

A **meeting** of the **Integration Joint Board
Finance, Audit & Performance Committee**
will be held on 18 February 2026 2 - 4 pm in the Boardroom, Carseview House, Stirling and
hybrid via MS Teams

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

AGENDA

1. Apologies for Absence
2. Declarations of Interest
3. Matters arising/urgent business brought forward by Chair
4. Draft Minute of the meeting on 17 September 2025 and special meeting on 14 January 2026
5. Action Log of the meeting on 17 September 2025 and special meeting on 14 January 2026

FOR CONSIDERATION AND APPROVAL

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|-----|--|---------------|
| 6. | Progress report on Audit Recommendations | Amy McDonald |
| 7. | Financial Governance | Amy McDonald |
| 8. | Quarter 3 Performance Report | Wendy Forrest |
| 9. | Annual Assurance Statement for the IJB 2025/26 | Amy McDonald |
| 10. | Relevant National Reports | Amy McDonald |
| 11. | Any Other Competent Business | |

DATE OF NEXT MEETING

03 June 2026

**Draft 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

Councillor Rennie, Chair, asked Councillor Earl 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 special meeting held on 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 special meeting held on 20 August 2025 were approved.

Mr Murray stated that, since certain actions were connected to the audit process, they would be addressed during 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 highlighting the positive impact of the Multidisciplinary Team (MDT) approach, emphasising its effectiveness in service delivery and its alignment with both the budget approach and the delivery plan.

The MDT model aims to make referrals simpler, reduce the expenses of care, and improve outcomes for everyone involved. 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. Recommendations focused on ensuring communication remains clear and constructive, and highlighted the necessity of establishing well-defined eligibility criteria benchmarks.

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. Councillor Earl suggested that the Committee be provided with a comprehensive report outlining current actions, as well as strategies for improving case management 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

After the special meeting on 20 August 2025, the accounts were updated with extra notes as requested. Mr Murray stated that the statutory audit started on September 1, 2025, and should finish by the end of October or the beginning of November.

Mr Murray suggested a special FAP Committee meeting two weeks before the IJB meeting on 26 November 2025 to review the accounts and the ISA 260 Annual Audit Report. This would enable approval and signing of the accounts at the IJB meeting.

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 any conditions on these payments, it is up to the IJB to decide how the funds are distributed. A revised direction in the financial report given to the IJB on 24 September 2025 offered additional clarification.

Mr Alhassan confirmed that external auditors aim to complete their final work by the end of November. Councillor Earl, worried about the audit schedule, asked for a special FAP meeting to take place 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 expressed concerns that the accounts still require approval from Clackmannanshire and Stirling Council, particularly regarding the timeline for Council approval and dependencies on certain data. 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. She assured the Committee that any issues or matters for discussion would be quickly communicated to Mr Murray, the Chair, and to the Vice Chair if needed.

Councillor Earl raised concerns about the Strategic Risk Register (SRR) not appearing as a separate item on the agenda, pointing out that it is a key responsibility of the FAP Committee. Mr. Murray suggested including the SRR on the agenda for the special FAP Committee meeting if it takes place in November. As agreed, the FAP Committee will examine the SRR each quarter prior to its submission to the IJB. 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 the Community Link Worker project in collaboration with the two Third Sector Interfaces, as part of the MDT response. Future performance reports will contain updates about this initiative.

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 would 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 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 thanked Mr Murray for his service at his final Committee meeting and acknowledged his 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

03 December 2025

DRAFT

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board
Special Finance, Audit and Performance Committee**
held on **Wednesday 14 January 2026 2 – 5 pm** in the Boardroom, Carseview
House, Stirling and hybrid via Microsoft Teams

Present:

Voting Members: Councillor Janine Rennie, Clackmannanshire Council
(Chair)
Councillor Jen Preston, Stirling Council
John Stuart, Non-Executive Board Member
Allan Rennie, Non-Executive Board Member
Stephen McAllister, Non-Executive Board Member
Martin Fairbairn, Non-Executive Board Member
Anthea Coulter, Third Sector Representative,
Clackmannanshire

In Attendance:

Dr Jennifer Borthwick, Interim Chief Officer
Amy McDonald, Interim Chief Finance Officer
Graham Templeton, Senior Internal Auditor, Stirling
Council
Stuart Kenny, Audit Director, Deloitte LLP
Ross Cheape, Head of Service Mental Health and
Learning Disability Services
Judy Stein, Interim Head of Community Health and Care
Sandra Comrie, IJB Support Officer (Minute)

1. WELCOME AND APOLOGIES

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

Apologies:

Councillor Martin Earl (Vice Chair)
Councillor Martha Benny
Gordon O'Connor, Audit Service Manager

2. DECLARATION(S) OF INTEREST

No declarations of interest were noted.

3. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

Dr Jennifer Borthwick announced the appointment of Amy McDonald as Interim Chief Finance Officer, effective until June 2026. The recruitment

process for the permanent position is in progress, with interviews scheduled for 12 February 2026.

4. DRAFT 2024/25 YEAR END FINANCIAL ACCOUNTS AND ANNUAL AUDIT REPORT

Paper presented by Amy McDonald, Interim Chief Finance Officer and Stuart Kenny, Audit Director, Deloitte LLP

Ms McDonald noted that the paper contained the external audit report and draft annual accounts for the Committee to consider and recommend for approval at the Integration Joint Board (IJB) meeting on 28 January 2026. Mr Kenny will be present at the IJB meeting to address any queries.

Mr Kenny reported that the audit is nearly complete, and an unmodified report will be presented at the IJB meeting on 28 January 2026. There remains one issue from the internal quality review regarding receipt of the assurance letters from constituent authorities, which should be resolved soon. Any changes to the financial statements are expected to be minor.

Regarding the outstanding items, Mr Kenny has now reviewed an updated annual report and financial statements with which he is satisfied. He is well positioned to assure the Committee of the accuracy of the financial statements, and there are no uncorrected misstatements or disclosure deficiencies that need to be brought to the Committee's attention.

The report highlighted two main areas of focus for broader work. Mr Kenny confirmed that the first concern related to the future financial sustainability of the IJB, which remains a significant risk. This is evident from the considerable overspend being managed through extra contributions from partner organisations, the ongoing difficulties in meeting existing savings plans, and the unbalanced budget set for 2025/2026. All these factors underscore the substantial risk to the IJB's financial stability.

Mr Kenny noted that as there was no Section 95 Officer in post from 18 October 2025 to 21 December 2025 and as the local government act requires a named individual for financial administration, this absence breached relevant laws and regulations.

The report also set out key actions and recommendations from the wider scope work which have been reviewed and accepted by management with appropriate responses added.

Mr Rennie expressed concerns regarding audit delays and preventative measures. Mr Kenny responded that information had been provided promptly until the departure of the former Chief Finance Officer, after which the delays commenced. He stated that appointing an interim Section 95 Officer is the IJB's responsibility, not the constituent authorities. The Committee agreed a

named Section 95 Officer should have been in post and acknowledged support from constituent authority Section 95 Officers.

Ms McDonald stated that year end work for 2025/26 audit is on track, acknowledging the request for draft by 8 May 2026. Mr Kenny added that Deloitte will work closely to ensure timely completion of the audit.

Councillor Rennie questioned the discrepancy between earmarked reserves in the audit report and the accounts. Mr Kenny agreed to investigate and respond out with the meeting.

Mr Rennie emphasised Deloitte's acknowledgement of the significance of the IJB having permanent appointments for both the Interim Chief Officer and Interim Chief Finance Officer positions. He also stressed the necessity for the constituent authorities to finalise the review of the integration scheme, noting concerns regarding the limited progress achieved with this to date.

Councillor Rennie highlighted the importance of minimising delays in the audit process and establishing a comprehensive plan for future actions. Ms McDonald concurred, stating her commitment to ensuring that the Committee will have clear insight into the utilisation of partner funding contributions going forward.

The Finance, Audit and Performance Committee:

- 1) Considered and discussed the Annual Audit Report and draft audited 2024/25 Annual Accounts.**
- 2) Approved or otherwise the Annual Accounts for presentation to the Integration Joint Board (IJB) on 28 January 2026.**
- 3) Noted that the Annual Audit Report will be presented to the IJB along with the Annual Accounts. The Annual Audit Report included the audit recommendations and management responses contained within the action plan.**
- 4) Agreed that progress on the audit action plan will be monitored by the IJB and FAP.**

5. INTERNAL AUDIT UPDATE

Paper presented by Graham Templeton, Senior Internal Auditor

Mr Templeton explained Stirling Council took over as Chief Internal Auditors of the IJB from 1st April 2025, and the internal audit plan was agreed by the Finance, Audit and Performance (FAP) Committee on 25th June 2025.

He explained that the report provided an update on progress of the work set out in the plan. The Internal Audit Plan for 2025/26 set out the three substantive assignments:

- review of delivery plan and associated budget monitoring;
- review of assurance frameworks, focussing on assurances in respect of delivery of accountabilities set out in the Integration Scheme; and
- review of progress with implementing previous Internal Audit recommendations.

Mr Templeton confirmed that work on the delivery plan and associated budget monitoring had commenced. The Assignment was agreed with the interim Chief Officer and the Chief Finance Officer on 30 September 2025. To date, Internal Audit work has comprised discussions with the Chief Finance Officer (prior to their departure) and the Head of Strategic Planning and Health Improvement, as well as a desk-based review of relevant documentation.

Progress with this, and other, Internal Audit assignments will be reported to future meetings of the FAP Committee. A summary of the key findings arising from each review, along with recommendations made by Internal Audit, will also be reported to the Committee.

On completion of each assignment, Internal Audit will issue a draft report to the Interim Chief Officer and interim Chief Finance Officer. This will include an opinion on the adequacy of risk management, governance and control arrangements in the area under review and an action plan setting out any recommendations for improvement.

Mr Fairbairn enquired about the measures used to ensure that constituent authorities meet requirements within their allocated IJB budgets, and whether this issue should be included in the audit report. Mr Templeton will work with the Interim Chief Officer and Interim Chief Finance Officer to clarify the internal audit process. The draft audit report will inform the Annual Assurance Report, which will be presented to the Committee on 03 June 2026.

The Finance, Audit and Performance Committee:

- 1) Noted work has commenced on the Internal Audit review of the IJB's Delivery Plan and Associated Budget Monitoring.**
- 2) Noted that work is being carried out in line with the Assignment Brief at Appendix 1; and**
- 3) Noted that progress will be reported to the Finance, Audit and Performance Committee on an ongoing basis.**

6. STRATEGIC RISK REGISTER

Paper presented by Ross Cheape, Head of Service Mental Health and Learning Disability Services

Mr Cheape has taken over responsibility for maintaining the Strategic Risk Register (SRR) from the previous Chief Finance Officer. He stated that

managing the SRR will be enhanced by moving it to the NHS Forth Valley Risk Management system and mentioned that certain changes to how risks are classified will be needed.

Strategic Risk Managers from NHS Forth Valley will assist with risk reviews and developing mitigations. Mr Cheape will present a follow-up paper to the Committee on 03 June 2026, detailing major changes in risk mitigations with added context in an appendix. This will improve the Committee's oversight of current IJB risks. Mr Cheape indicated that future meetings will provide clearer updates on these changes.

Ms Coulter asked for more details on a new risk related to the Mental Health Officers Workforce and Guardianship Orders. Mr Cheape explained that this was added to the register due to small team sizes in Stirling and Clackmannanshire. Efforts to merge teams were not feasible because of differing legal obligations between Stirling and Clackmannanshire councils. He noted that, despite current team sizes being appropriate, services are vulnerable to unplanned absences, vacancies, and surges in demand.

Mr Cheape emphasised that the situation has not worsened and highlighted the strong support from Chief Social Work Officers. He also reported significant progress in supporting guardianship orders over the past year, though further work is needed on private guardianships.

The Finance, Audit and Performance Committee:

- 1) Considered, discussed and commented on the Strategic Risk Register.**
- 2) Approved the addition to the Strategic Risk Register.**
- 3) Approved the transfer of the Strategic Risk Register to Pentana.**
- 4) Noted the alterations to the management of the Strategic Risk Register.**

7. ANY OTHER COMPETENT BUSINESS

Mr Fairbairn enquired about the current progress towards this year's outturn as well as the status of the budget-setting process for the coming year. Ms McDonald confirmed she is assessing the anticipated outturn as of the end of March, based on figures from month eight. She will provide a further update at the IJB meeting on 28 January 2026.

Ms McDonald stated that for 2026/27, it is important to understand the areas of overspend. Although Scottish Government has increased social care funding, social care areas have not received inflationary uplifts. As with 2025/26, challenges remain over the next year, requiring a review of necessary funding for statutory services and strategies for savings and efficiencies.

Ms McDonald clarified that the NHS budget differs slightly, as it includes measures to address inflationary pressure - Scottish Government will also provide funding to further support health and care integration. The budget report will be presented to the IJB meeting on 25 March 2026, which will outline how the budget will be managed over the next year together with the Medium-Term Financial Plan.

Councillor Rennie emphasised the importance of informing constituent authorities about the anticipated year-end deficit and partner contributions ahead of their budget planning process. Ms McDonald agreed, emphasising the importance of having robust budget processes in place to identify financial risks in relation to the budget presentation. Ms McDonald is working closely with the Section 95 Officers and Finance Officers from the constituent authorities.

Ms Coulter recommended that the Committee increase its focus on proactive planning for future care needs, particularly in the areas of long-term care, early intervention, and enhanced support for children and young people transitioning into and out of care. She highlighted the importance of developing effective strategies to achieve meaningful outcomes, collaborating with appropriate partners, and communicating the IJB's objectives clearly to facilitate progress. Additionally, she advised that greater emphasis be placed on preventative measures, advocating for these initiatives to become a central priority moving forward.

Ms McDonald highlighted the need to adopt new operational strategies for social care due to growing demand. She urged building innovative models with current tools and technology. The Committee will prioritise the existing workplan this year and schedule deep dive sessions at future meetings.

8. DATE OF NEXT MEETING

18 February 2026

Paper Number	Report Title	Action	Person Responsible	Timescale	Progress/Outcome	Status
6	Emergent impact of Multidisciplinary Team and refreshing approach to eligibility criteria	Provide a detailed report on the pending list, outlining current actions and case progression strategies aimed at improving efficiency and effectiveness. The report should include the total number of individuals on the list and a trend analysis.	WF	03 June 2026	In progress	Ongoing
7	Progress with IJB accounts and statutory audit.	A special FAP Committee to be organised before the IJB meeting on 26 November 2025. Weekly updates to be provided to Chair and Vice Chair	SC AM	On or before w/c 17 October 2025 Weekly	Complete Due to the vacancy in the position of Chief Finance Officer, the weekly meetings have not taken place. The new interim CFO is consulting with the Chair and Vice Chair of FAP to	Meeting Cancelled Ongoing

		Arrange pre agenda meetings with Chair, Vice Chair and section 95 officers before each FAP Committee.	SC	June 2026	determine next steps. The new Interim CFO will confer with the Chair and Vice Chair of FAP regarding this matter.	Ongoing
8	Draft Annual Performance Report	Provide Councillor Rennie with an update on the structure of counselling services for individuals affected by substance abuse.	WF	March 2026	In progress	Ongoing
9	Progress report on Government action plan and Annual Audit Report recommendations	Prepare a progress report on annual audit recommendations outlined in the Chief Internal Auditor's report.	ECM	17 October 2025	Complete	Complete
11	Long Term Care and Ordinary Residence	Work with Falkirk HSCP to ensure alignment of policy work.	WF	TBC	In progress	Ongoing
		Add a link to Citizens Advice Bureau (CAB) to assist with financial advice.	WF	24 September 2025	Complete	Complete

		Revise the title of the Long-Term Care policy	WF	24 September 2025	Complete	Complete
		Provide greater clarity in the Ordinary Residence policy, to specify it applies to individuals moving into or out of the area and does not relate to movements between constituencies.	WF	24 September 2025	Complete	Complete
		<i>Noting these Policies were not presented for approval at September meeting of the Integration Joint Board following a request from Stirling Council.</i>				



Paper Number	Report Title	Action	Person Responsible	Timescale	Progress/Outcome	Status
4	Draft 2024/25 Year End Financial Accounts and Annual Audit Report	Draft Annual Accounts to be approved by the IJB on 28 January 2026	Amy McDonald	27 February 2026	Because the Annual Accounts were published later than planned, members at the IJB meeting on 28 January 2026 chose to postpone discussion of the paper until a special meeting scheduled for 27 February 2026. This gives everyone enough time to thoroughly review the documents.	In Progress
		An explanation to be provided regarding the difference between earmarked reserves shown in the audit report and those recorded in the accounts.	Stuart Kenny	Immediate	Mr Kenny advised “The values disclosed in the audit report were taken from the draft financial statements, whereas the accounts had been updated for audit adjustments after we had published the audit report. This resulted in the mismatch. We subsequently updated the audit report to include the final reserve values and issued it for the Board meeting last week.”	Complete



					Chair confirmed she is happy with this response	
6	Strategic Risk Register	Follow up paper to be presented at the FAP Committee on 03 June 2026, detailing major changes in risk mitigations with added context in an appendix.	Ross Cheape	03 June 2026	In Progress	In Progress
7	Any Other Competent Business	The updated workplan for 2026/27, including a timetable for deep dive sessions, will be presented to the Committee on 03 June 2026.	Amy McDonald	03 June 2026	In Progress	In Progress

Clackmannanshire & Stirling Integration Joint Board Finance Audit and Performance Committee

18 February 2026

Agenda Item 6

Progress Report on Audit Recommendations

For Noting and Approval

Paper Approved for Submission by:	Amy McDonald, Interim Chief Finance Officer
Paper presented by:	Amy McDonald, Interim Chief Finance Officer
Author – Audit Report:	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:	To present the outstanding external and internal audit actions.
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Recommendations:	<p>The Finance Audit and Performance (FAP) Committee is asked to:</p> <ol style="list-style-type: none"> 1) Consider the external audit actions as presented in the Annual Audit report. 2) Consider the internal audit report in respect of outstanding audit issues surrounding commissioned services at Clackmannanshire council. 3) Agree that progress on the audit action plan.
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Appendices:	Appendix A: Clackmannanshire Internal Audit report and External Annual Audit Report Actions 2024/25.
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Key Risks and Issues:	The Annual Audit Report and Draft Audited Annual Accounts both contain narrative in relation to key issues and risks.
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1. Background

- 1.1. The report focuses on the completion of audit actions for external and internal audit.
- 1.2. The external audit actions contained in the Annual Audit Report prepared by Deloitte and accepted by the HSCP as part of the Annual Audit process.
- 1.3. The audit recommendations from the 2024/25 audit have been progressed as follows:
 - **Financial sustainability** – Finance paper presented to the 28 January 2026 IJB setting out the financial position for the 2025/26 year – the forecast deficit position and how this could be managed by partners with a look forward to 2026/27 and identification of the budget challenge and how this will be addressed. Work continues to develop the 2026/27 budget – action partially completed.

- **Vision, Leadership and Governance – section 95 officer** appointed on an Interim basis with permanent recruitment underway for the permanent Chief Finance Officer – requirement to embed within the Integration Agreement the actions necessary should the role become vacant in a future period. This will ensure continuity arrangements are in place for the appointment of this statutory post. Action partially complete.
- **Vision, Leadership and Governance – Interim Chief Officer** appointed prior to starting the recruitment process for the permanent post. Action partially completed.

- 1.4. There is an outstanding HSCP internal audit covering the arrangements for Purchase Order Arrangements for Clackmannanshire Council from which no assurance was given. There were a number of recommendations made in 2023/24 which were not closed and therefore there is a requirement to address these audit recommendations as a matter of urgency.
- 1.5. The Interim CFO recognises the operational management processes and internal control environment within Clackmannanshire Council must be complied with. As part of the work necessary to deliver the budgeted savings in 2026/27 a plan will be put in place to ensure the standard operating procedures of the council are complied with. This work will also cover the necessary review of care plans and commissioned services in place. An update of this plan, work and progress will be taken to the next Clackmannanshire Audit & Scrutiny Committee in addition to the oversight provided by the FAP Committee.

2. Recommendations

- 2.1. The FAP Committee are asked to note and agree the progress of the work to date to close the outstanding external and internal audit issues highlighted.

3. Appendices

Appendix A: Clackmannanshire Internal Audit report and External Annual Audit Report Actions 2024/25.

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" 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 checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>

Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input 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>

Appendix A

Review	Directorate	Assurance
<p>Follow Up of the Review of Purchase Order Arrangements at Clackmannanshire Council for Adult Social Care</p>	<p>Partnership and Performance / Health and Social Care Partnership</p>	<p>No Assurance</p>
Scope		
<p>The purpose of the review was to follow up on the progress with implementing the recommendations from our 2023/24 review and testing a sample of recent Adult Social Care payments made to review purchase order and invoice authorisation to ensure compliance with policies and procedures.</p> <p>In summary, the 2023/24 audit of Adult Social Care Purchase Order Arrangements review provided NO ASSURANCE. The review identified 10 recommendations relating to significant weaknesses involving purchase orders not being raised in advance of payments and examples of non-contract expenditure.</p> <p>Internal Audit also found weaknesses in the care plan approval and payment process including instances of no care plans, no details of specific manager approval, care plans approved by a manager with insufficient Clackmannanshire Council delegated authority, an no evidence of review of care plans and further approval of ongoing care costs.</p>	<p style="text-align: center;">Final Report Summary</p> <p>For the 10 recommendations made in 2023/24 we found that 7 had been partially implemented, and 3 were not implemented. We identified that:</p> <ul style="list-style-type: none"> • Purchase orders have not been raised on Techone for all Adult Care purchases. • No sample audits / data cleansing exercises have been undertaken to provide assurance on the completion and accuracy of care plans. • Adult Social Care Standard Operational Procedures including processes for compiling, approving, and reviewing care plans have not been finalised. • A review has, however, been undertaken on the Health and Social Care Scheme of Delegation, and work is progressing to update Clackmannanshire Council's authority levels to ensure consistency. <p>A sample of 15 Adult Social Care payments made through Techone in 2024/25 were selected for testing to ensure compliance with Financial Regulations and Contract Standing Orders. This involved checking each transaction had a valid purchase order, invoice, evidence of authorisation, contract, contract rates, and where appropriate care plans were in place. This replicated the test carried out in the 2023/24 review where we found purchase orders had not been raised in advance of payments and weaknesses in the care plan approval and payment process. During this follow up review we found that processes for making payments has not changed since the 2023/24 review. In addition, we were not provided with related supporting evidence of Techone purchase orders, authorisations, and contracts for the sample of payments. We, therefore, conclude that the same weaknesses apply. The prescribed adult care provision and payment process is summarised as follows:</p> <ul style="list-style-type: none"> • Social Workers complete care plans for service users on the Community Care Information System (CCIS⁵) which are approved by a Care Manager. The Business Support Team (BST) access the approved care plans and upload to FINCH⁶. • The BST update care rates on FINCH and CCIS based on the Planning and Commissioning Manager's spreadsheet of contract rates, and confirm actual costs incurred with the care provider. The BST upload care plan transactions onto Techone which are then approved for payment by a Senior Adult Care Manager. <p>CCIS and FINCH are legacy systems that have limited reporting functionality to support management and due to the lack of IT technical support for the systems there is limited development to allow them to keep up to date with changes to operational and legislative needs. In August 2025, Clackmannanshire Council approved investment in the transformation of the Social Care Target Operating Model (TOM) underpinned by the procurement and implementation of a replacement Social Work IT System (SWITS), which will enable the transformation of social care. Health and Social Care Partnership Senior Management advised that the new system when implemented should assist with the implementation of the outstanding recommendations.</p> <p>This follow up review in 2025/26 identified that 100% (10 out of 10) of the 2023/24 recommendations (this includes eight recommendations at grade 1 that are most significant and are of the highest priority) have not been fully implemented. No evidence was provided to support transactional testing which resulted in Internal Audit being unable to assess whether there were appropriately authorised care plans in place and if contracts were in place for care suppliers. We can, therefore, provide NO ASSURANCE in relation to the adequacy of the controls put in place to implement the recommendations from the 2023/24 review. See Appendix 3 for assurance category definitions.</p>	

	An additional recommendation has also been made regarding the administration of Pentana and maintaining the most up to date responsible owners on the system. This additional recommendation was accepted, with an agreed implementation date of 31 January 2026.
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DEFINITION OF INTERNAL AUDIT ASSURANCE CATEGORIES

Level of Assurance	Definition
Substantial assurance	Largely satisfactory risk, control, and governance systems are in place. There is, however, some scope for improvement as current arrangements could undermine the achievement of objectives or leave them vulnerable to error or abuse.
Limited assurance	Risk, control, and governance systems have some satisfactory aspects. There are, however, some significant weaknesses likely to undermine the achievement of objectives and leave them vulnerable to an unacceptable risk of error or abuse.
No assurance	The systems for risk, control, and governance are ineffectively designed and operated. Objectives are not being achieved and the risk of serious error or abuse is unacceptable. Significant improvements are required.

CLASSIFICATION OF RECOMMENDATIONS

Classification of Recommendations		
Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently, management needs to address and seek resolution urgently.	Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt, but not immediate action by management.	Grade 3: Less significant issues and / or areas for improvement which we consider merit attention, but do not require to be prioritised by management.

Action Plan

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

Recommendation	Management Response	Priority	Responsible Person	Target Date
<p>1. Financial Sustainability</p> <p>The overspend of the budget, challenges in achieving the savings plan and the unbalanced budget for 2025/26 poses a risk to the sustainability of the IJB. The IJB should put in place robust measures to ensure savings are monitored and achieved in order to reduce the planned deficit for 2025/26.</p>	<p>The IJB Chief Finance Officer will review the draft 2025/26 outturn and provide an approach to bring the budget into balance.</p>	High	IJB Chief Finance Officer	March 2026
<p>2. Vision, leadership and governance- Section 95 Officer role</p> <p>The IJB's Section 95 officer left their post in mid 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 was appointed.</p>	<p>The IJB Chief Finance Officer will recommend an approach to ensure the S95 Officer responsibilities can be covered if the post holder has an extended period of absence or leaves with the HSCP.</p>	High	FAPC and the Board	March 2026
<p>3. Vision, leadership and governance- Chief Officer Role</p> <p>The IJB has experienced significant turnover in its Chief Officer position, with 6 different individuals having held this role over the past 10 years. The IJB should seek to find a permanent recruitment to this permanent Chief role to ensure operational and governance stability.</p>	<p>The HSCP has appointed an Interim Chief Officer</p> <p>The IJB has experienced significant turnover in its prior to starting the recruitment process to appoint a new permanent Chief Officer.</p>	High	The Board	March 2026

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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
<p>1. Housing Aids & Adaptions</p> <p>The amount of costs incurred by Stirling Council in relation to Housing Aids & Adaptions should be reassessed and more transparent. Additionally, this should be within Stirling Council's Revenue Budget paper for future financial years and the IJB should include a section within future IJB Revenue Budget papers. This would provide deeper clarification and an enhanced audit trail.</p> <p>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.</p>	<p>Accepted – IJB and Stirling Council CFOs will review treatment and reporting to enhance transparency and understanding.</p> <p>Stirling Council and IJB will consider presentation within future revenue budget papers</p>	Low	<p>Open</p> <p>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.</p>
<p>2. Financial management – financial reporting</p> <p>Whilst a RAG rating has been implemented into the savings plan, further analysis relating to risks of non-achievement and illustration of current/future implications are lacking. This should be progressed to further develop and improve financial reporting.</p>	<p>Accepted – IJB CFO will consider within future financial reports to IJB / committee.</p>	Low	<p>Complete</p> <p>Further detail now provided with IJB financial reports.</p>

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Action Plan (continued)

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
<p>3. Financial sustainability – budget setting</p> <p>The activity and cost model in relation to Set Aside arrangements should be developed. In addition to complying with legislation, this would identify areas where spending could be preserved and subsequently aid the savings requirement for the Set Aside for future years.</p> <p>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.</p>	<p>Accepted – Matter already being considered by both IJBs and NHS Forth Valley. Activity information requirements being accessed to develop model in line with legislative requirements. It is anticipated that this will allow arrangements to be progressed for 2025/26 financial year.</p>	Medium	<p>Open</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>

Action Plan (continued)

Recommendation	Management Response at 2023/24	Priority	Management Update for 2024/25
<p>4. Financial sustainability – medium-to-long-term planning</p> <p>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.</p>	<p>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.</p>	<p>Medium</p>	<p>Open</p> <p>A medium term Financial plan was incorporated within the Revenue budget for 25/26.</p>

Clackmannanshire & Stirling Integration Joint Board Finance Audit and Performance Committee

18 February 2026

Agenda Item 7

Financial Governance

For Noting

Paper Approved for Submission by:	Amy McDonald, Interim Chief Finance 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:	To provide an update on the financial governance around the 2026/27 financial delivery plan and the conclusion of the 2025/26 year.
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Recommendations:	<p>The Finance Audit and Performance (FAP) Committee is asked to:</p> <ol style="list-style-type: none"> 1) Note a Section 102 report will be prepared in respect of the Clackmannanshire & Stirling Integration Joint Board (IJB) failing to meet its statutory duty to appoint a Section 95 Officer during the period 18 October to 21 December 2025. 2) The governance process which will be followed when monitoring the budget savings plan for 2026/27.
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1. Background – Section 102 Report

- 1.1. Following the external audit for 2024/25 the partnership have been notified by the Controller of Audit at Audit Scotland that a Section 102 report will be prepared as the IJB has failed to meet its statutory duty in not appointing an Interim Chief Finance Officer during the period 18 October to 21 December 2025.
- 1.2. A report will be prepared by the Controller of Audit which will be available by the middle of February for response prior to the report become final at the beginning of March 2026.
- 1.3. Whilst there was not a formal appointment of an Interim Chief Finance Officer the IJB made arrangements with the 3 partner Chief Finance Officers of the NHS, Clackmannanshire Council and Stirling Council to provide cover for the IJB Chief Finance Officer role ensuring cover was in place for this statutory post. Given the support being provided and the cohesive manner in which partners worked together it can be evidenced that the IJB had taken appropriate steps to fill the Section 95 Officer role but failed to formerly appoint a person into this post as responsibilities were shared across all 3 partner CFO's.
- 1.4. The Audit Scotland report is awaited following collection of all relevant evidence.

2. Budget 2026/27 Governance

- 2.1. The budget for 2026/27 requires the IJB to deliver approximately £21m of savings and push forward a programme of change. It is therefore critical, as part of this process, there is robust budget monitoring in place to support this work.

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

- 2.2. The £21m of savings required is significant and approximately four times higher than savings made in any of the recent preceding years. On this basis it is anticipated a balanced budget could not be achieved in the next 12 months without additional partner support. However with a structured savings plan of transformation the HSCP will be able to deliver financial sustainability by delivering savings over the next 2-3 years.
- 2.3. The financial plan for 2026/27 will be presented to the IJB at the meeting of the 25th of March 2026 - given the high level of financial risk it is likely realistic savings in the 2026/27 are the region of £7m to £11m as per the IJB finance paper from the 28th of January 2026 meeting. In putting forward this position additional partner contributions would be required to balance the 2026/27 budget which is the subject of the Special IJB meeting of the 27th of February 2026.

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

- 2.4. The C&S HSCP will strengthen governance arrangements around the 2026/27 budget delivery. A new Budget Savings Oversight Group will be created jointly chaired by the Interim Chief Officer and Interim Chief Finance Officer. This Group will meet twice monthly.
- 2.5. These enhanced governance arrangements extend to ensuring all budget savings plans have;
- A time bound delivery plan;

- Detailed quarterly financial targets;
- Project support for each delivery plan;
- Fortnightly reporting to the Budget Savings Oversight Group;
- Performance oversight by the Senior Leadership Team; and
- Reporting on overall performance to every IJB.

2.6. This process will ensure good visibility of financial performance and ability to manage project risks as they emerge to safeguard savings delivery.

3. Conclusions

3.1. The forecast financial results for 2026/27 show a very difficult and, extremely challenging position. Without significant, additional funding, and restructuring of services, IJB sustainability is at risk, with the potential for necessary service reductions to remain within budget.

4. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" 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 checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	None other than those stated in the paper.
Other Resources:	n/a
Legal:	There are legal implications associated with the Section 102 report being prepared by Audit Scotland. There are legal implications should the IJB unfunded deficit not be supported by partners.

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

18 February 2026

Agenda Item 8

Quarter Three Performance Report (October to December 2025)

For Approval

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

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

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility for effective monitoring and reporting on the delivery of services. Relevant targets and measures are included in the integration functions as set out in the current 2023 - 2033 Strategic Commissioning Plan.
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Recommendations:	<p>The Finance, Audit and Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Review the Quarter Three (October to December 2025) Performance Report. 2) Note the areas where actions have been taken to address the issues identified where performance needs to be improved. 3) Approve Quarter Three (October to December 2025) Executive Summary (Appendix 1) & Report (Appendix 2).
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Key issues and risks:	<p><i>Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of information systems which is unlikely to occur in the short term means progress will continue to be limited by the constraints of current information systems and capacity.</i></p> <p><i>As performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014, to not produce, and circulate this information for assurance, would contravene IJB duties under this legislation.</i></p>
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1. Background

- 1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting, this paper is being presented to support the IJB to discharge its role in scrutiny and oversight of the performance of delegated integration functions.
- 1.2. Underpinning scorecards for the delegated services are established and work is ongoing to provide this data down to each Locality (Clackmannanshire, Stirling Urban and Stirling Rural). Some NHS data is now included in the attached Report and more data will follow as there is systematisation of activity and performance data across all delegated teams and services.

- 1.3. Service plans and related performance indicators are also being developed, as well as key indicators aligning to the 2023/33 Strategic Commissioning Plan and Integrated Performance Framework approved by the IJB in June 2024. This Quarterly Performance Report which continues to develop as data and performance information becomes available, and performance measures are agreed.
- 1.4. The content of this Report is routinely and actively monitored, and the information supports wider planning and delivery in areas such as Locality Planning, Strategic Commissioning Plan delivery, operational service planning and Integrated Workforce Plan and aligns to the priorities of the Delivery Plan 2025-2026 programme of work presented as part of budget planning and reporting.
- 1.5. There are key measures linked to national programmes to improve NHS Unscheduled Care. The approach aims to reduce delays in every patient's journey in hospital by whole system planning. This is done through preparation for discharge and delivery of a 'home first' approach with 'discharge to assess' being common practice.

2. Considerations

- 2.1. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families. Linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards are illustrated within the report.
- 2.2. It has been agreed, with the Chief Officer and Senior Leadership Team, that where quarterly national data is available, this would be included in the report. Where data is used from a previous quarter this is indicated in the data tables of the report in appendix 2.
- 2.3. The Quarter Three Performance Report has been aligned to the Strategic Commissioning Plan 2023-2033. It also sits within the context of the HSCP's Integrated Performance Framework, which was agreed by the IJB at a Board meeting on 19th June 2024.
- 2.4. Locality Planning updates are included in the report providing oversight and scrutiny in relation to overall performance of the Partnership against the Strategic Plan, National Outcomes/ Local Delivery Plan / relevant national targets and the emergent Locality Plans. These are presented to Strategic Planning Group as these areas are encompassed within their role to monitor delivery of the Strategic Commissioning Plan.
- 2.5. This report highlights each of the sources of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP

area who may have attended more than one acute hospital), local NHS systems or Local Authority social care recording systems.

- 2.6. This report is seeking to ensure that data is as accessible as possible to a range of readers and is therefore following guidance around the presentation of information and data.
- 2.7. In line with requirements, data is principally presented to report activity at an HSCP level, and where it is appropriate data may be reported at Health Board, Local Authority or Locality level. However, where numbers are lower than 5, these will be noted to prevent the potential risk of identification of an individual.
- 2.8. Where data is not available for the current quarter this will be noted as "not available" and the latest information available may be included.
- 2.9. Where data is affected by completeness this is denoted with a "p". "Provisional" data indicates when initial data releases are subject to change before final figures are published.

3. Development of Quarterly Performance Reports

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

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

- 3.2. The Performance Reports are continuing to be developed based on areas of focus and feedback from members of the Integration Joint Board and wider stakeholders.

4. Conclusions

- 4.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Scheme, as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Integration Joint Board.
- 4.2. Performance reports are being used across service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data. Work continues to align the performance reporting with the Integrated Performance Framework, which was agreed in June 2024. As well as, being based on access to activity data and performance information for all delegated NHS and Council services.

- 4.3. As agreed in June 2024, reporting of activity data from the three partner organisations' systems for activity data is developing however the collation of service level data continues often to be a manual task from individual systems. As can be seen within this Report, mechanisation of the data using Pentana is already in place, in some areas of service, and will continue to be developed through 2025 - 2026.
- 4.4. Performance and operational colleagues are working to add further service level targets onto Pentana, and the programme of modernisation and transformation has built in performance measures and measurement of outcomes for people as part of the developing dashboards. This increased reporting will be seen through the quarterly performance reports presented to the Board throughout 2025 and 2026.
- 4.5. The consultation process linked to the review of the Strategic Commissioning Plan presented draft Key Performance Indicators which will be further developed in 2026-2027.

5. Appendices

- 5.1 Appendix 1 Quarter Three (October to December 2025) Executive Summary
- 5.2 Appendix 2 Quarter Three (October to December 2025) Performance 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 People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Performance reports should be read in conjunction with IJB Financial Reports to give a broad overview of strategic, operational and financial performance and sustainability.
Other Resources:	As detailed in the body of the paper.
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.

<p>Risk & mitigation:</p>	<p>The IJB is presented with the Strategic Risk register at every meeting moving into 2026-2027. Given the context on constrained resources, increasing demand and complexity and a programme of transformation and service modernisation there is a fundamental tension between financial and service sustainability and performance which is likely to require difficult choices and service prioritisation decisions.</p>
<p>Equality and Human Rights:</p>	<p>The content of this report does not require an EQIA</p>
<p>Data Protection:</p>	<p>The content of this report does not require a DPIA</p>
<p>Fairer Duty Scotland</p>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Please select the appropriate statement below: This paper does not require a Fairer Duty assessment.</p>

Appendix 1

Clackmannanshire & Stirling Integrated Joint Board

Quarter Three Performance Report (October to December 2025)

Executive Summary

This Quarter Three (Q3) Performance Report (October to December 2025) provides an overview of progress made by the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) in delivering the priorities set out in the Strategic Commissioning Plan 2023–2033. It supports the Integration Joint Board (IJB) in fulfilling its statutory responsibilities for performance monitoring and strategic oversight.

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

- Delayed discharges in a hospital setting remain a key focus with a 'home first' approach and 'discharge to assess' being common practice. The December 2025 census point showed a decrease, compared to September 2025, in both All Delays (from 55 people to 45 people) and Standard Delays (from 27 people to 17 people) though these are comparative with December 2024.
- The number of bed days attributed to standard delayed discharges showed an increase this quarter from 424 in 2024/25 Q2 to 687 in 2024/25 Q3 though this is lower than 743 reported in 2024/25 Q3.
- The number of people with delayed discharge waits over 2 weeks showed an increase from 7 at the September census point to 9 in December 2025. This is less than the 12 people waiting over 2 weeks in December 2024.
- A&E attendances show a small increase from Q2 to a rate of 1,399 per 100,000 population. Note data completeness issues.
- There are still ongoing challenges in meeting 4-hour wait targets of 95% with 59.4% reported in December 2025. Note data completeness issues.
- HSCP Smoking quits at 12 weeks follow up for SIMD 1&2 quits reduced from 16 people in 2025/26 Q1 to 13 people in 2025/26 Q2. (Note always one quarter behind).
- The rate of admissions to hospital due to falls for the over 65 age group decreased from 5.2 in 2025/26 Q1 to 4.6 in 2025/26 Q2 with a decrease from 156 to 137 hospital admissions due to falls. The number of admissions for all age groups due to falls reduced slightly from 242 people in 2025/26 Q1 to 211 people in 2025/26 Q2. Note data completeness issues. NHS Forth Valley's Safer Together Collaborative was completed in November 2025.
- Psychological therapy services showed a small decrease in compliance to 77.5% from 83.1% for psychological therapy access within 18 weeks. Waiting lists remain a concern with 1,069 people waiting for an initial appointment.
- 100% of Forth Valley people referred with their drug or alcohol problem waited no longer than three weeks for treatment that supports their recovery.

Strategic Theme 2: Independent living through choice and control

- Key Indicators have been developed for the Right Care Right Time programme of work. Adult Social Care Front Door information is now included in the performance report to monitor impact and change. To date 646 newly referred clients have been referred to the Adult Social Care Front Door MDT (Multi Disciplinary Teams). The

initial reason given for a referral was 'Request for Social Care Assessment' for 75% of the referrals followed by 15% for 'Aids and Adaptations', 5% for 'Carer Support' and 5% for others.

- SDS Forth valley are actively promoting training opportunities for staff and key partners in the community to raise awareness of services available and increase the referrals from Adult Social Care providing the right advice at the right time.

Strategic Theme 3: Achieving care closer to home

- The number of HSCP area residents waiting to move into Reablement (snapshot last week in quarter) has increased from 30 people in 2025/26 Q2 to 38 people in 2025/26 Q3.
- The percentage of Reablement clients with reduced or no hours after the reablement service has decreased from 55% in 2025/26 Q2 to 52% in 2025/26 Q3.
- The number of HSCP area residents waiting to move out of Reablement to a framework provider snapshot last week in quarter has increased to 12 at the end of 2025/26 Q2 from 5 at the end of 2025/26 Q3.
- The number of people delayed in hospital setting for over 2 weeks awaiting a package of care increased to 1 person at the end of 2025/26 Q2.
- The number of people waiting for a Package of Care at last week of the quarter increased from 31 at the end of 2025/26 Q2 to 58 at the end of 2025/26 Q3. All but one of these residents have been waiting for less than 2 weeks.
- The average total length of stay in Local Authority reablement for those clients transferring to a care provider (average stay for those who are independent is less) has decreased to 32 days in 2025/26 Q3 from 34.5 days in 2025/26 Q2.

Strategic Theme 4: Supporting empowered people and communities

- The number of Chief Social Worker Guardianships have increased from 181 in 2025/26 Q2 to 193 in 2025/26 Q3.
- Digital carer engagement and support through Mobilise continues to exceed targets with 3,699 individuals reached (Discovery) during 2025/26 Q3 with a target of 2,730. 226 individuals engaged in further services (Engage) against a target of 210 and 121 individuals engaged in deeper support (Support) against a target of 92.
- Carers Centres, Citizen Advice Bureau and Self Directed Support Forth Valley continue to work together to improve the experience of provide vital support in the community ensuring carers have access to good advice, Information and guidance on their rights as carers.
- Referrals for social prescribing through Community Link Workers have decreased to 41 from 92 in 2025/26 Q2 though the number of social prescribing encounters increased from 209 in 2025/26 Q2 to 218 in 2025/26 Q3.

Strategic Theme 5: Reducing Loneliness and Isolation

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

Appendix 2

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

Quarter Three
Performance Report
(October to December 2025)

Introduction

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

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

Finance

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

Strategic Theme 1: Prevention, early intervention & harm reduction

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

Key	Measure follows desired trend or meets target	Measure does not follow desired trend or meet target	Current data not available for comparison
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Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
DD.TOT.CSH SCP	HSCP Delayed discharges (standard, code 9 and code 100) at census point (NHS FV). (People delayed in a hospital setting)	45	↓	↓46	↓55
DD.ST.CSHS CP	HSCP Delayed discharges (standard) at census point (NHS FV). (People delayed in a hospital setting)	17	↓	↓23	↓27
DD.OBD.CSH SCP	HSCP Occupied bed days attributed to standard delayed discharges at census point (NHS FV). (People delayed in a hospital setting)	687	↓	↓742	↑424
DD.2wk.CSHS CP	HSCP Standard delayed discharge waits over 2 weeks at census point (NHS FV). (People delayed in a hospital setting)	9	↓	↓12	↑7
DD.09.CSHSC P	HSCP Delayed Discharges (code 9) at census point (NHS FV). (People delayed in a hospital setting)	27	↓	↑22	--27
PHS MSG1a18+	HSCP Emergency admissions (age 18+) MSG 1a (PHS) (note always one quarter behind) (p data completeness issues)	June 2025 1,523	↓	June 2024 ↑1,367	March 2025 ↓1,602
READ28.CSH SCP	HSCP Readmissions of people to hospital rate per 1,000 admissions in last month of quarter (NHS FV). (p data completeness issues)	56.25	↓	↓60.302	↓57.79
US.CSHSCP	HSCP A&E attendances (people age 18+) rate per 100,000 population in last month of quarter (NHS FV). (p data completeness issues)	1,399p	↓	↑1,325	↑1,374
ED.CSHSCP	HSCP A&E (ED&MIU) % people waiting less than 4 Hours at end of quarter (NHS FV) (p data completeness issues)	59.4%p	95%	↑45.9%	↓60.3%
IJB.05.stir_AS P1& IJB.02.clac_A SP1	HSCP Number people referred for Adult Support & Protection (ASP) (LA)	730	Activity Data	Not available	↓839
Smoke.12.12w LDP	HSCP Smoking No of people quitting at the 12 weeks follow up. HEAT SIMD 1&2 quits (note always one quarter behind)	Q2 25/26 13	43	Not available	Q1 25/26 ↓16
Smoke.12.12w	HSCP Smoking No of people quitting at the 12 weeks follow up. All quits (note always one quarter behind)	Q2 25/26 21	↑	Not available	Q1 25/26 ↑28

Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
PHS DisFallAdm	HSCP Number of hospital admissions due to people falling (all ages).(note always one quarter behind) (p data completeness issues)	Q2 25/26 211p	↓	Q2 24/25 ↓225	Q1 25/26 ↓242
PHS DisFallAdm	HSCP Number of hospital admissions due to people falling (aged 65+).(note always one quarter behind) (p data completeness issues)	Q2 25/26 137p	↓	Q2 24/25 ↓150	Q1 25/26 ↓156
PHS DisFallAdm	HSCP Falls rate per 1,000 population aged 65+ (note always one quarter behind) (p data completeness issues)	Q2 25/26 4.6	↓	Q2 24/25 ↓5.0	Q1 25/26 ↓5.2
DN.V.CSHSCP	HSCP District Nursing Activity - No of visits (NHS FV).	31,633	Activity Data	↑26,847	↓31,977
DN.TRV.CSHSCP	HSCP District Nursing Activity - No of Treatment room visits (NHS FV).	8,391	Activity Data	↓8,761	↓9,108
DN.C.CSHSCP	HSCP District Nursing Activity - No of calls (NHS FV).	3,432	Activity Data	↑3,339	↑3,329
	Priority 1 Mental Health & Wellbeing				
RTT.COMP.PSYCH	% of FV patients who commenced psychological therapy within 18 weeks of referral at end of quarter. NHS Local Delivery Plan standard.	77.5%	90%	↓79.9%	↓83.1%
PAA.PS (Total)	FV Patients Waiting for Initial Appointment at end of quarter (NHS FV).	1,069	↓	↑911	↑952
NSS MHADM	Mental health admissions of HSCP residents (NHS FV).	110	Activity Data	↑78	↑90
NSS MHREAD	Mental health readmissions of HSCP residents within 28 days (NHS FV).	25	↓	↑13	↑19
	Priority 2: Drug and alcohol care and support capacity across communities				
ADP.CSHSCP	% of Forth Valley people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery.	Q2 25/26 100%	HEAT target 90%	Q2 24/25 ↑99.5%	Q1 25/26 --100%
ADP.CGL.CS HSCP01	Number of HSCP residents attending Face to Face group sessions with Forth Valley Recovery Community (FVRC).	1,054	Activity Data	↓1,168	↓1,119
ADP.CGL.CS HSCP01	Number of HSCP residents attending individual sessions with Forth Valley Recovery Community.	15	Activity Data	↑9	↓25

Falls

NHS Forth Valley’s Safer Together Collaborative was completed in November 2025. Wallace Suite & Argyll Units showcased their improvement work to reduce falls at the celebration event;. The spread of the collaborative’s success is ongoing with “Active Visiting” expanding within the Bellfield Centre and we will also be looking to scale up the “Go Decaf” project to decaffeinate all of our bedded areas across the HSCP.



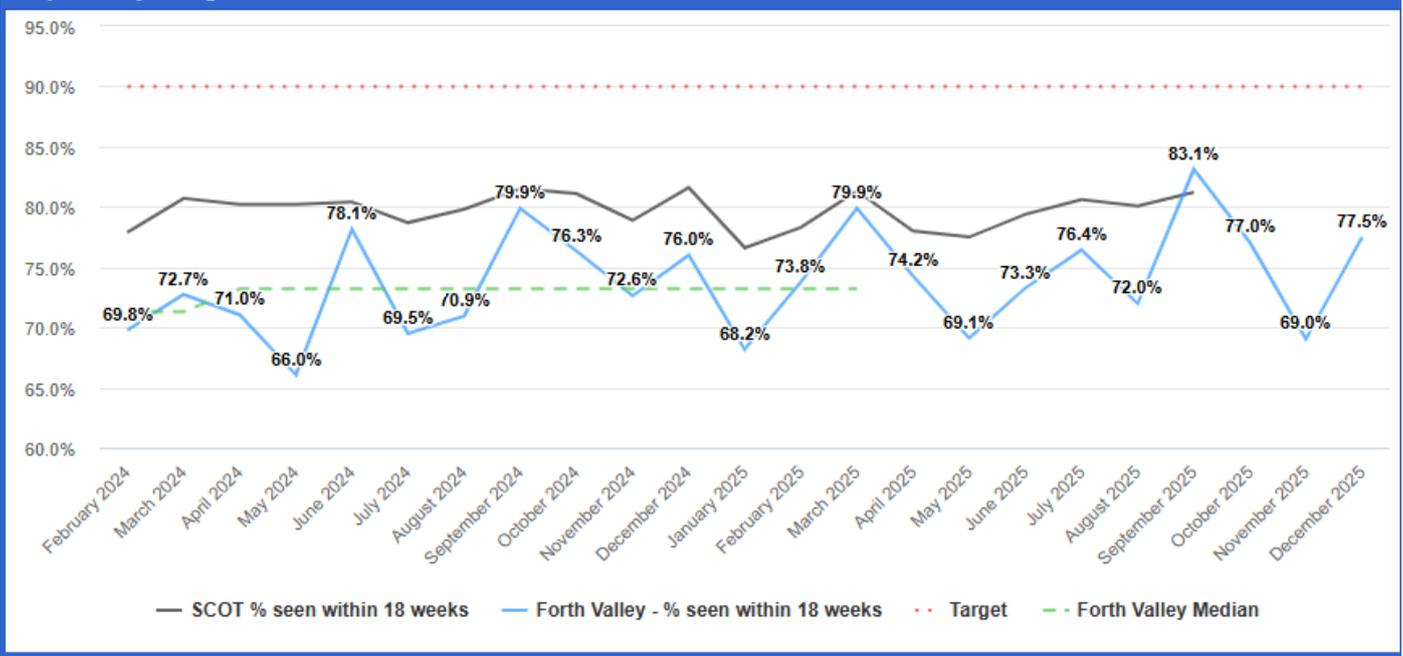
This winter we collaborated with Loch Lomond & Trossachs Trust in the Park to deliver Falls Awareness sessions as part of our goal to reach out to our rural communities. We covered Aberfoyle, Callander, Killin, Buchlyvie, Drymen and Criarlarich across 6 sessions with a massive 102 people attending. 94% of attendees felt the sessions were valuable to them and we had excellent feedback from people telling us what they were going to change because of the education delivered such as:

- “I’m going to buy new slippers”
- “I’m going to ask my GP for a medication review”
- “I might check my mum’s bone health using the tool you suggested”
- “I will definitely test my MECS alarm to make sure it’s working”

Priority 1: Mental Health and Wellbeing

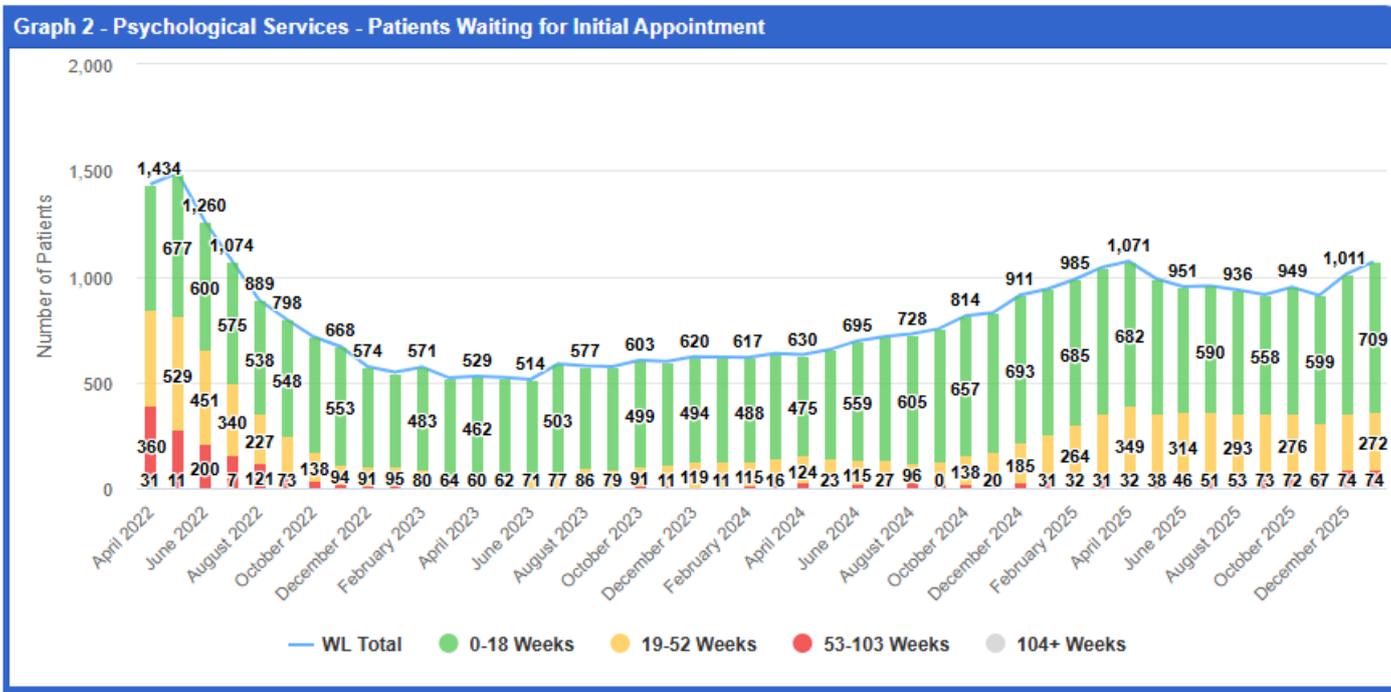
Psychological Therapies

Graph 1 - Psychological Services - Referral to Treatment - 18 Weeks



This graph includes psychological therapies delivered within adult and child services to ensure consistency with PHS reporting parameters. In December 2025, compliance with the RTT was 77.5% continuing a fairly consistent pattern of around 70% compliance or above since June 2024. Monthly fluctuations are generally related to: seasonal variation (peak holiday periods and winter illnesses adversely impact the numbers of people starting therapy with a clinician); the timing of therapeutic groups which enable a large number of people to start therapy simultaneously; and staff turnover.

In April 2025 waiting list projections were requested by Scottish Government, and conducted by Public Health Scotland on NHS Forth Valley's behalf. These indicated that we are unlikely to meet the RTT without significant investment in additional resource.



In May 2022 a redesign of the largest specialty within the service commenced. This included the introduction of triage appointments as standard which explains the reduction in the number of people waiting for initial appointment from that time point. Due to increased referral numbers from Q1 of 2023/2024, coupled with a reduction in assessment capacity as a result of financial savings plus the conversion of some assessment capacity to treatment capacity, the number of people awaiting assessment had increased. May 2025 through to November 2025 has seen a reduction in numbers waiting for assessment which may reflect service improvement work focusing on ensuring that all referrals accepted to the service met clear referral criteria, with referrals which did not meet criteria being redirected elsewhere. The December numbers of 1022 people awaiting assessment, 13 of whom have been waiting over 104 weeks, are likely to be somewhat inflated by people who have recently been added to the waiting list but who will not respond to opt-in letters and will subsequently be removed. Improvement work within the service, including managing referral demand and rolling out Waiting Well calls is projected to positively impact the numbers of people waiting for an assessment by the end of this quarter.

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

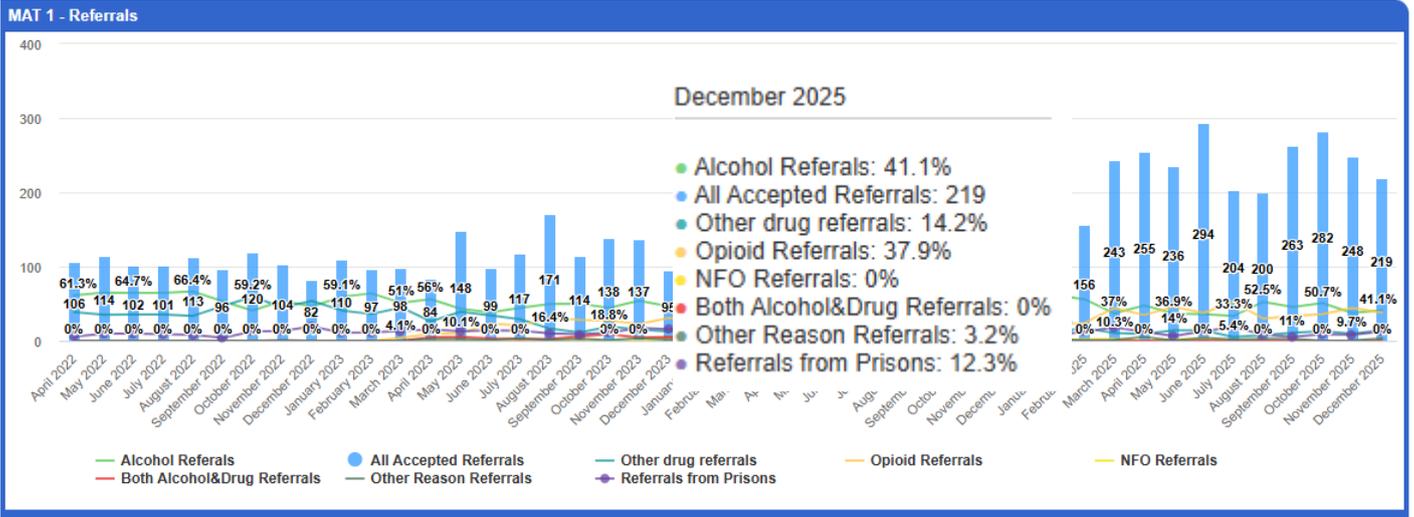
Medication Assisted Treatment (MAT) Standards for Forth Valley.

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

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

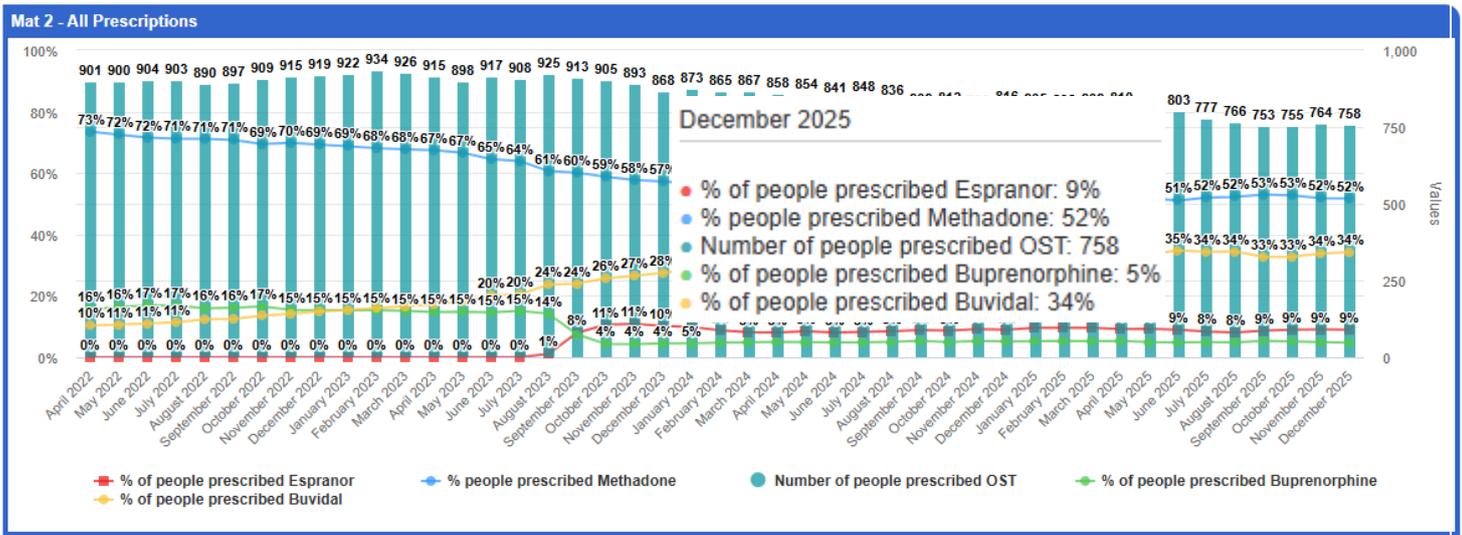
Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

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



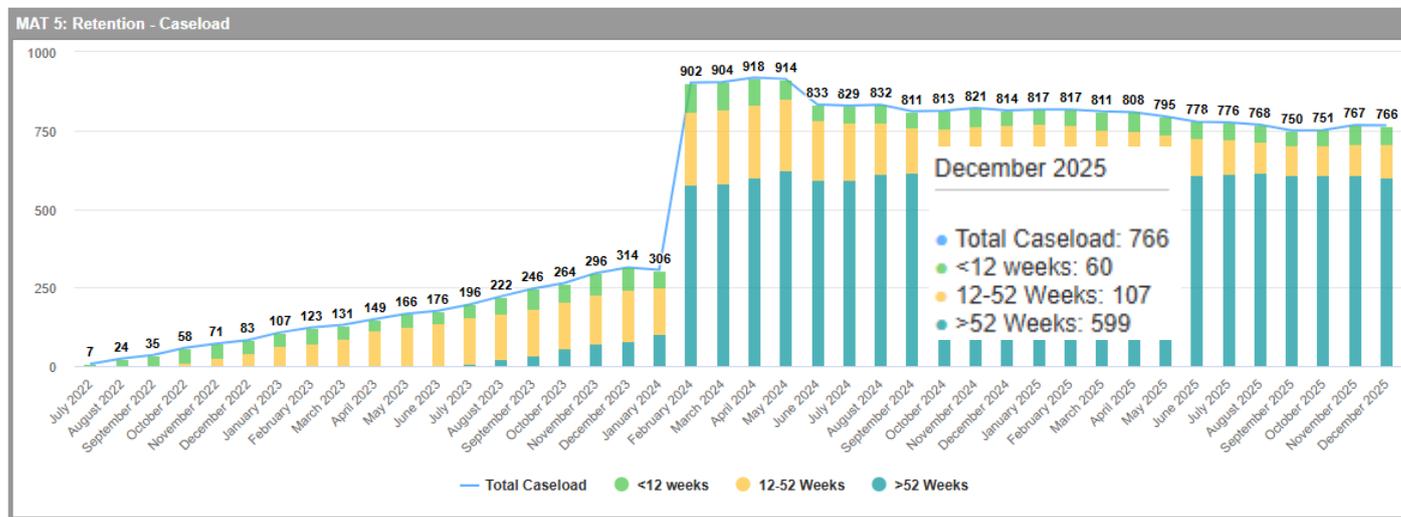
Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

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



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

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



Alcohol and Drug Partnership

The Clackmannanshire & Stirling Alcohol and Drug Partnership’s (ADP) has the responsibility for strategic planning for alcohol and drugs services across Clackmannanshire and Stirling, that ensures the provision of the appropriate range of treatment options required to promote the recovery of those affected by substance use problems at point of need.

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

In 2025/26 Q2, 100% of people referred with their drug or alcohol problem (excluding Prisons) waited no longer than three weeks for treatment that supports their recovery (across Forth Valley area). This follows 2025/26 Q1, 100% and continues to be above the 90% HEAT Target. This data pertains to Experienced Waits where adjustments have been made to account for periods of unavailability.

Change Grow Live

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

Strategic Theme 2: Independent living through choice and control.

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

Key	Measure follows desired trend or meets target	Measure does not follow desired trend or meet target	Current data not available for comparison		
Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
ASC.LD	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter.	263	Activity Data	↑255	↓265
ASC.LD	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter.	6	Activity Data	--6	--6
ASC.LD	Number of people in Learning Disability care group living in care home on last day of the quarter.	73	Activity Data	↑72	↑72
ASC.LD	Number of Learning Disability Clients on Dynamic Support Register with Priority to return (Coming Home)	27	Activity Data	--33	↓33
Priority 3 Self-Directed Support information and advice promoted across all communities					
SDSFV	No of people referred from Adult Social Care to SDS FV	10	↑	↓14	↑9
SDSFV	Number of people Self referring to SDS FV	4	Activity Data	--4	↓6
SDSFV	SDS FV Active Clients	33	Activity Data	--33	↑31
ASC	Number of people using Self-Directed Support Option 1 during the quarter	55	Activity Data	↓65	--55
ASC	Number of people using Self-Directed Support Option 2 during the quarter	114	Activity Data	↑98	↑109
ASC	Number of people using Self-Directed Support Option 3 during the quarter	4,392	Activity Data	↑4,275	↑4,286
ASC	Number of people using Self-Directed Support Option 4 during the quarter	127	Activity Data	↓137	↓138
ASC	Number of Support Plans created for people during the quarter	2	Activity Data	↓9	↓3
RCRT	Number of calls/contacts received by Adult Social Care Front Door Service	5655	Activity Data	na	↓5941
RCRT	Actual referrals to Adult Social Care Front Door Service	1071	Activity Data	na	↑1010
RCRT	Number of referrals progressing to assessment (within 2 months)	228	Activity Data	na	↓234
RCRT	Percentage of referrals to be allocated a Package of Care	28%	Activity Data	na	30%
RCRT	Number of clients referred to Adult Social Care Front Door Service Multi Disciplinary Team (MDT)	147	Activity Data	na	↓162

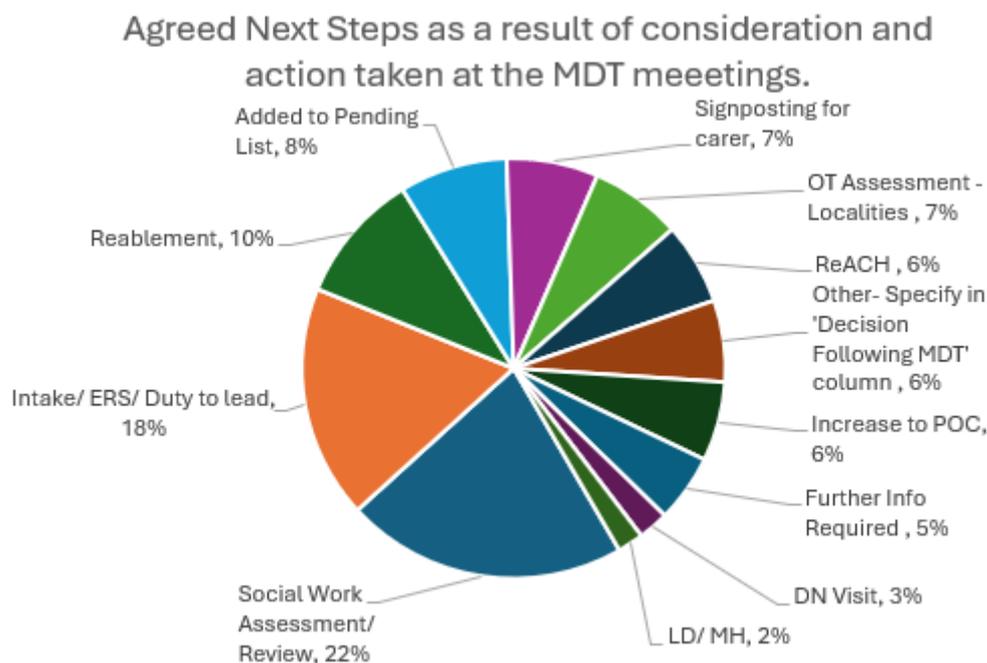
Right Care Right Time

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

An important component of redesigning the Adult Social Care Front Door Service are multidisciplinary team meetings. While still a new process that is continuing to develop, it is clear there has been a positive impact in terms of efficacy and the value this adds is encouraging. Ultimately, it is about helping teams with rationalising referrals and directing them accordingly, showcasing the values of joint and joined up working.

To date 646 newly referred clients have been referred to the Adult Social Care Front Door meetings. The initial reason given for a referral was 'Request for Social Care Assessment' for 75% of the referrals followed by 15% for 'Aids and Adaptations', 5% for 'Carer Support' and 5% for others.

The MDTs have been attended by; social work, community nursing, reablement/Mobile Emergency Care Service (MECs), Allied Health Professionals (AHPs) and staff working with carers and in the Bellfield. This has enabled the pooling of information (from across NHS and Council systems) to stimulate discussion about who is best placed to proceed with referrals, to ensure care and support is able to be accessed in a more coordinated way.



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

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

With the development and agreement of the new SDS Policy and subsequent Direction to both Councils, we are developing indicators around the new process. Key areas we will continue to analyse of the asset-based approach, recording to what extent people feel their outcomes have been met. It is also a priority to gather service delivery information on the number of people

receiving the right advice and support at the right time, with robust recording of the number of people being signposted successfully, number of people with budget and support plans, reviews and understanding the experiences of people to improve and develop our process. We also aim to understand what is important for people and understand any barriers to accessing chosen SDS options to continue to modernise our local service delivery.



SDS Forth Valley are actively promoting training opportunities for staff and key partners in the community to raise awareness of services available and increase the referrals from Adult Social Care providing the right advice at the right time. Self-directed Support Forth Valley have received Supporting in the Right Direction funding for the Well Worthwhile Waiting project. The focus of this project is engaging with supported people and carers prior to their assessment, to empower individuals to know their rights, and to provide information that will assist in preparing for their future conversations and assessment with the HSCP. Numbers of referrals to this service averaged at 8 per month in 2025/26 Q3 and are expected to increase as the work embeds across services.

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

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

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

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

This work informs the HSCP's approach to commissioning services and supports individuals on their dementia journey as well as their families and carers. Those who receive a diagnosis of dementia are also referred to Third Sector for support.

Key Performance Indicators are being developed for this area as part of the contract and demand management approach. As well as the development of activity data which will help us understand the numbers of people needing support, to allow for more robust planning to take place.

Strategic Theme 3: Achieving care closer to home

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

Key	 Measure follows desired trend or meets target	 Measure does not follow desired trend or meet target	 Current data not available for comparison
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Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
HSC ADA 002L	Number of HSCP residents moved into Intermediate Care (step up) from home	17	Activity Data	↑3	↓20
HSC ADA 002M	Number of HSCP residents moved into Intermediate Care (step down) from hospital	74	Activity Data	↑67	↑61
ASCWkPWDBD	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter	38	↓	↑14	↑30
ASCWkPW DAT	Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter	12	↓	↓26	↑5
HSC ADA 002w	Average total length of stay in Local Authority reablement for those clients transferring to a care provider. (Average stay for those who are independent is less).	32	↓	↑22.5	↓34.5
ADA01p & ADA01q	% Reablement clients with reduced or no hours after Reablement service.	52%	↑	↓57%	↓55%
DDCenFS	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter	1	↓	--1	↑0
ASCWkPOCWAQ	No of people waiting for a Package of Care at last week of quarter	58	↓	↓86	↑31
ASC	Total number of Packages of Care sourced in quarter	670	Activity Data	↑584	↑651
ASC	Total number of hours for Packages of Care sourced in quarter	6,955	Activity Data	↑5,811	↑6,376
ASC	Number of people receiving 80+ hours of care at home per week at the end of the quarter in Stirling area	74	Activity Data	↑72	↑72
ASC	Number of people receiving Telecare/Community Alarm service - All ages at end of quarter	3,070	Activity Data	↑3,022	↓3,084
DN.DAH.CSHSCP	HSCP District Nursing Activity - No of supported deaths at home (NHS FV).	97	Activity Data	--97	↑79
Priority 5 Good public information across all care and support working					
	Indicators under development.				

Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
Priority 6 Workforce capacity and recruitment					
	Workforce data is important to the planning and delivery of services. The Integrated Performance Framework sets out the requirement to develop data in order to plan and monitor service delivery. This is a key focus on the Strategic Workforce Plan Implementation Group over 2024 - 25. Indicators in development.				

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

A neighbourhood model is delivery is being developed in partnership with Primary Care, Third Sector Interface partners and communities to provide robust information on available community groups and supports for people across communities.

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

Priority 6: Workforce capacity and recruitment

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

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

Work is underway to refresh and update the workforce plan into 2026-2027 following updated guidance from the Scottish Government when it is published.

Strategic Theme 4: Supporting empowered people and communities

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

Key	 Measure follows desired trend or meets target	 Measure does not follow desired trend or meet target	 Current data not available for comparison
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Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
HSC MHO 008	Number of Chief Social Worker Guardianships	193	Activity data	↑166	↑181
Priority 7 Support for Carers					
HSC CAR 001	Mobilise service - Discover - Number of individuals reached in the quarter	3,699	Q3 2,730	↑2,189	↓4,032
HSC CAR 002	Mobilise service - Engage - Number of individuals engaging in further services in the quarter	226	Q3 210	↓530	↓330
HSC CAR 003	Mobilise service - Support - Number of individuals engaging in deeper support in the quarter	121	Q3 92	↓162	↓179
HSC CAR 031	CAB - Active Clients accessing Unpaid Carer Advice Project in the quarter	68	Activity data	↓74	↑64*
HSC CAR 032	CAB - New Clients accessing Unpaid Carer Advice Project in the quarter	21	Activity data	↑16	↓31*
HSC CAR 034	Citizens Advice Bureau - Number of Level 1 advice contacts Unpaid Carer Advice Project in the quarter (Note a client may receive more than one type of advice)	218	Activity data	↑235	↓262*
HSC CAR 035	Citizens Advice Bureau - Total project to date - Client Financial Gain. ¹	£99,394	Activity data	£27,497.80	£45,382 ^{*2}
HSC CAR 036	Citizens Advice Bureau - No of Referrals IN	26 <small>Stirling only available</small>	Activity data	43	68*
HSC CAR 037	Citizens Advice Bureau - No of Referrals OUT	4 <small>Stirling only available</small>	Activity data	27	18*
HSC CAR 051	Number of Adult carers accessing individual support from Carers Centres.	451	Activity data	↓464	↓612
HSC CAR 052	Number of New Adult carers registered by Carers Centres.	157	Activity data	↓168	↑144
HSC CAR 053	Number of Adult Carer Support Plans offered by Carer Centres.	153	Activity data	↑128	↓171
HSC CAR 054	Number of Adult Carer Support Plans completed by Carer Centres.	113	Activity data	↑103	--113
HSC CAR 055	No of Carers registered and active with a Carers Centre at end of quarter	2,991	Activity data	↑2,848	↑2,794

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

² * Correctios for CAB Unpaid Carer Advice Project reporting

Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
ASC	No of Adult Carer Support Plans in quarter (social care)	25	Activity data	↓35	↓39
Priority 8 Early intervention linking people with third sector and community supports					
	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers (CLW).	41	↑	↓89	↓93
	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW).	218	↑	↓389	↑209

Priority 7: Support for Carers

Carers

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

Digital and community approaches supports are aligned within the Model of Care for unpaid carers. Quarterly contract meetings are held with providers to oversee performance.

Digital Approach

Mobilise is the HSCP's digital support offer for unpaid carers within the Clackmannanshire and Stirling Health and Social Care Partnership. Having been commissioned in April 2024, the process to identify carers requires to bed in and for operational staff to continue to refer people and families for support, advice and information.

The targets are based on annual delivery with such contracts being front loaded in terms of costs which settles through the lifetime of the contract, therefore early actual figures will always be higher and settle during the contract period. This means quarterly data at times may show reduced outcomes however this should be viewed cautiously and in context to the annual target and annual delivery.

Digital carer engagement and support through Mobilise continues to exceed targets with 3,699 individuals reached (Discovery) during 2025/26 Q3 with a target of 2,730. 226 individuals engaged in further services (Engage) against a target of 210 and 121 individuals engaged in deeper support (Support) against a target of 92.

Community support

Falkirk & Clackmannanshire Carers Centre – Clackmannanshire element only

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

Stirling Carers Centre

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

Citizens Advice Bureau, Unpaid carer advice project

A well-established advice organisation located at the Norman MacEwan Centre, Stirling, with a community presence in various locations. It is important to note that CAB's code of ethics / CAS Membership process stipulates that CAB can only report on Client Financial Gains that clients have informed them about. CAB are not permitted to follow up with clients to establish this and are not permitted to make assumptions. They are also not permitted to report on gains beyond one year i.e. where a £30k award is achieved over a 3 year period they can only report on £10k and the remaining £20k is unreported. The service has also been extended to Killin to provide the service to rural Stirling area. The increases in Q3 are due to the project returning to full staffing levels.

Respite

Respite and short break care (replacement care to enable a carer a break) should be flexible in its nature and can be provided in many ways providing additional care/support to the cared for person to enable a break for the carer.

This may be a sitting service, day care, alternative break and is not restrictive to only residential respite care. The Short Breaks Statement has been agreed by IJB and is now available to view in the carers section of the HSCP website.

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

Priority 9 Develop locally based multiagency working across communities

Locality Working

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

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

Locality Planning Networks

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

Strategic Theme 5: Reducing loneliness and isolation

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

Third sector update

The work of Clackmannanshire Third Sector Interface (CTSI) and Stirling Voluntary Enterprise (SVE) is crucial to tackling loneliness and isolation within our communities, with most of the groups and organisations providing people with a way to reconnect to their communities.

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

Inspection of Services

Registered services owned by the Partnership are inspected annually by the Care Inspectorate. There was 1 registered service inspection during October to December 2025. Additional information and full details on any inspections can be found at the [Care Inspectorate](#) website. Since 1 April 2018, the new [Health and Social Care Standards](#) have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a [new framework for inspections](#) of care homes for older people.

Whins/Centre Space Support Service - Unannounced inspection, Completed on 3rd October 2025.

Key messages: The service had developed quality assurance processes and had begun to audit many aspects of the service which had led improved outcomes for some people. People could be confident in the staff supporting them because staff had received formal training, improving their skills and knowledge and had increased support in their day to day work to embed their training in practice. Peoples' support plans and daily activities had been identified and now needed further development to better reflect how the service might support people to meet their aspirations and wishes.

There were two requirements made on 6th June 2025. These were met within the timescales set by the inspection.

There was one Area for Improvement made on 30th January 2025 - To ensure that people get the most out of their support, the service should make arrangements to link peoples activities and planners to their identified outcomes so that people have an opportunity to fulfil any wishes and aspirations. This ensures care and support is consistent with the Health and Social Care Standards, which state: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

Action taken since then - We reviewed this area for improvement during our inspection. We could see some progress had been made and everyone had an individualised plan. The plans were personalised and gave a good sense of each person. However, we saw limited links between peoples desired outcomes and how they spent their day at Whins. Some risk assessments were not specific or required and therefore not personalised to individual risk. When staff were recording information about peoples days, there was often a focus on what people can't do rather than strengths and a positive approach. Most people were due a review of their support and the service is planning to further develop personal plans at each individual review. We will follow up on this area for improvement at our next inspection.

Ministerial Strategic Group (MSG) Indicators

Ministerial Steering Group (MSG) Indicators Summaries for Indicators 1 to 6



Partnership: 12 months to:

Indicators 1 to 4 (values shown for patients over 18 years of age)	12 months from July 2024 to June 2025	12 months total up to June 2024	12 months total up to June 2025	Percentage change $\text{\textcircled{O}}$
1a - Total Emergency Admissions		14,896	16,089	8.0%
1b - Number of Admissions from A&E		7,031	7,406	5.3%
2a - Total Unscheduled Bed Days; Acute		108,659	103,837	-4.4%
2b - Total Unscheduled Bed Days; Geriatric Long Stay		1	75	7400.0%
2c - Total Unscheduled Bed Days; Mental Health		22,257	13,846	-37.8%
3a - Total A&E Attendances		24,845	24,876	0.1%
4a - Total Delayed Discharges Bed Days; All Reasons		17,626	18,144	2.9%
4b - Total Delayed Discharges Bed Days; Code 9		8,150	8,710	6.9%
4c - Delayed Discharges Bed Days; Health and Social Care reasons		9,269	9,372	1.1%
4d - Delayed Discharges Bed Days; Parent/Carer/Family-related reasons		207	62	-70.0%

Indicators 5 and 6	Trend of annual totals	Previous financial year	Latest financial year	% point (pp) change $\text{\textcircled{O}}$
5. Last Six Months of Life by Setting (Community, All Ages)		2023/24	2024/25p	
		89.4%	88.7%	-0.69%
6. Percentage of Population in Institutional or Community Settings (Home - Unsupported, 65+)		2022/23	2023/24	
		92.2%	91.6%	-0.62%

Note - p after a year denotes that the data is provisional; please see metadata for further details

Source: PHS NSS Data Completeness June 2025 - 98%

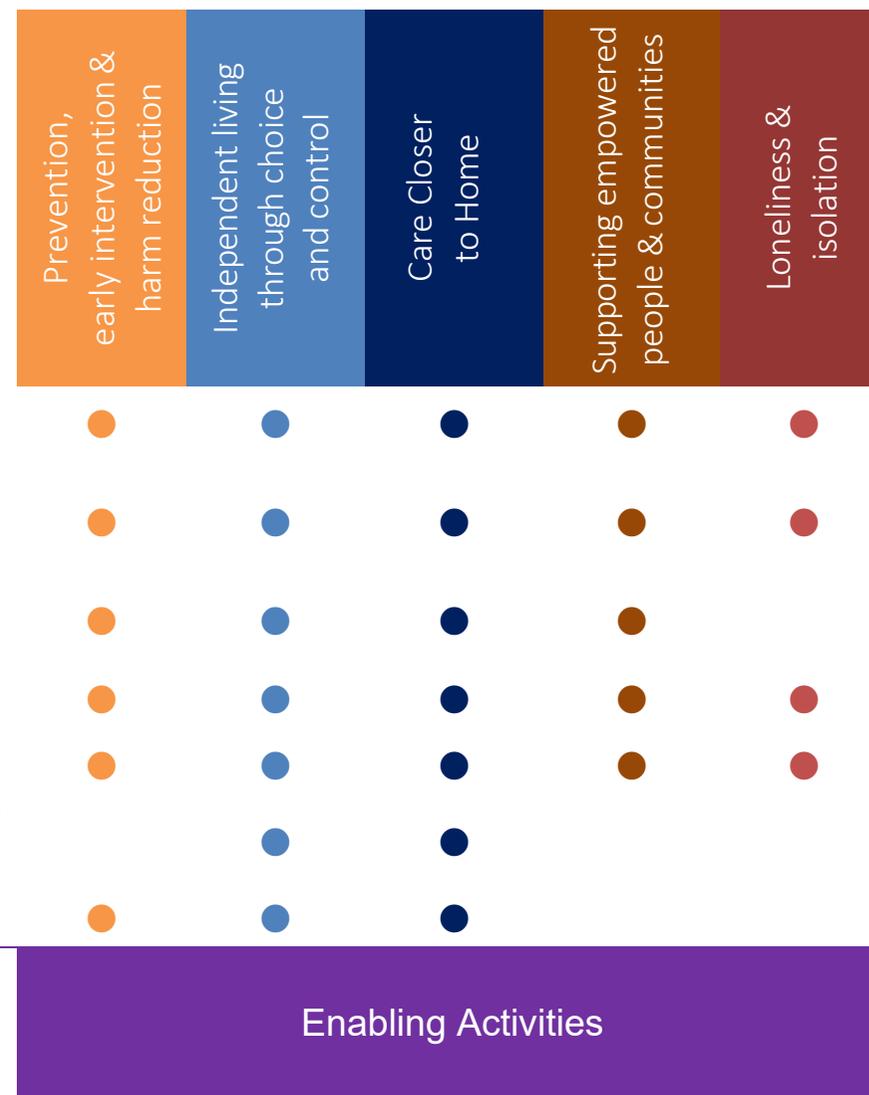
The table above outlines the most up-to-date information for the MSG indicators. Currently for June 2025 Completeness for September 2025 is currently 64%.

National Health & Wellbeing Outcomes

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

Health and Wellbeing Outcomes

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



Glossary

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

MIU - Minor Injuries Unit

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

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

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

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

CGL - Change Grow Live Forth Valley Recovery Community

CTSI - Clackmannanshire Third Sector Interface

DD Delayed Discharge

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

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

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

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

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

FD MDT - Adult Social Care Front Door Service Multidisciplinary Team - new referrals for Adult Social Care are discussed helping to decide who is best placed to proceed with referrals, to ensure care and support is able to be accessed in a more coordinated way

FV - Forth Valley

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

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

MECs - Mobile Emergency Care Service

RTT - Referral to treatment time

SDS - Self Directed Support

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

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

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

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

SVE - Stirling Voluntary Enterprise

Clackmannanshire & Stirling Integration Joint Board Finance Audit and Performance Committee

18 February 2026

Agenda Item 9

Annual Assurance Statement for the IJB 2025/26

For Approval

Paper Approved for Submission by:	Amy McDonald, Interim Chief Finance 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:	To review and report on the Finance Audit & Performance Committee's role and function during 2025/26 and provide assurance these have been met.
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Recommendations:	<p>The Finance Audit & Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Note the reports presented during the year 2) Approve the 2025/26 Assurance Statement for presentation to the IJB
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1. Background

- 1.1 The Finance Audit & Performance Committee is required to review a workplan at the end of each financial year to ensure relevant assurance had been received regarding core business and specific work areas undertaken. This includes financial governance and scrutiny of the in-scope budget for the Integration Joint Board (IJB) and Health and Social Care Partnership (HSCP); as well as recommendations to the IJB following review and assessed risk of annual budget proposals, such as options for service delivery and efficiency and savings.
- 1.2 A year-end report will then be submitted to the IJB to confirm they have assessed the adequacy and effectiveness of the IJB's internal financial and performance controls and arrangements to ensure that the highest standards of probity and public accountability have been demonstrated.

2. Finance Audit & Performance Committee Annual Assurance Statement

- 2.1 The Annual Assurance Statement is prepared by the Committee as part of the IJB governance framework. The statement provides assurance to the IJB that the Terms of Reference and workplan supports the delivery of strategic priorities through the financial and performance scrutiny and assurance.
- 2.2 The Annual Assurance Statement sets out the meeting dates, attendance, and business during the financial year 2025/26. It will also provide a broad conclusion on whether the level of assurance provided was acceptable and show how any key risks/concerns highlighted will be reflected in the workplan for the year ahead.

3. Conclusions

Through the consideration of relevant reports and presentations, the Finance Audit & Performance Committee has effectively discharged its duties during 2025/26

4. Appendices

Appendix 1: Annual Assurance Statement for 2025/26

Appendix 2: Attendance Record 2025/26

Appendix 3: Schedule of Business Considered 2025/26

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>

Implications	
Finance:	None directly arising.
Other Resources:	None directly arising.
Legal:	Finance & Performance Committee forms part the Integration Joint Boards governance structure and assists in managing and mitigation of risk.
Risk & mitigation:	Per the body of report and appended Strategic Risk Register
Equality and Human Rights:	The content of this report does not require a EQIA.
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider (pay due regard' to)

	<p>how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report does not require Fairer Duty Scotland Assessment</p>
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Appendix 1

1. PURPOSE

- 1.1 This report provides an annual overview and scrutiny of the work of the Clackmannanshire and Stirling IJB's Finance Audit & Performance Committee.
- 1.2 It reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan and supports the Annual Governance Statement of the IJB.

2. BACKGROUND

- 2.1 The Finance Audit & Performance Committee is a key element of the governance structure and under the delegated authority of the IJB.
- 2.2 The Finance Audit & Performance Committee's remit includes not only the financial stewardship and scrutiny or performance but also all aspects of the IJB's systems of internal control and overall governance framework.
- 2.3 The specific functions delegated to The Finance Audit & Performance Committee by the IJB, as set out in the Terms of Reference are:
 - Consider and approve an annual committee workplan.
 - Assess the adequacy and effectiveness of the IJBs internal controls and corporate governance arrangements and consider the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated and provide assurance and recommendations to the IJB as appropriate.
 - Ensure existence of and compliance with an appropriate Risk Management Strategy. Review risk management arrangements and receive routine risk management updates and reports; Scrutinise the IJBs Strategic Risk Register and provide assurance and recommendations to the IJB as appropriate.
 - Review and approve the annual Internal Audit Plan, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate and provide assurance and recommendations to the IJB as appropriate.
 - Consider the Annual External Audit Plan, receive reports and consider matters arising from these and management actions identified in response and provide assurance and recommendations to the IJB as appropriate.
 - Consider relevant national reports. E.g. Audit Scotland overview reports
 - Consider and approve publication of draft (unaudited) annual accounts and approve for publication and public inspection. Consider the audited annual accounts and Annual External Audit Report prior to presentation to

the IJB for approval and provide assurance and recommendations to the IJB as appropriate.

- Consider reasonable and proportionate arrangements for ensuring best value for delegated integration functions and provide assurance and recommendations to the IJB as appropriate.
- Receive reports and provide financial governance and scrutiny of the Strategic Commissioning Plan budget for the IJB and provide assurance and recommendations to the IJB as appropriate.
- Review the draft annual IJB Business Case and provide assurance and recommendations to the IJB as appropriate.
- Review the annual budget proposals including options for service delivery and savings proposals and provide assurance and recommendations to the IJB as appropriate.
- Receive update reports and provide oversight and scrutiny in respect of financial and performance for delegated integration functions (eg in respect of Scottish Government policy allocations such as Primary Care Improvement Plan) and provide assurance and recommendations to the IJB as appropriate.
- Monitor performance on directions issued by the IJB in line with the extant Directions Policy and provide assurance and recommendations to the IJB as appropriate.
- Review the Annual Performance Report in line with extant statutory guidance and provide assurance and recommendations to the IJB as appropriate.
- Review key performance indicators and targets in respect of the scrutiny function to support continuous improvement in delivery of the key performance indicators and provide assurance and recommendations to the IJB as appropriate.
- Receive and consider service performance reviews and, where appropriate provide assurance and recommendations to the IJB as appropriate.
- Prepare an annual report and annual assurance statement to the IJB.

2.4 The Committee formally submit a copy of its approved minutes to the IJB as part of its assurance processes. These are publicly available.

IJB FINANCE AUDIT & PERFORMANCE COMMITTEE

3.1 Composition

During the financial year ending 31 March 2026, the Finance Audit & Performance Committee membership comprised of:

Voting Members:

Councillor Janine Rennie, Clackmannanshire Council (Chair)
Councillor Martin Earl, Stirling Council (Vice Chair)
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley
Allan Rennie, Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Rosemary Fraser, Stirling Council (resigned on 10th November 2025)
Councillor Jen Preston, Stirling Council (appointed on 10th November 2025)

Non Voting Member:

Anthea Coulter, Third Sector Representative, Clackmannanshire

3.2 Meetings

The Finance Audit & Performance Committee met on 4 occasions during the financial year 2025/26.

- 25 June 2025
- 20 August 2025 (Special Meeting)
- 17 September 2025
- 14 January 2026 (Special Meeting)
- 18 February 2026

Attendance record is attached at Appendix A.

3.3 Business

The Schedule of Business Considered during 2025/26 is attached at Appendix B.

4. Conclusion

- 4.1 The work of the Finance Audit & Performance Committee provides **substantial assurance** to the IJB in relation to the financial governance and scrutiny of annual budgets and efficiency and savings proposals.

Appendix 2: Attendance Record 2025/26

Voting Members		25/06/2025	20/08/2025	17/09/2025	14/01/2026	18/02/2026
Councillor Janine Rennie Clackmannanshire Council	Chair	P	P	P	P	P
Councillor Martin Earl, Stirling Council	Vice Chair	A	P	P	A	A
Councillor Martha Benny, Clackmannanshire Council		A	P	A	A	P
Councillor Rosemary Fraser, Stirling Council		P	P	P	N/A	N/A
Councillor Jen Preston, Stirling Council		N/A	N/A	N/A	P	P
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley		P	P	A	P	P
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley		P	P	A	P	P
Allan Rennie, Non-Executive Board Member, NHS Forth Valley		A	A	A	P	P

John Stuart, Non-Executive Board Member, NHS Forth Valley		P	A	P	P	P
Attendance						
Joanna Macdonald, Interim Chief Officer		P	P	P	N/A	N/A
Jennifer Borthwick, Interim Chief Officer		N/A	N/A	N/A	P	P
Ewan Murray, Interim Chief Finance Officer		P	P	P	N/A	N/A
Amy McDonald, Interim Chief Finance Officer		N/A	N/A	N/A	P	P
Wendy Forrest, Head of Strategic Planning and Health Improvement		P	P	P	A	P
Lesley Fulford, Senior Planning Manager		P	P	P	N/A	N/A
Anthea Coulter, Third Sector Representative, Clackmannanshire		N/A	N/A	A	P	P
Sandra Comrie, IJB Business Support	Minute	P	P	P	P	P

Key: P Present
A Apologies

Appendix 3: Schedule of Business Considered 2025/26

Date	Agenda Items	Noting/Decision
25 June 2025	Minute of previous meeting on 19 February 2025	Approved
	IJB Reserves	Presentation
	Internal Audit Plan	Approved
	Draft Annual Governance Statement	Approved
	Progress Report on Audit Recommendations	Noted and Assured
	Progress Report on IJB Accounts	Discussed and Approved
	Best Value Checklist	Assured
	Review of Workplan 2025/26	Noted and Approved
	Relevant National Reports	Noted
	Exempt Paper - Internal Audit and Annual Assurance Report	Noted
20 August 2025	Implementing Value Based Health and Care/Polypharmacy	Presentation
	2024/25 Draft (Unaudited) Integration Joint Board Annual Accounts	Considered and Agreed for Issue
	Monitoring of Directions	Approved
17 September 2025	Minutes of previous meetings on 25 June 2025 and the special meeting on 20 August 2025	Approved
	Emergent Impact of Multi-Disciplinary Team and Refreshing Approach to Eligibility Criteria	Presentation
	Progress with IJB Accounts and Statutory Audit	Verbal Update
	Draft Annual Performance Report	Approved
	Progress Report on Governance Action Plan and Annual Audit Report Recommendations	Noted and Assured
	Review of IJB Financial Regulations	Recommended
	Long Term Care and Ordinary Residence	Approved
	Review of Scheme of Delegation	Approved
Relevant National Reports	Noted	

14 January 2026	Draft 2024/25 Year End Financial Accounts and Annual Audit Report	Approved
	Internal Audit Update	Noted
	Strategic Risk Register	Approved
18 February 2026	Minutes of previous meetings on 17 September 2025 and the special meeting on 14 January 2026	
	Progress Reports on Governance Improvement and Audit Recommendations	
	Update on Budget Governance	
	Draft Quarter 3 Performance Report	
	Annual Assurance Statement	
	Board Assurance and Escalation Framework	
	Relevant National Reports	

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

18 February 2026

Agenda Item 10

Relevant National Reports:
Community Health and Social Care: Performance 2025

For Discussion and Noting

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

- The terms of reference for the Committee states appropriate national reports relevant to the context or responsibilities of the IJB will be brought to the attention of the FAP Committee.
- Since the last meeting of the FAP Committee the following relevant national report has been published.
- Community Health and Social Care: Performance 2025

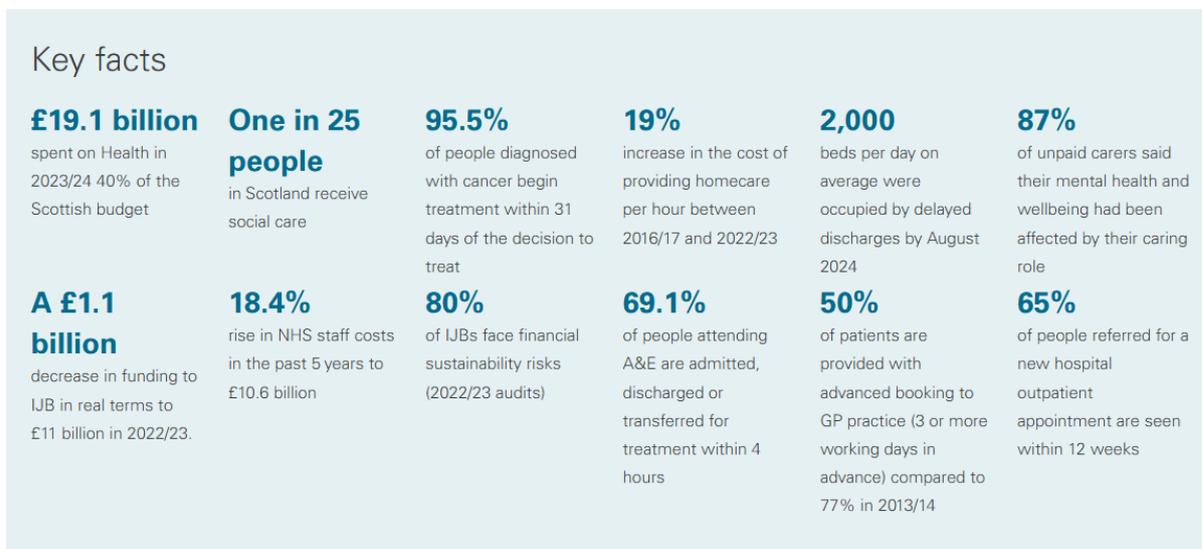
2. Key Messages and Recommendations - Community Health and Social Care: Performance 2025

- Key messages from Community Health and Social Care: Performance 2025
- HSCPs continue to experience financial pressures and are having to make savings as they redesign and transform how they deliver services.
- Auditors report that HSCP's are working hard to address these financial challenges however despite this funding challenges continue.

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

delivery plans. The workforce planning maturity index may be an approach work reviewing our workforce plans against.

Key visual exhibits from the paper are provided below.



- The Audit Scotland report is also attached in the appendix below which has within it an associated Management Information reporting tool which contains financial information for HSCP's in Scotland - this demonstrating the financial position across all IJBs in Scotland.

4. Conclusions

- The report confirms consistency with the approach C&S IJB are taking to deliver financial sustainability, clearly highlighting the need to transform service delivery to drive forward service delivery at a lower more affordable cost.

5. Appendices

Appendix 1 – Audit Scotland Report
Appendix 2 - Briefing Paper

Community health and social care

Performance 2025



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
January 2026

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Key messages

- 1** Integration Authorities (IAs) and Health and Social Care Partnerships (HSCPs) need to ensure that they have good quality information to fully understand their performance, support effective decision-making, benchmark against others and provide transparent public performance reporting. However, there is a lack of comprehensive and consistent national performance information about community health and social care demand, workload, quality of care and outcomes.
 - 2** The limitations of the performance information make it difficult to fully assess the performance and progress of IAs and HSCPs towards improving the quality of life for people using health and social care services. To support IAs and HSCPs to use the data and indirect measures that are currently available, we have developed an [interactive data tool](#) to allow comparisons to be made.
 - 3** From this data, we have found a general long-term picture of declining performance and satisfaction:
 - [IAs and HSCPs are struggling to keep up with increasing demand across the health and social care system](#)
 - [more progress is needed with shifting the balance of care to the community and to prevention](#)
 - [the amount of choice and control service users feel they have remains variable](#)
 - [there is a gap between the ambitions to address health inequalities and progress with improvement.](#)
-

Recommendations

Integration Authorities (IAs) and Health and Social Care Partnership (HSCP) leaders need the support of councils, health boards, the Scottish Government and other partners to make more progress with integration, service redesign, and ensuring they have the information needed to plan and make effective decisions.

Public Health Scotland should:

- Over the next year, through consultation with IAs, HSCPs and other stakeholders, such as the Care Inspectorate, Health Improvement Scotland and the Improvement Service, agree and roll out a programme to:
 - assess the current measures for monitoring performance across community health and social care and agree a comprehensive suite of indicators that draws on and modifies existing measures as appropriate and addresses current gaps in information. The suite should support performance monitoring and decision-making at a national and local level
 - centrally manage the collection, cleansing and management of the data
 - organise the performance information into a publicly accessible dashboard that is maintained on an ongoing basis to support national or local evaluation of performance information.
- The suite of indicators should be annually reviewed to ensure the measures and the definitions of each remain relevant to supporting planning, monitoring and evaluation of delivery ([paragraphs 12–17](#)).

IAs and HSCPs should:

- Over the next six months, use the [interactive data tool](#) to compare performance with other areas to:
 - understand and explain in public reports their relative performance in terms of local context, priorities, policy and operational decisions
 - analyse performance alongside local data to support benchmarking, self-assessment and the development of improvement plans ([paragraph 6](#)).

Introduction

About health and social care integration

1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires councils and territorial NHS boards to work together in partnerships, known as Integration Authorities (IAs). As part of the Act, new bodies were created – Integration Joint Boards (IJBs). An IJB is a separate legal entity, responsible for the strategic planning and commissioning of a wide range of health and social care services across a partnership area.
2. Of the 31 IAs in Scotland, 30 are IJBs. Stirling and Clackmannanshire councils have formed a single partnership with NHS Forth Valley. Highland currently follows a lead agency model where a Joint Monitoring Committee takes a similar strategic oversight role of adult community health and social care. Each IA is supported by an operational delivery partnership – the Health and Social Care Partnership (HSCP) that manages the delivery of the services. The HSCP staff remain employees of the NHS or the council, depending on their role. More detail about integration can be found in our short guide – [What is integration?](#)
3. In December 2024, members of the Highland Council and NHS Highland Joint Monitoring Committee agreed to move from the lead agency model of integration to the IJB model. Both organisations agreed that moving away from the lead agency model would increase the pace of change towards an improved partnership culture and a more responsive system of care. The planning for transition is under way and a timeline for the full implementation is being developed.
4. The range of services each IA and HSCP are responsible for varies. In this briefing, for simplicity, we refer to ‘community health and social care’ to refer to the broad range of core services IAs and HSCPs cover, including primary care services and adult social care services, as well as unplanned health care, eg emergency admissions to hospitals.

What is integration?
A short guide to the integration of health and social care services in Scotland



April 2018



About the bulletin

The data tool

5. In March 2025, we published a [data tool](#) that sets out financial data in an interactive way so that members of the public and in particular IJB members and other stakeholders could view the data and compare financial performance across the 30 IJBs in one location. We have now added a range of publicly available national performance data, including the national [core suite of integration indicators](#) to this data tool. This allows users to also explore national and local performance, as well as compare the performance of individual IAs and HSCPs in an easily accessible way. The tool sets out national and local trends, charts that show performance by authority, and provides some contextual information.

6. We expect IAs and HSCPs to use the tool to compare their performance with other areas and assure themselves that they understand and can explain their performance in terms of local context and priorities. We anticipate other stakeholders, such as the Care Inspectorate, Healthcare Improvement Scotland and third-sector organisations might also find this tool useful.

7. The range of publicly available national data is limited and does not provide a full picture of the performance of services or the outcomes for people. IAs and HSCPs should use the tool alongside other local data available to them, to support benchmarking, self-assessment, and the development of improvement plans.

8. Guidance on how to use the online tool is available on the Audit Scotland website. Within this briefing there are links to the relevant data in the tool, enabling access to a breakdown of the referenced indicator.

This briefing

9. This briefing accompanies our [interactive online data tool](#). It summarises the main findings from our analysis set out in the tool, sets out how we expect the data tool to be used by IAs and HSCPs, as well as the limitations of the available data. It challenges members of IAs and the leadership of the HSCPs to consider how they can better use data to support planning, decision-making, improvement and public reporting of performance. It also prompts the wider sector, including the Scottish Government, COSLA and NHS boards and councils, to consider their key role in supporting progress with addressing the challenges in community health and social care, including the collation of national data through Public Health Scotland.

Integration Joint Boards Finance bulletin 2023/24



March



Community health and social care performance

IAs and HSCPs are struggling to keep up with increasing demand across the health and social care system. Long-term performance trends show an overall decline although there are some signs of improvement.

Community health and social care services continue to face significant challenges

10. The community health and social care sector plays a vital role in our health and wellbeing, keeping people at home and cared for out of hospital. Over the years we have highlighted in our national and local audit work the increasing pressures facing the sector including significant financial constraints, rising public and political expectations, workforce challenges including difficulties with recruitment and retention, widening health inequalities and the increasing demand of an ageing population.

Some of the many reports where we have set out the range of pressures and challenges for the health and social care sector include:

[IJB Finance and performance 2024](#) and [IJBs' Finance bulletin 2023/24](#)

[NHS in Scotland 2024](#) and [NHS in Scotland 2025](#)

[Adult mental health, 2023](#)

[General practice: Progress since the 2018 General Medical Services contract, 2025](#)

[Improving care experience – Delivering The Promise, 2025](#)

[Delayed discharges, 2026](#)

Demand pressures continue to rise

11. Unlike secondary care, where waiting lists and times are regularly monitored nationally, it is not easy to define or measure demand for community health and social care. However, there are **proxy measures** that clearly indicate that pressure on services has increased. These include an ageing population, growing numbers of people with one or more health conditions, an increased impact of long-term conditions on the population, and widening health inequalities ([Exhibit 1, page 8](#)).

A **proxy measure** is a strongly-related indicator used to help quantify a point that is otherwise difficult to measure directly or that there are no direct measures for.

Exhibit 1.

Indicators of increased pressure on community health and social care

Proxy measures clearly indicate that demand pressure on community health and social care has increased and may continue to increase.

Indicator of increased demand



Growing population

2014–24: Scottish population increased by 4 per cent.



Ageing population

2014–24: Proportion of people in Scotland aged 65 and over increased from 18.2 per cent to 20.5 per cent.



More unpaid carers

2011–22: Proportion of people that are unpaid carers increased from 9.4 per cent to 12 per cent in 2022. Of these, 59 per cent were female and 41 per cent were male.



More people with long-term health conditions and mental health issues

2011–22: Proportion of people reporting a long-term illness, disease or condition increased from 18.7 per cent to 21.4 per cent.

2011–22: Proportion of people reporting a mental health condition increased from 4.4 per cent to 11.3 per cent.



Increased impact of disease on the population

Annual disease burden forecast to increase by 21 per cent by 2043.



Enduring and widening health inequalities

2019–21: In the most deprived areas, people spend more than a third of their life in poor health compared to around 15 per cent in the least deprived areas.



Longer waiting times for secondary care

By the end of June 2025 there were 36,694 ongoing waits of more than a year for inpatient or day case treatment. Before Covid-19 (September 2019) there were around 1,640. This increases the demand for primary health and social care services.

Notes: Long-term illness, disease or condition includes a range of conditions such as arthritis, cancer, diabetes and epilepsy. The disease burden forecast calculates the impact of health loss across the population due to living with and dying from causes of injury or disease in terms of years of life lost – [Scottish Burden of Disease study](#), Public Health Scotland, November 2022.

Source: Audit Scotland, National Records of Scotland, Public Health Scotland data (at 1 July 2025)

There remains a lack of comprehensive and consistent performance information to fully assess the performance of IAs and their service delivery partners

12. The lack of relevant data, or analysis of community health and social care data, has been a common theme across a range of our reports. Most recently, the Auditor General concluded in his [report on general practice](#), that the data needed by the Scottish Government to make informed decisions on planning and investment across general practice is inadequate. There remains a lack of robust information about general practice demand, workload, workforce and quality of care.

13. In the [Integration Joint Boards \(IJBs\): Finance and performance 2024 briefing](#), the Accounts Commission concluded that ‘data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack of joint data sharing’. This continues to be the case and the following examples must be addressed:

- a consistent method for recording unmet need
- data about the impact and use of eligibility criteria for social care services across the country
- the impact of multi-disciplinary teams in primary care
- the quality of data on levels of self-directed support
- a coordinated approach to anticipating future demand for and costs of delivering services
- value for money assessments of local and national initiatives.

14. The lack of an individual social care record, in the same way that each member of society has an NHS record, puts limitations on the ease of gathering and processing information across all areas. Multiple IT systems across partner organisations and general practice, poor data quality, limited digital infrastructure to gather data from small independent and third-sector service providers and inconsistent recording, also remain barriers. This makes it difficult to gather the comprehensive and consistent information needed to fully assess performance across the country.

15. The Scottish Government, alongside COSLA, have committed to address this as part of a wider programme to improve health and social care data and to digitalise access to health and social care services. The [Health and Social Care Service Renewal Framework](#) launched in June 2025, states that ‘We will build on the work already undertaken to identify gaps in our data landscape and make improvements’. It also states ‘We will work with partners across Local Government and more widely to adopt the use of CHI [Community Health Index] in Local Government, ensuring that there is a common identifier for verification and data matching to support better information sharing across organisations’. This is a welcome development, however the timeline for full implementation is unclear and it is a long-term programme that will take many years to fully roll out across community health and social care services.

16. Good quality information to understand performance across health and social care is needed at a national level to support planning and evaluation of national health and social care initiatives and strategies. At a local level, IAs and HSCPs should ensure that they have good quality information to fully understand their performance, support effective decision-making, benchmark against others and provide transparent public performance reporting.

17. As a matter of urgency, PHS should lead the development and maintenance of a centralised suite of indicators, that draws on and modifies existing measures as appropriate and addresses current gaps in information. This should involve working collaboratively with IAs and HSCPs as well as other sector stakeholders including the Care Inspectorate, Health Improvement Scotland and the Improvement Service.

Local public performance reporting does not explain significant performance variation across Scotland

18. Our analysis of the data set out in our data tool, shows considerable variation in performance across IAs and HSCPs for many of the indicators. This significant variation cannot be fully explained by local contextual differences nor is it explored in local performance reports.

19. IAs and HSCPs should report publicly on their relative performance, including the impact of local priorities, policy, and operational decisions.

There is a long-term picture of generally declining performance and satisfaction

In this section we summarise the main observations from our analysis of data in the performance tool. Collectively, the data shows that in a challenging context, there is a long-term picture of declining performance and satisfaction, with a growing expectation gap, but there are some signs of improvement.

Theme 1: Prevention and early intervention and shifting the balance of care

20. Shifting investment from acute hospitals and reactive services to preventative and early intervention services, has been the sector's ambition for a number of years. The Public Bodies (Joint Working) (Scotland) Act, 2014 (the Act) was intended to ensure health and social care services were well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based care. The range of proxy indicators in the data tool suggest progress in shifting the balance of care to the community and to prevention is slow and more progress is needed ([Exhibit 2, page 11](#)).

Exhibit 2.

Prevention, early intervention and shifting the balance of care

More progress is needed with shifting the balance of care to the community and to prevention

Performance illustrated in the data tool



The [rate of falls for individuals over 65](#) has remained generally consistent nationally since 2018/19 but the rate varies significantly across the country from 33.6 falls per 1,000 people over 65 years in Dundee compared to 14.8 in Highland.



The [number of individuals receiving community alarms and/or telecare](#) is lower than the position prior to the pandemic. At the end of 2023/24 there were an estimated 131,560 people receiving community alarms and/or telecare, down from a high point of 136,900 in 2018/19.



The [rate of emergency admissions](#) is slightly below pre-pandemic levels but there were recent increases across the majority of IA areas. There is notable variation across the country ranging from just under 15,000 emergency admissions per 100,000 adults in Falkirk to 8,300 in Edinburgh in 2023/24.



The [level of delayed discharges from hospital](#) has remained challenging. Comparing the 2024/25 position to the 2018/19 pre-pandemic levels, there has been an overall 20.1 per cent increase in the number of days people aged 75+ spent in hospital when they are ready to be discharged (per 1,000 population).



The data suggests that between April 2024 and the end of March 2025, [the number of individuals waiting for a social care assessment and those waiting to receive a care at home package](#) reduced. Alongside this progress, the estimated total number of hours of care at home yet to be provided for assessed individuals also improved.



Progress to increase [the percentage of adults with intensive care needs¹](#) receiving care at home is limited. Since 2018, the level has increased by only 2.5 percentage points to 64.7 per cent in 2024. There is significant variation across the country ranging from 77 per cent in North Ayrshire to 54.3 per cent in Eilean Siar.



A significant [proportion of the last six months of life](#) is spent either at home or in a community setting. In 2023/24, an estimated 88.9 per cent of the last six months of peoples' lives were spent either at home or in a community setting. There has been a small (0.9 percentage point) increase since 2018/19.

Note 1. This is defined as the number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing care.

Source: Audit Scotland, Public Health Scotland data (at 1 July 2025)

21. There is a clear focus on prevention and shifting the balance of care in the [Scottish Government and COSLA's joint Population Health Framework](#) (PHF) and [Health and Social Care Service Renewal Framework](#) (SRF). To progress these ambitions, IAs and HSCPs, responsible for so many of the services underpinning health and social care, need to be at the forefront of implementation planning to achieve the aims of the PHF and SRF.

More detail about delayed discharge performance across IAs and HSCPs is set out in our performance audit report [Delayed discharges: A symptom of the challenges facing health and social care](#), January 2026.

Theme 2: Person centred and accessible care

22. Accessible care that is tailored to the needs and preferences of individuals and carers helps to promote independent living and better outcomes. The Social Care (Self-directed Support) (Scotland) Act 2013 set out how councils should offer people options for how their social care is managed. The latest data available¹ shows that the percentage of people who have a choice of how they receive social care services and support, through self-directed support options, is increasing – estimated at 88.5 per cent in 2021/22, up from 77.1 per cent in 2017/18 – but the levels are variable across the country. Public Health Scotland state on their website that the publication of the 2022/23 Self-directed support information is delayed while further investigations are undertaken regarding the quality of the data. Other national indicators also suggest the amount of choice and control service users feel they have remains variable ([Exhibit 3, page 13](#)).

More details about general practice performance are available in the Auditor General's [General practice: Progress since the 2018 General Medical Services contract](#), March 2025.

¹ Public Health Scotland state on their website that the publication of the 2022/23 Self-directed support information is delayed while further investigations are undertaken regarding the quality of the data.

Exhibit 3.

Person centred and accessible care

The amount of choice and control service users feel they have remains variable

Performance illustrated in the data tool



In 2023/24, 60 per cent of adults supported at home agreed that they had a say in how their help, care or support was provided, leaving two in five adults feeling they had less influence. This varies across Scotland from 75 per cent in East Renfrewshire to 50.6 per cent in North Ayrshire.



The proportion of respondents to the Health and Care Experience Survey indicating it is easy to contact their general practice has dropped from 87 per cent in 2017/18 to 76 per cent in 2023/24. This satisfaction measure varies across the country with for example, in 2023/24, 97 per cent of respondents in Orkney who found it easy to contact their GP practice compared to 57 per cent in North Lanarkshire.



Satisfaction with the care that people receive from their general practices has decreased compared with 2017/18. In 2023/24, 69 per cent of survey respondents said the care was excellent or good, but this is 14 percentage points lower than in 2017/18.



The proportion of people provided with advanced booking of a GP appointment (three or more working days in advance) has decreased by 18 percentage points compared to pre-pandemic levels. There are signs of improvement with an increase of two percentage points from 2021/22 to 2023/24. There is wide variation across the country from 82 per cent in the Orkney Islands to 30 per cent in North Ayrshire.



The proportion of people that agreed they were given enough time at their GP practice has increased by two percentage points between 2021/22 to 2023/24 but remains below pre-pandemic levels.



The majority of carers do not feel supported to continue in their caring role. The proportion that feel supported has increased very slightly between 2021/22 and 2023/24 (two percentage points) but overall has decreased by over five percentage points to 31.2 per cent of respondents in comparison to 36.6 per cent prior to the pandemic.

Source: Audit Scotland, Public Health Scotland data (at 1 July 2025)

Theme 3: Reducing inequalities

23. IAs and the HSCPs have a key role to play in helping address health inequalities. There is a gap between the national policy ambitions to address health inequalities and progress with improvement. Analysis using the data tool highlights some key findings ([Exhibit 4](#)).

Exhibit 4.

Reducing inequalities

There is a gap between the ambitions to address health inequalities and progress with improvement



There is a significant health inequality gap in the total life expectancy between Scotland's most and least deprived areas. There is a **strong statistical correlation between deprivation and the rate of premature mortality**. The female life expectancy in the most deprived areas of Scotland was 10.5 years lower than in the least deprived areas in 2021-2023. There was a 13.2 year difference for males. More densely populated areas are also more likely to experience higher premature mortality.



There is **a clear relationship between the emergency bed day rate and deprivation**. Using the Improvement Service's family groupings of IA areas shows that areas with higher levels of deprivation are more likely to have higher levels of emergency bed day rates than areas that are more affluent.



More densely populated areas are more likely to have a higher premature mortality rate and they are more likely to have a higher rate of slips, trips and falls for those aged 65 and over.



Areas that reported a **higher percentage of the population that provide unpaid care** were more likely to observe higher rates of emergency admissions and emergency bed days.

Source: Audit Scotland, Public Health Scotland data (at 1 July 2025), Scotland's Census 2022

Community health and social care

Performance 2025



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Transforming Health and Social Care in Scotland

Key facts

£19.1 billion

spent on Health in 2023/24 40% of the Scottish budget

One in 25 people

in Scotland receive social care

95.5%

of people diagnosed with cancer begin treatment within 31 days of the decision to treat

19%

increase in the cost of providing homecare per hour between 2016/17 and 2022/23

2,000

beds per day on average were occupied by delayed discharges by August 2024

87%

of unpaid carers said their mental health and wellbeing had been affected by their caring role

A £1.1 billion

decrease in funding to IJB in real terms to £11 billion in 2022/23.

18.4%

rise in NHS staff costs in the past 5 years to £10.6 billion

80%

of IJBs face financial sustainability risks (2022/23 audits)

69.1%

of people attending A&E are admitted, discharged or transferred for treatment within 4 hours

50%

of patients are provided with advanced booking to GP practice (3 or more working days in advance) compared to 77% in 2013/14

65%

of people referred for a new hospital outpatient appointment are seen within 12 weeks

Publication: Integration Joint Boards finances continue to be precarious

March 06, 2025 by [Accounts Commission](#)

Integration Joint Boards finances continue to be precarious

Blog: by Malcolm Bell and Angela Leitch, members of the Accounts Commission for Scotland

- **There is a concerning picture of continued overspending, depletion of reserves and savings being met through one-off rather than recurring savings.**
- **The financial position is set to worsen with a projected funding gap of £457 million in 2024/25.**
- **The budget process needs collaboration and candid conversations around the difficult choices to be made to reduce overspends and balance budgets.**
- **IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services on a longer-term basis so that they are affordable.**

- **Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.**
- **A continued high turnover of chief officers and chief finance officers is concerning, adding to the risks around effective strategic planning and decision-making.**

It's budget-setting season for IJBs and never has it been more challenging or important for IJBs to be transformational in their delivery of services and in the setting of budgets. In July last year, the Accounts Commission reported in its [IJB Finance and Performance report 2024](#), that 'the financial outlook for IJBs continues to weaken with indications of more challenging times ahead.'

Our review of the 2023/24 accounts and annual audit reports show that although funding increased by four per cent (in real terms) from 2022/23, the financial position of IJBs has become yet more precarious. The Accounts Commission is concerned about the deepening risks in the sector. It urges each IJB to work closely and have candid conversations with its NHS board and council partners about the savings that need to be made to set balanced budgets for 2025/26. The budgets and proposed savings need to be achievable and sustainable. IJBs, alongside their partners, need to be transparent with communities about what that means for services and actively engage with communities about the decisions that need to be made. A continued high turnover of chief officers and chief finance officers in IJBs does not help this process, adding further to the risks around effective strategic planning and decision-making.

On behalf of the Accounts Commission, Audit Scotland has published an on-line tool that shows the facts and figures nationally and for each IJB from the 2023/24 annual accounts and annual audit reports. It includes some contextual data from the 2022 Census that illustrates the increasing population pressures nationally and significant variation across Scotland that have implications for the level of demand on health and social care services, the logistical challenges of delivering services and the availability of workforce. The [IJB Finance Bulletin tool](#) is available on the Audit Scotland website. We have published this as early as possible to help inform budget setting discussions. Further information will be added to the data tool as it becomes available and, by the Autumn 2025, it will also include performance and outcome data.

The overall picture, set out in the IJB Finance Bulletin is concerning. It shows a continued picture of overspending, depletion of reserves and reliance on one-off rather than recurring savings. There is a need for transformational changes in the way services are being delivered and for the identification and delivery of significant recurring savings.

Of the 30 IJBs across Scotland, 29 have published their accounts for 2023/24. Twenty-four of the 29 have overspent on providing services. As well as pay and other inflationary pressures, IJBs are reporting that prescribing budgets are under considerable strain. They are also seeing more demand for services and increasingly complex care needs which are increasing the costs of care. Difficulties in the recruitment and retention of staff persist, but the related savings from holding vacancies, that contributed to the majority of operational surpluses in 2022/23, are being outstripped by inflationary cost pressures and, reflecting the workforce pressures, a higher spend on agency/locum/bank staff to keep services running.

Eleven of the 24 IJBs that overspent needed additional contributions from their NHS and council partners. NHS boards and councils face significant financial challenges themselves and IJBs cannot continue to rely on their partners being able to find additional money to support them during the year. IJBs need to agree budgets that are realistic and transparent and to have strategies in place to manage in-year risks.

In 2023/24, IJBs also used more of their reserves than they had planned. Total reserves held by IJBs reduced by 40 per cent (in real terms). Contingency reserves have almost halved, limiting IJBs ability to address future financial deficits. Of the 24 IJBs that overspent, 16 made unplanned use of reserves. Aberdeenshire IJB used all its reserves in 2023/24, and four others used all their contingency reserves. Nine IJBs in total now do not hold any contingency reserves. This puts additional pressure on these IJBs in setting an achievable budget this year; there is no more financial flexibility and increases the risks for these authorities. This is very concerning.

The majority, 79 per cent, of IJBs total planned savings were achieved. However, this varied from seven IJBs achieving all their planned savings through to three achieving less than half their target. Around half of planned savings were from one-off, non-recurring savings, such as unfilled staff vacancies. This doesn't support achieving a better position for future years, as these non-recurring savings will be carried forward and will also need to be found to balance future budgets.

The projected financial position is set to worsen. The projected funding gap for 2024/25 has increased from £357 million (2023/24) to £457 million in 2024/25. IJBs have been reacting to short-term pressures rather than pursuing longer-term transformation of services to meet the financial pressures. IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. This needs to also look at how money is being spent across the services so that there is investment in prevention and early intervention, with the aim of slowing the ever-increasing demand for services, the cost of more complex care and, improving the experience and outcomes for people. Medium and long-term financial planning is important for planning transformational change and should provide the foundation for budgeting. It is now clear that potential changes to the delivery model

through a National Care Service are not going to take place, but transformation must happen. IJBs and their partners must act now to improve financial sustainability.

We recognise none of this is easy, but our communities are relying on the boards to make the difficult decisions that will not only sustain vital services now and into the future but find ways to improve them and the outcomes for Scotland's people.