

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on 25 March 2026, 2 – 5 pm in the Boardroom, Carseview House, Stirling and hybrid via MS Teams

Please notify apologies for absence to:  
[fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

## AGENDA

1. Welcome and Apologies
2. Notification of Substitutes
3. Declaration(s) of Interest
4. Draft Minute of the Integration Joint Board meeting held on 28 January 2026 and special Integration Joint Board meeting held on 27 February 2026.
5. Action Logs 28 January 2026 and 27 February 2026.

- |                         |                                      |
|-------------------------|--------------------------------------|
| 6. Chief Officer Update | Jennifer Borthwick<br><b>20 mins</b> |
|-------------------------|--------------------------------------|

### **For Decision with Direction**

- |   |                                 |
|---|---------------------------------|
| 7. Annual Budget Report 2026/27   | Amy McDonald<br><b>20 mins</b>  |
| 8. Clackmannanshire and Stirling Housing Contribution Statement 2026/27 – 2028/29 | Wendy Forrest<br><b>15 mins</b> |

### **For Decision without Direction**

- |  |                                 |
|--|---------------------------------|
| 9. GP Walk in Centres  | Tom Cowan<br><b>15 mins</b>     |
| 10. Medium Term Financial Forecast   | Amy McDonald<br><b>20 mins</b>  |
| 11. Clackmannanshire and Stirling Strategic Commissioning Plan Review 2023-2033; 3 Year Review 2023-2026 | Wendy Forrest<br><b>15 mins</b> |
| 12. Quarter 3 Performance Report   | Wendy Forrest<br><b>15 mins</b> |

13. Strategic Risk Register Ross Cheape  
**15 mins**
14. IJB Membership and Roles Wendy Forrest  
**5 mins**

### **For Noting**

15. Minutes
- a. Strategic Planning Group – 10.12.2025
  - b. Finance Audit and Performance Committee – 17.09.2025
  - c. Special Finance Audit and Performance Committee - 14.01.2026
  - d. Joint Staff Forum – 20.11.2025
16. Any Other Competent Business

### **Date of next meeting:**

24 June 2026

# Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on  
28 January 2026

*For Approval*

<b>Approved for Submission by</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	N/A
<b>Author</b>	Sandra Comrie, IJB Support Officer
<b>Exempt Report</b>	No

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 28 January 2026 in the Boardroom, Carseview House, Stirling and hybrid via MS Teams**

**PRESENT**

**Voting Members**

Councillor Scott Farmer (**Chair**), Stirling Council  
Allan Rennie (**Vice Chair**), Non-Executive Board Member, NHS Forth Valley  
Councillor Martin Earl, Stirling Council  
Councillor Jen Preston, Stirling Council  
Councillor Fiona Law, Clackmannanshire Council  
Councillor Janine Rennie, Clackmannanshire Council  
Councillor Martha Benny, Clackmannanshire Council  
John Stuart, Non-Executive Board Member, NHS Forth Valley  
Finlay Scott, Non-Executive Board Members, NHS Forth Valley  
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley  
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley  
Clare McKenzie, Non-Executive Board Member, NHS Forth Valley

**Non-Voting Members**

Dr Jennifer Borthwick, Interim Chief Officer  
Amy McDonald, Interim Chief Finance Officer  
Natalie Masterson, Third Sector Representative, Stirling  
Andy Witty, Carer Representative, Clackmannanshire  
Moira Carmichael, Carer Representative, Stirling  
Jennifer Rezendes, Chief Social Work Officer, Stirling  
Robert Clark, Employee Director, NHS Forth Valley  
Kevin McIntyre, Union Representative, Clackmannanshire  
Abigail Robertson, Union Representative, Stirling  
Anthea Coulter, Third Sector Representative, Clackmannanshire  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Lorraine Robertson, Chief Nurse HSCP  
Mike Evans, Localities Representative  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council  
Eileen Wallace, Service User Representative, Stirling

**Standards Officer**

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

**In Attendance**

Wendy Forrest, Head of Strategic Planning and Health Improvement  
Ross Cheape, Head of Service, Mental Health & Learning Disability Services  
Lyndsey Dunn, Head of Community Health and Care  
Sandra Comrie, IJB Support Officer (minutes)

## **1. WELCOME AND APOLOGIES**

Councillor Farmer formally welcomed Amy McDonald, interim Chief Finance Officer and Councillor Jen Preston of Stirling Council, who will be succeeding Councillor Rosemary Fraser on the Integration Joint Board (IJB). He extended his appreciation to Councillor Rosemary Fraser for her valuable contributions to both the IJB and Committees.

Apologies for absence were noted on behalf of:

Helen McGuire, Service User Representative, Clackmannanshire  
Andrew Murray, Medical Director, NHS Forth Valley

## **2. NOTIFICATION OF SUBSTITUTES**

None

## **3. DECLARATIONS OF INTEREST**

None

### **3.a ITEMS OF URGENT BUSINESS**

Concerns were noted regarding the late submission of the Finance Report and the 2024/25 Audited Annual Accounts and Annual Audit Report. Councillor Farmer clarified that, since the Finance Report had already been addressed earlier in the Integration Joint Board (IJB) development session, its inclusion on the agenda was appropriate. As the 2024/25 Audited Annual Accounts and Annual Audit Report were received by the Board after 5 pm on 27 January 2026, the Chair proposed deferring this item to the special IJB meeting scheduled for 27 February 2026. The postponement allows the Board enough time for a thorough review of the accounts and confidence in the audit results. The Board approved this recommendation.

## **4. DRAFT MINUTE OF MEETING HELD ON 18 November 2025**

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

## **5. ACTION LOG**

The action log of the meeting held on 18 November 2025 was approved.

## **6. CHIEF OFFICER UPDATE**

Dr Borthwick delivered a verbal update to the IJB.

Dr Borthwick provided a recruitment update, confirming her role as interim Chief Officer until 31 March 2026. Dr Susie Porteous has been appointed interim Director of Psychological Therapies and the vacancy for the interim Director of Mental Health and Learning Disabilities is expected to be filled soon.

Dr Borthwick welcomed Amy McDonald as interim Chief Finance Officer until 30 June 2026, noting that interviews for the permanent role will be held on 12 February 2026. She also welcomed Lyndsey Dunn, the new Head of Community Health and Care.

The presentation of the “Commissioning Change to the Model of Bed Based Respite in Clackmannanshire and Stirling” paper was postponed to a later meeting, as Dr Borthwick and the interim Chief Finance Officer decided that further financial analysis was required. The IJB Chair and Vice Chair supported the decision. Regular discussions with staff from Ludgate House, Human Resources, and Trade Union representatives have taken place to maintain clear communication about the changes. Dr Borthwick also intends to meet with both the Leader and Chief Executive of Clackmannanshire Council.

Dr Borthwick stated that the Mental Health Unit at Forth Valley Royal underwent an unannounced Healthcare Improvement Scotland (HIS) inspection in August 2025. The inspection’s final report was released on 28 January 2026 and distributed to IJB members. Dr Borthwick summarised the main concerns and issues from the report as well as the planned steps for improvement.

Due to significant financial challenges and to provide sufficient opportunity for the IJB to review, discuss, and actively participate in decision-making, a special IJB meeting has been arranged for 27 February 2026. Following a discussion with Dr Borthwick, the Chair and Vice Chair of the Finance, Audit and Performance (FAP) Committee agreed that the meeting scheduled for 18 February 2026 can be limited to 1.5 hours, followed by a budget development session on the same day. This will allow IJB members additional time for discussion prior to the special meeting on 27 February 2026.

Ms McKenzie requested a separate document illustrating how the HIS inspection improvement work is reported to the IJB for accountability.

## **7. FINANCE UPDATE**

The IJB considered the paper presented by Amy McDonald, Interim Chief Finance Officer

Ms McDonald stated the report provides an update on the year-end financial forecast, with a projected deficit of approximately £15.5 million. Efforts will focus on reducing this figure over the coming months by evaluating earmarked balances for possible offsets. Releasing reserves would lower the forecasted deficit to just over £7 million. Ms McDonald has yet to review the 2026/27 savings plans in detail.

Councillor Law raised the question of reaching out to the Scottish Government regarding the possibility of receiving budgets for extended periods. Ms McDonald will continue to discuss the IJB financial pressures through the Chief Finance Officer network meeting who collectively raise concerns around funding to Scottish Government. An update will be provided at a future IJB meeting.

Mr Fairbairn highlighted the potential risks associated with interim senior leadership roles. He also proposed that the IJB commissions Dr Borthwick and Ms McDonald to engage closely with the constituent authority Chief Executives to develop draft improvement strategies, focusing on the commitment from the constituent authorities to deliver these and the support they think the IJB and HSCP needs to do this. The Board agreed that this proposal should be incorporated into the recommendations.

Councillor Earl questioned how much of the earmarked reserves is available, why it wasn't used sooner to offset the deficit, and whether some should be retained. Ms McDonald explained that the reserves would likely be used this year or next, but older balances must be reviewed for usage. She noted the importance of rebuilding reserve levels over the coming years. Councillor Law requested that elected members receive regular updates on the reserve status and delivery plan progress.

#### **The Integration Joint Board:**

- 1) Noted the financial position as at 30 November 2025 for the 2025/26 integrated budgets;**
- 2) Noted the challenging factors that have caused the Interim Chief Finance Officer to re-evaluate the financial implications for the deliverability of the IJB 2025/26 Delivery Plan, that means a substantial overspend for the year is now forecast;**
- 3) Noted the potential for use of IJB ear marked reserves no longer fully committed, up to the draft value of £8.201m, utilising all available reserves thus leaving no contingency to manage budget fluctuations in future years;**
- 4) Noted the forecast 2025/26 deficit position of £7.295m after the use of up to £8.201m from reserves;**
- 5) Noted the Interim Chief Finance Officer has notified partners of the financial deficit forecast for the year. Any financial deficit will be managed through the terms of the Integration Scheme;**
- 6) In light of the latest forecast for the current financial year, noted work to date to refresh the draft forecast budget position for**

2026/27, that has indicated an emerging gap in funding of circa £21.190m;

- 7) Noted, that at this stage, similar to the November 2025 delivery plan, there are key areas of the budget that will have to be tackled to bring costs in line with total funding. Indicative areas and changes which could be made, are:
  - Eligibility criteria for service users;
  - Delivery of services to meet statutory requirements;
  - Consideration of sustainability of additional services currently provided to service users;
  - Work to bring efficiencies to the partnership which will bring financial sustainability in future years;
  - Consider and mitigate the risk associated with all budget savings plans changing services levels to meet financial expenditure limits.
- 8) Acknowledged a significant effort will be required to deliver in year savings of over £20m in 2026/27, that these will not be without a wide range of implications and therefore there remains a risk that a deficit in 2026/27 may emerge.
- 9) Noted that the Interim Chief Officer and Interim Chief Finance Officer take an active role in the respective Chief Officer HSCP Network and Chief Finance Officer HSCP Network groups in putting forward the case for greater financial support for Health and Social Care services.
- 10) Commissions the Interim Chief Officer and Interim Chief Finance Officer to engage closely with the Constituent Authority CEOs on:
  - our draft improvement strategies;
  - their commitment to deliver these improvement strategies as the Constituent Authorities; and
  - the support they think the IJB and HSCP needs to deliver the improvement strategies.

## **8. 2024/25 AUDITED ANNUAL ACCOUNTS AND ANNUAL AUDIT REPORT**

As discussed at item 3a Urgent Items of Business, the Board agreed that the paper is deferred to the special IJB meeting on 27 February 2026.

## **9. STIRLING CHIEF SOCIAL WORK OFFICER REPORT 2024/25**

The IJB considered the paper presented by Jennifer Rezendes, Chief Social Work Officer

Ms Rezendes presented the Chief Social Work Officer's annual report, which is submitted to the Scottish Government, IJB, and Stirling Council. The report aims to provide assurance regarding the quality, safety, and effectiveness of statutory social work services. She emphasised that the report fulfils legal requirements by outlining professional leadership, service performance, and

notable advancements in the care and protection of vulnerable populations. The report, covering the 2024/25 period, features data from HSCP delegated services to facilitate comprehensive analysis.

Ms Rezendes thanked social work staff for their daily commitment, pointing out that this dedication is evident in the results of the report. She also recognised the former Chief Social Work Officers who served up to December 2024. Additionally, she outlined the key successes and challenges mentioned in the report, highlighting that collaboration and teamwork are central themes across all areas of social work practice discussed.

Ms Rezendes noted that increasing demands for social work and care services are creating significant strain across the sector, complicating efforts to fulfil statutory requirements. She identified financial constraints, heightened demand, and intricate cases as principal issues facing adult social work. Ms Rezendes presented her recommendations for the next three months.

Mr Witty asked about the existing plans and approach for Self-directed Support (SDS) options and mentioned he would like the report to acknowledge the contributions of unpaid carers. Ms Rezendes responded that an SDS paper had been presented at the professional Chief Social Work Officer Governance meeting, where she requested clarification on why option 3 was preferred, as it wasn't clear if all four options were considered. She also agreed that the report should contain more details about carers.

Ms Rezendes confirmed that the next reporting cycle will start in February for development of the CSWO Report, her office will request information from the HSCP to help her perform her analysis and form an opinion through established procedures. Ms Rezendes has provided the HSCP with a professional assurance framework that highlights key areas where relevant information can be contributed. The framework is designed to help both her and the interim Chief Officer gain joint confidence about actions for improvement or to acknowledge good practice. Ms Forrest and Ms Rezendes discussed options concerning the Carers Planning Group and SDS Steering Group, deciding to schedule a meeting to enable them to identify the best resources for analysing this work so it can be included in the upcoming report.

**The Integration Joint Board:**

- 1) Considered and took assurance from the Chief Social Work Officer's Annual Report.**
- 2) Noted that the Chief Social Work Officer's report has been submitted to Scottish Government.**

## **10. CLACKMANNANSHIRE CHIEF SOCIAL WORK OFFICER REPORT 2024/25**

The IJB considered the paper presented by Sharon Robertson, Chief Social Work Officer

As Ms Rezendes had provided a comprehensive overview of governance matters and the statutory requirements pertaining to the Chief Social Work Officer reports, Ms Robertson provided an overview of activity and performance within Clackmannanshire Council and the HSCP. She addressed notable achievements, ongoing challenges, emerging initiatives, and underscored the significance of collaborative family support. Following discussion, she addressed questions on self-directed support, carers, complaints, and youth justice. Ms Robertson also expressed her sincere appreciation to both staff members and unpaid carers for their valuable contributions.

Following discussion, it was agreed that Ms Forrest and Mr Witty would meet to discuss how HSCP officers can better communicate the outcomes of assessments with those being assessed.

Dr Borthwick replied to Mr Scott's question about complaints data by noting efforts are underway to streamline the HSCP complaints process and allow for easier identification of key themes.

### **The Integration Joint Board:**

#### **1) Noted the Chief Social Work Officers' Annual Report.**

## **11. REVIEWING THE STRATEGIC COMMISSIONING PLAN - UPDATE**

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

The paper summarised the results of engagement sessions and on-line survey held with communities, staff, people with lived experience and the broader system regarding the strategic commissioning plan's review process. The three-year review will not be a rewrite of the plan as it is an already agreed ten-year plan but rather an opportunity to reflect and refresh the prioritisation of activity. Ms Forrest confirmed that the paper aligns with the standard three-year review process and presents the findings from engagements.

Ms Forrest provided a comprehensive summary of both the feedback received and the areas identified for further attention, aligning these with ongoing financial initiatives. She will prepare a paper detailing the recommended focus areas for inclusion in an updated and refreshed plan, which is scheduled to be presented at the IJB meeting on 25 March 2026.

### **The Integration Joint Board:**

- 1) Considered and noted the progress for reviewing the Strategic Commissioning Plan 2023 - 2033.**
- 2) Noted the engagement process undertaken across the whole system.**
- 3) Noted and approved the proposed areas for inclusion derived from the consultation process, noting that they are in alignment with the Delivery Plan.**

## **12. STRATEGIC RISK REGISTER**

The IJB considered a paper presented by Ross Cheape, Head of Service, Mental Health and Learning Disability Services

Mr Cheape explained there are no significant changes to the Strategic Risk Register (SRR) and the purpose of the paper was to confirm that the SRR has moved to the NHS Forth Valley Risk Management system and work is being carried out to show the progress against each of the strategic risks.

The SRR will be submitted to the Finance, Audit and Performance Committee on 03 June 2026 with updated risk assessments, prior to presentation at the IJB meeting on 24 June 2026. To ensure the Board has a comprehensive understanding of the underlying strategic risks, he recommended holding a development session focused on risk before the IJB meeting on 24 June 2026.

There are currently 13 risks 3 of which are rated red, which are mainly linked to the financial position and the strategic direction. Following discussion Mr Cheape and Ms McDonald acknowledged the need for greater transparency, more frequent updates, and accelerated work on risk profiling, especially given financial challenges.

The Board recommended that Mr Cheape refrain from duplicating work across both systems during the transition period.

The Board requested a revised SRR timeline. Mr Cheape committed to presenting an updated SRR, including legacy data, clearer risk matrix wording, and better social care risk coverage, at the 25 March 2026 IJB meeting, bringing it forward from 24 June 2026. He also suggested holding the risk development session before the IJB meeting on 25 March 2026.

### **The Integration Joint Board:**

- 1) Noted the alterations to the management of the Strategic Risk Register**
- 2) Noted the new format for risk Reporting**

**3) Approved the proposal to have a development session on Risk and Risk Management**

**13. FOR NOTING**

- a. Minute - Strategic Planning Group 10 September 2025
- b. Minute - Joint Staff Forum 21 August 2025

**14. ANY OTHER COMPETENT BUSINESS (AOCB)**

None

**15. DATE OF NEXT MEETING**

25 March 2026

**Draft Minute of the Clackmannanshire & Stirling Integration Joint Board special meeting held on Friday 27 February 2026 2 pm – 3.30 pm via Teams**

**PRESENT**

**Voting Members**

Councillor Scott Farmer (Chair), Stirling Council  
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley  
Councillor Janine Rennie, Clackmannanshire Council  
Councillor Fiona Law, Clackmannanshire Council  
Councillor Martha Benny, Clackmannanshire Council  
Councillor Martin Earl, Stirling Council  
Councillor Jen Preston, Stirling Council  
John Stuart, Non-Executive Board Member, NHS Forth Valley  
Finlay Scott, Non-Executive Board Member, NHS Forth Valley  
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley  
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley  
Clare McKenzie, Non-Executive Board Member, NHS Forth Valley

**Non-Voting Members**

Dr Jennifer Borthwick, Interim Chief Officer  
Amy McDonald, Interim Chief Finance Officer  
Kevin McIntyre, Union Representative, Clackmannanshire  
Jennifer Rezendes, Chief Social Work Officer, Stirling Council  
Natalie Masterson, Third Sector Representative, Stirling  
Anthea Coulter, Third Sector Representative, Clackmannanshire  
Abigail Robertson, Union Representative, Stirling  
Dr Kathleen Brennan, GP Clinical Lead, HSCP  
Lorraine Robertson, Chief Nurse HSCP  
Andy Witty, Carer Representative, Clackmannanshire

**Standards Officer**

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

**In Attendance**

Stuart Kenny, Director, Deloitte LLP  
Wendy Forrest, Head of Strategic Planning and Health Improvement  
Lyndsey Dunn, Head of Community Health and Care  
Nikki Bridle, Chief Executive, Clackmannanshire Council  
Sandra Comrie, IJB Support Officer (minutes)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were noted on behalf of:

Andrew Murray, Medical Director, NHS Forth Valley  
Helen McGuire, Service User Representative, Clackmannanshire  
Eileen Wallace, Service User Representative, Stirling  
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council  
Mike Evans, Localities Representative  
Moira Carmichael, Carer Representative, Stirling

## **2. NOTIFICATION OF SUBSTITUTES**

None

## **3. DECLARATIONS OF INTEREST**

None

## **4. 2024/25 AUDITED ANNUAL ACCOUNTS AND ANNUAL AUDIT REPORT**

Paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald provided an update on the accounts, explaining that their finalisation had taken longer than anticipated. This resulted in them not being able to be presented as planned at the Integration Joint Board (IJB) meeting on 28 January 2026.

Mr Kenny presented the audit report, stating that, subject to receipt of the signed representation letter and signed accounts, Deloitte would issue an unmodified audit opinion, which is equivalent to a clean audit opinion. He noted that the paper was consistent with the draft version presented to the Finance, Audit and Performance Committee on 14 January 2026, except for two areas: the resolution of outstanding matters and the identification of an immaterial unadjusted misstatement.

Mr Kenny explained the representation letter, highlighted the issue of the gap in having a formal Section 95 officer in place in late 2025 and noted that this issue was also detailed in the ISA 260 report. He confirmed that the unadjusted misstatement identified during the audit was immaterial and did not impact the audit opinion.

Mr Fairbairn asked for clarification regarding a discrepancy between the detailed transaction listing and the accounts. Mr Kenny explained that the complexity arose from combining three sets of transactional information, which can lead to potential differences. Ms McDonald confirmed that she had worked closely with Deloitte to resolve the issue and was satisfied with the outcome.

Mr Scott raised questions about the wording in the governance statement regarding the inability to set a deliverable balanced budget for 2025-26. Ms

McDonald explained that the Board had not yet been able to set a balanced budget for 2025-26 and that work was ongoing to address this.

Mr Witty asked about the implications of operating without a Section 95 officer for two months. Dr Borthwick responded that Audit Scotland was conducting a report on this issue, and the Board was awaiting its outcome.

Mr Fairbairn requested clarification on a £3.5 million movement in the accounts and the treatment of an additional payment from Clackmannanshire Council. Ms McDonald explained that the difference was due to the NHS's additional contribution, which was held in reserves for use in 2025-26. Ms McDonald further clarified that Clackmannanshire Council had provided additional resources under the integration agreement, which permitted such contributions, this contribution was not a loan.

Councillor Earl questioned whether the integration scheme's risk share section permitted such contributions in the absence of an agreed risk share protocol. Ms McDonald confirmed that the integration agreement allowed partners to provide additional resources, and Ms Bridle clarified the distinction between a repayable contribution and a loan.

Mr Scott requested clarity on the completion of action plans in the accounts. Ms McDonald confirmed that some actions were incomplete and that additional narrative was included in the Audit Report on the external audit actions.

#### **The Integration Joint Board:**

- 1) Considered and agreed the Integration Joint Board's 2024/25 Audited Accounts for signature, as attached at Appendix A.**
- 2) Instructed the Interim Chief Finance Officer to submit the approved audited accounts to NHS Forth Valley, Stirling Council and Clackmannanshire Council.**
- 3) Instructed the Interim Chief Officer to sign the representation letter, as attached at Appendix B.**
- 4) Considered the External Auditor's Annual Audit Report and noted the recommendations and management comments in the Report Action Plan, as attached at Appendix C. Progress will be monitored through the Finance, Audit and Performance Committee.**

## **5. FINANCE REPORT**

Paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald presented the finance report, highlighting the overspend for 2024-25, the use of reserves, and the need for partner contributions. She explained that the inability to balance the 2025-26 budget was due to strategic drift, and that improved governance and savings delivery were required.

Mr Witty emphasised the importance of maintaining a preventative agenda and balancing financial efficiency with support for vulnerable individuals. He expressed concern that short-term financial pressures could undermine long-term resilience and the support provided to unpaid carers.

Mr Fairbairn noted that the financial position was unacceptable and that the Board must focus on achieving a balanced budget. He suggested that the Board formally acknowledge the concerning outturn for 2025-26 and commit to avoiding such outcomes in the future.

Mr Rennie asked about the prevailing risk share arrangements. Ms McDonald explained that the arrangements could be reviewed annually and could change depending on the approach agreed by partners.

Dr Borthwick assured the Board that strong clinical and care voices were included in planning, with input from the senior leadership team and engagement with people with lived experience and carers.

Councillor Law requested more detailed meetings and member briefings for planned savings and service changes, to ensure informed decision-making.

Councillor Earl welcomed the candour regarding strategic drift but questioned whether all planned savings could have been achieved. He highlighted the challenge of balancing the budget and maintaining service delivery, noting that necessary service reductions might be required.

Ms McKenzie asked whether the IJB was disproportionately challenged compared to other Integration Joint Boards. Ms McDonald responded that the financial challenge was significant but not unique, with similar pressures across Scotland. Mr Rennie referenced an Audit Commission report indicating a collective shortfall across IJBs which he would share with the Board.

Councillor Earl requested a full breakdown of earmarked reserves to be repurposed. Ms McDonald agreed to provide this information, explaining that funds for projects not started or fully committed would be released to support the year-end position.

Mr Fairbairn asked about Board engagement before the next IJB meeting. Ms McDonald stated that she would coordinate dates with Sandra Comrie for an additional IJB member session prior to the IJB meeting on 25 March 2026.

#### **The Integration Joint Board:**

- 1) Noted the forecast financial position at 31 March 2026 for the 2025/26 integrated budgets;**
- 2) Noted that the substantial overspend for the year is forecast at £15.496m, before approval to release up to £4.201m of ear marked reserves and use of general reserves of £4m;**
- 3) Instructed the Interim Chief Officer to write to NHS Forth Valley, Clackmannanshire Council and Stirling Council to request an additional**



**one-off payment to the IJB to meet the 2025/26 overspend in accordance with the Integration Scheme and preferred risk share arrangements of partners;**

- 4) Acknowledged that significant work is being undertaken to refresh the draft forecast budget position for 2026/27, which will involve addressing further pressures as they come forward; and**
- 5) Noted that a significant effort will be required to deliver in year savings with work to structure a robust delivery plan around this underway.**

**Close of Meeting**



Clackmannanshire & Stirling

**Health & Social Care  
Partnership**



Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
<b>6. Chief Officer Update</b>	The Finance, Audit and Performance (FAP) Committee meeting on 18 February 2026 will be shortened to 1.5 hours, with a private IJB budget development session immediately following.	Sandra Comrie	Immediately	Complete	After the meeting, it was decided that the development session would not take place, and the FAP committee was moved back to its original scheduled time.
	Schedule a private IJB budget session.	Sandra Comrie	Immediately	Complete	Cancelled
	A document to be produced detailing how HIS inspection monitoring aligns with the IJB framework.	Lorraine Robertson	June 2026	In Progress	Ongoing
<b>7. Finance Report</b>	Engage in discussions with Scottish Government regarding the allocation of budgets	Amy McDonald	June 2026	In Progress	Ongoing



	over longer timeframes. Provide an update on any developments.				
<b>9. Stirling Chief Social Work Officer Report 2024/25</b>	Ms Forrest and Ms Rezendes will organise a meeting to determine the most suitable resources for analysing work, so it can be incorporated into the forthcoming report.	Wendy Forrest/Jennifer Rezendes	June 2026	In Progress	Ongoing
<b>10. Clackmannanshire Chief Social Work Officer Report 2024/25</b>	Ms Forrest and Mr Witty will explore ways to use service users' decisions to improve assessments.	Wendy Forrest/Andy Witty	June 2026	Discussed with Mr Witty on 23 March 2026	Complete
<b>11. Reviewing the Strategic Commissioning Plan - Update</b>	Updated paper with a refreshed plan to be presented at the next IJB meeting.	Wendy Forrest	25 March 2026	Report Completed	Complete



<b>17. Strategic Risk Register</b>	Updated version of the SRR to be presented at the next IJB meeting.	Ross Cheape	25 March 2026	Report Completed	Complete
	Risk Development session to take place before the next IJB meeting.	Ross Cheape	25 March 2026	It was agreed at the budget session on 13 March 2026 that this would be arranged for April.	Ongoing

**C&S Integration Joint Board – 28 January 2026**  
**Agenda Item 5 – Action Log**





Report Title/Number	Action	Person responsible	Timescale	Progress/Outcome	Status
<b>4. 2024/25 Audited Annual Accounts and Annual Audit Report</b>	Additional narrative should be provided for the incomplete actions to enhance clarity of audit actions in the governance statement.	Amy McDonald	TBC	In Progress	Ongoing
<b>7. Finance Report</b>	Share the Audit Commission report with the Board showing a shortfall across IJBs.	Sandra Comrie	Immediate	Complete	Complete
	Breakdown of the earmarked reserves to be repurposed to be provided to the Board.	Amy McDonald	25 March 2026	In Progress	Ongoing
	Dates for further Board engagement to be arranged before the IJB	Amy McDonald/Sandra Comrie	Immediate	Meeting arranged for 13 March 2026	Complete



	meeting on 25 March 2026.				
--	---------------------------	--	--	--	--

# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 7

## Annual Budget Report 2026/27

*For Noting and Decision*

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

Directions	
<b>No Direction Required</b>	<input type="checkbox"/>
<b>Clackmannanshire Council</b>	<input checked="" type="checkbox"/>
<b>Stirling Council</b>	<input checked="" type="checkbox"/>
<b>NHS Forth Valley</b>	<input checked="" type="checkbox"/>
<b>Purpose of Report:</b>	<p>The report provides:</p> <p>The 2026/27 revenue budget for the delivery of the Integrated Joint Board (IJB) responsibilities; and the financial allocations proposed to be made for Clackmannanshire Council, Stirling Council and NHS Forth Valley to fund the IJB for the 2026/27 year.</p>
<b>Recommendations:</b>	<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> <li>a) Notes the IJB will require to develop a recovery plan as well as delivering in year savings to ensure that the current budget gap of £8.858m is addressed, this will allow the IJB to balance the 2026/27 budget. A report will be brought back to the 24<sup>th</sup> June 2026 meeting on how financial balance will be addressed in 2026/27;</li> <li>b) Notes Clackmannanshire Council and Stirling Council agreed their General Fund budget for 2026/27 on the 26<sup>th</sup> of February 2026, with an increase of funding for the IJB to cover the Real Living Wage increase and uplift in Free Personal and Nursing Care. Stirling Council included £1.5m towards the IJB additional in year funding requirement.</li> <li>c) Approves the revised charges that will increase income for the IJB by £0.605m which require IJB approval, charges per section 2.14;</li> <li>d) Notes NHS Forth Valley meets to agree their 2026/27 budget on the 31<sup>st</sup> of March 2026.</li> <li>e) Approves the proposed Revenue Budget for the 2026/27 financial year subject to NHS Forth Valley budget approval on the 31<sup>st</sup> of March 2026 and an IJB Recovery Plan to be approved on 24<sup>th</sup> June 2026;</li> <li>f) Approves the savings proposed of £10.815m to support budget delivery for 2026/27. The proposed</li> </ul>

	<p>savings to be delivered leave a budget gap of £8.858m and require further savings to be delivered. If the budget gap of £8.858m is not closed by way of a recovery plan, there is a risk that partner organisations will require to make a further financial contribution to the IJB in 2026/27; and</p> <p>g) Makes the Directions at Appendix 1A to Clackmannanshire Council, Appendix 1B to Stirling Council and Appendix 1C to NHS Forth Valley and instructs the interim Chief Officer to issue the Directions to Clackmannanshire Council, Stirling Council and NHS Forth Valley respectively.</p>
--	---

<p><b>Key issues and risks:</b></p>	<p>2025/26 year end outturn is a higher deficit than forecast caused by unforeseen year end accruals and/or higher than anticipated expenditure in the last quarter of the year.</p> <p>2026/27 savings and the recovery plan are not delivered in year worsening the financial position of the IJB with the potential for a risk share contribution from partners.</p>
-------------------------------------	---

**1. Strategic Plan Context**

---

- 1.1. The C&S Health and Social Care Partnership (C&SHSCP) must work to provide statutory services but within the funding provided by Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partners).
- 1.2. The 2026/27 budget sets out to achieve working to financial sustainability. To do this will require:
  - Savings of £10.815m to be achieved.
  - A recovery plan is required to address the funding short fall of £8.858m.
  - If the savings and/or the recovery plan does not deliver the required savings there is a potential partners may require to provide further funding to the IJB by way of risk share arrangements.
  - A real focus and commitment by the IJB in driving through the work required to underpin these savings and recovery plan.

- To run in parallel to the savings workstream, more transformative projects which look to bring greater efficiency to the delivery of health and care services with the ambition to start developing savings for 2027/28 and future years.
- 1.3. The budget for 2026/27 and the following 3 years underpins the delivery of the Strategic Plan 2023-33. The medium-term financial forecast recognises the focus of improving health outcomes in Clackmannanshire and Stirling.
  - 1.4. To be successful in this model of health and care delivery there will require a continued emphasis on prevention with active steps to develop this approach being taken.

## 2. Summary Key Information

### Budget 2025/26

- 2.1. The IJB forecast financial position for 2025/26 will result in:

There being no remaining uncommitted reserves with which to balance financial risk during the 2026/27 financial year. There will also be limited remaining earmarked reserves with the balance falling from £6.253m to £2.052m. The budget plan for 2026/27 recognises the underlying deficit from 2025/26 and subsequent years must be addressed.

- 2.2. The 2025/26 forecast budget outturn: Is a recurring overspend of £15.496m and therefore impacts on the budget gap in 2026/27. The year-end balance is reduced to £7.295m after use of earmarked reserves and uses the remaining uncommitted available reserves.
- 2.3. The table below illustrates the budget pressure in 2026/27:

<b>Budget Pressures 2026/27</b>	<b>£'000</b>	<b>£'000</b>
Pay inflation	- 2,418	
Prescribing	- 2,090	
Commissioned services	- 5,866	
Non-pay inflationary pressures	- 1,761	
In -year budget pressure		- <b>12,135</b>
Budget deficit 2025/26		- 15,496
Total budget pressure		- <b>27,631</b>

- 2.4. The pressures for 2026/27 are significant;

Managing last year's budget overspend, £15.496m;

Pay inflation assumed at 3.5% is unfunded for Councils;

Prescribing pressures continue to grow – 5.5% overall increase in cost, £2.090m, largely driven by forecast increase in volumes;

Commissioned services, £5.866m, covers adult social care pressure of inflation, including the costs of the Real Living Wage Increase and National Care Home Contract rate covering residential care; and

Non-pay inflationary pressures continue, £1.761m.

2.5. The total budget pressure of £27.631m is made up of the 2026/27 in year pressures of £12.135m and the £15.496m 2025/26 budget deficit. This total is 11% of the Health and Social Care Budget for 2025/26 before Set-Aside funding.

2.6. The table below illustrates the budget position for 2026/27.

<b>In year, 2026/27 budget position:</b>	<b>£'000</b>	<b>£'000</b>
In year, 2026/27 budget pressure		- 12,135
2025/26 Budget funding:		
New funding - Real Living Wage and NHS uplift	7,353	
Increase in charges	605	
	<b>7,958</b>	
In year 2026/27 deficit		- 4,177
Budget deficit 2025/26		- 15,496
<b>Budget deficit 2026/27 before savings</b>		<b>- 19,673</b>
Commissioned services	6,422	
Review of day services	640	
Service efficiency review	2,745	
Reduction in high cost care package	1,008	
Proposed budget savings 2026/27		<b>10,815</b>
Budget deficit 2026/27 after savings		- 8,858
Required recovery plan delivery		8,858
Budget position after recovery plan		0

2.7. The budget pressure after new funding is £19.673m.

2.8. Additional national funding for next year of £7,353m and increase in income from local charges of £0.605m results in £7.958m which covers a number of in year pressures. This additional national and local funding reduces the total budget pressure to £19.673m.

2.9. Given the financial performance of the IJB within the financial year 2025/26 and as a result, the erosion of its financial resilience through its use of remaining reserves, partners of the IJB have been open to financially supporting the IJB within 2025/26 in order to enable a more financially sustainable model of health and social care to be designed.

2.10. Partners are aware of the financial budget pressures for the IJB in 2026/27. Clackmannanshire Council has not agreed any additional contribution currently. Stirling Council approved an additional payment of £1.5m to the IJB on the 26th of February 2026. NHS Forth Valley will approve their budget on the 31<sup>st</sup> of March 2026. The IJB Chief Finance Officer is working with the Chief Finance Officers of all partner organisations - consideration will be given to

savings proposals for 2026/27 and the recovery plan - the financial risks will be considered if this plan does not deliver in full the required £8.858m of savings to bring the IJB budget into balance for 2026/27.

2.11. The 2026/27 uplift in funding is shown below:

<b>£'000</b>	<b>New Funding - Real Living Wage &amp; NHS uplift</b>
<b>2026/27 Budget Funding:</b>	
Clackmannanshire Council	1,901
Stirling Council	2,965
NHS Forth Valley	2,487
	7,353
Additional Charges to the IJB	605
<b>2026/27 additional budget funding</b>	<b>7,958</b>
Recovery plan savings required 2026/27	<b>8,858</b>
Additional contribution Stirling Council	1,500
Net recovery plan savings	<b>7,358</b>

2.12. The recovery plan savings required are a net £7.358m. If these savings cannot be achieved additional partner contributions would be required by way of risk sharing arrangements. During this time the IJB will be considerate to protect essential frontline services.

2.13. The IJB savings will be managed across service areas which will focus on:

- Achieving better value for money;
- Developing efficiencies in service provision;
- Managing levels of service;
- Focusing on essential frontline service delivery; and
- Protecting essential services to meet need.

2.14. The table below shows the charges the IJB makes for some of the services provided, with charging uplifts contributing £0.605m of additional income

<b>Activity</b>	<b>Unit</b>	<b>2025/26 Charge £</b>	<b>2026/27 Charge £</b>
Adult Care - Day Care	Per hour	15.96	25.00
Adult Care - Care at Home	Per hour	15.96	25.00
Adult Care - Telecare Charge	Per week	1.85	5.00
Adult Care - Mobile Emergency Care Service	Per visit	4.83	5.10
Adult Care - Key box purchase and installation	Per unit	120.00	126.00
Adult Care - Equipment	No charge	-	-
Adult Care - Minor adaptations	No charge	-	-
Adult Care - Nursing Care	-	Assessed	Assessed
Adult Care - Residential Care	-	Assessed	Assessed
Adult Care - Local Authority over 65's	-	Assessed	Assessed
Adult Care - Local Authority under 65's	-	Assessed	Assessed
Adult Care - Respite Care	-	Assessed	Assessed

These charges were presented by Clackmannanshire Council and Stirling Council on the 26<sup>th</sup> of February 2026.

2.15. Further details of the 2026/27 savings are shown below:

<b>IJB savings 2026/27</b>	<b>£'000</b>	<b>£'000</b>
<b>Commissioned Services</b>		
Review of care provision of older people	2,310	
Review of care provision learning disability	3,364	
Residential care older people	660	
Respite care self funders	88	
		6,422
<b>Review of day care provision</b>		
Review of day care provision	640	
		640
<b>Service Efficiency Review</b>		
Provision short term care beds	2,645	
Review of residential care learning disability	100	
		2,745
<b>Reduction in high cost care package</b>		
Reduction in high cost care package	1,008	
		1,008
<b>Savings 2026/27</b>		<b>10,815</b>

2.16. The savings will cover commissioned services;

- A review of the delivery of day care services to ensure delivery is efficient and value for money;
- Ensuring care that people receive is within the critical need categories with a focus on community rehabilitation, this includes therapy led re-enablement interventions to support people to recover and retain function;
- Working closely with key commissioned service provider to manage down budget pressures associated with the increasing costs of care;

- Ensuring care is delivered by the most efficient means; and
- Reviewing high cost care provision to get better value for money while maintaining essential services.

2.17. It is helpful for the IJB to have an early indication of the work which will be undertaken by C&SHSCP and Councils to progress these savings options. Robust evidence for these projects will come forward where decisions are required, so that any impacts identified throughout the working life of the projects are given due regard at that time.

2.18. The table below gives the details of the budget required for 2026/27 year assuming the additional payment of £8.858m from partners, noting Stirling Council approved a further £1.5m contribution on the 26<sup>th</sup> of February 2026;

	<b>New Funding £'000</b>	<b>Proposed Revenue Budget £'000</b>
Health and Social Care 2025/26		250,669
Set Aside		38,978
Health and Social Care 2025/26		289,647
New funding - Real Living Wage and NHS uplift	7,353	
Increase in charges	605	
Increase in Set Aside Funding	1,283	
		9,241
Funding for 2026/27		298,888
Required funding for 2026/27		<b>307,746</b>
Required recovery plan savings		<b>8,858</b>

2.19. The details of where the £307,746k of expenditure in 2026/27 will be directed are shown below:

IJB Budget C&SHSCP	2025/26 Budget £'000	2025/26 Forecast £'000	2026/27 Pressure £'000	IJB 2026/27 £'000	2026/27 Savings £'000	2026/27 Budget £'000	2026/27 % Budget
Community Health Services	44,564	42,752	1,401	44,153	1,558	42,595	13.8%
Learning Disabilities	32,315	36,385	2,077	38,462	4,104	34,358	11.2%
Older People and Physical Disabilities	50,337	61,119	3,321	64,440	4,145	60,295	19.6%
Primary Care Prescribing	32,580	37,997	2,090	40,087	0	40,087	13.0%
Primary Care	64,754	64,219	2,195	66,414	0	66,414	21.6%
Mental Health	11,363	10,911	615	11,526	1,008	10,518	3.4%
Housing Aids and Adaptations	835	835	25	860	0	860	0.3%
Substance Misuse	4,158	3,815	114	3,929	0	3,929	1.3%
Management Other and Community Admin	3,921	3,357	122	3,479	0	3,479	1.1%
Transformation Funds	2,658	2,008	70	2,078	0	2,078	0.7%
Vacintions - women and children	423	408	15	423	0	423	0.1%
Health Promotion, Health Improvement & Corporate Services	2,761	2,360	89	2,449	0	2,449	0.8%
	<b>250,669</b>	<b>266,165</b>	<b>12,135</b>	<b>278,300</b>	<b>10,815</b>	<b>267,485</b>	
Set Aside	38,978	43,751	1,283	45,034		40,261	13.1%
	<b>289,647</b>	<b>309,916</b>	<b>13,418</b>	<b>323,334</b>	<b>10,815</b>	<b>307,746</b>	

### 3. [Implications for the IJB](#)

#### Budget 2026/27 Financial Risk

- 3.1. **Budget assumptions** are based on estimations which may not reflect future actual events and therefore carry a degree of risk.
- 3.2. **Prescribing costs** have grown in recent years with growth forecast to continue. There are drugs purchased from America which may go up in price if further trade tariffs are imposed.
- 3.3. **The budget base** for the 2026/27 budget is the outturn from the current 2025/26 year. There is a risk the forecast overspend of £15.496m may change due to unknown costs. This could impact on the 2026/27 budget.
- 3.4. **Increased income charges** may not generate the full additional income forecast of £605k in year. This will have an impact on the budgeted outcome for 2026/27.
- 3.5. **Commissioned service providers** may also be experiencing financial pressure, the HSCP will only be able to pass on the Real Living Wage increase and no other inflationary pressures.
- 3.6. **National Care Home Contract** negotiations have not yet concluded. The IJB recognises the risk of not having an agreed contract rate moving into the new year.
- 3.7. The **Bank of England**, at its February meeting, expected **inflation** to fall back to around the 2% target from April 2026 however this was before the start of the Middle East conflict which is having a significant impact on fuel inflation, this is expected to impact other areas of the economy. The risk around inflationary pressures will continue to be managed by the IJB.
- 3.8. **IJB unallocated reserves** have now been exhausted and therefore there remains no risk reserve to manage in year budget fluctuations. The current IJB ear marked reserves are not being used to fund project work and therefore can

be used to assist in managing the 2025/26 year end position with the potential to consider how any remaining reserves are used in 2026/27. The remaining £2.052m of reserves are allocated to improvement projects, these will be fully reviewed before the 24<sup>th</sup> of June 2026 IJB.

- 3.9. **Delivery of savings** – failing to deliver savings must be well managed through the Budget Savings and Oversight Group which will be driving forward projects overseen by the Finance, Audit and Performance Committee and the IJB.
- 3.10. **Recovery plan** require to delivery savings of £8.858m to balance the 2026/27 budget. Stirling Council have approved £1.5m towards a potential 2026/27 risk share of IJB overspend reducing the recovery plan savings to £7.358m. Clackmannanshire Council are aware the IJB is projected to have a deficit in 2026/27. NHS Forth Valley will agree their budget on 31<sup>st</sup> March 2026. The IJB have not asked partners for any risk share funding in 2026/27 at this time.
- 3.11. The Chief Finance Officer will continue to work with the CFO's of partner organisations with regard to the recovery plan and how financial balance could be achieved in 2026/27 - this will include review of the recovery plan options, consideration of the remaining £2.052m of ear marked reserves before any consideration of further partner contribution via recommended risk share arrangements for the 2026/27 year.

## Appendices

1. **Directions for partners:**
  - a. Clackmannanshire Council
  - b. Stirling Council
  - c. NHS Forth Valley

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
Medium Term Financial Plan	<input checked="" 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"/>
<b>Implications</b>	
<b>Finance:</b>	Financial implications are noted throughout the report for 2026/27 budget. Clackmannanshire Council, Stirling Council

	and NHS Forth Valley should be aware that there are significant challenges in balancing the budget for the 2026/27 financial year.
<b>Other Resources:</b>	There are no direct implications as a result of this report.
<b>Legal:</b>	The recommendations within this report note that the IJB is required to develop a Recovery Plan to close the £8.858m budget gap, net £7.358m after consideration of the additional contribution to the IJB by Stirling Council of ££1.5m. If this gap is not closed the budget will not be balanced in 2026/27. If this is the case it may be necessary for the IJB to seek additional partner contributions by way of the risk sharing arrangements compliant with the Clackmannanshire and Stirling Integration Scheme but only after all other options for savings have been exhausted.
<b>Risk &amp; mitigation:</b>	Outlined in the report. Further work surrounding risk will be progressed and brought back to the IJBs March meeting.
<b>Equality and Human Rights:</b>	The content of this report <b>does not</b> require a EQIA
<b>Data Protection:</b>	The content of this report <b>does not</b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="https://www.gov.scot/resources/consultation-papers/collections/documents/Fairer-Scotland-Duty-guidance-for-public-bodies-2024.pdf">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b>does not</b> require a Fairer Duty assessment.</p>

**Appendix 1a**

Ref: CSIJB-2025\_26/019

Direction - Clackmannanshire Council

**DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Clackmannanshire Council is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below. Services will be provided in line with the Board's Strategic Plan, directions previously issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:** 25 March 2026

**Description of services/functions:-** All community health services covered by the Clackmannanshire and Stirling Integration Scheme.

**Reference to the integration scheme:-** All services listed in Annex 2, Part 1 and appropriate services listed in Part 2 of the Clackmannanshire and Stirling Health and Social Care Integration Scheme.

**Link to strategic priorities** (with reference to strategic plan and commissioning plan):

1. Prevention, early intervention and harm reduction
2. Independent Living through choice and control
3. Achieving Care Closer to Home
4. Supporting empowered people and communities
5. Reducing loneliness and isolation

**Timescales involved:-**

Start date: 01 April 2026

End date: 31 March 2027

**Associated Budget:**

The associated budget for these functions and services is £32.188m.

This direction is effective from 1 April 2026.

**Appendix 1b**

Ref: CSIJB-2025\_26/020

Direction - Stirling Council

**DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Stirling Council is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below. Services will be provided in line with the Board's Strategic Plan, directions previously issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:** 25 March 2026

**Description of services/functions:-** All community health services covered by the Clackmannanshire and Stirling Integration Scheme.

**Reference to the integration scheme:-** All services listed in Annex 2, Part 1 and appropriate services listed in Part 2 of the Clackmannanshire and Stirling Health and Social Care Integration Scheme.

**Link to strategic priorities** (with reference to strategic plan and commissioning plan):

1. Prevention, early intervention and harm reduction
2. Independent Living through choice and control
3. Achieving Care Closer to Home
4. Supporting empowered people and communities
5. Reducing loneliness and isolation

**Timescales involved:-**

Start date: 01 April 2026

End date: 31 March 2027

**Associated Budget:**

The associated budget for these functions and services is £61.533m

This direction is effective from 1 April 2026.

**Appendix 1c**

Ref: CSIJB-2025\_26/021

Direction – Forth Valley Health Board

**DIRECTION ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014**

Forth Valley Health Board is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below. Services will be provided in line with the Board's Strategic Plan, directions previously issued by the integration joint board and existing operational arrangements pending future directions from the Board.

**Approval from IJB received on:** 25 March 2026

**Description of services/functions:-** All community health services covered by the Clackmannanshire and Stirling Integration Scheme.

**Reference to the integration scheme:-** All services listed in Annex 1, Part 1 and appropriate services listed in Part 2 of the Clackmannanshire and Stirling Health and Social Care Integration Scheme.

**Link to strategic priorities** (with reference to strategic plan and commissioning plan):

1. Prevention, early intervention and harm reduction
2. Independent Living through choice and control
3. Achieving Care Closer to Home
4. Supporting empowered people and communities
5. Reducing loneliness and isolation

**Timescales involved:-**

Start date: 01 April 2026

End date: 31 March 2027

**Associated Budget:**

The associated budget for these functions and services is £204.768m.

This direction is effective from 1 April 2026.

# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 8

## Clackmannanshire and Stirling Housing Contribution Statement 2026/27 – 2028/29

*For Approval*

<b>Paper Approved for Submission by:</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	Wendy Forrest, Head of Strategic Planning and Health Improvement
<b>Author</b>	Katy McBride, Housing, Health and Social Work Research and Engagement Officer
<b>Exempt Report</b>	No

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

<b>Purpose of Report:</b>	The purpose of this report is to present to the Integration Joint Board the new Clackmannanshire and Stirling Housing Contribution Statement.
---------------------------	---

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Note the content of the new Housing Contribution Statement, including the shared evidence base, issues and challenges and the areas for joint work as set out in Appendix 1.</li> <li>2) Agree and issue the Direction as set out in Appendix 2.</li> </ol>
-------------------------	---

<b>Key issues and risks:</b>	<p><i>There is a need to continue progress with the work set out in this paper to ensure the strategic priorities of housing, health and social care are aligned to deliver housing and housing related services which contribute towards health and wellbeing outcomes.</i></p> <p><i>Work will be undertaken in compliance with current guidance, and to meet the IJB's responsibilities in relation to its delegated housing functions in the provision of housing related services.</i></p>
------------------------------	---

## **1. Background**

- 1.1. The local housing sector makes significant contributions to the successful delivery of health and wellbeing outcomes across the HSCP. In particular the sector contributes positively through the delivery of housing and housing related services aimed at supporting people to live independently at home.
- 1.2. Given the emerging issues and challenges, the need to align local housing, health and social care strategic priorities has never been greater. For example, local housing strategies can be effective in preventing hospital admissions, alleviating delayed discharges, supporting the delivery of the HSCP Right Care Right Time Projects and contribute to tackling health inequalities.
- 1.3. Examples of housing services which contribute to the achievement of the outcomes of the HSCP are:
  - providing and maintaining modern, affordable homes which meet the diverse needs of tenants;

- Arranging and undertaking adaptations to social rented homes and helping owners and private tenants to fund and undertake adaptations;
  - Providing technology and telecare to help people manage their lives at home;
  - Ongoing housing support to those who need help to manage their life in their home; ranging from low level activity to more intensive support;
  - Giving advice to those facing difficulties with their housing, including those at risk of homelessness; i.e. advice on housing choices, welfare advice, advocacy support and assistance in finding alternative housing;
  - Providing temporary and settled accommodation with the appropriate level of housing support for those who do become homeless, and
  - Providing housing and tenancy support to young people leaving care as well as access to other services.
- 1.4 Alignment of local housing strategies and the strategic priorities of the HSCP are also required to address the increasing demand for health and social care services, caused primarily due to the aging population. At the same time, the housing sector is experiencing increasing demand for affordable housing.
- 1.6 The Clackmannanshire and Stirling Housing Contribution Statement (HCS) is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. The purpose of the new HCS is to outline the role and contribution of the local housing sector in meeting health and wellbeing outcomes and to set out the arrangements for carrying out the housing functions delegated to the IJB. The HCS, therefore provides an overarching strategic statement of how the IJB intends to work with housing services. Detailed statutory guidance ([Housing Advice Note 2014](#)) sets out the key themes to be covered as follows:
- The role of housing in the governance structures for health and social care integration;
  - The shared evidence base and key housing issues related to health and social care and the shared outcomes and service priorities;
  - The current and future housing resource and investment contributing to meeting these outcomes, and
  - An overview of future challenges and improvements required.
- 1.7 A full copy of the report can be found at Appendix 1.

## **2. Delegated Functions and Governance**

- 2.1 The following housing functions of Clackmannanshire Council and Stirling Council have been delegated to the IJB under the 2014 Act:
- Statutory Private Sector Housing Disabled Adaptations Grants and Council Housing Adaptations;
  - Provision of gardening assistance for people with disabilities and to older people, and
  - Assessment of need and provision of housing support services only as so far as it is provided in conjunction with personal care.

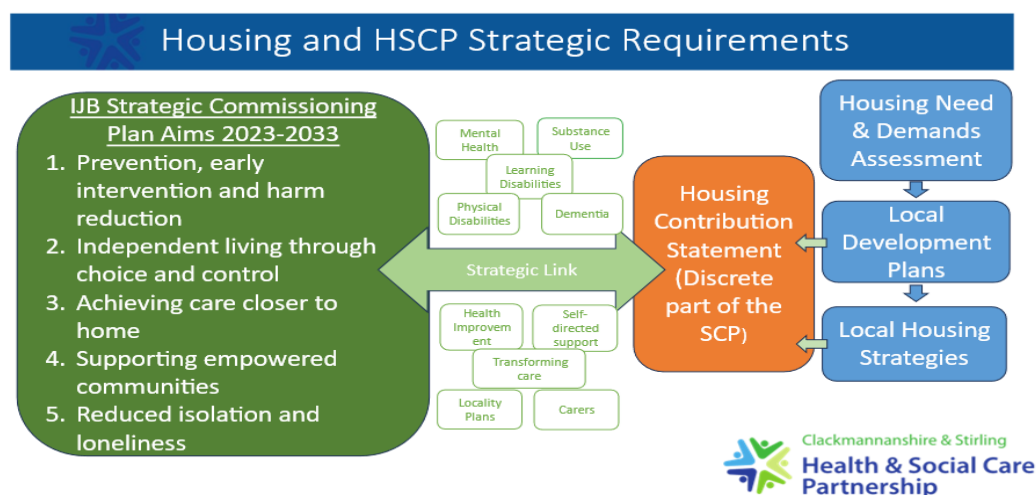
- 2.2 The IJB is supported in its work by the Strategic Planning Group which has membership drawn from across the HSCP including the Chief Housing Officers for Clackmannanshire Council and Stirling Council.
- 2.3 The HSCP Specialist Housing Forum is in place to oversee progress of the priorities outlined within the HCS and to seek direction from the IJB and relevant council committees when required. The Forum meets every two months and consists of membership from the HSCP, Clackmannanshire Council Housing and Stirling Council Housing. The views of housing associations are included in the work of the Specialist Housing Forum through forums and steering groups set up by Stirling Council and Clackmannanshire Council to inform the Local Housing Strategies, Strategic Housing Investment Programmes and Rapid Rehousing Transition Plans. Housing associations are also part of the HSCP Health and Housing Collaboration Working Group.
- 2.4 In June 2024, the HSCP appointed to a new Housing, Health and Social Work Research and Engagement Officer post to take forward the work required to inform housing's contributions to health and social care as well as co-ordinate agreed workstreams. Work undertaken to date includes a specialist housing needs assessment to inform the new HCS, a best value review of supported accommodation and a review of the provision of aids and adaptations.

### **3. National and Local Context Strategy Context**

- 3.1. It is important that Local Housing Strategies and Strategic Commissioning Plans meet relevant legislative requirements and consider a number of wider national strategies to ensure a joined-up approach to achieving shared outcomes. These include:
- The Public Bodies (Joint Working) (Scotland) Act 2014 and statutory housing advice notes requiring integration authorities to align local housing strategies enabling people to live independently at home;
  - The Independent Review of Adult Social Care in Scotland (2021) recognises the need to shift the model of social care to one underlined by a human right based approach based on prevention and anticipatory services, collaboration and a vehicle for supporting independent living.
  - Housing (Scotland) Act 2001 requires local authorities to develop housing need and demand assessments (HNDA) including the need for specialist housing provision. The Act also requires local authorities to produce local housing strategies (LHS) setting out the strategic direction for delivering housing and housing related services across all housing tenures;
  - Housing to 2040 March 2021 sets out the national long-term housing strategy reinforcing the commitment towards promoting independent living;
  - National Planning Framework 4 (NPF4) set out Scotland's planning framework to 2045 with Policy 16 supporting the delivery of high quality, sustainable outcomes that meet the needs of people throughout their lives.
  - Housing (Scotland) Act 2025 aims to address housing issues in Scotland through new rights for tenants and responsibilities for landlords with a new

homeless prevention duty requiring public bodies and landlords to ‘ask and act’ and undertake actions to reduce the risk of homelessness.

- 3.2. The HCSP Strategic Commissioning Plan (SCP) 2023 – 2033 sets out the vision and objectives for the provision of health and social care services across Clackmannanshire and Stirling. The priorities of the local housing strategies are to be aligned with the strategic themes of the SCP as outlined in the diagram below. The HCS is the bridge between the SCP and LHS setting out how the IJB intends to work with housing to deliver the priorities.



- 3.3. A three-year review of the SCP has recently concluded with the delivery of the SCP continuing to be underpinned by a number of programmes including:

- Right Care Right Time (RCRT);
- Self-Directed Support (SDS);
- Commissioning Consortia for Dementia, Alcohol and Drug Partnership and Mental Health, and
- Learning Disabilities Commissioning Plan and Coming Home Agenda

- 3.4. Both Clackmannanshire Council and Stirling Council are undertaking new HNDAs to inform the development of updated LHSs and Local Development Plans. The HNDA findings have included significant consideration of the evidence base for the need for specialist housing provision as detailed in Sections Eight and Nine of Appendix 1. One of the key challenges identified will be addressing the housing, health and care needs of an ageing population across Clackmannanshire and Stirling.

- 3.5. There are two other key plans which outline the housing sector’s contributions to health and wellbeing outcomes and the provision of specialist housing. These are the Strategic Housing Investment Plan (SHIP) and Rapid Rehousing Transitioning Plan (RRTP).

- 3.6. Both Councils produce annual SHIPs outlining the priorities for affordable housing investment over a five-year period. They play a significant role in supporting housing’s contributing to HSCP’s priorities through the delivery of housing which is affordable to lower income households, designed to meet

varying needs and built to meet building regulations assisting in the delivery of energy efficient homes which can reduce fuel poverty and climate change.

- 3.7. Both Councils have also produced RRTPs which are part of a national approach to end homelessness, minimise time spent in temporary accommodation and ensure access to suitable housing. As RRTPs reach their eighth year of delivery, there is a greater emphasis on prevention.
- 3.8. Over the past five years the local housing sector has delivered the following to contribute towards meeting the HSCP strategic priorities.
  - As a result of the Stirling Council HNDA 2019 targets were set for the provision of a minimum of 15% of all affordable housing units built each year under the SHIP to be for specialist provision;
  - 4 x Stirling Council core and cluster tenancies were completed in 2025, supporting people with mental health needs to live independently at home;
  - Through the Stirling RRTP significant progress has been made in reducing the use of Bed and Breakfast accommodation for homeless households through the implementation of rapid access accommodation;
  - Between 2021/22 and 2024/25, 64 out of 259 homes (25%) of all new build affordable housing completions in Clackmannanshire are suitable for people with a disability. This includes 60 units for people over the age of 55 years at Primrose Place, Alloa which was purpose built, with dementia friendly design features to enable people to age well;
  - New build supported housing development completed in January 2026 at Gaberston House, Alloa for people with mental health needs, and
  - Approximately 1,000 aids and adaptations were delivered in people's homes per annum to support independent living.

#### **4. The Shared Evidence Base**

---

- 4.1. Statutory guidance advises that the HCS should consider the available shared evidence base to determine key housing issues related to health and social care which in turn inform and shape shared outcomes. Therefore, the HCS has used the shared evidence base from both the Clackmannanshire HNDA and Stirling HNDA.
- 4.2. The HNDA process uses a variety of data sources to inform key indicators of specialist housing needs. This includes:
  - 2022 Scottish Census population and household indicators on demographic trends including age, health and disability and limited activity;
  - Data on population groups such as mental health, learning disabilities and physical disabilities collated by Public Health Scotland;
  - Scottish Household Survey data on households with a long-term illness and homes requiring an adaptation;
  - Information collated by the Scottish Government on the needs of people presenting as homeless and published annually, and
  - National Records of Scotland provided population and household projections to inform future estimates of housing need.

4.3. The key findings from this data which inform housing, health and social care related issues are as follows:

- There are 144,440 people living across the HSCP with a fifth of the population being 65 years of age and over representing approximately 28,880 people (2022 Census);
- By 2043, the number of people over the age 75 years is predicted to increase by 88% across Clackmannanshire and 74% across Stirling which are both above the national increase of 71%.
- 21% of the population across the HSCP has a long-term illness disease or condition, 11% had a mental health condition and 9% had a physical disability. (2022 Census);
- In 2023, 10% of Clackmannanshire households and 10% of Stirling households said their home limit activities of daily living (Scottish Household Survey 2023);
- 18% of households in Clackmannanshire and 13% of households in Stirling said they required an adaptation. (Scottish Household Survey 2023);
- Homeless presentations increased across the HSCP by 8% since 2023/24 with 1,327 households presenting as homeless, and
- There is evidence of an increase in homeless presentations by older households and households with a person with a mental health condition, or who are vulnerable due to a physical disability or chronic illness.

4.4. The shared evidence base to inform the HCS has considered the existing provision of specialist housing across the HSCP using data from social rented landlords' returns to the Scottish Housing Regulator. In 2024/25 there were 2,219 self-contained units of specialist housing across the HSCP. The majority of this (41%) is ambulant disabled followed by amenity housing (20%) and then sheltered housing/retirements housing at (14%). There are only 38 units of extra care housing across the partnership which is one development in Alloa owned by a housing association.

Social Rented Stock 2024/25 Clackmannanshire and	Sheltered/Retirement Housing	Very sheltered/Extra Care Housing	Amenity housing	Community alarm	Wheelchair housing	Ambulant disabled	Other specially adapted
Clackmannanshire Council	0	0	0	296	7	142	3
Clackmannanshire RSLs	84	38	364	0	56	100	0
Stirling Council	26	0	0	0	87	597	0
Stirling RSLs	192	0	79	0	84	64	0
<b>Total</b>	<b>302</b>	<b>38</b>	<b>443</b>	<b>296</b>	<b>234</b>	<b>903</b>	<b>3</b>
<b>% of Total</b>	<b>14%</b>	<b>2%</b>	<b>20%</b>	<b>13%</b>	<b>11%</b>	<b>41%</b>	<b>0%</b>

4.5. There are also 186 tenancies of supported housing in place with landlords and care provider specifically for people with learning disabilities and mental health. Local data collated shows that the majority of this provision is for learning disabilities (154 tenancies) with a smaller number (32 tenancies) for mental health.

- 4.6. As well as considering indicators of need and the current provision of specialist housing, the shared evidence base also includes the provision of services provided at home such as aids and adaptations, telecare, care and support at home and housing support to inform housing contributions to support people at home.
- 4.7. Although the delegated functions of the IJB do not include Children and Families, the HCS has ensured, through dialogue with relevant colleagues in Children and Families, that specialist housing provisions have been considered for young people. Both local authorities advised there was a need for more supported accommodation to meet the needs of young people as they transition to adult services with increasing demand pressures due to additional services such as National Transfer Scheme.
- 4.7. The new HNDAs, LHS as well as the Stirling RRTP, have provided the shared evidence base for the HCS. Overall, the evidence clearly demonstrates that the existing need for specialist housing is likely to grow given the projected increase in older population between 2018 – 2043 fueled by the increase in smaller households which, is in the main driven by the rapidly growing older population across the HSCP. Key findings are:

- There is a shortfall in the provision of accessible and wheelchair housing across the social rented sector to meet demand;
- The rapidly ageing population means it is likely that the need for disabled adaptations will continue increasing;
- There is a need to understand further the role of telecare and other technologies to support people at home;
- There is a need to understand the design requirements for new build housing across all tenures to meet people's needs as they change to help them remain at home;
- Engagement with service users and local groups is required to gain insight into housing options preferences;
- There is a need to review the current supported housing provision to understand if it is meeting needs and identify any changes required;
- Undertake research to explore supported housing models for older people and other vulnerable groups, including outlining the business case for housing models as an alternative to care homes;
- There is a need to explore alternative types of supported accommodation to meet complex learning difficulties as part of the Coming Home agenda;
- Collaborative work is required to understand the increase in older people presenting as homeless to identify any gaps in specialist housing options to offer a permanent solution;
- Further collaborative work is required to consider the needs of households with multiple and complex needs who struggle to sustain their accommodation and who cycle in-and-out of temporary placements;
- Housing and HSCP need to identify actions to support households that are threatened with homelessness/homeless through the mental health and wellbeing strategic plan, and
- The Ask and Act Public Bodies Homeless Prevention Duty is anticipated to come into effect in 2027 with a need to map out prevention pathways.

4.8. The full shared evidence base used to inform the priorities of the HCS for the next three years is set out in Sections 4 to 8 of Appendix 1.

## **5. Consultation on Shared Evidence Base**

The shared evidence base for the joint HCS priorities has been shaped and validated through an extensive range of consultation approaches with stakeholders and service users.

Shared evidence has been taken from the new Clackmannanshire HNDA process through engagement held in March 2025. This included a specialist housing event held with key stakeholders including Clackmannanshire Tenants and Residents Federation and the HSCP as well as sessions with Alzheimer's Scotland and the Older Adults Forum.

Information gathered from analysis of the Stirling Council's HNDA Households Survey along with feedback from Local Housing Strategy engagements with local groups and from the HNDA Specialist Housing event have helped to

shape the local housing strategies and need for specialist housing provision across Stirling area

The above HNDA and Local Housing Strategy engagement has helped to inform the HCS priorities, however, specific engagement undertaken in February 2026 with a range of local groups has been undertaken to ensure lived experience voice is heard. This includes engagement with Stirling Tenants Assembly, Clackmannanshire Tenants and Residents Federation, Sauchie Community Group, Clackmannanshire Older People’s Forum and Stirling Citizen’s Advice Bureau.

Section 9 of Appendix 1 provides further detail on the outcomes of consultation and engagement undertaken to inform the HCS.

## 6. Issues and Challenges

- 6.1. Stakeholder and lived experience engagement has identified a number of issues and challenges facing housing, health and social work with a need to identify innovative solutions to overcome these challenges, including the need to transform and codesign services with people with lived experience.
- 6.2. Section 10 of Appendix 1 provides a comprehensive overview of the range of issues and challenges identified.
- 6.3. The key challenges include increasing demand for services driven by demographic change and an increasing population with multiple and complex long-term conditions. Alongside this are ongoing financial challenges across the public sector in meeting demand when cost of delivery is rising. The housing sector is also experiencing challenges associated with increasing demand for affordable housing versus the low turnover of existing stock.

## 7. Resources

- 7.1 The Public Bodies (Joint Working) (Scotland) Act 2014 and relevant guidance set out the housing related functions and associated budgets which must be delegated to the IJB. The table below details the budgets delegated to the IJB for 2025/26.

Housing Delegated Function	Clackmannanshire Council	Stirling Council
Statutory Private Sector Housing Disabled Adaptation Grants	£159,000	£450,000
Private Sector Housing Minor Adaptations	£25,000	£75,000
Council Housing Adaptations	n/a*	£250,000
Council Housing Garden Maintenance Scheme	£108,000	£60,000

\* This is a capital budget not revenue so not included in IJB outturn figures.

- 7.2 The operational service arrangements for the delegated housing functions will continue to be delivered by Clackmannanshire Council and Stirling Council. There will be ongoing development of joint policy and procedures to ensure

effective delivery of these housing services, to help meet the priorities set out in the three partners' strategic planning documents.

## 8. Key priorities

- 8.1. The housing contribution statement aims to provide a clear outline of the joint work and projects to be taken forward over the period 2026 -2029 between housing, health and social care to meet strategic priorities. It aims to provide a realistic expectation of what can be delivered and has been developed with extensive input from a range of stakeholders and service users.
- 8.2. Section 12 of Appendix 1 provides further detail on the joint projects to be delivered over the three-year period of the HCS through alignment of the new LHS actions and the priorities of the SCP. The table below provides a summary of the HCS themes and their contribution towards the SCP strategic priorities.

Housing Contributing Statement Theme	Strategic Commissioning Plan Priorities
Delivery of new supply of housing to meet specialist housing needs	✓ Achieving care closer to home Independent Living through choice and control ✓ Reducing loneliness and isolation ✓ Prevention, early intervention and harm reduction. ✓ Supporting empowered communities
Commission a range of supported housing options to meet housing, care and support needs	
Assist meeting complex care housing needs as part of the coming home agenda	
Provide housing related in-situ solutions to enable people to remain living at home	
Prevent and address homelessness of vulnerable groups	
Develop joint working with relevant local groups	
Improve access to advice and information	
Knowledge Exchange with Stirling University and others	

## 9. Conclusions

- 9.1. The housing contribution statement aims to provide a clear outline of the joint work and projects to be taken forward over the period 2026 -2029 between housing, health and social care to meet strategic priorities. It aims to provide a realistic expectation of what can be delivered and has been developed with extensive input from a range of stakeholders and service users.
- 9.2. Section 12 of Appendix 1 outlines in detail the alignment of housing, health and social care strategic priorities and the shared evidence base outlining the need for specialist housing provision across the HSCP area. The priorities and projects have been shaped using information from the new HNDAs, Local Housing Strategies and engagement with a range of stakeholders and local groups which has included people with lived experience.

**10. Appendices**

**Appendix 1: Clackmannanshire and Stirling Housing Contribution Statement 2026/27 – 2028/29**

**Appendix 2: Housing Contribution Statement Direction**

**Appendix 3: EQIA Standard**

**Appendix 4: EQIA Initial**

**Appendix 5: Fairer Duty Scotland**

<b>Fit with Strategic Priorities:</b>	
Prevention and Early Intervention	x
Independent Living through Choice and Control	x
Achieve Care Closer to Home	x
Supporting People and Empowering Communities	x
Reducing Loneliness and Isolation	x
<b>Enabling Activities</b>	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	x
Transforming Care	x
Data and Performance	<input type="checkbox"/>
Communication and Engagement	x
<b>Implications</b>	
<b>Finance:</b>	Ensure the IJB delegated resources are allocated and monitored as outlined in Section 7 above.
<b>Other Resources:</b>	
<b>Legal:</b>	<p>The Housing Contribution Statement (HCS) is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. As a minimum, the HCS must set out the arrangements for carrying out the housing functions delegated to the IJB under the 2014 Act and provide an overarching strategic statement of how the IJB intends to work with housing services. Detailed statutory guidance (<a href="#">Housing Advice Note 2014</a>)</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 associated statutory guidance require Clackmannanshire Council and Stirling Council to delegate their housing statutory functions to the IJB. This includes provision of housing aids and adaptations for adults under the Housing (Scotland) Act 2001 and 2006 along with provision funded through the local authority Housing Revenue Account (HRA). <a href="#">Housing Services and Integrated Health and Social Care: Housing Advice Note September 2015</a></p>

<b>Risk &amp; mitigation:</b>	Progress with the Housing Contribution Statement projects detailed in Appendix 1 will be monitored by the Specialist Housing Forum with any risks and mitigation action agreed through the Forum.
<b>Equality and Human Rights:</b>	The content of this report <b>does</b> require an EQIA
<b>Data Protection:</b>	The content of this report <b>does not</b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="http://www.gov.scot/Fairer-Scotland-Duty-guidance-for-public-bodies">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b>does</b> require a Fairer Duty assessment.</p>



## APPENDIX 1



# Clackmannanshire and Stirling HSCP Housing Contribution Statement 2026/27 - 2028/29

## Contents

1. Introduction	p2
2. Delegated Functions and Governance	p2
3. National Strategic Context	p4
4. Local Strategic Context	p7
5. Population and Household Indicators of Need	p11
6. Current Provision of Specialist Housing	p19
7. Care and Support for Independent Living	p21
8. Shared Evidence Base	p28
9. Consultation and Engagement	p31
10. Challenges	p38
11. Resources	p39
12. Joint Work and Projects	p40

## 1. Introduction

The Housing Contribution Statement (HCS) is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. Its purpose is to outline the role and contribution of the local housing sector in meeting health and wellbeing outcomes. It serves as a bridge between local authorities' Local Housing Strategies (LHS) and Health and Social Care Partnerships' (HSCPs) Strategic Commissioning Plans (SCP), ensuring that housing functions are integrated with health and social care services to support the delivery of strategic outcomes.

As a minimum, the HCS must set out the arrangements for carrying out the housing functions delegated to the IJB under the 2014 Act and provide an overarching strategic statement of how the IJB intends to work with housing services. Detailed statutory guidance ([Housing Advice Note 2014](#)) sets out the key themes to be covered as follows:

- The role of housing in the governance structures for health and social care integration;
- The shared evidence base and key housing issues related to health and social care;
- The shared outcomes and service priorities for housing, health and social care;
- The current and future housing resource and investment contributing to meeting these outcomes, and
- An overview of future challenges and improvements required.

## 2. Delegated Functions and Governance

### 2.1 Delegated Functions and the IJB

Clackmannanshire and Stirling HSCP is comprised of a Joint Integration Board (IJB) consisting of members from both Clackmannanshire and Stirling council areas, as well as NHS Forth Valley, Third Sector representatives, service users and carers. The following housing functions of Clackmannanshire Council and Stirling Council have been delegated to the IJB under the 2014 Act:

- Statutory Private Sector Housing Disabled Adaptations Grants and Council Housing Adaptations
- Provision of gardening assistance for people with disabilities and to older people
- Assessment of need and provision of housing support services only in so far as it is provided in conjunction with personal care

This means that the IJB takes on full responsibility for planning and directing the delivery of these services and for allocating the associated budgets with the local delivery arrangements to be agreed with the two Councils.

Although services such as homelessness are not a delegated function of the IJB, the need for co-ordination between Health and Social Care and Housing services still applies. Local Authorities should also ensure that housing associations and other housing organisations working in the local area are able to contribute to the HCS.

The IJB is supported in its work by the Strategic Planning Group which has membership drawn from across the HSCP including the Chief Housing Officers for Clackmannanshire Council and Stirling Council. While the HCS is the responsibility of the IJB, it is good practice for it to be signed off by the Local Authority Chief Housing Officer as well as the HSCP Chief Officer. [Housing Advice Note 2014](#).

## 2.2 Specialist Housing Forum

Clackmannanshire and Stirling HSCP Specialist Housing Forum is in place to oversee progress of the priorities outlined within the HCS and to seek direction from the IJB and relevant council committees where required. The Forum meets every two months and consists of membership from the HSCP, Clackmannanshire Council Housing and Stirling Council Housing.

In June 2024, the HSCP appointed to a new Housing, Health and Social Work Research and Engagement Officer post to take forward the work required to inform housing's contributions to health and social care, as well as co-ordinate workstreams. The work undertaken to date includes:

- Completion of research work to understand the specialist housing needs of population and household groups living across the HSCP to inform the Housing Needs and Demand Assessment (HNDA) and renewed Local Housing Strategies;
- Completion of a review of adaptations provision across the HSCP, with the findings and draft delivery plan agreed by the IJB on the 20 September 2025;
- Completion of a best value review of supported accommodation provision being delivered across the HSCP for older people, learning disabilities and mental health, with recommendations and delivery plan agreed by the IJB on the 20 June 2025;
- Established a Health Improvement, Housing and Homeless Collaboration Working Group to understand the accommodation and support requirements of people with complex need and to align the Rapid Rehousing Transition Plan priorities with the ADP Commissioning Consortium;
- Set up a knowledge exchange with Stirling University to assist with the development of housing solutions to meet the needs of people as they age or their needs change, and
- Regular engagement with housing associations, the third and voluntary sector, social care providers and local tenants and residents' groups.

The views of housing associations are included in the work of the Specialist Housing Forum through Stirling Council's Strategic Housing Forum, the Stirling RRTP Steering Group and the Health, Housing and Homeless Collaboration Working Group. There is also a Housing Adaptations Working Group and complex adaptations panel which bring together Occupational Therapists and Housing Staff to improve the delivery of adaptations services.

## 2.3 Previous Housing Contribution Statements

Previous Clackmannanshire and Stirling housing contribution statements have set out the role of the housing sector in supporting people's health and wellbeing outcomes through alignment of strategic planning and activity including the provision of accessible, quality and affordable homes. [HSCP Housing Contribution Statements](#)

The majority of new affordable homes developed by social landlords, (social rented and market rent and forms of low-cost home ownership) are built to housing to varying needs standards, which are designed to meet the needs of people as they change. To address climate change, building regulations also ensure minimum standards are met for energy efficiency although frequently social landlords develop housing above these standards to assist with fuel poverty.

Private sector housing developers also need to meet minimum standards in terms of energy efficiency and accessibility, however it is difficult to quantify the number of properties which are

built by the private sector which could be defined as specialist housing provision. This is discussed in Sections 8 and 10 below.

Over the last five years, both local authorities and housing providers have contributed the following specialist housing provision to help meet the HSCP strategic priorities.

- As a result of the Stirling Council HNDA 2019 a target was set within the SHIP of a minimum of 15% of all new build affordable homes would be accessible. Within this 5% of these homes are to be built to wheelchair standards;
- 4 x Stirling Council core and cluster tenancies were completed in 2025, supporting people with mental health needs to live independently at home in their community;
- Through the Stirling RRTP significant progress has been made to reduce the use of Bed and Breakfast accommodation for homeless households. This has been accomplished largely through the implementation of council owned rapid access accommodation;
- Between 2021/22 and 2024/25, 64 out of 259 homes (25%) of all new build affordable housing completions in Clackmannanshire are suitable for people with a disability. This includes 60 units for people over the age of 55 years at Primrose Place, Alloa which was purpose built, with dementia friendly design features to enable people to age well;
- New build supported housing development completed in January 2026 at the former site of Gaberston House residential care home, for people with mental health needs, and
- Approximately 1,000 aids and adaptations were delivered in people's homes per annum to support independent living.

### **3. National Strategic Context**

It is important that Local Housing Strategies and Strategic Commissioning Plans support and link with a number of wider national strategies to ensure a joined-up approach to achieving shared outcomes.

#### **3.1 Legislative Context**

The Public Bodies (Joint Working) (Scotland) Act 2014 introduced the requirement for Local Authorities and Health Boards to delegate some of their functions of health, adult social care and housing to Integration Boards. The key aims of integration is to:

- address the challenges associated with health and social care including the need to respond to an aging population which will put an increasing pressure on services and budgets, and
- to shift the balance of care away from acute to community-based settings and to ensure services can be used in a more flexible and person-centred approach to better meet need.

Statutory guidance issued to integration boards, on their responsibilities to involve housing services and align local housing strategies, recognises the positive contribution housing makes towards improving health and wellbeing and enabling people to live independently at home. This can be through the provision of existing and new build affordable homes, in-situ solutions to meet housing need, preventing admissions to hospital, alleviating delayed discharge and contributing to tackling health inequalities. [Housing Advice Note 2014](#)

The Housing Needs and Demand Assessment (HNDA) is a statutory requirement for local authorities in Scotland to develop comprehensive assessment of housing need and demand, including the need

for specialist housing provision. It is required to inform Local Housing Strategies (LHS) and Local Development Plans (LDPs) under the Housing (Scotland) Act 2001.

The Housing (Scotland) Act 2001 also requires local authorities to prepare a LHS which sets out the strategic direction for delivering housing and housing related services across all housing tenures (owner-occupation, private rented housing, mid-market rent and social rented housing). The LHS should articulate the local authority's understanding of local need for specialist housing provision of for those of all ages and where possible across all tenures and the agreed approach for strategic planning for this need to ensure support for independent living.

Specialist housing provision includes wheelchair accessible housing, accessible and adapted housing, supported housing, non-permanent housing and in-situ provision such as, care and support at home, housing support, adaptations and care and repair services. ([Local Housing Strategy: Scottish Government Guidance 2019](#)).

### 3.2 National Strategic Context

**Housing to 2040** published in March 2021, sets out the Scottish Government's long term housing strategy with the aim that by 2040, everyone will have a safe, high-quality home that is affordable and meets their needs in the place they want to be. The strategy reinforces the commitment towards promoting independent living in Part 4B 'Independent Living':

*We will take action so that our homes support those with long-term conditions and disabilities and everyone who can and wants to is enabled to live independently in a home of their own.'*

The report highlights that most older people and disabled people live in main-stream homes and want to continue to do so, but some of these properties may not meet their needs. People with learning disabilities/complex care needs and autistic people also want good quality and timely housing advice and support services supporting them to live at home.

The report highlights the unmet needs of households across Scotland requiring more specialist forms of housing such as extra care, with only around 1% of total stock available nationally with the majority in the social rented sector. Furthermore, 61,000 people are needing adaptations to their home, while 1% of housing is fully accessible for wheelchair users and 10,000 disabled people are on housing waiting lists. [Housing to 2040: Scottish Government March 2021](#)

**The Independent Review of Adult Social Care in Scotland (2021)** describes social care as a 'springboard, not a safety net' and recognises the need to shift the model of social care support to one underlined by a human rights based approach based on prevention and anticipatory services, collaboration and a vehicle for supporting independent living rather than a place service delivery. [Adult Social Care: Independent Review 2021](#)

While Health and Social Care services will continue to help people in crisis, the focus of national planning priorities has moved to supporting empowered and independent people. In particular the review recommendations are based on strengthening existing foundations and service redesign through further implementation of integration, self-directed support and the independent living fund. This will involve transformation in the way social care is planned, commissioned and procured with the need to hear the voice of those with lived experience.

**National Planning Framework 4 (NPF4)** sets out a new planning framework for Scotland to 2045. Policy 16 of NPF4 supports the delivery of high quality, sustainable homes that meet the needs of people

throughout their lives. In particular, it supports proposals for new homes that improve affordability and choice by being adaptable to changing and diverse needs, and address gaps in provision. This includes accessible, adaptable and wheelchair accessible homes, homes that meet the needs of older people and other specialist groups.

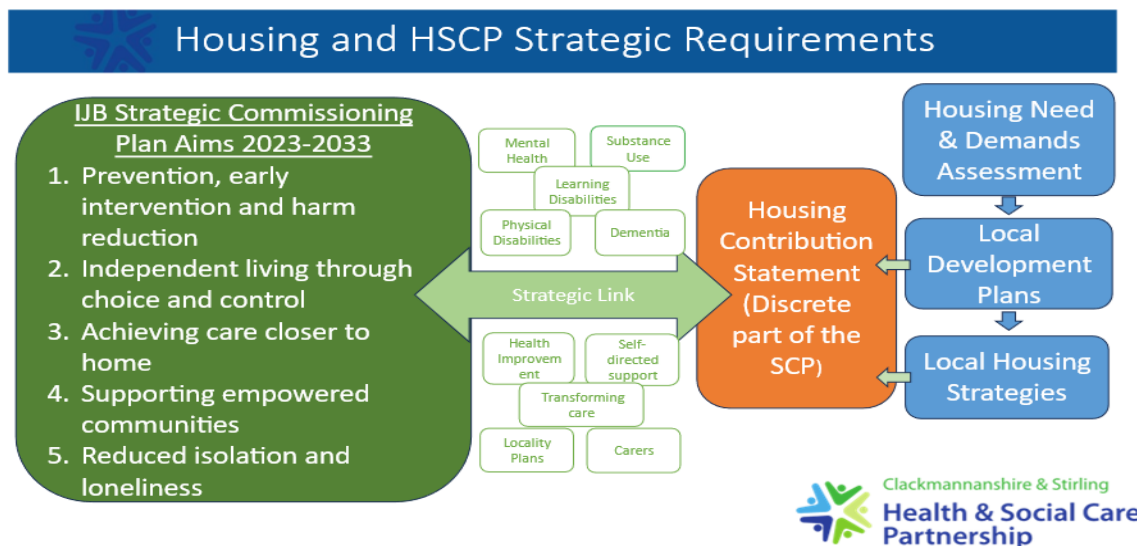
The following national plans and strategies are of significance in shaping services which are provided to residents of Clackmannanshire and Stirling in terms of population group needs.

- **Care in the Digital Age: Delivery Plan 2025/26:** The overall aim of the national Digital Health and Care Strategy is to improve the care and wellbeing of people in Scotland through making best use of digital technologies in the design and delivery of services. It supports the delivery of the right care in the right place at the right time through the provision of whole of life support, independent living and care that is proactive and personalised. [Care in the Digital Age: Delivery Plan 2025/26](#)
- **'Age, Home and Community: A strategy for Housing for Scotland's Older People: 2012-2021** sets out the Scottish Government's Vision that 'Older people in Scotland are valued as an asset, their voices are heard, and older people are supported to enjoy full and positive lives in their own home or in a homely setting'. [Age, Home and Community: Scottish Government 2012 - 2021](#).
- **Scotland's National Dementia Strategy (2023):** Sets out the long-term vision for change '*of a Scotland where people living with dementia and their care partners have their strengths recognised, their rights upheld, and are supported to live an independent life, free from stigma and with person centred treatment, support and care when and where they need it*'. [New Dementia Strategy: Everyone's Story May 2023](#).
- **A Fairer Scotland for Disabled People Delivery Plan (2016 – 2021):** sets out the Scottish Government's approach to policy for disabled people. The plan aimed to ensure that those who are disabled benefit from increased availability of affordable and accessible housing. The delivery plan requires local authorities to set realistic targets within LHS for the delivery of wheelchair accessible housing across all tenures and report annually on progress against the target.
- **Coming Home Implementation report:** Jointly published in February 2022, by the Scottish Government and COSLA, the report sets out the ambitions and actions to reduce out of area residential placements and inappropriate hospital stays for people with learning disabilities and complex care needs. [Coming Home Implementation Report Scottish Government Feb 2022](#)
- **Adult Mental Health Report (Audit Scotland, September 2023)** recommended that IJBs and councils should: Urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services
- **Rapid Rehousing Transition Plans (RRTPs):** Following recommendations by the Homelessness and Rough Sleeping Action Group in 2018 local authorities are required to produce a RRTP. The aim is to take a housing led approach to rehouse people who have experienced homelessness, making sure they reach settled accommodation as quickly as possible and shifting focus to homeless prevention. The Action Group recognised the fundamental role to be played by local authorities, housing providers, HSCPs and the broad range of organisations that provide support.
- **Housing (Scotland) Act 2025:** aims to address housing issues in Scotland through new rights for tenants and responsibilities for landlords. A homeless prevention duty requiring a range of public bodies and landlords to 'ask and act' and undertake actions to reduce the risk of homelessness.

## 4. Local Strategy Context

### 4.1 Clackmannanshire and Stirling HSCP Strategic Commissioning Plan (SCP) 2023-2033

The HSCP Strategic Commissioning Plan (SCP) 2023 to 2033 sets out the vision and objectives for the provision of health and social care services. The priorities of the local housing strategies are to be aligned with the strategic themes of the SCP as outlined in the diagram below. The HCS sets out the overarching strategic statement of how the IJB intends to work with housing to deliver the aims.



The delivery of the SCP is underpinned by a number of programs being led by the HSCP with the local housing sector playing a key role in their delivery to ensure alignment with local housing strategies.

**HSCP Right Care Right Time (RCRT):** There are three main projects being progressed through this programme to address the current problems of bottlenecks in the social work processes and to shift focus more on early intervention and prevention. These are, the Care at Home Review Team, Optimising the Rapid Response Service and The Adult Social Care Front Door Service.

**Self-Directed Support (SDS):** the transformation of the way that social care support is provided within localities and communities includes ensuring a personalised approach to supporting individuals and enabling the HSCP to meet the challenges it faces regarding changing demographics and increased demands for support. The HSCP has recently developed and is implementing a revised approach to SDS which takes into account the national SDS standards and recommendations.

**Dementia Commissioning Consortium:** Consisting of membership from the third sector and HSCP, a model of care for dementia has been agreed around three objectives of communicate, involve and collaborate. An Implementation Plan has been approved with further work required to understand the role of housing towards the delivery of the high-level outcomes.

**Alcohol and Drugs Partnership (ADP) Commissioning Consortium:** The HSCP's strategic role to commission and support the delivery of substance use care and support are in line with national drivers which are the Rights, Respect and Recovery strategy, Alcohol Framework, Drug Deaths Task Force *Changing Lives* report and MAT. Through the ADP Commissioning Consortium, the IJB has made directions to redesign the delivery of specialist care and support and is now in the process of procuring services to increase community and prevention work. This includes £75k of investment in specialist housing support services with housing having a key role in the development of this.

**Mental Health Commissioning Consortium:** The Forth Valley Mental Health and Wellbeing Strategic Plan 2025-2035 is underpinned by the principles of Scotland’s population Health Framework and represents a shared commitment to work together to improve the mental health and wellbeing of people living across the area. The Mental Health Commissioning Consortium process is developing recommendations for IJB to consider in relation to changes across service provision along with changes to procurement activity. These commissioning approaches are currently being developed and due to conclude in June 2026, with the Housing Sector being a key stakeholder.

**Learning Disabilities Commissioning Plan and Coming Home Agenda:** A new Learning Disabilities Commissioning Plan is in place to address some of the key pressures and areas for service improvements. These include, recurring cost pressure, increasing cost of packages of care, current day provision does not fully meet service user need, disproportionately high number of inpatient beds with a number of people whose discharge is delayed. There is a need to consider alternative ways (including housing solutions) to support service users with increasing complexity of need.

#### 4.2 Housing Need and Demand Assessment (HNDA)

Both Clackmannanshire Council and Stirling Council are undertaking new HNDAs to inform the development of updated LHS. The HNDA findings have included significant consideration of the evidence base for the need for specialist housing provision as detailed in Sections Eight and Nine below. One of the key challenges will be addressing the housing, health and care needs of an aging population across Clackmannanshire and Stirling.

Research from both Council’s draft HNDA confirm some specific features of demand for Clackmannanshire and Stirling outlined in the table below. Stirling’s HNDA is still in draft, and still has to be assessed by the Scottish Government’s Centre for Housing Market Analysis as well as receiving Committee approval.

Clackmannanshire Draft HNDA 2026	Stirling Draft HNDA 2026
Future need for 1,630 housing units over a period of ten years across all housing tenures	Future need for 4,735 homes across all tenures from 2026 to 2044, including 3,310 homes in the next ten years.
<ul style="list-style-type: none"> <li>• Despite a projected falling population of 1,476 (2.8%) between 2018-2043, the number of households are projected to rise by 734 (3.1%) with a rise in the number of smaller, single and two adult households.</li> <li>• By 2043 the number of people over 75 years is predicted to increase by 88% in Clackmannanshire, which is above the Scottish projection of 74%, putting additional pressure on the need for social care and older people’s housing in Clackmannanshire.</li> </ul>	<ul style="list-style-type: none"> <li>• Predicted population growth across Stirling of 2% between 2025 and 2045, but higher average growth estimated for households’ numbers of 9% which is partly driven by the aging population and declining size of households.</li> <li>• Expected shift towards older population with a 50% increase in the 70 + years population and 89% increase in the 85 + years between 2025 to 2045.</li> <li>• Largest increase in single/couple households without children, including older people</li> </ul>

More detailed findings from the draft HNDAs have been used as the evidence base for the HCS and are detailed in Section 8 below.

### 4.3 Local Housing Strategy (LHS)

Both Clackmannanshire Council and Stirling Council are reviewing their local housing strategies using the evidence base from the new HNDA and updated national and local policy positions in key areas including

**Clackmannanshire Local Housing Strategy 2018-2023:** Is due for full review in 2026. The previous strategic priorities however, remain broadly relevant when considering the strategic housing links with health and social care. The Local Housing Strategy 2018-2023 identifies six priority areas and outcomes to be achieved:

- Investing in New Housing Supply – quality, affordable housing is maximised.
- Best Use of Existing Housing - the housing we already have is optimised and effective in providing choice and meeting need.
- Homelessness - households have access to appropriate housing and advice to reduce homelessness.
- Specialist Housing and Independent Living - those requiring assistance to live independently at home have access to effective housing
- Energy Efficiency and Fuel Poverty - energy efficiency is improved, and fuel poverty and carbon emissions are reduced across all tenures.
- Improving Neighbourhoods and Communities – improve long term outcomes for local communities and target town centres for improvement and regeneration to benefit the community.

**Stirling Council's Local Housing Strategy (LHS):** Is currently under review, with a new strategy covering the period 2026–2031 in development and expected to be approved by the end of 2026. Initial findings from recent consultation through surveys and engagement events have helped to shape the new draft priorities:

- Priority 1 - Ensure people can access the right home, in the right place, at the right price
- Priority 2 - Support people to live independently within strong and sustainable communities
- Priority 3 - Prevent homelessness where possible, and support people with dignity where it occurs
- Priority 4 - Improve the condition of homes across Stirling, reducing fuel poverty and carbon emissions

### 4.4 Strategic Housing Investment Plans (SHIP)

The SHIP outlines local authorities' strategic priorities for affordable housing investment over a five-year period and informs Scottish Government housing investment decisions and includes specialist affordable housing projects delivered by social landlords operating in the area. The SHIP has a significant role in supporting housing's contribution to the priorities of the HSCP through the delivery of housing which is affordable to households on lower incomes, designed to meet varying needs and built to meet building regulations which assist with the delivery of energy efficient homes which can assist with fuel poverty and climate change.

Although no universally agreed definition of affordable housing, it can be defined as housing that is of reasonable quality and is affordable to those on low incomes. This includes various forms of housing such as social rent (local authority and housing association provision), mid-market rented, shared ownership and low-cost housing to buy without subsidy.

**Clackmannanshire SHIP 2026/27- 2030/31:** The key priorities are based on the refreshed HNDA and include increasing the supply of affordable and specialist housing, improving energy efficiency, and supporting regeneration in town centres.

To reflect the increase in need of people reporting one or more disability, the target for accessible housing on each new build housing site should be increased from 7% to 10%. This will be explored further in the new Local Housing Strategy due in 2026 and also through the new Local Development Plan to establish targets for specialist housing on private sites to give households a wider choice.

Officers will also target accessible properties to purchase as off the shelf when they become available on the open market.

All new social housing is built to 'Housing for Varying Needs, a Design Guide' published by the Scottish Government. This incorporates a 'barrier free' concept of accessibility and is a key reference document for the affordable housing sector in Scotland. It recognises that peoples' needs change through their lifetime and homes should be flexible as a result.

#### **Stirling Council SHIP 2026/27-2030/31**

Stirling Council has set a target that a minimum of 15% of all affordable units built each year under the SHIP, will be built for specialist provision including wheelchair, ambulant disabled, amenity and extra care housing. Within this, the Council has set a minimum target of 5% of these units to be built to wheelchair accessible standard, as defined by the Housing for Varying Needs 'Desirable Standard' and Scottish Government guidance on Wheelchair Accessible Housing.

Alongside the targets above to meet the needs of specialist housing the SHIP identifies the following as the key joint strategic objectives to be take forward with the HSCP:

- Improve the availability across all tenures of housing and support which is appropriate to people with particular needs.
- Improve the range of choices and the quality of advice and information services available to people with particular needs.
- Ensure an integrated and well-funded approach to securing adaptations.
- Develop initiatives to prevent trips and falls and provide assistance when moving house.
- Ensure that any hospital discharges delayed due to unsuitable housing are minimised.
- Improve communications with bodies representing those with particular needs.
- How to encourage the private sector to contribute towards meeting older adults' needs.
- Understand the housing, health and social care needs of people who are homeless or at risk of homelessness who cannot sustain a permanent tenancy due to complex reasons.

#### **4.4 Rapid Rehousing Transition Plans (RRTPs)**

Rapid Rehousing Transition Plans (RRTPs) are part of the Scottish Government's strategy to end homelessness, with 2025 being the seventh year of RRTPs.

**Clackmannanshire Rapid Rehousing Transition Plan (RRTP):** Recognises the challenge with homelessness with these being monitored and actions being determined by the future homes board to minimise the time spent in temporary accommodation and ensuring access to suitable housing is a key priority in the RRTP.

As at March 2024 Clackmannanshire had the 3rd highest level of homelessness households per head of population, down from 2nd. Those who find themselves homeless in Clackmannanshire spend an

average of 176 days, up from 153 days at the same time the previous year. The number of days spent in temporary accommodation is below the Scottish average of 234 days, up from 216 the previous year.

Clackmannanshire performs better than average in quickly providing permanent accommodation for those found to be homeless with most homeless households ultimately housed in social rented accommodation after having spent a relatively short period waiting for a permanent solution.

Specific outcomes from the RRTP to be delivered through housing investment are detailed below.

- Accelerate affordable housing programme over 5-year period to 2024
- Investigate how the RSL sector can play a greater role in housing homeless applicants
- Ensure levels of temporary accommodation are maintained to meet statutory responsibilities.

**Stirling Council's RRTP:** First approved by the Scottish Government in 2019, with updates being carried out annually. The most recent update confirms the RRTP vision as; *'Homeless people in Stirling will access settled housing as a first priority and at a faster rate, with flexible housing support services which are appropriate to the needs of each person.'* To deliver the vision for rapid rehousing, the objectives are to:

- Proactively prevent homelessness wherever it is possible to do so
- Invest resources in the delivery of person-centered housing support services, and deliver Housing First where appropriate for people with complex needs and multiple disadvantage
- Reduce the time spent by homeless households in temporary accommodation
- Ensure that the number of temporary accommodation units are reduced to an appropriate level and eliminate the use of B&B.

Key Stirling Council RRTP achievements include:

- Stirling Council continuing to meet its statutory duty to provide temporary accommodation, with significant reductions in the use of bed and breakfast accommodation and no breaches of the Unsuitable Accommodation Order since its introduction.
- The proportion of Council homes let to homeless households has significantly increased to 53.2% of all Council homes let during 2024/25.
- There has been recent success in reducing the length of time households spend in temporary accommodation for cases that closed from 336 days in 2023/24 to 268 days as of Quarter 2 2025. This is at a time when there has been on going challenges of low turnover of social housing. There has also been a decline in the number of children in temporary accommodation from 125 in 2023 to 87 as of September 2026.
- Stirling Council has also created 44 Housing First tenancies for individuals with complex needs since April 2021 and is currently supporting 21 individuals through the Housing First approach.

## **5. Population and Household Indicators of Need**

The Clackmannanshire and Stirling HSCP Strategic Needs Assessment 2023/24 – 2033/34 along with work undertaken as part of the specialist housing chapters of the new Clackmannanshire HNDA and Stirling HNDA sets out the population and household evidence base for the Housing Contribution Statement.

Analysis of population and household trends including demography (such as age, disability, long term conditions), characteristics (such as disability and long-term conditions) and service groups (such as

tenants social care and homeless households) provide information at a local level to help inform planning and decision making required for the provision of specialist housing.

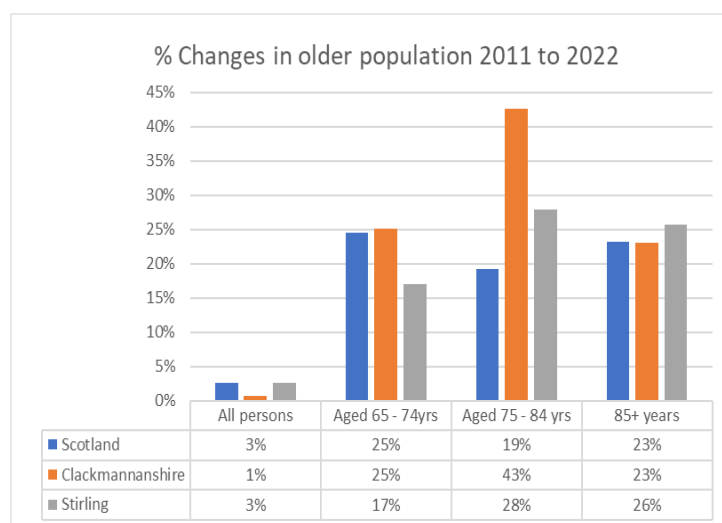
The sections below highlight the main areas from the shared evidence for both Clackmannanshire and Stirling HNDAs to give an understanding of the existing need and demand for specialist housing provision across the HSCP to inform planning and decisions.

## 5.1 Age, Health and Disability Population Indicators

### Population Age

Recent data from Scotland’s Census 2022 shows that there are 144,440 people living across Clackmannanshire (51,800) and Stirling (92,600) with the age profile of the population of Clackmannanshire and Stirling similar to Scotland. A fifth of the HSCP population is 65 years of age and over representing approximately 28,880 people.

Area	0-14yrs	15-24	25-64	65+
Scotland	15%	12%	53%	20%
Clackmannanshire	16%	10%	53%	21%
Stirling	15%	15%	50%	20%
Clacks & Stirling	15%	13%	51%	20%

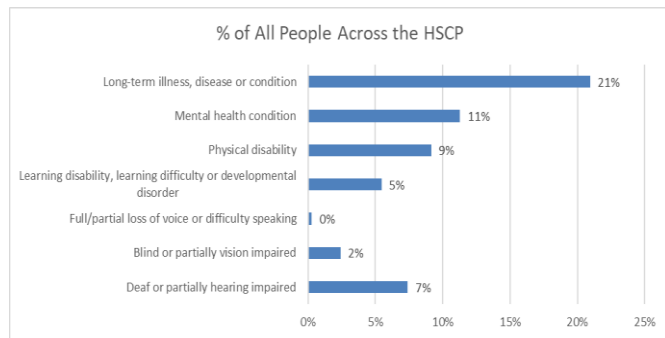


Comparison between 2011 and 2022 Census shows that Clackmannanshire’s population has grown at a slightly lower rate at 1% than Stirling and Scotland at 3% between the period. Across the partnership, the population has aged between 2011 and 2022 with the Clackmannanshire 75-84 age band increasing at a faster rate than Scotland (43% compared to 19%) while the 85+ band in Stirling increased at a higher rate (26% compared to 23% nationally).

### Health and Disability Population Indicators

The 2022 Census provides insight to the population with a health condition which has lasted or expected to last over 12 months. The most common type of condition reported in the Census across Scotland was a ‘long-term illness, disease or condition’. This was described on the Census form as a condition that you may have for life, that may be managed with treatment or medication and is a broad category including a range of conditions such as Arthritis, Cancer, Diabetes and Epilepsy. The census found that the percentage of people reporting a long-term illness, disease or condition increased from 18.7% in 2011 to 21.4% in 2022.

The chart opposite provides the 2022 Census health condition population results for the HSCP and shows a similar result to the national ones, with the most common type of condition reported as a long-term illness or disease representing 21% of the population or approximately just over 30,000 people which is an increase of 2.8% since 2011.



The second most common condition reported in the 2022 across the HSCP census was a mental health condition at 11% (16,300 people) which is a 7% increase since 2011 and similar to the national position while the third most common condition was a physical disability at 9% (13,220).

Further indicators of population need which inform housing need are highlighted below.

### Learning Disabilities

According to a report published by Learning Disabilities Statistics Scotland (2019), there were 23,584 adults known to local authorities across Scotland with a learning disability. This equates to 5.2 people per 1,000 population and includes adults with a learning disability and/or on the autism spectrum who are known to local authorities and therefore is likely to be an under reporting of the total population.

The majority (62%) of adults with a LD or /or autistic spectrum in Scotland and know to local authorities, live in mainstream accommodation while 15% live in supported accommodation and 8% in a registered care home. A significant proportion of adults with a LD (31.3%) known to local authorities lived with a family carer with the majority of these (76%) lived with a parent carer. (Source: [Learning-Disability-Statistics-Scotland-2019.pdf](#))

In 2019, Clackmannanshire has a higher rate per 1,000 population (6.4) of adults with a learning disability known to local authorities than the national rate (5.2). Stirling is similar to the national per 1,000 population at 5.0. (Source: [Learning-Disability-Statistics-Scotland-2019.pdf](#))

Public Health Scotland has been publishing statistics for people with learning disabilities and complex care needs on Dynamic Support Register (DSR) since June 2023.

The purpose of a DSR is to avoid people with complex need living or staying too long in hospitals, or out-of-area placements which they/their family have not chosen. As of 26 June 2025, there were an estimated 1,533 people on local HSCP's DSR across Scotland. (Source: [Public Health Scotland: Insights into learning disabilities and complex needs December 2025](#))

In terms of Clackmannanshire and Stirling there are currently 33 people across the HSCP on the Dynamic Support Register with 6 people delayed in hospital and 33 in out of area placements.

### Mental Health

Using information from the Scottish Burden of Disease, The Forth Valley Mental Health and Wellbeing: Strategic Needs Assessment (Dec 2024) identifies that more than a fifth of Forth Valley's 'burden of disease' is attributed to mental health conditions and substance use disorder.

Depression and anxiety are the top four leading causes of ill health across the HSCP. Clackmannanshire has a higher prevalence of anxiety, depression, schizophrenia, substance use disorders, self-harm and higher prescribed rates of medication than Stirling and national rate.

Key findings from the Forth Valley Mental Health and Wellbeing: Strategic Needs Assessment (Dec 2024) are as follows:

- Increase in mental wellbeing between 2022-2023 within general population however still lower than pre-pandemic levels.
- Reduction in the proportion of adults with a GHQ-12 score of 4 or more (21%), in 2023 indicative of a possible psychiatric disorder, returning to a similar level to 2021 (22%) following an increase in 27% in 2022.
- One in ten adults (10%) reported feeling lonely ‘most’ or ‘all of the time’, with adults aged 16-24 (19%) and those living in the most deprived areas (14%) the most likely to report feeling like this in the previous week with the highest rates for all of these within the youngest age groups.
- Strong correlation between deprivation and mental health and wellbeing.

## Dementia

It is difficult to know how many people across the HSCP are currently living with dementia. It is dependent on many factors such as age and gender as well as diagnosis rates and there is no one source which provides this information. Using Public Health Scotland General Practice Disease Prevalence Rate (2023), Scottish Burden of Disease 2016 and Dementia in Europe Yearbook 2019, it is estimated that there are between 1111 and 2344 people with dementia across Clackmannanshire and Stirling with a mid-range of 1,978. Source: [Scottish Burden of Disease 2016](#); [Scottish Government Estimated and projected diagnosis rates for dementia in Scotland 2014-2020](#); NRS [2022 Mid-Year Population Estimates](#) and [2018-based Population Projections](#).

It is important to bear in mind that both these estimated rates are a number of years old and assume that the rates will remain the same over time. They also do not take into consideration the different stages of dementia or that not all cases will have a diagnosis.

## 5.2 Households and Limited Activity Indicators

Analysis of 2022 Census household information in terms of age, property type (e.g. house, bungalow, flat) and tenure type. The Scottish Household Survey 2023 provides insight to the number of households with a long-term illness and the number of households whose homes are limiting their daily activities. There is also information available from the 2023 Survey on the number of households with an adaptation and those with an unmet need for an adaptation to help inform existing need.

According to the Census 2022, there were 64,420 households across the HSCP with at least one usual resident. 24,071 households live in Clackmannanshire and 40,349 live in Stirling.

Area	Scotland	Clacks	Stirling	Clacks and Stirling
Households 16-34	17%	16%	16%	16%
Households 35-49	24%	23%	22%	22%
Households 50-64	30%	32%	31%	31%
Households 65 and over	29%	30%	31%	31%

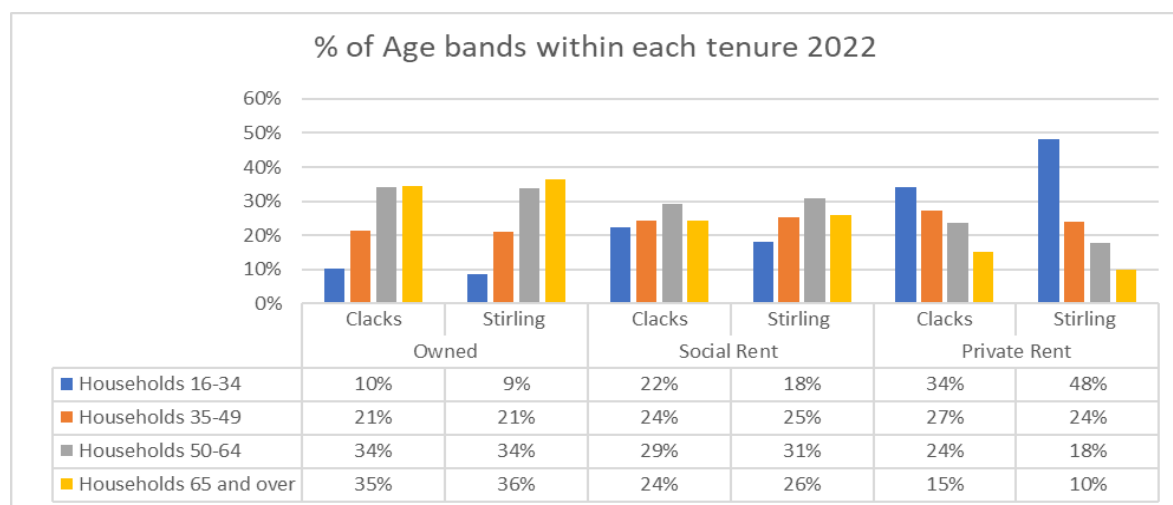
The majority of households representatives across the HSCP are aged between 50 and 64 years followed by 65 years + with those 50 years + accounting for 62% of households compared to 59% nationally.

In 2022, the majority of households across Clackmannanshire and Stirling live in a house or bungalow (75%) with the remainder (25%) living in a flat or bungalow. This differs from the national position with 65% living in bungalow/house and 35% in a flat or other. [2022 Scotland Census](#)

In terms of type of housing tenure, the HSCP position is similar to the national position with the majority of households living in owner occupation (65%), followed by social renting (22%) and private rent (11%) with a very small number of households (2%) living rent free. Stirling has a greater proportion of owner occupation (67%) and private renting (13%) while Clackmannanshire has a higher proportion of households living in social rented stock (27%). [2022 Scotland Census](#)

Housing Tenure	Scotland	Clacks	Stirling	Clacks and Stirling
All occupied households	2,509,269	24,072	40,349	64,421
% Owned: Total	63%	63%	67%	65%
% Social Rented:	22%	27%	19%	22%
% Private rented: Total	13%	9%	13%	11%
% Lives Rent Free	1%	1%	2%	2%

The chart below shows that within each tenure type, the majority of households across Clackmannanshire and Stirling who own their homes are over the age of 50 years (69% and 70% respectively), while 53% and 56% of social rented households are over the age of 50 years. followed by social renting. The age profile of private rented housing is younger, with 61% and 72% respectively under the age of 50 years.

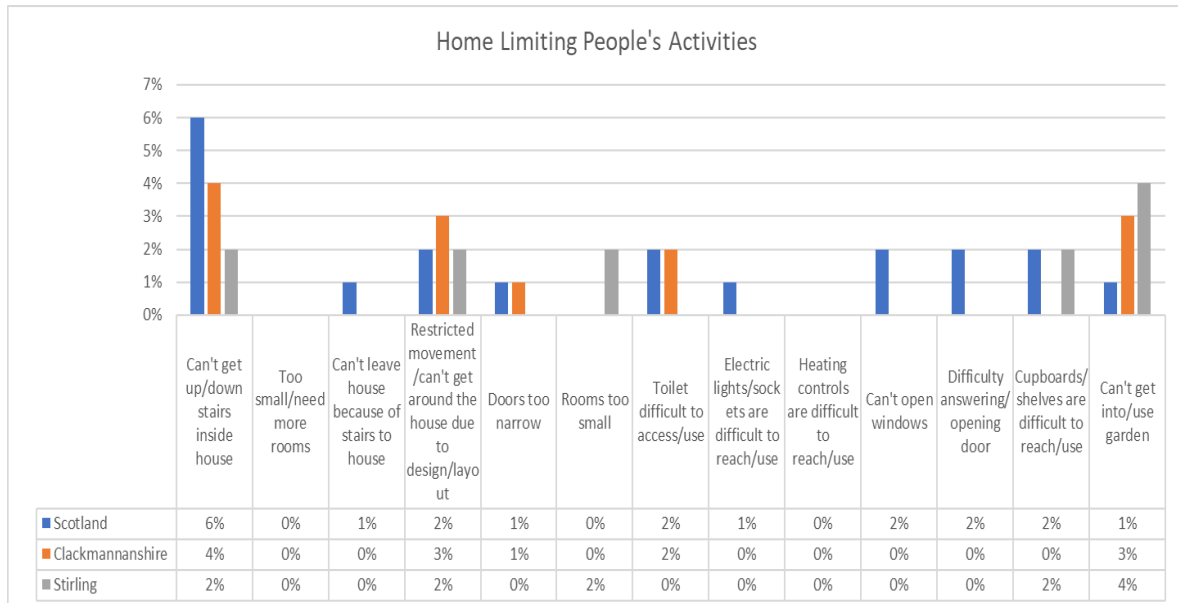


Since the last Census in 2011, there has been a significant increase in the proportion of households who own their properties outright across the HSCP area (from 46% to 65%) which is similar to the national position. The majority of these (92% in Clackmannanshire and 90% in Stirling) are over the age of 50 years. [2022 Scotland Census](#).

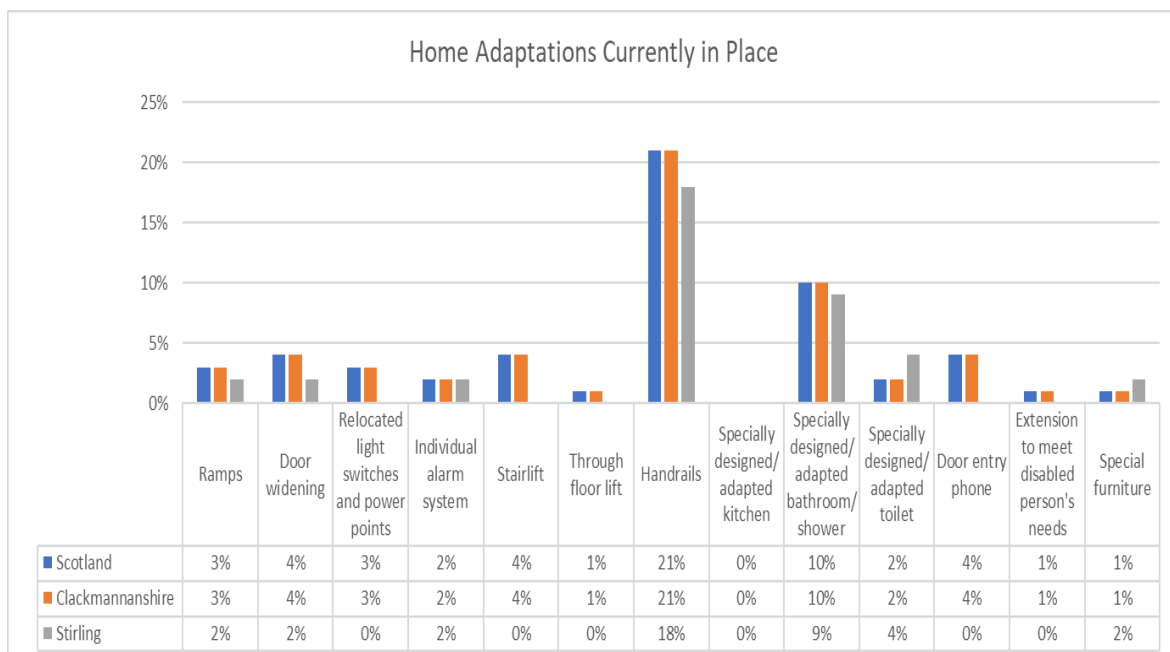
Area	% of Households with a Person with a Long Term Illness
Clackmannanshire	43%
Stirling	33%
Scotland	39%

In 2023, the proportion of households with someone with a long term physical or mental health condition or illness accounted for 43% of households in Clackmannanshire, and 33% in Stirling. This compares to 39% nationally. [Scottish Household Survey 2023](#)

According to the 2023 Scottish Households Survey, 10% of Clackmannanshire households and 10% of Stirling households said that their home limits the activities of an individual living. The chart below shows that the main reasons are, cannot get up/down the stairs inside the house, restricted movements due to the design/layout of the house, toilet difficult to access and, cupboards and shelves are difficult to reach or use and cannot get into/use the garden.



The Scottish Household Survey also provides insight to the number of homes with adaptations currently in place. In 2023, 27% of Clackmannanshire homes had adaptations and 23% of homes across Stirling had adaptations. Clackmannanshire is similar to the national position of 28%, while Stirling was 5% less than this. The largest proportion of adaptations across Clackmannanshire and Stirling are handrails (21% and 18% respectively), adapted bathroom/shower (10% respectively), door widening (4% and 2% respectively) and specifically adapted toilet (2% and 4% respectively).



Area	% of homes requiring an adaptation
Clackmannanshire	18%
Stirling	13%
Scotland	12%

According to the Scottish Household Survey the number of households in 2023 requiring an adaptation across Clackmannanshire and Stirling (18% and 13% respectively) which is higher than the national position of 12%.

This suggests that there is a significant unmet need for adaptations at home which is limiting people's activities within their homes. Housing and HSCP strategies aimed at meeting this unmet need would assist to support people to live independently at homes and also reduce unnecessary admissions to hospital or care homes. are provided to reduce limitation of activities and support people to live independently at home.

### 5.3 Homelessness Need

Homelessness is a key indicator of urgent housing need and a serious issue across Scotland with a household becoming homeless every 16 minutes. Local authorities are struggling to meet their statutory duties due to a variety of complex reasons, but predominately due to affordable housing supply and demand issues. [Homelessness statistics in Scotland - Shelter Scotland](#).

The impacts of homelessness are wide-ranging including difficulty finding work, staying healthy and maintaining relationships with long term effects on individual health and wellbeing. It can also cause feelings of isolation, leading to problems of substance use and mental health problems, which in turn can put pressures on health and care services.

In 2024/25, across the HSCP, 1,327 households presented as homeless in 2024/25 which is an increase of 8% since 2023/24. Clackmannanshire has experienced a significant increase of 29% while Stirling has experienced an 11% increase. (Source: Scottish Government Homeless Statistics 2024/25).

Local Authority	2020-21	2021-22	2022-23	2023-24	2024-25	Change 23-24 to 24-25 Number	Change 23-24 to 24-25 %
Scotland	34,369	35,789	39,302	41,054	40,688	-366	-1%
Clackmannanshire	501	551	593	616	647	31	5%
Stirling	615	580	584	606	680	74	12%
HSCP	1,116	1,131	1,177	1,222	1,327	105	8%

The number of live homeless cases where both Councils have a duty to provide permanent accommodation as end of March 2025 was 912. This has reduced by 7% since 2023/24 and was predominantly due to the number of live homeless cases reducing by 5% in Stirling while in Clackmannanshire live cases increased by 12%.

The number of households assessed as homeless or threatened with homelessness with at least one identified support need was 400 households in 2024/25 which means that 40% of households assessed as homeless or threatened with homeless have a support need in 2024/25. While there has been a reduction in the number of households with support needs in Stirling, Stirling's 2025 RRTP update identified this is likely due to a recording issue rather than an actual reduction, and work to rectify this has been carried out.

Local Authority	2020-21	2021-22	2022-23	2023-24	2024-25	% 5 Year Change
Scotland	14,427	15,349	16,614	17,139	17,224	19%
Clackmannanshire	179	200	195	182	223	25%
Stirling	221	211	207	201	177	-20%
HSCP	400	411	402	383	400	0%

Analysis of local homeless data by age band provided by Clackmannanshire Council and Stirling Council in November 2024 show that the majority of people presenting as homeless across the HSCP are in the 26-59 year age group (66%) followed by the 18-25 years (25%). Although the proportion of older people households seeking assistance is relatively small in comparison (6%), the 10 year and 5-year percentage increase are significant (185% and 40% respectively).

Clacks and Stirling	2014/2015	2019/2020	2023/24	% Increase in last 10 years	% Increase in last 5 years	% of Total 2023/24
16 - 17	46	52	41	-11%	-21%	3%
18 - 25	292	327	301	3%	-8%	25%
26 - 59	516	837	803	56%	-4%	66%
60+	26	53	74	185%	40%	6%
All	880	1269	1219	39%	-4%	100%

It is also worthwhile noting that 14 households presented as homelessness in 2023/24 due to being delayed in hospital. While 8 households were living in supported accommodation. There are also a small proportion of households who are either long term roofless or long-term sofa surfing (9 and 24 household respectively) which will have health and wellbeing implications for these individuals.

Local authorities assess the priority of households due to a range of specialist needs detailed in the table below. Analysis of local homeless data shows that the highest priority reason in 2023/24 is mental health (28%) which has increased by 224% since 2014/15. Households with a member who are vulnerable due a physical disability and chronic health have also increase significantly between 2014/15 an 2023/24 by 217% and 109% respectively

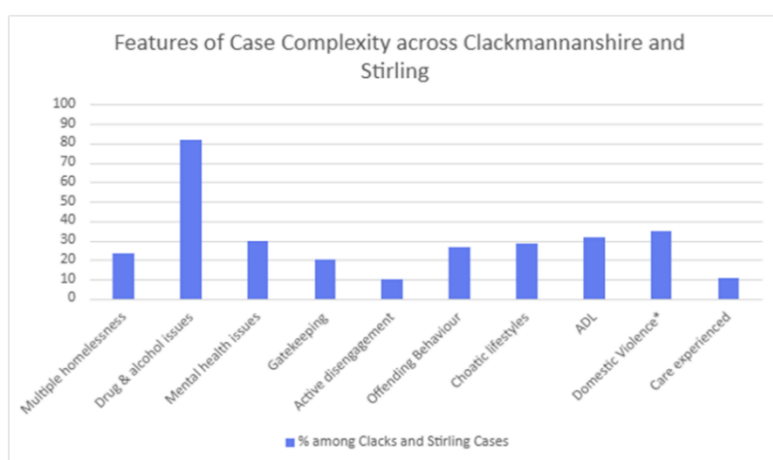
Clacks and Stirling Households assessed with a Priority	2014/2015	2023/2024	% increase in last 10yrs	% of Priority Reason
Dependent children	194	223	15%	27%
Member pregnant	34	23	-32%	3%
Member vulnerable because of old age	11	14	27%	2%
Member vulnerable because of mental illness or personality disorder	71	230	224%	28%
Member vulnerable because of learning disability	16	15	-6%	2%
Member vulnerable because of physical disability	18	57	217%	7%
Member vulnerable because of chronic ill health	23	48	109%	6%
Young person(s) under the age of 21 previously looked after	16	15	-6%	2%
Young person(s) aged 16-17 years old	28	19	-32%	2%
Young person(s) under the age of 21 and at risk	7	9	29%	1%
Fleeing domestic violence or abuse	87	92	6%	11%
Fleeing non-domestic violence outside the household]	16	19	19%	2%
Fleeing discriminatory harassment	5	16	220%	2%
Contains a woman who has had a miscarriage, or an abortion	3	2	-33%	0%
Member discharged from armed forces, hospital or prison	48	36	-25%	4%
as a result of an emergency (fire, flood, storm etc.)	3	3	0%	0%
Vulnerable for other special reasons	21	7	-67%	1%

The number of households in homeless temporary accommodation across the HSCP as of 31 March 2025 was 462. This is a decrease from 482 (-4%) since 31<sup>st</sup> March 2024. This is due to a reduction in the number of households in temporary accommodation in Stirling by 8%, while Clackmannanshire experienced an increase of 6%.

Data provided by local authorities to the Scottish Government on the number of homeless households entering and exiting homeless temporary accommodation as well as length of time spent in temporary accommodation provides insight into challenges local authorities are facing in providing permanent housing outcomes. In 2024/25 732 households entered temporary accommodation across the HSCP which is 8% (27 households) more than households that exited. Across the HSCP households spent an average of average of 185 days in temporary accommodation in Clackmannanshire and 238 days in Stirling.

Collaboration work with both Council’s housing services and RSLs has recently been undertaken to understand the complexity of challenges in the provision of permanent accommodation to households who are unable to sustain a mainstream housing, including households who cannot sustain a tenancy with a Housing First service. The study found that across the HSCP, there are approximately 60 homeless applicants with complex needs while work undertaken with Paragon, Forth and Rural Stirling HA indicated 64 tenants with complex needs.

Further collaboration work is required to be undertaken by the HSCP and both local authorities and housing providers to quantify the accommodation needs and commissioned care and support services for people who are unable to sustain permanent accommodation. This work would align with Strirling Council’s RRTP taking into account the findings of the Scottish Government Supported Accommodation Task and Finish Group report published in June 2024



The graph illustrates the different factors identified across people with complex cases by Clackmannanshire and Stirling Housing. ‘ADL’ is ‘activities of daily living’, typically those which allow person to maintain a tenancy independently, while ‘gatekeeping’ is a person’s ability to manage who comes to their home and what happens within it.

Only drug and alcohol issues were an identified feature of most cases (>80%), with an otherwise wide range of issues recognised in people’s lives. Domestic violence was only reported among women, and so this bar shows 35% of these women’s cases rather than the overall cohort. Key findings from the study include:

- Around 1/3<sup>rd</sup> of people were identified as struggling with Mental Health
- 30% were identified as having ‘chaotic lifestyles with a quarter with offending behaviour, one third struggling with Activities of Daily Living (ADL), one quarter having repeat homeless presentations and one fifth struggling to secure their own home (gatekeeping)

These findings suggest that substance use and mental health issues, together with interpersonal relationships, are key factors in the lives of people with complex needs. Other findings suggests that a quarter of people in this group had exhibited offending behaviour with only 10% having actively disengaged from services. Feedback from staff and supported people highlights the volatile nature of problems in people’s lives and the continuous, unpredictable changes. Effective support needs to be individualised and rooted in consistent relationships and responsive multiagency input.

## 6. Current Provision of Specialist Housing

The majority of provision of specialist housing with design and other additional features, to support independent living is provided by the social rented sector. Evidence provided through the HNDA

along with local data as part of the best value review of support accommodation has helped to inform current provision. The table below provides a definition of specialist housing provision.

Specialist Housing Type	Explanation of Provision
Accessible housing	housing which has been purpose-built (or refurbished) to an accessible standard, with a barrier-free design and layout that enables households with mobility impairments to live independently and should be sufficiently flexible to meet current and changing needs and easily adaptable to accommodate aids, equipment, and minor alterations
Adapted housing	housing that wasn't built to be accessible but has been changed to suit a person's needs. Adaptations are changes or addition such as a ramp, level-access shower, wider doors, grab rails, or easy-to-use controls that make the home safer and easier to live in.
Wheelchair Housing	housing built or adapted to be suitable for people who use a wheelchair which includes extra floor space to enable turning, whole house heating, and special features in the bathroom and kitchen.
Ambulant disabled housing	housing for people with mobility issues and disabilities, but who are not wheelchair users. This type of housing normally has a level or ramped entrance and a bathroom on the ground floor.
Sheltered/Retirement Housing	housing for older people with a warden service, and/or an emergency call service connecting each home to the warden
Very Sheltered/Extra Care Housing	housing for older people offering a higher level of support, and may include on-site assistance and meals, catering to individuals, with some offering provision from a dedicated on-site care and support staff team.
Supported Housing	Housing provided alongside care and support to help individuals live independently in the community. It is designed for those who require assistance with daily living tasks and may face challenges such as mental health issues, learning disability, physical disabilities or homelessness.
Amenity Housing	housing designed for older people, normally with level or ramped access, which might also have other adaptations such as grab rails or wet floor showers
Housing First Tenancies	Refers to a model aimed at ending homelessness to people with complex needs by providing permanent housing with tailored housing support for individuals with complex needs. This approach emphasises that everyone has a right to safe and stable home.

Specialist housing accounts for 16% of the total social stock across Clackmannanshire and Stirling, which is similar to the national sector average of 17%. Most of the specialist stock is owned by Stirling Council (32%) and Clackmannanshire Council (29%). (Source SHR 2024/25)

Social Rented Stock	General Needs	Specialist	Total	% of Specialist Provision
Clackmannanshire Council	4620	448	5068	20%
Clackmannanshire RSLs	1740	642	2382	29%
Stirling Council	5380	710	6090	32%
Stirling RSLs	2032	419	2451	19%
Total across the HSCP	13772	2219	15991	100%

Analysis by specialist housing type shows that ambulant disabled provision makes up the largest proportion of specialist housing at 41% with the majority owned by Stirling Council. RSLs provide the majority of housing for older people (sheltered housing/retirement housing and extra care housing)

with Stirling Council owning one development at Kelly Court located in Stirling town center while Clackmannanshire Council own none. Very sheltered/extra care housing accounts for only 2% and furthermore there is only one extra care housing development across the HSCP located at West Lodge Gardens in Alloa.

Social Rented Stock 2024/25 Clackmannanshire and	Sheltered/Retirement Housing	Very sheltered/Extra Care Housing	Amenity housing	Community alarm	Wheelchair housing	Ambulant disabled	Other specially adapted
Clackmannanshire Council	0	0	0	296	7	142	3
Clackmannanshire RSLs	84	38	364	0	56	100	0
Stirling Council	26	0	0	0	87	597	0
Stirling RSLs	192	0	79	0	84	64	0
Total	302	38	443	296	234	903	3
% of Total	14%	2%	20%	13%	11%	41%	0%

The provision of supported accommodation to meet the needs of people with learning disabilities and mental health living in the area is provided by both the social rented sector and private rented sector.

As of June 2025, there were 154 supported living tenancies for learning disabilities across the HSCP with 24/7 on site care and support with 102 based in Stirling and 52 based in Clackmannanshire. Tenants living in this accommodation, in most cases, have their care provided by the same care provider as the other tenants living in the accommodation (although based on an individual assessment of need).

Supported Housing Provision	Clackmannanshire	Stirling	Total	% of Total
Learning Disability	52	102	154	83%
Mental Health	16	16	32	17%
Total	68	118	186	100%

There are also 32 supported accommodation tenancies for people with mental health conditions, with 24/7 onsite staff provision across the HSCP area. 16 are located in Stirling and 16 are currently being built in Clackmannanshire to replace Gaberston House and due to complete in Spring 2026.

## 7. Care and Support for Independent Living

### 7.1 Social Care Service Provision

According to Public Health Scotland, Insights in Social Care: Statistic for Scotland, in 2023/24 there were 6,390 people of all ages supported by social care services across Clackmannanshire (2,635 people) and Stirling (3,760 people). This is a decrease of 3% since 2017/18 compared to a national increase of 3%. The services and support include care at home, care home, meals, community alarms, telecare, housing support, social worker and day care. [Public Health Scotland Insights in Social Care Statistics 2023/24](#)

Of those receiving a social care service in 2023/24 the greatest majority 48% are receiving a community alarm/telecare service (48%) which is 6% higher than the national position (42%). 36% are receiving care at home, which is similar to the national position while 14% are residing in a care home which is 4% lower than the national position of 18%.

Service Group 2023/24	Clackmannanshire	Stirling	Clacks & Stirling	Clacks & Stirling % of Total
Care Home	480	755	1235	14%
Care at Home	1235	1865	3100	36%
Community Alarms / Telecare	1835	2285	4120	48%
Day Care	40	100	140	2%
Meals	0	40	40	0%

Of those receiving a social care service in 2023/24, the greatest majority are frail elderly (35%) followed by people with a physical and sensory disability (30%). 365 are individuals with a learning disability and 330 are people with a mental health condition. [Public Health Scotland Insights in Social Care Statistics 2023/24](#)

People Supported by Care at Home Services by Social Care Client Group 2023/24	Dementia	Elderly/Frail	Learning Disabilities	Mental Health	Physical and Sensory Disability	Other
Clackmannanshire	170	360	140	140	825	145
Stirling	300	1230	225	190	570	280
Clacks and Stirling HSCP	470	1590	365	330	1395	425
% of Total Clacks and Stirling HSCP	10%	35%	8%	7%	30%	9%
Scotland	7270	55190	6565	7290	32525	15,835
% of Total Scotland	6%	42%	5%	6%	25%	12%

## 7.2 Adaptations

Analysis of data provided by both Councils and RSLs in 2024, collated as part of the HSCP Review of Adaptations provides insight to the number, cost and types of adaptations across housing tenures.

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

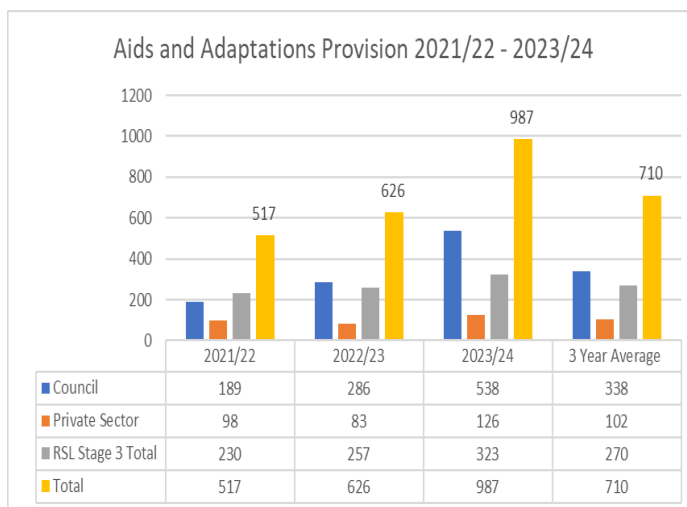
Tenure	Number of Adaptations 2023/24	% of Provision 2023/24	Spend on Provision	% of Total Spend
Clackmannanshire Council Housing	271	28%	£773,544	32%
Stirling Council Housing	267	28%	£440,160	18%
Clackmannanshire Private Sector	21*	2%	£100,310	4%
Stirling Private Sector	83*	9%	£563,712	23%
Housing Association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

- the figures above for private sector adaptations undertaken across Clackmannanshire & Stirling exclude minor adaptations and are for grants processed only.

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

To assist households with the provision of minor and major adaptations in the private sector, Stirling Council operate a Care and Repair service. The Care and Repair service in Clackmannanshire was previously provided by a local housing association and is no longer in place.

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



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

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

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

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

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

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

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

Work is underway as part of the Adaptations Review Delivery Plan 2025/26 to understand the current bottlenecks in the adaptations process from point of referral, including delays due to OT assessment process

### 7.3 Technology Enabled Care

Technology Enabled Care allows people to live safer and independent lives by reducing the risks of falls and vulnerable situations through technology and equipment such as community alarms and telecare package.

A community alarm is a form of equipment for communication, especially useful as an alert should the user have an incident where they require to call for help quickly. Typically, it includes a button/pull cord/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder. It can be used within an individual's own home or as part of a communal system.

Telecare refers to a technology package which goes over and above the basic community alarm. It is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle using information and communication technology. Using annual data submitted and collated by Public Health Scotland, analysis can be undertaken on the extent and type of provision.

Across the HSCP there are 4,120 people receiving a community alarm and/or telecare service in 2023/24 which represents approximately 1% of the population. There is a higher rate per 1,000 population with a community alarm and/or telecare service than Scotland (24) which is due to Clackmannanshire having a significantly higher rate (35.3) while Stirling has a similar rate (24.2). (Source: [Public Health Scotland Technology Enabled Care 2023/24](#))

Receiving Community Alarms and/or Telecare 2023/24	Scotland (Estimated)	Clackmannanshire	Stirling	Clacks and Stirling
Number of People	131560	1835	2285	4120
Rate per 1,000 Population	24	35.3	24.4	

The majority of the provision across the HSCP is community alarm only (76%) which is higher than the national position (62%) while people receiving both is slightly lower (21%) than the national position (23%). However, this is due to the lower rate of people receiving both services in Stirling (10%) while Clackmannanshire is significantly higher than the national position at 36%. The number

of people receiving only telecare across the HSCP is 2% (90 people) and is considerably lower than the national position of 15%.

Community and Telecare Alarm 2023/24	Scotland (Estimated)	Clackmannanshire	Stirling	Clacks and Stirling
Receiving both Community Alarm and Telecare	23%	36%	10%	21%
Receiving Telecare Only	15%	2%	2%	2%
Receiving Community Alarm Only	62%	62%	88%	76%

Given the significant development in telecare over the past 20 years and the positive outcomes it can have for people to live independently, there is a need to understand the current position, particularly in the Stirling area and how telecare can support an aging population.

### 7.3 Delayed Discharges

Delayed hospital discharges have a significant impact on individuals' health and wellbeing and local NHS services as well as wider implications for housing and homelessness services. They should be understood as a shared strategic challenge, rather than solely a health service issue.

In 2024/25 there were 380 adult delayed discharges for all reasons to home or placement across the HSCP. 129 of these were in Clackmannanshire and 257 were in Stirling representing 2% of all delayed discharges nationally. Forth Valley NHS and the HSCP have made progress in the reduction of delayed discharges since before the pandemic when there were 531 delayed discharges in 2019/20 representing a reduction of 28% which is higher than the national reduction of almost 20%. (Source: [Public Health Scotland Delayed Discharges in NHS March 2025](#))

The total number of delayed discharge bed days across the HSCP in 2024/25 was 19,792 with the average daily beds occupied being 21 days for Clackmannanshire patients and 34 days for Stirling patients. The Stirling area has a higher percentage of people over the age of 75 years delayed in hospital at 72% than the national position of 66%, while Clackmannanshire is lower at 57%.

Delayed discharge bed days by age group 2024/25	Scotland	Clacks	Stirling
Delayed discharge bed days age 18+	720,119	7,549	12,243
Average daily number of beds occupied by delayed discharges	1,973	21	34
Delayed discharge bed days age 18 to 74	245,966	3,239	3,434
Percentage of total	34%	43%	28%
Delayed discharge bed days age 75+	474,153	4,310	8,809
Percentage of total	66%	57%	72%

There are a range of reasons, often complex and interrelated, for people being delayed in hospital. Data collated by Public Health Scotland on the 'principal delay reason' across Scotland shows that the largest majority of delayed discharges as of November 2024 are due to awaiting care arrangements in order to return to home (31%) followed by awaiting a place in a nursing home (23%)

Principal reasons for delays also include housing related reasons such as awaiting equipment and adaptations and then need for re-housing. Often the delay is due to lack of suitable housing or support and often reflects underlying shortages in accessible, affordable and supported accommodation. Between January 2018 and January 2025 there have been 66 delayed charge cases across the HSCP where the principal reason for delay is a housing related issue. This is on average 9 cases per annum with trend analysis showing an increase in cases in the last couple of years.

Area	2018	2019	2020	2021	2022	2023	2024	Total	% of Total
Clacks	4	3	4	4	2	0	6	23	35%
Stirling	0	11	1	1	4	14	12	43	65%
HSCP	4	14	5	5	6	14	18	66	

Although these account for a smaller proportion of reasons national and local policy drive is to eliminate delayed discharges due to the impact on individuals and service delivery in hospitals, therefore housing strategies should reflect housing's contribution in reducing delayed discharges and put in place policies which enable people to return homes as quickly as possible.

#### 7.4 Housing Support

Housing support refers to a wide range of services designed to help people live as independently as possible in their own homes or in temporary/supported accommodation. These services are registered with the Care Inspectorate and are aimed at people who need practical help to maintain a tenancy, stay safe and manage day-to-day living and can be commissioned by the HSCP as part of package of care and support or provided without a package of care and delivered in the main by homeless services to prevent homelessness and enable tenancy sustainment.

It is difficult to quantify the amount of housing support delivered which has been commissioned as part of care and support packages, however monitoring information provided by Stirling Council and Clackmannanshire Council on all SSSC registered staff providing housing support, gives an understanding of current provision.

Stirling Council's Housing Support Service is divided into two main areas:

1. Tenant Services – delivering support to mainstream tenants as and when required. Working with community safety partners, the service enforces tenancy conditions relating to estate management and neighbour nuisance, resolves neighbour disputes, and arranges or provides tenancy support where needed. The service provides enhanced, pre-planned support to tenants subject to Short Scottish Secure Tenancies and those subject to an Anti-Social Behaviour Contract. It also delivers support to older people living in sheltered housing developments, enabling them to live independently.
2. Homeless Services – delivering support, temporary accommodation, and aftercare resettlement support.

An annual review of the support provided by Stirling Council's housing teams during 2025/26 found that, over the course of a single week, staff delivered 290 hours of support to 484 service users in its aim of providing high-quality, affordable, warm, and well-managed homes, along with well-maintained, safe neighbourhoods that meet people's needs.

Similarly, Clackmannanshire Council Housing Support service provides support to mainstream tenants and to homeless households. In 2025/26 the service delivered approximately 2,900 hours to 125 service users.

#### 7.5 Young People and Looked After Children

Although service provision for young people and looked after children is not a delegated function of Clackmannanshire and Stirling IJB, there is a need to consider the transitions arrangements, including the housing needs, of people when they leave Children and Families services.

In Scotland, local authorities have a legal duty to provide advice and assistance to young people who have ceased to be looked after on or after their 16<sup>th</sup> birthday. The Children (Scotland) Act 1995 and

subsequent amendments set out the duties, ensuring that care leavers receive the necessary support and housing options to transition successfully to adulthood.

*Staying Put Scotland* was published by the Scottish Government in 2013 to support looked after children and young people to remain in care (residential, foster and kinship), as part of a staged transition towards adulthood and greater independence. This guidance played an important role in the shift away from a culture of young people in care being expected to leave home at 16. The guidance pre-dates the Children and Young People (Scotland) 2014 Act which introduced the right to Continuing Care up to the age of 21 and enhanced the right to aftercare up to 26 alongside other key developments, such as The Promise and the incorporation of the UNCRC into Scots law.

While culture and practice have moved on significantly, the wider principles of supporting and encouraging young people to remain in positive care settings until they are ready to move on are still relevant today.

The Children (Care, Care Experience and Service Planning) (Scotland) Bill is currently progressing through parliament and is part of the Scottish Government's commitment to implement recommendations of the Independent Care Review (also referred to as The Promise) by 2030. The Bill has proposed to create a new legal duty for local authorities to accommodate children aged 16 and 17 where they are homeless or living in accommodation that is not suitable for their welfare needs.

Staying Put Scotland is positive for young people and Continuing Care is well embedded across both Clackmannanshire and Stirling services with children and young people staying in care placements for longer, and achieving better outcomes. However, this, coupled with significant national challenges in recruiting new foster carers, and the high demand for social rented housing, means there are pressures on identifying suitable accommodation for looked after children and young people.

Clackmannanshire Council and Stirling Council both have arrangements in place between Housing Services and Children and Families Service to ensure successful outcomes for young people are delivered with planning in place to prevent homelessness.

In Stirling, Looked After and Accommodated Children leaving the local authorities care are prioritised for rehousing through the Strategic Needs Allocation Group under the Housing Allocation Policy. Support and housing pathways for individuals are discussed at the Youth Housing Liaison Group, which comprises housing and social work officers.

Since 2020/21, 41 care leavers have been rehoused by Stirling Council, with 93% of those tenancies being sustained for at least 12 months (compared with a sustainment rate of 91% among all council tenants in 2024/25). Engagement with the Stirling Champs Group on their experience of the process has identified several service improvements, including:

- establishing a dedicated point of contact within the housing team;
- developing a housing guide specifically for care leavers, and
- ensuring consistent, proactive communication at each stage of the pathway.

The Care Leavers Protocol which sets out how Stirling Council support care leavers with requirement to provide adequate housing options for young people will be reviewed to incorporate these findings, and will be an action in Stirling's 2026-2031 LHS.

Clackmannanshire Council Housing Team support Young People leaving care through placing their application for council housing at the highest priority level. The Council Housing Team work closely with social workers from Children and Families to try and ensure a planned move from the care placement into a tenancy, and to avoid homelessness as much as possible.

Discussions with both local authorities Children and Families Services has highlighted a number of issues in relation to the housing contribution statement:

- There is a universal need to support young people, as it is not just those who are looked after who need support;
- Young people also have complex needs due to the trauma they have experienced with many are feeling social isolation, therefore they need to be able to access to a wide range of services;
- Some young people with health and social care needs do not meet the eligibility criteria for adult care and support services and therefore there is a gap in ongoing support to enable successful transition to independent living. This includes young people with mental health conditions, learning disabilities and autism;
- Both local authorities fed back that there was a need for more provision of supported accommodation (temporary and permanent) to meet the needs of young people as they transition to adult services, and
- Increasing demand pressures on Children and Families resources which have expanded to take on additional services, including the National Transfer Scheme for unaccompanied children and young people seeking asylum.

## 8. Evidence of Need for Specialist Housing

Indicators of the existing need and future demand for specialist housing provision used to inform the new HNDAs refreshed LHSs as well as the Stirling RRTP, have provided the shared evidence base for the new HCS. Overall, the evidence clearly demonstrates that the existing need for specialist housing is likely to grow given the projected increase in households between 2018 – 2043 fueled by increase in smaller households fueled by rapidly growing older population across the HSCP.

### 8.1 Accessible and wheelchair housing

Clackmannanshire HNDA and Stirling HNDA/LHS Accessible and Wheelchair Housing– Key Findings	
Accessible and wheelchair Housing Key Findings	Evidence Base
<ol style="list-style-type: none"> <li>1. There is a shortfall in the provision of accessible and adapted housing across the social rented sector, with the number of households indicating a need for accessible housing far outweighing the yearly turnover rates of accessible and adapted properties.</li> <li>2. Partner RSL and HSCP stakeholders have indicated a need for accessible housing, with pressure highest for largest and smaller properties and the Rural Stirling HMA.</li> <li>3. There is a shortfall in the provision of wheelchair housing across the HSCP with the</li> </ol>	<ul style="list-style-type: none"> <li>• As of November 2024, there were 457 applicants on Clackmannanshire Council’s housing waiting list with assessed medical need (17% of all applicants).</li> <li>• As of November 2025, 1 out of 7 Stirling Council housing applicants may require specialist housing with 14% having medium to high medical points and/or require wheelchair housing.</li> <li>• In 2023/24, there was a turnover of 39 ambulant disabled/amenity properties across all social landlords in Clackmannanshire.</li> <li>• According to Clackmannanshire CHR and Stirling Council Housing List there are a total of 37 and 28</li> </ul>

<p>number of households indicating a need for provision outweighing the number available.</p> <p>4. Using the methodology established by CIH and Horizon Housing, in 2018 there was an estimate 280 wheelchair-user households with unmet housing need across the HSCP.</p>	<p>households respectively with an identified need for wheelchair-adapted housing. For Stirling, this is equivalent to 7 applicants to every house that becomes available and only 1 wheelchair tenancy becoming available in Clackmannanshire in 2023/24.</p>
---	--

## 8.2 Adaptations and Telecare

Clackmannanshire HNDA and Stirling HNDA/LHS Adaptations and Telecare– Key Findings	
Disabled Adaptations and Telecare	Evidence Base
<ol style="list-style-type: none"> <li>1. Due to the HSCP’s rapidly ageing population and increase in the number of physical disabilities, it is likely that the need for disabled adaptations will continue increasing.</li> <li>2. Given the significant development in telecare over the past 20 years and the positive outcomes it can have for people to live independently, there is a need to understand the current local position and how telecare can support an aging population.</li> </ol>	<ul style="list-style-type: none"> <li>• In 2022, 3% of all households across Clackmannanshire and 18% across Stirling require disabled adaptations.</li> <li>• From 2021/22 to 2023/24 there has been a year-on-year increase in the provision of adaptations across the HSCP</li> <li>• The majority of the community alarm/telecare provision across the HSCP (4,120 people in 2023/24) is community alarm only (76%) while people receiving both is lower (21%) than the national position (23%). The number receiving only telecare is 2% (90 people) and is considerably lower than the national position 15%.</li> </ul>

## 8.3 Supported Housing

Clackmannanshire HNDA and Stirling HNDA/LHS Supported Housing– Key Findings	
Housing for Older Adults	Evidence Base
<ol style="list-style-type: none"> <li>1. There is a need to understand the design requirements for new build housing across all tenure to meet the needs of people as they age or needs changes to help them remain at home</li> <li>2. Engagement with service users and local groups is required to gain insight into older adults housing options preferences</li> <li>3. Need to review the current provision of supported housing provision for supported housing across the partnership to understand if it is meeting needs and any changes required to provision</li> <li>4. Undertake research to explore support housing models for older people across the HSCP including outlining the business case for housing models as an alternative to care homes</li> </ol>	<ul style="list-style-type: none"> <li>• Expected growth in the scale of need of provision due to increase in 75 years + age group which is likely to mean more complex needs.</li> <li>• Some current provision no longer aligns with needs and expectations with this being reflected in low demand e.g. bed sits and location</li> <li>• Waiting list and turnover data for sheltered/retirement housing suggests that the demand exceeds the current availability of stock, with 146 housing applicants waiting for retirement/sheltered housing as of September 2024 across Clackmannanshire, compared to a turnover of 20 retirement/sheltered units in 2023/24</li> <li>• Sheltered housing was widely acknowledged and valued for supporting independent living, but clients felt that Clackmannanshire lacked sufficient sheltered housing as well as other alternative models of housing to meet the needs</li> </ul>

5. Explore further in-situ solutions which enable people to remain living at home as their needs change.	of older people with only one extra care housing provision across the HSCP, which is relatively low given the rapidly aging population
--	--

<b>Housing for Learning Disabilities &amp; Mental Health</b>	<b>Evidence Base</b>
<ol style="list-style-type: none"> <li>1. There is a need to explore alternative types of supported accommodation to meet the needs of different client groups, and in particular, individuals with complex learning difficulties.</li> <li>2. This includes considerations for ‘core and cluster’ model of care or bespoke housing villages.</li> <li>3. Work needs to be undertaken to quantify the number of individuals who would be benefiting from the provision of bespoke housing solutions as well as establishing a clear pathway for funding to do so.</li> </ol>	<ul style="list-style-type: none"> <li>• Expected growth in the scale of need of provision due to increase in 75 and over age group and likely to mean more complex needs with projected increase of 20% in dementia</li> <li>• Some current provision no longer aligns with needs and expectations such as the use of Houses in Multiple Occupation</li> <li>• Gap in the provision of specialist housing for clients with complex need (learning disabilities and autism) evidenced by significant delayed hospital discharges and out-of-area placements.</li> </ul>

#### 8.4 Homelessness

Clackmannanshire HNSA and Stirling HNSA/RRTP Homelessness– Key Findings	
<b>Homelessness</b>	<b>Evidence Base</b>
<ol style="list-style-type: none"> <li>1. Work required to understand the increase in older people presenting as homeless to identify if gaps in specialist housing options.</li> <li>2. Consider the needs of households with multiple and complex needs who may struggle to sustain their accommodation and cycle in-and-out of temporary placements.</li> <li>3. Housing and HSCP need to identify actions to support households that are threatened with homelessness/homeless through the mental health and wellbeing commissioning plan</li> <li>4. Work is currently being undertaken by the HSCP to address the gap in the provision of services and explore effective outreach drug and alcohol programmes which would enable more effective sustainment of tenancies.</li> <li>5. The Ask and Act Duty which is part of the Housing (Scotland) Act 2025) is anticipated to come into effect in 2027. There is a need to map out homeless prevention pathways with a range of public bodies including NHS Forth Valley HSCP, Police Scotland and housing associations</li> </ol>	<ul style="list-style-type: none"> <li>• In 2024/25, across the HSCP, 1,327 households presented as homeless in 2024/25 which is an increase of 8% since 2023/24. Clackmannanshire has experienced a significant increase of 29% while Stirling has experienced an 11% increase.</li> <li>• In terms of HSCP services over the last 5 years there has been an increase from older households and households who are vulnerable due to physical or mental health.</li> <li>• Significant number of households presenting as homeless (approximately a third) have at least one identified support need (e.g. mental health Learning disability, physical disability, medical condition, substance use)</li> <li>• Evidence from discussion with key stakeholders suggests there is a lack of effective outreach support to assist individuals with multiple and/or complex needs</li> </ul>

## 9. Consultation on shared evidence base

The evidence base for the joint HCS priorities has been shaped and validated through an extensive range of consultation approaches with stakeholders and service users. The table below provides an overview of the consultation which has informed the shared evidenced base to shape the HCS outcomes and to ensure alignment of strategic priorities across housing, health and social care.

Event	Stakeholders	Date
Clackmannanshire HNDA Specialist Housing	Local social landlords, HSCP, Clackmannanshire Tenants and Residents Federation, third sector	13 March 2025
Alzheimer's Scotland	Service users with lived experience	18 March 2025
Older Adults Forum	Service users with lived experience	28 March 2025
Stirling Council HNDA Household Survey	Local households and service users	Autum 2025
Stirling Council LHS Consultation	Local households, community groups and service users	Summer 2025
Stirling Council HNDA Specialist Housing Stakeholder Event	HSCP	7 January 2026
HCS Engagement	Stirling Tenants Assembly	18 February 2026
HCS Engagement	Sauchie Community Group	23 February 2026
HCS Engagement	Clackmannanshire Older Adults Forum	26 February 2026
HCS Engagement	Clackmannanshire Tenants and Residents Federation	25 February 2026
HCS Engagement	Stirling CAB	25 February 2026
HCS Engagement	Stirling Council Children and Families and Education Services	17 and 24 February 2026
HCS Engagement	Clackmannanshire Council Children and Families	17 February 2026

The consultation events with both key stakeholders, residents and tenants have enabled key themes to emerge which have helped to form the key priorities and outcomes of housing's contribution to health and social care outcomes along with the challenges in delivering them.

### 9.1 Clackmannanshire HNDA Stakeholder Feedback (March 2025)

Key Theme	Engagement Evidence	Challenges
Need for affordable accessible housing	There is a pronounced need for accessible housing, and smaller 1-bedroom housing units, which could accommodate the needs of households with disabilities.  However, some social landlords across the HSCP area have	There is a lack of information on households requiring accessible and adapted housing by tenure type and in particular a lack of information on the needs for adapted housing and in-situ solutions for owner occupiers as well as the private rented sector.

	allocation policies which don't allow single people to be allocated 2 bed homes.	Financial constraints faced by social landlords act as a barrier to delivery. High costs associated with the delivery and lack of appropriate and timely funding from the Scottish Government contribute to the issue.
Supported Housing for Older Adults and People with complex needs	<p>There is a need to consider alternative housing models to address the unmet housing needs, including 'core and cluster' model or bespoke 'villages' for older adults as their needs change.</p> <p>There is a significant gap in the provision of specialist housing, and in particular for clients with learning disabilities, as evidenced by delayed hospital discharges and out-of-area hospital placements due to multiple and complex needs.</p>	Difficulties in quantifying the number of individuals benefiting from the provision of bespoke housing as well as establishing a clear pathway for funding.
Adaptations and Care and Support	<p>Property adaptations were highlighted as necessary to meet increasing demand and to support independent living and reduce need for health and care services</p> <p>There is a need to future-proof the provision of care and support services to ensure that the system can cope with the increasing demands as reflected by the rapidly ageing population, increase in disabilities and health conditions</p>	Highlighted difficulties with funding arrangements and waiting lists of OT assessment and administration of private sector housing grants
Private sector delivery of wheelchair and accessible housing	It is vital to engage with private sector developers to facilitate the delivery of affordable accessible housing, and understand the challenges that they face in delivering accessible and wheelchair-accessible housing to meet current needs and demand	Need to understand the challenges private sector developers face in delivering accessible and wheelchair-accessible housing to meet current needs and demand
Homeless Households	<p>The current system does not meet the needs of individuals with complex needs who repeatedly present as homeless with lack of effective outreach support and limited access to services.</p> <p>There is a need for more proactive, preventative and early intervention</p>	<p>Permanent accommodation may not be appropriate for some individuals who cycle in-and-out of accommodation and who may find it difficult to sustain permanent tenancies.</p> <p>Funding challenges in the provision of temporary</p>

	<p>approach to enable effective support, such wraparound support services, employment of residential managed alcohol programmes and introduction of homelessness prevention officers and recovery support workers within the available concierge units</p>	<p>accommodation and the delivery of wrap around care and support services alongside services to support learning about tenancy sustainment and independent living but funding developments can also be challenging</p>
--	--	---

## 9.2 Alzheimer’s Scotland and Clackmannanshire Older Adults Forum (February 2025)

Key Theme	Engagement Evidence
Care to be delivered at home	<p>Most participants expressed a strong desire to remain in their homes and communities for as long as possible citing emotional and community ties, strong support networks, and financial considerations as key factors.</p> <p>However, when discussing the potential need to move to more suitable housing in the future, concerns were raised about the difficulty of securing appropriate accommodation.</p> <p>Although it was recognised that there has been a policy shift at both national and local levels which aims to promote independent living and remaining at home for as long as possible, there was a perception that funding and support for property adaptations were inadequate.</p>
Care and support at home	<p>Participants emphasised the importance of appropriate services in enabling older individuals to remain in their homes for as long as possible. Concerns were raised about the availability and accessibility of such services, particularly in relation to meeting the future needs to support independent living.</p> <p>A recurring issue was the inadequate provision of social services to meet the needs of older people. Budgetary constraints and a lack of resources were seen as key factors behind reduced service levels, staffing shortages, long waiting times for assessments, and a lack of clarity on available support.</p>
Lack of access to other services to enable independent living	<p>However, participants noted significant challenges in accessing transport services, particularly NHS Patient Transport and Dial-a-Journey, with restrictions on journeys out with Clackmannanshire Council area making it difficult for older individuals to attend medical appointments and access essential services.</p>
Accessible and Dementia friendly housing in the community	<p>The availability of accessible housing was a significant concern. Significant gaps in a lack of suitable dementia-friendly housing were noted. The shortage of suitable housing and the importance of maintaining community ties were prominent concerns.</p>
Supported housing	<p>Assisted dementia-friendly living options, such as sheltered accommodation complexes, play a vital role in meeting people’s needs, yet more provisions should be made for individuals with dementia in new housing developments. Beyond physical accessibility, there was also recognition of the need for integrated community support services within these housing options.</p>
Technology /Adaptations	<p>The positive impact of assistive technologies such as the MECS system in enhancing the sense of safety and independence for individuals with dementia.</p>

	Participants highlighted long waiting times for occupational assessments for disabled adaptations with the rigid approach to current adaptations services prevents future proofing e.g. installing wet floor showers in anticipation of additional mobility and/or medical requirements is not covered unless the need is already evident.
Awareness and accessibility	A recurring concern was the lack of awareness and accessibility of post-diagnostic support services. Participants expressed frustration at the difficulty of obtaining information and assistance and without proper guidance, people can easily become lost in the system, making an already challenging situation even more difficult. It was recognised that third-sector organisations, play a crucial role in getting the right support at the right time, however, timely access to the necessary care and support services remains a significant issue.

### 9.3 Stirling LHS Households Survey Evidence Base

Stirling Council carried out public consultation from 2<sup>nd</sup> June to 28 July 2025 to inform its new Local Housing Strategy (2026-2031). There was a total of 619 responses, with the vast majority of these (96%) from residents and the remainder from organisations. In relation to specialist housing provision key themes emerged from the survey to help inform the new LHS and Housing Contribution Statement.

Theme	Survey Evidence
Disability and Long-term conditions	Respondents were asked if they or anyone in their household has a disability or long-term health condition. A significant portion ( <b>43%</b> ) of individuals (257 respondents) answered <b>Yes</b> to this question. This means nearly half of responding households include someone with a health condition or disability. This is a notable figure and likely higher than the general population percentage, suggesting that those with disabilities may have been especially motivated to respond (perhaps due to housing challenges they face). The high incidence underscores that accessible and adaptable housing, as well as support for independent living, are crucial aspects of the housing strategy.
Accessible and adaptable homes	About 27% of people who said they needed to move was due to their current homes no longer being suitable for their health needs. (for example, needing a ground-floor or adapted home).
Wheelchair housing	A specific question asked if anyone in the household is a wheelchair user. About 5% of respondents (32 households) said yes with 19 households having a member who uses a wheelchair outdoors only, and 13 households with someone who uses a wheelchair both indoors and outdoors (meaning the home itself must be fully accessible). This is a significant subset of households who require wheelchair accessible homes. 19 of the 32 households with a wheelchair user (59%) also stated their home was either not suitable, or they weren't sure if it was suitable for them.
Adaptations	47% of households surveyed to inform the priorities of the new LHS say they would prefer to stay in their homes with adaptations as they age.
Housing for older adults	The survey included a question on housing preferences in older age: "If your own home became unsuitable for you when you are older, what would be your preferred housing option?" The consultation suggests that ageing in place with support is the preferred long term housing option for most respondents. There is strong support for policies that

	<p>help people stay in their current homes and for development of more age-friendly housing.</p> <ul style="list-style-type: none"> <li>• The most popular option (chosen by 47% of respondents) was “Have adaptations carried out to my current home to allow me to remain there.”</li> <li>• The next most popular choices were various forms of specialist older people’s housing. 35% would consider moving to amenity housing and 21% would consider sheltered housing. There is clear interest in these dedicated older adult housing options – altogether more than half of respondents saw one or both of these as desirable if their current home no longer worked.</li> <li>• Living with family is a route some would take: about 18% chose “Live with a family member” as a preferred option if they could not stay in their own home. Culturally and personally, not everyone can or wants to move in with family, but a notable minority see that as their likely choice (or necessity) in old age.</li> <li>• Specialist supported accommodation for people with specific needs or disabilities, i.e. very sheltered or extra-care housing was selected by 8% of respondents. This smaller percentage reflects that not everyone foresees needing that level of support, but it still identifies a segment for whom such accommodation is crucial.</li> <li>• Only 5% of respondents said they would choose a care home as their preferred option.</li> <li>• many of the “other” comments described a ground-floor or one-level home as an ideal arrangement for older age, which aligns with choosing amenity housing or an adapted home.</li> </ul>
--	---

#### 9.4 Stirling HNDA Specialist Housing Provision Stakeholder Feedback

Theme	Survey Evidence
Accessible and adaptable homes	Although agreed that there was a need for more new build accessible housing to meet demands of aging population and reduce the need to retrospectively fit adaptations the household estimates of potential need for accessible housing were questioned. These were derived from a mix of Scottish Household Survey and local HNDA survey sources, and thus may produce inconsistent estimates. It was agreed that these will be reviewed for the full chapter to ensure a consistent approach.
Wheelchair housing	It was suggested that the HNDA should identify any available data on wait times for wheelchair housing, as an indicator of potential pressure on current provision.
Homelessness	<ul style="list-style-type: none"> <li>• It was noted that Stirling has seen an increase in recent years in homeless households reporting mental health conditions.</li> <li>• There was reference to young people (especially with substance misuse) struggling with the transition from care to independent housing, and a potential lack of support for the transition to temporary and permanent housing. It was suggested that data on the specific needs of younger homeless households should be considered.</li> <li>• The recent increase homeless presentations from households were noted as something to consider further.</li> </ul>

	<ul style="list-style-type: none"> <li>It was suggested that a reduction in temporary accommodation capacity could contribute to delayed discharges.</li> </ul>
Supported Provision	<ul style="list-style-type: none"> <li>In relation to pressure on care home provision, it was noted that under-supply in neighbouring authorities contributes to an increase in demand from out with Stirling, adding to pressure locally. It was suggested that care home provision is a regional 'eco-system' as demand is less sensitive to proximity to home.</li> <li>It was noted that a planned care home in Callandar, and other planned care home extensions, are no longer going ahead due to a perceived fall in demand in the last year. However, there is a need for housing for older people to meet demand in Callandar. There was discussion of challenges assessing demand for care home provision, noting that the number of places commissioned are dependent on available funding and hence may not be a true indicator of demand.</li> <li>Unmet support provision to meet complex need as part of the coming home agenda evidenced by patients currently delayed at Loch View Hospital.</li> </ul>
Care and support	The large proportion of clients receiving a community alarm service only was noted

### 9.5 HCS Consultation with services user groups and third sector

Events with residents and tenants were held face to face and held at local community halls and offices. Participants were invited to share their views on the HCS priorities identified and to highlight the most prominent issues affecting local residents with discussion was facilitated through themed prompts.

Community Group	Feedback
Stirling Tenants Assembly  (6 people in attendance including a representative from Clackmannanshire Tenants and Residents Federation)	<ul style="list-style-type: none"> <li>Build the right type of housing which is designed to minimise adaptations being retrofitted at a later stage which is more costly.</li> <li>More dementia friendly housing is also required.</li> <li>We need to understand what is currently in place and why it is not meeting existing needs</li> <li>It's not just about the right type of housing but also the right type of support and care. A joint policy delivery group across housing, health and social work would help.</li> <li>Preference is to remain living at home for as long as possible, but there should be more choice if people do not want to live at home and would prefer a care home.</li> <li>All very well building lots of new housing but if they are not the right facilities to support people then people get isolated – applies to all ages.</li> <li>The former residential care home at Menstrie House, is a great opportunity to develop for housing for vulnerable groups.</li> <li>Why are private develops not building the correct houses – what happened to accessible homes legislation?</li> <li>Difficulties for young people in finding a home and getting a good start at life. Be good to do more inter-generational living.</li> </ul>

	<ul style="list-style-type: none"> <li>• Agree there is a need for more supported accommodation of the right design for people with complex need who are delayed in hospital but also people currently living with families but need a place of their own.</li> </ul>
<p>Sauchie Community Group:  (10 people contributed)</p>	<ul style="list-style-type: none"> <li>• There is a need for more single storey, level access one/two-bedroom homes within a community setting. Homes should be grouped together so that people can support each other. Also need to have good access to local amenities and public transport etc.</li> <li>• Preference is to live at home, but people living in the owner occupier sector said there was limited housing to downsize to.</li> <li>• Wait for adaptations is only a couple of weeks for council housing but longer if you are an owner occupier.</li> <li>• Need more housing to meet the needs of an aging population and houses should be purpose built so they do not need to have major adaptations. Difficulties with retrofitting existing stock was highlighted especially if you lived in a four-in a block.</li> <li>• People had some awareness of dementia friendly design but felt more could be done to promote this.</li> <li>• Housing which has been designed for older people no longer has an age restriction which can cause issues (eg. Kings Court, Clacks)</li> <li>• Closure of Struan House – school for autism. There is a need for more respite provision for carers</li> <li>• Agree there is a need for more housing to meet complex needs such as learning disabilities as people need to be able to leave the family home, but not a lot of housing options available.</li> <li>• Closure of Menstrie House - ideal opportunity for the site at Menstrie to be consider for specialist housing provision.</li> <li>• Private developers do not develop the right type of housing to meet the needs of the population as they change. Often large new build development with no access to community facilities causing isolation. With people reliant on a car. Willowfield development, Sauchie</li> <li>• New build provision needs to consider the need for storing wheelchairs.</li> </ul>
<p>Joint event with Clackmannanshire Tenants and Residents Federation, Third Sector, Stirling Tenants Assembly (STA) and housing staff from Clackmannanshire Council and Ochilview Housing Association</p> <p>22 people attended including gypsy traveller community representation</p>	<ul style="list-style-type: none"> <li>• <u>Accessible Housing and New Build Standards:</u> Representatives from STA highlighted concerns around accessibility standards in the private sector. Unlike housing associations, private developers were seen as less likely to build to Housing for Varying Needs standards. Participants emphasised the need for stronger lobbying and policy requirements to ensure that all new housing is accessible and adaptable.</li> <li>• <u>Preventing Homelessness and Isolation Among Vulnerable Groups:</u> Several attendees stressed the importance of preventing homelessness among older people and other vulnerable groups. Stakeholders noted that early intervention and appropriate support are essential to avoid crisis point. Third sector representatives provided examples of older individuals approaching organisations due to loneliness and isolation.</li> <li>• <u>Community Integration and Neighbourhood Cohesion:</u> Participants raised concerns that many new housing developments lack a sense of community. Some noted increasing commuter populations.</li> <li>• <u>Allocation Practices and Safeguarding:</u> A strong and repeated concern related to current housing allocation practices. Many attendees felt that vulnerable or older individuals were sometimes housed alongside people with complex needs arising from mental health or substance issues. This was viewed as a significant safeguarding risk and a clash of</li> </ul>

	<p>different lifestyles. While participants recognised that allocations follow policy, they emphasised the need for better matching of tenants to local areas to ensure safety and community stability. Stirling Council’s recent allocations policy review was cited as good practice, where tenant and resident feedback was gathered and followed up after implementation.</p> <ul style="list-style-type: none"> <li>• <u>Accessible Housing Design and Property Adaptations:</u> Attendees expressed a strong need for more accessible housing and for adaptations both inside homes and in surrounding environments. While some accessible stock exists (e.g., bungalows), these properties also often require further adaptation. Concerns were raised about adapting older properties, although others highlighted that previously existing cyclical maintenance programmes had helped maintain flexibility to meet changing needs. Some respondents called for warden services in housing complexes others preferred adapting existing homes.</li> <li>• <u>Hospital Discharge, Supports and Care Coordination:</u> Timely hospital discharge was welcomed, but participants stressed that discharges must be safe, well-assessed and accompanied by appropriate care packages. Participants highlighted the need for follow-up visits, effective communication between services, and timely provision of equipment and adaptations. One suggestion was to expand the use of mutual exchanges to support safe hospital discharge and ensure people move into suitable accommodation where needed.</li> <li>• <u>Strengthening Tenant and Resident Involvement:</u> Attendees identified the need for regular communication and feedback loops so residents know their concerns are acknowledged, a clear workplan between all relevant partners to address gaps and improve coordination, learning from best practice across Scotland, more opportunities for residents to influence decisions throughout policy development and implementation</li> </ul>
<p>Clackmannanshire Older Adults Forum</p> <p>15 people in attendance including third sector and NHS representation and local residents</p>	<ul style="list-style-type: none"> <li>• Lack of awareness of what help is out there, especially for owner-occupiers seeking help with insulation schemes or changing oil heating systems to reduce fuel costs and keep warm.</li> <li>• People often waiting for adaptations and are house bound or cannot access adequate washing facilities.</li> <li>• It would be good if there could be more one-stop shops to access information as older adults sometimes find it difficult to access online.</li> <li>• Retirement villages were cited as a possible solution to help older adults down size and move to ‘gated communities’ where they can access a range of facilities.</li> </ul>

## 10. Issues and Challenges

The housing contribution statement aims to provide a clear outline of the joint work and projects to be taken forward over the period 2026 -2029 between housing, health and social care to meet strategic priorities. It aims to provide a realistic expectation of what can be delivered and has been developed with extensive input from a range of stakeholders and service users.

This section summarises the key challenges facing both the local housing sector and the health and social care system across Clackmannanshire and Stirling in the delivery of the HCS.

- Increasing demand for housing, health and social care services driven by demographic change including an ageing and increasing population with multiple and complex long-term conditions;

- Ongoing financial challenges being faced across the public sector in meeting increasing demand for services when cost of delivery are rising;
- Health and social care workforce challenges including, staff wellbeing, the ageing workforce, and issues around recruitment and retention within the health and social care workforce;
- Increasing demand for social rented housing versus the low turnover of existing stock means that some applicants are waiting long periods of time for their housing needs to be met;
- The cost of delivering new build specialist housing is a significant challenge with social landlords not receiving additional funding to meet the costs associated with specialist housing;
- Barriers to new build provision is compounded by the difficulty of adapting older housing stock with a need to balance new housing with keeping people in their current homes;
- The role of private housing developers in delivering specialist housing needs to be clearer with planning policies that encourage private developers to include accessible housing in their projects;
- Ensure housing, health and social care meet the needs of young people outlined in the Promise, the UNCRC (Incorporation) (Scotland) Act 2024 and the new Children (Care, Care Experience and Services Planning) (Scotland) Bill;
- Meeting the complex needs of people who repeatedly present as homeless and cannot sustain a permanent housing solution, and
- Ability to resource additional legislative changes, such as funding required to meet the new Public Bodies Ask and Act Duty.

In order to address some of these challenges, the HSCP and the Housing Sector must continue to identify and implement innovative ways of delivering sustainable and cost-effective services and housing options. Through the Specialist Housing Forum, the HSCP and the local authorities will continue to work with a range of stakeholders (including the third and independent sectors), tenants, residents and community groups to shape and delivery the projects set out in Section 12 below.

## 11. Resources

As detailed in section 2 above, the Public Bodies (Joint Working) (Scotland) Act 2014 and relevant statutory guidance set out the housing related functions and associated budgets which must be delegated to the IJB. The table below details the budgets delegated to the IJB for 2025/26.

Housing Delegated Function	Clackmannanshire Council	Stirling Council
Statutory Private Sector Housing Disabled Adaptation Grants	£159,000	£450,000
Private Sector Housing Minor Adaptations	£25,000	£75,000
Council Housing Adaptations	n/a*	£250,000
Council Housing Garden Maintenance Scheme	£108,000	£60,000

\* This is a capital budget not revenue so not included in IJB outturn figures.

The operational service arrangements for the delegated housing functions will continue to be delivered by Clackmannanshire Council and Stirling Council. There will be ongoing development of joint policy and procedures to ensure effective delivery of these housing services, to help meet the priorities set out in the three partners' strategic planning documents.

## 12. Joint Priorities and Actions Required

Housing Contribution Priority	SCP Strategic Priority	Joint HSCP and Housing Projects
New supply of housing provision to meet specialist housing needs	<p>Achieving care closer to home</p> <p>Independent Living through choice and control</p>	<ul style="list-style-type: none"> <li>➤ Improve the availability of affordable and good quality housing in our communities for those with particular needs through the delivery of the strategic housing investment plans (SHIP).</li> <li>➤ Stirling Council SHIP 2026/27 – 2030/31: 15% of all affordable units-built pa will be built for specialist provision including wheelchair, ambulant disabled, amenity and extra care housing. Within this a minimum target of 5% of these units to be built to wheelchair accessible standard.</li> <li>➤ Clackmannanshire Council SHIP 2026/27 – 2030/31 10% of all affordable housing on each new build housing site should be accessible.</li> <li>➤ Review the number and size of households that require wheelchair or level access accommodation to inform further the targets to meet the needs of this group.</li> <li>➤ Develop a design standard for specialist housing units which can be adapted for complex cases and are dementia friendly.</li> <li>➤ Clackmannanshire Council will explore further specialist housing targets for private sites in the new LHS and new Local Development Plan while Stirling Council will consider targets during the development of the LHS.</li> <li>➤ Clackmannanshire Council and Stirling Council will also target accessible properties, or properties which are adapted or can be easily adapted to purchase as off the shelf when they become available on the open market.</li> </ul>
Commission a range of supported housing options to meet housing, care and support needs	<p>Achieving care closer to home</p> <p>Reducing loneliness and isolation</p>	<ul style="list-style-type: none"> <li>➤ Develop a new housing for life model to meet the housing and support needs of people as their needs change.</li> <li>➤ Review the current provision of supported housing for older adults, learning disabilities and mental health and agree areas for improvement including any need for refurbishment and new provision.</li> <li>➤ Explore the use of digital and telecare technology to support tenants of supported housing and the staff delivering care and support with independent living outcomes.</li> </ul>
Assist meeting the complex care housing needs as part of the coming home agenda	<p>Achieving care closer to home &amp; Independent Living through choice and control</p>	<ul style="list-style-type: none"> <li>➤ Work collaboratively with HSCP, NHS Forth Valley and the social housing sector to quantify the accommodation and care and support needs of those on the Dynamic Support Register who require accommodation in the HSCP.</li> <li>➤ In collaboration with HSCP, NHS Forth Valley and the social housing sector develop accommodation models to meet the needs of the coming home agenda including appropriate funding models.</li> </ul>

Provide housing related in-situ solutions to enable people to remain living at home	Achieving care closer to home Independent Living through choice and control	<ul style="list-style-type: none"> <li>➤ Review the current provision of community alarm and telecare provision across the HSCP and research how the use of technology can enable people to remain living at home.</li> <li>➤ Take forward the actions in the Adaptations Review Delivery Plan 2025/26 to ensure an integrated approach to the timely delivery of adaptations in people's homes.</li> <li>➤ Review the current hospital discharge pathways in place with social landlords.</li> <li>➤ Develop initiatives to prevent trips and falls and provide assistance when moving house.</li> <li>➤ Align access to specialist housing advice to the HSCP Right Care Right time programme.</li> </ul>
Prevent and address homelessness of vulnerable groups	Prevention, early intervention and harm reduction  Achieving care closer to home	<ul style="list-style-type: none"> <li>➤ Work with partners to help enact Ask and Act duties as set out in the Housing (Scotland) Act 2025.</li> <li>➤ Work with partners to understand the pathways of older people and people with mental health needs who are presenting as homelessness and implement any changes required.</li> <li>➤ Work with Alcohol and Drug Partnership and Mental Health commissioning consortiums to identify specialist support requirements to enable harm reduction and prevent homelessness.</li> <li>➤ Quantify the needs of particularly complex and vulnerable homeless households and the funding and accommodation options that would meet their needs. This will take into account the findings of the 2024 Scottish Government Supported Accommodation Task and Finish Group report.</li> </ul>
Develop joint working with relevant local groups	Supporting empowered communities	<ul style="list-style-type: none"> <li>➤ Improve communications with group and forums representing those with particular needs.</li> <li>➤ Ensure tenants and residents groups are involved in the design of new specialist housing provision including new models of provision.</li> <li>➤ Foster safe, resilient neighbourhoods by preventing and tackling anti-social behaviour through early intervention, tenancy sustainment, partnership working and community-led approaches.</li> </ul>
Access to advice and information	Independent living through choice and control	<ul style="list-style-type: none"> <li>➤ Promote and expand housing advice and support for all tenures to access adaptations timely to enable independent living.</li> <li>➤ Improve the quality of advice and information services available to people with particular needs.</li> <li>➤ Promote Stirling Council's Energy and Fuel Poverty Advisor to council tenants and Stirling Councils money advice service to help people in all tenures maximise their incomes and alleviate fuel poverty.</li> <li>➤ Ensure access to income maximisation and sign posting to other services through collaboration work between the housing sector and supported accommodation.</li> </ul>
Knowledge Exchange	Prevention, early intervention and harm reduction & Achieving care closer to home	<ul style="list-style-type: none"> <li>➤ Engage with Stirling University to ensure recent learning and policy research is incorporated into specialist housing design, models of support housing and the delivery of technology and adaptations.</li> <li>➤ Engage with other HSCPs and local housing authorities to learning from recent experiences and challenges in the delivery of specialist housing provision</li> </ul>



## APPENDIX 2

### DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2025_26/022
Does this direction supersede, vary or revoke an existing direction?  If yes please provide reference number of existing direction	No
Approval Date	25 March 2026
Services / functions covered	The Housing Contribution Statement is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. Its purpose is to outline the role and contribution of the local housing sector in meeting health and wellbeing outcomes. It serves as a bridge between local authority's Local Housing Strategies and Health and Social Care Partnership's Strategic Commissioning Plans, ensuring housing functions are integrated with health and social care.
Full text of Direction	To direct Clackmannanshire Council, Stirling Council and NHS Forth Valley in the planning and provision of housing services as delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014.  NHS Forth Valley, Clackmannanshire and Stirling Councils to support their employees within the HSCP to implement the projects as outlined within Section 12 of the Housing Contribution Statement.
List of key stakeholders impacted and any specific engagement and consultation requirements	Clackmannanshire Council Housing Stirling Council Housing, Local Registered Social Landlords/ Housing Associations Stirling Citizen's Advice Bureau (24 February 2026) Clackmannanshire Tenant and Residents Federation (18 September 2025 and 25 February 2026) Stirling Tenant Assembly (18 February 2026) Sauchie Community Group (23 February 2026) Clackmannanshire Older People's Forum (Oct 2025 and 26 February)
Timescale(s) for Delivery	3 Year
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	<a href="#">Add after the meeting</a>
Budget / finances allocated	Funding currently delegated to the IJB is approx. £1.127Million per annum for 2025/26.
Performance Measures	None
Date direction will be reviewed	March 2029



APPENDIX 3

Equality Impact Assessment Process

**Equality & Diversity Impact Assessment**

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

**Q1: Name of EQIA being completed i.e. name of policy, function etc.**

Clackmannanshire & Stirling HSCP Housing Contribution Statement

Q1 a; Function  Guidance  Policy  Project  Protocol  Service   
Other, please detail x

**Q2: What is the scope of this SIA**

Service Specific  Discipline Specific  Other (Please Detail) x

Strategic

**Q3: Is this a new development? (see Q1)**

Yes x No

**Q4: If no to Q3 what is it replacing?**

**Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)**

Steven McCabe, Stirling Council, Housing Strategy Lead Officer  
Monika Bicev, Clackmannanshire Council, Policy Officer

**Q6: Main person completing EQIA's contact details**

Name:	Katy McBride Housing, Health and Social Work Research and Engagement Officer	Telephone Number:	Mobile: 07385 495130
Department:	Strategic Planning and Health Improvement	Email:	mcbrideka@stirling.gov.uk

**Q7: Describe the main aims, objective and intended outcomes**

The Housing Contribution Statement (HCS) is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. Its purpose is to outline the role and contribution of the local housing sector in meeting health and wellbeing outcomes. It serves as a bridge between local authorities' Local Housing Strategies (LHS) and Health and Social Care Partnerships' (HSCPs) Strategic Commissioning Plans (SCP), ensuring that housing functions are integrated with health and social care services to support the delivery of strategic outcomes.

The HCS reinforces housing contribution to meeting the aims and objectives of the IJB Strategic Commissioning Plan 2023-2033 which focuses on the five strategic themes below:

- Prevention, Early Intervention & Harm Reduction
- Independent Living Through Choice and Control
- Achieving Care Closer to Home
- Supporting People and Empowering Communities
- Reducing Loneliness and Isolation

As a minimum, the HCS must set out the arrangements for carrying out the housing functions delegated to the IJB under the 2014 Act and provide an overarching strategic statement of how the IJB intends to work with housing services. Detailed statutory guidance ([Housing Advice Note 2014](#)) sets out the key themes to be covered.

This is the first joint Clackmannanshire Council and Stirling Council HCS. The main aims of the HCS are to set out the following:

- The delegated housing functions of Clackmannanshire and Stirling IJB and the contribution of the two local housing authorities and local housing provider
- The role of housing in the governance structures for health and social care integration;
- The shared evidence base and key housing issues related to health and social care;
- The shared outcomes and service priorities for housing, health and social care;
- The current and future housing resource and investment contributing to meeting these outcomes, and
- An overview of future challenges and improvements required.

The HSC shared outcomes and service priorities have been developed using evidence base gathered from a number of sources including the new Housing Needs and Demand Assessments (HNDA) undertaken by both local authorities along with evidence from the Strategic Housing Investment Plans (SHIPs) and Rapid Rehousing Transitions Plans. These have further been developed and validated through extensive engagement with key stakeholders and local community groups including individuals with lived experience.

The agreed shared priorities for the new Clackmannanshire and Stirling HCS are listed below with a number of projects being outlined within Section 12 of the HCS which will support the delivery of these priorities.

- Delivery of new supply of housing to meet specialist housing needs
- Develop a range of supported housing options to meet housing, care and support needs
- Assist meeting complex care housing needs as part of the coming home agenda
- Provide housing related in-situ solutions to enable people to remain living at home
- Prevent and address homelessness of vulnerable groups
- Develop joint working with relevant local groups
- Improve access to advice and information
- Knowledge Exchange with Stirling University and others

**Q8:**

**(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?**

Staff	Service Users	Other	x	Please identify ___ Providers, third sector, independent sector
x	x			

**(ii) Have they been involved in the development of the function/service development/other?**

Yes	x	No	<input type="checkbox"/>
-----	---	----	--------------------------

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Staff from both the HSCP, local authority housing teams, local authority children and families teams and third sector/independent have been involved in the development of the new HCS through a series of engagement mechanisms, set you in the table below. Service user feedback have been involved through household surveys and consultation events held for the new HNDA and Stirling's Local Housing Strategy as well as a number of specific in person events held on the HCS priorities.

Event	Stakeholders	Date
Clackmannanshire HNDA Specialist Housing	Local social landlords, HSCP, Clackmannanshire Tenants and Residents Federation, third sector	13 March 2025
Alzheimer's Scotland	Service users with lived experience	18 March 2025
Older Adults Forum	Service users with lived experience	28 March 2025
Stirling Council HNDA Household Survey	Local households and service users	Autum 2025
Stirling Council LHS Consultation	Local households, community groups and service users	Summer 2025
Stirling Council HNDA Specialist Housing Stakeholder Event	HSCP	7 January 2026
HCS Engagement	Stirling Tenants Assembly	18 February 2026
HCS Engagement	Sauchie Community Group	23 February 2026
HCS Engagement	Dementia Friendly Dunblane	tbc
HCS Engagement	Clackmannanshire Older Adults Forum	26 February 2026
HCS Engagement	Clackmannanshire Tenants and Residents Federation	25 February 2026
HCS Engagement	Stirling CAB	25 February 2026
HCS Engagement	<a href="#">ADP Lived Experience Panel</a>	tbc
HCS Engagement	<a href="#">Stirling Council Children and Families and Education Services</a>	17 and 24 February 2026
HCS Engagement	<a href="#">Clackmannanshire Council Children and Families</a>	17 February 2026

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

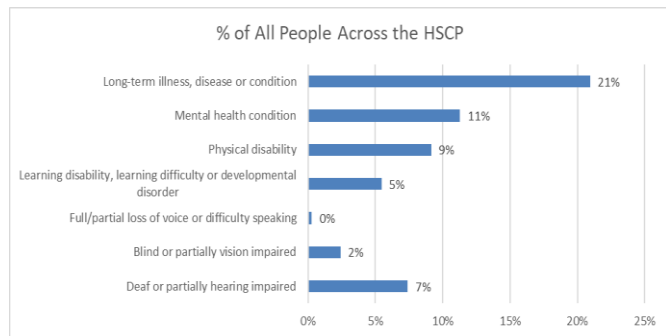
Comments:

The new HSC statement sets out the evidence base for the provision of specialist housing provision to meet the needs of the population and households living across Clackmannanshire and Stirling. Main evidence is as follows:

Recent data from Scotland's Census 2022 shows that there are 144,440 people living across Clackmannanshire (51,800) and Stirling (92,600) with the age profile of the

population of Clackmannanshire and Stirling similar to Scotland. A fifth of the HSCP population is 65 years of age and over representing approximately 28,880 people.

The chart opposite provides the 2022 Census health condition population results for the HSCP and shows a similar result to the national ones, with the most common type of condition reported as a long-term illness or disease representing 21% of the population or approximately just over 30,000 people which is an increase of 2.8% since 2011.



The second most common condition reported in the 2022 across the HSCP census was a mental health condition at 11% (16,300 people) which is a 7% increase since 2011 and similar to the national position while the third most common condition was a physical disability at 9% (13,220).

In 2023, the proportion of households with someone with a long term physical or mental health condition or illness accounted for 43% of households in Clackmannanshire, and 33% in Stirling. This compares to 39% nationally. [Scottish Household Survey 2023](#)

According to the 2023 Scottish Households Survey, 10% of Clackmannanshire households and 10% of Stirling households said that their home limits the activities of an individual living. The main reasons are, cannot get up/down the stairs inside the house, restricted movements due to the design/layout of the house, toilet difficult to access and, cupboards and shelves are difficult to reach or use and cannot get into/use the garden.

According to the 2023 Scottish Households Survey, 10% of Clackmannanshire households and 10% of Stirling households said that their home limits the activities of an individual living.

The Scottish Household Survey also provides insight to the number of homes with adaptations currently in place. In 2023, 27% of Clackmannanshire homes had adaptations and 23% of homes across Stirling had adaptations. Clackmannanshire is similar to the national position of 28%, while Stirling was 5% less than this. The largest proportion of adaptations across Clackmannanshire and Stirling are handrails (21% and 18% respectively), adapted bathroom/shower (10% respectively), door widening (4% and 2% respectively) and specifically adapted toilet (2% and 4% respectively).

According to the Scottish Household Survey the number of households in 2023 requiring an adaptation across Clackmannanshire and Stirling (18% and 13% respectively) which is higher than the national position of 12%.

Analysis of local homeless data by age band provided by Clackmannanshire Council and Stirling Council in November 2024 show that the majority of people presenting as homeless across the HSCP are in the 26-59 year age group (66%) followed by the 18-25 years (25%). Although the proportion of older people households seeking assistance is relatively small in comparison (6%), the 10 year and 5-year percentage increase are significant (185% and 40% respectively).

In 2023/24 14 households presented as homelessness due to being delayed in hospital. While 8 households were living in supported accommodation. There are also a small proportion of households who are either long term roofless or long-term sofa surfing (9 and

24 household respectively) which will have health and wellbeing implications for these individuals.

Analysis of local homeless data shows that the highest priority reason in 2023/24 is mental health (28%) which has increased by 224% since 2014/15. Households with a member who are vulnerable due a physical disability and chronic health have also increase significantly between 2014/15 an 2023/24 by 217% and 109% respectively.

Collaboration work with both Council's housing services and RSLs has recently been undertaken to understand the complexity of challenges in the provision of permanent accommodation to households who are unable to sustain a mainstream housing, including households who cannot sustain a tenancy with a Housing First service. The study found that across the HSCP, there are approximately 60 homeless applicants with complex needs while work undertaken with Paragon, Forth and Rural Stirling HA indicated 64 tenants with complex needs.

The evidence based has helped to identify the challenges and issues which have informed the improvements required which are identified in Section 12 of the HCS.

- Increasing demand for housing, health and social care services driven by demographic change including an ageing and increasing population with multiple and complex long-term conditions.
- Ongoing financial challenges being faced across the public sector in meeting increasing demand for services when cost of delivery are rising.
- Health and social care workforce challenges including, staff wellbeing, the ageing workforce, and issues around recruitment and retention within the health and social care workforce.
- Increasing demand for social rented housing versus the low turnover of existing stock means that some applicants are waiting long periods of time for their housing needs to be met.
- The cost of delivering new build specialist housing is a significant challenge with social landlords not receiving additional funding to meet the costs associated with specialist housing.
- Barriers to new build provision is compounded by the difficulty of adapting older housing stock with a need to balance new housing with keeping people in their current homes.
- The role of private housing developers in delivering specialist housing needs to be clearer with planning policies that encourage private developers to include accessible housing in their projects.
- Ensure housing, health and social care meet the needs of young people outlined in the Promise, the UNCRC (Incorporation) (Scotland) Act 2024 and the new Children (Care, Care Experience and Services Planning) (Scotland) Bill.
- Meeting the complex needs of people who repeatedly present as homeless and cannot sustain a permanent housing solution
- Ability to resource additional legislative changes, such as funding required to meet the new Public Bodies Ask and Act Duty

**Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:**

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;

- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	<b>Comments</b> <b>Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)</b>
Age	x			<p>The HCS along with other strategic documents detailed in Question 7 above provides the base to understand the population needs for specialist housing to inform the joint planning requirements of housing, health and social work. As detailed in Question 4 (iv) above the population across the HSCP is aging and is estimated to age at a higher rate than the rest of Scotland.</p> <p>The proposed thematic priorities and associated projects detailed in Section 12, will positively assist with people access the appropriate type of housing as they age meeting the aims and objectives of the HSCP in enabling people to live independently at home and brining care closer to home.</p> <p>The HCS thematic priorities also support the provision of in-situ service provision such as adaptations, telecare and care and support services to enable people to live independently at home as they age.</p> <p>There are some issues with wait for assessment for adaptations but these are being mitigated through the Adaptations Review Delivery plan.</p> <p>The HSC projects aim to deliver more new housing to meet the needs of the aging population as well as aligning projects with the HSCP Right Care Right Time projects. Evidence gathered from engagement events validated national and local policy that</p>

			<p>people wish to stay living at home for as long as possible rather than move to more institutional care setting if they do not wish to do so or not appropriate.</p> <p>Homeless issues tend to target young single adults aged between 26 and 60 years of age, however, there has been an increase in the number of older people presenting as homeless over the last few years. The HCS projects aims of delivering more homes to meet this need along with the need to understand why there has been an increase in older people presenting as homeless and other vulnerable groups will have a positive impact.</p> <p>Local Housing Allocations Policies also must adhere to equalities legislation and allocate on basis of reasonable preference including, homelessness, underoccupancy and overcrowding. Housing designed for older people and other vulnerable population groups can be allocated to meet these needs as well as taking account of general population housing need.</p> <p>The ability to access information on services to meet peoples need as they get older will positively contribute to prevention and early intervention. The projects in these areas will help to understand how people want to access information as they age and mitigate some of the barriers each as the shift to digitisation and automation.</p> <p>The HCS supports collaborative work across Clackmannanshire and Stirling, including engagement with the third sector and community groups. These partnerships promote joined-up working across services and communities, helping to ensure that housing contributions decisions are informed by shared priorities</p>
--	--	--	---

<p><b>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</b></p>	<p>x</p>		<p>The HCS along with other strategic documents detailed in Question 7 above provide the base to understand the population needs for specialist housing to inform the joint planning requirements of housing, health and social work.</p> <p>The proposed thematic priorities and associated projects detailed in Section 12, will positively assist people to access the appropriate type of housing through delivery of more accessible and wheel chair homes.</p> <p>All new social housing delivered through both Council's SHIPs is built to the standards set out in Housing for Varying Needs: A Design Guide, published by the Scottish Government. This guide incorporates a 'barrier-free' approach to accessibility and recognises that housing should be flexible to accommodate changing needs throughout a person's lifetime.</p> <p>This targeted investment and adherence to inclusive design principles will help mitigate the risk of discrimination and ensure that the housing needs of disabled people are appropriately met.</p> <p>The HCS thematic priorities also support the provision of in-situ service provision such as access to equipment, adaptations, telecare and care and support services to enable people to live independently at home.</p> <p>There are some issues with wait for assessment for adaptations but these are being mitigated through the Adaptations Review Delivery plan.</p> <p>The HSC projects aim to deliver more new housing to meet the needs of these population groups as well as aligning projects with the HSCP Right Care Right Time projects.</p> <p>The need of complex LD/Autism are being targeted through alignment of the HCS with the coming home agenda in particular in relation to people</p>
---	----------	--	---

				delayed in hospital or in inappropriate out of care placements.
<b>Gender Reassignment</b>			x	<p>The Scottish Census (2022) reports that 0.44% of people aged 16 and over in Scotland identify as transgender, with Clackmannanshire's rate slightly lower at 0.35%, and Stirling's slightly higher at 0.49.</p> <p>While the small population size suggests that the HCS is unlikely to have a direct or disproportionate impact on this group, the absence of detailed local data does not imply that transgender individuals do not face housing-related pressures. As such, while no specific impacts have been identified at this stage, it remains important that the HCS and housing policies are inclusive in their approach and that housing developments are designed to support dignity, safety, and equality for all individuals, regardless of gender identity. Given the demographic profile of HSCP, it is unlikely that the HCS will have a direct or indirect impact on this protected characteristic.</p>
<b>Marriage and Civil partnership</b>			x	Not applicable
<b>Pregnancy and Maternity</b>	x			<p>National data shows that single women with children experience the highest rates of relative poverty in Scotland, with 38% of such households living in poverty after housing costs. Furthermore, between 2021 and 2024, there was a 41.1% increase in the number of single parents claiming Universal Credit, highlighting growing financial pressures on this group.</p> <p>Given the material deprivation and economic vulnerability</p>

				<p>experienced by single mothers, this protected group is likely to be impacted positively by the proposals set out in the HCS. The plan's focus on increasing the supply of specialist affordable housing directly supports efforts to alleviate poverty and improve housing stability for families with children with specialist needs.</p>
<b>Race/Ethnicity</b>	x			<p>Clackmannanshire and Stirling's population is predominantly White, with 97% of individuals in Clackmannanshire and 95% in Stirling identifying as White in the 2022 Scottish Census. Minority ethnic groups make up a small proportion of the population, with 1.5% identifying as Asian and 0.4% as African/Caribbean across Clackmannanshire Council area 2.6% identifying as Asian and 0.6% as African/Caribbean across Stirling Council area.</p> <p>National data from the Scottish Census and NRS indicates that throughout Scotland, White Scottish households are more likely to be owner-occupiers or live in social housing. In contrast, minority ethnic groups are more likely to be represented in the private rented sector. Furthermore, Clackmannanshire is home to a small but vibrant Gypsy/Traveller community. According to the 2022 Scottish Census, 56 individuals identified as Gypsy/Travellers in Clackmannanshire and 38 in Stirling. In 2023/24, there was a noticeable increase in homeless presentations from households self-identifying as Gypsy/Travellers in Clackmannanshire which may be linked to the closure of the Westhaugh site.</p>

				<p>Although minority ethnic communities represent a small proportion of the HSCP population, they may be affected by housing affordability and insecurity and the need for specialist housing. As such, the proposals within the HCS, particularly those aimed at increasing the supply of affordable and secure specialist housing and improved access to in-stut services, have the potential to positively impact these groups by improving access to suitable accommodation and helping to reduce inequalities of outcome.</p>
<b>Religion/Faith</b>			x	<p>National data from 2015–2020 indicates that Muslim adults are disproportionately affected by relative poverty after housing costs, with 52% living in poverty compared to 18% of adults overall. In contrast, 15% of adults affiliated with the Church of Scotland and 19% of adults reporting no religion were living in relative poverty. However, given the very small population of Muslims living in the HSCP area suggests that the proposals set out within the HSCP are unlikely to have a direct or indirect impact. Nonetheless, the HCS should remain inclusive and sensitive to the needs of all religious groups, ensuring that specialist housing developments promote dignity, equality, and respect for diverse beliefs and cultural practices.</p>
<b>Sex/Gender (male/female)</b>	x			<p>Data from Census 2022 shows that slightly more females than males are living with long term illness, disease or condition, with 23.5% of females in Clackmannanshire compared to 18.7% of males and 21.4% of females in Stirling compared to 18.8 men.</p> <p>Through its aims and objectives, the HSC seeks to increase the supply of specialist housing,</p>

				<p>across all care groups. By prioritising the new supply of affordable specialist housing and alignment of local housing strategies with anti-poverty strategies ensures that the needs of women are not overlooked. By enhancing the specialist housing offer and ensuring fair and transparent allocation, the HCS supports improved service delivery and fosters trust between housing services, the HSCP and affected individuals. This contributes to better relationships between service users and providers, and promotes a more inclusive housing environment.</p> <p>Homelessness data shows that the majority of applicants are young, single male adults. The HCS emphasis on increasing specialist housing options and alignment of the housing and homeless priorities with the Mental Health Strategic Plan and ADP Commissioning Plan ensures that this group is appropriately considered in specialist housing delivery.</p> <p>These targeted efforts help mitigate the risk of sex-based discrimination and ensure that specialist housing provision reflects the needs of both male and female households.</p>
<b>Sexual orientation</b>			x	<p>According to the 2022 Census, 1,343 individuals (3.12%) aged 16 and over in Clackmannanshire identify as LGB+ and 3,445 (4.42%) in Stirling.</p> <p>There is currently no available local or national data on the proportion of LGB+ individuals experiencing financial hardship or housing insecurity.</p> <p>While the absence of data does not imply that LGB+ individuals do not face housing-related</p>

				<p>challenges, the relatively small size of this population group across the HSCP suggests that the HCS is unlikely to have a direct or disproportionate impact on them.</p> <p>Nonetheless, it remains important that specialist housing policies and investment decisions are inclusive and sensitive to the needs of LGB+ individuals, particularly in relation to safety, dignity, and access to secure, affordable housing and impacts will be monitored.</p>
<b>Staff (This could include details of staff training completed or required in relation to service delivery)</b>	x			<p>Although there are no direct impacts of the HCS on staff, the provision of specialist housing to meet the needs of vulnerable groups will have some positive impact on staff due to improving the health and wellbeing outcomes of people living across the HSCP due to their housing needs being met. Housing can assist with streamlining the system in areas such as adaptations, delayed discharges and avoid the need to make placements in accommodation such as care homes where this is not required.</p> <p>The HCS is aligned to the strategic priorities of the HSCP and both HSCP and Housing Staff have been involved in the development of the priorities and projects to be taken forward.</p>

**Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers	x			<p>The provision of specialist housing delivered through the SHIP and in-situ services will have a positive impact on unpaid carers though the provisions outlined in the HCS meeting the needs of the person they are caring for and freeing up time to undertake other caring responsibilities.</p> <p>Carers have been consulted through HNDA household surveys,</p>
---------------	---	--	--	---

				LHS surveys and have also been represented in the Community Group engagement completed as part the HCS. Feedback includes the need for more specialist housing, adaptations in existing homes and more two-bedroom homes to allow for flexibility.
Homeless	x			<p>The priorities of the HCS are aligned to the homeless strategies and RRTPS of both Clackmannanshire Council and Stirling Council with specific projects identified.</p> <p>The joint projects will require collaborative working and are aimed at the prevention of homelessness and understanding the homeless pathways of vulnerable groups such as older people and people with mental health conditions.</p> <p>The delivery of specialist housing provision through the HSC including new build provision will also assist homeless people with specialist housing needs.</p>
Low income/poverty	x.			<p>The majority of specialist housing provision is delivered through the social rented sector and is defined as affordable housing, with rents considerably lower than the private sector. Provision needs to meet housing for varying needs standards which are higher than the requirements of the private sector. Therefore, the provision of specialist housing will assist households requiring specialist housing on lower incomes, as well as assisting with building housing with good energy performance ratings to assist with fuel poverty. The social rented sector is also regulated by the Scottish Housing Regulator with tenants having in most cases Scottish Secure Tenancies and full tenancy rights given greater tenancy security than private rented sector.</p>
Mental Health Problems	x			<p>The provisions of the HCS are aligned with the work of the Forth Valley wide Mental Health and Wellbeing Strategic Plan and HSCP Commissioning Consortium.</p>
Rural Areas	x			<p>Stirling Council HNDAs has identified the housing needs for rural areas with further work</p>

				required to understand the specialist housing needs in rural areas and challenges in relation to care and support provision.
Armed Services Veterans, Reservists and former Members of the Reserve Forces				Access to housing and relevant services for this group are through housing allocations policy. The delivery of specialist housing provision outlined in the HCS will have a positive impact on meeting the any specialist needs of Armed Services Veterans, Reservists and former Members of the Reserve Forces

**Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?**

Yes

No  Not required

**Date EQIA Completed**

26 / 02 / 2026

**Date of next EQIA Review**

26 / 02 / 2029

**Signature**

Katy McBride

Print Name

K McBride

**Department or Service**

Planning and Health Improvement

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:

[fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

**Equality & Diversity Impact Assessment Action Plan**

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

APPENDIX 4

EQIA Initial Screening Document

Name of document:	Housing Contribution Statement 2026/27 – 2028/29		
Type of Document			
Guidance <input type="checkbox"/>	Policy	Procedure <input type="checkbox"/>	Other x
If other please detail	Strategic		
Scope			
FV Wide <input type="checkbox"/>	Service Specific <input type="checkbox"/>	Discipline Specific <input type="checkbox"/>	Other x
If other please detail	Strategic		
Is this a new document being EQIA'd			
Yes	x	No	<input type="checkbox"/>
Briefly describe the Aims and Objective of the document			
<p>The Housing Contribution Statement (HCS) is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. Its purpose is to outline the role and contribution of the local housing sector in meeting health and wellbeing outcomes.</p> <p>As a minimum, the HCS must set out the arrangements for carrying out the housing functions delegated to the IJB under the 2014 Act and provide an overarching strategic statement of how the IJB intends to work with housing services. Detailed statutory guidance (<a href="#">Housing Advice Note 2014</a>) sets out the key themes to be covered.</p> <p>The agreed shared priorities for the new Clackmannanshire and Stirling HCS are listed below with a number of projects being outlined within Section 12 of the HCS which will support the delivery of these priorities.</p> <ul style="list-style-type: none"> <li>• Delivery of new supply of housing to meet specialist housing needs</li> <li>• Develop a range of supported housing options to meet housing, care and support needs</li> <li>• Assist meeting complex care housing needs as part of the coming home agenda</li> <li>• Provide housing related in-situ solutions to enable people to remain living at home</li> <li>• Prevent and address homelessness of vulnerable groups</li> <li>• Develop joint working with relevant local groups</li> <li>• Improve access to advice and information</li> <li>• Knowledge Exchange with Stirling University and others</li> </ul>			

Does the evaluation completed identify a potential negative/ adverse or differential impact on the following protected characteristics: - age, disability, gender reassignment, marriage and civil partnership (eliminating discrimination only), pregnancy and maternity, race/ethnicity, religion/belief, Sex (Male/female) Sexual Orientation in relation to the Equality Act 2010 - General Duty to:

- Eliminate Discrimination
- Advance equality of opportunity
- Foster good relations

Please indicate your decision below

The EQIA of the new Clackmannanshire and Stirling HCS does not identify a potential negative or adverse or differential impact on any of the protected characteristics in relation to the Equalities act 2010.

Through the provision of more specialist housing and the alignment of the strategic priorities of the HSCP with the two strategic housing authority's local housing strategies, the decision of the full EQIA was that there would be a positive impact on the protected characteristics of age, disability, pregnancy and maternity, race/ethnicity and sex/gender. Furthermore, the HCS proposals are based on collaborative working with key stakeholders and service user groups and people with lived experienced promoting good relationships.

The EQIA decision for the remaining protected charterships groups were neutral due the proposals likely to have no or very limited disproportionate impact on them.

<input type="checkbox"/>	Yes - potential discrimination identified for 1 or more protected characteristics (Note: a general SIA will therefore need to be completed indicating what areas require are of concern and require to be addressed)
<input checked="" type="checkbox"/>	No impact/discrimination identified

I agree that the details within the enclosed evaluation are a true reflection of the assessment completed and that the above policy/function/service does not have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.

Signature and Date

Katy McBride  
26 February 2026

**APPENDIX 5**

**Fairer Scotland Duty Assessment**

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 Revised Guidance for public bodies can be found at (2021):  
[Fairer Scotland Duty: guidance for public bodies - gov.scot \(www.gov.scot\)](http://www.gov.scot)

**Assessment**

Stage 1 – Planning			
Is this proposal/decision strategically important or not?			
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

The Integration Joint Board should note that the contents of this report were considered in terms of the Fairer Scotland Duty and were determined be of strategic importance.

The Housing Contribution Statement is the analytic basis for future strategic decision making. As such it thoroughly considers social and economic inequality using recognised tools and methods. The HCS does not itself direct any distinct use of public funds which might incur responsibilities under the Fairer Scotland Duty, however this assessment describes the high-level findings and methods used to arrive at its conclusions. Future commissioning activity would require separate decisions as to the applicability of the Fairer Scotland Duty.

Stage 2 – Evidence
<p>The Housing Contribution Statement (HCS) is a statutory requirement of the Public Bodies (Joint Working) (Scotland) Act 2014. Its purpose is to outline the role and contribution of the local housing sector in meeting health and wellbeing outcomes. It serves as a bridge between local authorities' Local Housing Strategies (LHS) and Health and Social Care Partnerships' (HSCPs) Strategic Commissioning Plans (SCP), ensuring that housing functions are integrated with health and social care services to support the delivery of strategic outcomes. As a minimum, the HCS must set out the arrangements for carrying out the housing functions delegated to the IJB under the 2014 Act and provide an overarching strategic statement of how the IJB intends to work with housing services. Detailed statutory guidance (<a href="#">Housing Advice Note 2014</a>) sets out the key themes to be covered as follows:</p> <ul style="list-style-type: none"> <li>• The role of housing in the governance structures for health and social care integration;</li> <li>• The shared evidence base and key housing issues related to health and social care;</li> </ul>

- The shared outcomes and service priorities for housing, health and social care;
- The current and future housing resource and investment contributing to meeting these outcomes, and
- An overview of future challenges and improvements required.

The proposals set out in the HCS align the strategic priorities of the HSCP (outlined in the Strategic Commissioning Plan 2023 – 2033) and Clackmannanshire and Stirling local strategic housing authorities (including the new Housing Needs and Demands Assessments, Local Housing Strategies, Strategic Housing Investment Plans and Rapid Rehousing Transition Plans.

Housing's contribution to the health and wellbeing outcomes are predominately through the provision of new build specialist housing, including accessible and wheelchair housing, supported housing for vulnerable groups including learning disabilities, mental health and homelessness, extra care housing and sheltered housing/retirement housing for older people.

Clackmannanshire experiences higher-than-average levels of deprivation. A quarter (25%) of all SIMD datazones in the area fall within the 20% most deprived in Scotland. Eight datazones have more than a quarter of residents who are income deprived, and 10% of the population live in the most deprived SIMD areas, ranking Clackmannanshire 9th highest nationally. Only 5% of the population live in the least deprived SIMD areas.

Stirling is tending towards lower levels of deprivation than Clackmannanshire, with 16,811 residents (17.9%) of the local authority population living in areas corresponding to the three **most** deprived deciles in Scotland (deciles 1 to 3) comprising 22 zones for this local authority. Based on Overall Rankings, 43,245 residents (46.0%) were living in the **three** least deprived zones (deciles 8 to 10) comprising 52 zones. The youngest age groups are disproportionately represented in the most deprived areas, indicating a strong link between age and socio-economic disadvantage locally. (Source: Open Data Scottish Index of Multiple Deprivation 2020).

According to the 2022 Census, Clackmannanshire had 24,072 households, with 63% owner-occupied, 8.9% privately rented, and 27% socially rented while Stirling has 40,349 households with slightly higher rates of owner occupation at 67% and private rented housing at 13% and lower social rent at 19%. The Scottish Household Survey (2019) shows that 47% of socially rented households are located in the most deprived areas, compared to 17% of privately rented and 12% of owner-occupied households.

Fuel poverty is also a significant issue. According to the 2022 Census, 31% of all Scottish households were estimated to be in fuel poverty, with 18.5% in extreme fuel poverty. Social sector households were disproportionately affected, with 48% in fuel poverty and 26% in extreme fuel poverty, compared to 26% and 16% respectively in the private sector.

Poverty and income inequality in Scotland data 2017 – 2020 highlights that

- The relative poverty rate after housing costs for pensioners was 14% in 2017-20. The poverty rate has been consistently below that for working-age adults (19%) and children (24%). The majority of pensioners own their home. It is therefore more meaningful to use the after-housing-costs poverty measure for comparing the standard of living between pensioners and other age groups.
- In the last 15 years, the youngest adults (16–24-year-olds) have been consistently more likely to be in relative poverty compared to older adults. In 2017-20, 28% of adults aged 16-24 were in relative poverty after housing costs (140,000 adults each year), compared to 15% of adults aged 65 and older (150,000 adults). The age groups in between all had similar poverty rates between 17% and 19%.
- In 2017-20, 20% of single female pensioners (50,000 women each year) and 17% of single male pensioners were in relative poverty after housing costs. Some of the difference in pensioner poverty between genders may be due to different age profiles. For example, in 2017-20, 40% of female single pensioners were aged 80 or older compared with 30% of male single pensioners. Older pensioners may have different sources of income which may result in them having lower incomes.
- Poverty rates remain higher for households in which somebody is disabled compared to those where no-one is disabled. The gap between the two groups has remained fairly steady over the last few years. In 2017-20, the poverty rate after housing costs for people in households with a disabled person was 23% (500,000 people each year). This compares with 17% (540,000 people) in a household without disabled household members.  
(Source: Poverty and Income Inequality in Scotland 2017 – 2020)

The evidence above highlights widespread socio-economic disadvantage across Clackmannanshire and Stirling, particularly among households in the social rented sector, single pensioners and households with children or a person with a disability.

The HCS purpose is aligning local housing strategies and the strategic priorities of the IJB to ensure the delivery of specialist housing provision to meet the health and social care needs of the population. Priorities aimed at increasing the supply of specialist affordable housing and improving housing quality will have a direct and positive impact on these groups, helping to reduce inequalities of outcomes caused by poverty and deprivation.

### **Stage 3 – Assessment and Improvement**

The strategic priorities of the HCS have been informed by the shared evidence base used to develop Clackmannanshire HNDA, Stirling Council HNDA and local housing strategies and is the basis for informing future planning decisions and projects. The HCS has used the shared evidence base from the HNDA's and local housing strategies which consistently examines data to support reducing inequalities of outcome caused by socio-economic disadvantage, in relation to affordability of housing.

The delegated housing functions of the IJB are, predominately, in relation to the provision of aids and adaptations provided in council housing and in owner occupiers through private sector housing grants process which is means tested and determined by law. The HCS includes for the future planning of adaptations across the HSCP, through projects aimed at improving service delivery, but does not direct the use of the public funds.

The HCS will have a direct and positive impact on vulnerable groups, helping to reduce inequalities of outcome caused by poverty and deprivation. This will be achieved through aligning planning across HSCP and Housing to support the delivery of specialist housing provision to meet the needs of older people, people with physical and learning disabilities and people with mental health conditions.

Public funding for new build social rented housing is determined through the Strategic Housing Investments Plans of each local authority and will have their own separate decisions as to the applicability of the Fairer Scotland Duty.

#### **Stage 4 – Decision**

The Housing Contribution Statement is the analytic basis for future strategic decision making. As such it thoroughly considers social and economic inequality using recognised tools and methods. The HCS does not itself direct any distinct use of public funds which might incur responsibilities under the Fairer Scotland Duty.

Future commissioning activity would require separate decisions as to the applicability of the Fairer Scotland Duty.

#### **Step 5 – Publication**

# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 9

## GP Walk in Centres

*For Noting & Approval*

<b>Paper Approved for Submission by:</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	Tom Cowan, Head of Strategic Planning & Transformation (Falkirk HSCP) and Head of Primary Care (Forth Valley)
<b>Author</b>	Tom Cowan, Head of Strategic Planning & Transformation (Falkirk HSCP) and Head of Primary Care (Forth Valley)
<b>Exempt Report</b>	No

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

<b>Purpose of Report:</b>	<p>In October 2025, the First Minister announced plans to introduce a new network of walk-in GP centres to improve same-day access to urgent primary care. The programme aims to establish 15 pilot centres (later updated to 16) operating seven days a week from 12 pm to 8 pm, allowing people to attend without an appointment for urgent, non-emergency health issues. Each NHS Board was invited to submit a bid for one or more walk in centres.</p> <p>The Forth Valley NHS Board agreed at its private Board meeting on 24 February 2026, in terms of section 7.2 of the Code of Corporate Governance, to delegate authority to its Chair and Chief Executive to progress, in consultation with the Chief Officers of Falkirk Integrated Joint Board and Clackmannanshire and Stirling Integrated Joint Board, any urgent matters in relation to the GP Walk-In Centre proposal to ensure delivery by Summer 2026. It was agreed at that meeting that any decisions taken under this delegated authority will subsequently be reported to the Forth Valley NHS Board.</p> <p>NHS Forth Valley submitted a bid to deliver a single-site service at the Clackmannanshire Community Health Centre (CCHC) in Alloa. The proposal was developed with involvement from senior clinical and leadership staff, including key external Primary Care Contractor representatives. The timeline for preparing and submitting the bid did not allow for wider stakeholder consultation.</p> <p>NHS Forth Valley has now received confirmation that its proposal has been successful. As such a full implementation plan is being prepared for submission to Scottish Ministers, with the intention of the service becoming operational in late summer 2026.</p> <p>In terms of NHS Forth Valley governance it was discussed with the Chairs and Vice Chairs of the Falkirk and Clackmannanshire &amp; Stirling IJBs, to the Chief Officers of Falkirk IJB (as host of Primary Care services), and the Clackmannanshire and Stirling IJB Chief Officer, and the NHS Forth Valley Board Chair to the NHS Forth</p>
---------------------------	--

	<p>Valley Chief Executive, given the property-related elements and the NHS Board’s statutory accountability.</p> <p>A progress update on GP Walk-In Centre proposal are now being reported to the NHS Board and the respective IJBs.</p>
--	--

<p><b>Recommendations:</b></p>	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> <li>○ Note the decision taken by NHS Forth Valley under its delegated authority on 24 February 2026 to progress with the Bid to deliver a single-site service at the Clackmannanshire Community Health Centre (CCHC) in Alloa;</li> <li>○ Note the success of the CCHC Bid to Scottish Ministers as provided for in paragraph 1.4 and the preparation of an implementation plan in line with the criteria set out in Section 3 for submission to the Scottish Ministers;</li> <li>○ Note the progress of the establishment of a one-year “Test of Change” GP Walk-in-Centre service within Forth Valley, which will be operationally managed in line with the arrangements for Falkirk IJB’s hosting responsibilities for Primary Care within Forth Valley, and within the funding envelope of the Bid and the project aims and objectives and the criteria as set out by Scottish Government and contained in Sections 3 and 4.</li> <li>○ Note the set up of the Working Group for implementation of this project detailed in paragraph 5.2.</li> <li>○ Agree that the Chief Officer will bring forward regular progress reports to this IJB on the implementation of the Walk-in-Centre project.</li> <li>○ Agree that in the event of any expansion or extension beyond the initial project seek the approval of this IJB.</li> </ul>
--------------------------------	--

<p><b>Key issues and risks:</b></p>	<p><i>Note comment under Risks below</i></p>
-------------------------------------	--

## **1. Background**

---

- 1.1. Access to timely, high-quality urgent primary care remains a significant challenge for many communities, particularly in areas facing health inequalities. In response to the Scottish Government's commitment to improving urgent primary care and delivering more services closer to home, in October 2025, the First Minister announced plans to introduce a new network of walk in GP centres aimed at improving same day access to urgent primary care. Supported by £36 million in the Scottish Budget, the programme will establish 15 pilot centres (subsequently announced as 16) operating seven days a week from 12 pm to 8 pm, enabling people to attend without an appointment for urgent but non-emergency health issues
- 1.2. The centres are designed to ease pressure on traditional GP practices and reduce the longstanding "8am rush" for appointments. Staffed by a range of clinical professionals and located for easy community access, the service is expected to deliver over one million additional appointments annually. Each NHS Board area was invited to submit a bid for one or more walk-in-centres.
- 1.3. NHS Forth Valley submitted a bid to deliver a single site service at the CCHC (Clackmannanshire Community Health Centre) site in Alloa (Appendix 1).
- 1.4. Forth Valley have now had confirmation that its proposal has been successful, and a full implementation plan is being prepared for submission to Ministers, with a view to the service becoming operational in late summer 2026.

## **2. Project Aims and Objectives**

---

- 2.1 The aim is to develop a multi-disciplinary primary care walk-in-centre that supports daily patient needs, expands training capacity for urgent care professionals and strengthens primary care. The service will integrate fully with other patient pathways to promote early intervention and improve access.

Objectives include:

- Improve access to urgent primary care and support early intervention
- Enhance patient experience and continuity of care
- To deliver more care closer to home
- Reduce waiting times and ease pressure on other services
- Establish and evaluate a primary care training hub
- Test the feasibility and sustainability of the primary care walk-in centre model
- To support a reduction in health inequalities
- To strengthen self-care and better use of community services
- To work with stakeholders in service design

## **3. Service Model Description**

---

- 3.1 Scottish Government set out criteria that each site must meet:

- Operate seven days a week, Monday to Sunday, from 12:00 to 20:00, or during alternative hours that provide equivalent extended access;
  - Ability to 'walk-in' throughout that period;
  - Offer urgent care primary care services in line with presentations to GP Out of Hours services. The focus will be on same-day assessment and minor illness treatment for conditions that do not require emergency care, specialist care, or longer term, complex management; St Andrew's House, Regent Road, Edinburgh EH1 3DG
  - Key audience is those having issues accessing their in-hours GP for urgent care;
  - Complement existing local service provision;
  - Access to at least the emergency care summary and communicate actions to the usual provider of care;
  - Preferably hosted within an existing NHS Board or GP estate to minimise setup time and cost;
  - Location convenient for patient 'walk-ins' (e.g. good accessibility, areas of high footfall);
  - Analysis of system flow, risk, benefit and patient experience and wider evaluation capacity built-in from outset;
  - Where locally deliverable in terms of cost, workforce and premises and aligned with existing diagnostic strategies, Boards may propose the inclusion of community diagnostic capacity within pilot sites.
  - Operate seven days a week, Monday to Sunday, from 12:00 to 20:00, or during alternative hours that provide equivalent extended access;
- 3.2 The Forth Valley Walk-in-Centre (WIC) will manage acute and urgent presentations suitable for general practice from patients who are unable to access in hours appointments with their Primary Care team. The WIC will have access to diagnostics and onward referrals.
- 3.3 The primary target patient population will be residents of Clackmannanshire. The service will begin on a modest scale, with potential for expansion. The starting point for this is currently being refined but is initially intended to span a few practice populations in the vicinity of CCHC, with expansion across Clackmannanshire developing in time. Once fully operational, the service will operate seven days a week, from 12:00pm to 20:00pm. In some cases, patients may be better served by alternatives such as pharmacy, optometry, dentistry, or selfcare.
- 3.4 Patients will have the flexibility to attend the walk-in centre without prior booking or to call for telephone triage and arrange a pre-booked slot. Daily capacity will be actively managed to balance walk-in and urgent telephone triage appointments, aiming to maintain patient flow and preventing overcrowding. This hybrid approach prioritises safety, accessibility, patient experience, and optimal use of resources, delivering a streamlined, patient-focused pathway which supports "Right person, Right Time" methodology. Clear public information will explain when to walk in, when to call, and which conditions are most suitable for each route. The effectiveness of this will be monitored as part of the service evaluation process.
- 3.5 Clinicians will identify and address wider health needs where appropriate,

including promoting health literacy, vaccinations, and signposting to health check opportunities. This reflects standard GP practice.

3.6 The Bid submission is attached as Appendix 1

#### 4. Jurisdictional Roles

- 4.1 As the hosting partnership for Primary Care Services, Falkirk IJB will be responsible for setting up and operationally delivering the Walkin-Centre, working closely with NHS Forth Valley, which will delegate resources (including use of the CCHC). Although Primary Care is Hosted by Falkirk IJB , Clackmannanshire & Stirling IJB will retain a key role as the service will be based within their area, involving their citizens health and care. They will therefore be closely involved from a planning and oversight perspective.
- 4.2 The detailed service model - including staffing, scheduling, and resource management - will be finalised by the project team which will report into the Primary Care Programme Board. Details of the refined model and implementation plan will then be reported to both IJBs, NHS Forth Valley Board, for formal governance, with the Scottish Government kept informed in terms of their required participation as outlined in the Award Letter (Appendix 2).

#### 5. Conclusions

- 5.1. Scottish Government initiated a Bid process with a short timeframe for submission (initially nine days). There was limited opportunity for engagement and consultation during this process. Forth Valley’s Bid, based at the CCHC in Alloa was accepted and will be fully funded by Scottish Government.
- 5.2. A Walk-In-Centre Planning Implementation has now been established which will produce a detailed implementation plan for late summer 2026.

#### 6. Appendices

Appendix 1: Forth Valley submitted Bid for Walk In Centre  
 Appendix 2: Letter of Award from Scottish Government

<b>Fit with Strategic Priorities:</b>	
Prevention and Early Intervention	X
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	X
Reducing Loneliness and Isolation	<input type="checkbox"/>
<b>Enabling Activities</b>	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>

Commissioning Consortium	<input type="checkbox"/>
Transforming Care	X
Data and Performance	<input type="checkbox"/>
Communication and Engagement	X
<b>Implications</b>	
<b>Finance:</b>	In announcing the programme and bidding arrangements, Scottish Government indicated that the 16 sites would share a £316M pot of funding. The Forth Valley bid has now had its full year £4.2M Bid cost approved by Scottish Government. In view of the full funding package, this covers the whole cost of the Forth Valley initiative, and so no immediate local funding implications are noted.
<b>Other Resources:</b>	<b>Workforce</b> Now that the Scottish Government has confirmed full funding for the Bid model, the staffing model will now be refined and finalised by the project team. The recruitment required is significant, involving GPs, Advanced Practitioners, pharmacy staff, managers, and business support. Recruitment may be challenging within the timescales, particularly as 15 other areas will also be recruiting for similar posts. Internal movement of staff may also affect service continuity. These have been identified as key risks to the programme. Once the exact staffing requirements are confirmed, further consideration can be given to the optimal recruitment arrangements to meet operational priorities.
<b>Legal:</b>	Part 1 of the Primary Medical Services (Scotland) Act 2004 establishes duties for Health Boards to secure the provision of primary medical services for their populations. It does not specify the exact design of such services but requires the population to be fully served. The intent within this initiative is to further expand that provision. In doing so, it does not contradict the 2004 Act
<b>Risk &amp; mitigation:</b>	Primary Care Sustainability is a high-level strategic risk within Forth Valley due to current pressures and limited capacity. This risk is therefore reflected in the Strategic Risk Registers of NHS Forth Valley and both IJBs (Falkirk IJB risk SRR9). The walk-in centre aims to mitigate some of this risk. However, planning a new service within tight timescales presents challenges, and the model may require adjustment during implementation. Further risks are included in Appendix 1. A full risk assessment will be completed before implementation  Project risks have been identified and mitigations are being developed. The programme management approach will ensure robust management of risks as the project progresses.

<b>Equality and Human Rights:</b>	The content of this report <b>does</b> require a EQIA. An Initial EPIA has been undertaken on the Falkirk system. The full one will be undertaken by Falkirk IJB as Primary care Hosts, and in full collaboration with Clackmannanshire & Stirling Officers
<b>Data Protection:</b>	The content of this report does require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="https://www.gov.scot/resources/consultations-petitions/Publications/2018/06/Fairer-Scotland-Duty-guidance-for-public-bodies.pdf">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b>does not</b> require a Fairer Duty assessment.</p>

# Forth Valley Primary Care Walk-in Centre Pilot Proposal as at 9 January 2026

## 1. Introduction

Access to timely, high-quality urgent primary care remains a significant challenge for many communities, particularly in areas facing health inequalities. In response to the Scottish Government's commitment to improving urgent primary care and delivering more services closer to home, this proposal outlines a pilot for a Primary Care Walk-In Centre in Clackmannanshire.

The pilot aims to provide flexible, same-day access to urgent primary care for local residents, especially those unable to secure timely appointments with their usual GP. Importantly, this model also includes a dedicated training hub to support workforce development and sustainability. While the model offers potential benefits—such as improved patient experience and integrated, multidisciplinary care—it also carries notable risks around deliverability, sustainability, and cost-efficiency. These challenges must be acknowledged and managed throughout implementation and evaluation.

Subject to approval, we will start the pilot in early April 2026, with service capacity phased in over the following three months to reach full operational levels. A comprehensive evaluation will run throughout 2026/27 to assess impact and inform next steps.

It is important to recognise that this model may not represent the most viable long-term solution. Insights gained from the pilot will be critical in shaping future service design, including consideration of alternative models that could achieve similar objectives more effectively and sustainably.

## 2. Background

**2.1 Case for Change:** There are various reasons why an urgent primary care walk-in centre would be well suited to Clackmannanshire. These points are outlined below.

### a. Locality Profile:

- Clackmannanshire, Scotland's smallest mainland council area, has a population of approximately 51,450 (source: SIMD 2020 survey), with 21% aged sixty-five or over - slightly above the national average.
- The area faces significant health inequalities and deprivation, with approximately 14.2% of the population in SIMD decile 1 and another 14.2% in decile 2. Combined, this means around 14,588 people live in the two most deprived deciles.
- Life expectancy is below the Scottish average, and rates of chronic health conditions, mental health issues, and preventable illnesses are high. Smoking and obesity rates are higher than the national average.
- Demand for out-of-hours care from the FK10 postcode area, which includes Alloa, Tullibody and Sauchie is consistently high.

### b. Primary Care Activity and system pressures:

- Timely access to urgent primary care remains a challenge for many patients.
- All GP Practices across Clackmannanshire participate in the Extended Hours Directed Enhanced Service (DES), which requires GP practices to offer additional consultation time outside core hours. Over the last two quarters, 95% of these additional slots have been used.
- Analysis of weekly GP practice activity data (routine slots, urgent slots, and home visits) by cluster shows that house call rates in Clackmannanshire are significantly higher—

approximately 1.8 times higher than the FV average and 2.1 times higher than those recorded in Stirling City. This indicates a notable variation in demand patterns that may require targeted resource planning and service redesign, specific to Clackmannanshire. We will monitor the impact of the pilot service on this factor throughout the pilot.

- When operating at maximum capacity, Clackmannanshire practices can offer approximately 4,982 primary care appointments per week.
- Demand regularly exceeds capacity in Clackmannanshire, with at least one practice reporting system pressures under the OPEL escalation framework each week.
- Insights from the Scottish Government's research on public expectations suggest potential demand for a walk-in centre in Clackmannanshire of approximately 33,000 appointments per year, as many residents report difficulty accessing GP appointments during available hours or due to their own availability, with a significant proportion seeking alternative services.
- The proposed pilot seeks to add approximately 560 to 600 primary care appointments weekly, which is the equivalent to the capacity of an additional medium-sized practice.

### 3. Project Aims and Objectives

Our aim is to develop a multi-disciplinary primary care walk-in centre that supports daily patient needs and strengthens primary care. The service will be fully integrated with pathways to promote early intervention and improve access. Project objectives include:

- Improve access to urgent primary care and support early intervention
- Enhance patient experience and continuity of care
- To deliver more care closer to home
- Reduce waiting times and ease pressure on other services
- Establish and evaluate a primary care training hub
- Test the feasibility and sustainability of the primary care walk-in centre model
- To reduce health inequalities
- To strengthen self-care and better use of community services
- To work with stakeholders in service design

### 4. Service Model Description

**4.1 Ethos:** Our ethos is rooted in person-centred care, focusing on what matters most to patients at the point of contact. We aim to help individuals understand their symptoms, self-manage where appropriate, and navigate the wider healthcare system effectively. By delivering the right care, at the right time, in the right place, we will provide clear additionality to our local GP practices, community pharmacies, optometry, and secondary care to minimise duplication and avoid unnecessary escalation to emergency services. We uphold safety and clinical excellence through clear governance pathways, a skilled multidisciplinary team with senior decision-maker support, and robust safety-netting processes that do not increase GP workload. Our commitment includes training colleagues to manage urgent same-day presentations in primary care. Finally, we prioritise equity of access, ensuring support for individuals who struggle to secure same-day GP appointments.

**4.2 Service profile:** The Walk-in Centre (WIC) will manage acute and urgent presentations suitable for general practice from patients who are unable to access in-hours appointments with their Primary Care team. The WIC will have access to diagnostics and onward referrals. The primary target patient population will come from across the Clackmannanshire area. We will start off relatively small, with the potential to expand this footprint over time. The service will operate seven days a week, from 12:00pm to 20:00pm. Patients may often be better served by alternatives such as pharmacy, optician, dentist, or self-care.

Patients have the flexibility to attend the walk-in centre without prior booking or call for telephone triage and a pre-booked slot. The two options are described in more detail in Table 1, including some of the benefits of both. Daily capacity will be actively managed to balance walk-in and urgent telephone triage appointments, maintaining patient flow and preventing overcrowding. This hybrid approach prioritises safety, accessibility, patient experience, and optimal use of resources, delivering a streamlined, patient-focused pathway. Clear public information will explain when to walk in, when to call, and which conditions are most suitable for each route. The effectiveness of this will be monitored as part of the service evaluation process.

Clinicians in the WIC will proactively identify and address wider health needs whenever possible. This may include promoting health literacy, encouraging attendance at vaccination clinics, or signposting patients to resources offering health checks. These actions reflect standard practice within any GP setting.

**Table 1 Flexible access options (including benefits)**

<ul style="list-style-type: none"> <li>• <b>Walk-in access option:</b> we will offer rapid face-to-face assessment by a triage Clinician on arrival. Where appropriate, patients will be redirected to the service that best suits their needs. Patients can receive rapid assessment without waiting for a call-back or booking, which is particularly valuable for those who prefer in-person care or have urgent but non-emergency needs. This offers choice for those unable to plan ahead or who need reassurance through direct contact. Supports patients who struggle with digital or telephone access, language barriers, or those without reliable technology. Enables clinicians to perform hands-on assessments and diagnostics that are not possible via telephone. Walk-in centres can feel more responsive and convenient, enhancing satisfaction and trust in local healthcare. There is a risk that patients from across Forth Valley may attend this WIC service.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Telephone triage option:</b> A dedicated telephone triage system will operate daily from 12pm to 8pm, guiding patients to the most appropriate service before attendance. This ensures timely, efficient care and reduces unnecessary visits to the Walk-In Centre (WIC). The service will manage initial enquiries, prioritise safety, and enable telephone consultations where suitable. It improves patient flow and safeguards urgent cases—such as suspected myocardial infarction or stroke—by directing them immediately to emergency care. This approach builds on NHS Forth Valley’s investment in care navigation, helping patients access the right care in the right place at the right time. It promotes self-management, optimises community resources, and focuses on what matters most to patients. Based on our proven Out of Hours model, this system delivers high-quality care, an excellent patient journey, and ensures patients receive the right care at the right time from the right professional. Based on our experience and evidence, we believe this approach offers the most effective way to deliver safe, timely, and patient-centred care.</li> </ul>

Continuity with a patient’s own GP is proven to benefit both patients and the healthcare system. Care will only return to the registered GP for ongoing or chronic issues to avoid duplication. The core services and areas for potential expansion are outlined in Table 2.

**Table 2 List of core services and areas for potential expansion**

Core Services	Service Areas for Potential Expansion
<ul style="list-style-type: none"> <li>• Urgent primary care access for patients with an urgent clinical need and who are unable to access same day appointment at their usual GP</li> <li>• Walk-in centre, offering rapid face-to-face assessment by a triage nurse on arrival.</li> <li>• Telephone triage with care navigation to appropriate services, or a telephone/ face-to-face consultation.</li> <li>• Same-day face-to-face assessment and treatment for minor illnesses (that cannot be managed by existing pathways e.g. Pharmacy First) that do not require emergency, specialist, or long-term complex care, ensuring patients receive the right care at the right time and place.</li> <li>• Training opportunities for GP trainees and other professions including APPs, ANPs and AHPs.</li> <li>• Onward referrals (e.g. secondary care imaging) and basic diagnostics (e.g. blood tests, urine tests) to support appropriate follow-up.</li> <li>• Access to community pharmacy on a Sunday (12pm – 5pm)</li> <li>• Distress Brief Intervention (optional small test of change) - * see <b>Note 1</b> below for additional background</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative working with SAS</li> <li>• Community connector</li> <li>• Health improvement support (e.g. access to smoking cessation, exercise referral; step up stress training)</li> <li>• We will assess the potential need for additional diagnostic capacity.</li> <li>• <b>Note 2:</b> We will conduct a comprehensive assessment of the needs across all six localities at a later stage. We currently expect that any second phase of development would not happen until month 18 at the earliest.</li> </ul>

**Note 1:** Distress Brief Intervention: A proportion of patients presenting to the Walk-In Centre (WIC) will experience mental health distress and require referral to the Distress Brief Intervention (DBI) programme, which has a strong evidence base for improving outcomes. To address this need, we propose piloting a model of direct referral to DBI from the WIC within a GP practice setting, starting small and adopting a ‘test and learn’ approach. This would require a modest additional investment of approximately £50,000 to support FDAMH, our third-sector partner, in delivering DBI capacity. The learning from this pilot would provide valuable insights to inform future roll-out of direct DBI referral pathways across primary care.

**4.3 Primary Care Training Hub:** The WIC will also serve as an advanced practice training hub for clinicians, supporting workforce development and sustainability in general practice and the wider PCPI team.

**a. Advanced practitioner trainees**

This initiative will focus on training clinicians to become Advanced Practitioners (APs), helping to address the current shortfall in training places. Under the supervision of experienced GPs and ANPs, nurses, pharmacists and paramedics will receive structured training, strengthening the pipeline of skilled professionals.

**b. GP trainees**

The expansion of GP trainee numbers has created challenges in providing sufficient Out of Hours (OOHs) experience for all trainees. To address this, experienced GPs will supervise and train GPSTs, ensuring high-quality learning. Establishing a training hub will add capacity and support this development, which is expected to strengthen

recruitment and retention. This approach has the backing of local independent contractors, the FV OOHs service and the Forth Vally GP Training Programme Director.

**4.4 Projected capacity/ activity:** The proposed increase in care appointments of 560 to 600 per week across Clackmannanshire. This is equivalent to an additional medium size Practice in additional capacity. Our capacity planning assumptions are shown in Table 3.

**Table 3 Capacity and planning assumptions (estimate)**

Appointments per hour	Appointments per day (8 hours per day)	Appointments per week (7 days per week)	Appointments per month	Appointments per year
10-11	80-88	560 to 600	2400 to 2500	29000 to 31000

It is our intention to build on this primary care walk-in centre model, to explore options for further expansion over time and support additional areas. A comprehensive assessment of needs across all six localities will be undertaken over the coming months. This reflects our long-term vision to create a sustainable, integrated approach that meets the evolving needs of our communities.

**4.5 Recording patient transactions and communication with other service areas:** All patient consultations will be fully documented in an electronic system. Clear communication with the patient's usual primary care team is essential. We will use ADAstra as our preferred option, as it is already used across NHS and out-of-hours services and offers integrated reporting capabilities. This also fits with NSS assumptions to promote a consistent approach across Scotland (using ADAstra as the standard platform).

**4.6 Monitoring service impact:** Monitoring and evaluation of these walk-in centres will be critical in determining whether further rollout is appropriate or if resources would be better invested in traditional general practice. We will proactively collect data to understand how the pilot affects GP practice workload, ensuring any changes are identified early and managed effectively. Special attention will be given to the management of diagnostic results and onward referrals, with robust processes in place to maintain patient safety and support GP teams. The evaluation should include:

- Activity and demand data – who uses the service, including SIMD profile, age, and types of conditions
- Access and responsiveness – time taken to be seen, DNA (Did Not Attend) rates
- Outcomes and safety – proportion returning to a GP within 72 hours, incidents, near misses, SEAs, antibiotic stewardship
- Patient experience – including impact on continuity of care with their registered GP
- Workforce and operational sustainability – staffing levels, staff experience and retention, productivity metrics (e.g., numbers seen per hour)
- Cost-effectiveness – cost per attendance

**4.7 Governance, leadership and management:** The service will operate under a robust governance framework and strong clinical leadership, with local arrangements fully aligned to national standards. Clinical oversight will be provided by the NHS Forth Valley Primary Care Clinical Lead, supported by senior clinical leaders to ensure safety, quality, and continuous improvement. Clinical governance oversight and day-to-day operational management will be delivered via the Falkirk Health & Social Care Partnership (HSCP), ensuring accountability and seamless integration with wider system priorities.

## 5. Workforce

The service will be delivered by a multidisciplinary team, including GPs, advanced practitioners, HCSWs and administrative staff. Recruitment will be planned to avoid impacting existing services, with roles structured to offer flexibility and variety - such as combining shifts in other service areas (such as out-of-hours) - to support staff recruitment and retention. This approach strengthens primary and community care through collaborative working. The detailed staffing profile for phase 1 is provided in Table 4.

There are significant risks associated with staff recruitment, as attracting new personnel may prove challenging. This is partly due to the short-term nature of the pilot and the requirement to offer 12 or 15 month fixed-term contracts. A service supported by permanent, recurring funding would present a far more sustainable proposition. Additionally, there is a potential risk to the continuity of existing services and initiatives (such as Out-of-Hours and the strengthening of primary care teams through the primary care improvement plan) if current staff choose to transition into these new roles. These issues require careful consideration and ongoing review as the pilot progresses.

## 6. Facilities and Infrastructure

We plan to locate the pilot within Clackmannanshire Community Healthcare Centre (CCHC) in Sauchie, Alloa. CCHC is an existing NHS Forth Valley community hub that is centrally located, easily accessible, and well-suited for walk-in centre. CCHC already hosts three Primary Care GP Practices and a range of outpatient and inpatient services and a mental health resource centre. It is a modern, purpose-built facility and it is likely that only minimal adaptations are required, allowing for rapid implementation and offers some potential for future expansion. Using CCHC reduces setup time and costs while ensuring the premises remain fit for purpose.

Our requirements from the CCHC facility are as follows:

- Six consultation/ examination rooms
- Clinical measurements area
- Dirty and clean utility areas
- Storage area (consumables, equipment, medication, and other supplies)
- Large waiting area
- Access to diagnostics (urine, blood sugar) and appropriate medical devices
- IT infrastructure and equipment (access to ADAstra); Wi-Fi; internet access etc.
- Good parking

We will need to consider the impact on any services currently using these areas at CCHC and develop a costed relocation plan.

The WIC has the potential to be a high-stress environment where emotions could run high. It is essential to maintain a consistent security presence, particularly during out-of-hours periods. This ensures the protection of healthcare staff from verbal abuse, threats, or physical assaults, safeguards vulnerable patients, and prevents unauthorised access to the facility. We will need to assess if this should be an in-house arrangement or outsourced from elsewhere.

As part of the evaluation, we will gather and review feedback from service users on the CCHC location and facilities, using these insights to inform and improve any future Walk-In Centre plans.

## 7. Programme Risks

Primary Care Sustainability is a high strategic risk within Forth Valley due to current system pressures and limited capacity. The walk-in centre aims to help reduce this risk. However, planning a new clinical service within tight timelines brings challenges and some potential risks. It is clear that the model may require adjustments during implementation. A number of these issues and risks are included below for consideration. A full risk assessment will be

undertaken to identify additional issues and develop mitigation strategies prior to implementation.

- a. **Compressed planning timelines:** Limited time for service design, stakeholder engagement, and operational readiness increases service risks. We will continue to engage with wider stakeholders (service users, communities, staff, contractors, advisory groups) over the coming weeks to understand local needs and refine our approach.
- b. **Uncertainty in demand forecasting:** Lack of robust local data may lead to inaccurate patient volume estimates, impacting staffing, resource allocation, and patient experience. We will analyse local data and consider a phased approach while monitoring real-time demand and waiting times. We will develop a communications plan for the public, explaining what the WIC is for and what it is not for. We will also extend our demand forecasting to include scenarios where potential demand from other areas of Forth Valley (and even from outside Forth Valley) is estimated.
- c. **Pathway gaps and duplication:** There is a risk of destabilising existing care pathways and creating fragmented services if integration with GP, urgent care, and community services is unclear. To mitigate this, we will design the pathway with local clinicians and stakeholders, develop clear referral protocols, and implement robust communication plans to ensure seamless co-ordination and continuity of care (including those presenting with mental health concerns or distress).
- d. **Induced demand for low-acuity conditions:** Walk-in availability may encourage attendance for self-limiting conditions, increasing workload without improving health outcomes. We will monitor the case mix as part of the evaluation of the hybrid model and adjust our messaging and pathways accordingly over time.
- e. **Complexity and confusion in access routes:** Patients may be unclear on when to use the walk-in centre versus traditional GP, community pharmacy, dentist, optometrist or A&E services. Patients may bypass traditional pathways creating potential for inappropriate use and dissatisfaction (especially if they need to be redirected after travelling to the WIC). We will ensure simple and consistent public messaging, providing clear guidance on service scope. We cannot risk establishing behaviours based on the premise that every and all care needs are catered for, as and is likely to result in demand exceeding capacity.
- f. **Impact on onward referrals and system flow:** Increased referrals from walk-in centre consultations could strain secondary care and disrupt whole-system capacity planning. We will test our referral criteria prior to service launch, monitor activity levels and include escalation plans for surge scenarios. This service link to our local OPEL whole system escalation tool.
- g. **Patient safety considerations:** Patient safety is a key priority. We want to minimise risks for patients by embedding robust safety measures as early as possible—ideally before anyone enters the WIC building. The unpredictable nature of walk-in presentations makes this more challenging, so clear clinical pathways and protocols will be essential. There is a risk that patients may attend the WIC with conditions requiring more urgent care at the Emergency Department. If any part of the pathway does not meet safety standards, we will implement additional safeguards and contingency plans to ensure patient safety at all times.
- h. **Staff safety considerations:** The safety and wellbeing of staff is paramount. We will work to protect staff from potential risks such as aggressive or violent behaviour, pressure linked to high demand and surges, overcrowding, clinical uncertainty, exposure to clinical and behavioural risks, and security vulnerabilities. Planning to mitigate these risks—including robust protocols, security measures, and staff support—will continue over the coming weeks.
- i. **Opening hours/ service access hours:** Although the opening hours will be between 12pm to 8pm daily (i.e. the time the WIC is officially open to the public) the times during which new patients can be accepted for treatment will be different. Access to the

service will likely need to stop before closing time to allow staff to complete care safely. If patients are still waiting to be seen at 8pm then we will need a clear contingency to address this. This may eventually lead to some minor changes in the service profile. We will need to consider the service access hours over coming weeks.

- j. **Workforce recruitment and retention challenges:** Workforce recruitment and retention present significant challenges. Short lead times, extended operating hours, and the unpredictable nature of walk-in presentations may make it difficult to attract and retain skilled staff, putting service continuity at risk. To mitigate this, we will implement a comprehensive recruitment and retention strategy, including flexible working arrangements, clear role definitions, and robust staff support measures. There is also a potential impact on existing services if current staff choose to transition into these new roles. Additionally, the requirement to use fixed-term contracts for a 12-month pilot introduces further risk. We strongly believe that a service supported by permanent, recurring funding would offer a far more sustainable and attractive proposition. The uncertainty regarding demand may need some further flexibility around staff numbers. We will continue to review the target staffing profile and associated work rota.
- k. **IT system readiness and interoperability:** Existing digital infrastructure may not support real-time data sharing and clinical documentation across pathways. We will test the IT system to ensure that any issues are identified, and workarounds are developed where needed.
- l. **Service Displacement Risk at CCHC:** The potential impact on services currently using areas at CCHC, if space is reallocated, has not yet been fully assessed. Any changes could potentially disrupt existing operations and affect service delivery. We will develop a costed relocation plan during January 2026, to ensure continuity of affected services and to minimise disruption. We will then adjust our costing appropriately. Consultation with staff will be essential before any potential relocation. Wherever possible, we aim to accommodate any moves within the existing CCHC premises to minimise disruption.
- m. **CCHC adaptations:** A comprehensive assessment of any required adaptations will be undertaken following approval from the Scottish Government. All proposed changes must be fully costed. As the building operates under a PFI agreement, any adaptations may trigger a contractual variation, potentially resulting in recurring cost implications. These matters will require detailed discussion and agreement with the PFI operator.
- n. **Service evaluation:** The impact of the service must be carefully assessed to inform decisions on long-term sustainability. Key Performance Indicators (KPIs) and targets will be defined prior to launch. Formal reviews will take place at 3, 6, 9, and 12 months, aligned with the phased implementation period, to evaluate service risks, issues, and overall viability. These reviews will guide decision-making on whether the service should be scaled up, modified, or discontinued.
- o. **Cost effectiveness and sustainability:** While the current Walk-In Centre model offers important benefits, it does present significant risks and may not represent the most cost-efficient or sustainable approach. Deliverability could also be challenging under the existing framework. However, there are several alternative care models that could be explored to achieve the same objectives in a more effective and sustainable way. For illustration, if this level of funding were allocated directly to GMS, it could support an additional 24 WTE GPs, delivering up to 1,600 appointments per week (accounting for annual leave and a 20% allowance for sickness absence). This would be equivalent to establishing a GP practice serving approximately 21,733 patients, based on the average per-patient funding received through GMS, including enhanced services.
- p. **Long-term viability and exit strategy:** Short-term funding may result in service withdrawal after 12 months, creating confusion for service users and reputational risk. We will establish clear criteria for continuation or closure based on strategic goals and KPIs and communicate these early. Following evaluation, there is a possibility that the pilot Walk-In Centre may need to remain operational beyond the initial 12-month

period, extending into months 13, 14 and 15. This additional time is not intended as a service extension but is required to safely decommission the service, manage staff redeployment, and address associated exit costs. To mitigate this risk, a contingency allowance has been included in the project budget to cover these decommissioning requirements.

## 8. Programme Costs

Clear and realistic funding is essential for the success of the project. The costs of the walk-in centre pilot cover staffing, equipment, and premises. Detailed cost estimates for both setup and ongoing operations are provided.

The total cost for the pilot programme is £4.209m during 2026/27. The total cost for the pilot programme for 2026/27 plus the 3 month disengagement period is £5.261m.

**Table 4 Resources and costing**

Role/ resource description	Band/ scale	WTE	£'000s
Lead GP	clinical lead level 3	1.00	238
GP		5.00	1094
Advanced Practice Lead	B8a	1.00	134
Advanced Practitioners/ AP Trainees	B7	7.00	814
HCSWs	B3	4.00	255
Pharmacy Technician	B4	0.30	17
Call handlers	B4	4.00	260
Admin support	B3	1.00	53
Practice Manager	B8a	1.00	119
Community Pharmacy			50
Medical devices			9
Other clinical equipment			15
IT: Laptops, screens, MFD, maintenance			60
ADASTRA licence for team (x10 staff)			23
CCHC accommodation management costs			100
CCHC displacement costs			25
Security Team supervisor	B4	1.00	65
Security Team	B3	3.00	191
Clinical non-pay & referral related costs			357
Project support costs: including project management, development, implementation, evaluation, communication etc (initial estimate)			280
Distress Brief Intervention (optional small test of change)			50
<b>Annual service cost</b>			<b>4209</b>
	Months	Months	
Project cessation - Exit lead time - 3 months	12	3	1052
<b>Cost - 1 year project - plus disengagement</b>			<b>5261</b>

**Note 3:** Full costs include appropriate time-out allowance and weekend enhancements.

## 9. Implementation

NHS Forth Valley will work with national partners, health boards, professional bodies, and local GPs to share best practice and improve patient pathways. A clear communication plan will ensure transparency and manage expectations for both the public and healthcare professionals.

We are committed to robust evaluation and data collection to demonstrate the effectiveness and sustainability of the walk-in centre model. This will include impact on access, patient experience, waiting times, and any risks to system performance across general practice, out-of-hours and emergency department services. Data on safety, health inequalities, and cost-effectiveness will inform future development, with routine reporting to inform national evaluation. We will adopt an agile and flexible approach to implementation, continuously refining the model based on insights gained, while ensuring the Scottish Government remains fully informed of any proposed changes.

Subject to approval, NHS Forth Valley will start the pilot in early April 2026. However, full service capacity is expected to be phased in over the first three months due to anticipated staff recruitment challenges etc. A comprehensive evaluation will run throughout 2026/27 to assess impact and inform next steps. An early decision from the Scottish Government remains critical to keep the project on track and support us to start service initiation in early April 2026.

## 10. Conclusion

The Forth Valley Primary Care Walk-In Centre pilot aims to improve urgent care access, reduce system pressures, and address health inequalities in Clackmannanshire. The inclusion of a dedicated training hub remains a positive feature, supporting workforce development and resilience.

While the model offers potential benefits—such as person-centred, multidisciplinary care and enhanced patient experience—it also carries significant risks around deliverability, sustainability, and cost-efficiency. These challenges must be carefully considered throughout implementation and evaluation. Insights from the pilot will be critical in shaping future service design, including the exploration of alternative models that may achieve similar objectives more effectively and sustainably.

Subject to approval, NHS Forth Valley will proceed with implementation in early April 2026. Full capacity will be phased in over the following three months to accommodate staff recruitment and other anticipated challenges. Throughout this period, robust governance, clear evaluation measures, and strong collaboration across partners will be maintained to ensure patient safety and service quality during the pilot phase.

**Ross McGuffie**  
Chief Executive  
NHS Forth Valley

**Jennifer Borthwick**  
Interim IJB Chief Officer  
Director of Clackmannanshire  
& Stirling Health and Social  
Care Partnership

**Gail Woodcock**  
IJB Chief Officer  
Director of Falkirk Health and  
Social Care Partnership

**To:**

Ross McGuffie – Chief Executive, NHS Forth Valley

Copy to:

Christine McLaughlin- Chief Operating Officer

Date: 27 February 2026

**GP Walk-in Services Pilot Programme**

Dear Ross,

1. Thank you once again for your proposal to participate in the Scottish Government's General Practice Walk-In Services Pilot Programme. Further to Caroline Lamb's letter of 23rd December 2025, I am writing to formally confirm the selection of your pilot site in Clackmannanshire Community Healthcare Centre (CCHC).
2. A non-recurring allocation will be provided in 2026-27 to support your participation in the Pilot Programme.
3. I understand you are working towards an opening date in Summer 2026. Please let officials know when you are able to confirm your go-live date.

**Pilot Requirements**

4. As set-out in your proposal, all pilot sites must reflect the principles of the Service Renewal Framework, ensuring that walk-in services strengthen multidisciplinary primary and community care, support early intervention, and operate as an integral part of local urgent and unscheduled care pathways.
5. Each pilot site must demonstrate the following criteria, as set-out in the Call for Proposals:
  - a. Operate seven days a week, Monday to Sunday, from 12:00 to 20:00, or during alternative hours that provide equivalent extended access;
  - b. Ability to 'walk-in' throughout that period;
  - c. Offer urgent care primary care services in line with presentations to GP Out of Hours services. The focus will be on same-day assessment and minor illness treatment for conditions that do not require emergency care, specialist care, or longer term, complex management;

- d. Key audience is those having issues accessing their in-hours GP for urgent care;
  - e. Complement existing local service provision;
  - f. Access to at least the emergency care summary and communicate actions to the usual provider of care;
  - g. Preferably hosted within an existing NHS Board or GP estate to minimise setup time and cost;
  - h. Location convenient for patient 'walk-ins' (e.g. good accessibility, areas of high footfall);
  - i. Analysis of system flow, risk, benefit and patient experience and wider evaluation capacity built-in from outset;
  - j. Where locally deliverable in terms of cost, workforce and premises and aligned with existing diagnostic strategies, Boards may propose the inclusion of community diagnostic capacity within pilot sites.
6. In addition to the original pilot specification, Boards are expected to use the same technology solution that they use for their GP out of hours service. This is to support consistency across pilot sites, enable a robust national evaluation, and inform decisions on scalability. This will also be supported by the development of a national statement of work for configuration of the technology system used in GP out of hours. If additional licenses are required to facilitate this, please contact [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot).
7. Funding is provided on this basis, and Boards are expected to design and deliver their pilot accordingly.

## National Governance

8. Scottish Government will establish a national governance to oversee the delivery of this programme, working with sub-national planning structures. As part of your participation in the pilot programme, you are expected to work closely with Healthcare Improvement Scotland (HIS) and Public Health Scotland (PHS) to support learning, evaluation and improvement. This will include:
- Nominating a named lead to act as the primary point of contact with the HIS team (n.b. we will assume this is the same as the single point of contact provided to Scottish Government unless notified otherwise)
  - Working with HIS to document the local delivery model and underpinning assumptions
  - Sharing learning and early insights from mobilisation and delivery with other participating Boards and HIS
  - Supporting demand, capacity and activity analysis with HIS, including provision of relevant local data
  - Contributing to the development and implementation of a national evaluation framework, linking local delivery teams with national HIS staff
  - Working with HIS and PHS towards the development of common datasets, where feasible, using common systems and appropriate data sharing arrangements.
9. As part of establishing the national governance, reporting requirements will require further information in relation to the following areas, to support national assurance, evaluation and comparability across pilot sites:
- Access arrangements

- Triage approach
- Core inclusion criteria
- Service scope
- Demand and capacity assumptions
- Equality Impact Assessment (EQIA)

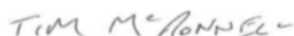
10. Officials will be in touch to seek this information in due course.

## Financial Management

11. Funding to deliver the pilot will be up to the levels set out in your bid, as confirmed through subsequent correspondence (see Annex A). Please let us know if there are any outstanding funding requirements.
12. As this is a novel pilot programme, funding will be released in tranches during 2026-27 to support appropriate financial control, assurance and effective cash management. Further information will be provided as national governance is established.
13. We look forward to working with you and taking forward this programme of work which is critical to ensuring our continued focus on improving access to primary care and shifting more care into community settings.

If you have any further queries at this stage, please contact [pcimplementation@gov.scot](mailto:pcimplementation@gov.scot).

Yours sincerely



Tim McDonnell  
Director  
Primary Care Directorate



**ANNEX A – Allocation**

<b>NHS Health Board</b>	<b>2026-27 Funding (£)</b>
Forth Valley	£4,209,000



# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 10

## Medium Term Financial Forecast

*For Noting and Approval*

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

Directions	
<b>No Direction Required</b>	<input checked="" type="checkbox"/>
<b>Clackmannanshire Council</b>	<input type="checkbox"/>
<b>Stirling Council</b>	<input type="checkbox"/>
<b>NHS Forth Valley</b>	<input type="checkbox"/>
<b>Purpose of Report:</b>	The report provides:  The estimated 4 year Medium Term Financial Forecast (MTFF).
<b>Recommendations:</b>	It is recommended that the Integration Joint Board:  a) Approves the Medium Term Financial Forecast; and  b) Instructs the IJB Chief Finance Officer to refresh the Medium Term Financial Forecast in late 2026 following further consideration of the delivery of the 2026/27 savings and recovery plan and the 2027/28 planned financial savings.
<b>Key issues and risks:</b>	2026/27 savings plans and recovery plan are not yet fully developed. These savings have an impact on the future year's financial projections.

## 1. Strategic Plan Context

- 1.1. The Strategic Plan (2023-33) is underpinned by the MTFF. Being able to look beyond the detailed budget for 2026/27 is crucial to support the IJB's future longer term financial sustainability.
- 1.2. The Strategic Plan will be considerate of the current financial challenges over the next 4 years.
- 1.3. This MTFF considers a growing demand for health and social care services where resources available to meet that demand are not increasing at the same rate. The Strategic Plan sets out 5 priorities with the intention of transforming service delivery to ensure demand can be met within resources stated within the MTFF in coming years. The 5 priorities are:

- Prevention, early intervention and harm reduction;
- Independent living through choice and control;
- Achieving care closer to home;
- Supporting empowered people and communities; and
- Reducing loneliness and isolation.

- 1.4. The IJB remains committed to the prevention and early intervention agenda. This approach will help to manage future demand and will switch focus over the coming years enabling greater balance towards financial sustainability.
- 1.5. Achieving good health is impacted by many factors, for example, education and income, housing and living environment, social and community support. Inequality in these wider determinants has a direct impact on health. The IJB will work with partners and the people of Clackmannanshire and Stirling to improve the overall health and wellbeing of the population and to try to close the inequality gap.
- 1.6. The Strategic Plan relates to services delegated to, and hosted by, the IJB. It has been informed by a detailed analysis of current and emerging local, regional, and national factors affecting health and social care delivery. This includes factors such as statutory responsibilities; current performance towards delivering better outcomes; and feedback from engagement with stakeholders including staff, citizens, and our partner organisations. The purpose of the MTFF is to support the delivery of the outcomes of this work.

## 2. The Medium Term Financial Forecast

- 2.1. The draft Medium Term Financial Forecast, shows the current financial model of budgeted expenditure over the next 4 years.

	2026/27 Budget £'000	2027/28 Budget £'000	2028/29 Budget £'000	2029/30 Budget £'000
<b>IJB Budget C&amp;SHSCP</b>				
Community Health Services	42,595	43,021	43,021	43,021
Learning Disabilities	34,358	32,893	32,235	31,591
Older People and Physical Disabilities	60,295	55,766	55,208	54,656
Primary Care Prescribing	40,087	40,889	40,889	40,889
Primary Care	66,414	66,414	66,414	66,414
Mental Health	10,518	10,512	10,301	10,095
Housing Aids and Adaptations	860	860	860	860
Substance Misuse	3,929	3,890	3,851	3,812
Management Other and Community Admin	3,479	3,444	3,444	3,444
Transformation Funds	2,078	2,078	1,678	1,478
Vacintions - women and children	423	432	440	449
Health Promotion, Health Improvement & Corporate Services	2,449	2,424	2,472	2,522
	<b>267,485</b>	<b>262,622</b>	<b>260,815</b>	<b>259,232</b>
Set Aside	40,261	40,261	40,261	40,261
	<b>307,746</b>	<b>302,883</b>	<b>301,076</b>	<b>299,493</b>
Required recovery plan	<b>8,858</b>	<b>3,996</b>	<b>2,188</b>	<b>605</b>

2.2. The model uses the same assumptions that have been used to determine the 2026/27 budget. It also assumes the following:

- IJB normal partner funding uplift is received each year in relation to national income and will continue annually;
- Cost increases in each year are set at 3% for pay award and non-pay inflation, with the exception of prescribing, are assumed at 2%;
- Prescribing pressures are assumed at 2% for 2027/28 but thereafter with the opportunity to reduce inflationary pressures through specific savings initiatives; and
- An assumption is made around future savings being, 1%-2% for community health care and adult social care - not to the same level as in 2026/27. These savings will be driven from service enhancement and the introduction of further technology associated with continuous improvement activity.

Note savings in 2027/28 are higher as the full year effect of the 2026/27 savings are taken into account.

2.3. In addition to financial assumptions changes to the areas demographic and current health are also considered:

- Clackmannanshire and Stirling are expected to see a rise in people over the age of 75, placing greater demands on frailty, the strengthening re-enablement services will help people live well for longer;
- Maintaining a clear health equalities agenda so everyone's health and wellbeing is the same no matter where they live;
- Adult healthy life expectancy is declining, public health awareness promoting healthier lifestyles as part of the Strategic Plan;
- Continuing to reduce the serious consequences of alcohol and drug misuse; and
- Maintaining core essential health and care services people need.

2.4. Taking these factors into account the MTFF assumes that to reach breakeven budget each year it is likely a further recovery plan will be necessary in each financial year at this stage. Further consideration of how the IJB infrastructure and service delivery can be changed to develop savings will be required over coming months to reach a position of financial sustainability.

2.5. The Clackmannanshire and Stirling Councils budget setting process noted the financial pressures of the IJB. NHS Forth Valley has not yet approved their budget, their budget meeting is scheduled for the 31<sup>st</sup> of March 2026.

2.6. Currently the MTFF shows an imbalance in the budget in each of the next 4 years. It is clear the IJB requires to make a strong commitment to financial sustainability to reduce the pressure being placed on partners to provide additional annual funding contributions to the IJB.

2.7. Whilst the additional savings by way of recovery plan show reduction of the 4 year period more needs to be done to reshape the provision of Health and Care to bring about financial sustainability at an earlier date. The Chief

Finance Officer will continue to work with the Chief Officer and HSCP teams to develop service delivery to work towards this goal. As this work progresses it is expected savings will be made which will move the IJB closer to financial balance over this period.

- 2.8. These plans factor in the IJB starting to move towards a more sustainable delivery model. One such change is a greater use of technology, this will underpin health care delivery and also place a greater focus on the citizens. There is also the future opportunity to use technology to start to build a more robust picture of citizen need allowing the IJB to concentrate on a robust prevention agenda and keeping people in Clackmannanshire and Stirling in improved health leading to a lower burden of care. The gradual introduction of technology is noted incrementally in the MTFF, slowly allowing the IJB to reduce costs as the health and care services reshape over this period.
- 2.9. The MTFF also assumes the current delivery model will start to change to reflect the increased emphasis on prevention. The drive for service efficiency will continue, partly dependent on securing investment for technology development - invest to save funding bids will be considered to support this work. The Strategic Plan is consistent with this theme and brings opportunity to improve the future model of integrated health and care.
- 2.10. It is proposed that the MTFF is updated following further planning work, also ensuring continuing alignment between the Strategic Plan and the MTFF.
- 2.11. This will ensure the IJB has a financial model which continues to align to the future direction of the C&SHSCP. This model can also consider how investment in the technology required to underpin a strong preventative health and care system can be funded and further map out the full benefits this could bring.
- 2.12. This MTFF also highlights the requirement for further detailed planning work to be undertaken for 2027/28, 2028/29 and 2029/30. When the MTFF is refreshed it will continue to align to the Strategic Plan as part of the financial planning process. It is important the IJB are aware of the future financial projections and how the forecast budget deficits can be addressed.

### **3. MTFF Strategic Financial Risk**

- 3.1. **Planning assumptions** are based on estimations which are stated in the document, there is a risk these change over time. These assumptions are consistent with those used to create the 2026/27 budget and the associated risks.
- 3.2. **Population demographics** are expected to remain broadly consistent with current predictions.
- 3.3. **The base budget** used assumes the delivery of £10.815m savings in 2026/27. This work underpins the MTFF.

- 3.4. **Additional funding** has not been assumed from partners, due to the widespread pressure on public finances it will be important to continue to work closely with Clackmannanshire and Stirling Councils and NHS Forth Valley over coming years. The IJB are conscious of the budget demands all organisations continue to manage and also the additional contributions already made to the IJB in 2025/26 and previous financial years.

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
Medium Term Financial Plan	<input checked="" 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"/>
<b>Implications</b>	
<b>Finance:</b>	Financial implications are noted throughout the report for 2026/27. Clackmannanshire Council, Stirling Council and NHS Forth Valley should be aware that there are significant challenges in balancing the budget in future financial years.
<b>Other Resources:</b>	There are no direct implications as a result of this report.
<b>Legal:</b>	The recommendations within this report with respect to the management of the current overspend are compliant with the Clackmannanshire and Stirling Integration Scheme.
<b>Risk &amp; mitigation:</b>	Outlined in the report.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require a EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="https://www.gov.scot/resources/consultation-published/fairer-scotland-duty-guidance-for-public-bodies/">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p>

	This paper <b><u>does not</u></b> require a Fairer Duty assessment.
--	---

# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 11

## Clackmannanshire and Stirling Strategic Commissioning Plan 2023 - 2033 3 Year Review 2023 -2026

*For Approval*

<b>Paper Approved for Submission by:</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	Wendy Forrest, Head of Strategic Planning & Health Improvement
<b>Author</b>	Wendy Forrest, Head of Strategic Planning & Health Improvement
<b>Exempt Report</b>	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"/>

<b>Purpose of Report:</b>	The purpose of this Report to the Integration Joint Board is to provide an updated Strategic Commissioning Plan (2023-2033) following a review process.
---------------------------	---

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Consider and approve the Clackmannanshire and Stirling Strategic Commissioning Plan 2023 – 2033 - 3 Year Review.</li> <li>2. Note the updates within the Plan which have taken account of the engagement process undertaken across the whole system.</li> <li>3. Consider and approve the proposed Key Performance Indicators linked to approved strategic priorities.</li> </ol>
-------------------------	---

<b>Key issues and risks:</b>	<p><i>The Strategic Commissioning Plan is a key requirement of the Integration Joint Board, as the overarching commissioning body for all delegated functions, as laid out in the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Government Guidance.</i></p> <p><i>The role of the Strategic Planning Group within the Act is to oversee and monitor the delivery of the Plan. The Act also states that the Plan must be reviewed at least every three years.</i></p>
------------------------------	--

## 1. Background and Introduction

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places several duties on Health and Social Care Partnership (HSCPs) in relation to strategic commissioning. One of these is to produce a strategic plan, with another being to ensure the Plan is reviewed at regular intervals, and at least every three years.
- 1.2 As members will be aware, the Clackmannanshire and Stirling Strategic Commissioning Plan was published in 2023, and the Plan covers a 10-year period to April 2033. The Scottish Government’s statutory guidance on strategic plans sets out that Integration Authorities (IJBs) are required to review their Strategic Plan at least every three years. In line with the Act, and

statutory guidance, there is a requirement in 2026 for the review for the current Plan to be published. This paper lays out the output from the engagement process undertaken 2025 - 2026 to meet these requirements and to reflect on the priorities of the Plan.

- 1.3 The Strategic Commissioning Plan defines five strategic themes:
  - Prevention, early intervention & harm reduction
  - Independent living through choice and control
  - Achieving care closer to home
  - Supporting empowered people and communities
  - Reducing loneliness & isolation.
- 1.4 As members will be aware, these priorities were agreed following a wide process of consultation and engagement during 2022 - 2023, which took cognisance of the IJB's commitment to provide health and social care services that support people to meet their outcomes; are of a high quality; fulfil the needs of our people; and help individuals to live independent and fulfilling lives.
- 1.5 These priorities were considered through the review process. They were agreed by those who have participated in the engagement process to be the correct focus for the IJB Strategic Commissioning Plan and for the Health and Social Care Partnership over the lifespan of the current Plan.
- 1.6 As agreed by IJB members in 2025, there has not been a re-write of the Strategic Commissioning Plan 2023 – 2033. The review process has rather allowed for period of reflection and review of activity, outcomes, achievements and performance; in other words where we are now in comparison to when the Plan was agreed in 2023.
- 1.7 The refreshed document, presented today, lays out necessary amendments in terms of the policy and legislative landscape across health and social care as well as an update against each of the key priorities, offering updates and achievements. In addition, the document provides proposed performance measures aligned to the priorities, following requests from IJB members to more closely align performance and delivery.
- 1.8 The Plan outlines the direction of travel for the delivery of care and support, looking forward to the next three years within the context of continued transformation, modernisation and financial challenge.

## **2 Delivery of the Plan**

- 2.1 Over the past three years there have been a number of changes within the HSCP, not least within the senior leadership team, resulting in some of the progress linked to change not being achieved. However, there has been progress made across key areas including, agreeing a continuous programme of performance monitoring. This has enabled progress in the implementation of some of the changes, modernisation, and transformation within the agreed Delivery Plan to be evidenced.

- 2.2 In line with the activity within the Delivery Plan, the Strategic Commissioning Plan continues to focus on self-care / self-management, available community assets and partnership working with third sector. It also focuses on the need for more integrated services and supports, to avoid duplication and individuals being moved between / referred between what they felt were similar services. This not only aligns with the principles of the Public Bodies Act but also supports a Best Value approach to public finances across IJB budgets.
- 2.3 The Plan reflects areas where work has been progressing over the past three years, resulting in a request for prioritisation:
- 2.3.1 Inclusion of joint commissioning with Falkirk of palliative and end of life care within the community as well as within bed based services.
  - 2.3.2 Increased use of Technology Enabled Care & eHealth as well as more effective planned use of Ai Technology to support independence and choice / control.
  - 2.3.3 Continued commitment to support carers with a range of in-person and on-line services.
  - 2.3.4 A focus on neurodiversity and autism due to the impact on an individual's physical and mental health as well as their independence.
- 2.4 Within the context of ongoing fiscal challenges and growing demand for and costs of service provision, we continue to undertake budget planning and strategic delivery as a joint venture, as laid out in the finance papers presented at this meeting today. This aligns with the continued ethos of the HSCP to be 'Needs Led, Resource Bound'.
- 2.5 It has specifically been acknowledged that the status quo is financially unsustainable and that prioritisation is required as laid out within the financial papers presented today. The next iteration of the Delivery Plan will continue to align strategic planning priorities and operational delivery within the current fiscal constraints.

### **3** [Appendix](#)

- 6.1 Appendix 1 - Review Strategic Commissioning Plan 2023 - 2026.

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
<b>Implications</b>	
<b>Finance:</b>	There are numerous financial considerations that need to be factored into this work, which will impact upon our delivery. Some of these have not yet been produced. As such, there is a need to take cognisance of a range of information which impact upon our financial position, which reinforces the HSCP's position of being needs led but resource bound.
<b>Other Resources:</b>	N/A
<b>Legal:</b>	There is a legal requirement to review the Strategic Commissioning Plan every three years.
<b>Risk &amp; mitigation:</b>	The Strategic Commissioning Plan is a key requirement of the Integration Joint Board, as the overarching commissioning body for all delegated functions, as laid out in the Public Bodies (Joint Working) (Scotland) Act 2014 Scottish Government Guidance. The Act also states that the Plan must be reviewed at least every three years.
<b>Equality and Human Rights:</b>	The EQIA for this piece of work has already been published, <a href="#">Strategic-Commissioning-Plan-2023-2033.pdf</a> .
<b>Data Protection:</b>	The content of this report <b>does not</b> require a DPIA
<b>Fairer Duty Scotland</b>	<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: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b>does not</b> require a Fairer Duty assessment.</p>



Clackmannanshire & Stirling  
Strategic Commissioning  
Plan 2023-2033

**Three Year Review 2023 - 2026**

# "Plan on a Page" 2023 - 2033



## Our Vision

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



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

## Foreword

The agreed Strategic Commissioning Plan 2023 - 2033 is an ambitious ten-year plan. This is the third Strategic Commissioning Plan for Clackmannanshire and Stirling Integration Joint Board.

This Strategic Commissioning Plan Review outlines the update against the strategic direction of the Integration Joint Board priorities for the last three years. The focus for the the next three years as identified through the review process, which reflect the changing environment of the HSCP based on need and demand, the current financial position and the ongoing delivery of care and support for the people of Clackmannanshire and Stirling.

Since 2023, the foundations of strong partnership working have continued to grow, and our Strategic Commissioning Plan continues to set out our objectives based on empowering people and our communities to really make a change to health and social care and in turn to the lives of people living in Clackmannanshire and Stirling.

Between 2023 and the start of 2026, there has been an ongoing commitment to the delivery of a programme of transformation and change to meet the needs of our population, by ensuring that we focus on the well-being of our staff, carers and providers as well as the needs and demands of our communities, whilst continuing to provide high quality care and support to our citizens.

The delivery of our Strategic Commissioning Plan priorities continues to invite individuals and communities to be truly involved in shaping and delivering health and social care services in Clackmannanshire and Stirling. Focusing on what is important to individual's health and wellbeing, prevention, early intervention and self-management.

The review was developed by people who use health and social care services, our communities and the people who provide the services. These conversations have shaped the delivery of our priorities as well as creating the conditions for continued conversations across our communities, with our staff and in partnership with third and independent sector providers.

The continued delivery of a ten-year Strategic Commissioning Plan demonstrates our commitment to our people and staff and services. We will continue to be proactive and innovative in how we manage within the challenging financial environment and work together to shape the future of health and social care in Clackmannanshire and Stirling and nationally.

**Councillor Scott Famer**  
**Chair Integration Joint Board**

# Our agreed Strategic Themes 2023 - 2033

Our priority is to provide health and social care services that support people to meet their outcomes, services that are high quality, fulfil the needs of people and help individuals to live independent and fulfilling lives.

## 1. Prevention, early intervention and harm reduction

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

## 2. Independent Living through choice and control

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

## 3. Achieving Care Closer to Home

Shifting delivery of care and support from institutional, hospital-led services towards services that support people in the community and promote recovery and greater independence where possible. Investing in and working in partnership with people, their carers and communities to deliver services. Improving access to care, the way services and agencies work together, working efficiently, improving the customer journey, ensure people are not delayed in hospital unnecessarily, co-design of services, primary care transformation and care closer to home.

## 4. Supporting empowered people and communities.

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

## 5. Reducing loneliness and isolation

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



## Changing Context 2023 - 2026

Although the Strategic Commissioning Plan is a requirement set by the Public Bodies (Joint Working) (Scotland) Act 2014, the focus of our Strategic Commissioning Plan is integrated working, partnership opportunities and co-production with those with lived and living experience to deliver a quality system of care and support. This aligns to the spirit and principles of the legislation, creating the conditions for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the people in Scotland who need joined-up support and care, particularly people with multiple, complex, long-term conditions.

This review of the Strategic Commissioning Plan has ensured that the HSCP is reflecting updated the priorities in line with national and local context, by aligning to the refreshed legislation as well as national and local frameworks. There is a need to continue to review the National Health & Wellbeing Outcomes in line with changes over the last three years, looking ahead to 2026 onwards there is a need to consider the impact of the launch of the new National Social Work Agency and national NHS 2026/2027 Operational Priorities.

# National Changes

## Care Reform (Scotland) Act 2025

The Care Reform (Scotland) Act was passed on 10 June 2025.

The Scottish Parliament has approved the Care Reform (Scotland) Bill, which aims to transform social care across Scotland. Key changes include:

- Creation of a **National Chief Social Work Adviser** role to provide professional leadership and champion the sector.
- Establishment of a **National Social Work Agency** to oversee social care.
- Enhancement of the **National Care Service** to improve sustainability, efficiency, and quality.
- Introduction of **human rights** into Scots law and improvements to social security payments for disabled people and unpaid carers.
- Focus on **fair funding** for third sector organizations and addressing budget shortfalls in local authorities and Integrated Joint Boards.

These changes are part of a broader effort to ensure that care is high quality and delivered consistently across Scotland, addressing the needs of more than 200,000 people accessing care each year. The reforms are being made in the face of challenges such as changes to Employer National Insurance Contributions and migration, which impact care delivery.

## NHS Scotland Operational Improvement Plan April 2025

The Plan sets out actions to improve aspects of healthcare delivery, focusing on four areas that the Scottish Government committed to deliver, to help protect the quality and safety of care, by supporting increased investment for health and social care in the 2025-26.

Key areas:

- improving access to treatment
- shifting the balance of care
- improving access to health and social care services through digital and technological innovation
- prevention – ensuring we work with people to prevent illness and more proactively meet their needs.

## Scotland's Population Health Framework June 2025

The aim of using the Framework is to improve Scottish life expectancy whilst reducing the life expectancy gap between the most deprived 20% of local areas and the national average by 2035.

There are five key interconnected prevention drivers of health and wellbeing:

- Prevention Focused System
- Social and Economic Factors
- Places and Communities
- Enabling Healthy Living
- Equitable Access to Health and Care

The Framework also identifies two initial evidence-based priorities – embedding prevention in our systems and improving healthy weight.

## Core Mental Health Standards September 2023

Scotland established core mental health standards aimed at improving the quality and safety of mental health services, ensuring that individuals receive the support they need in a person-centered and trauma-informed manner.

The Scottish Government has developed core mental health standards as part of its broader Mental Health and Wellbeing Strategy. These standards are designed to enhance the quality of mental health services across Scotland, ensuring that individuals, families, and carers know what to expect from mental health services. The key aims of these standards include:

- **Person-Centered Care:** Ensuring that services are tailored to meet the individual needs of patients, incorporating trauma-informed approaches.
- **Quality Assurance:** Establishing clear expectations for service delivery to improve experiences and outcomes for those using mental health services.
- **Accessibility:** Aiming to reduce unwarranted variations in the quality of care and ensuring that everyone, regardless of their background, can access appropriate support.

## National Psychology Standards

Scottish Government's Psychological Therapies and Interventions Specification 2023 is informed by the principles of the Mental Health and Wellbeing Strategy. It outlines:

- what people should expect if they need a psychological therapy or intervention
- what services and teams should do to improve the delivery of psychological therapies and interventions.

# Local Changes

## Strategic Inspection 2024 - 2025

On 8 April 2024, Clackmannanshire and Stirling IJB received notification from the Care Inspectorate and Health Improvement Scotland that they would be undertaking a joint inspection of Adult Services in the HSCP. There was a focus of the joint inspection on adults living with mental illness (under the age of 65) and their unpaid carers.

**Inspection Question:** How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and well-being outcomes for adults?

Second theme: People living with mental illness

### Specific issues for the partnership:

- Unique challenges due to partnership make-up - only partnership in Scotland where there are two local authorities
- Delay in delegating specialist mental health services had an impact on the functioning of the partnership.
- Important weaknesses were identified as part of the inspection process; therefore, inspectors will arrange a follow up review at some point in the next 12 months.

An Improvement Plan was developed with partners and stakeholders in December 2024, a Steering Group was established to oversee the implementation of the Improvement Plan to deliver change and modernisation and in preparation of a follow-up visit from Care Inspectorate in 2026 - 2027.

## Healthcare Improvement Scotland December 2025

Healthcare Improvement Scotland undertook an unannounced Inspection on Mental Health Services Safe Delivery of Care Inspection. The inspection considered the factors that contribute to the safe delivery of care; 1) observe the delivery of care within the clinical areas in line with current standards and best practice; 2) attend hospital safety huddles; 3) engage with staff where possible, being mindful not to impact on the delivery of care; 4) engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and; 5) report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified. An improvement plan has been developed.

## Forth Valley's Mental Health & Wellbeing Strategic Plan 2025-35

The Strategy represents the shared commitment of partners to work together to improve the mental health and wellbeing of everyone who lives in our communities, across all ages and stages of life. It is a strategy for the whole population, shaped by the voices of those who use our services, and informed by national policy, local needs assessments, and the lived experiences of individuals, families, and carers. We recognise that there is a need for change. Too many people still face barriers to accessing the right support at the right time. This Strategy sets out a clear direction for how we will work together to build a system that is more joined-up, preventative, and person-centred.

## Changes in Strategic Context 2026

The Strategic Commissioning Plan links and contributes towards wider outcomes and priorities. This includes the [United Nations Sustainable Development Goals](#); Scottish Governments [National Performance Framework](#) and [National Health and Wellbeing Outcomes](#). We also contribute towards the priorities of Clackmannanshire Council, Forth Valley NHS and Stirling Council and other local partnerships.

The policy landscape is continually evolving noting below the changes to legislation strategy and policy.

Delivery of health and social care services in Clackmannanshire and Stirling reflect and align to the national and local policy environment and it is important that we are flexible and open to these changes.

National Context		Local Context
Legislation & Policy	Strategies & Guidance	Strategies & Guidance
Care Reform (Scotland) Act 2025	NHS Scotland Operational Improvement Plan sets out actions to improve aspects of healthcare delivery. 2025	Clackmannanshire Council Clackmannanshire's Wellbeing Economy Local Outcome Improvement Plan 2024-34 Be the Future Corporate Priorities for 2026/27
New National Living Wage and National Minimum Wage rates 2026	Scotland's Population Health Framework June 2025	
Scottish Government National Performance Framework	New National Drug Mission 2021	Forth Valley NHS
National Health and Wellbeing Outcomes	Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035	NHS Forth Valley Anchor Plan 2023 – 2026 NHS Forth Valley Annual Plan 2025 – 2026 Forth Valley's Mental Health & Wellbeing Strategic Plan 2025-35 <b>NHS Forth Valley Population Health &amp; Care Strategy 2025 – 2035</b>
Social Work (Scotland) Act 1968	National Clinical Strategy for Scotland	
Community Care and Health (Scotland) Act 2002	Realising Realistic Medicine	Stirling Council
Social Care (Self-directed Support) (Scotland) Act 2013	Health and Social Care Standards	Thriving Stirling
Public Bodies (Joint Working)(Scotland) Act 2014	A Fairer Healthier Scotland	Community Planning Partnership: The Stirling Plan
Community Empowerment (Scotland) Act 2015	Digital Health and Social Care	
Carers (Scotland) Act 2016	SDS Framework of Standards	Third Sector strategic plans
Social Security (Scotland) Act 2018	Independent Review of Adult Social Care	Independent Sector
2018 General Medical Services Contract in Scotland	Scottish Government Strategic Framework	Falkirk Council
Housing to 2040		

## Budget Context

The Clackmannanshire & Stirling Integration Joint Board is accountable for a budget of c£250m which finances the services we provide to our people and communities.

The delivery of this plan has been influenced by the following challenges we face within our operating environment and how we will work to resolve them:

- Budget pressures and cost of living crisis impact
- Flexibility of care and support
- Service modernisation and transforming care
- Predicted demographic changes & burden of disease Place based activity and environmental impacts
- Resilience of communities and workforce
- Engagement, participation and empowerment
- Supporting change with partners and stakeholders

The financial outlook for resources to public services is challenging and the HSCP must continue to deliver the best services possible within constrained resources and significant financial pressures. To be financially sustainable, we need to carefully examine, transform and modernise the services we deliver. The aim is to continue to provide safe, effective and financially sustainable services against the backdrop of increasing demand and costs to deliver improved outcomes for the partnership population. We need to focus investment of our resources on local and national priorities while achieving Best Value.

The agreed Delivery Plan 2024 - 2027 lays out the detail of our service modernisation, change and transformation to meet changing need and demand across communities.

The overarching priority for the HSCP continues to be to support people to live in their own homes or homely settings, independently for as long as possible. Achieving this means we need to transform through co- design and coproduction, putting people and outcomes first and thinking in new ways will lead this.

# Functions delegated to Clackmannanshire & Stirling IJB and Hosted Services

The Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care.

We have a strong relationship with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality-based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

## NHS services delegated to HSCP

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

## Clackmannanshire & Stirling Council services delegated to HSCP

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

## Hosted Arrangements

Hosted Services refers to an arrangement where one Integration Joint Board (IJB), through its Chief Officer and Health and Social Care Partnership (HSCP), assumes operational management responsibility for a specific service on behalf of all Parties across NHS Forth Valley. This arrangement is agreed within the Integration Schemes and formalised through Directions. Hosted Services in a health and social care context are rooted in the Public Bodies (Joint Working) (Scotland) Act 2014, which established Integration Authorities (IJAs) to bring together health and social care services.

The 2014 Act aimed to improve outcomes by integrating health and social care services, reducing duplication, and ensuring seamless care for people across Scotland. Within Forth Valley, the following Hosted arrangements are in place and specifically articulated in the current draft Integration Schemes:

Clackmannanshire & Stirling IJB (Lead HSCP for)	Falkirk IJB (Lead HSCP for):
Specialist Mental Health Services	Prison Healthcare Services
Learning Disability Services	Primary Care Services, including: <ul style="list-style-type: none"> <li>o GP contract management</li> <li>o Out of Hours services</li> <li>o Community pharmacy, optometry, and dental services (via NHS Board contracting).</li> </ul>

The initial Clackmannanshire and Stirling Integration Scheme presented to Scottish Ministers for approval in 2015/16 did not include those services now delegated as Hosted and so made no specific reference to the agreed principles and governance for Hosting. However, since then, these indicated services have been delegated and there is currently a process in place where both IJB's are submitting revised Integration Schemes with the Hosted services being reflected within these.

The Clackmannanshire & Stirling's Integration Scheme is still being finalised before submission to Scottish Ministers. The consequence of the staged implementation of hosted arrangements meant that whilst the broad principles intended by the legislation were incorporated in practical terms into the arrangements, there was not a consistent set of operational principles and consistency of governance arrangements established across all parties. At present there is no formal arrangement in place for Hosted Services which will offer oversight and assurance across all partners, nor a consistent escalation processes and/or mechanism for participation in the planning and delivery of hosted services. The proposals agreed by both Forth Valley IJBs reflect the intended operational principles and governance arrangements for the existing and future arrangements for Hosted Services.

November 2025 saw Integration Joint Boards agree to group the principles of approach to hosted services into four themes. This will be developed further in 2026 - 2027 focused on Governance & Accountability; Operational Clarity; Finance & Risk and Strategic Alignment & Engagement.



## Our Priorities

Our priorities were identified through analysis of local available intelligence, data and conversations with communities, individuals and partners. As part of our review process, we asked if these continued to be the right priorities and we have aligned these with five overarching themes that describe our intentions, these are aligned to the National Health and Wellbeing Outcomes. For each of the themes, as part of the review process, we have outlined achievements linked to what we intend to achieve. We have also provided links to relevant strategies and work that is underway.

## National Health & Wellbeing Outcomes

All themes and priorities are linked to the 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 Outcome

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

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services

	Prevention, early intervention & harm reduction	Independent living through choice and control	Care Closer to Home	Supporting empowered people & communities	Loneliness & isolation
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.	Enabling Activities				
9. Resources are used effectively and efficiently in the provision of health and social care services					

## Priority 1 - Prevention, early intervention & harm reduction



Prevention is about helping people stay healthy and independent for as long as possible and reducing the chances of issues arising, and if they do, supporting people and their carers to manage them as effectively as possible.

Early intervention identifies and provides effective early support to those at risk of poor outcomes. Harm reduction is used to decrease the negative consequences and recognises where someone is unable to stop, they can still make positive change to protect themselves and others.

While our services are needs led, we are also resource bound. To improve outcomes for people, we need to prevent and avoid crisis and help people improve their health and wellbeing.

Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.

Priority 1 Mental Health & Wellbeing (including the impact of COVID-19)  
Priority 2 Drug and alcohol care and support capacity across communities.

### Links to Strategies and Plans

Mental Health  
Suicide Prevention  
Delivery Plan 2020-2023  
Alcohol Framework

Alcohol & Drug Partnership  
Health Improvement  
Rights, Respect & Recovery  
Improving support for Mental Health

### We have delivered 2023 - 2026:

- New Mental Health and Well-being Strategy developed, agreed and in place.
- Delivering Strategic Improvement Plan, following inspection process; focused on outcomes-based assessment across community mental health services.
- Facilitated the collective redesign of the substance use model of care through the ADP Commissioning Consortium.
- Coordinated the strategic implementation of the MAT Standards across our whole FV system.
- Supporting the development of community-led early intervention and harm reduction approaches for people at risk of substance use harms.
- Continued delivery of intensive coordination of a whole system harm reduction response by ADP Support Team and partners.
- Lived Experience Panels have been developed for those affected by substance use and mental health issues in partnership with third sector.

## Priority 2 - Independent living through choice and control



Independence can boost self-esteem and confidence, improve someone's sense of purpose and quality of life and in turn, boost their physical and mental health and wellbeing.

It is important people are aware of their rights and how they should access the support they want to achieve their agreed outcomes. Services designed by people who are living or have lived experience are best placed to help us design services. It is also important people know what available and what choices they have.

Conversations with our communities, service users and staff have highlighted this as important and integral to our principles of human rights, equality and realistic medicine.

**Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.**

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

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

### Links to Strategies and Plans

Self-Directed Support

Care Closer to Home

Supporting People living with

Dementia

Carers Strategy

Learning Disabilities

Frailty

Falls

Palliative Care & End of life

### We have delivered 2023 - 2026:

- A joint Transitions Policy agreed by Clackmannanshire Council and IJB.
- Learning and development sessions have been delivered to HSCP social work and social care staff in partnership with Self Directed Support Forth Valley.
- A Housing Contribution Statement has been developed with the housing sector.
- Best Value Review of Supported Accommodation is complete along with a Delivery Plan.
- A Review of Adaptations has been completed and a Delivery Plan approved.
- An asset-based assessment tool has been developed and is being rolled out across HSCP services.
- A Self-Directed Support Lived Experience Panel has been developed to support development and implementation of policies and operating procedures.
- Self-Directed Support Steering group has increased representation from those with lived experience. Clackmannanshire and Stirling HSCP will host a local event in partnership with national partners to reflect and plan next steps for delivery
- Agreed Model of Care for people with dementia following Commissioning Consortium approach.

## Priority 3 - Achieving care closer to home



There is a growing demand across our communities for health and social care, while public services face increasing pressure on resources. We cannot continue to deliver care and support in the same way, we need to work with partners to transform how we deliver outcomes based services.

We know people want to be supported to stay in their own homes and communities for as long as possible. Achieving care closer to home, is about changing how services are accessed, making them fit for purpose and modernising our approach. Technology can deliver so many benefits and improve the way we communicate with people

It is about increasing effectiveness and capacity and ensuring we are using our resources to make the biggest impact across communities.

**Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.**

Priority 5 Good public information across all care and support working  
Priority 6 Workforce capacity and recruitment

### Links to Strategies and Plans

Primary Care Improvement Plan  
Primary Care and Mental Health Plan  
Intermediate Care

Integrated Workforce Plan  
Care Closer to Home

### We have delivered 2023 - 2026:

- Delivered increased capacity with GP Clinical Leadership to support quality programmes, value-based health and care & clinical capacity across community health care services including mental health and substance use services.
- Multi-disciplinary team working across our Localities through Right Care, Right Time programme to manage need and demand & support effective signposting.
- Established Commissioning Consortium focused on delivery of mental health community supports.
- Developed an integrated approach with third sector to promote the voice of communities across Locality Planning Networks and wider community sector.
- Developed a Health Improvement Delivery Plan to focus on communities in Clackmannanshire & Stirling as part of continued development of Localities to address smoking, obesity and harmful behaviours.
- Delivering Discharge without Delay including bed modelling and early assessment & discharge protocols.
- Developing modelling of workforce requirements across HSCP including recruitment gaps and opportunities for HSCP in line with Integrated Workforce Plan.

## Priority 4 - Supporting empowered people and communities



Empowerment is the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights. In health and social care, empowerment is defined as a process through which people gain greater control over the decisions and actions that affect their lives. Empowerment is important for everyone involved in care, including supported people, their families, loved ones and care workers.

Bringing the knowledge, skills and experience of people and communities together and working in co-production to improve access and outcomes.

**Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.**

Priority 7 Support for Carers

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

Priority 9 Develop locally based multiagency working across communities

Priority 10 Ethical Commissioning

### Links to Strategies and Plans

Carer's Strategy

Carers' Eligibility Criteria

Third Sector in Communities

Self-Management & Self-Care

### We delivered 2023 - 2026:

- Integration Joint Board approved the Carers Short Breaks Statement.
- Commissioned third sector to offer early advice and support including in person and on-line signposting, information and opportunities for short breaks for carers.
- Consulted with carers across communities on key priorities for carers in preparation and to support development of Carers Strategy 2026 - 2030.
- Commissioned third sector support for those impacted by functional impact disability including access to advice and specialist equipment to support self-management and self-care.
- Continued delivery of early intervention for those at risk of falls across services and communities.
- Endorsed the PANEL and FAIR (Facts, Analyse, Identify and Review) practice, in line with Scottish Human Rights Consortium guidance.
- Continued support for local groups to empower people to continue to live healthy, meaningful and satisfying lives as active members of their community.
- Embedded Rights-based approaches across the HSCP commissioning consortia work.

## Priority 5 - Reducing Loneliness & Isolation



Loneliness and social isolation are not the same. Not everyone who is socially isolated feels lonely; and those who are not socially isolated may experience a sense of loneliness. Loneliness is a feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want.

Social isolation refers to the number of relationship and social interactions someone has, and can be measured. Being lonely or socially isolated can have long-lasting and negative impacts on physical and mental health and wellbeing. Social relationship and networks can promote health and wellbeing for people at any age.

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

Priority 11 Reducing levels of loneliness and isolation

### Links to Strategies and Plans

Link to Third Sector Interfaces  
Locality Plans in Communities  
Locality Planning

### We delivered in 2023 - 2026:

- Refreshed Partnership Agreement and commissioning arrangements with Third Sector Interfaces to support them to help us to tackle loneliness and isolation in communities as part of community engagement and ongoing Locality Planning.
- Commissioned third sector partners to provide learning opportunities for those affected by trauma, to offer opportunities to influence policy and service delivery as paid peer workers.
- The national Recovery Walk was hosted in Stirling in September 2025 where 3000 people walked through Stirling to remember people we have lost and imagine a brighter future for people with substance use issues, and their families.
- Continue to work with both Community Planning Partners on issues linked to community well-being across communities.
- Refresh delivery of health improvement support in line with Locality Planning priorities in partnership with Third Sector Interface.

# Priorities 2026 - 2029

Feedback from the review and engagement process as part of the Review of the Strategic Commissioning Plan, we were asked to continue to focus on delivery of care and support for those with assessed need, with a particular focus on the areas outlined below.

	Current Priorities 2023 - 2033	Focus on Priority areas into 2026 - 2030
Priority 1	Prevention, early intervention & harm reduction	Focus on early intervention and prevention across wider service areas including mental well-being and neurodiversity through delivery of commissioned services.
Priority 2	Independent living through choice and control	Focus on delivery of the use of TEC including support to people based on opportunities provided by Ai, robotics and technology enabled care
Priority 3	Achieving care closer to home	Continued commitment and focus on carers' support including access to short breaks and respite.
Priority 4	Supporting empowered people and communities	Improved and ongoing communication with staff and communities to empower individuals and communities linked to available community resources, impact of spending decisions and access to consistent information and data.
Priority 5	Reducing Loneliness & Isolation	A focus on self-care & self-management, community and peer support in partnership with third sector and communities



## Enabling Activities – How we do this

Enabling activities describes the practical and organisational actions that create the conditions that help the delivery of services. There is a need to understand the resources (budget, staff, equipment and systems), who are our partners and stakeholders supported people, their families and carers, third sector and independent providers, communities), how we are performing and if we need to change the way we deliver services. Each of these are part of the technical process we carry out to plan our services alongside engagement with people and communities. Following the review process, key delivery actions have been identified to help progress the agreed strategic priorities.

## Risk Management

The Integration Joint Board continues to monitor and seeks to mitigate significant risk through its Risk Management Framework and corporate Strategic Risk Register.

The Finance, Audit & Performance Committee provides a scrutiny role for the Integration Joint Board by reviewing, scrutinising and approving the Strategic Risk Register, in addition risks are routinely reported to the IJB through Quarterly and Annual Performance Reports.

**Delivery Action 1-** The ongoing risks in relation to finance and workforce, these are multi-factorial and pose significant risk to achievement of the Integration Joint Board's strategic priorities. There is ongoing and focused work to understand and identify mitigating strategies and actions which need to be a focus into 2026 - 2030, this is reflected within the HSCP Delivery Plan.

## Transformation - The Delivery Plan 2025- 2028

The HSCP is committed to the delivery of safe, high-quality services, however, there continues to be significant and ongoing system and delivery pressures with a context of a challenging financial envelope. This is compounded by an increasingly ageing population many of whom have significant ill health and issues of co-morbidity. Public expectations continue to grow for flexible and person-centred services.

**Delivery Action 2-** There is a need to review the delivery of care and support across communities, there continues to be a desire to transform services to meet individual outcomes and public expectations within a context of financial responsibility. As outlined earlier in the document, the delivery of all services must be done in the context of Best Value; ensuring there is good governance and effective management of resources, to deliver the best possible outcomes for the public. The delivery of care and support is needs led but also resource bound therefore we cannot continue to do what has always been done, there is a need to innovate and transform.

The Delivery Plan outlines the changes to be made where there are two main categories of change:

- **Transformations** - distinct changes to the way an organisation conducts business and usually requires temporary additional staff and financial resource to deliver which demonstrates a step change in the way a service is structured or delivered and are justified by the benefits they create. Benefits can range from improved service user experience to numbers of people receiving preventative/early interventions, or costs avoided.
- **Continuous improvement** refers to gradual processes of evolution is usually delivered by existing staff within current budgets.

## Best Value

Best Value is a duty that applies to all public bodies in Scotland. It is a statutory duty (a law that must be followed) for Local Authorities and a formal duty for other public bodies such as the NHS. To achieve Best Value, we must demonstrate good governance and effective management of resources to deliver the best possible outcomes for the public. This means we must identify and define our outcomes and priorities, plan how we will achieve these and monitor and report progress.

It is based on the values of openness and transparency, allowing the public to understand decisions made, how resources are being utilised and how we are working to deliver services and improve outcomes. This means having balanced conversations and reporting on decisions and progress and collecting and publishing relevant and accurate performance information, to demonstrate Best Value. This allows for effective scrutiny and accountability.

**Delivery Action 3** - Engagement with the public and communities is a significant part of Best Value in that we must continue to involve people and communities in the work we do, the decisions we make and the services we design. This can only work if we provide information, analysis and report and give the public opportunities to be involved. This Plan has been developed with the principles of Best Value and engagement woven throughout the priorities as well as within the accompanying Performance Management Framework.

## Integrated Performance Management Framework

To ensure performance is open and accountable, the Public Bodies Act (2014) obliges Integration Joint Boards to publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible. The purpose of the performance reporting is to provide an overview of performance in planning and carrying out integrated functions, they are produced for the benefit of Integration Joint Boards and their communities.

**Delivery action 4** - The HSCP has an established integrated performance framework which is based on the key priorities outlined within the Strategic Commissioning Plan as well as part of the Winter Plan, Integrated Workforce Plan, Unscheduled Care planning, Intermediate Care planning and Locality Planning Networks. This framework supports a robust reporting schedule, reporting on key performance indicators, national and local targets as well as the opportunity to benchmark.

The purpose of the Integrated Performance Framework is to be able to demonstrate continuous improvement, promote accountability and transparency, deliver governance and provide assurance to the people who use our services and the people who provide our services, including where there are hosted arrangements and/or Forth Valley wide services.

## Integrated Workforce Planning

The Integrated Workforce Plan 2022-2025 is currently under review in line with expected Scottish Government guidance. The review of the Plan is based on the continuous improvement cycle 'Plan, Do, Study & Act', to ensure that we are a dynamic and flexible organisation, capable of responding to system changes. The Plan was developed using the Skills for Care model of self-assessment and guidance produced by the Improvement Service. The Integrated Workforce Plan was designed using the five elements called pillars: Plan, Attract, Train, Employ and Nurture as described within the National Workforce Strategy for Health and Social Care published by the Scottish Government in April 2022.

We recognise that our workforce and strategic partnerships are our most valuable resources including the care and support delivered across our communities. The dedication of our own staff, providers, communities and partners ensures high quality services are provided. However as part of the Review of the Plan, there is a recognition of the current financial pressures, as well as recruitment and retention issues including the impact of leadership change across HSCP. There continue to be a number of workforce challenges across the whole sector; recruitment of specialist health and social care / social work staff continues to be problematic. Where there are vacancies, existing staff can experience stress and additional pressure as such the well-being of all staff is a key priority. Succession planning, learning and development and working with partners, third sector, independent sector, school, colleges and universities are ways we are exploring and developing to mitigate system pressures.

**Delivery action 5** - The Integrated Workforce Plan needs to continue to reflect the need to re-design and modernise alongside the community health and care workforce, and the ambitious programme of the agreed Delivery Plan.

## Engagement

The Public Bodies (Joint Working) (Scotland) Act 2014 requires full consultation and engagement with stakeholders in the development of Strategic Commissioning Plans. Stakeholders include the public, supported people, patients, unpaid carers, staff, providers, third sector and independent sector. This Plan reflects the output from the engagement as described by community voices; the Locality Planning Networks create the opportunity for continuous engagement and conversation around health and social care in Clackmannanshire and Stirling, focused on co-production, co-design and co-delivery of health and social care in the area. Communities are being impacted by an ever-changing landscape and as such we need to continue to base decisions on ongoing engagement throughout the lifetime of this Plan.

**Delivery action 6** - The Plan is not limited to a short period of engagement with people about priorities and how services should be provided, this Strategic Commissioning Plan sets out how we will continue to engage with stakeholders through Locality Planning Networks, Commissioning Consortia, Providers Fora and lived experience networks create ongoing engagement by maintaining close links with organisations and groups throughout Clackmannanshire and Stirling.

## Ethical Commissioning

Much of the care and support services delivered across Clackmannanshire and Stirling are provided by the Third Sector (charities, social enterprises, community anchor organisations, housing associations and further education) and the Independent Sector (Care Homes, Social Care Providers). The commissioning of care and support services is a significant element of the budget spend across Clackmannanshire and Stirling.

To ensure ethical and person-centred commissioning is at the heart of delivery; the HSCP, in partnership with the Third Sector Interfaces, continues to plan and commission services through a Commissioning Consortium approach; based on collaborative analysis, ethical commissioning and commissioning for the public good, rather than competition. This approach is based on the Commissioning Cycle – analyse, plan, review and deliver – ensuring that there is constant process of quality improvement and market analysis. The approach continues to develop a commissioning process focused on co-operation and joint ownership of risk across and among all stakeholders. Rather than being treated as the passive recipients of services designed elsewhere, supported people are active shapers of their own future, trusted to co-design services, to direct commissioning decisions, and to play their part in making the service work. This is in line with the for example the new National Social Work Agency and the Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026.

The Commissioning Consortium model is based on the principles of a comprehensive partnership approach with Third Sector Interfaces, focused across all sectors providing health and social care services; there is a commitment to provide enhanced delivery of services to individuals and communities and a desire to create diversity within the marketplace based on population needs.

The purpose of the Commissioning Consortium is to:-

- Create, develop, maintain and grow high quality service delivery in and around Clackmannanshire & Stirling in order to service the needs of local people and communities; especially those who are most disadvantaged;
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand;
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

The HSCP works with strategic Third Sector partners, independent sector, partner authorities and citizens, particularly those with lived experience of health and care, supported people to gather insight, develop integrated strategies for delivering common outcomes; co-design and commission appropriate services, make decisions about who provides what and how; and review and evaluate how well they are doing.

**Delivery action 6** - Market intelligence and data analytics provide local insight to support the development of commissioning strategies and plans, this approach will deliver improved outcomes for supported people as well as deliver a financially sustainable HSCP. Services continue to be provided by a mixed economy of service providers, utilising a mix of internal and external service delivery, who are “contracted” on a performance and quality basis to deliver outcomes for people and commissioning outcomes for the HSCP.

## Public Protection

Adult Support and Protection (ASP) seeks to support and protect adults unable to protect their own wellbeing, property, rights or interests, who are at risk of harm or abuse. This may be due to a physical disability, mental disorder, illness or infirmity that makes them more vulnerable. Harm can be physical, psychological (feeling fear, alarm or distress), harm to property, rights or interest such as theft, fraud, embezzlement or extortion or where someone is self-harming. We all have a responsibility to report where we know or believe an adult to be at risk of harm.

The Adult Support and Protection (Scotland) Act 2007 has brought about significant changes in the way adults considered to be at risk of harm are supported and protected. Our new Adult Support Protection Strategic Improvement plan sets out our priority areas, success measures and aims. [LINK](#)

The plan builds on achievements from the previous improvement plan and draws on learning from the 2022 ASP Thematic Inspection by the Care Inspectorate ([Clackmannanshire](#)) ([Stirling](#)); self-evaluation, audit activity; performance data, sub-groups, short life working groups, stakeholder feedback and Learning Reviews. The Adult Support and Protection Committee oversees delivery and the respective Sub Groups report to the Chief Officers Group (COG) to offer further scrutiny and oversight of the plan.

ASP Strategic Improvement Plan has been devised to deliver on national and local policies and is based on five key priority areas.

- Leadership & Governance
- Proactive Improvement
- Workforce Development
- Improving outcomes for individuals with lived experience and carers
- Promoting Adult Support and Protection Awareness

The Strategic Improvement Plan reflects the themes within the Strategic Commissioning Plan, by putting the rights of adults at risk of harm first and ensuring they shape the services they need. It commits to working with others to put trauma informed and responsive practice in place across our workforce and services. We work with each individual based around their abilities, background and characteristics (including age, sex, sexual orientation, religious persuasion, racial origin, ethnic group, cultural and linguistic heritage) towards achieving their outcomes through informed choice and control.

**Delivery action 7** - We continue to aim to deliver services that wherever possible are actively informed by people with lived experience. We will ensure people with lived experience are heard, valued and supported, enabling them to discover their potential and realise their ambitions. We will recognise the importance of meaningful relationships that offer collaboration, choice, empowerment, safety and trust as part of a trauma informed approach.



## Our Data and Intelligence

There is a requirement within a robust model of strategic commissioning to co have a range of intelligence sources including nationally published data, live local information and access to community intelligence. Sources can range from national and Scottish government published data, local social work and health recording systems as well as community-based statistics of prevalence. Each of these build a picture to better understand the needs of people living in Clackmannanshire and Stirling.

The following information provides an overview of some of the in-depth work carried out in the Strategic Needs Assessment and the Scottish Burden of Disease work.

## Data and Performance

In the current climate, the way we live our lives is changing at an unprecedented rate. There is a need to operate as a whole system strategic partnership and to fundamentally change the model of delivering local care and support. We need to better understand the needs of people within our communities, plan for future demand on services and achieve value for money. Information and intelligence is vital in supporting the delivery of services in this way. How we use our data impacts how we provide the best possible services for local people.

Over the next ten years, we commit to improving how we access and use the data available to us, to better understand, analyse and communicate the findings of analysis. We will improve data sharing where appropriate, improve our digital maturity and skills between partners, communities and workforce.

Our aim will be to

- improve access to the data we hold;
- improve data sharing where appropriate and safe to do so;
- improve our analysis and communication of the analysis;
- understand gaps, weaknesses and plan for the future;
- improving data maturity and skills;
- upholding information governance, ethics and security.



## Accessibility

This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages.

Please contact [forrestw@stirling.gov.uk](mailto:forrestw@stirling.gov.uk)

If you have any comments please contact:

Wendy Forrest, Head of Strategic Planning and Health Improvement

[forrestw@stirling.gov.uk](mailto:forrestw@stirling.gov.uk)

07385 031941

## Appendix 1: Key Performance Indicators

### Health and social care integration core indicators

The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014 establish core indicators that all Integrations Authorities must report. They help us monitor progress towards the National Health and Wellbeing Outcomes.

#### Outcome indicators

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agreed that they has a say in how their help, care, or support was provided.
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.
5. Percentage of adults receiving care or support who rate it as excellent or good.
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agreed they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.

These indicators focus on the person, their experience and outcomes and where we can improve.

#### Service Indicators

11. Premature mortality rate per 100,000 persons
12. Emergency admission rate per 100,000 persons
13. Emergency bed day rate per 100,000 persons
14. Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
15. Proportion of last 6 months of life spent at home or in a community setting
16. Falls per 1,000 population aged 65+
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
18. Percentage of adults with intensive care needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)
20. Percentage of health and care resource spend on hospital stays where the patient was admitted in an emergency
21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready
23. Expenditure on end of life care, cost in the last 6 months.

These indicators help us monitor how our service are performing and where we can improve

## Strategic Theme 1 - Prevention, early intervention & harm reduction

How do we define this?

Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.

Proposed Outcomes:

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

Proposed KPIs:

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

## Strategic Theme 2 - Independent living through choice and control

How do we define this?

Building confidence, maintaining independence. Helping people make the right decisions for them and providing the right level of support at the right time.

Proposed Outcomes:

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

Proposed KPIs:

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

## Strategic Theme 3 - Achieving care closer to home

How do we define this?

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

Proposed Outcomes:

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

Proposed KPIs:

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

## Strategic Theme 4 - Supporting empowered people and communities

How do we define this?

Coordination of effort for partners and communities. Empowering people to design and deliver services. Supporting unpaid carers and people delivering services in their role.

Proposed Outcomes:

- o Communities and partners collaborate to provide coordinated services that respond to a broad range of needs.
- o I am empowered to actively shape services that matter to me.
- o As an unpaid carer I feel valued and supported to maintain my wellbeing and resilience.

Proposed KPIs:

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

## Strategic Theme 5 - Reducing Loneliness & Isolation

How do we define this?

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

Proposed outcomes

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

Proposed KPIs:

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

# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 12

## Quarter Three Performance Report (October to December 2025)

*For Approval*

<b>Paper Approved for Submission by:</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	Wendy Forrest, Head of Strategic Planning and Health Improvement
<b>Author</b>	Ann Farrell, Principal Analyst
<b>Exempt Report</b>	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"/>

<b>Purpose of Report:</b>	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.
---------------------------	--

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Review the Quarter Three (October to December 2025) Performance Report.</li> <li>2) Note the areas where actions have been taken to address the issues identified where performance needs to be improved.</li> <li>3) Approve Quarter Three (October to December 2025) Executive Summary (Appendix 1) &amp; Report (Appendix 2).</li> </ol>
-------------------------	---

<b>Key issues and risks:</b>	<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>
------------------------------	--

## 1. Background

- 1.1. The Integration Joint Board (IJB) 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 19<sup>th</sup> 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

<b>Fit with Strategic Priorities:</b>	
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"/>
<b>Enabling Activities</b>	
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"/>
<b>Implications</b>	
<b>Finance:</b>	Performance reports should be read in conjunction with IJB Financial Reports to give a broad overview of strategic, operational and financial performance and sustainability.
<b>Other Resources:</b>	As detailed in the body of the paper.
<b>Legal:</b>	Performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.

<b>Risk &amp; mitigation:</b>	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.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require an EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	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: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a> <b>Please select the appropriate statement below:</b> This paper <b><u>does not</u></b> require a Fairer Duty assessment.

*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.

Note some measures are subject to seasonal variations so are compared to both 3 & 12 month trends

#### 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 2025/26 Q2 to 687 in 2025/26 Q3 though this is lower than the 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.
- The number of people who have stopped smoking at their 12 weeks follow up in the SIMD 1<sup>st</sup> and 2<sup>nd</sup> quintile areas of the HSCP 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.
- Psychological therapy services showed a small decrease in compliance to 77.5% from 83.1% for psychological therapy treatment within 18 weeks. Waiting lists remain a challenge with 1,011 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 remained at less than 5 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**

- 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	<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> Measure follows desired trend or meets target	<span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> Measure does not follow desired trend or meet target	<span style="background-color: #ADD8E6; border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> Current data not available for comparison
Note some measures are subject to seasonal variations so are compared to both 3 & 12 month trends			

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.CSH SCP	HSCP Standard delayed discharge waits over 2 weeks at census point (NHS FV). (People delayed in a hospital setting)	9	↓	↓12	↑7
DD.09.CSHS CP	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+) <b>MSG 1a (PHS)</b> (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.12.12 wLDP	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.12.12 w	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
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

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 (aged 65+).(note always one quarter behind) (p data completeness issues)	Q2 25/26 <b>137p</b>	↓	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 <b>4.6</b>	↓	Q2 24/25 ↓5.0	Q1 25/26 ↓5.2
DN.V.CSHSC P	HSCP District Nursing Activity - No of visits (NHS FV).	<b>31,633</b>	Activity Data	↑26,847	↓31,977
DN.TRV.CSH SCP	HSCP District Nursing Activity - No of Treatment room visits (NHS FV).	<b>8,391</b>	Activity Data	↓8,761	↓9,108
DN.C.CSHSC P	HSCP District Nursing Activity - No of calls (NHS FV).	<b>3,432</b>	Activity Data	↑3,339	↑3,329
	<b>Priority 1 Mental Health &amp; Wellbeing</b>				
RTT.COMP.P SYCH	% of <b>FV</b> patients who commenced psychological therapy within 18 weeks of referral at end of quarter. NHS Local Delivery Plan standard.	<b>77.5%</b>	90%	↓79.9%	↓83.1%
PAA.PS (Total)	<b>FV</b> Patients Waiting for Initial Appointment at end of quarter (NHS FV).	<b>1,011</b>	↓	↑911	↑952
NSS MHADM	Mental health admissions of HSCP residents (NHS FV).	<b>110</b>	Activity Data	↑78	↑90
NSS MHREAD	Mental health readmissions of HSCP residents within 28 days (NHS FV).	<b>25</b>	↓	↑13	↑19
	<b>Priority 2: Drug and alcohol care and support capacity across communities</b>				
ADP.CSHSC P	% 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 <b>100%</b>	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).	<b>1,054</b>	Activity Data	↓1,168	↓1,119
ADP.CGL.CS HSCP01	Number of HSCP residents attending individual sessions with Forth Valley Recovery Community.	<b>15</b>	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.

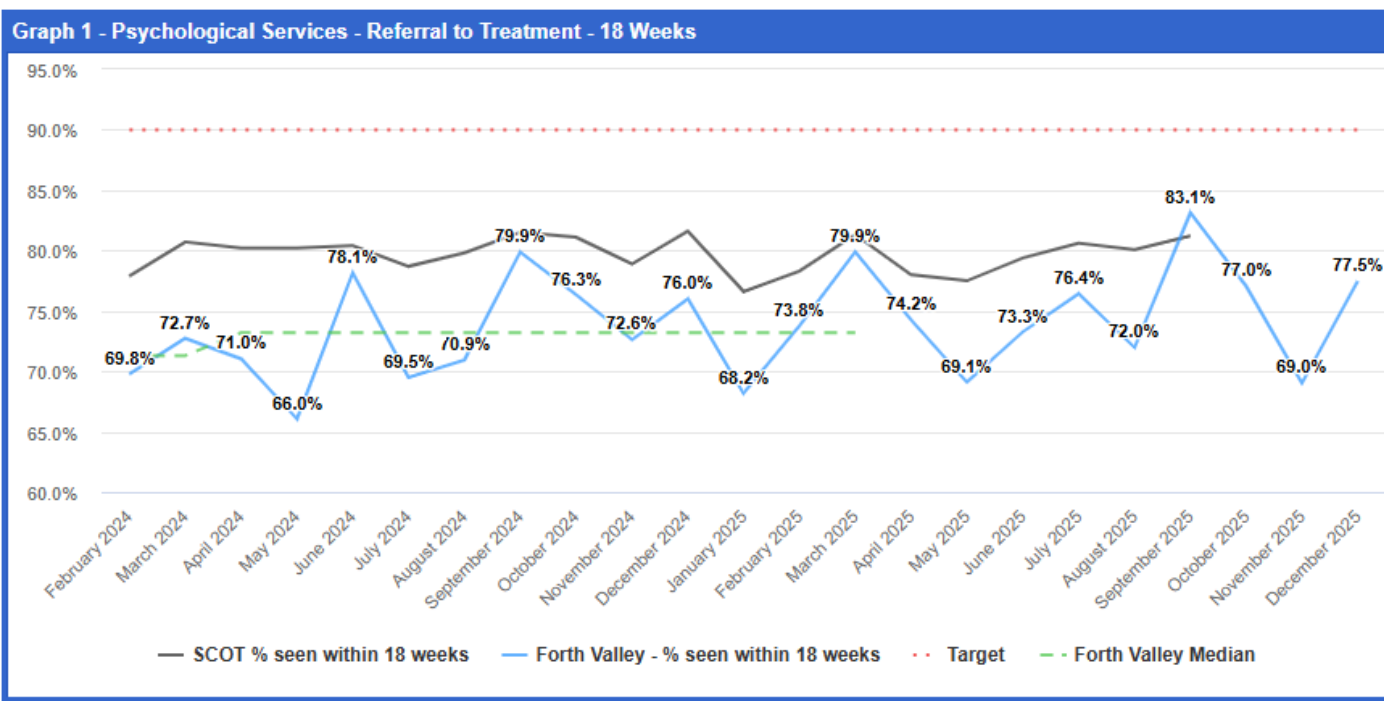
This winter we collaborated with Loch Lomond & Trossachs Trust in the Park to deliver Falls Awareness sessions as part of our goal to reach out to our rural communities. We covered Aberfoyle, Callander, Killin, Buchlyvie, Drymen and Criarlarich across 6 sessions with a massive 102 people attending. 94% 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”



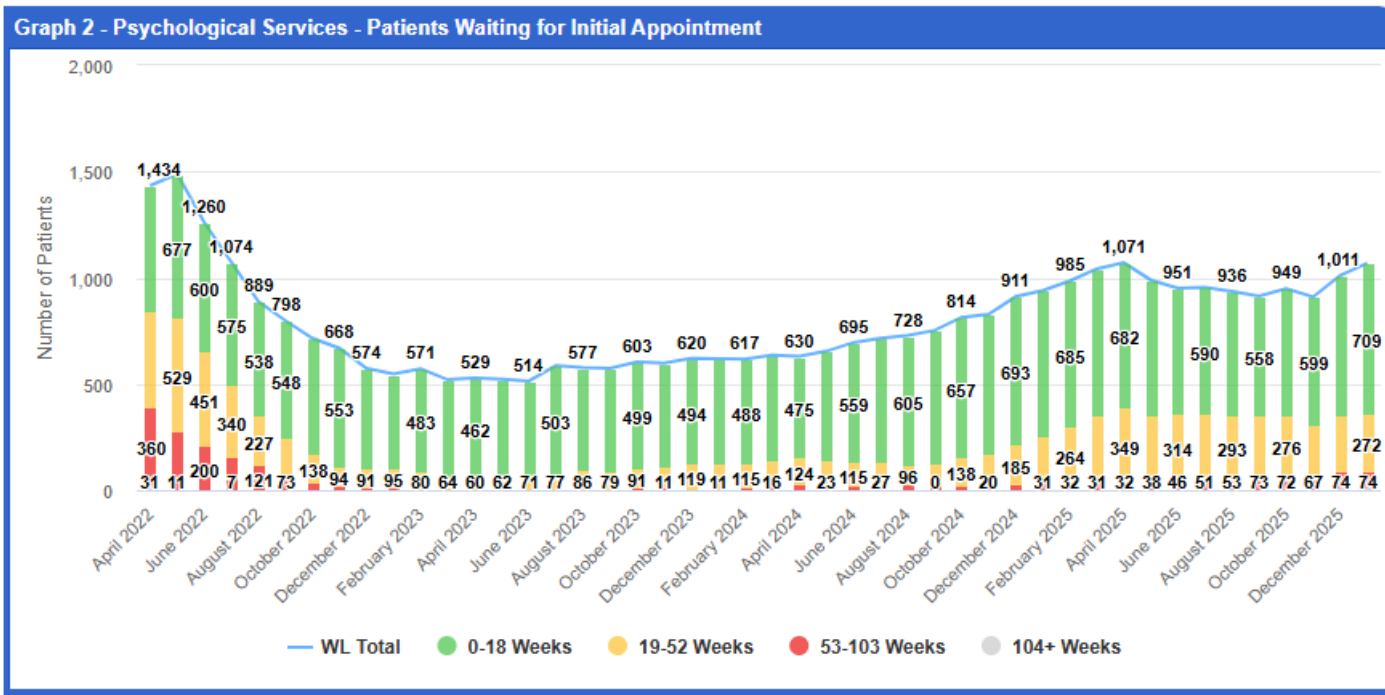
## Priority 1: Mental Health and Wellbeing

### Psychological Therapies



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 1,011 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

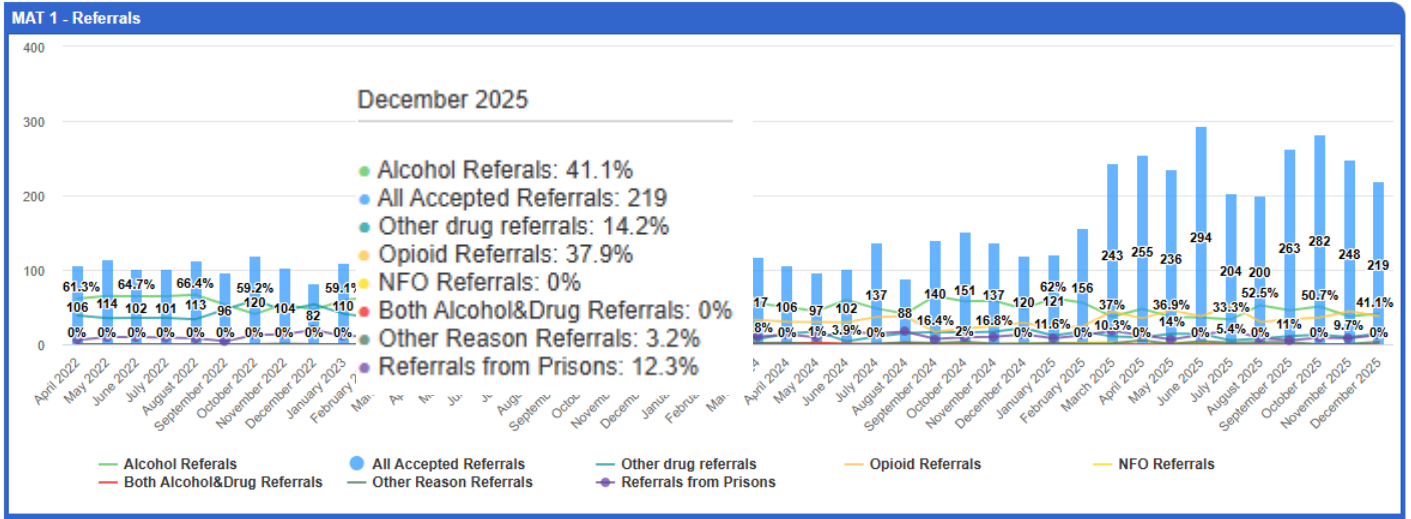
Medication Assisted Treatment (MAT) Standards for Forth Valley.

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.

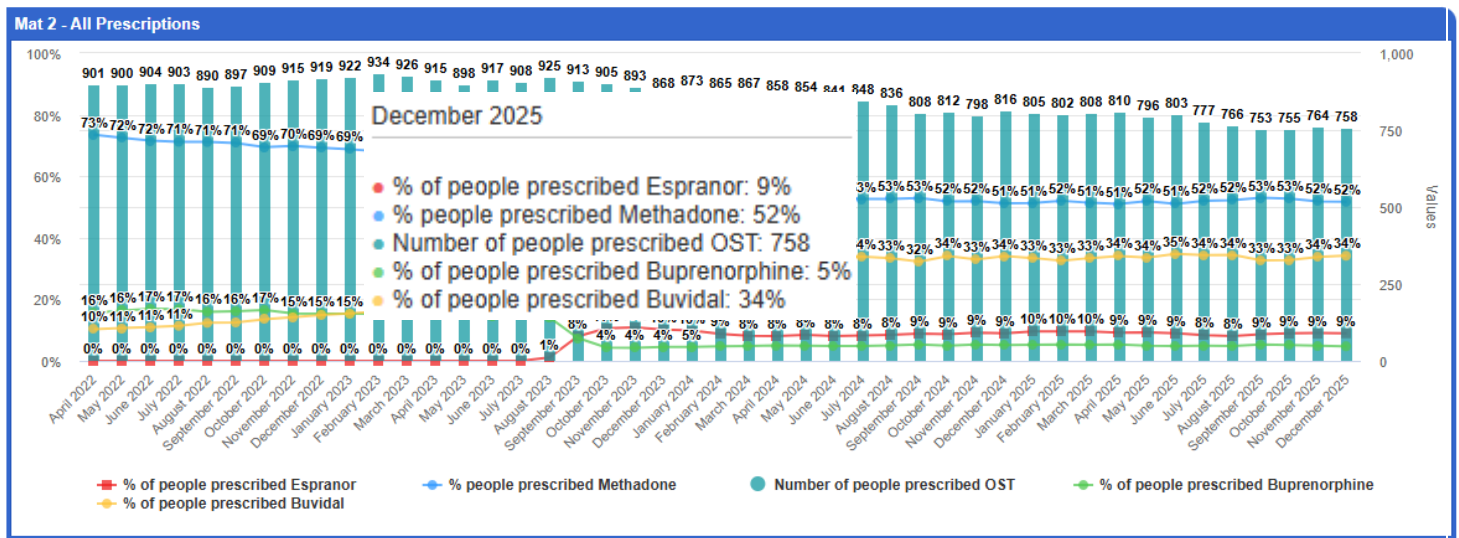
Standard 1: All people accessing services have the option to start MAT from the same day of presentation.

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



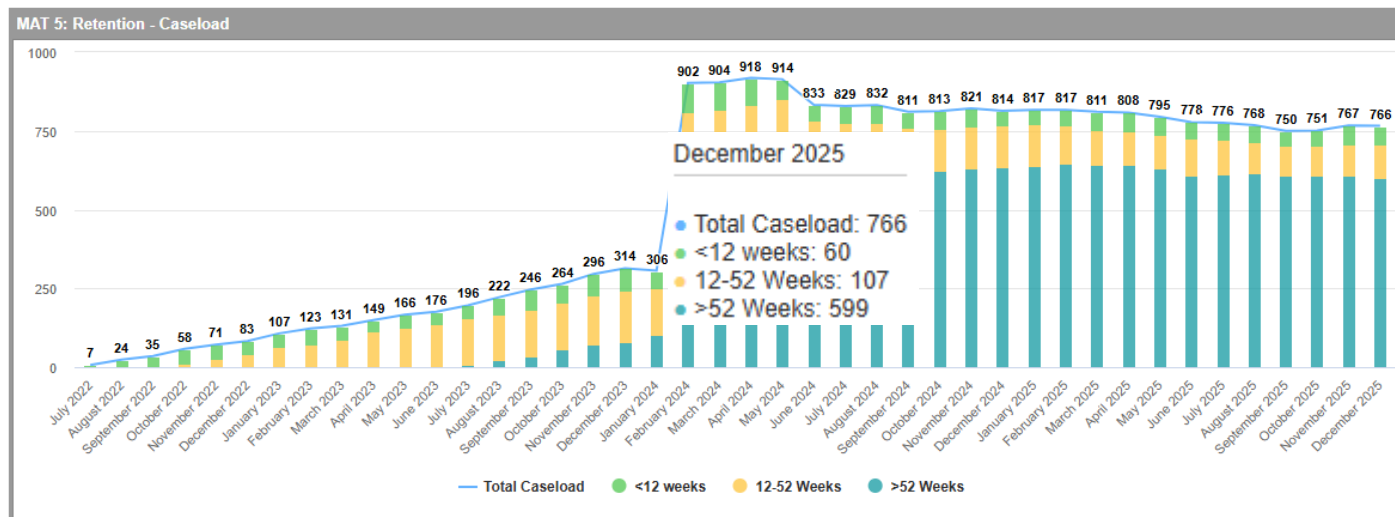
Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

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 (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.

The 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	<span style="background-color: #90EE90;"> </span> Measure follows desired trend or meets target	<span style="background-color: #FF0000;"> </span> Measure does not follow desired trend or meet target	<span style="background-color: #ADD8E6;"> </span> Current data not available for comparison
-----	---	--	---

Note some measures are subject to seasonal variations so are compared to both 3 & 12 month trends

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.	<b>263</b>	Activity Data	↑255	↓265
ASC.LD	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter.	<b>6</b>	Activity Data	--6	--6
ASC.LD	Number of people in Learning Disability care group living in care home on last day of the quarter.	<b>73</b>	Activity Data	↑72	↑72
ASC.LD	Number of Learning Disability Clients on Dynamic Support Register with Priority to return (Coming Home)	<b>27</b>	Activity Data	↓33	↓33
<b>Priority 3 Self-Directed Support information and advice promoted across all communities</b>					
SDSFV	No of people referred from Adult Social Care to SDS FV	<b>10</b>	↑	↓14	↑9
SDSFV	Number of people Self referring to SDS FV	<b>4</b>	Activity Data	--4	↓6
SDSFV	SDS FV Active Clients	<b>33</b>	Activity Data	--33	↑31
ASC	Number of people using Self-Directed Support Option 1 during the quarter	<b>55</b>	Activity Data	↓65	--55
ASC	Number of people using Self-Directed Support Option 2 during the quarter	<b>114</b>	Activity Data	↑98	↑109
ASC	Number of people using Self-Directed Support Option 3 during the quarter	<b>4,392</b>	Activity Data	↑4,275	↑4,286
ASC	Number of people using Self-Directed Support Option 4 during the quarter	<b>127</b>	Activity Data	↓137	↓138
ASC	Number of Support Plans created for people during the quarter	<b>&lt;5</b>	Activity Data	↓9	↓3
RCRT	Number of calls/contacts received by Adult Social Care Front Door Service	<b>5655</b>	Activity Data	na	↓5941
RCRT	Actual referrals to Adult Social Care Front Door Service	<b>1071</b>	Activity Data	na	↑1010
RCRT	Number of referrals progressing to assessment (within 2 months)	<b>228</b>	Activity Data	na	↓234
RCRT	Percentage of referrals to be allocated a Package of Care	<b>28%</b>	Activity Data	na	↓30%
RCRT	Number of clients referred to Adult Social Care Front Door Service Multi Disciplinary Team (MDT)	<b>147</b>	Activity Data	na	↓162

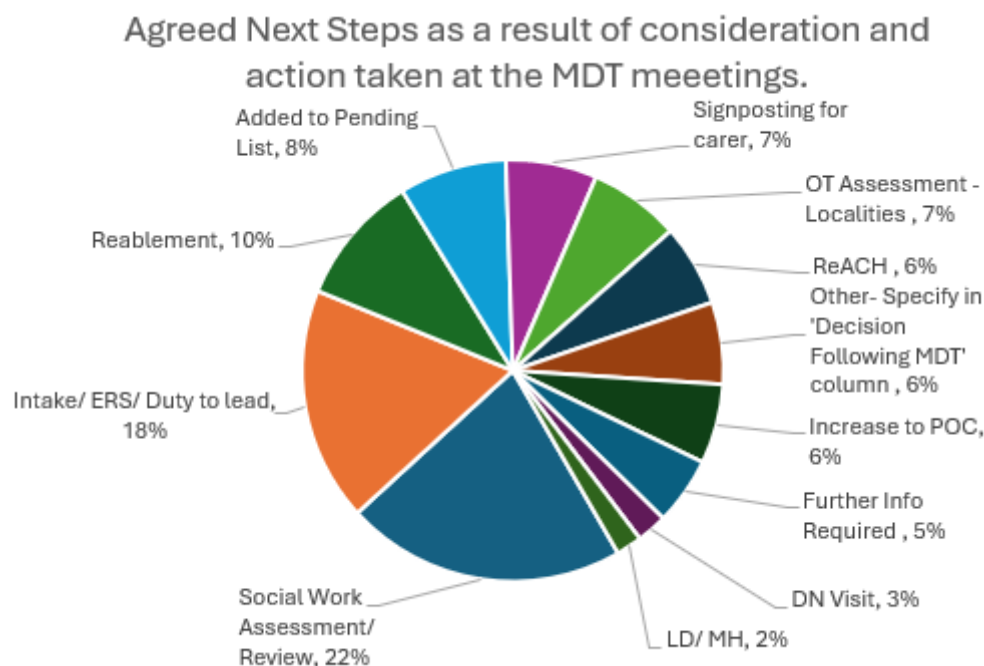
## Right Care Right Time

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.**

	Measure follows desired trend or meets target		Measure does not follow desired trend or meet target		Current data not available for comparison
Note some measures are subject to seasonal variations so are compared to both 3 & 12 month trends					

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	<b>17</b>	Activity Data	↑3	↓20
HSC ADA 002M	Number of HSCP residents moved into Intermediate Care (step down) from hospital	<b>74</b>	Activity Data	↑67	↑61
ASCWkPWDBD	Number of HSCP residents waiting to move into Reablement snapshot last week in quarter	<b>38</b>	↓	↑14	↑30
ASCWkPW DAT	Number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter	<b>12</b>	↓	↓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).	<b>32</b>	↓	↑22.5	↓34.5
ADA01p & ADA01q	% Reablement clients with reduced or no hours after Reablement service.	<b>52%</b>	↑	↓57%	↓55%
DDCenFS	Delayed over 2 weeks awaiting a Package of Care at the end of the quarter	<b>&lt;5</b>	↓	--<5	--<5
ASCWkPOCWAQ	No of people waiting for a Package of Care at last week of quarter	<b>58</b>	↓	↓86	↑31
ASC	Total number of Packages of Care sourced in quarter	<b>670</b>	Activity Data	↑584	↑651
ASC	Total number of hours for Packages of Care sourced in quarter	<b>6,955</b>	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	<b>74</b>	Activity Data	↑72	↑72
ASC	Number of people receiving Telecare/Community Alarm service - All ages at end of quarter	<b>3,070</b>	Activity Data	↑3,022	↓3,084
DN.DAH.CSHSCP	HSCP District Nursing Activity - No of supported deaths at home (NHS FV).	<b>97</b>	Activity Data	--97	↑79

Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
<b>Priority 5 Good public information across all care and support working</b>					
	Indicators under development.				
<b>Priority 6 Workforce capacity and recruitment</b>					
	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 2022-25 Strategic Workforce Plan. Indicators are 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. 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 2022-25 Strategic 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	<span style="background-color: #90EE90;"> </span> Measure follows desired trend or meets target	<span style="background-color: #FF0000;"> </span> Measure does not follow desired trend or meet target	<span style="background-color: #ADD8E6;"> </span> Current data not available for comparison
Note some measures are subject to seasonal variations so are compared to both 3 & 12 month trends			

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 (issues with accuracy currently being investigated)	<b>193</b>	Activity data	↑166	↑181
<b>Priority 7 Support for Carers</b>					
HSC CAR 001	Mobilise service - Discover - Number of individuals reached in the quarter	<b>3,699</b>	Q3 2,730	↑2,189	↓4,032
HSC CAR 002	Mobilise service - Engage - Number of individuals engaging in further services in the quarter	<b>226</b>	Q3 210	↓530	↓330
HSC CAR 003	Mobilise service - Support - Number of individuals engaging in deeper support in the quarter	<b>121</b>	Q3 92	↓162	↓179
HSC CAR 031	CAB - Active Clients accessing Unpaid Carer Advice Project in the quarter	<b>68</b>	Activity data	↓74	↑64* <sup>1</sup>
HSC CAR 032	CAB - New Clients accessing Unpaid Carer Advice Project in the quarter	<b>21</b>	Activity data	↑16	↓31* <sup>1</sup>
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)	<b>218</b>	Activity data	↑235	↓262* <sup>1</sup>
HSC CAR 035	Citizens Advice Bureau - Total project to date - Client Financial Gain. <sup>1</sup>	<b>£99,394</b>	Activity data	£27,497	£45,382* <sup>2</sup>
HSC CAR 036	Citizens Advice Bureau - No of Referrals IN	<b>64</b>	Activity data	↑43	↓68* <sup>1</sup>
HSC CAR 037	Citizens Advice Bureau - No of Referrals OUT	<b>13</b>	Activity data	↓27	↓18* <sup>1</sup>
HSC CAR 051	Number of Adult carers accessing individual support from Carers Centres.	<b>451</b>	Activity data	↓464	↓612
HSC CAR 052	Number of New Adult carers registered by Carers Centres.	<b>157</b>	Activity data	↓168	↑144
HSC CAR 053	Number of Adult Carer Support Plans offered by Carer Centres.	<b>153</b>	Activity data	↑128	↓171

\*1 Corrections for CAB Unpaid Carer Advice Project reporting

\*2 Note : CAS membership, CAB are only permitted to disclose financial gains unless reported by the client as it is their right to decide. CAB are not permitted to report amounts beyond a one year period (i.e. if a £30k award is granted for 3 years they are only permitted to report £10k and the remaining £20k goes unreported). Therefore, such figures are likely to be far greater than those reported and should not be considered comparable to other providers that report on client financial gain

Reference	Performance indicator	Q3 25/26	Desired trend or target	12 month trend	3 month trend
HSC CAR 054	Number of Adult Carer Support Plans completed by Carer Centres.	<b>113</b>	Activity data	↑103	--113
HSC CAR 055	No of Carers registered and active with a Carers Centre at end of quarter	<b>2,991</b>	Activity data	↑2,848	↑2,794
ASC	No of Adult Carer Support Plans in quarter (social care)	<b>25</b>	Activity data	↓35	↓39
<b>Priority 8 Early intervention linking people with third sector and community supports</b>					
	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers (CLW).	<b>41</b>	↑	↓89	↓93
	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW).	<b>218</b>	↑	↓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.

**Care Inspectorate Report - Whins/Centre Space Support Service** - Unannounced inspection, Completed on 3<sup>rd</sup> 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 6<sup>th</sup> June 2025. These were met within the timescales set by the inspection.

There was one Area for Improvement made on 30<sup>th</sup> 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.

To further improve the quality of experience of the support in relation to the most recent Care Inspection the service has been working to an improvement plan for 2026 which focuses on 4 key areas -

1. Keeping care plans in date and outcome focused - work has been undertaken to redesign a template to demonstrate a clear link between outcomes and their support/activities.
2. Maintain and improve the care environment (including garden) and activities on offer - the service has made improvements around decluttering areas of the building including bringing a room back into use, Health & Safety internal meetings and council inspections, activities are being increased in consultation with service users and [Pamis](#) are working with the service to deliver activities and events to Whins service users and others in the area with Profound and Multiple Learning Disabilities (PMLD).
3. Staff development - there is a 2026 LD specific training plan in place for all staff which includes care planning, recording support and outcomes.
4. Meaningful consultation and community access - service users are supported with a monthly forum in which advocacy are involved to ensure all views are sought and recorded. This has included sessions on care plans, outcomes and activities including a recent community initiative for "random acts of kindness" which received positive press online for Clackmannanshire Council and Alloa Advertiser.

# 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%.

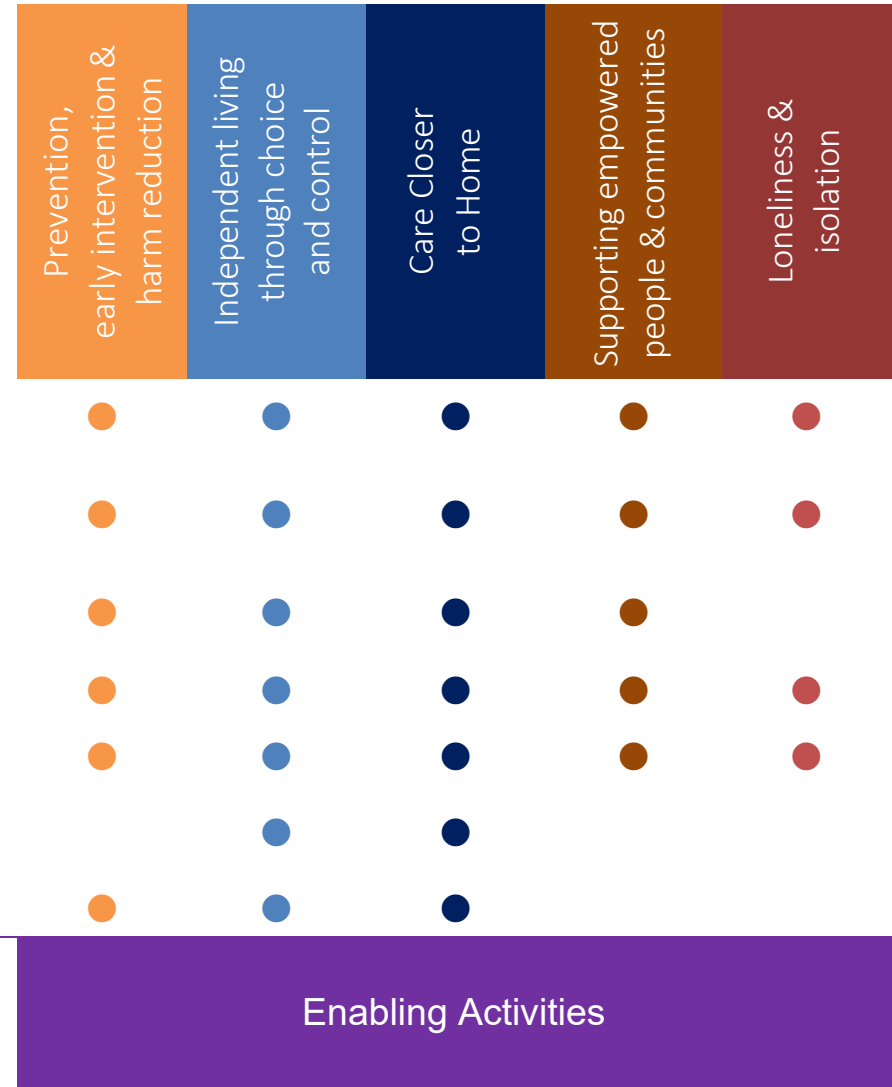
Note: There are issues with accuracy of MSG measure 2b.

## 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

25 March 2026

Agenda Item 13

## Strategic Risk Register

*For Approval*

<b>Paper Approved for Submission by:</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	Ross Cheape, Interim Director MHLD
<b>Author(s)</b>	Ross Cheape, Interim Director MHLD, Vicky Webb, Head of Risk Management (NHS FV)
<b>Exempt Report</b>	No

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

<b>Purpose of Report:</b>	To provide the Integration Joint Board to the Strategic Risk Register for consideration and approval.
---------------------------	---

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Note the alterations to the management of the Strategic Risk Register</li> <li>2) Approve the following removals from the SRR: <ol style="list-style-type: none"> <li>a. Deactivate C&amp;SSRR 02</li> <li>b. Deactivate C&amp;SSRR 03</li> <li>c. Deactivate C&amp;SSRR 06</li> <li>d. Deactivate C&amp;SSRR 07</li> <li>e. Deactivate C&amp;SSRR 10</li> </ol> </li> <li>3) Approve the following amendments to Risks <ol style="list-style-type: none"> <li>a. Increased risk of C&amp;S SRR 09</li> </ol> </li> <li>4) Consider, challenge and recommend for inclusion the new risks noted at: <ol style="list-style-type: none"> <li>a. 5.1 – Leadership Capacity</li> <li>b. 5.2 – Inter-agency Working Arrangements</li> <li>c. 5.3 – Consistency of Service</li> <li>d. 5.4 – Supporting Infrastructure</li> </ol> </li> </ol>
-------------------------	--

## **1. Background and Considerations**

The Clackmannanshire and Stirling Integrated Joint Board (C&S IJB) manages risk aligned to the Strategic Plan as documented in the Strategic Risk Register (SRR). Appendix 1 contains the risk register in its previous format with the risks and mitigations as they were in October 2025.

Over the period of November 2025 to January 2026 the IJB approved the transition from the previous format of Risk Management and Monitoring to the new database structure through the use of the Ideagen (Pentana) System.

The SRR is now being hosted on NHS Forth Valley's Ideagen System with support from the Corporate Risk Management Team in NHS Forth Valley. What follows are the proposed changes to the SRR. Ordinarily this would be presented first to the Finance Audit and Performance (FAP) Committee, however the IJB requested an update ahead of this for the 25 March 2026 meeting. The Board should therefore note that this has not yet been subject to the scrutiny of FAP.

## 2. Risk Management Process

---

The Integration Joint Board (IJB) maintains responsibility for identifying and managing its own strategic risks, which are recorded within the IJB Strategic Risk Register and overseen by the Board, with detailed scrutiny provided through the FAP Committee. Strategic risks are owned by senior officers, reviewed regularly, and reported to the IJB to support assurance and decision-making. In some limited areas, such as Information Governance, the IJB places reliance on the established corporate risk management arrangements of NHS Forth Valley. In these cases, assurance is provided to the IJB through defined reporting routes and reciprocal oversight arrangements, rather than by duplicating the full NHS Forth Valley risk register. Operational risks, by contrast, are managed at service and team level within the Partnership's operational governance structures. These risks are owned locally, reviewed as part of routine management processes, and escalated where necessary through senior management and governance forums when their impact or likelihood indicates potential strategic significance.

## 3. Proposed Removals from the Risks

---

Currently there are 12 risks on the SRR, shown in Appendix 2. The Senior Leadership Team (SLT) of the Health and Social Care Partnership (HSCP) have reviewed the extant risks and propose the following removals:

### C&S SRR 02 – Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny

It is proposed that this risk be deactivated from the Strategic Risk Register on the basis that the Integration Scheme is established and in force. The Integration Joint Board has limited influence over the Scheme of Delegation and neither owns the Integration Scheme nor holds the statutory authority to approve or amend it. As such, the continued inclusion of this matter as a strategic risk for the IJB is not considered appropriate.

### C&S SRR 03 - Delivery of Integrated Performance Framework

It is proposed that this risk be deactivated from the SRR on the basis that it is more appropriately characterised as an issue relating to the operational delivery of services, rather than a risk requiring strategic oversight by the IJB. Progress in this area is subject to regular reporting through the Annual Delivery Plan, alongside ongoing system-wide activity to implement and embed changes to the information technology systems that support service delivery. While a residual risk remains in relation to outcomes monitoring, this is considered to be best managed at an operational level within the HSCP and does not warrant continued inclusion as a strategic risk.

### C&S SRR 06 Information Management and Governance

It is proposed that this risk be deactivated from the Strategic Risk Register on the basis that the management of information governance is subject to established oversight, assurance and scrutiny arrangements within the respective constituent organisations. The HSCP SLT has a defined role in managing this interface and in

addressing operational issues as they arise. Given the number of constituent organisations within the Partnership, it is recognised that this interface is inherently complex and requires ongoing operational management by services. However, this does not necessitate continued treatment as a strategic risk for the IJB, beyond the assurance provided through the Annual Information Governance Assurance Reports.

### C&S SRR 07 Harm to Vulnerable People, Public Protection and Clinical & Professional Care Governance

It is proposed that this risk be deactivated from the Strategic Risk Register on the basis that it represents an aspect of routine operational business for the constituent authorities within the Integration Joint Board and Health and Social Care Partnership. Robust Clinical and Care Governance arrangements are in place, with their effectiveness subject to ongoing oversight and assurance through the Senior Leadership Team. While, as with all organisations, there remains a residual risk associated with non-compliance with these arrangements, such matters would be managed operationally as they arise and do not constitute a strategic risk requiring continued inclusion on the Strategic Risk Register.

### C&S SRR 10 Potential Industrial Action

It is proposed that this risk be removed from the Strategic Risk Register on the basis that the Integration Joint Board is not an employing authority. The risks associated with industrial action sit appropriately with the constituent authorities, who retain responsibility for workforce management and employee relations. Senior Leadership Team members continue to engage fully in the relevant operational management arrangements, partnership forums and contingency planning processes led by the constituent authorities to mitigate and manage the impact of any such eventualities.

If the above alterations are approved by the IJB this will result in there being seven strategic risks remaining on the SRR:

 <b>C&amp;S SRR 01</b> Delivery of Strategic Commissioning Plan within availabl...		 <b>I5:L5 V</b>
 <b>C&amp;S SRR 02</b> Systems Leadership and Commitment to Existing Model...		 <b>I4:L4 H</b>
 <b>C&amp;S SRR 03</b> Delivery of Integrated Performance Framework		 <b>I4:L4 H</b>
 <b>C&amp;S SRR 04</b> Delivery of Integrated Workforce Plan		 <b>I4:L3 H</b>
 <b>C&amp;S SRR 05</b> Patient / Service User Experience		 <b>I4:L4 H</b>
 <b>C&amp;S SRR 06</b> Information Management and Governance		 <b>I4:L3 H</b>
 <b>C&amp;S SRR 07</b> Harm to Vulnerable People, Public Protection and Clinica...		 <b>I4:L4 H</b>
 <b>C&amp;S SRR 08</b> Sustainability of adult placement in external care home a...		 <b>I3:L3 M</b>
 <b>C&amp;S SRR 09</b> Primary Care Sustainability		 <b>I3:L3 M</b>
 <b>C&amp;S SRR 10</b> Potential Industrial Action		 <b>I3:L3 M</b>
 <b>C&amp;S SRR 11</b> Impact of Change as a consequence of budget savings		 <b>I3:L3 M</b>
 <b>C&amp;S SRR 12</b> Transformation and Sustainable Service Delivery		 <b>I3:L3 M</b>

#### 4. Proposed Amendments to Current Risks

---

##### C&S SRR 09 Primary Care Sustainability

Primary Care Services are delivered by Falkirk Health and Social Care Partnership on behalf of both HSCPs. NHS Forth Valley owns the risk of Primary Care Sustainability and has this logged as a Strategic Risk (SRR 018). It is important that the risk in respect to Primary Care is visible to the IJB owing to the inherently essential nature of this provision. However, scrutiny of these risks has highlighted differences in the risk quantification between NHS Forth Valley and the SRR. There is no discernible reason for this and so it is proposed that this risk is altered to align with the NHS Forth Valley Assessment.

Specifically, this will mean altering the untreated risk to reflect a score of 20, as opposed to 15 and the target risk from a score of 9 to a score of 15. It is also proposed that the lead impact category is changed to Patient Harm, from the current Service Delivery/Business Interruption.

Work is underway to ensure there is a single risk assessment and stratification for Primary Care Sustainability. This will be taken forward through the Primary Care Programme Board and allow the IJB to retain visibility of the assessment and developments, without the risk of unwarranted divergence in reporting.

##### C&S SRR 05 Patient / Service User Experience

The lead cause group for this risk has been changed to Patient Experience to better reflect the lead risk category of this item. Engaging members of the public in the design and change of services remains challenging and in the absence of evidence to the contrary, this risk remains static.

#### 5. Proposed Additions to Strategic Risk Register

---

It is proposed that the following four risks be added to the Strategic Risk Register:

##### 5.1 Leadership capacity, capability, continuity and governance effectiveness

There is a risk that insufficient leadership capacity, capability, continuity and/or clarity of governance arrangements could reduce the effectiveness of strategic direction, decision-making and assurance across the IJB.

##### **Cause**

Vacancies, interim arrangements, turnover in senior roles, evolving governance arrangements and reliance on partner organisations for delivery and assurance.

##### **Effect**

Reduced organisational resilience, slower or less effective decision-making, weakened oversight of delegated services, and diminished confidence in governance and assurance arrangements at Board level.

## 5.2 Inter-agency working arrangements and effectiveness

There is a risk that inter-agency working arrangements across partner organisations are not sufficiently aligned, consistent or effective to support the delivery of integrated services and shared strategic objectives.

### **Cause**

Complex partnership landscape, differing organisational priorities, governance frameworks, risk appetites and accountability arrangements across constituent authorities.

### **Effect**

Fragmented decision-making, delays in implementation, inconsistent service delivery, and reduced ability to manage system-wide risks effectively.

## 5.3 Consistency of service provision

There is a risk that variation in service access, quality or outcomes across Clackmannanshire and Stirling leads to inequity and inconsistency in service provision.

### **Cause**

Differing local service models, resource pressures, workforce availability, legacy arrangements and geographic variation.

### **Effect**

Inequitable outcomes for service users, increased complaints and reputational risk, and potential failure to meet equality, human rights and fairer duty obligations.

## 5.4 Supporting infrastructure and business continuity

There is a risk that the suitability, resilience and continuity of critical supporting infrastructure (including buildings, vehicles, digital systems and IT) are insufficient to sustain safe and effective service delivery.

### **Cause**

Aging or constrained estates, reliance on partner-owned infrastructure, digital system dependencies, capital limitations and outsourced responsibility for key assets.

### **Effect**

Service disruption, inability to respond effectively to incidents or surges in demand, reduced staff productivity, and compromised service continuity.

## 6. Conclusion and Recommendations

The management of risk remains a core element of the work of the SLT and is supported by the Risk Management Team in NHS Forth Valley. The move to Ideagen is almost complete and the process of continual review is maturing within this system.

The Integration Joint Board is asked to:

- 1) Note the alterations to the management of the Strategic Risk Register
- 2) Approve the following removals from the SRR:
  - a. Deactivate C&SSRR 02
  - b. Deactivate C&SSRR 03
  - c. Deactivate C&SSRR 06
  - d. Deactivate C&SSRR 07
  - e. Deactivate C&SSRR 10
- 3) Approve the following amendments to Risks
  - a. Increased risk of C&S SRR 09
- 4) Consider, challenge and recommend for inclusion the new risks noted at:
  - a. 5.1 – Leadership Capacity
  - b. 5.2 – Inter-agency Working Arrangements
  - c. 5.3 – Consistency of Service
  - d. 5.4 – Supporting Infrastructure

## 7. Appendices

Appendix 1 – C&S IJB SRR

Appendix 2 – Strategic Risk Register

<b>Fit with Strategic Priorities:</b>	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
<b>Enabling Activities</b>	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
<b>Implications</b>	
<b>Finance:</b>	The risks in relation to finance as incorporated within the Strategic Risk Register.

<b>Other Resources:</b>	As detailed.
<b>Legal:</b>	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has statutory duties regarding budget and securing Best Value.
<b>Risk &amp; mitigation:</b>	The Strategic Risk Register sets out the key strategic risks of the IJB and mitigation and control actions. Regular review of the SRR is a key part of the internal control environment.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require an EQIA
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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:  <a href="https://www.gov.scot/resources/consultation-papers/collections/documents/Fairer-Scotland-Duty-guidance-for-public-bodies-2019.pdf">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>

CLACKMANNANSHIRE & STIRLING LB: STRATEGIC RISK REGISTER @ 11062025

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

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

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

# **Clackmannanshire & Stirling Integration Joint Board**

## **Appendix 1 - Strategic Risk Report**

**Compiled: 03 March 2026**

# Strategic Risk Review - March 2026

## Contents

1. Summary and Key Messages
2. Strategic Risk Dashboard
  - 2.1 Current Strategic Risks
  - 2.2 Strategic Risks Proposed
3. Strategic Risk in Focus
  - 3.1 Proposed Risks for Closure
  - 3.2 Remaining Strategic Risks

## 1. Summary and Key Messages

The Clackmannanshire and Stirling Integrated Joint Board (C&S IJB) has maintained a Strategic Risk Register (SRR) since its inception.


Over the period of November 2025 to January 2026 the IJB approved the transition from the previous format of Risk Management and Monitoring to the new method, using the Ideagen (Pentana) System. This report is the first iteration of this new approach and will be further refined to support better awareness of the Strategic Risks.

## 2. C&S SRR Risk Report

### 2.1 Current Strategic Risks

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Lead Impact Category
C&S SRR 01	Delivery of Strategic Commissioning Plan within available budget	25	25	03-Mar-2026	25; 25		10		Financial
C&S SRR 02	Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny	16	16	18-Dec-2025	16		8		Inspection/Audit
C&S SRR 03	Delivery of Integrated Performance Framework	16	16	18-Dec-2025	16		16		Transformation/Innovation
C&S SRR 05	Patient / Service User Experience	16	16	03-Mar-2026	16; 16		8		Patient Harm
C&S SRR 07	Harm to Vulnerable People, Public Protection and Clinical & Professional Care Governance	16	16	22-Dec-2025	16		8		Patient Harm
C&S SRR 04	Delivery of Integrated Workforce Plan	12	12	03-Mar-2026	12; 12		6		Workforce
C&S SRR 06	Information Management and Governance	12	12	18-Dec-2025	12		8		Inspection/Audit
C&S SRR 08	Sustainability of adult placement in external care home and care at home sectors	16	9	13-Feb-2026	12; 9; 16		4		Financial
C&S SRR 09	Primary Care Sustainability	15	9	13-Feb-2026	9; 15		6		Service Delivery/Business Interruption
C&S SRR 10	Potential Industrial Action	9	9	22-Dec-2025	9		6		Workforce
C&S SRR 11	Impact of Change as a consequence of budget savings	20	9	13-Feb-2026	9; 20		8		Public Confidence
C&S SRR 12	Transformation and Sustainable Service Delivery	20	9	13-Feb-2026	12; 9; 20		16		Transformation/Innovation

## 2.2 Proposed Strategic Risks for Closure

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Lead Impact Category
C&S SRR 02	Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny	16	16	18-Dec-2025	16		8		Inspection/Audit
C&S SRR 03	Delivery of Integrated Performance Framework	16	16	18-Dec-2025	16		16		Transformation/Innovation
C&S SRR 07	Harm to Vulnerable People, Public Protection and Clinical & Professional Care Governance	16	16	22-Dec-2025	16		8		Patient Harm
C&S SRR 06	Information Management and Governance	12	12	18-Dec-2025	12		8		Inspection/Audit
C&S SRR 10	Potential Industrial Action	9	9	22-Dec-2025	9		6		Workforce
C&S SRR 08	Sustainability of adult placement in external care home and care at home sectors	16	9	13-Feb-2026	12; 9; 16		4		Financial

### 3. Strategic Risks in Focus

#### 3.1 Risks Proposed for Closure


This section of the report details the risks that are proposed for closure.

C&S SRR 02 Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny		Current Score	Managed By	Assigned To
<b>Risk Description</b>	<p>Risk: The risk there is inadequate commitment to existing model of integration and that governance and assurance arrangements are unable to allow the IJB to discharge its statutory duties.</p> <p>Cause: Lack of clarity of role and responsibilities within the IJB, HSCP and Partner Organisations.</p> <p>Effect: Poor performance in service provision and financial terms leading to Strategic Plan not being delivered</p>	16	Jennifer Borthwick	Jennifer Borthwick
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		8	Inspection/Audit	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		18-Dec-2025		
<b>Latest Update</b>				
This risk is intended to cover the relationship between the constituent authorities and the IJB and the Integration Scheme itself which though the legal partnership agreement establishing and governing the IJB is a key governance framework of the constituent authorities as well as the IJB.				
<b>Internal Controls</b>				
The Integration Scheme sets out roles and responsibilities of the IJB (including statutory officers) and the Partner Organisations.				
A revised IS has been developed and approved by 2 of the 3 partners.				
Dispute process now invoked to seek to resolve matters including revised IS				
HSCP Performance Review established				
The Standing Orders of the IJB have been reviewed and updated				
Routine consideration of proportionate scrutiny arrangements for each constituent authority e.g. local performance report to Clackmannanshire Council Audit and Scrutiny Committee				
Interim Chief Officer and reviewed and reformed SMLT working arrangements				
Ensure use of revised directions policy and implement performance monitoring (from March 2024 use - Feb 25 monitoring via FAP Committee)				
Prepare Annual Governance Statement and present to FAP then Monitor Governance Action Plan				
Staff communications issued re dispute process including assurance this should not impact day to day operations or focus on delivery plan				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>
Work on ongoing to find solution to lack of functional, effective commissioning service in Clackmannanshire arm of HSCP			31-Mar-2026	

<b>C&amp;S SRR 03 Delivery of Integrated Performance Framework</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that the Integrated Performance Framework does not adequately demonstrate progress against National Health and Wellbeing Outcomes and Strategic Priorities. Cause: Lack of accurate recording, poor recording and information systems and lack of access to and analysis of available information. Effect: Inability to adequately provide reporting and assurance on performance to IJB.	16	Jennifer Borthwick	Wendy Forest
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		16	Transformation/Innovation	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		18-Dec-2025		
<b>Latest Update</b>				
<b>Internal Controls</b>				
Review and reform of Integrated Performance Framework (IPF)				
Subject to IJB approval work with constituent authorities to implement IPF				
Further develop approach to Annual Performance Report including future development of planning and reporting at locality level and benchmarking with 'peer' Health and Social Care Partnerships				
Develop workplan for new FAP Committee to discharge terms of reference including performance remit				
Development of performance measures and reporting at locality level. (in place subject to further development)				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>
Agree Improvement Plan with NHS FV to address data issues including SMR data and ensure appropriate planning around unscheduled care.			31-Mar-2026	

<b>C&amp;S SRR 06 Information Management and Governance</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that Information Management and Governance issues are not adequately managed to support delivery of strategic commissioning plan and information sharing processes, practice and governance is inadequate to support efficient service delivery. Cause: Lack of or non adherence to adequate policies, data sharing arrangements and management information systems. Effect: Inefficient service delivery, reputational harm and sub optimal performance management.	12	Jennifer Borthwick	Ross Cheape
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		8	Inspection/Audit	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		18-Dec-2025		
<b>Latest Update</b>				
<b>Internal Controls</b>				
Ensure Data Sharing agreements between constituent authorities are in place, signed and periodically reviewed.				
Annual Information Governance Assurance Report				
Awareness raising of respective organisational policies				
Mandatory training (ongoing monitored through appraisal processes)				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

<b>C&amp;S SRR 07 Harm to Vulnerable People, Public Protection and Clinical &amp; Professional Care Governance</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that clinical and professional care governance arrangements are inconsistently applied and there resultant harm to service users or the general public. Cause: Potential for a lack of effective systems of clinical and care governance including assurance. Effect: Harm to vulnerable people or general public.	16	Jennifer Borthwick	Ross Cheape
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		8	Patient Harm	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		22-Dec-2025		
<b>Latest Update</b>				
<b>Internal Controls</b>				
Integration Joint Board has assurance that services operate and are delivered in a consistent and safe way				
Clinical and Care Governance Assurance arrangements				
Whole system working to minimise delay to discharge arrangements				
Establishment of Quarterly Clinical and Care Governance Meetings				
Further develop linkage with Performance Frameworks				
Annual Clinical and Care Governance Assurance Report to IJB				
Consider Clinical and Care Governance arrangements for co-ordinated services and maintain stability of existing arrangements until this action complete				
Develop and present improvement plan for Joint Inspection of MH Services				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

<b>C&amp;S SRR 08 Sustainability of adult placement in external care home and care at home sectors</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that providers are not sustainable or oversight arrangements are inadequate. Cause: Lack of effective overview or provider failure for financial or other reasons e.g. lack of workforce or inability to control costs. Effect: Increased likelihood of statutory sector requiring to step in as 'provider of last resort' / unforeseen increased costs	9	Jennifer Borthwick	Wendy Forrest; Amy McDonald
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		4	Financial	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		04-Mar-2026		
<b>Latest Update</b>				
Discussed on 04/03/2026 and determined that this is an operational risk within Commissioning and is not appropriate for the Strategic Risk Register.				
<b>Internal Controls</b>				
Provider forums are in place as is a commissioning and monitoring framework.				
There is clear regulation and inspection				
The thresholds matrix for homes around adult support and protection has been implemented and is being monitored.				
A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group.				
Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence.				
Business continuity planning arrangements.				
Preparation of Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues.				
Caseload review				
Care Home Assurance Tool.				
Ensure consistent and effective approach to appropriately manage Large Scale Investigations. (LSI's)				
Engagement in national round table discussions via CO/CFO networks to highlight sector risks and attempt to align responses with other HSCPs.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

C&S SRR 10 Potential Industrial Action		Current Score	Managed By	Assigned To
Risk Description		9	Jennifer Borthwick	
		Target Score	Lead Impact Category	Appetite Level
		6	Workforce	
		Last Review Date	Risk Trend	Tolerance Level
		22-Dec-2025		
<b>Latest Update</b>				
<b>Internal Controls</b>				
Review and ensure business continuity arrangements are up to date and robust (Ongoing)				
Work closely with constituent authorities to fully understand likely impacts.				
Ensure ongoing constructive working relationships with staff side / unions are maintained.				
Participate in regional pan FV and local resilience arrangements.				
Monitor outstanding pay negotiations and likeness of resolution without resort to industrial action.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>


### 3.2 Remaining Strategic Risks


This section of the report details the risks that are remaining on the strategic risk register.


<b>C&amp;S SRR 01 Financial Sustainability</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that delegated integration functions and services cannot be delivered within resources available. Cause: Demand for statutorily provided services exceeds ability to deliver within budget and available resources. Cost of delivery of services exceeds current service requirements. Effect: Inability to deliver Financial Sustainability	25	Jennifer Borthwick	Amy McDonald
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		10	Financial	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		03-Mar-2026	_____	
<b>Latest Update</b>				
The Chief Finance Officer (CFO) is leading a programme of work, presented to the IJB which will deliver a reduction in overspend but will not be able to reduce the expenditure in-year to within budget.				
<b>Internal Controls</b>				
The Integration Scheme				
3 year Delivery Plan in place, with a range of programmes.				
Governance / reporting mechanisms for Delivery Plan are in established				
Financial position monitored on ongoing basis by SLT, IJB FAP Committee, and full IJB.				
Delivery Plan incorporates Medium Term Financial Plan				
25/26 Revenue Budget and Delivery Plan approved incorporating risk assessment.				
Agreed process for agreement and payment of contract rates including uplifts.				
Ongoing development of approach to and implementation of directions policy including savings detail at constituent authority level.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>
Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services			31-Mar-2026	
Follow integration scheme requirements for recovery plan			31-Mar-2026	
Development of 26/27 IJB Business Case per Integration Scheme requirement			31-Mar-2026	
Development of 26/27 IJB Revenue Budget proposals			31-Mar-2026	
Budget Consultation Aligned to Strategic Commissioning Plan review			28-Feb-2026	
Ongoing assessment of further budget recovery options per requirements of Integration Scheme			30-Jun-2026	

<b>C&amp;S SRR 04 Delivery of Integrated Workforce Plan</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that workforce challenges are not adequately managed. Cause: Lack of robust workforce planning and failure to appropriately support the integrated workforce. Effect: Reduced recruitment and retention and failure to appropriately develop, train and performance manage the integrated workforce.	12	Jennifer Borthwick	Wendy Forrest
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		6	Workforce	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		03-Mar-2026	_____	
<b>Latest Update</b>				
The Strategic Workforce Plan remains in date. As we progress with the renewed delivery plan in the context of financial constraints, there will be further development of the workforce plan to align our process and strategy for recruitment with the development of the services to deliver financial balance.				
<b>Internal Controls</b>				
Ensure inclusive approach to staff engagement at all levels				
Develop multi-disciplinary care pathways and teams.				
Workforce engagement on transformation programme including practice elements such as SDS.				
Ensure consistent use of iMatter staff survey platform across the constituent authorities, and the development of reporting infrastructure against HSCP within that system.				
Staff Development and Training Programmes including Mandatory Training. (ongoing but requires commitment and support from constituent authorities)				
Positively manage relationships with Staff Side/Trade Union representatives				
Continue to prioritise and support workforce wellbeing.				
Monitor implementation of the approved workforce plan.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

C&S SRR 05 Patient / Service User Experience		Current Score	Managed By	Assigned To
<b>Risk Description</b>	Risk: The risk that patients/service users have a poor experience of care and/or their personal outcomes are not met. Cause: Lack of co-design of services taking account of lived experience, lack of assurance on clinical and care governance standards. Effect: Patients/service users personal outcomes are not met. Failure may create additional avoidable demand.	16	Jennifer Borthwick	Ross Cheape
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		8	Patient Experience	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		03-Mar-2026	_____	
<b>Latest Update</b>				
The lead cause group for this risk has been changed to Patient Experience to better reflect the lead risk category of this item. Engaging members of the public in the design and change of services remains challenging and in the absence of evidence to the contrary, this risk remains static.				
<b>Internal Controls</b>				
Participation and Engagement Strategy.				
Service user participation in IJB, SPG and Locality Planning Network				
Use of Care Opinion				
Complaints processes and review of significant events to facilitate learning				
Carers Planning Group including Carers representatives				
Process and training for EQIAs				
Self Directed Support Steering Group including representation from peer support organisations and co-chaired by person with lived experience				
Self Directed Support Lived Experience Panel (in place and being developed based on feedback from supported people and their carers).				
IJB agreed Self Directed Support Policy and associated Directions.				
Jointly developed new Transitions Policy developed in partnership with people with lived experience				
Ensure detailed improvement action plans are put in place and monitored where inspections highlight required improvements.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

C&S SRR 09 Primary Care Sustainability		Current Score	Managed By	Assigned To
<b>Risk Description</b>	Risk: The risk that critical quality and sustainability issues will be experienced in the delivery of Primary Care Services including General Medical Services /(PCIP) Cause: Insufficient funding, lack of identification and implementation of sustainable service options, aging workforce and demand for services outstripping supply. Effect: GP Practices requiring to be , loss of service provision and resultant impacts on rest of Health and Social Care system.	15	Jennifer Borthwick	Kathleen Brennan
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		6	Service Delivery/Business Interruption	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		04-Mar-2026		
<b>Latest Update</b>				
Aligned risk quantification between NHS Forth Valley and the C&S SRR.				
<b>Internal Controls</b>				
Premises investment priorities identified				
Primary Care Improvement Plan (PCIP) being delivered proactively and sustainability options being appraised.				
Support for practices to become training practices (delivered in conjunction with NES)				
Primary Care Improvement Plan tripartite oversight and review to ensure sustainable (ongoing)				
GP IT Programme Board established				
Pan FV Local Sustainability Group in place to advise on sustainability matters				
Expansion of community pharmacy services.				
Alignment with quality clusters and leads to ensure GP practices and MDTs are informed of and involved in quality improvement and assurance.				
Establishment and monitoring of GP Sustainability data and workload to inform the development of future controls and actions.				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

<b>C&amp;S SRR 11 Transformation Capacity</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: There is a risk that the Senior Leadership Team have more transformation projects than can be delivered. Cause: Demand outstripping capacity for transformation / BAU change driven by the requirement to make budget savings Effect: Inability to meet savings targets through sustainable change programmes.	16	Jennifer Borthwick	Ross Cheape
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		8	Public Confidence	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		04-Mar-2026		
<b>Latest Update</b>				
Reviewed the risk in light of the demands for change and transformation of the service. This will have a significant capacity impact on the small Senior Leadership Team which may undermine efforts to achieve financial balance/reduced overspend. Risk increased and lead impact category changed.				
<b>Internal Controls</b>				
Ensure Strategic Planning is Based on robust Strategic Needs Assessment				
Manage positive arrangements with providers through providers forum				
Ensure robust data informed annual IJB Business Case is produced.				
Use of national networks to articulate and inform future resource requirements				
Local capacity and activity monitoring (Weekly)				
Development of capacity and activity dashboard				
Ensure focus on transformation programme to maximise use of existing resources				
Work with constituent authorities to promote partnership as a good place to work. (Ongoing)				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>

<b>C&amp;S SRR 12 Sustainable Service Delivery</b>		<b>Current Score</b>	<b>Managed By</b>	<b>Assigned To</b>
<b>Risk Description</b>	Risk: The risk that the programme of transformational/ BAU change detailed in the 2026/27 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability. Cause: Transformation/ BAU change not delivering estimated financial impact and/or not being deliverable at pace or scale envisaged Effect: Overspend or lack of demonstrable progress in Strategic Commissioning Plan priorities and/or National Health and Wellbeing outcomes.	9	Jennifer Borthwick	Amy McDonald
		<b>Target Score</b>	<b>Lead Impact Category</b>	<b>Appetite Level</b>
		16	Transformation/Innovation	
		<b>Last Review Date</b>	<b>Risk Trend</b>	<b>Tolerance Level</b>
		13-Feb-2026		
<b>Latest Update</b>				
<b>Internal Controls</b>				
Development and Approval of Revised Delivery Plan				
Establishment of Project Management capacity				
Establishment of Monitoring Arrangements building on reporting mechanisms developed in 24/25				
<b>Further Controls Required</b>		<b>Action Owner</b>	<b>Due Date</b>	<b>Latest Update</b>
Review of Strategic Commissioning Plan per legislative requirements			31-Mar-2026	
Development of detailed planning and proposals for 26/27 IJB Business Case and update to rolling 3-year Delivery Plan			31-Mar-2026	

# Clackmannanshire & Stirling Integration Joint Board

25 March 2026

Agenda Item 14

## IJB Membership & Roles

*For Noting*

<b>Paper Approved for Submission by:</b>	Dr Jennifer Borthwick, Interim Chief Officer
<b>Paper presented by</b>	Wendy Forrest, Head of Strategic Planning and Health Improvement
<b>Author</b>	Sandra Comrie, IJB Support Officer
<b>Exempt Report</b>	No

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

<b>Purpose of Report:</b>	This paper provides the Integration Joint Board with an update on the changes to membership.
---------------------------	--

<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Note NHS Forth Valley nominating Allan Rennie as Chair of the IJB.</li> <li>2) Note Clackmannanshire Council nominating Councillor Fiona Law as Vice Chair of the IJB.</li> </ol>
-------------------------	---

<b>Key issues and risks:</b>	This will ensure compliance with the Public Bodies Act (Joint Working)(Scotland) Act 2014.
------------------------------	--

## 1. Background

- 1.1. The Integration Joint Board (IJB) has statutory roles and responsibilities that it must comply with in line with requirements of the Public Bodies (Joint Working) Act (Scotland) in relation to IJB membership. Each constituent authority has responsibility to provide assistance to the IJB in carrying out its roles and responsibilities, however the IJB itself needs to ensure compliance with all applicable statutory obligations.
- 1.2. On 4 September 2015 the Scottish Government published a guidance note titled [Roles, Responsibilities and Membership of the Integration Joint Board](#). That guidance provides a high-level overview of the IJB's duties and is intended for reference by all members of IJBs.
- 1.3. The primary source of the roles and responsibilities of the IJB is the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act"): [http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\\_20140009\\_en.pdf](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)

## 2. IJB Chair and Vice Chair

- 2.1. The Integration Joint Board is asked to note NHS Forth Valley nominating Allan Rennie as Chair of the IJB.
- 2.2. The Board is asked to note Clackmannanshire Council nominating Councillor Fiona Law as Vice Chair of the IJB.

### 3. IJB Membership

- 3.1 Robert Clark has stepped down from his role as NHS Forth Valley Employee Director, following his retirement from the NHS. The Board is asked to pass on thanks to Robert for his long service within NHS Forth Valley and specifically his role as an IJB member.
- 3.2 NHS Forth Valley is now in the process of selecting a new staff representative to take his place on the Integration Joint Board.

### 4. Conclusions

- 4.1 This paper provides the Board with an update on the recent changes to the Chair and Vice Chair roles of the IJB, as well as the current situation regarding the non-voting member vacancy.

### 5. Appendices

None

<b>Fit with Strategic Priorities:</b>	
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 & Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
<b>Enabling Activities</b>	
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"/>
<b>Implications</b>	
<b>Finance:</b>	None to note
<b>Other Resources:</b>	None to note
<b>Legal:</b>	Compliance with Public Bodies Act (Joint Working)(Scotland) Act 2014.
<b>Risk &amp; mitigation:</b>	None to note

<p><b>Equality and Human Rights:</b></p>	<p>The content of this report <b><u>does not</u></b> require an EQIA</p>
<p><b>Data Protection:</b></p>	<p>The content of this report <b><u>does not</u></b> require an DPIA</p>
<p><b>Fairer Duty Scotland</b></p>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at:  <a href="http://www.gov.scot/publications/fairer-scotland-duty-guidance-for-public-bodies/pages/introduction.aspx">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>

**Strategic Planning Group - Hybrid**

Minute of meeting held on 10 December 2025

Name	Position
<b>In Person</b>	
Jennifer Borthwick	Interim Chief Officer C&S Health & Social Care Partnership (HSCP)
Cllr Scott Farmer	Chair, Integration Joint Board and Chair of Strategic Planning Group (Chair)
Wendy Forrest	Head of Strategic Planning and Health Improvement, HSCP
Mike Evans	Urban Locality Planning Network Chair
Jennifer Baird	Contracts & Commissioning Manager HSCP
Allan Rennie	Vice Chair, Integration Joint Board
Gordon McKenzie	Stirlingshire Voluntary Enterprise
Tony Channing	Stirlingshire Voluntary Enterprise
Simon Jones	Health Improvement Specialist Manager (ADP and Mental Health)
Kainde Manji	Health Improvement Officer
Kat Jarvie	Health Improvement Officer
<b>Teams</b>	
Dougie Porteous	Head of Sport Physical Activity and of Inclusion Active Stirling
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Lyndsay Macnair	Thriving Community Engagement Manager, Stirling Council
Kelly Higgins	Senior OD Adviser, HSCP
Ann Farrell	Principal Information Analyst
Adewale-Samuel Akinosun	Health Improvement Officer
Judy Stein	Interim Head of Community Health & Care, HSCP
Hazel Meechan	Public Health, NHS Forth Valley
Katy McBride	Housing, Health and Social Work Policy and Research officer HSCP
Abigail Robertson	Union Representative, Stirling
Joanne O'Suilleabhain	Principal Public Health Officer/Keep Well Programme Manager
<b>In attendance</b>	
Sandra Comrie	Minute
<b>Apologies</b>	
Anthea Coulter	CTSI Third Sector Interface, Clackmannanshire
Stephen Clark	Head of Housing, Stirling Council
Robert Clark	Employee Director, NHS Forth Valley
Colin Melville	CTSI Third Sector Interface
Jennifer Rezendes	Chief Social Work Officer, Stirling Council
Keri Moore	Stirling Carers Centre
Gemma Pritchard-Woollett	HSCP Integration officer and Lead CLW for Clackmannanshire

**1. Welcome from Chair**

Cllr Scott Farmer welcomed all to the Strategic Planning Group (SPG).

**2. Draft Minute of the meeting held on – 10 September 2025**

The Minute was approved.

**3. Action Log**

The action Log was approved.

**3.1 Matters arising**

None

**4. Consultation on Strategic Commissioning Plan  
Year Three Review – Discussion**

Presented by Wendy Forrest, Head of Strategic Planning & Health Improvement

Wendy Forrest (WF) reported that the Strategic Commissioning Plan is currently undergoing review in its third year of the ten-year schedule. She summarised recent engagement events and outlined the key requirements of the Public Bodies Joint Working Act and the Strategic Planning Group.

WF outlined the aim of the Strategic Commissioning Plan for 2023 to 2033, with particular emphasis on the areas that will be reviewed in 2025–2026. She explained that strategic commissioning involves planning, commissioning, and overseeing health and care services to ensure they address identified needs within available resources. The goal of the upcoming review is to assess the progress since the plan was launched and determine if any updates are needed, rather than completely rewriting it.

The core priorities within the Plan were highlighted, including prevention and early intervention, supporting independent living through choice and control, delivering care closer to home, empowering communities, and reducing loneliness and isolation. It was acknowledged that significant financial pressures affect the sustainability of current service models, and the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) will be required to prioritise its activities in response to these pressures.

WF stated that the review must align with HSCP workstreams such as the Delivery Plan, refreshed Carers Strategy, Integrated Workforce Plan, and housing contribution statements. Engagement activities, including surveys,

staff discussions, and community sessions, are underway to gather broad stakeholder feedback.

The group discussed the HSCP priority areas such as population health and early intervention, shifting the balance of care from hospital to community settings, Self-directed Support (SDS), mental health and wellbeing, substance use - including alcohol use, learning disability support, dementia care, carers support and locality planning. Wendy Forrest stressed the importance of ongoing discussions on HSCP priorities amid current financial challenges.

A presentation of the refreshed Plan will be presented to the Finance, Audit and Performance Committee on 18 February 2026, followed by submission to the Integration Joint Board at the meeting on 25 March 2026.

## **5. Quarter 2 Performance Report**

Presented by Wendy Forrest, Head of Strategic Planning & Health Improvement

Wendy Forrest (WF) presented an overview of the HSCP Delivery Plan for 2025/26, noting progress across major transformation programmes. Updates included bed provision remodelling, Learning Disability redesign, SDS implementation, Adult Autism, Right Care Right Time (RCRT), Equipment and Stores, AHP redesign, Mental Health, ADP transformation, Income Maximisation, Housing with Care, and management alignment.

The Social Work Front Door service saw stable call volumes but rising referrals and assessments throughout 2025, peaking in July.

Care Home data showed increased placements and costs in Q1 and Q2, with a decrease in October; length-of-stay trends shifted towards shorter stays. Primary Care provided an estimated 2,538 daily appointments, over 90% within three weeks, and some routine appointments with no wait time. District Nursing activity rose significantly despite no staff increase, due to more community-based care, higher patient complexity, anticipatory planning, and earlier hospital discharges. Workforce planning and recruitment efforts are ongoing.

In response to questions WF confirmed that efforts are underway to reduce the average length of stay in care homes, a change expected to take several years, so individuals can spend less time in care facilities and more time living independently at home. Additionally, work is progressing to introduce asset-based assessments into mental health settings and across multidisciplinary team (MDT) operations.

### **6.1 Locality Planning and Population Health Delivery**

Presented by Simon Jones, Service Manager Mental Health and Substance Use

Simon Jones (SJ) explained that The Integration Joint Board (IJB) is required to consider localities when planning services, addressing the unique needs of Rural Stirling, Urban Stirling, and Clackmannanshire.

Past in-person locality meetings had limited community input, so a new model will launch in 2026. This approach follows Healthcare Improvement Scotland's framework. Quarterly community conversations, facilitated by HSCP and Third Sector Interface (TSI), will be held locally and complement existing groups, promoting inclusive discussion on health and social care issues. Feedback will shape Locality Planning Forum agendas and inform HSCP discussions, with regular updates to SPG and planning groups.

Kainde Manji described how locality planning involves wide-ranging discussions within the community, oversight by SPG and IJB, and a Locality Network Forum focused on HSCP projects. The Health Improvement Service contributes by organizing workshops, providing training, offering policy guidance, and facilitating events. Looking ahead, the plan is to expand health improvement efforts, coordinate activities with primary care providers and the third sector, encourage empowerment initiatives, and bring together Community Link Workers and Health Champions.

Councillor Farmer was pleased to hear about the innovative work being undertaken and looks forward to hearing the feedback and how this can be actioned.

SJ provided an update some of the health improvement activity within the HSCP and future plans. Kat Jarvie explained that Smoking causes one in five deaths in Scotland, disproportionately affecting deprived areas and contributing to financial hardship. Scotland targets a tobacco-free generation by 2034. Quit Your Way Scotland offers behavioural support, free nicotine replacement therapy, clinics, vaping help, and pharmacy partnerships.

One of the projects worked on was on pregnancy. Pregnancy-related cessation shows varying referral levels, with engagement lower than the general population. Efforts focus on increasing cessation availability via primary care and community groups, supporting vaping reduction, and tracking local data.

Adewale-Samuel Akinosun explained that anti-racism is crucial to health improvement due to intersectional inequalities and the impact of racism on access and outcomes. Scottish Government policy mandates anti-racism in workforce and service delivery. The Health Improvement Service takes a structured approach with measurable outcomes, human-rights frameworks, experiential data, and learning activities. Next steps involve expanding engagement, strengthening governance, data-driven learning, and applying equity across health initiatives.

## 6.2 Community Link Workers Impact

Presented by Tony Channing, Senior Community Link Worker, Stirlingshire Voluntary Enterprise

Tony Channing provided highlights from the Clackmannanshire and Stirling Community Link Worker (CLW) Project Annual Review 24/25. Which continues to make a significant impact by providing person-centred social prescribing and wellbeing support within GP practices. Over the past year, the service has expanded into several new surgeries and seen a 42% rise in referrals, reflecting increased recognition of the role CLWs play in reducing pressure on primary care. Link Workers connect individuals to a wide range of community, third-sector, and statutory services, supporting needs such as mental health, finances, housing, and social isolation. This year's introduction of a wellbeing evaluation showed an average 47% improvement in wellbeing for clients, demonstrating meaningful personal outcomes alongside service efficiencies. A cost benefit analysis also highlighted a 19% reduction in GP appointments among those supported, reinforcing the value of the holistic approach.

A copy of "Emma's Community Link Workers Story" was shared with the group, this illustrates how the service helps people build resilience, strengthen connections, and move forward with greater confidence. Councillor Farmer congratulated the team on winning the national award.

## 7. Mental Health Commissioning

Presented by Simon Jones, Service Manager Mental Health and Substance Use

Simon Jones (SJ) provided an updated on progress, noting that HSCP Commissioning Teams are collecting technical information on mental health systems and preparing frameworks aligned with human rights and recovery principles, with ongoing collaboration with Falkirk. The work is influenced by IJB duties, Getting it right for everyone (GIRFE), strategic plans, and Scottish Government mental health strategies.

The mental health system comprises various teams, including psychological services, community and substance use services, inpatient and assessment, operating across multiple settings.

A tiered support model was proposed:

- **Tier 4:** Prevention and peer support, targeting anti-stigma and empowerment.
- **Tier 3:** Community supports like counselling and outreach.
- **Tier 2:** Non-statutory specialist treatments.
- **Tier 1:** Statutory care, including forensic and rehabilitation services.

SJ explained that movement between tiers should be flexible and guided by early, minimum-necessary intervention, with human rights visible across all

tiers. Human rights practices include co-design, lived experience input, focused training, and independent facilitation.

Recovery supports highlighted include crisis support, housing, employment, clinical care, and peer/family involvement, though coordination and equity remain challenges. Six thematic workstreams were suggested: crisis, outreach, treatment, management, education/employment, housing, therapies, rights empowerment, social health advice, and peer/family support. The Consortium is to develop recommendations for the IJB, concentrating on both non-specialised supports and comprehensive community recovery systems.

The timeline begins with preparatory work before October 2025, further framework and engagement development in November 2025, and continued proposal development for IJB review in early and mid-2026. Members were invited to consider their future contributions.

## **8. Delivery Plan Update**

Presented by Wendy Forrest, Head of Strategic Planning & Health Improvement

Wendy Forrest (WF) explained the Clackmannanshire & Stirling HSCP Delivery Plan for 2025/26 outlines a comprehensive programme of transformation across key service areas. She confirmed that workstreams have been established to support the remodelling of beds, the redesign of overnight short breaks, and the rationalisation of bed capacity across the system. Additional programmes include the Learning Disability review and SDS redesign, Adult Autism, Right Care Right Time, Equipment and Stores, and the AHP Review and Redesign. Mental Health transformation is also progressing, supported by work on bed-based services, inpatient and community rationalisation, and Alcohol and Drug Partnership priorities.

Further workstreams focus on income maximisation, Housing with Care, management responsibility tracking, and the NHS Forth Valley medicines programme. WF confirmed workstreams follows a consistent approach, evidence-based planning, risk management, and financial tracking. Early successes include commissioning changes to long-term care at Menstrie House, completion of consultation on planned bed-based respite, progress within the Mental Health Commissioning Consortia, analysis of community equipment services, and detailed data gathering to support the redesign of Learning Disability Day opportunities. Progress and project management are being supported through structured tracking in Jira, ensuring visibility of milestones, risks, and activity across the HSCP's transformation portfolio.

## **9. AOCB**

None

## **Date of Next Meeting**

11 March 2026

**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



**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, Stirling Council (Vice Chair)  
Councillor Martha Benny, Clackmannanshire Council  
Gordon O'Connor, Audit Service Manager, Stirling Council

**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 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 1<sup>st</sup> April 2025, and the internal audit plan was agreed by the Finance, Audit and Performance (FAP) Committee on 25<sup>th</sup> 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. Current advice is that the legal authority must discharge statutory duties which are delegated from the local authority which therefore precludes having a single Mental Health Occupational Therapy (MHOT). Mr Cheape 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



A meeting of the **JOINT STAFF FORUM, CLACKMANNANSHIRE & STIRLING HSCP** will be held on **THURSDAY 20 NOVEMBER 2025 AT 2pm** via Microsoft Teams

**Present:**

Abigail Robertson, Vice Chair (Chaired meeting), Stirling Unison, Stirling Council (AR)

Amie Drysdale, HR Business Partner, Stirling Council (AD)

Amy Bell, RCN Trainee Rep, NHS Forth Valley (AB)

Jake Dunk, PA (Note)

Joanna MacDonald, Interim Chief Officer C & S HSCP (JMac) Chair

Judy Stein, Interim Head of community Health & Care, HSCP (JS)

Karren Morrison, Unison Forth Valley Health Branch, Branch Secretary (KM)

Kelly Higgins, Senior OD Adviser, HSCP (KH)

Lorraine Thomson, UNISON, Stirling, Branch Secretary (LT)

Nicola Brodie, Unison Rep, NHS Forth Valley

Nicola Brodie, Unison Rep, NHS Forth Valley (NB)

Ross Cheape, Head of Service, MH & LD HSCP(RCh)

Sandra Drinkeld, HR Business Partner, NHS Forth Valley (SD)

Stacey Wright

Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP (WF)

## **1. Welcome and Introductions**

1.1 Joanna MacDonald, Interim Chief Officer, welcomed all in attendance to the meeting.

## **2. Apologies for Absence**

Cathrine Barclay, HR Business Partner, HR & Workforce Development, Clackmannanshire Council

Claire Roux, AHP Manager for community & Care, NHS Forth Valley

Jennifer Borthwick, Director of Psychological Services, MH & LD, NHS Forth Valley

Julie McIlwaine, HR Manager, NHS Forth Valley

Julie Morrison, Unison Branch Treasurer, Stirling Council

Robert Clarke, Employee Director, NHS Forth Valley

## **3. Minute of Meeting 21 August 2025 attached**

3.1 Previous meeting note approved as an accurate record.

## **4. Matters Arising**

4.1 Not matters arising.

## **5. Christmas Leave at the Bellfield**

5.1 Judy Stein advised it has been resolved re Leave at the Bellfield.

## **6. Dispute Update Joanna MacDonald**

6.1 Joanna MacDonald updated re Integration scheme, good progress has been made. Draft Integration Scheme meeting 20<sup>th</sup> Nov 2025, will have a final draft in place shortly. Risk sharing and finances have yet to be agreed.

6.2 2024/25 Risk Sharing at the IJB budget meeting (March 2025) was not agreed, Joanna will update at next week's IJB there is now an agreement in place. 2025/26 Risk Sharing agreement is ongoing.

6.3 Strategic Commissioning Plan re transparency, progress been made re have draft in place shortly.

6.4 Scottish Government are pleased with the progress re dispute process progress. Looking for further update.

6.5 Wendy Forrest advised the comms has gone out for consultation on the Strategic Plan. An email sent out to partners with a Citizen Survey attached re what are the priorities within the context of challenging financial position.

## **7. Lone Working Abigail Robertson**

7.1 HR colleagues at Stirling Council meeting with colleagues to look at Lone Working device issues.

## **8. Complaints/Grievance Procedure HR Colleagues**

8.1 Kelly Higgins meeting with HR on a regular basis to get this resolved. Agenda item to be carried forward to next meeting.

8.2 Amie Drysdale looking at policy for the Complaints/Grievance Procedure. Business Partners have been assigned from Stirling and Clackmannanshire moving forwards.

## 9. OD - Verbal Update Kelly Higgins

9.1 Meeting with recruitment colleagues from Stirling/ Clacks and NHS FV. Discussions around making recruitment a better/ slicker process. Meeting with Clacks recruitment in terms of working with systems and gaining a good understanding of the processes involved.

9.2 Sandra Drinkeld and partners (who meet fortnightly) are working on a streamlined process for Clacks/ Stirling and NHS FV. Sandra will link in with Kelly. Kelly advised the process should be finalised between January- March 2026 in terms of drafting a paper.

## 10. Service Updates (verbal updates)

### • Stirling and Clackmannanshire Locality:

- Judy advised that as of 24th November 2025 Rachel Sinclair is taking a step back from the Locality Management Post. Terry O’Gorman will cover Stirling areas and Liam Gallagher will manage Clacks areas.
- Judy advised that the Bed Based Respite for Clacks and Stirling meetings are ongoing focusing of choice and control for the carers. Update paper going to IJB meeting week of 24<sup>th</sup> November 2025. 48 people attended the consultation event that was held. Menstrua House have 5 staff on deployment; all staff have figures. Bellfield Centre, Castle closed, looking at night staff re overstaffing. Sickness has increased across Health areas, ensuring staff and management are being supported. £9 million overspend across Stirling and Clackmannanshire Council being addressed to reduce costs.
- Abigail raised concerns around Care Plans being rejected at the Panel meetings, what can be done to make things better going forward needs to be addressed. Joanna advised due to overspend neither councils can afford additional spends.
- Karren Morrison advised that moving forward we need written reports moving forward, in place of service updates on the agenda. Joanna agree this would be useful for Unions and asked Karen to contact any of the leadership team with any queries. Abigail advised any changes in services are good to know asap for Unions.
- Wendy Forrest advised there is an ongoing admin review across NHS FV, Stirling and Clackmannanshire Councils, work ongoing lead by George Ball. Wendy advised there is no Union involvement currently at this stage however this will be part of any processes going forward. Joanna advised admin staff reviews have been ongoing.

**Action:** Wendy advised she can share the Quarterly Performance Report with Unions.

### • Mental Health: Substance Use & Learning Disability:

- Inpatient are facing staffing issues re surge in colds/ flu, sickness rates increased. Successful recruitment for Health Care Support Workers. Redesign of Bellsdyke is completed.
- Community MH teams SW provision has longer term challenges due to MAT Leave and sickness depleting the workforce. Ross covering The Whins Service manager duties due to staff sick leave.

- Substance Use Service redesign continues, challenging process, will be shared at IJB meeting week of 24<sup>th</sup> November 2025.
- **Bed Holding & Community Nursing:**
- Joanna thanked Community Nurses and advised CN had increased their home visits by 36% through different ways of working (approx up to 42,000 visits this year, 6000 extra visits year on year 2024/2025).

#### **11. STANDING ITEM**

- **Health & Safety:**
- No updates.

#### **12. Any Other Business:**

- 12.1** Nicola Brodie advised an updated on the Reduced Working Week would be useful. Ross advised National Guidance is still not in place.
- 12.2** Judy advised The Bellfield had a Care Inspectorate visit, almost Grade 6 (top grade) feedback praised management for Health and Wellbeing, can achieve centre of excellence, excellent team working a Care Plans.
- 12.3** Joanna advised we will hopefully know who will be filling The Interim Chief Officer post will be week of 24/11/25.
- 12.4** The Chief Finance Officer post is going back out for permanent recruitment.
- 12.5** Lesley Fulford seconded to new role in NHS FV, Lee Robertson will provide formal legal support for the Integration Joint Board.
- 12.6** New Head of Community Health & Care will be in post in the next few months.
- 12.7** Scott Farmer is the new IJB chair due to change of Administration at the recent Local Bi-Elections.
- 12.8** Abigail advised IJB meeting paper link is not live yet. Wendy advised the papers will not go live to the public until Monday 24<sup>th</sup> November 2025.

**Date of Next Meeting:** Dates for 2026 TBC