the Options chosen by service users are outlined below and reflect a reduction in the uptake of Option 1, while a significant increase in the number of individuals taking up Option 3, the HSCP arranged option. Given the personal choice and control over service delivery that Option 1 offers, versus the HSCP directed Option 3, the HSCP are looking at the reasons behind this choice of option undertaking further analysis of the factors that are shaping how service users and their carers are offered SDS. In addition to this, the Social Work SDS Operational Lead plans to meet with a local Ethnic Minority Women's Group to discuss how SDS can be made more accessible to maximise choice and control across all residents of Stirling and Clackmannanshire.

	2022/23	2023/24	2024/25
Option 1	89	94	60
Option 2	92	93	100
Option 3	3888	4579	4512
Option 4	130	169	167
All SDS options	4199	4935	4839

We have a Lived experience SDS group who are actively participating in our delivery plan across the HSCP. The individuals within this group, which meets quarterly, have contributed meaningfully to our understanding of being a user, carer and personal assistant.

People Living with Dementia

The HSCP aim to support people living with dementia to live well within their own communities following diagnosis as well as reducing the amount of time people with dementia spend in a hospital environment. Good quality post diagnostic support is a priority of the HSCP to achieve good quality outcomes for people diagnosed with Dementia, their family and carers. There are currently a number of community services running that are engaged by the HSCP to support people living with Dementia and their carers, Alzheimer's Scotland, Townbreak, and Dementia Friendly groups.

A commissioning consortium has been established in this area and an agreed model of care is being progressed to determine how that can be delivered by commissioned providers. Feedback from those using the services and their carers, along with service self-evaluation through case file auditing would be beneficial going forward to understand the impact of these offered interventions.

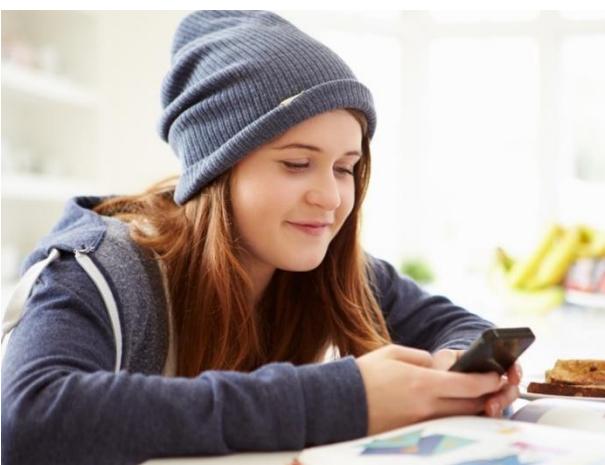
The principles of the **Commissioning Consortium** approach agreed jointly as a collective and across the system:

- To create, develop, maintain and grow high quality service delivery in and around Clackmannanshire and Stirling in order to service the needs of local people and communities, especially those who most affected by inequality
- To create and deliver flexible and holistic care and support packages which are joined up and responsive to need and demand as well as more widely supported by Locality based supports
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.
- To move from supply management to demand management

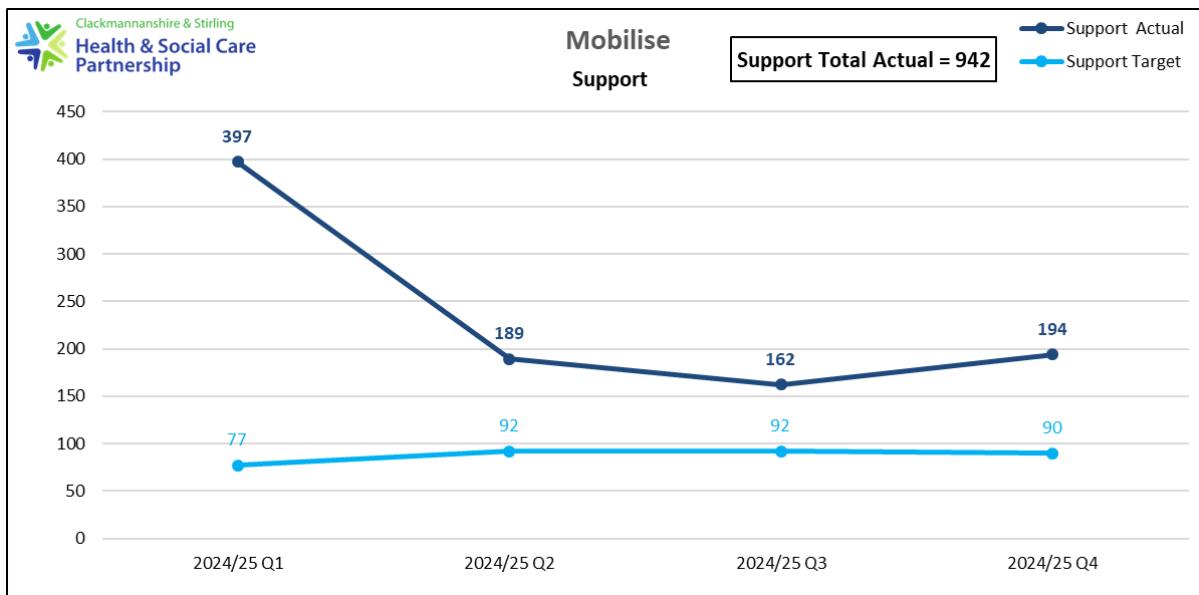
The approach underpins a successful commissioning delivery model and will be significant cultural change, with a parallel focus on establishing a more strategic, financial and performance orientated culture.

Support for Carers

The valuable and notable work undertaken by carers is recognised as is the need to support carers in order to prevent crisis through breakdown. There have been challenges with delivering short breaks and respite as a result of the Pandemic. Nevertheless, a Carers' Investment Plan has been developed and agreed by the Carers Planning Group and a new Carers Lead and a Short Breaks Co-coordinator have been recruited, with work to review the current Carers Strategy and the Carers Support Framework underway. Stirling Carers Centre is funded by the HSCP to support carers in Stirling in their caring roles and also carry out Adult Carer Assessments.



Additionally online support has been commissioned through Mobilise which is the HSCP's digital approach for unpaid carers across Clackmannanshire and Stirling.



Mental Health and Wellbeing

Mental Health and Wellbeing features in every area of Social Work and has been noted as a challenge and common issue emerging in interventions across Children and Families, Justice, and the Gender Based Violence Partnership. Anyone can experience poor mental health, but it has been recognised that people in our communities who face disadvantage, discrimination and inequality are at a greater risk of developing mental illness. The HSCP are committed to developing more inclusive opportunities, support and services that people identify with and can access and benefit from to reduce this risk and to support them when they are unwell.

From this, we have decided to align the HSCP Mental Health Strategic Plan with the Scottish Government's Mental Health and Wellbeing Strategy, published in June 2023. The Strategic Plan in the HSCP will centre around the three key pillars:

- Prevent mental health issues occurring or escalating, and tackle underlying causes, adversities and inequalities wherever possible.
- Promote positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination.
- Provide mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

Engagement in the development of the HSCP Strategic Plan has been ongoing across 2024/25 and presentation of the Strategic Plan for approval to the IJB, both Council's, and NHS Forth Valley is expected to take place by the end of Autumn 2025. Implementation and methods of self-evaluation of impact of ambitions will be considered in the next CSWO report.

Inspections of registered services

In April 2024, the Clackmannanshire and Stirling HSCP were inspected through the Joint Inspection of Adult Services programme which looked at “How effective the partnership (were) working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”. The inspection included an examination of the provision of services for, and the lived experience of, adults living with mental illness and their unpaid carers.

The outcome of the inspection noted several areas requiring improvement including the implementation of SDS into assessments, strengthening professional Social Work governance, strengthening evidence of outcomes achieved for service users and their carers using robust data capture, developing training around key areas of Social Work legislation, in particular the Carers Act.

An improvement plan was developed in December 2024 which covers actions identified to meet the recommendations from the Inspection and progress toward achievement and is being overseen by an Inspection Steering Group which both CSWOs from Stirling and Clackmannanshire attend. Early indicators of success in the plan relate to actions taken to support improved governance arrangements, improve performance monitoring through an Integrated Performance Framework, and employment of a Housing and Health Policy Officer.

Alcohol and Drugs Support

Clackmannanshire and Stirling ADP (Alcohol and Drugs Partnership) have been supporting the development of our Social Work Substance Use team. The team operates within our HSCP localities structure and offers input on cases where problematic substance use is a factor. Significant benefit has been noticed from the team's work, including feedback from people they support, and their loved ones. Feedback has shown that specialist Social Work input has remedied long-standing problems in people's lives and coordinated a multidisciplinary response which has radically improved the quality of their lives.

To extend the team's work, ADP has been undertaking further Commissioning Consortium activity to generate partnership recommendations on Harm Reduction Outreach activity. This will consist of mobile support capable of reaching people across localities on their terms. Social health support and harm reduction outreach activity will combine with the Substance Use Social Work team to offer longer term, lower-intensity support for people as they continue their recovery journeys.



Technology Enabled Care (TEC)

TEC can be a key support to enable people to remain in their homes for longer. Planning work has concluded to ensure the changeover of all Analogue Telecare Equipment to new digital units and peripherals is successful. This includes the ability to link telecare units to the new inter-linked smoke and heat alarms already in place in all council houses and some housing associations across both areas in the HSCP removing the need to fit additional units avoiding confusion and unnecessary devices, enabling the service to offer smoke and heat alarms to all service users.

There have been challenges with the transition to digital technology, including issues with the networks and connectivity, however work is ongoing with suppliers and the Scottish Government Digital Office to seek solutions. Work is also ongoing regarding the provision of improved mobile devices for staff in both mobile emergency care service (MECS) and Reablement teams.

These are positive developments in the work undertaken by the HSCP, increasing the choice of people to take up technology in their homes has a real time effect on being able to live as independently as possible.

Adult Support and Protection

Implementation of Phase 2 of the National Adult Support and Protection Minimum Dataset

Building on the first phase of national data reporting in 2023/24, the Adult Support and Protection Committee (ASPC) successfully implemented Phase 2 of the dataset on 1 April 2024. This phase reflected an expansion in the data requirements set by the Scottish Government, with the inclusion of additional indicators to strengthen national oversight and local benchmarking.

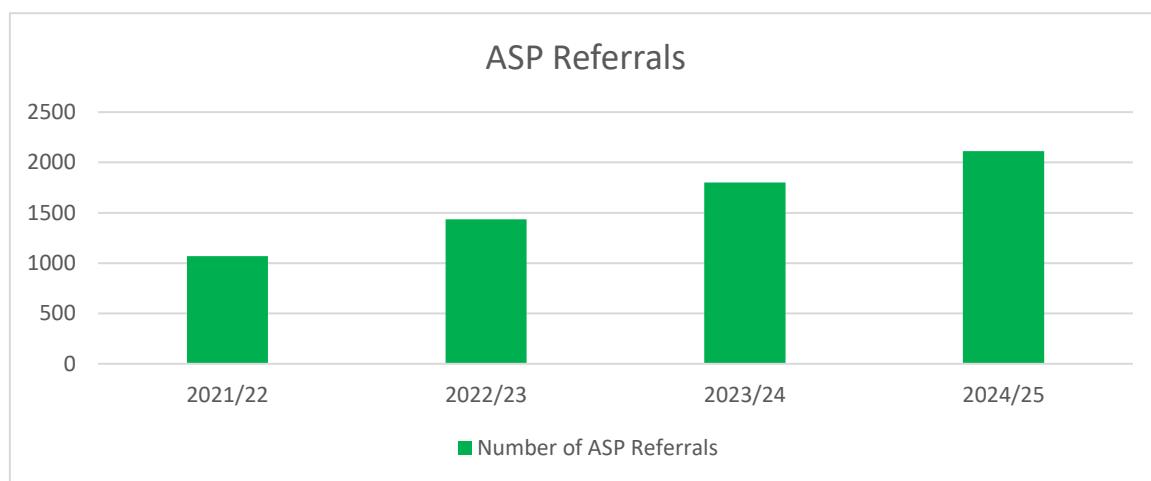
The enhanced dataset has enabled comparison across local authorities, with Stirling Council recorded as receiving the fourth highest number of ASP referrals per 100,000 adult population. This provides useful context for local demand and to identify and direct resources to areas of need.

The introduction of the additional indicators presented challenges, primarily due to limitations within the current SWIFT, case recording system. Stirling has largely met the national data requirements with only one indicator outstanding however it is recognised that some inaccuracies exist in the recording of Inquiries using Investigatory Powers. These are attributed to current system constraints that prevent Council Officers from revising initial assessments at the point of referral. This will be addressed as part of the development of the new Replacement Social Work Recording System. The ASP component of this system will be fully aligned to the national minimum dataset, supporting more accurate recording and improved assurance to the ASPC.

ASP Referral Rates

Adult Support and Protection (ASP) referrals for 2024/25 have increased by 17.31% compared to the previous year. The table below provides a four-year comparison, clearly evidencing a year-on-year rise in referral volumes.

This sustained increase has had a direct impact on the business of the ASPC. In response to rising demand and a shortage of available Council Officers, the ASP Lead Officer has provided operational support within one locality of the HSCP. While this has placed additional pressures on the role, it has also delivered benefits to the Committee's strategic oversight. Direct involvement in operational practice has enabled the Lead Officer to gain valuable insight into the challenges and barriers faced by frontline staff and managers. This improved understanding has informed the delivery of targeted support initiatives, such as short training sessions and ASP Forums, aimed at upskilling staff and promoting consistent engagement across the workforce



During the reporting period, the ASPC undertook a Learning Review. This marked the first Learning Review overseen by the ASPC and provided an opportunity to reflect and refine the process taken to ensure quality decision making. As a result, several improvements have been made to ensure the approach is more efficient, collaborative and trauma-informed going forward.

Following the completion of the review, the ASPC was committed to ensuring that the learning was shared widely across partner agencies and with frontline staff. The brother of the adult at the centre of the review agreed to deliver four in-person sessions to staff and partners to share the learning from the case. These sessions were powerful, brought the story to life in a deeply meaningful way, and enabled attendees to connect emotionally with the learning.

Post-session evaluations were overwhelmingly positive. Staff described the sessions as emotional and inspiring, prompting deep reflection on the consequences when systems and services fail to protect adults at risk of harm. This review has not only informed local practice but changed how we engage with adults and families who are subject to this process.

Forth Valley Emergency Social Work Service

The out of hours emergency Social Work service known as the Emergency Duty Team (EDT) provides all aspects of emergency Social Work statutory intervention including Child Protection, Adult Support and Protection and Mental Health Officer duties, for Falkirk, Clackmannanshire, and Stirling Councils. This continued to be the case during 2024/25.

Across the reporting period there were no changes in the staffing compliment for the team, with levels remaining at 4.5 Senior Social Workers and one Manager. As is always the case, 2 Senior Social Workers were working each shift period. A pool of social work colleagues from across the 3 Councils continued to assist the service when necessary. MHOs are available across this period and a piece of work was undertaken by the Team Manager to understand the consistency with which MHOs were called out for emergency detention work. This has seen improvements in the number of MHOs contacted at Emergency Detentions. This work has been fed back to Heads of Service for assurance on practices which ensure that the human rights principles are embedded into decisions made.

The Service is located at Viewforth, Stirling Council and various models of remote and office-based working are in place. This is especially important in terms of ensuring and maintaining training and development for the induction of new backup colleagues which continues to be an ongoing initiative for the service.

Stirling referrals indicated a slight decrease from 2024/25 in the number of overall referrals across Children and Families, Justice and Adult Social Work. Of total referrals, the proportion of referrals from Adult Services increased from the previous year. Children and Families indicated a slight decrease from the previous year although numbers were in keeping with the year before that.

Stirling Referrals	2023/2024		2024/2025	
Children & Families	1553	56%	1042	48%
Adults	1179	43%	1111	51%
CJS	18	1%	14	< 1%
Total	2750		2167	

Mental Health Officer (MHO) Team

At present, there are no practising Mental Health Officers (MHOs) within any of the locality Social Work teams within Stirling Council. The standalone MHO team carry the whole of the statutory duties of MHOs across protective legislation. The MHO Team is comprised of a part time Team Manager, 1 Social Worker, 1 Social Care Officer and 6 MHOs who ensure that statutory priorities are met despite challenges due to the increasing amount of statutory mental health work, complex ASP cases and limited staffing.

Recent statistics from the Mental Welfare Commission report indicate that the number of Guardianships in Scotland has doubled in the last 10 years while the number of MHOs in the team has increased by only 0.6 FTE, making the ability to meet demand a challenge.

The MHOs undertake all Private and Local Authority Guardianship applications for the Stirling Council area and attend most Adults with Incapacity (AWI) case conferences. Due to demand for MHOs in the area, the service continue to operate a waiting list for allocation of an MHO to complete suitability reports for private and CSWO guardianship applications. Requests relating to an individual in hospital, on the delayed discharge list, where ASP is an issue or those where a renewal is due are prioritised.

The MHOs also undertake statutory work under the Mental Health (Care and Treatment) (Scotland) Act 2003 and Criminal Procedure (Scotland) Act 1995. For both Short-Term Detention Certificates and Compulsory Treatment Orders granted, Stirling continues to sit above the Scottish Local Authority Average per 100,000 of the population.

The main challenge currently facing the MHO team is workforce capacity. Increasing the MHO workforce remains a priority for the team and in 2025/26 there will be two applicants supported to obtain the MHO post graduate certificate, one from the MHO team and one from the Learning Disability team. This will bolster the team's resilience in relation to staffing and promotes the importance of career progression and mid-career learning and development.

Capacity across the workforce is impeding the service's ability to meet statutory supervisory responsibilities under the Adults with Incapacity Act. During 2023/24, a new procedure to ensure consistent and human-rights based practices in line with the AWI Act was developed and implemented across all of Adult Social Work Services and the HSCP. Ongoing implementation and a review of the impact of this procedure will be followed up in 2025/26.

In 2024/25 the HSCP have prioritised developing the right model of support for those living with mental illness in the community. A new development between Stirling Housing and the HSCP in the Stirling area is currently under construction. The aim of this is to provide a small unit of core and cluster housing for people with severe and enduring mental health problems who require significant support. This will facilitate either hospital discharge or step-down care and will ensure support for community integration for the people moving there. This has faced delays but is a priority for 2025/26.

Section 3

Resources

In 2024/25, Children and Families and Justice had a budget of £11.875m to deliver Social Work services and finished the year with a small underspend of £10k. This budget includes monies for Justice Social Work, totalling around £1.75m, which is matched by grant funding from Scottish Government, and a further £225k for Prison Based Social Work that is matched by Scottish Prison Service.

Mirroring the wider public sector nationally, the last year in Stirling has seen continued pressure on local authority and partner budgets, with funding struggling to keep up with demand for services and the increasing costs linked to delivery. The expectation on all services to meet the policy and legislative drivers in a context of increasing demand and often time limited or ringfenced funding, has posed a challenge. The consequence has, at times, created a sense of 'doing more with less' and this has placed a strain upon services and the staff who remain committed to delivering high quality services while seeking to minimise impact on those who require support and intervention.

This is reflected in the Children with Disabilities team who have seen the number of young people supported by the service increasing from 203 in 2019, to 358 in 2024, requiring the utilisation of waiting lists for assessment to ensure the time required to offer a relationship-based approach to intervention is delivered.

Over the last year the Children and Families service has also seen a number of temporary funding streams come to an end which has changed the offer of support available. Sustainability for successful projects continues to be a priority, however this is challenged by the continued compromises to core budgets.

We continue to utilise all funding available delivering projects through the Whole Family Wellbeing Fund, including the development of an early intervention and prevention team, the Family Wellbeing Team, who have supported nearly 200 children in the last year, successfully diverting a significant proportion away from statutory Social Work services. The Whole Family Wellbeing Fund is invaluable, although temporary, as it has allowed for innovative approaches to test opportunities and determine if these are ideas worth investing in for sustainable options. Successes with the Family Flexible Fund and Housing First for Families have suggested to us that opportunities to partner with families have been well received and may be worth considering. However, we are not naïve to the challenge of realigning finances to create sustainability while meeting growing demands for statutory intervention and are carefully considering the impact of this on the wider ability to deliver services.

The Service has worked hard to attract further temporary funding, receiving £50k from CORRA to recruit a fixed-term Participation and Engagement Officer to work with those in conflict with the law. Significant work is being undertaken to embed this approach in 2025/26, in recognition of the temporary nature of funding, and to date, the impact on young people has been a notable increase in confidence in sharing their views.

Elsewhere in the Service, in early 2025, we received a further £50k of temporary funding from the National Leadership Network to deliver a Career Pathways Programme providing opportunities for care experienced children and young people who have missed out on aspects of universal education. This work will continue up to the end of 2026 and will bring together partners from Social Work, Education, Learning & Employability and Active Stirling.

These two bids highlight that we are not resting on our laurels and continue to scan the horizon for available funding wherever we can access it, often to Keep the Promise and to embed systems change to develop services which better meets the needs of children and communities in Stirling. The effectiveness of impact of prevention and early intervention services is time dependent and we are carefully monitoring progress with this in mind.

While overall pressures on the Council have continued, locally, all services have felt the impact of increased spending resulting from inflation on pay, supplies and services and increases in costs due to employer National Insurance contributions. These interconnected impacts are discussed at budget setting and the CSWO has active involvement in these discussions which is a positive position to report as it lends to the ability to offer professional opinion into the impact of these necessary measures. Going forward, the Service will continue to look at ways our legislative and policy obligations can be made through our existing services, considering transformation and opportunities for streamlining through technology implementation as part of these considerations.

In 2024/25, the Integration Joint Board's (IJB) budget to support delivery of delegated Health and Adult Social Care across Clackmannanshire and Stirling, in line with the agreed priorities of the 2023/33 Strategic Commissioning Plan, was £286.901m. This consisted of £36.763m set aside for large hospital services and an integrated budget for community and universal health services and adult social care of £250.138m, of which £55.821m was allocated by Stirling Council. The draft outturn for the year was a net overspend of £7.143m after utilisation of reserves and further financial recovery measures with discussions across the partner bodies is ongoing to reach final agreement on how this will be met. This position is subject to statutory audit and potentially further change at time of writing.

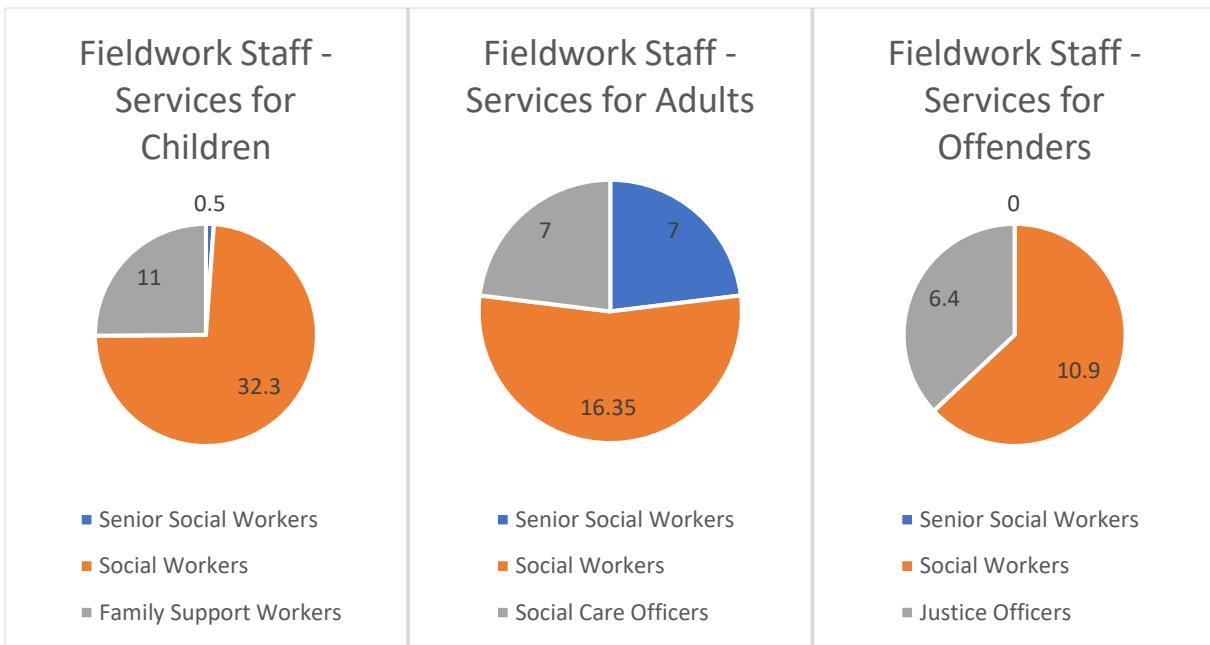
Financial pressures in Adult Social Work and Social Care continue to be significant for a number of reasons with significant demographic demand driven areas of overspend in Adult Social Care services across long-term care, care at home, and Learning Disabilities services. Family Health Services Prescribing, which is the cost of drugs and other therapeutic products prescribing and dispensed in the community, remained the most significant cost pressure area within the partnership budget.

Staffing represents one of the most significant costs associated with the partnership budget with ongoing financial pressures relating to use of temporary workforce solutions to maintain safe staffing levels. As a result of ongoing challenges in recruiting and retaining staff across the partnerships services, there were also underspends across several areas of Community Health Services and Adult Social Care which partially offset the overspend.

Section 4

Workforce, Learning, Training and Development

Staffing



In respect to recruitment, across the whole of Social Work Services there have been periods where vacancies have not been successfully filled and therefore demands on existing staff were notable. Changes in leadership and workforce retiral have required acting up arrangements and a temporary use of agency workforce to augment the management structure in Justice Social Work. Recognising the challenges in frontline capacity over the last year, we have recruited agency staff to provide short-term resilience where permanent backfill or further recruitment was not available. However, toward the end of 2024 and into 2025, we have noticed an increased volume of applications to a range of posts across the service which is a much-improved picture than previous years and since the turn of 2025 we have been able to recruit to positions in a timely way which reduces the pressures felt on our frontline teams.

Despite the changes over the past year in leadership and management, workforce retention has been steady across Social Work, and we have increased our overall staffing complement across all practice areas, with an additional 5.45 WTE Social Workers. Creating the conditions that engender a sense of value for the workforce, while supporting them to take forward their vital role, is a key priority. A review of our current staff cohort undertaken this year identified 46% of the operational fieldwork Social Workers have 5 years or more qualified experience, while only 15% were Newly Qualified Social Workers (NQSWs), showing we have been successful in recruiting experienced staff. Our local ability to recruit experienced staff is a strength that contradicts national experiences. Considering students and NQSWs, we have seen effective collaboration with universities that has supported strong links with student Social Workers, and our culture of supporting workers new to the profession is well embraced by our teams and services. This has been enhanced by a local, and well established, Grow Your Own scheme, which enables staff to attend university to pursue a professional Social Work qualification.

To support our workforce continuity, Social Work Services invested monies from the SSSC in 2024/25 to secure a Practice Development Officer and an additional Practice Educator to deliver on the student and NQSW expectations. The Practice Educator was in post until November 2024 and worked on the learning and development of our student Social Workers and para-professional staff undertaking further studies across all three main areas of Social Work practice. Prior to the end of the temporary funding, the post was vacated as a result of pressures elsewhere in the Service, however all students were supported in concluding respective placements. Over the two-year period of funding provided by the SSSC, Stirling Social Work supported 29 student placements across Children's, Justice and Adults and have placed three Grow Your Own Social Work students in Social Work posts. In addition to this, 3 practitioners have started the Practice Educator course further bolstering our ability to support aspiring Social Work students within Stirling.

In recognition of the value the Practice Development Officer played in supporting our student and NQSWs, temporary funding was identified within the service which has enabled the recruitment of a two-year Professional Development Officer post which will build upon and expand our career development offer to the workforce. The role will build a programme of career development spanning student, NQSW, post graduate development, and readiness for management and leadership.

Stirling-wide, staff wellbeing continues to be a key priority with resources provided to all staff on a regular basis, including a monthly programme of wellness events. Within Social Work Services, we continue to enable staff to take advantage of flexible working, with the majority of full-time staff in Children and Families and Justice Services working condensed hours over a 9-day fortnight. Provision of supervision across the workforce remains a key component in supporting wellbeing and building a resilient workforce, and feedback across areas has shown staff are overwhelmingly positive about their line management support. Children and Families and Justice Social Work are part of national Trauma Responsive Social Work Pilot which is helping to inform how we approach supervision as we move into 2025/26.

Recognising the national focus on anti-racist and anti-discriminatory Social Work practice, coupled with the increasing numbers of Unaccompanied Asylum-Seeking Children and Young People being supported in Stirling, a number of efforts have been made to promote inclusive practices over the last year. New Scots Integration Sessions have taken place with Social Work staff, Housing support staff, Residential Support staff, Foster Carers and Host Families, with future training planned in conjunction with the refugee resettlement team, including; working with interpreters, liaising with the Stirling Islamic centre, and learning from foster carers and Host families who care for unaccompanied young people.

In the wake of national unrest during summer 2024, Social Work and Education staff prepared for the potential impact of anti-immigration riots locally, although thankfully this never came to pass. Information was provided which specifically sought to consider how we can support individual children, young people and families that may become victims of racial abuse and also how we can reinforce key messages and learning opportunities about inclusion, equality, bullying and hate crime.

Learning, Training and Development

Learning needs analysis based on practice experiences, new research, and policy expectations, continues to be an integral part of our day to day working, supported by strong and successful partnership arrangements between Social Work Services, Workforce Planning and Organisational Development and partners including the shared Public Protection Learning and Development Group, Gender Based Violence Partnership and Trauma Steering and Development Groups. Wider workforce planning continues to be in line with, and governed by the Stirling Council 10 Year Plan, Strategic Workforce Plan and that of the Clackmannanshire and Stirling HSCP as well as the Public Protection Learning and Development Strategy. These plans provide the strategic focus and priorities for operational learning and offer a range of useful learning opportunities aligned to core Social Work values.

There continues to be a focus on themes emerging from supervision, personal development and team meetings to inform learning, an example of which has been identifying the need for enhancing the quality and consistency of person-driven care support planning which was supported with workshops within the Bellfield Centre for staff working within the HSCP. These were well received by staff, who said they felt more confident in their recording practice and effectiveness is now being evaluated within the Bellfield's quality assurance programme.

Dealing with Violence and Aggression training has also been reviewed by partners and staff in a working group this year in order to ensure a shared and partnership approach across the lead agencies within the HSCP with a shared model to be launched in the coming year. The Self-Directed Support Lead for the HSCP has also undertaken extensive learning needs analysis with service users, staff and teams and as a result has started to deliver workshops with SDS Forth Valley to consolidate and enhance skills in relation to applying this legislation in practice, although promising outcomes are fully expected, these sessions are too early to evaluate and will be revisited in the next report.

The biggest challenges in relation to learning and development continue to be resources, in relation to providing time for staff to learn, as well as constraints on funding and pressures to make financial savings each year. Restrictions on recruitment have also challenged the resourcing of Workforce Planning and Organisational Development meaning that corporate service has less people to support development and delivery requirements. Going forward there is expected investment in this area which looks set to improve the service the team are able to offer in the coming year.

Public Protection

Over the course of the year, we have continued to facilitate the training priorities identified by the Stirling Child Protection Committee, Joint Clackmannanshire and Stirling Adult Support and Protection Committee and the Stirling Gender Based Violence Partnership. All of these trainings are multi-agency and free to access for Health, Education, Police and Third Sector partners across Stirling.

The annual multi-agency public protection training calendar continues to offer a wide range of additional learning and development opportunities, with all being facilitated either as face to face - virtually or venue based, in house e-modules and external hosted e-modules.

One of the biggest challenges in relation to learning and practice development continues to be around attendance resultant to the demand on operational teams to meet need. An additional challenge is the increase in changes and expectations from national legislation and policy, which lead to changes in local procedures and protocols, requiring additional or refreshed learning for practitioners to attend.

To address these issues, the Public Protection Learning and Practice Development Sub-group has undertaken a review with the intention to streamline resources where possible. The results indicated that all learning offered was required for professional development and work is ongoing to consider smarter and more efficient delivery.

Trauma Responsive Social Work Services Pilot Programme

Becoming a trauma responsive organisation is a priority for us locally, and Stirling Council was one of the first to make a pledge and commitment to this nationally. In 2024, Children and Families and Justice Social Work teams started to pilot the Scottish Government Trauma Responsive Social Work programme, prioritising trauma informed practice across Stirling Council.

The Pilot Programme was highlighted in last year's report, and work to deliver this has ramped up in the last year with 12 different pieces of training delivered over the course of the year with a focus on worker care, support and wellbeing; power sharing; and organisational readiness, with an average uptake of 79%. Alongside this training for Leaders and the Workforce, significant work has been undertaken in the background via fortnightly implementation meetings with colleagues in Scottish Government and quarterly meetings with a multi-agency steering group with input from NHS Forth Valley and other partners. Work over the next year will see Stirling take on responsibility for implementing the training programme locally and a withdrawal of support from the Scottish Government team.

The demand on practitioner time of this highly useful programme places significant pressure on the Service and careful consideration is being given to whether the programme, as developed, will be possible to implement after the pilot ends given resources available locally and no continued financial resource provided nationally to support this initiative.

Practitioners Forum

The Justice Social Work Service has been facilitating a regular 6 weekly practitioners forum since July 2024. This developed broadly in response to Service change and a desire to foster a supportive and collaborative team culture. New members of staff taking up post, many of whom were Newly Qualified Social Workers, some were returning parents, or workers who had moved into new areas of practice within the team, are part of this Forum.

The central aim of the Forum is to be practitioner led, and provide a place where workers can learn from each other, develop their skills and practice, provide peer support, share good practice and troubleshoot the challenging aspects of their work. It is recognised that across the team, there is a wealth of knowledge, skills and passion and it is important to share these to enable our Service to grow.

Over the last year we have covered a variety of themes including the following:

- Mental well-being provision within the Forth Valley area - workers have a wider knowledge of primary, secondary and third sector mental healthcare providers.
- Worker wellbeing - this has resulted in the Service securing a new external counselling service which the team can access to support them manage any unhelpful impacts associated with the work we are involved with.
- The role of MHOs - this has supported better understanding of this role and fostered improved links with the MHO Team.
- Use of structured deferred sentence - clarity was gained in relation to the purpose of structured deferred sentences and when they can be used.
- Exploring offence focused work resources - this supported team members, particularly NQSW staff to develop a practitioner toolkit to use within supervision sessions.

Our forthcoming Forums include: exploring changes and developments to continuous Professional Learning required by the SSSC, an input on available services through Venture Trust, improving case recording, and interventions for sexual offending.

The introduction of this Practitioner's Forum has been a success in Justice and will be replicated as part of the work the Professional Development Officer will take forward for all of Stirling Social Work practice.

Section 5

Looking ahead

As reflected throughout this report, this year has seen a significant period of change for staff working across all areas of Social Work. Nationally there have been changes to legislation and policy expectation, and locally, growing demands for resources from those we are supporting to remain well in the community. We know that the year ahead, and beyond, will bring new pressures which we need to be aware of and ready for.

As we head into 2025/26, there are a number of priorities that Social Work Services across all areas will be focusing on:

- **Supporting the workforce:** Investing in and showing the workforce how much we value their work is vital. Recruitment and retention will remain a focus for the year ahead as we seek to further build resilience across the entire Social Work workforce to enable a relational and human-rights based approach to our work.
- **Embedding the voices of those with lived experience:** Our processes to transparently evidence the work we do to capture the voice and views of those we work with in our service design and delivery will continue in Justice, Children and Families, and Adult Social Work Services.
- **Strengthening professional career development:** A Professional Development Officer is due to join the service in summer 2025 to help us develop a career pathway for all staff in Social Work Services as an investment in our sustainability as a profession.
- **Streamlining governance and strategic oversight:** Early steps are in place to align all three areas of Social Work practice into a single Stirling Council Committee alongside Education colleagues. This will strengthen professional oversight and ensure alignment of common themes across all areas of Social Work practice.
- **Enhancing assurance and self-evaluation activity:** While some audit activity has been reflected throughout this report, we must go further to develop consistent continuous improvement across all areas of Social Work. Embedding a Professional Assurance Framework and a calendar of self-evaluation will support this.



Alongside these overarching priorities for the year ahead, individual services have identified areas of priority to take forward which I will support.

- **AWI Duties:** Continuation of an ongoing working group to review practices around the supervision of CSWO and private guardianships. Promoting learning through the rollout of a training pack and direct training to the workforce by the MHO team. These will be introduced, focusing on all Adult Care teams and the Children with Disabilities team.
- **Mental Health Resource development:** A focus on models of support in the community by the MHO team as part of the development of new core and cluster properties for people with severe and enduring mental health problems.
- **Strategic commissioning approaches:** The Children with Disability team are strengthening their approach to commissioning for short breaks. While Children's Services as a whole are considering how a strategic commissioning plan can help deliver on the aims of the Promise and the educational needs of children in our area.
- **Multi-Agency Transition Policy:** a newly developed multi-agency Transitions Policy, underpinned by GIRFE and GIRFEC principles will lay the framework for how partners from across Adult and Children and Families Social Work, Education and Health will support young people with disabilities transitioning into adult services.
- **Service planning for the future:** Justice Services are developing, and strengthening, prison based social work within HMP Stirling, preparing the service for the increasing needs emerging for people at release.
- **Trauma Responsive Social Work Services Pilot:** We will see the conclusion of our engagement with this Scottish Government pilot and are considering how Social Work can embed this ambitious programme locally.
- **Replacement Social Work Recording System:** Work to deliver the SWIFT replacement system will be a priority as we go out to procurement and move to the next stage of the process. Services are improving the quality of recording and detail on the current system and fostering a culture of empathetic recording, thinking of the impact our recording has on the lives of others.

Having joined Stirling Council in the final weeks of 2024 as CSWO, I spent the early part of my time meeting the workforce and learning how much of a difference they have made to the individuals, families, and communities they support. I have been struck by the professionalism, unwavering dedication, resilience, and downright grit shown across all services to meet need within a complex context. I have been incredibly proud to join such a team of professionals and wish to thank them for their work and the continued efforts to ensure Stirling residents receive the highest quality of support when they need it.

EQIA Initial Screening Document

Name of document:	Stirling CSWO Report 2024-2025		
Type of Document			
Guidance <input type="checkbox"/>	Policy <input type="checkbox"/>	Procedure <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
If other please detail	Annual Report		
Scope			
FV Wide <input type="checkbox"/>	Service Specific <input checked="" type="checkbox"/>	Discipline Specific <input type="checkbox"/>	Other <input type="checkbox"/>
If other please detail			
Is this a new document being EQIA'd			
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Briefly describe the Aims and Objective of the document			
<p>The aim of this report is to provide an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across Stirling Council in 2024/25. This is an annual update report and it is appropriate that the Integrated Joint Board scrutinise the developments in this area over the last year.</p>			
<p>Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to:</p> <ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations 			
Please indicate your decision below			
<input type="checkbox"/>	Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed)		
<input checked="" type="checkbox"/>	No impact/discrimination identified		

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

Signature and Date

Jennifer Rezendes 19.12.2025

Clackmannanshire & Stirling Integration Joint Board

28 January 2026

Agenda Item 10

Clackmannanshire Chief Social Work Officers Report 2024-25

For Noting

Paper Approved for Submission by:	Jennifer Borthwick, Interim Chief Officer
Paper presented by	Sharon Robertson, Chief Social Work Officer
Author	Sharon Robertson, Chief Social Work Officer
Exempt Report	No



Clackmannanshire
Council



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

Purpose of Report:	The Chief Social Work Officer Annual Report provides an overview of the key priorities, challenges, improvements and achievements in the delivery of all social work services across the Clackmannanshire Council area in 2024/25.
Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>1) Note the Chief Social Work Officers' Annual Report.</p>
Key issues and risks:	This report contains an update and there are therefore no risks associated.

1. Background

- 1.1. Section 3(1) of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government, etc. (Scotland) Act 1994 requires every local authority to appoint a professionally qualified Chief Social Work Officer.
- 1.2. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. This applies whether these are provided by the local authority or purchased from the private or voluntary sectors.

2. Considerations

- 2.1. The Chief Social Work Officer Annual Report for 2024/25 has been completed using the standard template and following the advisory guidance produced by the Office of the Chief Social Work Adviser to the Scottish Government. Board Members should note that this template is significantly changed from previous years and the report is shorter as a result. The uniform template for all areas of Scotland supports a common approach to reporting across all local authorities which are then considered in the preparation of the overall summary report for Scotland. This is prepared by the Office of the Chief Social Work Adviser to share good practice and highlight the achievements and challenges for social work services across the country as a whole.
- 2.2. The report follows the structure and guidance issued by the Office of the Chief Social Work Adviser in Scottish Government. It focuses on:

- Local governance and accountability arrangements
- Service delivery and performance
- Resources
- Workforce

2.3 Overview of Activity and Performance

The report provides a summary of social work and social care service activity during the reporting period of 2024/25. It includes performance information across key areas of statutory social work and public protection.

The report also highlights significant developments, achievements, and challenges faced by services throughout the year, particularly in the context of increasing demand and ongoing budgetary pressures across both the Council and the Health and Social Care Partnership.

2.4 Key Achievements in Social Work and Social Care

The following achievements demonstrate innovation, leadership, and impact across social work and social care services in Clackmannanshire:

- National Innovation Recognition: The Early Help Team was awarded the prestigious COSLA Excellence Award – SOLACE Team of the Year 2024, recognising its pioneering cross-sector collaboration.
- Transforming Child-Centred Practice: The development of Bairns' Hoose is setting new standards in trauma-informed, rights-based support for children.
- Excellence in Joint Investigations: The Scottish Child Interview Model is fully embedded, with 100% of Joint Investigative Interviews delivered in partnership—ensuring consistent, high-quality, child-focused outcomes.
- Support for Care-Experienced Young People: A new Care Experience Hub, launched in partnership with Barnardo's, provides weekly opportunities for connection and support.
- Leadership in Justice Services: The Justice Hub model delivers early, preventative support through a skilled multi-disciplinary team—leading the way in proactive justice interventions.
- Community Impact through Unpaid Work: Unpaid work projects are making a visible difference in local communities, earning national recognition and being showcased during a Scottish Government visit.
- Innovative Adult Social Work Model: A newly established Multi-Disciplinary Team is transforming adult social work through integrated decision-making, timely interventions, and strengthened multi-agency collaboration.

- Pioneering Hoarding Initiative: This pilot is driving high engagement through tailored, person-centred support that empowers meaningful, self-paced change.

2.5 Workforce Recognition

The achievements outlined in this report reflect the commitment and professionalism of the social work and social care workforce. It also acknowledges the vital role of unpaid carers who continue to support children, young people, and adults across Clackmannanshire in often very challenging circumstances.

2.6 Looking Ahead

Clackmannanshire's social work and social care services continue to navigate a complex and evolving landscape shaped by increasing demand, legislative developments, financial and workforce pressures. Despite these challenges, the service remains committed to delivering high-quality, responsive support—guided by the voices of local people and communities. Looking ahead, the focus will be on sustaining transformation, strengthening partnerships, and ensuring services are compassionate, purposeful, and aligned with the changing needs of those we serve.

2.7 Note that it has been to Council committee for assurance.

3. Appendices

Appendix 1. CSWO Report

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

Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>



Clackmannanshire
Council



Cover designed by Blake, Aged 14

Clackmannanshire
Chief Social Work Officer
Annual Report 2024/2025

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1. Foreword



Welcome to the 2024/25 Chief Social Work Officer (CSWO) annual report covering the period **1 April 2024 to 31 March 2025**, and fifth annual report in my CSWO role. This report reflects on the achievements and the challenges in the delivery of social work and social care services in Clackmannanshire and priorities for the year ahead.

The delivery of high-quality social work and social care services continues to be shaped by significant and unprecedented challenges. This year has been no exception. Services have faced increasing complexity of need, rising demand, an ageing population, escalating poverty, and the ongoing cost of living crisis. These pressures are further compounded by persistent recruitment and retention challenges, which continue to impact the wellbeing of our valued workforce.

Financial constraints remain a critical concern, exacerbated by the rising costs associated with social care provision. Despite these challenges, our commitment to delivering effective and efficient care and support to those who rely on our services has remained steadfast.

In this demanding operating environment, our social work and social care teams, working in close collaboration with local community planning partners and provider organisations, have demonstrated exceptional resilience and dedication. Together, we have continued to support and protect our most vulnerable citizens, address inequalities, and foster local capacity for transformational, whole-system change. This progress has been driven by innovative, preventative approaches, delivered at the earliest point of need. These efforts reflect our ongoing commitment to improving outcomes for individuals, families, and communities across Clackmannanshire.

Key Achievements in Social Work and Social Care

- National Innovation Recognition: The Early Help Team received the prestigious COSLA Excellence Award – SOLACE Team of the Year 2024, highlighting its groundbreaking cross-sector collaboration.
- Transforming Child-Centred Practice: Bairns' Hoose is setting new standards in trauma-informed, rights-based support for children.
- Excellence in Joint Investigations: The Scottish Child Interview Model is fully embedded, with 100% of Joint Investigative Interviews delivered in partnership—ensuring consistent, high-quality, child-focused outcomes.
- Support for Care-Experienced Young People: A new Care Experience Hub, launched with Barnardo's, provides weekly connection and support.
- Leadership in Justice Services: The Justice Hub model delivers early, preventative support through a skilled multi-disciplinary team—leading the way in proactive justice interventions.
- Community Impact Through Unpaid Work: Unpaid work projects are making a visible difference in local communities, earning national recognition and being showcased during a Scottish Government visit.
- Innovative Adult Social Work Model: A newly established Multi-Disciplinary Team is transforming adult social work through integrated decision-making, timely interventions, and strengthened multi-agency collaboration.
- Pioneering hoarding and self-neglect pilot: This initiative is achieving high engagement—delivering tailored, person-centred support that empowers individuals to make meaningful changes at their own pace.

Key Acknowledgements

With deep respect and admiration, I extend my heartfelt thanks to the entire social work and social care workforce for your extraordinary dedication, compassion, and relentless commitment to protecting and empowering children, adults, and families. Your tireless efforts uphold the rights, safety, and wellbeing of those who rely on our services—often at the most vulnerable moments in their lives. You are the backbone of high-quality care and support, ensuring that help is not only available, but delivered with humanity,

integrity, and professionalism. Your work makes a profound difference, every single day. Thank you for everything you do.

I want to offer a special tribute to our unpaid carers, whose selfless dedication and daily support for loved ones embody the very essence of compassion and resilience. Their quiet strength and unwavering commitment form a vital foundation of our community's wellbeing. Your contribution often goes unseen, but it is deeply felt—and profoundly valued. Thank you for the care you give, the sacrifices you make, and the difference you bring to so many lives.

I would also like to express my sincere thanks to Blake, aged 14, for his imaginative and artistic contribution in designing the front cover of this report.

2. Introduction

2.1 Purpose and Background

This Annual Report has been prepared to fulfil the statutory requirement for the Chief Social Work Officer (CSWO) to report on the delivery and performance of social work services within the local authority area. It provides a comprehensive overview of the CSWO's role in providing professional leadership, oversight of practice, and assurance of governance, values, and standards, as outlined in national guidance.

The report also addresses areas of statutory responsibility where legislation confers specific functions directly on the CSWO. These responsibilities primarily relate to public protection and decisions involving the restriction of individual liberty, where the CSWO plays a critical role in ensuring ethical, legal, and person-centred practice.

2.2 National and Local Reporting Requirements

In accordance with national expectations, each local authority is required to submit an annual CSWO report to the Chief Social Work Advisor to the Scottish Government. This contributes to the development of a national overview of the social work profession, practice, and service delivery across Scotland.

Locally, the report also satisfies the statutory requirement to produce and publish an annual report for both the Council and the Integrated Joint Board (IJB). It supports transparency and accountability by providing elected members, partners, and the public with insight into the performance, challenges, and achievements of social work and social care services.

2.3 Scope of the Report

This report covers the period **1 April 2024 to 31 March 2025** and provides:

- An overview of the delivery of social work and social care services across children's, justice and adult services
- A summary of governance and accountability arrangements
- Performance and quality assurance information
- Reflections on workforce capacity, service pressures, and innovation
- Key developments and priorities for continuous improvement

3. Clackmannanshire Profile

Our Local Area

- Clackmannanshire is a semi-rural area, covering **158** square kilometres (**61.4** square miles): the second smallest Scottish local authority, by area, with the smallest road network (**300** kilometres).
- **51.2%** of local residents rate their neighbourhood as 'a very good place to live', which has improved substantially (from 41.5% six years ago) but is below the Scottish average of 54.8%.
- Unemployment is higher than average, at **5.4%** (Scotland = 3.1%), including for young people (aged 16-24); **5.1%** (Scotland = 3.4%). The Clackmannanshire Works programme, however, supports higher than average proportions into work; **22.1%** against a Scottish rate of 12.1% (of all unemployed people).
- **94.9%** of school leavers go on to positive destinations (training, employment, etc.), below the Scottish rate of 95.9%, as is the participation rate of 16-19 year-olds: **90.3%**, with a Scottish rate of 92.7%.
- While income and crime deprivation in young people (under 25) are higher than average, access deprivation has been **6th** lowest in Scotland for 7 years due to available amenities in local communities.

Our People

- We have the smallest population of any mainland authority: **52,110** (1% of the Scottish population), likely to **fall by 2.9%** in the next 20 years, with the Scottish population is expected to **increase** by 2.5%.
- We have a slightly higher than average proportion of older people locally; **21.4%** aged 65 and over, in comparison to 20.5% across Scotland.
- The proportion of children and young people is lower than average – **25.9%** aged under 25, while this is 26.9% for Scotland, but we have a slightly higher than average proportion aged under 16.
- With more older and younger people, our working age population (aged 16-64) is lower than average – **62.1%**, with a Scottish figure of 63.3%.
- **23.2%** of the population were prescribed medication for anxiety, depression and psychosis compared to 20.9% in Scotland, and we have a slightly higher than average rate of psychiatric patient hospitalisations, at **241** (per 100,000 population), with a Scottish figure of 216.
- **17.3%** of adults in Clackmannanshire are current smokers, compared to 14.9% in Scotland.
- **26.1%** of the local population (13,426 people) live in the 20% most deprived areas of Scotland.
- High levels of deprivation mean rent arrears of **11.1%** are higher than the Scottish rate of 9.5%.
- **98.5%** of crisis grant application decisions are within 1 day (Scotland: 93.9%), and **99.5%** of community care grant decisions within 15 days (Scotland: 83.6%), the 3rd highest rate in Scotland.

Our Children & Young People

- **29.2%** of children in Clackmannanshire live in poverty (after housing costs); the **3rd** highest rate in Scotland, where the overall result is 21.8%. Despite this, **82.5%** of children are meeting their developmental milestones compared to 82.1% across Scotland.
- **222** children and young people were being cared for by the Council (31 July 2025) which is a 5% increase from 31st July 2024 which was 210.
- **28.2%** of school pupils are registered for Free School Meals.
- **37.5%** of school pupils have additional educational support needs.
- School attendance rates are higher than average – **91.1%** for all children & young people and **86.1%** for those who are care-experienced, with Scottish rates of 90.3% and 84.4%, respectively.

- The academic attainment gap between the most and least deprived areas has reduced. In primary schools, we are close to the Scottish average for numeracy, and have the 5th lowest gap for literacy. In secondary schools, however, attainment remains below average, including in deprived areas.

Our Older People

- The ageing population is a significant local issue, with a **38%** increase in people aged 65+ since 2010. We still support the same number of residential care clients (**230**), while homecare hours provided for older people has increased by **109%**, in line with the aim of supporting more people in the community.
- **70.5%** of older people (65+) with long-term needs receive homecare (Scotland = 62.6%) where we have been ranked within the best 4 authorities in all 14 years for which data is available.
- The national rate of delayed discharge for older people (75+) has **increased by 12.1%** over the last two years (to **841** unnecessary days spent in hospital per 1,000 older people) while, over the same period, the local rate **reduced by 7.8%** (to **679** days).
- We also perform consistently well in Adult Care inspections, within the top 6 authorities for a decade, currently 4th best in Scotland, with **87.7%** of services graded Good or better in 23/24 (77% nationally).

Our Health & Wellbeing

- Life expectancy is **80.3** years for females and **76.3** for males (similar to Scotland: 80.8 and 76.8). Healthy life expectancy, however, is among the lowest in the country, with both men and women expected to live **55.1** years in 'good' health (around 5 years less than the Scottish average).
- Alcohol-related mortality of **23.4** is above the Scottish rate of 21.8, as are drug-related deaths of **24.7**, where the Scottish rate is 22.6. The smoking-attributable mortality rate of **288.8** is also higher than the national average of 270.0 (all rates per 100,000 population).
- Suicide rates (per 100,000 population) are higher than average (**19.2** versus 17.4 across Scotland). Substantial local efforts, however, have significantly reduced rates in young people (aged 11 to 25), from 21.2 five years ago (the 2nd highest in the country) to only **2.4** (the 2nd lowest), while the Scottish rate has increased slightly to 10.2.
- The area has higher than average rates of domestic abuse – with a Scottish rate of 116 per 10,000 population, the Clackmannanshire figure of **141** is the 4th highest of the 32 local authorities.
- Local crime rates are higher than average, however, there has been a substantial reduction in young people hospitalised due to assault (aged 15-25, per 100,000 population), down 75% over the last 16 years, though the Scottish rate reduced by 82% over this period.
- Our rate of hospital re-admissions within 28 days (for people of all ages) is the 3rd highest in Scotland at **140** per 1,000 discharges, while the national rate is 103.
- While only **14.3%** of adults use active travel to work (nationally 14.7%), exemplary numbers of children and young people use active travel to school – **62.5%** (Scotland: 47.2%), where we have been in the top 8 authorities for over a decade, with the 2nd highest rate in the country for the last 5 years.

Further information on Council and partnership performance, and other facts and figures, can be found at: <https://www.clacks.gov.uk/council/performance/> and <https://www.clacks.gov.uk/council/factsandfigures/>

4.0 Governance, Accountability and Statutory Functions

4.1 Statutory Role of the Chief Social Work Officer

Under Section 3 of the Social Work (Scotland) Act 1968, local authorities are required to appoint a professionally qualified Chief Social Work Officer (CSWO). The CSWO holds a unique statutory role, providing strategic and professional leadership in the delivery of social work services across the local authority area. The CSWO is responsible for ensuring professional oversight of social work practice and service delivery. This includes:

- Upholding professional governance and standards
- Driving continuous service improvement
- Providing leadership and accountability for the delivery of social work and social care services, whether directly provided by the local authority or commissioned through third or independent sector partners.

4.2 Framework for Delivery

Social work services operate within a complex framework of statutory duties and powers. These services are required to meet national standards, deliver best value, and ensure that the rights, safety, and wellbeing of individuals and communities are protected and promoted.

The CSWO plays a critical role in ensuring that services are delivered ethically, legally, and in line with professional values, particularly in areas involving public protection and decisions that may restrict an individual's liberty.

The professional governance of all social work services in Clackmannanshire is undertaken by the CSWO, who is also the Senior Manager, People with lead responsibility for the strategic and operational management of Children's and Justice Services.

In Clackmannanshire, Social Work Services and the CSWO role, operates in the context of the following governance structures:

- Clackmannanshire Council
- Clackmannanshire & Stirling Integrated Joint Board (IJB)
- Clackmannanshire Community Planning Partnership Board (The Alliance)

Clackmannanshire Council and the Community Planning Partnership strategic planning framework are set out in our [Corporate Plan Be the Future](#) and [Clackmannanshire's Wellbeing Local Outcomes Improvement Plan 2024-2034](#).

4.3 Governance and Oversight

Within Clackmannanshire, Children's and Justice Services are managed and governed by Clackmannanshire Council and is situated within the People's Directorate (which includes Education Services). The People Directorate Business Plan 2024–25 sets out the key actions delivered by the Directorate that contribute to the strategic objectives outlined in the [People Community Wellbeing Plan 2024–25](#).

To ensure robust governance and accountability, the People Directorate maintains and regularly reviews:

- A Delivery Plan aligned to strategic priorities
- A Service Risk Register to monitor and mitigate operational risks
- Exception reporting through the Senior Leadership Group/Extended Senior Leadership Group
- Annual reporting to the relevant Council Committee.

Adult social work and social care services, including community health are delegated to the Integrated Joint Board (IJB) which spans Clackmannanshire Council, Stirling Council and NHS Forth Valley. Clackmannanshire

Adult social work and social care services are delivered and managed by the Health and Social Care Partnership (HSCP). It is a unique partnership in Scotland as it is the only Health and Social Care Partnership that brings together two Councils and a Health Board. The Board, through the Chief Officer, has responsibility for the planning, resourcing and operational oversight of integrated services through the **Strategic Commissioning Plan 2023-2033** which sets out how services will be delivered across Clackmannanshire and Stirling over the period of the Plan.

The Chief Officer who is the Director of Adult Services reports to the Chief Executives of Clackmannanshire and Stirling Councils and NHS Forth Valley and is responsible for the operational management and performance of integrated services through the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP). The Chief Officer is a substantive member of the senior management teams of Clackmannanshire Council, Stirling Council and NHS Forth Valley. The Chief Officer has in place a senior team of direct reports that ensures adequate and effective oversight and assurance to the Integration Joint Board in relation to all HSCP performance, professional and clinical and care governance. During 2024-2025 the Interim Chief Officer changed and a further Interim Chief Officer is currently in place.

4.3 Leadership and Professional Accountability

As a member of the Council's Extended Senior Leadership Team, the Chief Social Work Officer (CSWO) plays a pivotal role in shaping and assuring the quality of social work services across Clackmannanshire. The CSWO works in close partnership with Elected Members, the Chief Executive, the Chief Officer of the Health and Social Care Partnership, senior officers, managers, and practitioners to provide:

- Professional advice on social work matters
- Governance and oversight of practice standards
- Leadership and accountability for service delivery
- Assurance of quality in social work and social care provision.

The CSWO holds professional responsibility for ensuring that social work services fulfil their statutory duties and operate in accordance with the Code of Practice for Social Service Workers and Employers, as set out by the Scottish Social Services Council (SSSC). This includes upholding values of integrity, respect, and person-centred practice, and ensuring that both staff and the Council meet the standards expected of the profession.

4.4 Public Protection and Strategic Partnerships

The Chief Social Work Officer (CSWO) plays a central role in public protection and multi-agency strategic planning across Clackmannanshire. As a member of the Public Protection Chief Officer Group (PPCOG), the CSWO provides professional advice on public protection matters. The PPCOG meets quarterly and holds strategic responsibility for the leadership and oversight of services aimed at improving outcomes in the following areas:

- Child Protection
- Adult Support and Protection
- Violence Against Women and Girls
- Offender Management – Multi Agency Public Protection Arrangements (MAPPA).

In addition to PPCOG, the CSWO is an active member of several key strategic partnerships, including:

- Community Justice Partnership
- Alcohol and Drugs Partnership
- Tackling Poverty Partnership
- MAPPA Strategic Oversight Group

The CSWO also chairs the integrated Children and Young People Strategic Partnership Group (CYPSPG), which is the principal forum for children's services planning in Clackmannanshire. This partnership is

instrumental in delivering on the collective ambition to improve outcomes for children, young people, and families across the local area.

4.5 Reporting and Governance Structures

As a statutory officer of the Council, the Chief Social Work Officer (CSWO) reports directly to the Chief Executive and meets regularly to discuss professional social work matters. This direct reporting line ensures that the CSWO can provide timely and informed advice on key issues affecting social work policy, service priorities, pressures, and challenges.

The CSWO ensures that Elected Members are kept informed through a range of governance and oversight forums, including:

- The Alliance (Clackmannanshire's Community Planning Partnership)
- Council and Audit & Scrutiny Committee
- Elected Member Boards: Children & Young People Board and the Adult Social Care Board
- Council Extended Senior Leadership Group
- Clackmannanshire and Stirling Integration Joint Board (IJB)

The CSWO is a non-voting member of the IJB and an active member of the Clinical and Professional Care Governance Group, which is responsible for supporting and scrutinising the delivery of integrated adult care services managed by the Clackmannanshire and Stirling Health and Social Care Partnership.

Additionally, the CSWO is a member of the Forth Valley Collaborative Care Home Oversight Group, comprising strategic leaders from across the Clackmannanshire & Stirling, and Falkirk HSCPs and NHS Forth Valley. This group meets monthly to support local care homes and provide assurance on the quality and standards of care delivered to older adults.

5. Service Quality and Performance

5.1 Children and Families

Children's social work services receive a range of referrals from partner agencies including Police, Education, Health, third sector and direct from members of the public. During the reporting period 2024/25 children's services received **1615** referrals (requests for assistance). This is a **13% increase** from 23/24 where there were **1401** requests for assistance.

5.1.1 Early Intervention

The establishment of our Children's Services Early Help team—our front door for early support—has transformed how we respond to initial contacts with children's social work. Through proactive screening, we ensure that only the most appropriate referrals progress to locality practice teams, allowing us to focus statutory and targeted interventions where they are most needed, and provide timely, effective support to children and families.

The Early Help Team supports the Council's commitment to Keep the Promise, transforming how families are supported through early, practical, and impactful help. Working in partnership with NHS, Education, and Third Sector colleagues, the team provides an accessible and responsive social work service at the point of need, building on family strengths to prevent escalation of risk. Key approaches include Family Group Decision Making and Kinship Support, which are central to keeping children within their supported family networks.

The Family Support Collaborative, established in 2024, which is a consortium of families, statutory, and third sector partners co-designs and delivers support where and when it's needed. It plays a key role in Whole Family Wellbeing Funding decisions and is expanding its role in wider funding allocations.

In recognition of their innovative work, the Early Help team received the COSLA Excellence Award – SOLACE Team of the Year 2024.

Early Help Service Achievements:

Whole Family Support Screening Group

Multidisciplinary Collaboration

The group includes local authority and third sector representatives working together to meet families' individual needs.

Referral Allocation Efficiency

112 referrals were allocated within 12 weeks, cover 85% of cases during the review period.

Outcome Achievement

79 outcomes were achieved or partially achieved within 12 weeks representing 73% of total cases.

Tailored Family Support

The approach ensures timely, effective and personalised support tailored to each family's unique circumstances.

Family Support Collaborative and Hubs

Collaborative Support Network

The Family Support Collaborative unites families and partners to co-design impactful support services.

Funding Allocation Role

This collaborative manages Whole Family Wellbeing funding and is broadening influence on funding decisions.

Family Support Hubs

Family Support Hubs provide accessible drop-in sessions, creating a single contact point for family information and help.

Early Years and Mental Health Support

Early Years Group Support

Under 3s groups held twice weekly with health visitors, provided support to 654 families fostering early child development.

Baby Massage Sessions

Baby massage sessions engaged 27 mothers and babies in multiple blocks, enhancing bonding and sensory development.

Adult Mental Health Programme

THRIVE to keep well a 16 week mental health programme, improved confidence and motivation for adults with mild to moderate challenges.

Early Referral Outcomes

933 referrals managed with 90% avoiding statutory intervention, showcasing effective early support.

Impact of Family Group Decision Making

31 family plans led to children staying within family networks and reduced foster care placements.

Positive Child Placement Outcomes

20 children avoided external accommodation, 7 returned home and 2 mother baby placements secured.

Parenting and Youth Support Initiatives

Mellow Parenting Programmes

Mellow Parenting Programmes achieved a 90% attendance rate and improved parental wellbeing and relationships.

Youth Diversion Initiative

The awareness programme helped reduce reoffending by 56% and lowered social work intervention by 31%.

Collaborative Support Efforts

Collaboration between Early Help team and Family Support Collaborative strengthens proactive youth and family support.

Impact of Third Sector Partners

Support Achievements

Action for Children supported 114 families and Aberlour Sustain exceeded targets with 56 children helped in 33 families.

Positive Family Feedback

Home-Start reported 85% of families felt less isolated and 81% felt better equipped to manage challenges.

Third Sector Importance

Third sector partners play a vital role in delivering responsive and impactful support to families in need.

Flexible Service Hours

Services expanded to include evening and weekend hours to better accommodate family schedules and needs.

Reduced Waiting Times

Functional Family Therapy reduced wait times drastically, improving timely access to support services.

Increased Support Reach

Futures programme saw a 35% increase in supported young people through enhanced service delivery.

Innovative Mentoring Initiatives

Two's Company introduced befriending and mentoring, highlighting innovative, responsive service models.

Planned Service Developments 2025/26:

Strengthen Whole Family Support: In partnership with the Family Support Collaborative design and implement whole family support approaches that are tailored to the unique needs of each community. This work will directly aim to reduce the number of children entering care and tackle the root causes of poverty.

5.1.2 Safeguarding Through Rapid Intervention (STRIVE)

At the core of our early help strategy is the STRIVE (Safeguarding Through Rapid Intervention) team—a dynamic, multi-agency partnership delivering swift, coordinated support to children, families, and adults at the earliest opportunity. By prioritising prevention and early intervention, STRIVE plays a vital role in reducing risk and building resilience across our communities.

The team continues to expand referral pathways and deepen collaboration with both statutory and third sector partners. Key roles include a Women's Support Worker, jointly funded with Police Scotland, and a Perpetrator Support Worker, supported through partnership with Housing Services. Justice Services also contribute through Caledonian Group Workers who provide specialist assessments, targeted interventions, and ongoing support. STRIVE has been further strengthened by a Community Connector based within Clackmannanshire Third Sector Interface (CTSI), who supports families in rebuilding resilience and accessing longer-term resources.

During 2024/25, STRIVE provided critical support to **117** individuals/families, enabling them to overcome crisis, strengthen their resilience through universal services, and reduce reliance on statutory interventions—empowering long-term stability and wellbeing.

Planned STRIVE Developments 2025/26:

- Appointment of the STRIVE Lead post to streamline and align STRIVE activity
- Promote service more widely to boost appropriate referrals
- Develop effective evaluation process

5.1.3 Children with Disabilities

The team comprises two social workers, a resource worker, and a part-time Occupational Therapist (OT). Despite sustained recruitment efforts, the OT post remained vacant for 18 months, limiting OT input to just one day per week. This shortfall created a backlog of assessments and reduced overall service capacity. However, the recent successful recruitment to the part-time OT role is expected to significantly improve the current situation.

In 2024/25, the team received **102** referrals, reflecting a significant rise in children with additional support needs identified in nursery and school settings. This is **an increase of 131%** compared to the previous year figure of 42 referrals. More children are being referred for disability support not because disability is rising, but because we are now better at identifying and recognising conditions.

Over the past year 49 assessments were completed, with 37 care packages delivered. Five new providers have been added to expand options available to families. Unfortunately the service has currently been unable to source/access suitable support for some children with complex autism and are awaiting an appropriate support package. We are actively reviewing partnership support for children with additional support needs to strengthen service delivery. A pilot programme is underway, providing support during the school day in collaboration with Scottish Autism from the Alloa Family Centre. We are working closely with Education and Educational Psychology to design more appropriate provision. Insights from this pilot will directly inform a commissioning exercise already in progress to address the current provision gap.

In addition, 68 care package reviews were completed, showing strong uptake of SDS options, with most families choosing Option 3 (Local Authority Arranged Support - where the council is responsible for choosing and arranging the type of care and support received). Whilst the majority of families choose this option there is an increase in families choosing Option 1 (Direct Payment - this is where the Local Authority provides a cash payment directly and the parent/carer arranges their own support package for their child).

A new budget allocation system was introduced to support consistent decision-making, including a revised Section 23 assessment tool developed with Forth Valley partners.

A transition support group was established for children moving to secondary school, with a new group planned next year in collaboration with parents/carers.

During 2024/25, 17 young people transitioned from Children's to Adult Services, supported by the Children's Resource Worker through multi-agency collaboration and budget planning.

Planned Service Developments 2025/26:

- Enhance Support for Children with Disabilities: Work in partnership with Education and Adult Services to target support and allocate resources that improve and strengthen the day-to-day experiences of children and young people with disabilities and their families. A key focus will be to streamline and strengthen their transition into adult services, ensuring continuity of care and opportunity.

5.1.4 Care and Protection

The Scottish Child Interview Model (SCIM) is fully operational, with our Forth Valley SCIM team delivering 100% of Joint Investigative Interviews. This trauma-informed, child-centred approach has received positive feedback, with audits confirming its alignment with UNCRC principles and best practice standards.

The Interagency Referral Discussion (IRD) process is fully embedded across police, social work, health, and education, enabling timely information sharing and joint decision-making for children at risk of significant harm. Monthly multi-agency audits confirm high standards in safeguarding and intervention. A standardised assessment tool ensures consistent evaluations, while the re-established IRD Practitioner Forum supports continuous improvement through reflection and shared learning. Outputs from the forum

inform strategic oversight via the IRD Steering Group and Child Protection Committee. Ongoing audits using the IRD standardised tool continue to support quality assurance and improvement.

A major milestone was achieved for our Forth Valley Bairns Hoose partnership, with full Development and Thematic funding from the Scottish Government for the implementation of Bairns' Hoose national standards. Governance has been strengthened through strategic and project groups led by NHS Forth Valley partners, and the appointment of a Bairns' Hoose Coordinator has enhanced delivery capacity and third sector collaboration. National partners including Crown Office & Procurator Fiscal Service (COPFS) and Scottish Children's Reporter Administration (SCRA) are actively engaged, ensuring alignment with justice and child protection systems. A key priority has been the inclusion of children and young people in shaping services, with progress made toward establishing the Changemaker Participation Group; designed to give children a direct role in influencing Bairns' Hoose development. Despite initial delays due to information governance requirements, these challenges were successfully addressed through the creation and approval of robust data protection frameworks. This achievement lays the groundwork for safe and meaningful engagement with children moving forward. Informative videos were created for practitioners, young people, and their families to explain what to expect during examinations for child sexual abuse, SCIM interviews, and hospital visits for unexplained injuries. These resources were informed by the first year of the project.

Building on insights from the first year, the Forth Valley Bairns Hoose partnership has shaped its Year 2 priorities (2025/26) with successful funding secured for continued development and test-of-change initiatives. This includes sustaining the Coordinator role and embedding the Clackmannanshire-based Changemaker participation group. Key test-of-change projects will introduce:

- Speech and Language Therapy support for practitioners involved in the SCIM process.
- Clinical Psychology input focused on vicarious trauma and direct support for frontline staff working with children and young people affected by significant harm.

Additionally, a digital justice journey map will be developed to identify therapeutic touchpoints for children and young people.

Audit and Quality Assurance Activity

The 2024/2025 Independent Reviewing Officer (IRO) audit assessed the quality of assessments and chronologies presented at Child Protection Planning and Review Meetings. It identified strong practice in evidence-based assessments, effective risk analysis, and capturing children's views. Historical concerns were appropriately linked to current circumstances, with SHANARRI wellbeing indicators well applied.

Minor improvements were noted in some chronologies and assessments. In response, IROs are developing training for children's services social work staff, to be rolled out in the coming year.

A follow-up audit is scheduled for October 2025, focusing on unborn babies discussed at Inter-agency Referral Discussions (IRDs). The audit will examine decision-making, support provided, and whether developmental milestones are met post-birth, identifying any gaps in support. This follows a rise in unborn babies being placed on the Child Protection Register. The Care Inspectorate will support record-reading training to ensure consistency across the audit team.

Whole System Approach – Youth Justice

Clackmannanshire Council continues to strengthen its Whole System Approach for young people in conflict with the law, supported by the Children and Young People's Centre for Justice (CYCJ). A further workshop is planned in September 2025, with input from a CYCJ participation worker actively engaging young people to shape the agenda.

Justice Services remain closely involved in supporting Children's Services through this period of transformation. Co-working and mentoring are being used to support new staff, alongside accredited

training in risk assessment tools and the Safe and Together model. Two of our social workers are now delivering both individual and group interventions, enhancing workforce capacity and resilience.

The Early Help team, in partnership with Barnardo's, continues to deliver effective Early and Effective Intervention (EEI), significantly reducing reoffending. This work aligns with the reimagining of youth justice, ensuring support is timely, trauma-informed, UNCRC compliant, and rights-based.

Additionally, Children's Services and Barnardo's are collaborating to develop a place of safety provision for young people in conflict with the law, in line with the Children (Care and Justice) (Scotland) Act 2024, which aims to improve experiences within the care and justice systems.

Key Service Achievements:

- Full integration of the IRD process across key agencies.
- Monthly multi-agency audits confirming high-quality safeguarding.
- Implementation of a standardised assessment tool for consistency.
- Reintroduction of the IRD Practitioner Forum to support reflective practice.
- 100% delivery of Joint Investigative Interviews via SCIM.
- SCIM model confirmed as trauma-informed, child-centred, and UNCRC compliant.
- Secured full Development and Thematic funding for Bairns' Hoose.
- Appointment of a dedicated Bairns' Hoose Coordinator to drive delivery.

Planned Service Developments 2025/26:

- Children (Care and Justice) (Scotland) Act 2024: With full implementation underway, our focus is on delivering responsive, proportionate support to young people in conflict with the law. This includes alternatives to Deprivation of Liberty: Expanding use of bail supervision, community disposals, and Children's Hearings referrals.
- Enhanced Partnership with SCRA: Strengthening collaboration through CHIP and the Enhanced Partnership Model to ensure timely and appropriate referrals.
- Pre-Birth Pathway Development: Improving referral processes to Aberlour Perinatal Services and the Mother and Baby Recovery House to support vulnerable families early.
- Multi-agency audit planned October 2025 on unborn babies discussed at Inter-agency Referral Discussions.

5.1.5 Delivering on The Promise

Clackmannanshire is driving forward transformational change to deliver on *The Promise*, with significant and sustained progress across key areas that matter most to care experienced children and young people.

At the heart of this work is a deep commitment to trauma-informed practice, early intervention, and the development of a skilled, compassionate workforce. The expansion of accommodation and support services reflects a growing capacity to meet needs in ways that are nurturing, stable, and rights-based.

This progress is being strategically coordinated through our Promise Delivery Group, reporting to the Children & Young People Strategic Partnership. In September 2024, a pivotal development session—facilitated by Clackmannanshire's Promise Delivery Partner—brought partners together to shape Plan 24–30. The session identified shared priorities and opportunities for collaboration, all underpinned by the principles of voice, rights, and participation.

Workforce development has been a cornerstone of this progress. In 2024/25 alone:

- 1,440 hours of trauma-informed training were delivered across skilled, enhanced, and specialist levels.
- An additional 653 hours of training were provided in partnership with the Resilience Learning Partnership.
- Over 4,800 hours of CPD were completed across the People Directorate, reflecting a strong and collective commitment to trauma-transformational approaches.

Caregivers and key staff are being equipped to deliver reparative models of care that reduce the need for physical intervention, prevent unplanned endings, and promote placement stability.

In education, all secondary schools have received specialist training through the *Communities that Care* programme, delivered by Who Cares? Scotland. Training for primary and early years staff is ongoing, and every primary and high school is now working toward accreditation for the *Keep The Promise Award*—a powerful signal of system-wide commitment to change.

Regulated Care Services

Woodside Children's House was inspected in March 2025 and received a *Good* rating for care, support, and outcomes for children and young people. While leadership and capacity were rated *Adequate*, targeted development work is underway. The team continues to collaborate with community police, health, and education partners to reduce stigma around residential care and manage risk through trauma-informed approaches. Inspectors highlighted strong relationship-based practice and the breadth of opportunities available to young people as key strengths.

Across all registered services, staff have begun training in the '*Readiness for Care*' programme, developed jointly by Psychological Services and Children's Services. Based on the BALTIC framework (Brain-based, Attachment-led, Trauma-informed, Community-focused), this model is designed for sustainability through a train-the-trainer approach. Training already delivered includes the Neurosequential Model, Solihull, PACE, and the Dynamic Maturation Model, with further sessions planned for Dyadic Developmental Practice (DDP) Levels 1 and 2.

The Family Connections Team, comprising adoption, fostering, and continuing care services, was inspected in September 2025 and evaluated as *Good* or *Very Good* across key areas. The number of registered foster carers remains stable at 1.6 households per 1,000 children aged 0–17 in Scotland. There are 19 registered households. However, legacy planning remains a challenge, with several carers retiring and recruitment impacted by delays in accessing the Fostering Network's Skills to Foster materials — a national issue felt acutely in Clackmannanshire.

In a significant milestone, one of our foster carers represented the service in the National Fostering Campaign, sharing their story through radio and online platforms. The campaigned launched in May 2025.

Strengthening Families and Relationships: Progress and Priorities

Over the past year, we have focused on growing and supporting our community of foster carers and adopters. The rollout of *Readiness for Caring* began with staff training, laying the foundation to deliver PACE and Solihull approaches directly to caregivers.

Adoption support has been a key priority. Local support groups have restarted, and a dedicated Social Work post has been created to strengthen post-adoption support. Reflecting the needs of families, the adoption service has strategically shifted from recruitment and assessment to early intervention and sustained support for adoptive families. Foster carers continue to be assessed as adopters where they care for Clackmannanshire children.

We remain committed to keeping brothers and sisters together. At the start or change of placement, 92% of siblings were placed together. Where this isn't possible, decisions are guided by the *Together or Apart* framework, ensuring placements are planned and assessed with care.

The importance of sustaining sibling and family relationships is embedded in our practice through the *Safe and Meaningful Contact* model and *Staying Connected*, ensuring children maintain vital bonds with parents and key family members.

Permanence Planning and Early Intervention: Progress and Challenges

The profile of care in Clackmannanshire remains stable, with a reduction in the overall number of children looked after. A decrease in kinship care placements is balanced by an increase in children looked after at home, reflecting a shift toward family-based support.

Notably, the number of children placed in external care settings outside the authority has reduced by 8%, and those experiencing three or more placement moves dropped from 5% to 4%, showing progress in placement stability. Between January and December 2024:

- 7 children were registered for permanence
- 8 children were matched with adopters or permanent carers

The Infant Assessment Team continues to lead on early permanence planning, particularly where adoption is the legal route. The team is testing creative, child-led approaches informed by national and UK-wide best practice, including:

- Consistency of care for babies with Neonatal Abstinence Syndrome
- Use of concurrent placements
- Implementation of the *Trauma Nurture Timeline* from Wales

However, significant delays in permanence medicals persist due to limited capacity within Paediatric Services in Forth Valley. This national issue affects Clackmannanshire acutely, impacting planning timelines and support for panels and prospective carers.

A strategic priority is addressing intergenerational trauma, particularly among mothers with repeated pregnancies where children have been adopted. Despite increased early intervention, this remains a complex challenge. The service is exploring new ways to support women in line with The Promise, to offer compassionate, preventative support that breaks cycles and promotes healing; recognising the repeated trauma they experience.

Supporting Care Experienced Young People

Efforts to improve pathways planning and aftercare continue to show year-on-year improvement. While reporting systems are being strengthened, under-reporting remains a risk. Collaboration with Barnardo's has enabled the Care Experience Hub, offering weekly support, social connection, and community building.

Team capacity challenges are prompting a strategic review of service delivery. The next phase will focus on creative, flexible approaches in partnership with others to better meet the diverse and changing needs of care experienced young people.

Clackmannanshire met its allocation of nine young people under the National Transfer Scheme during the reporting period. Additional support has been provided locally through an alternative care model, reducing reliance on out-of-area placements. This approach has strengthened local partnerships and improved our capacity to meet the needs of Unaccompanied Asylum Seeking Children (UASC) within the community.

Advocacy access continues to grow, with 91 young people supported by Who Cares? Scotland in 2024/25, up from 81 the previous year and 43 in 2022/23. This reflects successful awareness-raising and the impact of Communities that Care programme in local schools.

Key Service Achievements:

Inspection Outcomes:

- Woodside Children's House rated Good for care, support, and outcomes.
- Family Connections Team services (adoption, fostering, continuing care) rated Good to Very Good.

Training and Practice Development:

- Rollout of Readiness for Caring training based on the BALTIC model (Brain-based, Attachment-led, Trauma-informed, Community-focused).
- Staff trained in PACE, Solihull, Neurosequential Model, Dynamic Maturation Model, with DDP Level 1 & 2 planned.

Adoption and Permanence:

- Strategic shift in adoption service focus from recruitment to post-adoption support.

- Restart of local adoption support groups and recruitment of a dedicated adoption support social worker.
- 7 children registered for permanence, 8 matched with adopters or permanent carers.
- Innovative approaches tested by the Infant Assessment Team, including concurrent placements and the Trauma Nurture Timeline.

Care Experience and Advocacy:

- 92% of siblings placed together at the start or change of placement.
- 8% reduction in external placements.
- Decrease in placement instability (3+ moves reduced from 5% to 4%).
- Year-on-year improvement in pathways planning and aftercare.
- Care Experience Hub established in partnership with Barnardo's.
- 91 young people supported by Who Cares? Scotland in 2024/25 (up from 43 in 2022/23).

National Recognition:

- Clackmannshire foster carer featured in the National Fostering Campaign.

Planned Service Developments:

Scaling Up Training:

- Expand trauma-informed practice through train-the-trainer model for Readiness for Caring.
- Deliver PACE and Solihull training directly to caregivers.

Improving Permanence Planning:

- Address delays in permanence medicals through strategic engagement with Paediatric Services and national partners.
- Explore new approaches to support women experiencing intergenerational trauma, in line with The Promise.

Enhancing Support for Care Experienced Young People:

- Develop more flexible, creative service models to increase reach and engagement.
- Strengthen collaboration with partners to meet diverse and fluctuating needs.

Advocacy and Voice:

- Continue to build on advocacy access through awareness and school-based initiatives like Communities that Care.

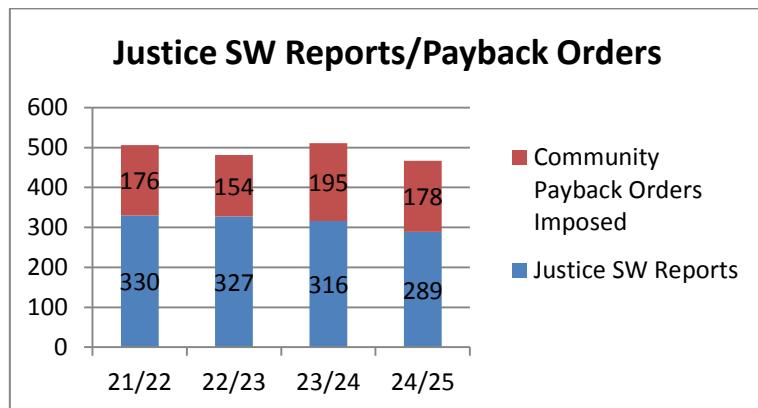
5.2 Justice Services

5.2.1 Community Justice Team

Between April 2024 and March 2025, Clackmannshire Justice Services completed 289 Justice Social Work Reports for the Courts, with 178 Community Payback Orders being imposed. This represents a slight decrease compared to 2022/23, where 316 reports were completed and 195 Community Payback Orders were imposed—an 8.5% and 8.7% reduction respectively. These figures reflect a continuing shift in the justice landscape, with fewer formal disposals being made, potentially influenced by increased use of early intervention measures such as Diversion and Bail Supervision. Despite the reduction, the service remains focused on delivering high-quality, person-centred assessments and interventions that support rehabilitation and reduce reoffending.

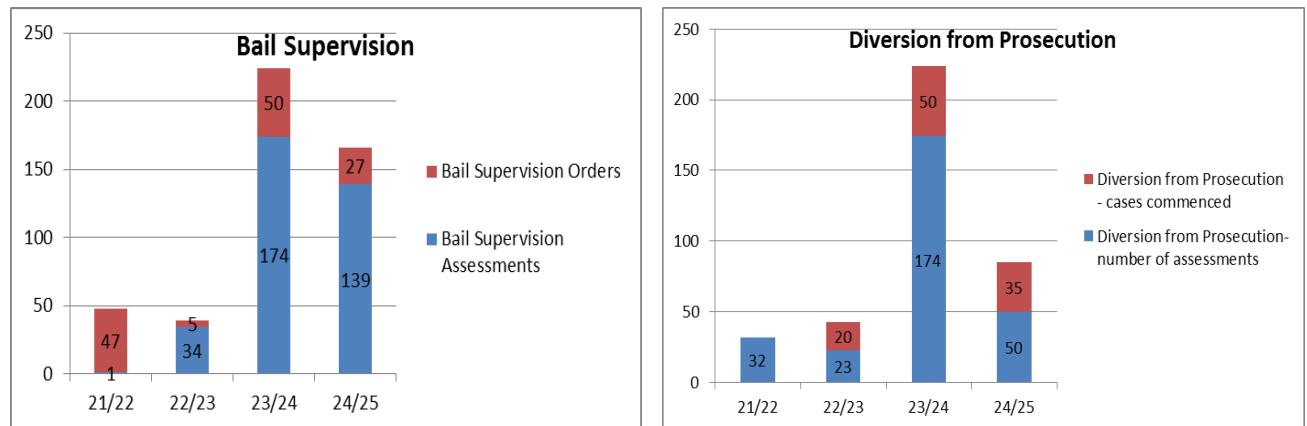
In 2024/25, Clackmannshire Justice Services deepened its commitment to collaborative working, forging stronger partnerships across the justice and community sectors. Regular engagement with the Courts through Court User Groups was complemented by active participation in both the Community Justice Partnership and the Violence Against Women and Girls Partnership, reinforcing our integrated approach to

justice and wellbeing. A key highlight of the year was our continued collaboration with SACRO, whose Women's Worker Service played a vital role in delivering both Court-mandated interventions through the Caledonian Programme and early intervention support. This partnership enabled our multi-disciplinary Justice Team to offer the Courts a broader range of community-based disposals, tailored to the assessed needs of individuals and focused on rehabilitation, prevention, and positive outcomes.



Aligned with Scottish Government and Community Justice Scotland priorities, Clackmannanshire Justice Services continued to champion the use of community-based disposals as effective alternatives to remand and short-term custodial sentences. The Courts maintained their use of bail supervision and diversion from prosecution, recognising the value of these approaches in promoting rehabilitation and reducing reoffending. This shift in practice contributed to a notable increase in unpaid work hours delivered through Community Payback Orders—demonstrating a tangible commitment to restorative justice and meaningful community contribution.

In 2024/25, Clackmannanshire Justice Services responded to 139 Bail Supervision Assessment requests, with 27 individuals commencing supervision. During the same period, 50 Diversion from Prosecution Assessments were undertaken, resulting in 35 individuals receiving support through this pathway.



Each intervention provided a vital opportunity to stabilise and support individuals within their communities, addressing underlying issues and reducing reliance on custodial measures. These tailored approaches enabled people to either divert from the justice system entirely or remain safely in the community while engaging with services to overcome identified challenges. Justice Services continues to strengthen its impact in this area through robust collaboration with key partners, including Health, Education, Employability, Police Scotland, and both Children and Adult Social Services—ensuring a holistic and person-centred response to justice.

5.2.2 Unpaid Work Team

In 2024/25, Clackmannanshire Justice Services delivered a significant increase in unpaid work hours—rising from 15,681 hours in 2023/24 to 20,200 hours. This growth reflects the Courts' continued confidence in community-based disposals and the effectiveness of our Unpaid Work Team.

The team's visibility and capacity were further enhanced by the addition of a new Work Supervisor, enabling operations seven days a week and expanding our reach across the community. Through strategic use of social media, we showcased the impact of unpaid work projects—earning recognition from Community Justice Scotland and prompting a visit from the Scottish Government to see the work of the team first hand.

Projects undertaken included:

- Supporting the local Family Centre by clearing grounds and constructing new children's play equipment.
- Recycling materials from fly-tipping to build play staging areas for nurseries, while removing unsafe equipment.
- Maintaining local infrastructure, including flood-priority waterways, walkways, and bridle paths, with repairs to bridges, fencing, and wooden structures.
- Assisting emergency services during named storms, clearing fallen trees that disrupted travel across Clackmannanshire.

These efforts not only provided meaningful reparation but also strengthened community resilience and demonstrated the value of justice-led collaboration.

As part of our commitment to public engagement and responsive service delivery, our Service Manager attended a local community group event where residents shared concerns and ideas. This direct dialogue led to specific requests being actioned, resulting in tailored unpaid work projects that addressed local needs and strengthened community trust.

Looking ahead, unpaid work is projected to grow significantly over the next five years as a key alternative to custody. In preparation, Clackmannanshire Justice Services is undertaking a strategic redesign to enhance capacity and impact and ensure unpaid work continues to deliver real value to communities while supporting rehabilitation and reintegration.

This includes:

- Expanding engagement with community groups to ensure unpaid work remains locally relevant and responsive.
- Upgrading digital systems to better monitor, manage, and report on increased demand.
- Strengthening partnerships with the Community Justice Partnership, Employability and Education services, and third sector organisations to create meaningful opportunities for individuals—both during their unpaid work placements and beyond their involvement with Justice Services.

5.2.3 Early Intervention & Community Impact: A Whole-System Approach

Clackmannanshire Justice Services has continued to lead with a proactive, prevention-focused Hub model—delivering early support through a skilled multi-disciplinary team. Collaborative working with key partners, including the Community Justice, and Violence Against Women and Girls Partnerships, enabled targeted interventions that addressed complex needs.

By combining resources and funding, the team was strengthened with the addition of a lived experience worker, supporting individuals with substance use challenges to access rehabilitation, maintain tenancies,

and avoid homelessness. This approach contributed to increased uptake in voluntary throughcare and helped address issues such as drug-related deaths.

Our early intervention efforts aligned closely with the Violence Against Women and Girls Strategy, with the Women's Worker Service expanding from two to four staff. Support was provided across mental health, housing, child welfare, and protection processes—resulting in positive outcomes such as children being removed from the child protection register.

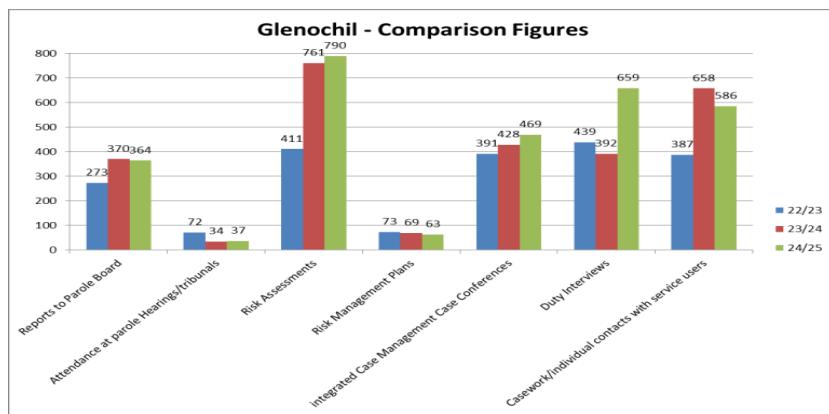
Through STRIVE (Safeguarding Through Rapid Intervention), 74 women were supported at crisis points, with 9 DASH RIC assessments (Domestic Abuse, Stalking, Harassment, and Honour-based violence risk assessment tool) completed and 6 individuals receiving intensive follow-up support. We also engaged with over 200 individuals seeking voluntary support to address harmful behaviours. While uptake was modest, targeted interventions promoted healthier relationships and contributed to long-term behavioural change.

5.2.4 Glenochil Prison-Based Social Work Team (PBSW)

In 2024/25, the Social Work Team at HMP Glenochil continued to deliver statutory services focused on risk assessment, risk management, and public protection, supporting the Scottish Prison Service (SPS) across a national estate. The team maintained strong links with prison-based social work teams and Justice Services across all 32 local authorities.

A rise in the national prison population led to the early release of short-term offenders, placing additional pressure on services. Despite these challenges, the team remained resilient, supporting release processes and maintaining service delivery. Enhanced collaboration with SPS and the Parole Board has led to positive outcomes and recognition of the need for permanent resource uplift.

An increasingly complex area of work involves supporting prisoners with capacity issues and significant social care needs. The team has taken on roles as Welfare Guardians, contributed to Adults with Incapacity assessments, and managed Compassionate Release applications for vulnerable and ageing prisoners. This growing demand has required staff to develop advanced skills in Adult Support and Protection and incapacity legislation, with expectations that this workload will continue to rise.



5.2.5 Building a Skilled and Resilient Workforce

Recruitment, training, and retention remain strategic priorities for Clackmannanshire Justice Services. Despite national workforce challenges, the service has remained fully resourced—ensuring continuity, stability, and a consistent approach for individuals under supervision, which is critical to achieving positive outcomes.

Staff development has been a cornerstone of our approach. Training in the Outcome Star tool has been delivered across multiple Council services, fostering a shared language and promoting inclusive, goal-oriented support for service users. Decider Skills training, led by Health partners, has equipped staff across services to better support individuals experiencing mental health challenges. Justice Services has also invested in Safe and Together training, with one team member now qualified as a national trainer—

strengthening our alignment with Clackmannanshire Council's Violence Against Women and Girls Strategy and embedding gender-based violence awareness across all Council services. Further investment includes supporting staff to undertake social work qualifications, become practice educators, and attend national training events—ensuring our workforce remains skilled, motivated, and future-ready.

5.2.6 Community Justice Partnership

The Community Justice Partnership (CJP) continues to play a pivotal role in advancing early intervention and whole-system approaches within Justice Services. Key developments over the past year include:

- **Shared Leadership Model**

The Co-Chairing arrangement—shared by Justice Services, Police Scotland, Clackmannanshire & Stirling Health and Social Care Partnership, and Resilience Learning Partnership, reinforces the CJP's dedication to collaborative leadership and lived experience representation at the strategic level.

- **Formalisation of the CJP Coordinator Role**

Transitioning the Coordinator post to a permanent position within Clackmannanshire Council's Justice Services underscores the partners' long-term commitment to the CJP's strategic goals.

- **Establishment of the Lived Experience Panel**

Funded by the CJP and supported by the Resilience Learning Partnership, this panel ensures lived experience is embedded at the heart of decision-making. Panel members actively contribute to policy and service development, attend CJP meetings, and have already influenced the upcoming Public Attitudes to Crime survey and the 2025/26 CJP self-evaluation process.

- **Strengthening Whole-System Collaboration**

A co-funded Addiction Recovery Worker post—shared between Housing, Justice Services, and Police Scotland—demonstrates the power of integrated support. Based within Justice Services, the worker presented compelling case studies to the CJP in January, showcasing improved outcomes for individuals in the justice system.

- **Enhanced Community Engagement in Unpaid Work**

Justice Services delivered a well-received presentation to the Scottish Government and Community Justice Scotland (CJS), highlighting innovative approaches and strong community involvement in unpaid work delivery.

- **Sustained Use of Bail Supervision**

The continued high uptake of bail supervision reflects the CJP's commitment to effective alternatives to remand and custodial sentencing.

- **Ongoing Implementation of Naloxone Policy**

Developed jointly by the CJP Coordinator and Clackmannanshire & Stirling Alcohol Drugs Partnership, and introduced by Clackmannanshire Council in 2023, the Naloxone Policy remains active and is supported by regular staff training.

- **Boosting Employability Through Targeted Support**

With funding from 'No One Left Behind' via the LEP (Local Employability Partnership), a new pilot will assess the impact of dedicated employability support for individuals completing unpaid work and preparing for release.

5.2.7 Justice Service Funding and Impact

Over the past three years, Clackmannanshire's Justice Service, in collaboration with the Community Justice Partnership, has introduced a range of early intervention initiatives aimed at supporting individuals who previously did not meet the criteria for statutory services. These initiatives have delivered demonstrable

positive outcomes for families across the local community, particularly in addressing the impacts of gender-based violence.

The service has expanded to include staff with lived experience and has broadened its focus to encompass areas such as substance use and housing. These developments have been informed by lived experience panels and national statistics, which consistently highlight the critical need for such support. However, like many services across Scotland, Clackmannanshire faces increasing challenges in sustaining these initiatives due to ongoing financial pressures.

Under the Scottish Government's revised funding formula, approved by COSLA, Clackmannanshire has been notified of a significant reduction in Caledonian programme funding. Over a four-year dampening period, the service will experience a 68% funding cut, equating to a 25% reduction annually. This is the largest reduction across Scotland, despite Clackmannanshire remaining in the highest percentile for gender-based violence prevalence.

These cuts pose a substantial risk to service delivery. Nevertheless, Clackmannanshire Council remains firmly committed to tackling gender-based violence and is actively exploring alternative funding avenues to maintain essential support. It is anticipated that the Section 27 award will more accurately reflect the needs of the local community and help mitigate the impact of these reductions.

5.2.8 Multi Agency Public Protection Arrangements (MAPPA)

Clackmannanshire Council plays a key role in Forth Valley MAPPA, working alongside Falkirk and Stirling Councils, Police Scotland, NHS Forth Valley, the Scottish Prison Service, and the State Hospital to manage individuals who pose a risk to public safety.

MAPPA governance is delivered through the Strategic Oversight Group (SOG) and Operational Group, both meeting quarterly. The Chief Social Work Officer (CSWO) is an active member of the SOG, which is chaired independently. The Chair also engages with the Clackmannanshire & Stirling Public Protection Chief Officers Group and the National Strategic Oversight Group. The SOG oversees the Forth Valley MAPPA Business Plan and Risk Register (2024–2027). The Risk Register is a live document, reviewed quarterly to ensure alignment with strategic objectives and to identify areas requiring action.

2024–2025 has seen a significant rise in Registered Sex Offender (RSO) numbers across Forth Valley, reflecting national trends. This has placed increased pressure on resources, yet MAPPA partners continue to deliver high-quality, risk-focused services to protect the public.

Forth Valley MAPPA partners are actively contributing to the development of MAPPS (Multi-Agency Public Protection System) the new multi-agency information-sharing system set to replace ViSOR. Our focus is on strengthening public protection through improved collaboration, faster data sharing, and more effective decision-making across agencies.

To meet growing demand, Forth Valley Responsible Authorities have agreed to supplement Scottish Government MAPPA funding until March 2027. This has enabled the recruitment of an additional temporary MAPPA Administrator, increasing team capacity by 19%. Clackmannanshire Council continues to manage MAPPA staffing on behalf of the partnership.

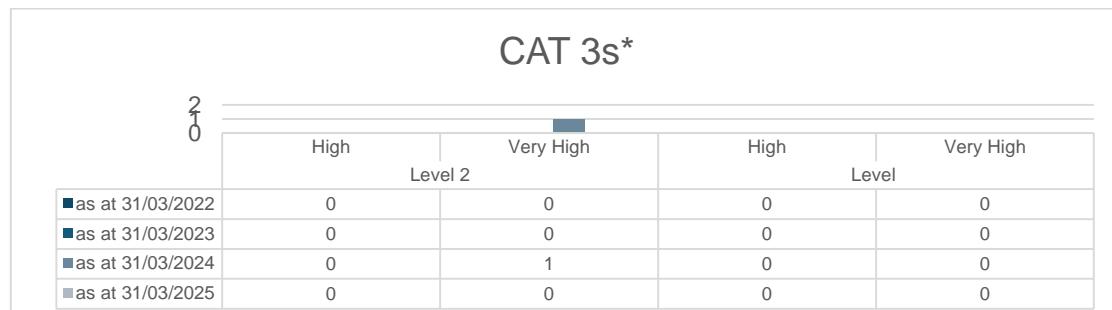
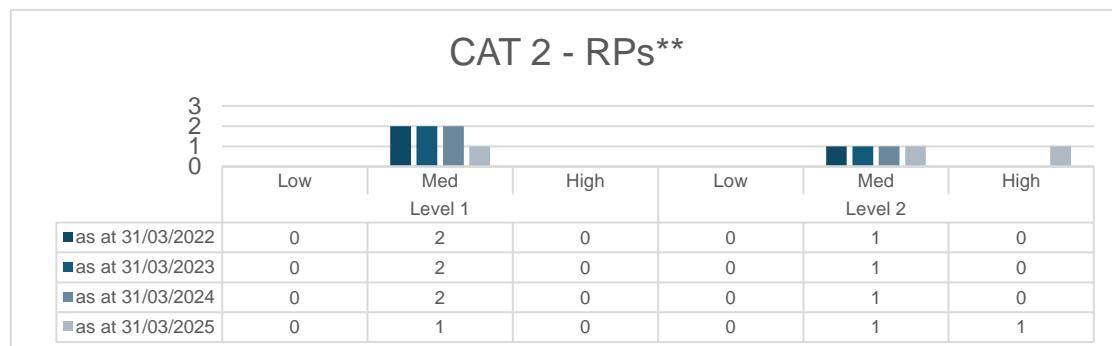
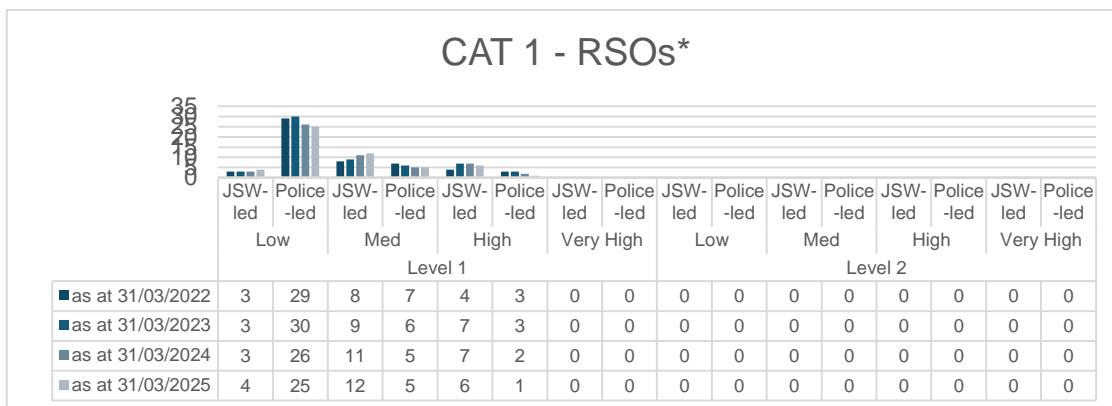
MAPPA Audit, Review & Quality Assurance

Forth Valley MAPPA partners maintain robust internal policies to ensure statutory responsibilities are met. In addition, a structured programme of quality assurance activity supports continuous improvement across the partnership. This includes:

- Routine: Case file audits, MAPPA statistics, quarterly and annual reports
- Reactive: Further offending reviews, national ICR/SCR health checks, and updates to the Business Plan and Risk Register

Oversight is provided by the MAPPA Strategic Oversight Group, which reviews findings and integrates learning into the Good Practice and Areas for Improvement framework. Where issues are identified, actions are taken promptly and reflected in the Risk Register. This approach fosters a proactive, learning-focused culture across Forth Valley MAPPA—ensuring consistent, high-quality risk management and multi-agency collaboration.

Clackmannanshire MAPPA Statistics

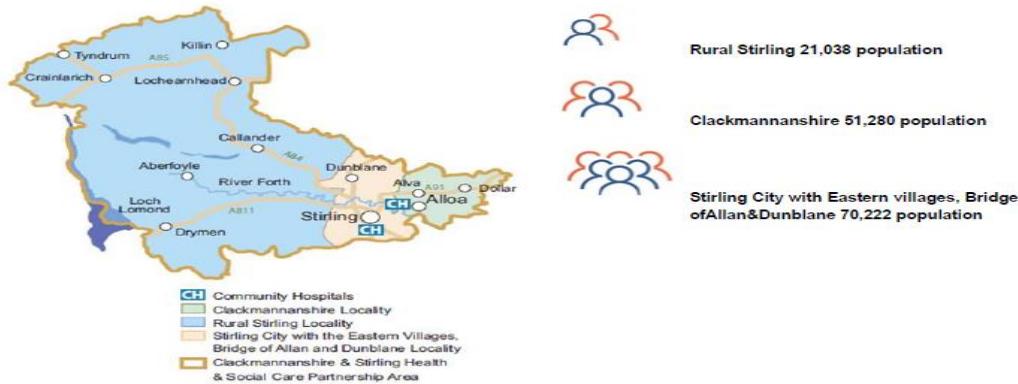


* CAT 1 and CAT 3 figures are cases being managed by FV MAPPA – both in community and custody

** RP figures are cases living in the community and hospital (both local and national)

5.3 Adult Services - Clackmannanshire and Stirling Health and Social Care Partnership

Clackmannanshire and Stirling Health & Social Care Partnership (HSCP) are set out in the map below. The total population is approximately 142,540. The population of Clackmannanshire is 51,540.



Clackmannanshire Council plays an active part in the leadership and management of the Clackmannanshire and Stirling Health & Social Care Partnership (HSCP) through participation in the Integration Joint Board.

The Integration Joint Board is made up of Elected Members from Clackmannanshire and Stirling council areas, as well as NHS Forth Valley Health Board nonexecutives, Third Sector representatives, service users, unpaid carers alongside professional advisors and people by virtue of their position, including the CSWO. Clackmannanshire Adult social work and social care services are delivered and managed by the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP).

The HSCP Transforming Care Board, chaired by the Interim Chief Officer, is delivering a programme of transformational work which supports staff and services to better meet the demands of our changing population and support a 'Needs Led, Resource Bound' approach with clear alignment to the [Strategic Commissioning Plan 2023-33](#) priorities. The programme of work reflects legacy commitments linked to local care home capacity as well as recent activity to further integrate community health and social care services. The focus being on modernisation, redesigning the model of care and support locally and meeting legislative requirements such as carers and self-directed support. Throughout 2024/25 this programme of transformation continues to be progressed.

5.3.1 Adult Learning Disability Services

Clackmannanshire & Stirling IJB approved a plan to deliver a revised model of care for adults with learning disabilities across Clackmannanshire & Stirling in November 2024. There are several strands to this work:

- Review of Community Residential Resources
- Review of Day Services/Opportunities
- Self-Directed Support
- Implementation of the Coming Home agenda
- Review of specialist inpatient provision

Community Residential Resources

The Community Residential Resource is a service which provides housing support and care at home over 8 properties across Forth Valley, in Stirling, Dunblane and Falkirk. It accommodates up to 29 adult service users with learning disabilities in shared living arrangements, and provides 24 hour support.

The service is very well evaluated by both the people who live there and the Care Inspectorate, with a report of 9 June 2023 rating the service as excellent. The service is however an unusual arrangement, as it is provided by NHS Forth Valley, who own the premises, act as landlord and employ the staff providing the care. As far as is known, there is only one other Scottish Health Board who operate a similar service.

As part of the wider consideration of the service model for adults with learning disabilities, it was agreed to review the Community Residential Resource model to determine if it remained the most appropriate way to deliver this type of support. Work is ongoing to explore whether the current model should remain unchanged, should continue with some amendments or should be subject to a full redesign process with the engagement of all key stakeholders.

Day Services

Day services for adults with a learning disability are currently provided from two main bases, The Whins in Clackmannanshire and Riverbank in Stirling. However models of day opportunities have progressed since the inception of the current building-based model. More and more service users and their families choose to be supported to access community activities rather than those provided from a specific learning disability day centre. As such, there is a need to review local provision and continue the work both existing day services are currently doing in this regard.

Project Management and planning support has been identified, and a steering group established with Trade Union, HR and management representatives. A detailed project plan with timelines and key deliverables for the implementation of the new model of day support is in development.

Self-Directed Support

On 1 April 2014, the Social Care (Self-directed Support) (Scotland) Act 2013 came into effect. This is the law that tells local authorities what they must do to give access to Self-directed Support (SDS) in a way that supports people's rights to choice, dignity and being able to take part in the life of their communities.

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) are committed to continuing to transform the way that social care support is provided within localities and communities. This will ensure a personalised approach to supporting individuals and enable the HSCP to meet the challenges it faces regarding changing demographics and increased demands for support.

SDS is not the name of a type of service, but a way of arranging support that is individual to a person so that they can live as independently as possible. It is for everyone who needs social care services or support. This includes children, adults and unpaid carers, and adults with learning disabilities.

Work is ongoing to ensure that the HSCP is fully aligned with the requirements of the SDS Act. This includes, but is not limited to:

- Establishing a stakeholder participation group consisting of supported people, carers and personal assistants with living experience of SDS.
- Reviewing and developing staff training.
- Redesign of assessment and support planning documentation.
- Developing information and materials for the public.

Coming Home

The Coming Home agenda is aimed at reducing delayed discharges and providing care closer to home for adults with learning disabilities. This is monitored via national reporting into the Dynamic Risk Register. In order to support this work, the Scottish Government offered some fixed term resource to HSCPs until 31 March 2025.

Some of the Scottish Government resource was utilised to provide high level training in Positive Behavioural Support for key staff. This will significantly improve the ability of the service to support service users to live within the least restrictive environment possible.

Delayed discharge meetings with health and social work representation have been restarted, and one person who was significantly delayed has now been discharged from hospital.

In addition to staffing, training and support for delayed discharge, the resource has also been used to:

- Safeguard at risk placement.
- Provide additional staffing to support successful transition.
- Securely store service user belongings to support ultimate transition back to their local area.

As the additional resource ended at 31 March 2025, this work has now been mainstreamed within core resources. While this is likely to limit the pace at which this can be progressed, the intention is for the existing Learning Disabilities infrastructure (e.g. LD Clinical Governance Committee) to oversee a continuation of the work to date.

Specialist Inpatient Services

Loch View is Forth Valley's inpatient unit for adults with learning disabilities. It has 18 beds, and is intended to provide specialist assessment and treatment for adults with complex issues related to their learning disability or mental health. Although Loch View is an 18 bedded unit, it only functions with 15 beds. This is due to the highly complex needs of 2 service users who require additional space within the unit to be safely supported.

There are a number of people in Loch View whose discharge is delayed, primarily due to the challenge of identifying appropriate accommodation with appropriate care and support.

There is a need to consider the provision at Loch View. While occupancy rates are high, this is significantly impacted by people who are delayed in their discharge, suggesting that reviewing the bed numbers may be appropriate. However as it is a standalone site, any change to bed and subsequently staffing numbers brings with it issues of clinical safety.

It had previously been agreed that, within the limited resources available, the learning disability service changes should focus on day services, Coming Home and packages of care, with Loch View coming under Phase 2 of the work. However some initial consideration has begun around ideas such as income generation via providing beds to other areas, as there is a national shortage of beds for adults with learning disabilities, and liaising more closely with Housing colleagues to explore creative alternatives to hospital.

5.3.2 Alcohol and Drugs Services

Clackmannanshire and Stirling ADP (Alcohol and Drugs Partnership) have been supporting the development of our Social Work Substance Use team. The team operates within our HSCP localities structure and offers input on cases where problematic substance use is a factor. Significant benefit has been noticed from the team's work, including feedback from people they support, and their loved ones, that specialist social work input has remedied long-standing problems in their lives and coordinated a multidisciplinary response which has radically improved the quality of their lives.

To extend the team's work, the ADP has been undertaking further Commissioning Consortium activity to generate partnership recommendations on Harm Reduction Outreach activity. This will consist of mobile support capable of reaching people across localities on their terms. Social health support and harm reduction outreach activity will combine with the Substance Use Social Work team to offer longer term, lower-intensity support for people as they continue their recovery journeys.

5.3.3 Mental Health Officer (MHO) Service

The MHO team manages all Private and Local Authority guardianship applications within Clackmannanshire Council. A waiting list is maintained for allocation of MHOs to complete suitability reports, with priority given to hospital-based individuals, delayed discharges, and renewals. While demand is high, the current waiting list remains manageable.

The team continues to face significant demand due to a national rise in statutory workload. Despite these pressures, the MHO service consistently meets statutory obligations in relation to undertaking Guardianship Applications and remains committed to delivering high-quality, rights-based practice.

Key Statistics: Guardianship Applications:

Period	Private	Local Authority
2023–2024	28	13
2024–2025	59	17

Between 2023 and 2024, Scotland saw a 6.9% increase in guardianship orders. Clackmannanshire remains below the national average, with 76.7 guardianships per 100,000 population compared to the Scottish average of 85.3.

MHOs also fulfil statutory duties under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Criminal Procedure (Scotland) Act 1995. Clackmannanshire continues to report above-average rates for both Short Term Detention Certificates (STDCs) and Compulsory Treatment Orders (CTOs):

- Short Term Detention Certificates (STDCs): **106.4 per 100,000** (Scottish average: 89.8)
- Compulsory Treatment Orders (CTOs): **42.4 per 100,000** (Scottish average: 29.4)

Practice and Training

Procedures under the Adults with Incapacity (Scotland) Act 2000 have been implemented and are under continuous review. During 2024/25, targeted training on AWI legislation and Section 47 certificates has been delivered across the Clackmannanshire & Stirling HSCP.

Key Service Challenges

Capacity remains the principal challenge. Ongoing vacancies across Adult Social Work Services are impacting the ability to meet supervisory responsibilities. Expanding the MHO workforce is a strategic priority, with efforts underway to encourage applications for the MHO Award in 2026/27. The Mental Welfare Commission Monitoring Report acknowledges that the number of orders nationally has more than doubled in the last 10 years. This increase in demand has not been matched by equivalent workforce growth, with one part-time MHO and one social work post added to the MHO team in the past decade.

Service priorities for 2025/26

- Supervision of Guardianships: A working group is reviewing the supervision of CSWO and private guardianships, focusing on workforce knowledge and rights-based practice.
- Workforce Development: Raising awareness of the MHO Award across Adult Care, Justice, and Children & Families teams to support future workforce growth.

5.3.4 HSCP - Localities

Care Home Assessment and Review Team (CHART)

The Care Home Assessment and Review Team (CHART) was established to help care homes manage residents' health needs, prevent unnecessary hospital admissions, and provide vital support to residents, families, and staff throughout the Covid-19 pandemic. Since then, CHART has expanded its role, offering expert guidance during Large Scale Investigations (LSIs) and working closely with care home staff to uphold the highest standards of care. Recently, CHART hosted a development session with all care home managers, strengthening collaborative relationships and reaffirming its commitment to supporting care homes.

Care at Home Review Team

We are currently recruiting for three permanent positions within the Care at Home Review Team. This team reviews service users' care packages using the Self Directed Support (SDS) model, ensuring that choice and control remain central, and that care packages truly reflect the needs of service users and carers. By identifying and leveraging community and personal assets, this approach delivers more efficient, outcome-focused support. In Stirling, this model has already achieved significant projected cost savings, and we anticipate similar results in Clackmannanshire by 2025/26.

Respite Care provision

Ludgate House Resource Centre, a local authority service in Clackmannanshire, provides respite, short stays, and short-term assessments for up to 11 older people at a time. The Clackmannanshire & Stirling HSCP acknowledges inconsistencies in respite provision across the area, with limited focus on carers. A working group is reviewing current bed-based respite services and will consult on future options—including those at Ludgate House—between October and November 2025. A Short Breaks Services Statement was approved by the Clackmannanshire & Stirling IJB in March 2025 which provides information to carers to enable choice and control to be exercised when making a decision on the short break that is right for them.

Adult Social Work Multi-Disciplinary Team

To streamline adult social work referrals and enhance service delivery, the Clackmannanshire and Stirling HSCP has introduced a pioneering multi-disciplinary model. Bi-weekly meetings bring together professionals from Social Work, District Nursing, Allied Health, and the Carers Centre to collaboratively assess and allocate referrals. This integrated approach leverages shared intelligence across multiple client record systems, ensuring individuals are matched with the most appropriate support from the outset. The model also facilitates joint review of complex and pending cases, promoting informed decision-making and timely interventions. Engagement with partners such as Housing further enriches discussions and strengthens community outcomes.

Key Benefits:

- Innovative, person-centred referral process
- Improved allocation through shared data and professional insight
- Reduced duplication and enhanced service user experience
- Strengthened multi-agency collaboration
- Proactive management of complex cases
- Broader community impact through strategic partnerships

Client Index Software (CCIS) Improvement Project

We have commissioned a project to enhance the functionality and stability of our client index software (CCIS). A key focus of this work is to revise the Self Directed Support (SDS) processes, making it easier for service users and carers to access and contribute to support plans directly within the system.

The project will also improve access to a comprehensive resource menu—including service options and associated costs—within the software. This will enable staff to offer a broader range of tailored choices to service users and their carers, supporting more personalised and outcome-focused care planning.

Planned Next Steps:

- The development phase is now underway, with a focus on redesigning SDS workflows.
- User testing will be scheduled to ensure the new features are intuitive and meet the needs of both staff and service users.
- Training and rollout plans will be developed to support smooth implementation across teams.
- Feedback loops will be established to continuously refine the system post-launch.

5.3.5 Inspection of registered adult care services

There were 4 registered service inspections across the Clackmannanshire and Stirling HSCP during the reporting period of 2024/2025 for Ludgate House (inspection completed 8th January 2025), Clackmannanshire Re-ablement and Technology Enabled Care Service (inspection completed 27th January 2025) and The Whins Resource Centre (inspection completed 17th October 2024 with follow-up inspection on 22nd January 2025). Copies of the individual service inspection reports are available from the Care Inspectorate website www.careinspectorate.com. Services mainly received grading's of Good and Very Good with one service receiving grading's of Weak, where remedial measures were put in place promptly and the grading was increased to Adequate within a 3 month period.

5.3.6 Joint Inspection of Adult Services

In April 2024, the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) was inspected under the Joint Inspection of Adult Services programme. The review assessed the effectiveness of strategic and operational collaboration in delivering integrated services that support adult health and wellbeing, with a focus on individuals living with mental illness and their unpaid carers. The inspection identified key areas for improvement, including:

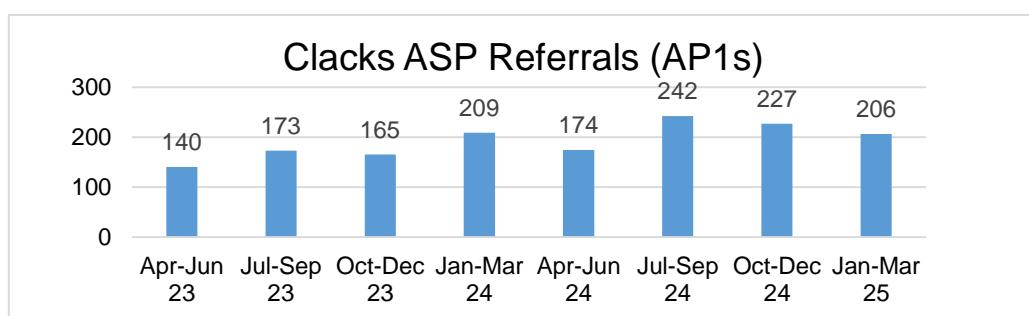
- Consistent integration of Self-Directed Support (SDS) in assessments
- Strengthening Social Work governance
- Enhancing outcome measurement through robust data collection
- Expanding training in core legislative areas, notably the Carers (Scotland) Act

An Improvement Plan was established in December 2024 to address these recommendations. Oversight is provided by an Inspection Steering Group, with participation from both Clackmannanshire and Stirling Council Chief Social Work Officers. Early progress includes improved governance structures, enhanced performance monitoring via an Integrated Performance Framework, and the appointment of a Housing and Health Policy Officer.

5.3.7 Adult Support and Protection (ASP)

ASP Referrals

In 2024–25, Clackmannanshire's ASP service saw a significant rise in both the volume and complexity of referrals, reflecting national trends. Practitioners managed multiple high-risk cases involving co-occurring issues such as mental health, cognitive impairment, substance use, and financial or coercive harm. Many cases required intensive, multi-agency coordination and sustained intervention beyond statutory minimums. Between 2023/24 and 2024/25, ASP referrals in Clackmannanshire rose by 23.6%, reflecting national trends. In the previous year, the area ranked 10th highest in Scotland for referrals per 100,000 adults.



The current CCIS system cannot capture or report the full data required to meet the Scottish Government's National Minimum Dataset for Adult Support and Protection. This limits visibility of key activities—such as visits, interviews, and medical examinations—posing risks to statutory compliance, performance monitoring, and evidencing practice. Clackmannanshire Council has completed a requirements mapping exercise and approved procurement of a new Social Work IT system to address these gaps. In the interim, a specialist provider is exploring adaptations to the existing system to improve data capture.

No of ASP Referrals	Clackmannanshire
2022/2023	768
2023/2024	687
2024/2025	849

There has been a 3.33% increase in Initial Adult Protection Case Conferences (IAPCCs) between the reporting years 2023/24 and 2024/25, indicating that Clackmannanshire has maintained consistency in convening case conferences promptly to manage risk. This slight but steady increase reflects improved identification and response to complex adult protection concerns. It also evidences continued practitioner confidence in the adult protection procedures and an embedded multi-agency approach to supporting and protecting adults at risk of harm. The current figures reflect a conversion rate of 7.3% from ASP referral to case conference. This demonstrates that operational managers are applying thresholds with confidence and consistency and are appropriately identifying cases that require multi-agency planning through the case conference process.

Reporting Year	IAPCCs	Review CCs	Total of CCs
01.04.2021 - 31.3.2022	6	2	8
01.04.2022 - 31.03.2023	11	9	20
01.04.2023 - 31.03.2024	26	34	60
01.04.2024 - 31.03.2025	21	41	62

Despite ongoing operational pressures across all partners, the service continued to work closely with Police Scotland, NHS Forth Valley, care providers and third sector organisations to safeguard adults at risk of harm. Our approach remained rooted in multi-agency collaboration, timely intervention, and robust application of statutory duties under the Adult Support and Protection (Scotland) Act 2007.

Clackmannanshire Hoarding Service

Clackmannanshire Council is leading the way in tackling the often-overlooked issue of hoarding and self-neglect. In response to the profound distress experienced by adults affected by these challenges, the Council's Housing service committed funding to a two-year test of change project. Spearheaded by the Adult Support and Protection (ASP) Lead Officer and delivered in partnership with Transform Forth Valley, the initiative introduced a dedicated Hoarding Officer role. This pioneering position offers tailored, person-centred support, empowering individuals to make meaningful changes at a pace that respects their circumstances and choices.

Beyond direct support, the Hoarding Officer plays a vital role in building lasting community connections, promoting mental wellbeing, and linking individuals with a network of partners to support long-term recovery. Launched as a part-time service in July 2024, the project has already demonstrated remarkable success. Due to its strong engagement, particularly among a group historically reluctant to access services, the role has now expanded to full-time provision for 2025–26. This success underscores the power of offering genuine choice, fostering trust, and meeting people where they are.

2024 - 2025	Clackmannanshire Hoarding Service
Number of New Referrals	25
Number of Service Users in active service	9 - represents 100% engagement
Waiting list at end of year	13
Number of Interventions completed	224
Number of Face-to-face appointments offered	159
Number of Face-to-face Appointments carried out	118
Attendance Rate	74%

ASP Learning Review

During this reporting year, the Adult Support & Protection Committee undertook its first Learning Review, overseen by the Learning Review Subgroup, following a case that demanded deeper examination. This milestone provided a crucial opportunity to rigorously test and enhance our review process—resulting in a more streamlined, collaborative, and trauma-informed approach.

A key priority was ensuring that the lessons learned reached all partner agencies and frontline practitioners. Remarkably, the relative of the adult at the centre of the case generously led four in-person learning sessions for staff and partners. His willingness to share his family's experience brought a powerful, human perspective to the learning, enabling participants to connect on both professional and personal levels. The Clackmannanshire CSWO attended one of these sessions and met with the relative, an engagement that was warmly received. Feedback was overwhelmingly positive. Participants described the sessions as thought-provoking, emotional, and inspiring. The experience prompted deep reflection on the consequences when systems fall short, and reinforced the critical importance of proactive safeguarding for adults at risk of harm. Beyond shaping local practice, this review has fundamentally changed how we engage with adults and families, ensuring their voices are central to everything we do.

5.4 Forth Valley Emergency Social Work Service

The Out of Hours Emergency Duty Team (EDT) remains a vital service for Clackmannanshire, Stirling and Falkirk Councils, delivering urgent statutory social work interventions—including child protection, adult protection, and Mental Health Officer duties—whenever emergencies arise. Throughout 2024/25, this essential service continued to respond swiftly and effectively to those most in need.

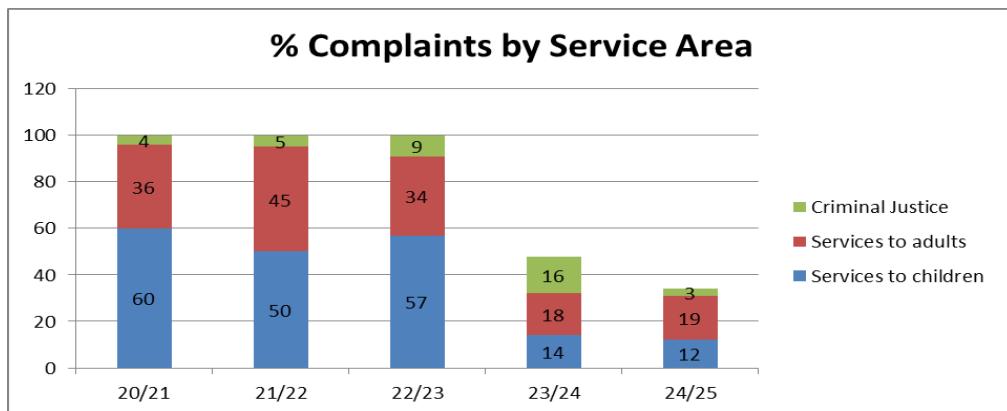
Staffing levels were maintained at 4.5 Senior Social Workers and one Manager, ensuring that two experienced social work professionals were always on duty per shift. The service's resilience was further strengthened by an expanded pool of social work colleagues, including Mental Health Officers, from across all three councils—ready to step in whenever additional support was required. Hosted by Stirling Council, and based at Old Viewforth Stirling council headquarters, the EDT service has embraced a flexible blend of remote and office-based working. This approach has been especially valuable for training and inducting new backup colleagues, ensuring the team remains skilled, prepared, and responsive. Ongoing investment in staff development continues to be a cornerstone of the service's success.

Clackmannanshire social work saw an overall increase in referrals compared to 2023/24, with a consistent rise across both adult and child care cases. This upward trend highlights growing demand for support and underscores the importance of responsive, coordinated services for individuals and families in need.

Clackmannanshire Referrals	2023/2024		2024/2025	
Children's	617	45%	717	51%
Adults	741	54%	682	48%
Justice Services	22	1% (.5)	10	1% (0.1)
Total	1380		1409	

5.5 Social Services Complaints

Between 1 April 2024 and 31 March 2025, Social Work Services received 34 complaints—a reduction of 14 compared to the previous year. Of these, 25 were resolved at Stage 1 and 9 at Stage 2, demonstrating effective early resolution. Notably, no complaints were escalated to the Scottish Public Service Ombudsman (SPSO) during this period, reflecting strong local management and responsiveness to concerns.



A breakdown of complaints by service sector reveals important trends:

- Children's Services: Complaints decreased by 14% (2 fewer cases), reflecting improved satisfaction or resolution in this area.
- Adult Services: Complaints increased slightly by 5% (1 additional case), indicating a stable but closely monitored area.
- Justice Services: Complaints dropped significantly by 81% (13 fewer cases), marking a substantial improvement in service delivery.

These shifts highlight areas of progress and ongoing focus, ensuring that feedback continues to drive positive change across all sectors.

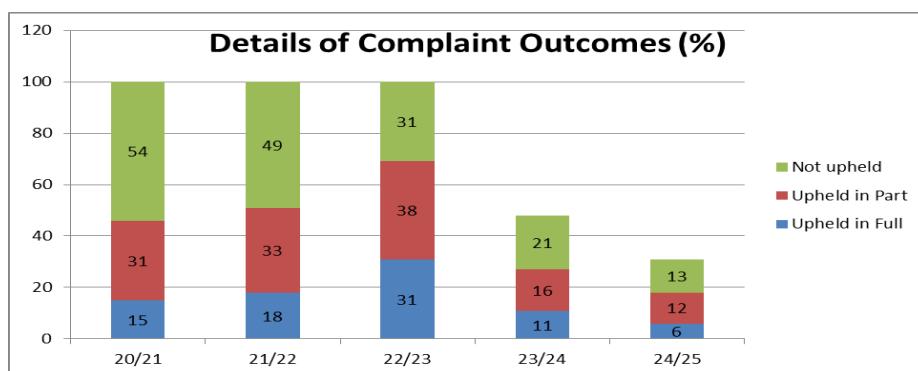
Service Area	20/21	21/22	22/23	23/24	24/25	% Change
Services to Children	60	50	57	14	12	14% decrease
Services to Adults	36	45	34	18	19	5% increase
Justice Services	4	5	9	16	3	81% decrease

Of the 34 complaints received, 17 (50%) were responded to within the target timescales—5 working days for Stage 1 and 20 working days for Stage 2. The remaining 17 (50%) exceeded these timescales, with delays affecting 13 Stage 1 and 4 Stage 2 complaints, primarily due to the complexity of the cases involved.

In terms of outcomes:

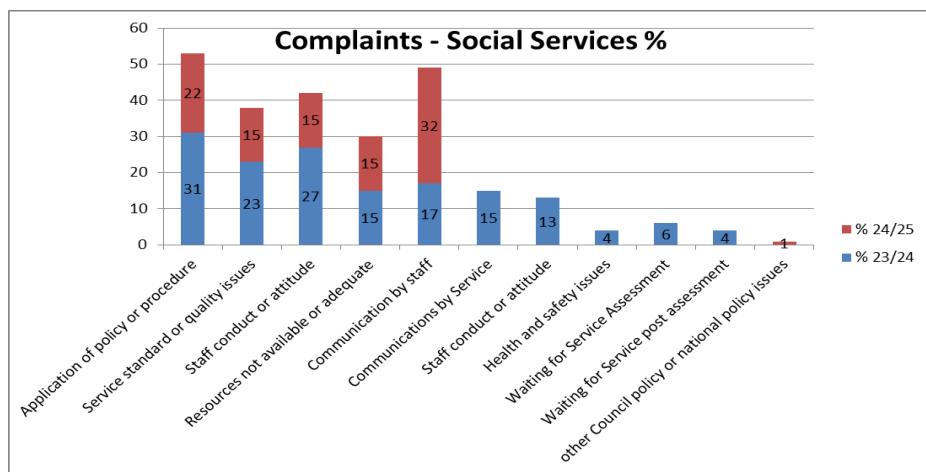
- 13 complaints were not upheld,
- 12 were partially upheld, and
- 6 were fully upheld.

This demonstrates a commitment to timely responses and transparent resolution, while also highlighting the ongoing challenge of managing complex cases within set timescales.



The reasons for complaints received across all social service areas are outlined in the table below.

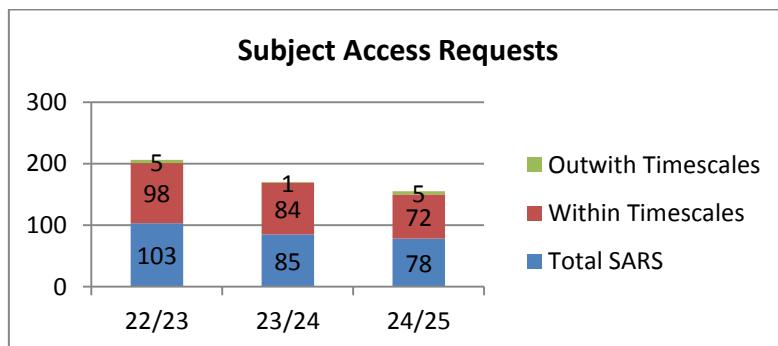
Complaints	% 23/24	% 24/25
Application of policy or procedure	31	22
Service standard or quality issues	23	15
Staff conduct or attitude	27	15
Resources not available or adequate	15	15
Communication by staff	17	32
Communications by Service	15	
Staff conduct or attitude	13	
Health and safety issues	4	
Waiting for Service Assessment	6	
Waiting for Service post assessment	4	
Other Council policy or national policy issues		1

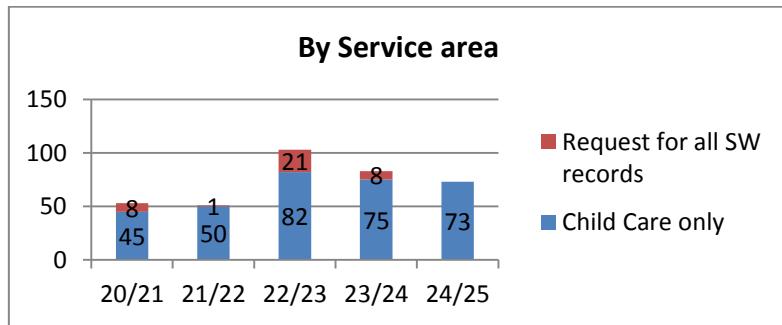


5.7 Subject Access Requests

During the 2024/25 period, Social Work Services received a total of 78 Subject Access Requests. Of these, 73 were related to Child Care and 5 to Justice Services. The majority were completed within the statutory timescales; however, 5 requests exceeded the deadline—3 from Justice Services and 2 from Child Care. These delays were primarily due to the complexity of the individual cases.

This work is carried out within existing service capacity, as no additional resources are allocated for processing Subject Access Requests.





5.8 Duty of Candour

All social work and social care services in Scotland are legally required to observe the Duty of Candour. This means that when an unintended or unexpected event results in death or significant harm—as defined by the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016—those affected must be informed, offered a sincere apology, and assured that the organisation will learn from the incident and implement improvements.

Between 1 April 2024 and 31 March 2025, there were no incidents within Clackmannanshire social work services that triggered the Duty of Candour. This reflects a continued commitment to safe, accountable, and person-centred practice across social work services.

6.0 Resources

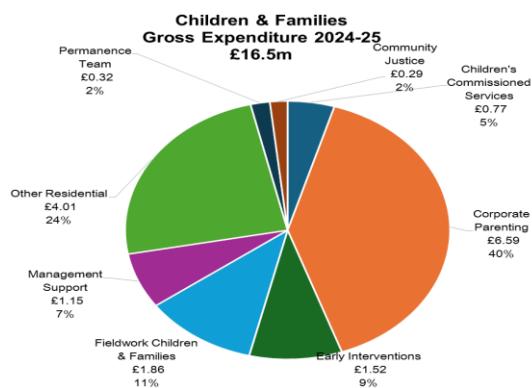
As Scotland's smallest mainland local authority, Clackmannanshire faces unique challenges. Despite its modest population, the area experiences disproportionately high levels of poverty and complex social difficulties. This mismatch often results in significant shortfalls in budget allocations, making it harder to meet the needs of the community and address persistent inequalities.

6.1 Children's Services

In 2024/25 the total budget allocated for Children's and Justice Services was £18.819m.

Significant financial pressures continue to affect all areas of the service, driven by inflation, recruitment challenges, pay awards, and the rising costs of temporary and agency staff. Within Children's Services, particular pressures relate to kinship payments, fostering, and residential care expenditure.

Despite these ongoing challenges, the service has made notable progress in reducing the number of external residential placements and developing more local support options. There is a sustained focus on expanding local care-based provision through Family Group Decision Making, Restorative Practices, targeted commissioning, and enhanced support for kinship and foster carers. These efforts are helping to build resilience within the community and ensure better outcomes for children and families, even in the face of financial constraints.

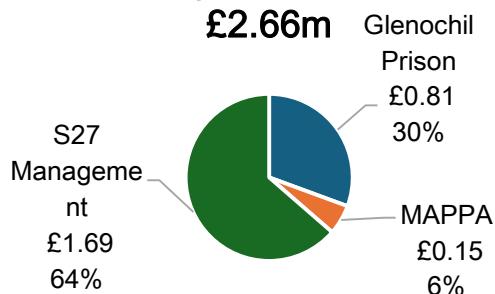


6.2 Justice Services

In 2024/25, total expenditure on Justice Services was £2.660 million. This included £0.796 million for the provision of a social work service at Glenochil Prison, which was recharged to the Scottish Prison Service. Core funding from the Scottish Government amounted to £1.672 million, leaving a shortfall of £192,000 against core expenditure of £1.864 million.

Justice Services continue to face significant financial challenges, with no funding uplift for the third consecutive year. These pressures are compounded by inflation, pay awards, and rising demand—particularly due to national policy shifts promoting community-based disposals. As a result, the Justice team is under increasing strain to meet its statutory responsibilities within a constrained financial environment.

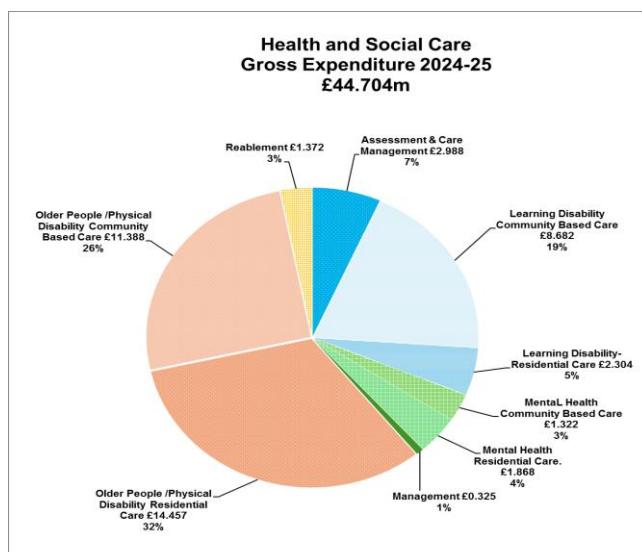
Justice Services Gross Expenditure 2024-25



6.3 Health and Social Care Partnership Services

In line with the Integration Scheme, Clackmannanshire Council allocated £28.853 million to the Clackmannanshire and Stirling Integration Joint Board (IJB), which in turn directed the same amount back to the Council to support Adult Social Care services. Combined with income from service users and other sources, this funding supported gross expenditure of £44.704 million on Adult Social Care in 2024/25.

For the financial year ending 31 March 2025, the IJB reported an overspend of £2.425 million on the Integrated Budget. Addressing this deficit will require a combination of reserve utilisation by the IJB and supplementary funding contributions from each of the three partner organisations. At the time of reporting, a dispute resolution process was underway to determine the final allocation of these additional payments. This situation underscores the ongoing financial pressures within Adult Social Care and reinforces the importance of collaborative approaches to ensure the sustainability of service delivery.



7.0 Workforce

Clackmannanshire Council continues to manage and develop its workforce amid ongoing operational and financial pressures, which present significant challenges to service delivery. National benchmarking from the Scotland's Local Government Workforce Report 2024 highlights widespread recruitment and retention issues across social work and social care—challenges Clackmannanshire shares. To address this, the Council is progressing workforce planning efforts, including the introduction of new planning dashboards across all directorates. These developments mark a positive step toward building a more resilient and future-ready workforce.

7.1 Workforce Planning

In addition to recruitment and retention challenges, supporting and developing the existing workforce remains a key priority—especially in the current climate of operational and financial pressure. The Council has introduced a range of corporate supports for staff and managers, including:

- A revised leadership development programme (market testing underway)
- A full calendar of Senior and Team Leadership Forums
- A focus on the CIPFA Local Code of Governance to drive upskilling, collaboration, and cross-service networking

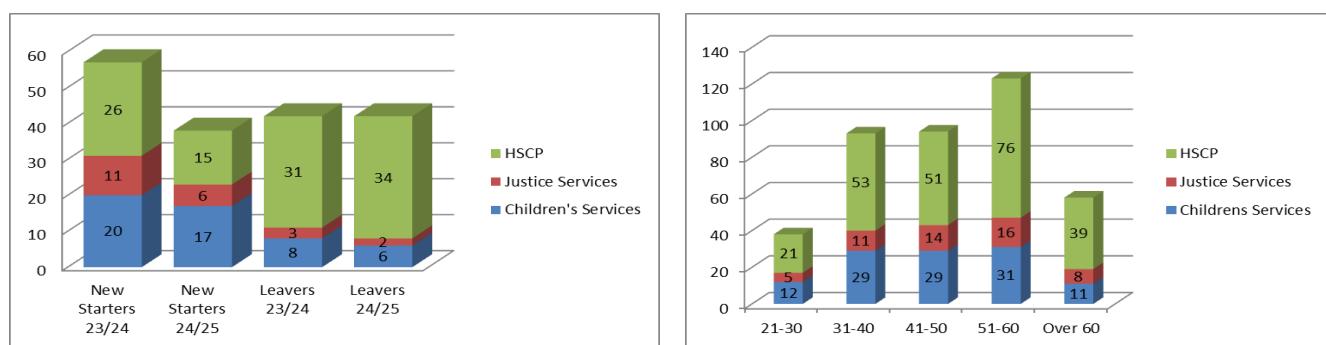
These initiatives reflect a shift toward more innovative, partnership-based workforce planning—essential for delivering sustainable services in the years ahead.

7.2 Workforce Capacity

National shortages of qualified social workers, as evidenced by the Scottish Social Services Council (SSSC) annual census, continue to impact recruitment and retention across local authorities. In Clackmannanshire, all social work teams face persistent recruitment challenges, with the highest vacancy rates in adults' and children's services. While agency staff have been used to fill gaps, this is not a sustainable long-term solution.

Currently, 60% of qualified social workers in children's services are newly qualified, while the adult services workforce is predominantly older, with a significant proportion aged 51 and above.

Workforce Data 2024/25



7.3 Staff Recruitment and Retention

Newly qualified social workers (NQSWs) in Clackmannanshire receive a comprehensive induction from their supervisors, aligned with the Scottish Social Services Council's (SSSC) supported first year and mandatory learning requirements. Within Children's Services, three NQSWs have recently completed this programme and submitted their Continuous Professional Learning (CPL) portfolios to the SSSC. Notably, one portfolio received exemplary feedback and will be used as a model for other local authorities. Staff report that this structured support has enhanced their confidence and competence in their early careers. Additionally,

clear career pathways have enabled progression to Senior Practitioner and Team Leader roles through service redesign.

Recruitment and retention remain significant challenges within the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP), particularly at senior levels. Several leadership roles are currently filled on an interim basis, affecting stability, continuity in decision-making and long-term strategic planning. This reliance on temporary appointments limits the Partnership's capacity for sustained improvement and places additional strain on staff adapting to evolving leadership dynamics.

These issues reflect broader workforce pressures across the HSCP, where competition for skilled professionals is intense and demand for experienced leaders exceeds supply. In response, the Partnership's three employing organisations are working collaboratively to streamline recruitment processes while respecting individual organisational policies. This coordinated approach aims to reduce duplication, accelerate hiring timelines, and offer greater clarity to candidates. Strengthening cross-organisational alignment is key to enhancing recruitment efficiency and improving the Partnership's ability to attract and retain talent. Continued collaboration will be essential to building a resilient and sustainable workforce.

The challenges posed by an ageing workforce, particularly in care roles, persist. To complement our delivery and support of Foundation Apprenticeships and SCQF qualifications, we have introduced Modern Apprenticeships in Health and Social Care. We continue to collaborate with schools and higher education institutions, including Forth Valley College and the University of Stirling, to engage and support young people in pursuing careers in health and social care from an early stage.

Accredited Learning and Student Placements

During 2024/2025, Clackmannanshire Social Services supported the following accredited learning achievements:

SVQ Qualifications:

- 2 staff completed SVQ Level 2 (SCQF Level 6)
- 1 staff member completed SVQ Level 3 (SCQF Level 7)

Postgraduate Study:

- 1 staff member in Adult Services completed the Mental Health Officer (MHO) Award
- 3 staff in Children's Services completed qualifications in Leadership and Management, Practice Education, and Child Welfare and Protection

Student Placements (2024/2025)

- 7 student placements were provided:
- 4 students from the University of Stirling
- 3 internally employed staff completing their Social Work degrees via the Open University

Placement distribution included:

- 5 students in Children's Services
- 1 in Adult Services
- 1 in PBSW team, Glenochil Prison

Open University placements began in January 2025 and will conclude in July, with one staff member expected to qualify by October 2025.

7.4 Training and Development

7.4.1 Public Protection Training and Development

Throughout the year, we delivered a range of single and multi-agency training focused on child protection, adult support and protection, and violence against women and girls.

Core Training Initiatives:

- The *Public Protection Is Everyone's Responsibility* e-module remained mandatory for all Council staff, covering key areas including child and adult protection, VAWG, substance use, and offender management.
- Trauma-Informed and Trauma-Skilled training continued to be promoted via NHS Turas.
- Additional multi-agency training titled When Services Fail to Engage was made available.

Child Protection Training:

- Monthly *Child Protection for the General Workforce* sessions were delivered via MS Teams and offered as an e-module on the Council's platform.
- On behalf of Forth Valley, we facilitated *Initial Referral Discussion (IRD)* training and core thematic sessions three times annually, covering:
 - *Neglect (Neglect Toolkit)*
 - *Parental Substance Use (IPSU Framework)*
 - *Domestic Abuse (Safe & Together)*
 - *Risk Identification and Outcomes (National Risk Framework & Practice Model)*
 - *Vulnerable Baby Training*

These priorities align with the 2024–2027 Multi-Agency Public Protection Learning and Practice Development Workforce Strategy.

Specialist E-Learning Modules:

We continued to promote modules on:

- *Child Sexual Exploitation*
- *Criminal Exploitation Across the Lifespan*
- *Professional Curiosity and Challenge in Child Protection*

Multi-Agency Adult Support & Protection (ASP) Training

Training priorities identified by the Clackmannanshire and Stirling ASP Committee continue to focus on monthly *ASP for the General Workforce* sessions via MS Teams, also available as e-modules on the Council and NHS Forth Valley platforms.

On behalf of Forth Valley, we deliver quarterly *ASP Key Processes, Roles and Responsibilities* training, featuring inputs from Health, Police, Fire & Rescue, Trading Standards, and the ASP Lead Officer. Additional specialist training includes:

- *Carer Stress*
- *ASP Court Skills* (in partnership with COPFS)
- *Protection Orders*
- *51 Shades of Capacity*
- *Council Officer Refresher Training*
- *Council Officer and 3 Acts Training* (facilitated by Falkirk Council)

E-Learning Modules

We continue to promote key modules via our eLearning platform:

- *Making Protection Personal*
- *Person-Centred Recording*
- *Introduction to AWI*
- *Financial Harm Awareness*
- *Power of Attorney*
- *Defensible Decision-Making*

- *Professional Curiosity in ASP*
- *Criminal Exploitation Across the Lifespan*

IRISS Modules

Promoted through our multi-agency training calendar:

- *Working Together in ASP*
- *ASP Case Conferences*
- *Large-Scale Investigations*
- *Analysis in Social Care*

Violence Against Women & Girls (VAWG) Training

Multi-agency VAWG training priorities, as identified by the Child Protection Committee, Adult Support & Protection Committee and Clackmannanshire VAWG Partnership, have focused on:

- *Coercive Control & Domestic Abuse (Scotland) Act 2019*
- *MARAC*
- *Under Pressure*
- *Safe & Together briefings and 4-day Core Practice Training*
- *Responding to Disclosures of Rape & Sexual Assault*

We continue to promote the *Gender-Based Violence* e-module to Clackmannanshire practitioners via our eLearning platform. To support consistent delivery of public protection training in 2024/25, a multi-agency training calendar has been developed and is disseminated by the Clackmannanshire Learning & Practice Development Sub-group. A companion learning outcomes booklet outlines target audiences and objectives for each training session.

Single Agency training priorities

Children and Families practitioners participated in:

- *Child's Adoption and Permanence Report (CAPR) Training (April 2024)*
- *Safe and Meaningful Contact Training (September 2024)*

Additionally, four *Viewpoint* refresher sessions were delivered throughout 2024/25, supporting continued use of the online tool for capturing children and young people's views.

Challenges: Operational pressures have limited practitioners' ability to attend multi-agency public protection training.

Achievements: Despite these constraints, we maintained a high volume and frequency of multi-agency public protection training. We also successfully embedded the revised *National Child Protection Learning and Development Framework 2024* into our Multi-Agency Public Protection Learning and Practice Development Workforce Strategy (2024–2027).

7.5 Staff Wellbeing

Our employees are recognised as our most valuable asset, and their health and wellbeing are a top priority. The Council's Wellbeing Strategy provides comprehensive support to all our staff, including:

Clacks Academy (e-learning wellbeing resources)	Wellbeing Champions
Healthy eating guidance	Feeling Good Positive Mindset App
Cancer at Work Toolkits	Healthy Working Lives (HWL) Group
Occupational health services and PAM Assist	Mediation Service
Stress management classes	Flu vaccination programme
Online resources: Burnout Hub, SHOUT, Money Helper, Mental Health Check-Ins	Keep Well Health Assessment

8.0 Conclusion and Looking Ahead 2025-2026

Clackmannanshire's social work and social care services continue to operate in a rapidly evolving landscape shaped by rising demand, legislative change, financial constraints and workforce pressures. Over the past year, we have responded with determination—driving forward transformation, strengthening partnerships, and prioritising the wellbeing of our communities.

Looking ahead, we remain steadfast in our commitment to delivering high-quality, responsive social work and social care services—shaped by the voices of Clackmannanshire's people and communities, and designed to meet their evolving needs with compassion, integrity, and purpose.

In the year ahead, we will:

- Drive social work and social care service transformation through a new Target Operating Model, supported by a major investment in a modern Social Work IT system.
- Embed rights-based practice, advancing the UNCRC (Scotland) Act 2024 and delivering on our commitment to *The Promise* to drive meaningful change.
- Strengthen preventative support, expanding family-based care, supported housing and advance our redesign of youth justice services.
- Strengthen our multi-disciplinary, co-located justice hub that integrates recovery support and promotes early intervention.
- Improve adult services, with enhanced care models and streamlined referral pathways.
- Embed the successful hoarding and self-neglect initiative to scale person-centred support, build trust, and enable lasting recovery.
- Invest in our workforce, recognising that a skilled, supported team is essential to sustaining quality care.

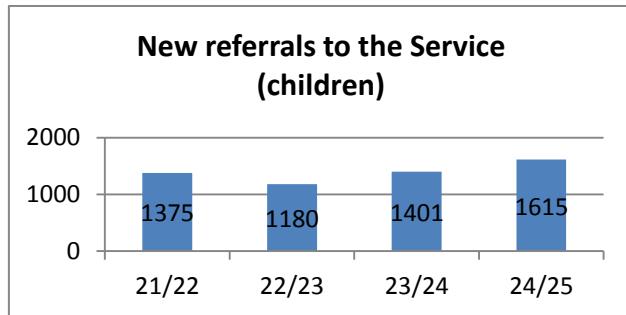
Delivering change, protecting communities, and investing in people remain our priorities and continue to guide everything we do. These commitments are at the heart of our shared vision in [Clackmannanshire's Wellbeing Economy LOIP 2024–2034](#): working together to reduce inequality, tackle the root causes and impacts of poverty and health disparities, and empower people of all ages to lead healthy, fulfilling, and thriving lives.

Sharon Robertson
Chief Social Work Officer

Appendix 1: Children's Services performance data 1 April 2024 to 31 March 2025

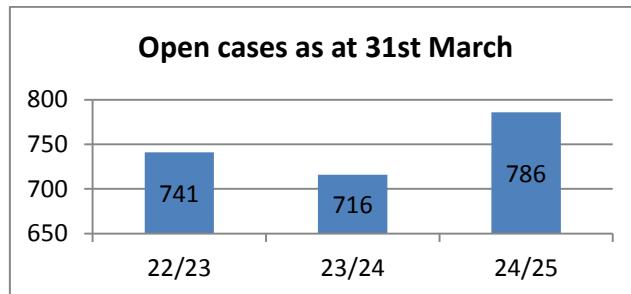
New Referrals/Requests for Assistance

There were **1615** requests for assistance in 24/25. This was a **13% increase** from 23/24 where there were **1401** requests for assistance (new referrals) in 2023/24. This was a **16% increase** from 2022/2023 where there were **1180** new requests for assistance.



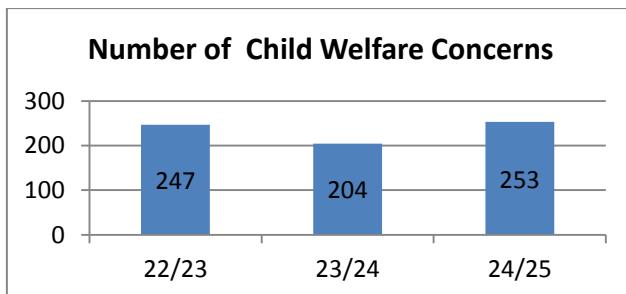
Children open to Children's Social Work Services

There were **786** open cases as at 31st March 2025. This was a **9% increase** from last year where there were **716** open cases as at 31st March 2024. This was a slight reduction to 22/23 where there were 741 open cases as at 31st March 2023 (3% reduction). There continues to be regular scrutiny of caseloads with no unallocated cases as at 31st March 2025.



Child Welfare Concerns

There were **253** child welfare concern referrals in 2024/25. This is an **increase** of **19%** from 23/24 where there were **204** child welfare concerns. This was a **17% reduction** from 2022/23 where there were **247**.

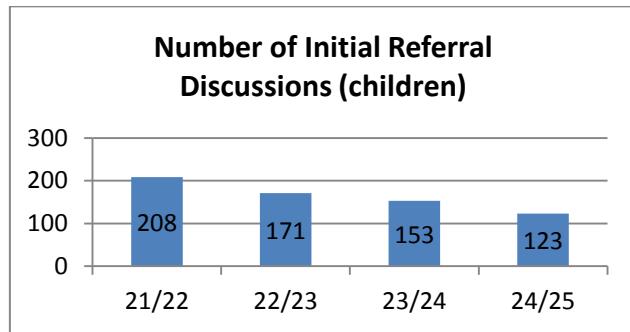


Number of child protection concerns

In 24/25 there were **120** child protection concern reports (number of children). This is a rate of 13.7 per 1000 0-15 year olds. This is an **8% increase** from 23/24 where there were **110** child protection concern reports which was a 23% reduction from 143 in 2022/23. This is a rate of 12.6 per 1000 0-15 years population which is a reduction from last year where the rate was 16.1 in 2022/23.

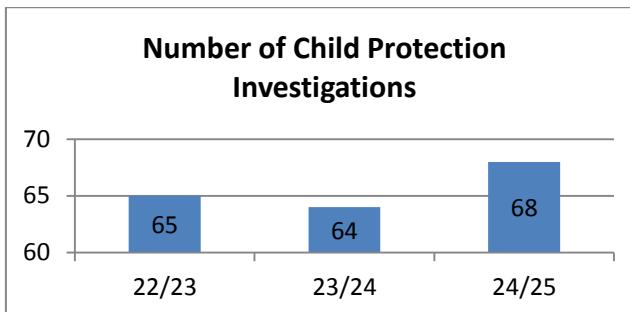
Initial Referral Discussions (IRDs)

There were **123** Initial Referral Discussions in 24/25 (rate of 14.1 per 1000 0-15). This is a **20% decrease** from 23/24 where there were **153** initial referral discussions. (rate of 17.6 per 1000 0-15 years) a decrease from 22/23 where it was 19.2 per 1000. There were 171 initial referral discussions in 2022/23 (rate of 19.2 per 1,000 0-15 years). This is a decrease of 18% from 21/22 where there were 208.



Child Protection Investigations (this count is investigations and not children)

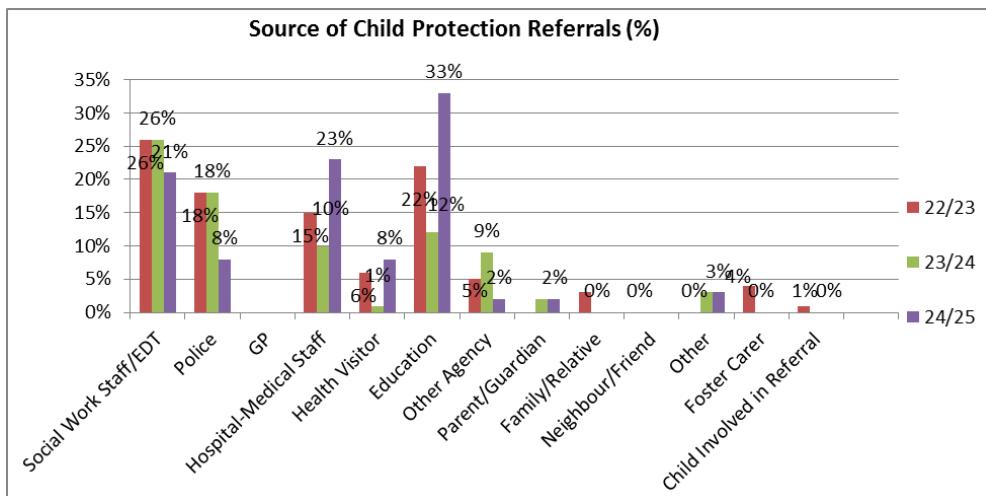
There were **68 child protection investigations** in 24/25 which is a **5%** increase from 23/24 where there were **64** child protection investigations. This is a decrease of one from 22/23 where there were 65. (28% decrease from 21/22 where there were 90).



24/25 The highest number of child protection concerns were from Education (33%) followed by Hospital Medical staff (23%) then Social Work/EDT (21%). Referrals from Police had been previously 18% for 23/24 and 22/23 whereas for 24/25 it was 8%.

23/24 Social Work/EDT (26%), followed by Police (18%) then Education (12%)

22/23 The highest number of child protection concerns were from EDT (26%), followed by Education (22%) then Police (18%). In 2021/22 Education (28%) were the highest referrers for child protection followed by EDT (23%) then Hospital/medical staff (20%).



Child Protection Investigations to Initial Child Protection Planning Meeting to Registration (April to March)

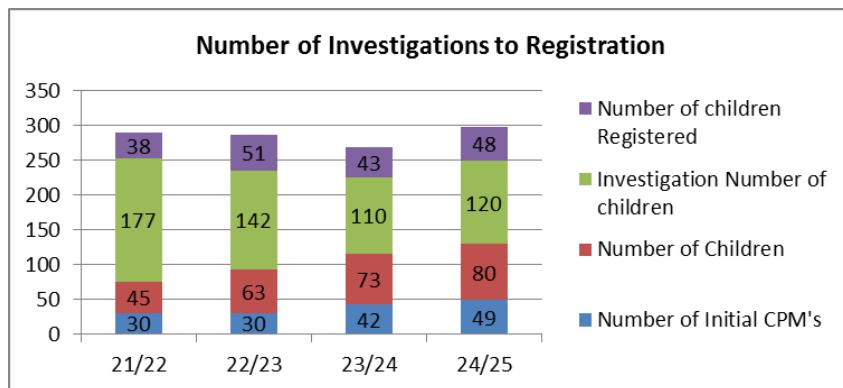
In 24/25 there were **49 ICPPM** relating to **80** children. This was **increase** from 23/24 where there were 42 Initial CPPM's (relating to 73 children). This is an increase from 22/23 where there were 30 Initial CPPM's (relating to 63 children).

In 24/25 there were **120 children subject to a child protection investigation**. 67% of children were subject to an Initial CPPM (80) and of those 60% were registered (48).

In 23/24 there were 110 children subject to a child protection investigation. 66% of children (73) were subject to an Initial CPPM and of those 59% were registered (43 children).

In 22/23 there were 142 children subject to a child protection investigation. The same year there were 30 Initial CPPM's (relating to 63 children). 44% of children subject to an investigation went to an Initial CPPM and of those 81% were registered (51 children).

In 21/22 there were 177 children subject to a child protection investigation. The same year there were 30 Initial Child Protection Case Conferences (relating to 45 children). 25% of children subject to an investigation went to an Initial Child Protection Case Conference and of those 84% were registered (38 children).



Child Protection Registrations (CPR)

The number of children and young persons on the Child Protection Register as at 31st March 2025 was **19** (**rate of 2.18** per 1000 -15 years). Compared to the Scottish **rate of 2.38** per 1,000 of the 0-15 population (**source: annual Scottish Government return published 31st July 2024**).

The number of children and young persons on the Child Protection Register as at 31 March 2024 was 22 (rate of 2.52 per 1000 of the 0-15 population in Clackmannanshire). This is a reduction from 22/23 where there were 30 on the register (3.37 per 1,000 of the 0-15 population).

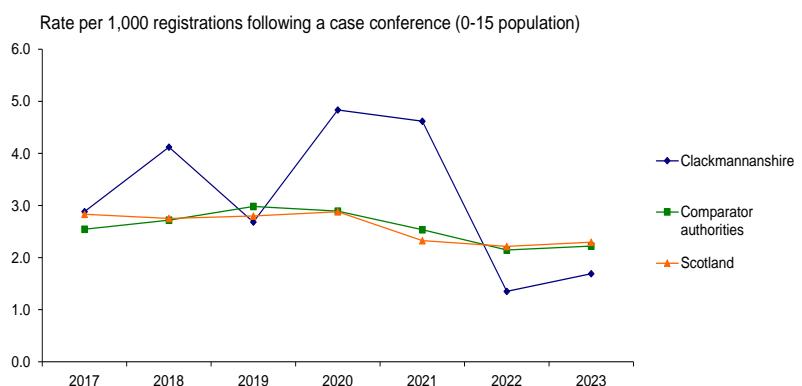
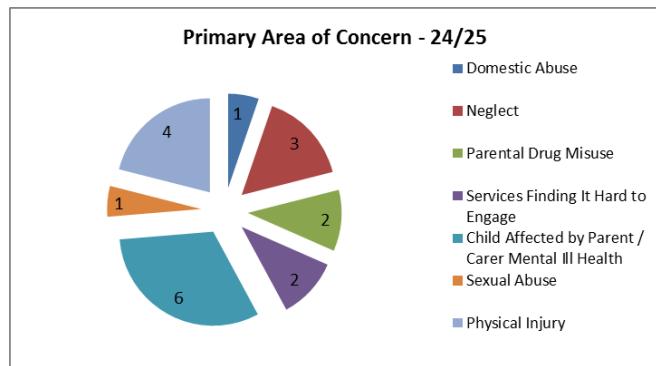
Outlined in the table below are the number of children on the register and the number of sibling groups that are registered.

As at	NUMBER OF CHILDREN ON REGISTER	TOTAL NUMBER OF FAMILIES	NUMBER OF SIBLING GROUPS	Number that are unborn babies/babies
March 2023	30	13	7	8
March 2024	22	13	5	8
March 2025	19	12	4	7

In 24/25 63% of the children on the CP Register as at 31st March were part of a sibling group. In 23/24 64% of the children registered were part of a sibling group. Previous years in 2023 80% were part of a sibling group, 2022 79% of the children registered were part of a sibling group and in 2021 77% were part of a sibling group. The percentage of sibling groups registered has remained fairly static over these years compared to the number of children registered, which further demonstrates the size of the sibling groups registered.

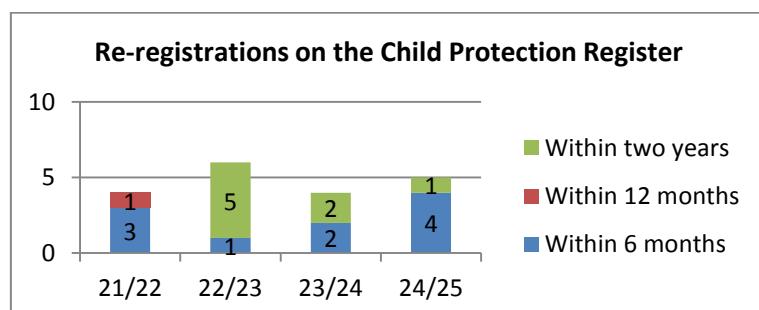
Child Affected by Parent Carer Mental Ill Health and then Physical Injury were the highest registered concerns for children on the register as at 31st March 2025. Domestic abuse and neglect were the highest

registered concerns for children on the register as at 31st March 2024 (this was the same for previous years 2021 2022 and 2023). In 2022/23 it was Neglect and then Domestic abuse.

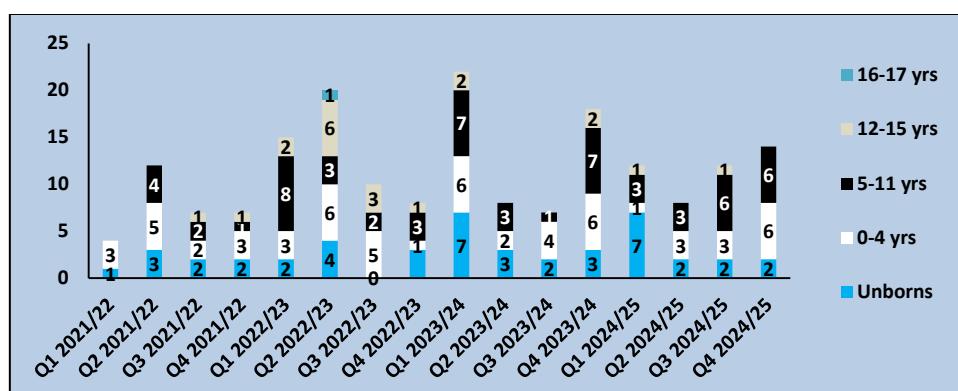


Source: The chart above is taken from the Scottish Government website and is a snapshot of children on the register as at 31st July. This is the same one as last year so no updated published data for this.

During 24/25 there were **4** children re-registered within 6 months and **1** child within 2 years. During 23/24 there were **2** children re-registered within 6 months and **2** children within 2 years. The previous year in 22/23 there was 1 child re-registered within 6 months and 5 children within 2 years. In 21/22 3 children were re-registered within 6 months and 1 within 12 months.



Age of Children at the point of Registration



The last 12 months on the chart (academic quarters August 24 – July 25) present **46** new registrations, 28% were unborn babies, 28% were 0-4 years, 39% were 5-11 years and 4% were 12-15 years.

The previous year 23/24 present a total of 55 new registrations, 33% are aged 0-4 and aged 5-11 years, 27% are unborn babies and 7% are 12 – 15 years. The previous year 22/23 there were 52 new registrations, 33% aged 0-4, 27% aged 5-11 years with 12 – 15 years accounting for 23% and unborn babies 15% of new registrations. The previous year there were 35 new registrations, 40% unborn babies, 31% 0-4 years and 26% 5-11 years and 2.85% age 12-15 years. (*Source: CPC Minimum Dataset academic quarters*)

Children Looked After

The total number of care experienced children and young people as of 31st July 2025 is **222*** a 5% increase from 31st July 2024 which was 210. (210 was a 6% reduction from July 23 where there were 225). (***These figures have not been submitted to SG yet so could be subject to change**).

This is a **rate of 22.4** per 1000 of the 0-17 population. Scotland rate per 1000 is 11.7 taken from the SG website as at July 2024. (*Source: CLAS database and SG data from 2024*).

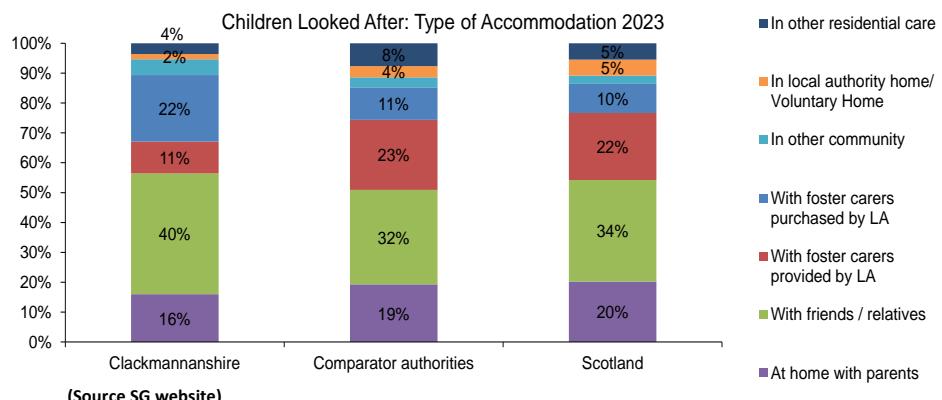
Of those care experienced children and young people “starting to be looked after” during 1st August and 31st July 2024, 22% were under 5 years of age, which is a slight increase from 23/24 where 19% were under 5 years of age. This was an increase of 3% from 21/22. (*Source: SG submission*)

The largest proportion of care experienced children and young people in 2024 continue to be looked after by **friends/relatives 39%**, 22/23 it was 40% (43% 2021/22), this is **higher** than the Scotland percentage of 35%. (*Source: SG website*)

In 2025 (data not yet published) **38%** are looked after by friends/relatives a slight decrease from 2024. (*Source: CLAS database*)

Clackmannanshire has a much higher use of external foster care provision for care experienced children and young people at 20% for 2024 a decrease from 2023 where it was 22% (21/22 24%) compared to the Scottish average of 10%. (*Source: SG website*)

In 2025 (data not yet published) the figure is higher at 22%. (*Source: CLAS database*)



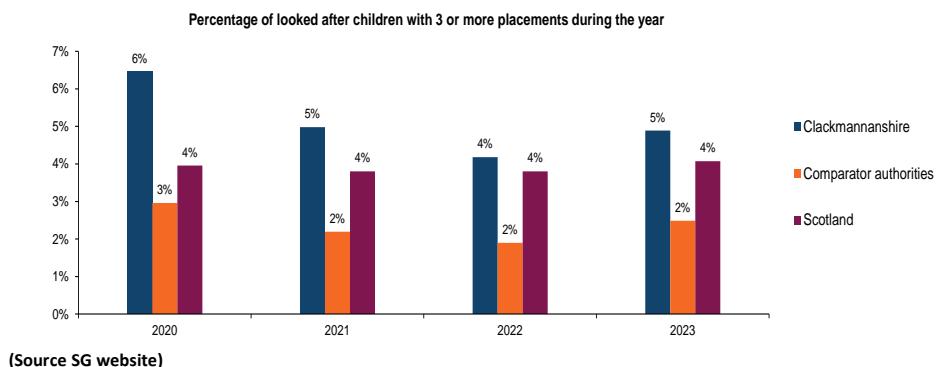
As at 31st March 2025 there were 217 looked after children. Children being accommodated with family/friends continued to be the highest with 77 (35%) of looked after children being in Kinship care.

Fostering and Adoption Services

As at 31st March 2025 there were **23** children placed in locally provided foster placements. A **4% decrease** from 31st March 2024 where there were 24. This was an 8% decrease from 2023 where there were 26 children in locally provided foster placements.

Kinship

As at 31 March 2025, 169 children were in Kinship placements (82 of which were residence orders) 77 were identified as looked after and accommodated through compulsory or voluntary measures. This was a 6% decrease from 185 children (75 of which were residence orders).



This calculation is based on any children with a new placement in that reporting period only.

For 2022-2023 4 children had 3 or more placements (total of 87 children who had a placement start date in the same period) = **5%**

For 2023-2024 5 children had 3 or more placements (total of 95 children who had a placement start date in the same period) = **5%**

For 2024-2025 3 children had 3 or more placements (total of 68 children who had a placement start date in the same period) = **4%**

(The number for 2021-2022 is 4 children from 82 that had a placement start date)= 4%

Outwith Authority Placements

There were **73** looked after children outside of the Clackmannanshire area as at March 25 which is an **8% reduction** from 2024. There were 79 children as at 31st March 2024 which was a decrease of 10% from March 2023 where there were 88.

Aftercare

As at April 2025 there were **22** young people receiving **compulsory aftercare support** in Clackmannanshire which is a decrease of 8% from 2024 (24) (12.6 per 1000 population of 16-18 year olds)

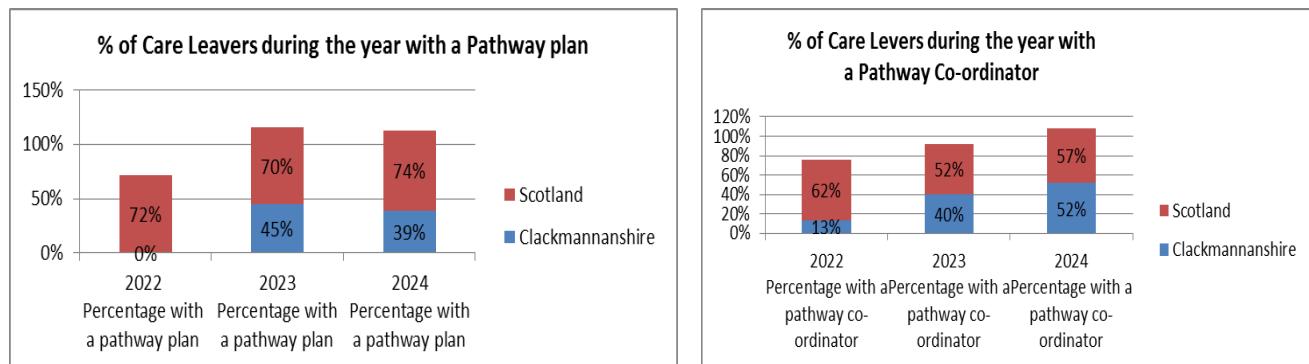
As at April 2025 there were **20** young people receiving **discretionary aftercare support**. This is a 26% decrease from 2024 where there were 27 (5.67 per 1000 population 19-25 year olds).

Therefore within Clackmannanshire there are a total of **42** young people receiving **aftercare services as at 31st March 2025** which is a rate of 7.98 per 1000 of 16-25 year olds.

Compared to Scotland where 4,454 were receiving aftercare services on 31 July 2024 – up 7% on 31 July 2023 (4,151). This is a rate of 5.77 per 1000 of 16-25 year olds. (Source – SG Annual Return July 2024)

Pathway Reviews - From 1st April – 31st March 2025 64 Pathways Reviews scheduled for Young People. **58%** (37) took place. This was a **13% reduction** from last year where there were 68 Pathway reviews scheduled for Young People. 71% of those reviews took place.

Care leavers (over the age of 16 years) during the year with a Pathway Plan and Pathway Co-ordinator
 (Source SG website)



Continuing Care

There were 7 young people in continuing care placements as at 31st July 2025. This was a 14% increase from last year.

There were 3 young people in continuing care placements as at July 2023 a reduction by one from 2022 where there were 4. As at 31st July 2024 there were 6 young people in continuing care placements, an increase of 50%.

SCRA

In 2024/25, 123 children were referred to the Children's Reporter, 2% more than the previous year. The highest proportion of referrals came from Social Work (48%) and then 33% from Police. The highest referral was in relation to lack of parental care (48%) followed by committed an offence (23%).

In 2023/24, 121 children were referred to the Children's reporter, 2% more than the previous year. The highest proportion of referrals again came from Police (61%). The highest referral was in relation to lack of parental care (44%) followed by committed an offence (26%).

In 2022/23, 118 children were referred to the Children's reporter, 27% less than the previous year. The highest proportion of referrals came from Police (65%). The highest referral was in relation to parental care/neglect which accounts for 25% of the referrals followed by committed an offence (20%) and experienced domestic abuse (10%). This mirrors the National picture for Scotland where 80% of referrals were received from Police and the highest referrals were in relation to parental care/neglect (30%), committed an offence (24%) and then experienced domestic abuse (19%).

Across Scotland the highest number of referrals was from Police - 76.1% and the highest referral was in relation to lack of parental care (29%) and then committed an offence (25%). Nationally, the number of children referred decreased by 4% compared to 2023/24.

The number of children referred to the Reporter has decreased for the second year. This is only the second year where the number of children referred to the Reporter has been below 10,000. The other year was 2020/21 which was heavily influenced by the pandemic. (Source: SCRA website)

Appendix 2: Adult Support and Protection performance data 1 April 2024 to 31 March 2025

Total number of referrals between **1 April 2024** and **31 March 2025** was **849** compared to **687** in 2023-24 which represents a **23.5%** increase in comparative years.

Source of referrals	Number of referrals 2022/23	Number of referrals 2023/24	Number of referrals 2024/25
NHS	65	141	170
GPs	8	17	18
Scottish Ambulance Service	17	12	28
Police	52	55	70
Scottish Fire & Rescue Service	11	20	17
Office of Public Guardian	1	0	2
Mental Welfare Commission	0	0	0
Healthcare Improvement Scotland	0	0	0
Care Inspectorate	13	1	4
Other organisation	471	339	400
Social Work	27	30	35
Council	61	29	20
Self (Adult at risk of harm)	0	9	5
Family/Friend/Neighbour	17	2	27
Unpaid carer	0	2	0
Other member of public	1	1	0
Anonymous	4	0	0
Others	20	29	53
Total	768	687	849

Total number of investigations commenced under the ASP Act between **1 April 2024** and **31 March 2025** was **18**.

Number of investigations commenced for the following age and gender.									
Age Group	2022/23	2023/24	2024/25	Number of investigations by age and gender					
				Male	Female	Male	Female	Male	Female
16-18	0	0	1	0	0	0	0	1	0
19-24	2	3	2	0	2	3	0	1	1
25-39	4	4	3	1	3	2	2	1	2
40-64	11	6	3	4	7	3	3	1	2
65-69	0	4	2	0	0	3	1	1	1
70-74	5	1	3	2	3	0	1	2	1
75-79	4	2	1	3	1	2	0	0	1
80-84	3	2	1	2	1	1	1	1	0
85+	5	8	2	2	3	6	2	1	1
Not known	0	0	0	0	0	0	0	0	0
Total	34	30	18	14	20	20	10	9	9

Number of investigations commenced for clients in the following primary main client group				
Client groups		Number of investigations by client groups 2022/23	Number of investigations by client groups 2023/24	Number of investigations by client groups 2024/25
Dementia		5	3	2
Mental health problem		2	5	2
Learning disability		5	6	2
Physical disability		15	12	9
Infirmity due to Age		3	1	0
Substance misuse		3	2	0
Other		1	1	3
Total		34	30	18

Type of principal harm which resulted in an investigation (as defined under the ASP Act)			
Type of principal harm which resulted in an investigation	Number of investigations 2022/23	Number of investigations 2023/24	Number of investigations 2024/25
Financial Harm	7	9	4
Psychological harm	7	1	7
Physical harm	9	11	0
Sexual harm	2	0	1
Neglect	9	3	5
Self-harm	0	5	1
Other	0	1	0
Total	34	30	18

Location the principal harm take place which resulted in an investigation (as defined under the ASP Act)			
Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act 2022/23	Number of investigations under the ASP Act 2023/24	Number of investigations under the ASP Act 2024/25
Own home	19	18	11
Other private address	1	0	0
Care home	6	3	1
Sheltered housing or other supported accommodation	0	1	0
Independent Hospital	0	0	0
NHS	3	2	2
Day centre	0	0	1
Public place	0	0	0
Online	0	1	0
Other	0	1	3
Not known	5	4	0
Total	34	30	18

Number of cases were subject to an ASP Case Conference			
Type of ASP Case Conferences	Number of ASP Case Conferences 2022/23	Number of ASP Case Conferences 2023/24	Number of ASP Case Conferences 2024/25
Initial ASP case conference	11	26	21
Review ASP case conference	9	34	41
ASP case conference	0	0	0
Total	20	60	62

Clackmannanshire & Stirling Integration Joint Board

28 January 2026

Agenda Item 11

Reviewing the Strategic Commissioning Plan - update

For Approval

Paper Approved for Submission by:	Jennifer Borthwick, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning & Health Improvement
Author	Wendy Forrest, Head of Strategic Planning & Health Improvement
Exempt Report	No

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

Purpose of Report:	The purpose of this Report to the Integration Joint Board is to provide an update on the feedback received on the three-year review of the Strategic Commissioning Plan (2023-2033).
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1. Consider and note the progress for reviewing the Strategic Commissioning Plan 2023 - 2033. 2. Note the engagement process undertaken across the whole system. 3. Note and approve the proposed areas for inclusion derived from the consultation process, noting that they are in alignment with the Delivery Plan.
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Key issues and risks:	<p><i>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.</i></p>
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1 Background and Introduction

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a number of duties on Health and Social Care Partnership (HSCPs) in relation to strategic commissioning. One of these 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 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.
- 1.3 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

1.4 These priorities above are considered, by those who have participated in the engagement process, to be the correct focus for the Integration Joint Board Strategic Commissioning Plan, and therefore for the delivery vehicle the Health and Social Care Partnership.

1.5 As members will be aware, these priorities were drafted following a wide process of consultation and engagement, which took cognisance of the Integration Joint Board's commitment to provide health and social care services that support people to meet their outcomes; are of a high quality; fulfil the needs of our people; and help individuals to live independent and fulfilling lives.

1.6 In the interests of clarity, it may be helpful to note that by undertaking this review, there does not need to be a re-write of the Strategic Commissioning Plan, as this has been agreed as covering a 10-year period. Instead, the review process is allowing for reflection and review; in other words where we are now in comparison to when the Plan was agreed in 2023. The refreshed document will provide updates and any necessary amendments to ensure relevant changes are reflected.

1.7 This paper provides an update of progress which was first laid out to members at the last Integration Joint Board meeting (November 2025). The key areas for inclusion are laid out below, and it is noted that these areas are already reflected within the agreed Delivery Plan and the programme of work for the Commissioning Consortium approach.

2 Consultation

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

2.2 The online survey was opened on 3rd November and closed on 12th January 2026. In person and MS Teams engagement events were held within each of the HSCP's three Localities, across the same time period.

2.3 At the Strategic Planning Group meeting on 19th November, there was a presentation focused on progress, and feedback was sought on the review of the Plan as well as on the key priorities for the next three years.

2.4 Formal feedback was requested from three constituent organisations as well as from Falkirk HSCP / IJB. A full list of those consulted is attached in Appendix 1.

3 Feedback

- 3.1 Over the past few months, the process of consultation has suggested that the current priorities are being progressed and delivered through key actions and activities aligned to each of the agreed priorities. This can be evidenced through a continuous programme of performance monitoring which has reported progress through the implementation of change, modernisation and transformation of the agreed Delivery Plan.
- 3.2 As noted above, this has been monitored through the ongoing formal reporting fora including:
 - 3.2.1 Quarterly Performance Reporting to Finance, Audit and Performance IJB Committee and Integration Joint Board.
 - 3.2.2 Half yearly Performance Reporting to Chief Executives.
 - 3.2.3 Ongoing reporting to Strategic Planning Group on key workstreams.
 - 3.2.4 Reporting and influence of delivery priorities through the Lived Experience Panels focused on mental health, substance use and self-directed support.
 - 3.2.5 Performance Reports, for noting, into Council committees within Clackmannanshire Council and Stirling Council.
- 3.3 In addition, the Integrated Workforce Plan Group has focused on mapping current system pressures, recruitment & retention trends analysis as well as seeking opportunities to deliver change in service delivery where there are system pressures as well as working across the system to meet need and demand in different ways. Staff side and trade union colleagues are active members within this Group providing a lived experience perspective from staff working across the system.
- 3.4 There have been various Commissioning Consortia held between 2023 - 2025 - Alcohol and Drug Partnership; Carers Support; Dementia; Palliative and End of Life Care and Advocacy services. There has been a focus on shifting the balance of care from acute to community; ensuring we are able to "Achieve Care Closer to Home", support "Prevention, Early Intervention & Harm Reduction" and promote "Independent living through choice and control"
- 3.5 The consultation process focused on self-care / self-management, available community assets, as well as a need for more integrated services and supports to avoid duplication and individuals being moved between / referred between what they felt were similar services.
- 3.6 Over 81% respondents reported that maintaining their social connections and eating well kept them feeling well; with the next key areas of managing stress, focusing on well-being and engaging in leisure activities and getting enough sleep being reported by around 65% of respondents. Volunteering scored lowest at 30% of people feeling that this improved their well-being.
- 3.7 The consultation process seems to have reinforced the need for HSCP and wider partners to continue to seek to address social, emotional, physical and well-being issues associated with "Reducing Loneliness and Social Isolation". For example, through continuing to support the Community Mental Health and

Wellbeing Fund facilitated by Third Sector Interface which 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.

- 3.8 The most important strategic priority reported by respondents was Early Intervention and Harm Reduction, closely followed by Independent Living through Choice and Control. Achieving Care Closer to Home and Supporting People and Empowering Communities scoring similarly at low priority; with the lowest priority being Reducing Loneliness and Isolation.
- 3.9 More than 50% of respondents wanted a focus on Mental Health and Well-being over the next three years followed by around 40% of respondents seeking a focus on carers; around 30% seeking a focus on Population Health, Self Directed Support and Transforming Care.
- 3.10 Some of barriers to well-being were noted by respondents as the need to continually campaign to have their rights met; the ongoing pressures of caring; chronic illness; access to services (waiting lists & service being full); financial pressures; diet; stress; lack of community support for mental health; long NHS waits; cost of living against accessing exercise classes; lack of community opportunities; overly complicated access to public services; access to services taking too long.
- 3.11 The consultation process has also highlighted some key messages for inclusion in the refreshed Plan:
 - 3.11.1 Inclusion of commissioning of palliative and end of life care.
 - 3.11.2 Increased use of Technology Enabled Care & eHealth as well as more effective planned use of Ai Technology.
 - 3.11.3 Continued commitment to support carers with a range of services
 - 3.11.4 Neurodiversity and autism due to the impact on physical and mental health.

4 Considerations for the Review

- 4.1 There is a commitment, as we refresh the Strategic Commissioning Plan, to continue to align to the commitments as laid in our agreed HSCP Delivery Plan. The operational modernisation and change needs to be included in our refreshed Strategic Commissioning Plan including a focus on IT and the use of TEC; improved communication with communities linked to self-care & self-management; continued commitment to carers support and early intervention and prevention across wider service areas.
- 4.2 Many of the barriers outlined above, we seek to address through key activities within the Delivery Plan for example commissioning of key community mental health services as proposed in Mental Health Commissioning Consortium; the ongoing Delivery of Right Care, Right Time through integrated Multi-disciplinary team working in our communities; Delivery of Care Closer to Home through neighbourhood and locality focused services; modernised Housing

with Care leading to services which are more easily accessible across communities.

- 4.3 Given the ongoing fiscal challenges and growing demand for and costs of service provision, the consultation process allowed for the opportunity to consider the budget position alongside with the process set out for the review of the Strategic Commissioning Plan. Ensuring participants and partners were clear of the alignment to the ethos of 'Needs Led, Resource Bound' and the need for this to continue to inform future delivery planning.
- 4.4 It was specifically acknowledged throughout the engagement process that the status quo is financially unsustainable and that prioritisation is required. By aligning the strategic planning process alongside budget pressures as well as the Delivery Plan, we have been able to consider within the engagement process the priorities of the Strategic Commissioning Plan within the fiscal constraints of the wider HSCP.

5 Next Steps

- 5.1 The Integration Joint Board is asked to consider the areas for inclusion as outlined above within the revised Strategic Commissioning Plan paper, noting the feedback on where the HSCP should focus activity. It is also asked to note that these align with the already agreed Delivery Plan presented in a separate update paper at this meeting. It is proposed that there is an updated Strategic Commissioning Plan presented to the Integration Joint Board – March 2025 based on feedback and priority focus presented in this paper.
- 5.2 By agreeing this approach views gained from engagement activities will provide a focus for work over the next three years. This will be captured through the outcomes and proposed Key Performance Indicators identified in November 2025 paper which will form the basis of integrated performance reporting going forward.

6 Appendix

- 6.1 Appendix 1 - List of consultees
- 6.2 Appendix 2 - Invitation sent out to consultees

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

Appendix 1

List of those who were asked for their feedback on Strategic Commissioning Plan via the Survey, In person & On-line sessions.

Integration Joint Board	Membership
	Strategic Planning Group
	Joint Staff Forum
Elected members	Clackmannanshire Council
	Stirling Council
Chief Executives	Clackmannanshire Council
	Stirling Council
	NHS Forth Valley
Health and Social Care Partnership	Locality Planning Networks
	Specialist Housing Forum
Community Planning Partnerships	Clackmannanshire Council
	Stirling Council
Health and Social Care Partnership	Falkirk
Third Sector Interfaces	Clackmannanshire
	Stirling
Community Groups	Through Third Sector Interface
Planning Groups	Carers
	Self-Directed Support Steering Group
	Alcohol and Drug Partnership
	Members of each of commissioning consortiums
Housing Groups	Tenants and residents across housing sector in C&S
	Rapid Rehousing transition Plan Steering Group
	Housing and health Collaboration Group
Lived Experience Groups	Self-Directed Support
	Older People's forum
	LEAP / Resilience Learning Partnership
	Recovery Community
	Carers forums via Carers Centres
Providers	Independent sector providers care at home
	Independent sector providers care homes

Appendix 2

Invitation to participate in engagement process

As you will be aware, the Public Bodies Joint Working Act places a duty on Integration Authorities to create a "strategic plan" for the integrated functions and budgets that they control. The strategic plan is the output of what is more commonly referred to as the "strategic commissioning" process, i.e. all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.

The Integration Joint Board published the Strategic Commissioning Plan in 2023, and the Plan covers a 10-year period to 2033. However, noting that 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.

The Strategic Commissioning Plan has five key strategic priorities which were developed following a wider process of consultation and engagement, they were drafted to take cognisance of the priority to provide health and social care services that support people to meet their outcomes, are of a high quality, fulfil the needs of people and help individuals to live independent and fulfilling lives as well as alignment and compliance with current national and policy contexts.

The Strategic Commissioning 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*

Given the fiscal challenges and growing demand for and costs of service provision, there is a need to consider budget pressures as part of the review of the Strategic Commissioning Plan. This aligns with the ethos of 'Needs Led, Resource Bound', as well as Commissioning Consortium principles, both of which will inform future delivery planning. It is specifically acknowledged that the status quo is financially unsustainable and that prioritisation is required. Therefore, there is a commitment as we refresh of the Strategic Commissioning Plan to align to the commitments already laid out within the agreed HSCP Delivery Plan. The operational modernisation and change programme will also 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.

As support for carers continues to be a key priority, this provides an opportunity to reflect on carers support, measuring outcomes for carers; support available for carers; performance linked to commissioned supports for carers as well as

considering ongoing feedback from carers throughout the 2025 - 2026 as part of Carers Planning Group and wider carers fora.

The review of the Strategic Commissioning Plan will also align to the work already undertaken in our ongoing partnership with Third Sector Interfaces and wider third sector within locality-based engagement & participation approach and is informed by the multi-agency Workforce Planning Group with responsibility for the delivery of Integrated Workforce Plan. The ongoing review of performance of the HSCP against the national Health and Wellbeing Outcomes internally, and externally as part of IJB performance reporting, provides the consistency of approach of the commissioning cycle linked to assess, plan, implement and review across service delivery.

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.

Please see attached for Engagement and Consultation Process details.

If you can't access the PDF file, the links to sign up for the webinars are below.
Webinar link 25th November 11.30-1pm

<https://events.teams.microsoft.com/event/2ab3b476-539f-4076-85d1-6bde5cf95a0e@10efe0bd-a030-4bca-809c-b5e6745e499a>

Webinar link 2nd December 1-2.30pm

<https://events.teams.microsoft.com/event/f1ee08f1-d24a-4f1e-a0ac-6a6df53c9ad2@10efe0bd-a030-4bca-809c-b5e6745e499a>

Webinar link 4th December 9.30-11am

<https://events.teams.microsoft.com/event/f0b602f3-c60a-42a5-baed-573cc755a712@10efe0bd-a030-4bca-809c-b5e6745e499a>

Best wishes

Wendy

Wendy Forrest

*Head of Strategic Planning and Health Improvement
Clackmannanshire and Stirling Health and Social Care Partnership*

*HSCP Office, Outpatient Area 2, Stirling Health & Care Village, Livilands Gate,
Stirling, FK8 2AU*

forrestw@stirling.gov.uk
07385031941

Clackmannanshire & Stirling Integration Joint Board

28 January 2026

Agenda Item 12

Strategic Risk Register

For Approval

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



Clackmannanshire
Council



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

Purpose of Report:	To provide the Integration Joint Board to the Strategic Risk Register for consideration and approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the alterations to the management of the Strategic Risk Register 2) Note the new format for risk Reporting 3) Approve the proposal to have a session on Risk and Risk Management
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1. Background and Considerations

- 1.1 The current Strategic Risk Register (SRR) is contained within Appendix 1. In November 2025 the Integration Joint Board (IJB) noted the transfer of responsibility for the SRR moving from the Chief Finance Officer (CFO) to the Head of Service for Mental Health and Learning Disability Services.
- 1.2 This arrangement was reviewed and ratified by the Finance, Audit and Performance Committee (FAP) in January 2026.
- 1.3 The FAP also ratified the management of the SRR being undertaken using the IdeaGen (previously Pentana) platform and being supported by Corporate Risk Managers within NHS Forth Valley.
- 1.4 The Senior Leadership Team (SLT) will review the current risks, present these to the FAP for scrutiny, amendment and agreement before being presented to a future Integration Joint Board (IJB).

2. Risk Stratification and the Risk Management System

- 2.1 Risks are currently quantified by multiplying the scores given to the likelihood and impact of the risk. These facets are each assessed on a scale of 1-5 with five being the most likely and biggest impact.
- 2.2 Risk scores are then categorised as High/Red when the score is over 15, Medium/Amber when scores are 9-15 and Low/Green when scores are 8 or below.

- 2.3 The Impact category set out on the current SRR is determined by the highest score across the categories of: Patient Harm, Patient Experience, Transformation/Innovation, Health and Safety, Service Delivery/Business Interruption, Workforce, Financial, Inspection/Audit, Public Confidence, Health Inequalities and Environmental Sustainability/Climate Change.
- 2.4 Appendix 1 sets out the scoring and risk stratification. The total risk score for the lead impact category is assessed against the parameters set for Appetite and Tolerance. Any risk scoring above these parameters is identified for intervention and regular review.
- 2.5 Now that the current risks are being managed on IdeaGen, there is greater visibility and support from Risk Management.
- 2.6 Understanding the quantification of risk, the mitigations and how risks are described is a complex area of operational delivery. It is therefore proposed that a future session is arranged for the FAP to have a focussed session on risk with the aim of enhancing the scrutiny and oversight.
- 2.7 The terminology within the system refers to patients, rather than to the broader population supported by the services within the IJB. HSCP Managers will work with system managers to either alter the phrasing of the categories, or ensure that the narrative within the descriptions reflects this diverse population. In addition, the access to this system will not be limited to NHS Employees and processes will be developed to ensure that managers within the HSCP from across the constituent organisations will have access to proactively manage the risks.

3. The Strategic Risk Register

- 3.1 The SRR is contained within Appendix 2. The HSCP SLT will continue to review the risks and are content with the current timeframes for ongoing monitoring and delivery. An updated risk report will be submitted to the FAP before being presented at a future IJB.
- 3.2 There is merit, as discussed in previous IJB meetings, 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 HSCP SLT and, in turn, the FAP committee in June 2026. This will also allow for consultation with risk management experts to support recommendations.

4. Appendices

Appendix 1 - NHS Forth Valley Risk Matrix
Appendix 2 – Strategic Risk Register

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

NHS Forth Valley Risk Matrix

In using the matrix you should consider the potential areas of impact that your risk presents to NHS Forth Valley and score appropriately. The final assessment of the impact of your risk is not an aggregation of your scores - it is based on your highest score in any one of the following categories. They are provided as a guide and professional assessment will determine the most applicable impact score. The highest scoring impact will determine the risk category and target score for the risk.

Impact – What could happen if the risk occurred? Assess for each category and use the highest score identified.

The impact scale is from an organisational level perspective. It reflects the key areas that if impacted could prevent the organisation achieving its priorities and objectives. The scale is a guide and cannot cover every type of impact therefore judgement is required.

Dynamic decision making/ dynamic risk assessment should still occur in your operational day-to-day management of the service

Category	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient Harm <i>(through delivery or omission of care, risk results in unintended/unexpected but avoidable physical or psychological harm to a patient)</i>	Adverse event Negligible effect on patient	Minor episode of harm not requiring intervention	Harm which requires intervention but doesn't trigger organisational Duty of Candour response	Harm, such as sensory, motor, or intellectual impairment which has lasted or is likely to last at least 28 days OR Pain or psychological harm which lasts, or is likely to last, at least 28 days And triggers organisational Duty of Candour	Severe harm such as death or permanent disability, either physical or psychological (e.g., removal of wrong limb/organ or brain damage) And triggers organisational Duty of Candour No available consultant
Patient Experience <i>(risk could impact on how a patient, their family or carer feels during the process of receiving care)</i>	Reduced quality patient experience Locally resolved verbal complaint or observations	Unsatisfactory patient experience directly related to care provision – readily resolvable Justified written complaint peripheral to clinical care	Unsatisfactory patient experience/clinical outcome with potential for short term effects Justified written complaint involving lack of appropriate care Themes emerging – readily or locally resolvable	Unsatisfactory patient experience /clinical outcome with potential for long-term effects Multiple justified complaints Serious problem themes emerging, informed from more than one source	Unsatisfactory patient experience/clinical outcome, continued ongoing long-term effects Complex Justified complaints Confirmed serious problem themes from more than one source Involvement of Scottish Public Services Ombudsman

Transformation/Innovation <i>(risk could impact on ability to successfully adapt and transform)</i>	Barely noticeable reduction in scope/quality/ schedule Negligible impact on achievement of intended benefits	Minor reduction in scope/quality/ schedule Minor impact on achievement of intended benefits	Reduction in scope/quality/project/programme objectives or schedule Some intended benefits will not be achieved	Significant project/programme over-run Significant proportion of intended benefits will not be achieved – working with QI but having to pause this effort due to lack of capacity	Failure to deliver project/programme Failure to achieve sustainable transformation Unable to measure but pausing data collection due to lack of capacity – unable to recruit financially, or sickness. Reactive rather than proactive planning. Unable to provide weekend service – to continue at this pace it is unsustainable and unable to achieve the objectives.
Health and Safety <i>(risk could impact on staff/public, or a patient out with delivery of care)</i>	Adverse event leading to minor injury not requiring first aid No staff absence	Minor injury or illness, first aid treatment required Up to 3 days staff absence	Agency reportable, e.g., Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling RIDDOR over 7- day absence due to injury/dangerous occurrences – increase in violence and aggression due to lack of workforce	Major injuries/long term incapacity /disability (e.g., loss of limb), requiring, medical treatment and/or counselling RIDDOR over 7- day absence due to major injury/dangerous occurrences.	Incident leading to death(s) or major permanent incapacity RIDDOR Reportable/FAI
Service Delivery/ Business Interruption <i>(risk could impact on ability to efficiently and effectively deliver services)</i>	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care/ quality of service provision	Some disruption in service with unacceptable impact on patient care Resources stretched Prolonged pressure on service provision	Sustained loss of service which has serious impact on delivery of patient care Contingency Plans invoked Temporary service closure	Permanent loss of core service/ facility Major Contingency Plans invoked Disruption to facility leading to significant “knock on” effect Inability to function as an organisation

Workforce <i>(risk could impact on staff wellbeing, staffing levels and competency)</i>	Negligible impact on staff wellbeing	Minor impact on wellbeing, requires peer support	Moderate impact on staff wellbeing, requires line manager support	Serious impact on staff wellbeing, requires referral to support services.	Critical impact on staff wellbeing, co-ordinated response and referral to support services
	Temporary reduction in staffing levels/skills mix	Short-term reduction in staffing levels/skills mix (<6 months)	Medium-term reduction in staffing levels/skills mix (>6 months)	Long-term reduction in staffing levels/skills mix (>9 months)	Loss of key/high volumes of staff
	Individual training/competency issues	Small number of staff unable to carry out training or maintain competency levels	Moderate number of staff unable to carry out training or maintain competency levels	Significant number of staff unable to carry out training or maintain competency levels	Critical training and competency issues throughout the organisation
		Increased usage of supplementary staff	Reliance on supplementary staff in some areas	Reliance on supplementary staff in multiple areas.	Unsustainable reliance on supplementary staff across organisation.
Financial <i>(risk could impact through unplanned cost/reduced income/loss/non-achievement of intended benefit of investment)</i>	Some adverse financial impact but not sufficient to affect the ability of the service /department to operate within its annual budget	Adverse financial impact affecting the ability of one or more services/ departments to operate within their annual budget	Significant adverse financial impact affecting the ability of one or more directorates to operate within their annual budget	Significant adverse financial impact affecting the ability of the organisation to achieve its annual financial control total	Significant aggregated financial impact affecting the long-term financial sustainability of the organisation
Inspection/Audit <i>(risk could impact on outcome during/after inspection by internal/external scrutiny bodies)</i>	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan.	Mandatory improvement required. Low rating. Critical report. High level action plan is necessary	Threat of prosecution. Very low rating. Severely critical report. Board level action plan required
Public Confidence <i>(risk could impact on public/stakeholder trust and confidence, and affect organisation's reputation)</i>	Some discussion but no impact on public confidence No formal complaints or concerns	Some concerns from individuals, local community groups and media – short-term Some impact on public confidence Minor impact public perception and confidence in the organisation	Ongoing concerns raised by individuals, local media, local communities, and their representatives - long-term Significant effect on public perception of the organisation	Concerns raised by national organisations/scrutiny bodies and short-term national media coverage Public confidence in the organisation undermined Use of services affected	Prolonged national/international concerns and media coverage Issues raised in parliament Legal Action/ /Public Enquiry/FAI/Formal Investigations Critical impact on staff, public and stakeholder confidence in the organisation

Health Inequalities <i>(risk could increase health inequalities, particularly those that are healthcare generated)</i>	Negligible impact on health inequalities such as morbidity/mortality and healthy life expectancy No impact on services	Minor impact on health inequalities such as morbidity/mortality and healthy life expectancy Some services experience increased pressures	Moderate impact on health inequalities such as morbidity/mortality and healthy life expectancy Causes short term increased pressures across the system	Serious exacerbation of health inequalities such as morbidity/mortality and healthy life expectancy Causes long term pressures in system/affects ongoing viability of a service	Critical exacerbation of health inequalities such as morbidity/mortality and healthy life expectancy Affects whole system stability/sustainability
Environmental Sustainability / Climate Change <i>(risk could impact on environment, ability to comply with legislation/targets or environmentally sustainable care)</i>	Limited damage to environment, to a minimal area of low significance Negligible impact on ability to comply with climate legislation/targets or ability to reach net zero Negligible impact on ability to provide environmentally sustainable care	Minor effects on biological or physical environment Minor impact on ability to comply with climate legislation/targets or ability to reach net zero Minor impact on ability to provide environmentally sustainable care	Moderate short-term effects but not affecting eco-system Moderate impact on ability to comply with climate legislation/targets or ability to reach net zero Moderate impact on ability to provide environmentally sustainable care	Serious medium term environmental effects Serious impact on ability to comply with climate legislation/targets or ability to reach net zero Serious impact on ability to provide environmentally sustainable care	Very serious long term environmental impairment of eco-system Critical non-compliance with climate legislation/targets or ability to reach net zero Critical impact on ability to provide environmentally sustainable care

Likelihood – What is the likelihood of the risk occurring? Assess using the criteria below.

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
It is assessed that the risk is <u>very unlikely</u> to ever happen.	It is assessed that the risk is <u>not likely</u> to happen	It is assessed that the risk <u>may</u> happen	It is assessed that the risk is <u>likely</u> to happen	It is assessed that the risk is <u>very likely</u> to happen
<10% chance that the risk may occur	10-20% chance that the risk may occur	21-50% chance that the risk may occur	51-75% chance that the risk may occur	>75% chance that the risk may occur
Will only occur in exceptional circumstances	Unlikely to occur but potential exists	Reasonable chance of occurring - has happened before on occasions	Likely to occur - strong possibility	The event will occur in most circumstances – Gone out to recruitment twice and unable to recruit – consultants and AHPs

Risk Assessment Table – Multiply likelihood score by impact score to determine the risk rating (score).

LIKELIHOOD	5	Low 5	Medium 10	High 15	Very High 20	Very High 25
	4	Low 4	Medium 8	High 12	High 16	Very High 20
	3	Low 3	Low 6	Medium 9	High 12	High 15
	2	Low 2	Low 4	Low 6	Medium 8	Medium 10
	1	Low 1	Low 2	Low 3	Low 4	Low 5
		1	2	3	4	5
	IMPACT					

C&S SRR Risk Report

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Assigned To	Lead Impact Category	Next Assessment Date
C&S SRR 01	Delivery of Strategic Commissioning Plan within available budget	25	25	18-Dec-2025	25		10			Financial	
C&S SRR 11	Capacity to Deliver Safe and Effective Integration Functions to Support Whole System Performance and Safety	20	20	22-Dec-2025	20		8			Public Confidence	
C&S SRR 12	Transformation and Sustainable Service Delivery	20	20	22-Dec-2025	20		16			Transformation/Innovation	
C&S SRR 02	Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny	16	16	18-Dec-2025	16		8			Inspection/Audit	
C&S SRR 03	Delivery of Integrated Performance Framework	16	16	18-Dec-2025	16		16			Transformation/Innovation	
C&S SRR 05	Patient / Service User Experience	16	16	18-Dec-2025	16		8			Patient Harm	
C&S SRR 07	Harm to Vulnerable People, Public Protection and Clinical & Professional Care Governance	16	16	22-Dec-2025	16		8			Patient Harm	
C&S SRR 08	Sustainability of adult placement in external care home and care at home sectors	16	16	22-Dec-2025	16		8			Financial	
C&S SRR 13	Mental Health Officer (MHO) Workforce & Guardianship Orders	25	16	20-Jan-2026	16; 25					Service Delivery/Business Interruption	
C&S SRR 09	Primary Care Sustainability	15	15	22-Dec-2025	15		15			Transformation/Innovation	
C&S SRR 04	Delivery of Integrated Workforce Plan	12	12	18-Dec-2025	12		6			Workforce	

C&S SRR 06	Information Management and Governance	12	12	18-Dec- 2025	12		8			Inspection/Audit	
C&S SRR 10	Potential Industrial Action	9	9	22-Dec- 2025	9		6			Workforce	

Strategic Planning Group - Hybrid

Minute of meeting held on 10 September 2025

Name	Position
In Person	
Joanna MacDonald	Interim CO C&S Health & Social Care Partnership (HSCP)
Cllr David Wilson	Chair, Integration Joint Board and Chair of Strategic Planning Group (Chair)
Wendy Forrest	Head of Strategic Planning and Health Improvement, Health & Social Care Partnership (HSCP)
Katy McBride	Housing, Health and Social Work Policy and Research officer HSCP
Lisa Powell	Planning & Policy Development Manager
Mike Evans	Urban Locality Planning Network Chair
Judy Stein	Interim Head of Community Health & Care, HSCP
Jennifer Baird	Contracts & Commissioning Manager HSCP
Allan Rennie	Vice Chair, Integration Joint Board
Gemma Pritchard-Woollett	HSCP Integration officer and Lead CLW for Clackmannanshire
Ewan Murray	Chief Finance Officer, HSCP
Teams	
Dougie Porteous	Head of Sport Physical Activity and of Inclusion Active Stirling
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Kelly Higgins	Senior OD Adviser, HSCP
Ailsa Halliday	PMO, HSCP
Emma Kavanagh	PMO, HSCP
Rachel Sinclair	Interim Locality Manager, HSCP
Ross Cheape	Head of Service MH & LD, HSCP
Claire Roux	AHP Manager, HSCP
Joanne O'Suilleabhair	Principal Public Health Officer/Keep Well Programme Manager
Linda Riley	Service User Representative
In attendance	
Margaret Robbie	Minute taker / PA
Apologies	
Dr Jennifer Borthwick	Director of Psychological Services, Mental Health & Learning Disability
Jennifer Rezendes	Chief Social Work Officer, Stirling Council
Anthea Coulter	CTSI Third Sector Interface, Clackmannanshire

1. Welcome from Chair & Apologies for absence.

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

2. Draft Minute of the meeting held on – 12 February 2025 @ 2.pm Hybrid

The note of the meeting held on 25 June 2025 @ 2.00 pm was not available and will become forward for approval at a later date.

3. Action Log & Matters Arising

Action Log picked up via agenda in meeting and updated.

3.1 Matters arising

There were none.

4 Budget Position

Ewan Murray (EM), Chief Finance Officer provided an update on the current position. The budget position continues to be really challenging. There will be a full financial report to the IJB at the end of the month. This will highlight based on current commitments there would be a projected overspend (based on year to date) of £10.5m and that is taking account of the additional £4m additional funding from the NHS Board as a contribution to anticipated 25/26 financial risk share. There is a lot of the 25/26 Delivery Plan which is essentially back loaded over the second part of the financial year and the impact of that as the year goes on. EM does not assess that as being sufficient to balance the Integrated Budget in this financial year and means there needs to be further financial recovery considerations in this financial year. In the short term we do not want to compromise our 3year delivery plan.

There has been challenging discussion with the IJB members in private session on 20th August and there is a need to continue at pace with the transformation programme we have but additional measures will be required. Further discussion will be required with the constituent authorities on the lead up to the IJB noting that other HSCPs are challenged with their budget pressures.

5. Consultation on Strategic Commissioning Plan Year Three Review and budget consultation Discussion

Ewan Murray, Chief Finance Officer

Wendy Forrest, Head of Strategic Planning & Health Improvement

A presentation was provided to the Group. Wendy Forrest advised that we are keen to consider how we do the plan for the budget consultation alongside the need for us to review the strategic plan. In terms of where we are with our Strategic Commissioning Plan it is a 10-year plan and the Integration Joint Board (IJB) agreed this in 2023 with a requirement to review every three years.

The Strategic Planning Group has a formal role within this in that the Strategic Commissioning Plan is reviewed by this group. We also have an Annual Performance Report, and the role of this group is to scrutinise that and put any commentary into the IJB as part of that process. There is also a quarterly performance report that comes here for scrutiny before going forward to the Finance, Audit & Performance Committee (FAP) before onwards to the IJB for scrutiny & approval. There is a formalised role for this group in terms of how the strategic commissioning path plan is developed, reviewed & implemented that formal role sits here.

Engagement is key to the review of the Strategic Commissioning Plan

- Strategic Planning Group oversee process of review on behalf of IJB
- Review Working group established with representation from HSCP and three constituent organisations.
- Establish a review working group with all key stakeholders

The Timeline we are looking at will be as follows:

- Proposed approach presented to Strategic Planning Group September
- Paper presented to IJB September 2025 for approval
- Review Working Group established September 2025
 - Alignment to Delivery Plan priorities September
 - Programme of engagement on-line and in person throughout Nov – Jan 2026
 - Review of up to date national and local policy changes
- Update to Strategic Planning Group – November 2025
- Reviewed Plan presented to Finance, Audit and Performance – January 2025
- Reviewed Plan presented to Integration Joint Board – March 2025

It was requested that a clear communication strategy be agreed for this work with a forward from Ewan & Joanna as to why we need this. Can we check where Falkirk are in their journey with this and have some symmetry over Forth Valley.

6. Annual Performance Report

Lisa Powell, Planning & Policy Manager & Ann Farrell, Principal Analyst

A presentation had been provided for the group. This is the tenth Annual Performance Report and covers 2024/25. The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) is the delivery vehicle of the IJB, services are delivered in line with the Strategic Commissioning Plan 2023 - 2033. All themes and priorities of the Strategic Commissioning Plan are linked to the nine National Health and Wellbeing Outcomes. This presentation is a review of service delivery across the Partnership outlining outcomes for communities, key achievements, effective partnership working and challenges as well as reporting on the significant programme which has been delivered to modernise and transform services post-COVID and during the continued challenging financial position, we find ourselves within.

The Partnership is committed to the influencing of the delivery community health and social care. Engagement with people helps us all understand need, demand and work out how to best deliver services in partnership with a wide range of people and organisations. This will be shown throughout the different sections of the report. The Annual Report is over 40 pages long and this presentation is a whistle stop tour.

7. Modernising the Approach to Residential Respite Provision

Judy Stein, Interim Head of Community Health & Care

Judy Stein provided a presentation and gave an update to the group.

The Short Break Service Statement was approved by the IJB in March 2025. In line with SDS legislation there is a need to consider how the current residential respite provision is modernised in both Clackmannanshire & Stirling. The term Respite is one that does not align with the wishes of Carers and Short Breaks is the name that has been agreed on. There is a Short Break Working Group and this is progressing a number of options which will be shared with the HSCP Senior Leadership Team for feedback and approval. Once this is approved, we will proceed with Stakeholder engagement in the form of consultation. The stakeholders will include Service Users, Carers, Staff and Trade Union Representatives. No decisions will be made until the options are presented to the IJB in November 2025.

Joanna MacDonald noted it is for Clackmannanshire Council to make the decision of closure of the building, and we are looking at the services within the building.

8. Housing Adaptations Review

Katie McBride, Housing Health and Social Work Research and Policy Officer

Katie had provided a presentation and gave an update to the group.

The provision of housing adaptations is an integral part of integrated housing, health and social work services. If delivered well and on time they can assist people to remain living independently at home with dignity and choice, as well as avoid the need for other services such as admission to hospital or care homes or the need to access GP services/minor injuries clinic etc.

In September 2024, the Specialist housing Forum requested a review be undertaken of housing adaptations service provision in place across the partnership. The purpose of this presentation is to give the SPG an overview of the review and the outcomes before the paper is presented to the IJB on the 24 September for direction.

The scope and methodology for the housing adaptations review were agreed by members of the Specialist Housing Forum which consists of senior managers from the Partnership, and both Councils. The key recommendations were as follows

- 1. Strategic Priorities:** Partners need to develop and agree the joint strategic direction for aids and adaptations which is more person centred, aligns with right care right time projects and includes solutions that meet the longer-term housing needs of individuals.
- 2. Governance, Finance and Performance:** Partners need to identify high level budgets to be delegated to the IJB each year and put in place joint governance arrangements for monitoring budgets and the outcomes delivered to service users to inform resource allocation.
- 3. Benchmarking and Best Practice:** Undertake benchmarking work with HSCPs who have recently undertaken changes to adaptations services to align with health and social care integration.
- 4. Access to OTs:** To minimise waiting times and benefit from health and social care integration, there is a need to streamline resources and improve access to adaptations through a review of current processes and resources.
- 5. Adaptations Policy:** Updated policies are required for the local delivery arrangements for council and private sector adaptations including a joint approach for complex cases. Policies are to align with right care right time projects, aim to have earlier conversations and consider alternative housing options
- 6. Access to information:** Update information to service users about aids and adaptations services and provide consistent information which is accessible and enables informed choices to access the correct support
- 7. Service user experience:** Partners need to undertake further consultation with key stakeholders as well as services users and their unpaid carers when undertaking any system redesign and the development of new aids and adaptations policy
- 8. Procurement:** To address rising costs, review current procurement arrangements and explore further the potential of putting in place standard designs and upgrading existing stock through capital programmes

The key themes have informed recommendations within the final report which will be considered by the IJB on the 24 September along with the delivery plan with actions for improvements. Joint working between the HSCP, and colleagues from Stirling Council and Clackmannanshire Council through the Specialist Housing Forum will continue along with work with stakeholders and services users and their Carers. Implementation of the agreed

delivery plan will commence in October with progress updates every 2 months to the SHF. Any changes to adaptations policy will brought as a separate paper to the SPG and to the IJB for direction and agreement and will require service Users and unpaid carer engagements.

9. AOCB

Review of Terms of Reference

Wendy advised that a fresh terms of reference with changes noted had been circulated. If people could read and review and advise of any changes to her on forrestw@stirling.gov.uk by Wednesday 17 September.

Date of Next Meeting 10th December 2025 @ 1 pm in Stirling Council Chambers

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance, Audit and Performance Committee**
held on **Wednesday 17 September 2025 2 – 4 pm** in the Boardroom, Carseview
House, Stirling and hybrid via Microsoft Teams

Present:

Voting Members: Councillor Janine Rennie, Clackmannanshire Council (Chair)
Councillor Martin Earl, Stirling Council (Vice Chair)
Councillor Coyne, substitute for Councillor Benny, Clackmannanshire Council
Councillor Rosemary Fraser, Stirling Council
John Stuart, Non-Executive Board Member

In Attendance:

Ewan Murray, Chief Finance Officer
Joanna Macdonald, Interim Chief Officer
Wendy Forrest, Head of Strategic Planning and Health Improvement
Gordon O'Connor, Audit Service Manager
Abu, Alhassan, Audit Manager, Deloitte LLP
Rebecca McConnachie, Senior Manager, Deloitte LLP
Ross Cheape, Head of Service Mental Health and Learning Disability Services
Judy Stein, Interim Head of Community Health and Care
Lesley Fulford, Standards Officer
Sandra Comrie, PA (Minutes)

1. WELCOME AND APOLOGIES

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

Apologies:

Councillor Martha Benny, Clackmannanshire Council
Allan Rennie, Non-Executive Board Member
Stephen McAllister, Non-Executive Board Member
Martin Fairbairn, Non-Executive Board Member
Anthea Coulter, Third Sector Representative, Clackmannanshire

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

Chair asked Vice Chair to Chair the meeting as she was unable to attend the meeting in person.

4. DRAFT MINUTE OF PREVIOUS MEETING HELD ON 25 JUNE 2025 & SPECIAL MEETING HELD ON 20 AUGUST 2025

The draft minute of the meetings held on 25 June 2025, and 20 August 2025 were approved.

5. ACTION LOG OF PREVIOUS MEETING HELD ON 25 JUNE 2025 & SPECIAL MEETING HELD ON 20 AUGUST 2025

The action logs of the meetings held on 25 June 2025, and 20 August 2025 were approved.

Mr Murray explained that some of the actions were linked into the audit process and would be discussed under agenda item 7.

6. EMERGENT IMPACT OF MULTI DISCIPLINARY TEAM AND REFRESHING APPROACH TO ELIGIBILITY CRITERIA

Presentation by Wendy Forrest, Head of Strategic Planning and Health Improvement

The presentation is available for download here [FAP - MDT and Eligibility Criteria Presentation - Sept 25.pptx](#)

Ms Forrest delivered a presentation showcasing the positive impact of the Multidisciplinary Team (MDT) approach, emphasizing its effectiveness in service delivery and its alignment with both the budget approach and the delivery plan.

The MDT model is designed to streamline referral pathways, lower care-related costs, and enhance overall outcomes. Key elements highlighted by Ms Forrest included integrated service provision, a person-centred focus on outcomes, staff wellbeing, and the ongoing challenges of operating within financial constraints.

Initial evidence of cost efficiencies or avoidance from review processes was shared, along with data trends showing a decline in referrals during the summer months. Significantly, effective triage meant that only 85 of the 258 referrals required full social work assessments.

In response to questions, Ms Forrest confirmed active engagement from third sector organisations, including representation from SDS Forth Valley on the steering group for the "Right Care, Right Time" initiative. Consideration is also being given to involving Community Link Workers in the process. Suggestions were raised around the importance of clear, positive communication and the need to benchmark eligibility criteria.

Ms Forrest confirmed that MDTs will undergo a formal review every six months, and benchmarking activities are ongoing with Falkirk HSCP to ensure a consistent approach across Clackmannanshire, Stirling and Falkirk.

The Committee reviewed housing needs and the integration of locality suitability into the assessment process.

Councillor Earl expressed concern over the number of cases marked as "not started" and requested clarification on the underlying causes and tracking methods. In response, Ms Stein outlined current initiatives to manage and reduce the pending list. He recommended that the Committee receive a detailed report on the actions being taken, including case progression strategies to enhance efficiency and effectiveness. He also requested that the report include the total number of individuals on the list, along with a trend analysis.

Additionally, he inquired about the process followed when an individual disagrees with a decision made by the MDT. Ms Forrest explained that there is a statutory duty to assess, and in such cases, the MDT will reassess the individual, requesting further information as needed.

7. PROGRESS WITH IJB ACCOUNTS AND STATUTORY AUDIT

Verbal update by Ewan Murray, Chief Finance Officer

Following the special meeting held on 20 August 2025, additional notes have been incorporated into the accounts as requested. Mr Murray confirmed that the statutory audit began on 1 September 2025 and is expected to conclude by late October or early November.

To facilitate review, Mr Murray proposed holding a special meeting of the Finance, Audit and Performance (FAP) Committee two weeks prior to the next Integration Joint Board (IJB) meeting on 26 November 2025. This would allow the Committee to consider both the accounts and the ISA 260 Annual Audit Report, enabling approval and signing of the accounts at the IJB meeting on 26 November.

If this timeline proves unfeasible, the accounts and audit report would instead be presented to the FAP Committee on 3 December 2025, with approval and signing being at the IJB scheduled for 28 January 2026.

Mr Murray outlined potential risks to the audit process. One key concern is the departure of key finance personnel, including his own role as Chief Finance Officer and the HSCP Management Accountant. As there may be delays in filling these positions, the interim Chief Officer will seek support from the Chief Finance Officers and Directors of Finance of the constituent authorities during this transitional period.

Another significant risk is the unresolved risk share for 2024/25, which remains under dispute resolution. Regarding the accounting treatment of the £4 million additional payment from NHS Forth Valley in 2024/25, Mr. Murray has consulted CIPFA through the IJB Chief Finance Officer section for technical advice. Current guidance for integration authorities does not specifically address this scenario. Since constituent authorities cannot impose conditions on such payments, it is up to the IJB to determine how the funding will be used. This matter is detailed in the financial report presented to the IJB on 24 September 2025 with a revised direction to provide further clarity.

Mr Alhassan confirmed that external auditors aim to complete their final work by the end of November. Due to concerns about the audit timeline, Councillor Earl has requested a special FAP meeting to be held before the IJB meeting on 26 November 2025. Mr. Murray assured the Committee of his commitment to advance the audit process as far as possible before his departure.

Ms McConnachie reported that several audits across the country have also experienced delays. Efforts are underway to return these to a standard timeline. She has engaged with the Controller of Audit and the Accounts Commission to raise awareness of the situation. Both parties have acknowledged the impact, and Deloitte remains committed to completing the audit, working diligently to meet the required deadlines. Ms McConnachie highlighted that completion of the audit plan was required to provide assurance to the FAP and IJB, emphasising that audit quality remains their top priority.

Councillor Fraser inquired about the conditions attached to the £4 million. In response, Mr Murray outlined three key financial judgments: the £4 million itself; the £1.327 million that Clackmannanshire Council is seeking to be repaid in 2026/27, which is currently part of the dispute resolution process; and the £421,000 unresolved risk share for 2024/25, also under dispute resolution. Mr Murray clarified that he has treated the £1.327 million as a disclosure rather than a loan. Ms Macdonald expressed confidence that the Chief Finance Officers / Directors of Finance of the three constituent authorities will provide support to ensure duties are discharged to the best of their ability during the interim period without a Chief Finance Officer in post.

Councillor Rennie raised concerns as the accounts will still need to be approved by Clackmannanshire and Stirling Council, she had concerns about Council approval timelines and data dependencies. Mr Murray agreed that it would be helpful for him to provide weekly updates on audit progress to the FAP Committee Chair and Vice Chair.

Ms McConnachie confirmed that the final audit testing is still at an early stage, with most current work focused on the transactional level. At this point, there is nothing significant to bring to the Committee's attention, and it would be premature to offer any opinions or conclusions before completing the full review process. However, she assured the Committee that any issues or discussion points that arise will be promptly highlighted to Mr Murray, the Chair, and Vice Chair as appropriate.

Councillor Earl expressed concern that the Strategic Risk Register (SRR) was not included as a standalone item on the agenda, noting its importance as a core function of the FAP Committee. Mr Murray proposed that the SRR be added to the agenda for the special FAP Committee meeting, if one is scheduled in November. It was agreed that the SRR should be reviewed by the FAP Committee first and then submitted to the IJB on a quarterly basis. Mr Murray committed to a review and update of the SRR before his departure from post to facilitate presentation to a special meeting.

8. DRAFT ANNUAL PERFORMANCE REPORT

Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest presented the report, outlining key achievements and its alignment with strategic priorities. Notable improvements included a reduction in delayed discharges, quicker delivery of care packages, and better integration of MDT and policy work. These developments reflect a whole-system approach to performance delivery and demonstrate progress against the Strategic Commissioning Plan's priorities. The report is a statutory requirement for the IJB and is submitted to the FAP Committee for scrutiny and approval before going to the IJB.

Ms Forrest also confirmed that vaping statistics will now be included in the quarterly performance report, addressing both public health concerns and environmental impact.

In response to questions, Ms Forrest agreed to provide Councillor Rennie with an update on the structure of counselling services for individuals affected by substance misuse. She also noted that work continues on the Community Link Worker project in collaboration with the two Third Sector Interfaces, as part of the MDT response. Progress on this initiative will be reflected in future performance reports.

Mr Stuart recommended including more detail on palliative and end-of-life care. Ms Forrest responded that this area would begin to be reported in the quarterly performance report, with formal inclusion planned for the 2025/26 financial year, in line with the current progress.

The Committee discussed staff training and emphasised the need for ongoing professional development, agreeing that further action is required to maintain staff confidence in their roles.

The Finance, Audit and Performance Committee:

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

9. PROGRESS REPORT ON GOVERNMENT ACTION PLAN AND ANNUAL AUDIT REPORT RECOMMENDATIONS

Paper presented by Mr Ewan Murray, Chief Finance Officer

Mr Murray presented the Governance Action Plan, which is embedded within the Annual Governance Statement and considered as part of the unaudited accounts. He confirmed this was shared in draft form at the IJB meeting on 18 June 2025, alongside an updated progress report on the previous year's audit recommendations from Deloitte.

The Committee discussed the recommendation on financial sustainability, with particular reference to IJB reserves. Mr Murray noted that this issue will be for his successor to consider as part of future budget setting processes but emphasised the importance of maintaining a prudent reserve level to manage unforeseen circumstances. This will be included in his handover report.

Mr Murray confirmed that the 2024/25 audit recommendations have been carried forward into the 2025/26 cycle.

A progress report is required on the internal audit recommendations outlined in the Chief Internal Auditor's Annual Report, reviewed by the FAP Committee on 25 June 2025. Mr Murray will prepare this report.

The Finance, Audit and Performance Committee:

- 1) Noted and drew assurance from the progress reports**
- 2) Agreed that further progress reports will be presented to future Committee meetings**

10. REVIEW OF IJB FINANCIAL REGULATIONS

Paper presented by Mr Ewan Murray, Chief Finance Officer

Mr Murray proposed minor amendments to reflect the revised Committee structure and invited the Committee to consider recommending these changes

to the IJB for approval, allowing flexibility for further adjustments. He suggested that any additional changes be presented to the IJB at its meeting on 26 November 2025. Councillor Earl noted that agenda items 9, 10, and 12 relate to the dispute resolution process. Mr Murray clarified that a full review will follow finalisation of the revised Integration Scheme, as further review and potentially revision of governance frameworks would be required at this point to ensure they are fit for purpose.

The Finance, Audit and Performance Committee:

- 1) Noted the background to the IJBs Financial Regulations**
- 2) Considered the proposed updates to the IJBs Financial Regulations and recommend these to the IJB for approval.**
- 3) Agreed that the Financial Regulations be further reviewed no later than 2 years from the date of approval by the IJB.**

11. LONG TERM CARE AND ORDINARY RESIDENCE

Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

Ms Forrest presented two policies aimed at enhancing public understanding and ensuring compliance with current legislation. The Ordinary Residence Policy has significant financial implications, particularly for individuals residing outside the area but receiving local services, requiring effective management. For long-term care, financial considerations must align with public expectations, staff practices, and detailed financial procedures. Staff feedback on both policies was requested to support consistent and competent implementation.

Ms Forrest confirmed that each policy will be supported by a Standard Operating Procedure (SOP), to be approved by the Senior Leadership Team, providing clarity for staff and the public. Ms Macdonald proposed a joint development session between the Clackmannanshire and Stirling IJB and Falkirk IJB to foster shared understanding of the policies and their practical impact across the regions.

Councillor Rennie recommended including links to financial advice services to support informed decision-making. Ms Forrest agreed and proposed adding a link to the Citizens Advice Bureau (CAB).

Following discussion, the Committee agreed to revise the title of the Long-Term Care Policy to better reflect its relevance to care homes and other settings. Ms Forrest committed to updating the title and reviewing the section on temporary care home placements. The Committee also requested greater clarity in the Ordinary Residence Policy, specifying that it applies to individuals moving into or out of the area, and does not relate to movements between constituencies.

The Finance, Audit and Performance Committee:

- 1) Scrutinised and provided comment on both policies outlined within the appendices of this paper.**
- 2) Recommendation both policies to IJB for approval.**

12. REVIEW OF SCHEME OF DELEGATION

Paper presented by Lesley Fulford, Senior Planning Manager

Ms Fulford presented a light-touch review of the Scheme of Delegation, noting its dependency on dispute resolution and approval of the Integration Scheme. The Committee agreed to recommend the review to the IJB, acknowledging that further revisions may be required following resolution of the dispute process.

The Finance, Audit and Performance Committee:

- 1) Considered and discussed the contents of the report.**
- 2) Recommend the Scheme of Delegation to the IJB for approval.**
- 3) Noted the background to the extant Scheme of Delegation**
- 4) Agreed that the Scheme of Delegation is further reviewed when a revised Integration Scheme is approved and on a bi-annual basis and that the Finance, Audit & Performance Committee oversee such reviews and make such recommendations to the IJB that it sees fit.**
- 5) Noted that any revisions to the Scheme of Delegation require the approval of the Board.**

13. RELEVANT NATIONAL REPORTS

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

Paper presented by Mr Ewan Murray, Chief Finance Officer

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

The Finance, Audit and Performance Committee:

- 1) Noted the report and its direct relevance to the IJB and constituent authorities.**
- 2) Noted the key messages and recommendations from the reports.**

14. ANY OTHER COMPETENT BUSINESS

Councillor Earl acknowledged Ewan's final Committee meeting and thanked him for his years of service and contributions to the FAP and previous Committees.

The Committee all wished him well in his new role at Falkirk HSCP.

15. DATE OF NEXT MEETING

14 December 2025

Minute of the Clackmannanshire & Stirling Joint Staff Forum held on Thursday 21 August 2025 @ 2pm via Teams

Present:

Jennifer Baird, Service Manager Commissioning & Contracting Manager, HSCP
Amy Bell, RCN Trainee Rep, NHS Forth Valley (AB)
Nicola Brodie, Unison Rep, NHS Forth Valley (NB)
Ross Cheape, Head of Service, MH & LD HSCP(RCh)
Nina Chaldaiou, Associate HR Business Partner, Stirling Council (NC)
Sandra Drinkeld, HR Business Partner, NHS Forth Valley (SD)
Amie Drysdale, HR Business Partner, Stirling Council (AD)
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP (WF)
Karren Morrison, Unison Forth Valley Health Branch, Branch Secretary (KM)
Julie Morrison, Unison Branch Treasurer, Stirling Council (JM)
Joanna MacDonald, Interim Chief Officer C & S HSCP (JMac) Chair
Kevin McIntyre, Branch Secretary, Unison, Clackmannanshire Council (KMcl)
Terry O'Gorman, Locality Manager, Stirling, HSCP (TOG)
Abigail Robertson, Vice Chair, Stirling Unison, Stirling Council (AR)
Claire Roux, AHP Manager for community & Care (CR)
Rachel Sinclair, Interim Locality Manager, HSCP (RS)
Emma Small, RCN Rep, NHS Forth Valley (ES)
Judy Stein, Interim Head of community Health & Care, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Branch Secretary (LT)

1. Welcome and Introductions

Joanna Macdonald, Interim Chief Officer, chaired this meeting. Apologies were noted as below

2. Apologies for Absence:

Jennifer Borthwick, Director of Psychological Services, MH & LD (JB)
Nicola Brodie, Unison Rep, NHS Forth Valley
Kelly Higgins, Senior OD Adviser, HSCP (KH)

3. Minutes of Previous Meeting 22 May 2025

These were approved as an accurate record

4. Matters Arising

Christmas Leave at the Bellfield

JS advised that this issue relates to the domestic staff at Bellfield who are not managed by the Partnership. It relates to the allocation of annual leave, Christmas in particular and how it is managed by the two organisations.

AD advised that she has met with the Stirling care staff have they have made a change to how their leave is dealt with. This is for this year only, from next year it will be a rota basis ie if you get Xmas this year then next year you won't. The Domestic staff have continued in the same way as before & got leave approved in Oct/Nov & they had hoped to change to the same as the care staff.

LT advised that it is about approval & confirmation. There are three staff employed by SC, while the rest are with SERCO with different T & Cs. SERCO are April – March, SC are Jan – Dec. Staff are finding it unreasonable to wait until October to see if leave is approved, as it prevents forward planning. Although there is no objection to the first-come, first-served system, the lack of consultation and consistency has caused frustration.

AD clarified that the change only applies to Christmas Day and potentially New Year's Day, and is like the reablement staff, aiming to accommodate as many people as possible.

KM noted that the absence of guidance and the presence of multiple employers complicate matters, and staff should be consulted to ensure fairness.

AR noted that only two staff are affected, and they are happy to cover each other & are willing

to proceed under the current system.

LT advised she is committed to resolving the issue, and the status quo should remain until a resolution is reached.

JS noted that we cannot resolve this in the current meeting and will follow up outwith this meeting. All parties are content with this approach. An update to come to November meeting

AGENDA ITEM Next Meeting

5. LD Day Services Opportunities

WF advised we are looking at a redesign of Day Opportunities to align with the SdS Act. Jennifer Borthwick & WF are jointly chairing fortnightly meetings. We are currently doing work in the background around the numbers. We are aiming to come back to the Integration Joint Board following decisions last year within this financial year with a refreshed commissioning model proposal for day opportunities -

LT is part of the review group. There are robust notes provided & LR has sent some concerns. It seems to be commission driven which is causing anxiety. There is a lack of recruitment, resources & resilience in this service area and we have some flagship services and staff are concerned.

WF noted that when commissioning is spoken about it is internal & external – it is a catch all for all of that.

6. Re design Of Commissioning & Business & Finance functions Across C & S

Jennifer Baird provided a paper proposing the integration of both services, with reassurance that there will be no reduction or detriment to staff. This approach is intended to support a more integrated & single way of working.

LT welcomed the reassurance regarding staff impact. As we are still unclear re the dispute & the Stirling Council meeting on 26/06, in terms of where we are heading with the Partnership, is further integration viable? In terms of resource capacity & workload we know staff are struggling with this. JB clarified that below team leader grade, each post will remain aligned to the existing council, with only management structures being integrated. With two different recording systems in place, efforts are being made to ensure staff have a clear and manageable process. There are a couple of vacancies pending the outcome of this proposal, and it is important that these posts are filled promptly to maintain service delivery

KMcl noted if we are considering a re-design process as part of this paper, it's important that we follow each organisation's redesign policies and procedures. This would involve presenting the relevant papers to Bipartite & junior management meetings in Clackmannanshire & noted that Stirling will have their own processes for handling such matters. The idea of establishing a single, generic job profile for all posts, while this sounds positive in theory, the way each organisation evaluates job profiles differs, which could result in significant disparities in pay and terms and conditions. A job profile review, depending on how it is evaluated by each authority, could lead to concerns particularly if we begin to see widening differences in pay.

LT noted that there should be no further integration whilst we are in the middle of ongoing disputes. Having already experienced Shared Services and people being disaggregated. No paper has been to the bipartite and we would expect that to happen.

JB offered reassurance that this may be the wrong forum but felt that a collective look at this paper was required. To give KMcl & LT assurance that we fully understand that each organisation has its own OD-change policies and would be looking to take this to the respective Bipartite forums.

KMcl noted there was no concern that the paper had come here as long as we are going through the correct processes. Re the CEX's finding conflict resolution. Regardless of what the CEX's think it will be the politicians that will sign this off.

JMAC provided an update on the ongoing dispute, which involves four key areas: the 2024/25 budget position, the 2025/26 budget position, the review of the strategic delivery plan, and the Integration Scheme Review (ISR). Stirling took the decision in June not to disaggregate, and both budget positions are now being progressed, including discussions around risk sharing. A Short Life Working Group (SLWG) will be formed to review the Integration Scheme, with a focus on clarifying what has been agreed and what remains unresolved. Meetings will be held with Lee Robertson from Clackmannanshire, Julia McAfee from Stirling and Jillian Thomson, NHS Forth Valley to support this. The final area relates to the review of the Strategic Commissioning Plan, which Wendy Forrest will lead as part of a scheduled review. Senior members from Stirling Council, Clackmannanshire Council, and NHS Forth Valley have been asked to participate. JMac will draft a paper outlining the specific issues. If we were to dissolve the Partnership it would likely take over a year to do this. It will be the Elected Members who will make the final decision and there is no will from any of the organisations to have a prolonged process.

Joanna provided an update on the dispute resolution and the following points were noted:

LT noted that essentially, we could still be looking at disaggregation. Welcome the resolution process but will we be looking at this every year? We are focused on the workforce where there has been no consistent leadership, simple formal processes for staff, resources, workload and pressures are not addressed. It is wider than the budget and what is going on in the front line and is more complex. There are concerns about where this is going and it has the potential to be a continual loop. Maybe we could look at surveying staff to get their views on Integration.

RCh noted that it is useful to have this discussion here because what we see playing out here is what our teams will be thinking and seeing. The dispute resolution is not being seen as something that will be resolved & is the pathway to divorce and that is how teams see this. The risk of integrating more is a less risk than standing still. It is a risk balance trade off we are in. The Leadership challenge is real, we are all a relatively new team, and this is unsettling in itself for staff.

KM noted that it is disappointing that we are at this point. This has been a very difficult & bruising Integration process in Forth Valley because of the culture of previous incumbents. Staff do not like uncertainty. In agreement with Ross, we get on with the day job & escalate concerns. The paper will need to go to the NHS Area Partnership Forum.

We are at the consultation phase for this paper. The timeline for the structure is Oct which fits in with dispute resolution. JB thanked all for comments & will update the paper with comments and start through the various OD processes. The process will start with the team manager post and work down the structure. We would like the team manager to be involved in the recruitment of the next phase. Hope to start in October and in place by new financial year.

LT noted that Stirling Council's Corporate organisational change process is at grievance & it looks like a probable dispute, this may hold back any proposals.

WF expressed apologies that she had not been available to present this paper and noted that JB is an affected member of staff of this redesign, and it is WF's responsibility to oversee.

7. Ethical Procurement Migrant Workers

JB was asked to discuss sponsored workers in our area and their role in delivery. As a result of covid & Brexit we had a significant downturn in the number of people who were available to work in the care delivery sector particularly care at home. Lots of vacancies and the providers solution was seeking sponsored workers from overseas generally from North Africa. We have done a head count & it is estimated that 20% of our workforce are sponsored people, they are only allowed to be sponsored for three years. We are looking into this as part of the Quarterly Contract Monitoring. This went out at the end of March and then July; we do have the data, but this has not been

analysed yet. The more data we have we will see the trends. JB acknowledges there have been issues but advised she has not been brought up to speed on this and has not received the myriad of information on this. As JB is not getting these through, she is therefore unable to take up with the providers. JB suggested that she meet with LT to follow up. LT advised that a lot of workers are coming confidentially and they are scared. Issues include SSSC, cultural issues, driving license issues, employers not assisting, paying for own PPE, working copious hours, no time off etc. There is fear & unwillingness to report due to the vulnerable position they are in. KM advised that she has been receiving the same issues and has a rep that is practically working on this full time. Charlie McCaffery is the rep, and he will have all the details

LT & JB to meet & JB to email KM to get details.

8. Lone Working Verbal Update

AR advised re the devices. There is limited use of the lone working devices in Stirling Council. Stirling Council bipartite tasked AR & Michael Grassom to discuss with H & S team. They had hoped to survey members about why they were not using devices with the hope that they would help us understand it better etc. People have focused on lone working because that is the terminology we are using, it should be risky working. If two people go out to a risky situation they do not need the device as there are two of them. HR have advised we can't issue a survey as it must go through Council for approval. We have been working with HR around raising awareness, talks or podcasts and other measures we can use locally. It is also an issue in Clacks TOG - spoke to team earlier today, position difficult interested in AR's findings if she could share. AR is happy to provide any information that she already has and noted that it is not all bad, talking to Staff brought in good detail that we can work on.

To be a Substantive Item on next agenda

Grievance Procedure

AD advised that no meeting had taken place. c/f to next meeting.

9. OD & Wellbeing Verbal Update

WF advised that KH & WF will be attending the meeting with HR & OD colleagues. AD advised that OD (Stirling) have moved areas around and there is increased capacity. Lisa Woodbridge is still there and a few more people will be available.

LT advised that Stirling pay uplift will be received in September pay.

10. Service Updates

Stirling Locality

Terry O'Gorman had provided a paper.

Issues with pending cases, there are demand & capacity issues. Opportunity for Menstrie House to help in Clacks and they have undergone some training.

RCRT programme is still progressing well.

SdS proposals are progressing well. Documentation around assessment, support plans being run by staff in the next couple of weeks.

Care at Home Review team and are doing some extensive work well and looking to move that into Clacks.

Team Brief has continued across the Partnership, and anyone can attend. There has been good attendance and it is a Q & A session. Rachel & Terry looking to do it differently

AR noted that at last week's briefing Paternal Leave (SC Form) had come up. TOG advised that it is regarding the forms that have to be completed by the person who is not pregnant and they are defined as being the father and not taking into consideration of same sex. The Clacks form is the same.

AD advised that this form was updated, but will check the system again TOG to send form to DA.

AR noted that there is a delay in having the assessment approvals done. Wondering if we are at the stage that we should be relooking at giving professional autonomy back to OT's and Social Workers & Care Manager for the quality of their assessment and allowing us not to go through the approval process. It creates a delay that is not beneficial or helpful and if there are any issues that will come up when the Care Plan goes in for approval.

TOG advised part of this is driven by managerial oversight and the other is down to the SWIFT system. In terms of practice, it is proportionate and helpful to understand & plan for people's learning. TOG understands the frustration, but this keeps us in line with people's practice and evidence it gives us.

JMac noted that the post of Professional Social Worker had been approved by the IJB.

Clackmannanshire Locality

Rachel Sinclair had provided a paper

Ludgate Staff anxious for the future and there is ongoing work to alleviate that and keeping staff updated

Menstrie House last resident moved out on 21/07 and as TOG advised some of the staff are supporting adult social work and some are also working with Mecs, Reablement and the respite services. The manager continues to have dialogue with the team.

CCHC permanent charge nurse within CCHC2 and for all the wards there has been over recruitment, and each ward will be provided with one wte graduate nurse

Community Nursing There is a review of the band 6 nursing role

District Nursing

JS advised we have struggled to recruit to the district nursing post, (this is a national issue). Diane Sharp has been working with Nicola Wood to look at the model. KM happy to be involved will check if they are already. Sandra Drinkeld advised that there is a paper and the RCN, Unison & SD NW are meeting regarding that.

AR noted an observation in terms of the £4M re parts of Bellfield that have closed. What is the scope to utilize these buildings in order to re coup benefit. Is there scope of doing something to bring money back into the building. JS advised two units have closed. Thistle has reopened and the one unit that remains closed is Castle Suite. It is an NHS building and how it works around that and we have some thoughts on how we utilize the space to be given

Mental Health, Substance Use & Learning Disability

Changes from the redesign in Bellsdyke have taken place on the 11th of August. This has been a successful piece of work, and we'll move now to a review and evaluation phase led by Kirsty Barnes (new Service Manager).

LD Services: In addition to the redesign work, I just want to acknowledge how difficult it has been to maintain staffing in these services and extend my thanks to colleagues across the services who have helped and really gone the extra mile. We have a locum in for the short term and the recruitment to these teams is at an advanced stage with preferred candidates.

Substance Use Service: Redesign has started with staff group. KM is the rep

AHP

Claire Roux, AHP Manager had provided a paper. Claire is new to this post, and this was her first meeting

Claire highlighted that we have had an AHP Co-ordinator retire, and we have replaced the one full time AHP Co-ordinator with two part time Co-ordinator's and this has allowed us to restructure the portfolio into 3 pathways

Speech & Language Therapy Pathway for all adult services across Forth Valley

Frailty Pathway which includes Bellfield, CCHC AHP Falls Lead as well as the REACH services. Neuro Pathway, which includes specialised services, including the START team and Forth Valley Neuro Rehab Team. These are Forth Valley wide services that are hosted in Clackmannanshire & Stirling.

11. STANDING ITEM

Health & Safety

There were no issues

12. Any Other Business

IT Systems

WF advised that Clackmannanshire Council have agreed to commission & fund a new Social Work system. KMcl advised that we have been in this position before in 2005 and this had not materialised. Temper any communications to staff.

WF advised that Stirling have put out a mini competition for procuring a system. AR noted that Stirling has also been promised this year on year.

Procured Commissioned Bodies

LT asked for an updated list of procured commissioned bodies

JB advised that procured providers is not a devolved matter. Commissioning is devolved procurement is not. JB gave an assurance that anything they go out to market for is procured with an ethical commissioned approach. We are looking for fair work practices across the board as long as organisations can demonstrate that, this is what we are legally allowed to ask for.

13. Date of Next Meeting(s)

Thursday 20 November at 2pm