

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on 24 June 2026, 2 – 5 pm in Stirling Council Chambers and hybrid via MS Teams

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

AGENDA

1. Welcome and Apologies
2. Notification of Substitutes
3. Declaration(s) of Interest
4. Draft Minute of the Integration Joint Board meeting held on 25 March 2026
5. Rolling Action Log
6. Chief Officer Update Jennifer Borthwick
10 mins

For Decision with Direction

7. Future Model of Planned Bed Based Respite throughout Clackmannanshire and Stirling Lyndsey Dunn
30 mins
8. Carers Strategy (2026-29) Wendy Forrest
15 mins

For Decision without Direction

9. Financial Report Amy McDonald
20 mins
10. Eligibility Criteria Ross Cheape
20 mins
11. Strategic Risk Register Ross Cheape
10 mins
12. Quarter Four Performance Report Wendy Forrest
15 mins

For Noting

- | | |
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| 13. Substance Use Treatment and Support Model | Nick Fayers/
Kathleen Brennan/
Elaine Brown
10 mins |
| 14. Accounts Commission Section 102 Report:
Securing a Section 95 Officer | Jennifer Borthwick
10 mins |
| 15. Internal Audit Annual Assurance Report 2025/26 | Graham Templeton
10 mins |
| 16. Extended Members Voting Rights | Wendy Forrest
15 mins |
| 17. Healthcare Improvement Scotland – Action Plan | Lorraine Robertson
10 mins |
| 18. IJB Membership | Wendy Forrest
5 mins |
| 19. Minutes: | |
| a. Finance Audit and Performance Committee – 18.02.2026 | |
| b. Joint Staff Forum – 20.11.2025 | |
| 20. Any Other Competent Business | |

Date of Next Meeting:

23 September 2026

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on
25 March 2026

For Approval

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

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 25 March 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 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
Moirá Carmichael, Carer Representative, Stirling
Jennifer Rezendes, Chief Social Work Officer, Stirling
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
Helen McGuire, Service User Representative, Clackmannanshire
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 (minute)

1. WELCOME AND APOLOGIES

Apologies for absence were noted on behalf of:
Andrew Murray, Medical Director, NHS Forth Valley
Councillor Janine Rennie, Clackmannanshire Council

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 28 January 2026, and SPECIAL MEETING HELD ON 27 February 2026

The draft minute of the meeting held on 28 January 2026, and special meeting held on 27 February 2026 were approved.

5. ACTION LOG

The Board reviewed and approved the action logs from the meetings held on 28 January 2026 and 27 February 2026. Ms McKenzie asked whether any actions from 2025 remained outstanding, as these were not shown in the action logs presented at each meeting.

Following discussion, the Board agreed that the action log should include all outstanding actions from the previous six months to support effective monitoring and completion. These actions will be added to a rolling log for review at each meeting.

Mr Stuart asked that Ludgate House updates be included as a standing action for each meeting to enable the Board to monitor progress.

6. CHIEF OFFICER UPDATE

Dr Borthwick delivered a verbal update to the IJB.

Dr Borthwick provided a recruitment update, confirming that Amy McDonald will take up post as permanent Chief Finance Officer from 1 April 2026. Ross Cheape has been appointed Interim Director of Mental Health and Learning Disabilities, and additional temporary Senior Leadership Team capacity for commissioning and contracts is in place to support key priorities.

Dr Borthwick provided an update on the future model of respite care, confirming that a fully developed plan, including financial modelling, will be presented to the IJB on 24 June 2026. She advised that staff and stakeholder engagement is ongoing to support transparency and input. Ms Dunn confirmed that respite care bookings at Ludgate House have been extended to September 2026 and will remain under review. Staff and families have been informed.

Dr Borthwick also updated the Board on the Healthcare Improvement Scotland (HIS) inspection, confirming that a comprehensive action plan is in place and overseen by an oversight group. NHS Forth Valley is responsible for operational delivery, while the IJB provides strategic oversight. Ms McKenzie asked that future updates include the strategic context and any changes arising from the report and suggested that a summary be provided in advance of the meeting. Dr Borthwick confirmed that most actions are operational and that Ms Robertson's progress report, which will be presented to the IJB on 24 June 2026, will cover the strategic context. Mr Stuart sought assurance that the action plan raises no concerns for the IJB and asked that any potential challenges be highlighted in the paper.

Dr Borthwick addressed the Section 102 Audit Scotland report, which found a breach of statutory requirements due to the absence of a named CFO between October and December 2025. Though no adverse financial impact was identified; the IJB is required to develop contingency plans for statutory roles and will formally consider the report's findings at the meeting on 24 June 2026. She confirmed that the CFO's from all constituent authorities have been sighted on this.

Finally brief updates were provided on the proposed extension of voting rights, national sub-regional planning arrangements, and ongoing dispute resolution discussions with constituent authorities. The Board expressed strong concern at the length of time taken to resolve risk share arrangements with the constituent authorities and asked that the matter be progressed urgently.

7. ANNUAL BUDGET REPORT 2026/27

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

Ms McDonald summarised the paper, noting that it had been consulted on with the three chief executives of the constituent authorities and that substantial feedback had been received, including some after publication. She advised that the 2026/27 budget shows a financial gap requiring a recovery plan and that further work is needed on both savings proposals and the wider recovery actions to be taken before the end of June 2026. Councillor Farmer then presented an amendment to the paper:

Rewording of recommendation g):

“Subject to the agreed recovery plan provided for in recommendation a, 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.

At paragraph 2.18 on page 8 reference to the additional payment of £8.858 million from partners, on the 2nd line of the paragraph, should be amended to say that the additional payment of £3.58 million is from the required recovery plan savings, not the partners.

In terms of risk and mitigation appendices on page 11 of the report the work on further risk will be brought back to a future meeting of the IJB rather than in March.”

Councillor Farmer formally proposed these and was seconded by Mr Rennie.

The Board discussed how the proposed Directions to the three constituent authorities related to the budget position, which remained subject to a recovery plan. Members asked whether the Directions would be issued as drafted or amended. It was agreed that each Direction should be amended to state clearly that it was subject to the IJB agreeing a recovery plan. Ms Robertson then outlined the revised wording, which the Board approved.

The recovery plan must deliver £8.858 million in savings. Ms McDonald explained that paragraph 2.11 of her report incorrectly listed Stirling Council’s contribution as £1.5 million. The approved figure was £1.28 million, leaving a further £220,000 to be met through recovery and savings measures.

Ms McDonald invited SLT members to comment on their confidence in delivering the proposed savings. Ms Dunn, Mr Cheape and Dr Brennan then provided updates on their respective areas.

Mr Fairbairn asked for clarification on the figures in the Directions, noting that they totalled the net amount available and were therefore balanced. He suggested separating out the set-aside elements and sought assurance that the proposed increase in charges would not create external issues. Referring to paragraph 4.5.3 of the Integration Scheme, he also asked whether the constituent authorities had reviewed management capacity within the last 12 months, what the outcome was, and how this affected the partnership’s ability to deliver significant change. While content to approve the paper, he asked for firm assurance on delivery of the planned £10 million savings. Ms McDonald agreed that the set-aside budget would be shown separately in the Directions and that more detailed information would be brought back on delivery of the £10 million savings, including governance arrangements, the budget areas affected and progress reporting. She also provided background on the proposed increases in charges and advised that the Senior

Leadership Team would support delivery through normal business processes. Dr Borthwick confirmed that discussions with the chief executives of the constituent authorities on management capacity were ongoing and that they had supported creation of the Principal Social Work role to strengthen professional capacity. She also confirmed that additional SLT capacity is in place on a fixed term basis.

The Board discussed the proposed savings in more detail. Concerns were raised about the scale of the proposed increases in charges, including telecare and care at home, and about the possible impact of some savings proposals on service users, unpaid carers and third sector partners. Mr Witty expressed concern regarding affordability, social isolation, pressure on carers, the effect on vulnerable people and the wider cumulative impact of financial pressures. He noted that a proposal might be technically deliverable but still not be acceptable if its impact had not been fully assessed. Ms McDonald advised that integrated impact assessments would accompany proposals as they were developed further and confirmed that more detailed information on the £10.8 million of identified savings, and on options for addressing the remaining gap, would be brought back to the Board. It was agreed that a budget meeting should be scheduled before the IJB meeting on 24 June 2026.

The Board discussed the distinction between the £10.8 million of identified savings and the remaining recovery requirement. Concern was expressed that, while the Board had some visibility of the identified savings proposals, it did not yet have equivalent detail on the further recovery actions required to address the balance of the deficit. Members questioned whether it was realistic to assume that the full savings target could be achieved within the year and highlighted the risk that, if the recovery requirement was not met, unresolved pressures would return to the constituent partners in the absence of an agreed long-term risk share position. Members also questioned what would happen if recovery options brought forward to a future meeting were considered unacceptable by the Board.

In response, Ms McDonald explained that the £10.8 million related to savings proposals where SLT considered there to be a reasonable degree of deliverability and operational line of sight, whereas the remaining £8.9 million represented the part of the gap where there was greater uncertainty and greater concern. She explained that, while it would be possible to produce a technically balanced position by identifying savings options, the key issue for the Board would be whether those options were realistic, deliverable and acceptable.

Mr Fairbairn wanted clarification of what was being approved in relation to the proposed savings. He proposed the following amendments to the recommendations:

- Recommendation a) is changed to reflect the actual budget deficit figure of £19 million.
- Recommendation f), include at the end of the first sentence, “subject to consideration at the June meeting”

- Recommendation g) to include”, but that the NHS Forth Valley draft Direction is changed to separate out the set aside budget.”

The Board agreed to the amended recommendations.

The Integration Joint Board:

- a) **Noted the IJB will require to develop a recovery plan as well as delivering in year savings to ensure that the current budget gap of £19m is addressed, this will allow the IJB to balance the 2026/27 budget. A report will be brought back to the meeting on 24 June 2026 on how financial balance will be addressed in 2026/27;**
- b) **Noted Clackmannanshire Council and Stirling Council agreed their General Fund budget for 2026/27 on the 26th 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.**
- c) **Approved the revised charges that will increase income for the IJB by £0.605m which require IJB approval, charges per section 2.14;**
- d) **Noted NHS Forth Valley meets to agree their 2026/27 budget on the 31st of March 2026.**
- e) **Approved the proposed Revenue Budget for the 2026/27 financial year subject to NHS Forth Valley budget approval on the 31st of March 2026 and an IJB Recovery Plan to be approved on 24th June 2026;**
- f) **Approved the savings proposed of £10.815m to support budget delivery for 2026/27, subject to consideration at the meeting on 24 June 2026. The proposed 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**
- g) **Subject to the agreed recovery plan provided for in recommendation a, 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, but that the NHS Forth Valley draft Direction is changed to separate out the set aside budget.”**

8. CLACKMANNANSHIRE AND STIRLING HOUSING CONTRIBUTION STATEMENT 2026/27 – 2028/29

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

Ms Forrest explained that the Housing Contribution Statement set out the connection between local housing strategies within Clackmannanshire Council and Stirling Council and the strategic commissioning responsibilities of the IJB. She explained that the paper described delegated housing functions, including housing adaptations, gardening assistance and housing support services, and drew on housing need and demand assessments undertaken by both Clackmannanshire Council and Stirling Council together with wider sector engagement.

Questions were raised regarding the learning disability section of the report, including reference to the dynamic support register, the number of people in out-of-area placements and whether further work was under way to support people to return to the local area where appropriate. The Board also questioned whether the paper should refer more broadly to people with care experience, rather than only to young people in care, in order to reflect the wider housing needs of adults with care experience as well.

In response, Ms Forrest explained that the partnership was aware of the number of people currently in out-of-area placements and that this was linked to wider work under the Coming Home agenda. She advised that people had been placed out of area for differing lengths of time, in some cases over many years, reflecting earlier service models and historical arrangements. Mr Cheape added that work was already under way through the review and redesign of learning disability services to understand current care packages, strengthen local provision and consider how best use could be made of local assets in order to support people to return where appropriate. He confirmed that this remained very much part of the HSCP's forward work.

In relation to care experience, Ms Forrest acknowledged the point raised and agreed that the wording should not be understood as applying only to younger people. The Board agreed that the point should be discussed with housing colleagues so that future wording and planning better reflected the needs of all adults with care experience.

Following discussion around the wider governance and content issues, questions were raised about the absence of prioritisation and timescales in the proposed actions and about the need to translate the action list into a SMART action plan with clearer monitoring. Mr Fairbairn queried the wording of the Direction attached to the paper, expressing concern that it referred only to support for employees within the HSCP rather than clearly directing the constituent authorities to support delivery more broadly. Further issues were raised concerning care and repair arrangements and operational concerns about repairs to equipment and adaptations in people's homes.

Ms Forrest advised that a more detailed SMART action plan would be developed through the Specialist Housing Forum and that the points raised on care experience, care and repair, and equipment repair arrangements would be followed up.

The Integration Joint Board:

- 1) Noted 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.**
- 2) Agreed to issue the Direction as set out in Appendix 2.**

9. GP WALK IN CENTRES

The IJB considered the paper presented by Tom Cowan, Head of Strategic Planning & Transformation (Falkirk HSCP) and Head of Primary Care (Forth Valley)

Mr Cowan provided an update on the development of a GP Walk-In Centre for Forth Valley, following Scottish Government's October 2025 announcement to introduce a national network of walk-in GP services to improve same-day access to urgent primary care. NHS Forth Valley submitted a successful bid to deliver a single-site pilot at Clackmannanshire Community Healthcare Centre in Sauchie. The centre will operate seven days a week from 12.00pm to 8.00pm, offering walk-in and urgent triage access for non-emergency conditions and aiming to reduce pressure on GP practices and other services. He explained that implementation would need to proceed at pace, with an intended start by 30 September 2026, subject to staffing, building, service design and communication arrangements.

Falkirk Integration Joint Board will host and operationally manage the service on behalf of Forth Valley, working closely with Clackmannanshire & Stirling IJB and NHS Forth Valley, with regular progress reports to be brought back to the IJB and any future expansion subject to formal approval.

The Board discussed the governance, scope and local impact of the proposal, seeking clarity on the role of the IJB in approving or overseeing the development, particularly given that primary care is hosted in Falkirk but the service will sit within Clackmannanshire. Questions were also raised about eligibility, including whether people outside the intended catchment area might attend, and about the potential for confusion in public messaging. Further concerns were raised about parking pressures at the site and the possibility that an initially localised service might eventually broaden across Clackmannanshire.

The Integration Joint Board:

- 1) Noted 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 Sauchie;**
- 2) Noted 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;**

- 3) **Noted 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.**
- 4) **Noted the set up of the Working Group for implementation of this project detailed in paragraph 5.2.**
- 5) **Agreed that the Chief Officer will bring forward regular progress reports to this IJB on the implementation of the Walk-in-Centre project.**
- 6) **Agreed that in the event of any expansion or extension beyond to the initial project seek the approval of this IJB.**

10. MEDIUM TERM FINANCIAL FORECAST

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

Ms McDonald explained that the medium-term financial forecast followed on from the annual budget report and set out the partnership’s expected financial position over the next four years. She explained that the forecast had been built using the same assumptions applied to the 2026–27 budget and that the HSCP was expected to remain in a budget deficit position across the planning period if no further changes were made. Ms McDonald explained that the forecast illustrated the scale of the continuing financial challenge facing the partnership and reinforced that the current year gap was not a one-off issue but part of a wider medium-term pressure.

Ms McDonald further explained that, while the forecast suggested the partnership would move towards improved financial sustainability over time if the planned savings and recovery actions were progressed, it did not show financial balance being achieved quickly enough. She advised that this was why further work on recovery measures and transformational planning would be required. She also explained that the figures were high level at this stage because detailed plans for future years had not yet been developed and that the report should therefore be read as a planning forecast rather than a final settled position.

The Board discussed the report and reflected concerns already raised in the annual budget debate, including the extent to which future assumptions could be relied upon and the need to understand how community investment, delayed discharge, NHS funding flows and wider system pressures interacted across partner organisations. They also discussed the importance of ensuring that any movement of resources from acute services into community services was reflected meaningfully in future planning assumptions. The Board agreed that the forecast could not be approved as a

settled position at this stage. Mr Fairbairn requested that recommendation a) be amended from approved to noted, Councillor Farmer seconded this.

The Integration Joint Board:

- a) Noted the Medium Term Financial Forecast; and**
- b) Instructed the IJB interim 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.**

11. CLACKMANNANSHIRE AND STIRLING STRATEGIC COMMISSIONING PLAN REVIEW 2023-2033; 3 YEAR REVIEW 2023-2026

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

Ms Forrest explained that the paper presented a review of the Strategic Commissioning Plan which formed part of the IJB's statutory strategic planning and commissioning responsibilities. The IJB had previously agreed to work to a longer-term strategic framework and that, rather than presenting a wholly new plan, the paper provided an update on progress and priorities within that agreed Direction. Ms Forrest explained that the review process had taken place in 2025 and had looked both at progress against the existing priorities and at the focus required for the next three years of delivery.

Ms Forrest further explained that the review was closely linked to the delivery plan which the Board had approved previously and that the intention was to show how the work already under way aligned with the strategic themes within the plan. She advised that the report reflected progress made against the strategic priorities over the previous three years and also looked forward to the work required over the coming three years. She also explained that the paper had been updated to reflect changes in the wider policy and legislative landscape and to ensure that the strategic priorities remained relevant to the role of the HSCP as the delivery vehicle of the IJB.

Ms Forrest advised that the review also drew attention to the proposed indicators linked to the strategic themes and priorities and that these were intended to support future oversight of delivery. She explained that the plan continued to provide the overarching strategic framework across health, housing and social work and that the more detailed delivery activity sat beneath it within the operational delivery planning arrangements.

The Board discussed whether the plan sufficiently reflected the financial sustainability agenda and whether the overall tone of transformation and innovation was matched by the reality of difficult service change decisions now facing the partnership. Questions were raised regarding performance baselines, particularly in areas where future service thresholds or access

arrangements might change, and whether indicators would remain meaningful if the scope of service provision altered.

The Integration Joint Board:

- 1) Considered and approved the Clackmannanshire and Stirling Strategic Commissioning Plan 2023 – 2033 - 3 Year Review.**
- 2) Noted the updates within the Plan which have taken account of the engagement process undertaken across the whole system.**
- 3) Considered and approved the proposed Key Performance Indicators linked to approved strategic priorities.**

12. QUARTER THREE PERFORMANCE REPORT

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

Ms Forrest explained that the Quarter 3 performance report was the regular report presented to the Board against the strategic priorities within the Strategic Commissioning Plan. She advised that the report was intended to provide the Board with the current position on performance across the delegated responsibilities of the partnership and to show the activity and progress being recorded against the agreed strategic themes. Ms Forrest explained that the report was a familiar report to the Board and that it brought together the information currently available from across the partnership's reporting systems.

Ms Forrest further explained that the report should be read in the context of the challenges the partnership continued to face in gathering and presenting information across all delegated areas. She advised that officers continued to seek out data relevant to the Board's responsibilities, but that not all information was yet consistently available or accessible in the format required. She explained that, for that reason, the report reflected the information that was currently available and that work remained ongoing to strengthen the breadth and quality of data presented to the Board in future.

The Board discussed the report and acknowledged the volume of information provided but expressed concern that it remained largely descriptive and data-based, without enough interpretation to allow the Board to judge clearly whether performance was improving, deteriorating or requiring intervention. It was suggested that future reporting should distinguish more clearly between positive developments and areas of concern, provide fuller narrative explanation, and include more meaningful key performance indicators where possible. Ms Forrest confirmed she would be happy to consider how the contextual information and interpretation within the report could be improved.

Mr Fairbairn raised the reporting cycle and suggested that six-monthly reports with more analytical content may be more helpful than quarterly reports. Dr Borthwick agreed that bringing the next report back in six months

would allow the SLT more time to focus on delivering the plan over that period, noting the requirements for performance reporting as laid out in the statutory guidance for IJB.

Following discussion, Ms Forrest confirmed she would be happy to establish a short-life working group to consider what additional information should be included. She noted that an annual performance report would still be required before the six-month point to ensure compliance with statutory guidance.

Councillor Farmer suggested that the report is referred to the Finance, Audit and Performance Committee for further discussion where they can look at refining performance information before it goes back to the IJB on a six-monthly cycle.

Following discussion, the Board agreed that recommendation 3) should be amended from approved to noted.

The Integration Joint Board:

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

13. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ross Cheape, Interim Director of Mental Health and Learning Disability Services.

Following discussion Councillor Earl suggested that consideration of the revised Strategic Risk Register should be deferred pending review by the Finance, Audit and Performance Committee at the meeting on 03 June 2026 before returning to the IJB on 24 June 2026. The Board agreed.

14. IJB MEMBERSHIP AND ROLES

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

Ms Forrest presented changes to the IJB's membership and positions.

NHS Forth Valley has nominated Allan Rennie as Chair of the IJB, and Clackmannanshire Council has nominated Councillor Fiona Law as Vice Chair.

Robert Clark has stepped down from his role as NHS Forth Valley Employee Director, following his retirement from the NHS. The Board expressed their appreciation for his contributions to the IJB. NHS Forth Valley is now in the process of selecting a new staff representative to take his place on the Integration Joint Board.

Mr Fairbairn asked if there was any knock-on impact to the Chairmanship of the Committees. Ms Robertson agreed to investigate the matter and provide a response.

The Integration Joint Board:

- 1) Noted NHS Forth Valley's nomination of Allan Rennie as Chair of the IJB.**
- 2) Noted Clackmannanshire Council's nomination of Councillor Fiona Law as Vice Chair of the IJB.**

13. FOR NOTING

- 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

14. ANY OTHER COMPETENT BUSINESS (AOCB)

None

15. DATE OF NEXT MEETING

24 June 2026

Meeting Date	Report Title/Number	Action	Person responsible	Timescale	Progress/ Outcome	Status
25 March 2026	5. Action Log	Outstanding actions from the previous six months to be presented at each meeting going forward.	IJB Chair	Ongoing	Ongoing	Ongoing
		Model of respite care updates to be added as a standing action for each meeting.	Jennifer Borthwick	Ongoing	Ongoing	Ongoing
	6. Chief Officer Update	A paper with a fully developed plan for the model of respite care to be presented to the IJB.	Lyndsey Dunn	24 June 2026	Complete	Complete
		A paper on the HIS inspection action plan to be presented to the IJB.	Lorraine Robertson	24 June 2026	Complete	Complete
		A paper on the section 102 report findings for formal consideration, alongside contingency planning arrangements to be presented to the IJB.	Amy McDonald	24 June 2026	Complete	Complete
	7. Annual Budget Report 2026/27	Amend the Directions and associated wording in the report in line with the Board's	Amy McDonald	24 June 2026	Directions amended and issued	Complete

		agreed changes. Revise the NHS Forth Valley Direction.				
		Bring back detailed information on delivery of the identified savings proposals, associated impacts and the recovery plan before or at the June meeting.	Amy McDonald	Immediate	Meeting arranged for 14 May 2026	Complete
		Updated recovery plan to be brought back to a future meeting for consideration.	Amy McDonald	24 June 2026	Ongoing	Ongoing
	8. Clackmannanshire and Stirling Housing Contribution Statement 2026/27 – 2028/29	Develop a SMART action plan through the Specialist Housing Forum	Wendy Forrest	August 2026	In Progress	Ongoing
	9. GP Walk in Centres	Provide regular progress reports to the IJB.	Tom Cowan	Ongoing	Ongoing	Ongoing
	10. Medium Term Financial Forecast	Amend the recommendation from Approved to Noted	Sandra Comrie	Immediate	Complete	Complete



	12. Quarter Three Performance Report	Review performance reporting arrangements through the Finance, Audit and Performance Committee to improve narrative analysis, reporting frequency and the usefulness of indicators while maintaining statutory compliance.	Wendy Forrest	03 June 2026	Discussed at the FAP Committee	Complete
		Recommendation 3 amended from Approved to Noted.	Sandra Comrie	Immediate	Complete	Complete
	13. Strategic Risk Register	Submit the revised Strategic Risk Register first to the Finance, Audit and Performance Committee and bring it back to the IJB following that scrutiny.	Ross Cheape	03 June 2026	FAP Committee	Complete
	14. IJB Membership and Roles	Check the committee chairing implications arising from membership changes and confirm continued governance compliance.	Lee Robertson	Immediate	In Progress	Ongoing
Outstanding Actions						
27 February 2026	4. 2024/25 Audited Annual Accounts	Additional narrative should be provided for the incomplete actions to enhance clarity of	Amy McDonald	June 2026	In Progress	Ongoing

	and Annual Audit Report	audit actions in the governance statement.				
	7. Finance Report	Breakdown of the earmarked reserves to be repurposed to be provided to the Board.	Amy McDonald	June 2026	In Progress	Ongoing
		The Board instructs 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.	Amy McDonald	June 2026	In Progress	Ongoing
	7. Finance Update	Engage in discussions with Scottish Government regarding the allocation of budgets over longer timeframes. Provide an update on any developments.	Amy McDonald	June 2026	In Progress	Ongoing
		Commissions the Interim Chief Officer and Interim Chief	Amy McDonald	June 2026	In Progress	Ongoing

		Finance Officer to engage closely with the Constituent Authority CEOs on: <ul style="list-style-type: none"> • 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. 				
	9.Commissioning of Services for Unpaid Carers	A progress update will be provided to Mr. Witty regarding the allocation and utilisation of the £2 million received for the Carers Act.	Amy McDonald	April 2026	Ongoing	Ongoing
24 September 2025	14.Climate Change Report 2024/25	A paper on the environmental impact of disposable vapes will be prepared and presented at a future IJB meeting.	Wendy Forrest	28 August 2026	Ongoing	Ongoing



Clackmannanshire & Stirling

**Health & Social Care
Partnership**

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 6

Chief Officer Update

For Noting

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

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

Purpose of Report:	To update the Integration Joint Board with recent issues and developments relevant to the delivery of delegated services.
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Recommendations:	The Integration Joint Board is asked to: Note the content of this update.
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Key issues and risks:	As per update report below.
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1. Key Issues

- 1.1. A paper outlining the **extension to IJB voting rights** is on the meeting agenda. In addition, it has been agreed with Falkirk IJB that the next Joint IJB Development Session scheduled for 3 September will focus on this issue. The session will also include an update on actions arising from the previous Joint IJB Development Session on hosting arrangements.
- 1.2. Further to a request from the March IJB meeting, an update on progress with the **HIS Inspection of the Mental Health Unit** is also tabled for today.
- 1.3. As also raised at the March IJB, the **Section 102 Report** from the Accounts Commission has been circulated and is on the agenda to ensure full visibility and oversight.
- 1.4. Work to revise and agree the **Scheme of Integration** continues to progress. Partners have met and submitted comments, and in principle agreement is now in place for most areas. The proposed amendments are currently under review by the respective Legal teams. Once this has been completed, each partner will submit to their Council/Board for formal approval.
- 1.5. The implementation of a new **Social Work recording system** in both Stirling and Clackmannanshire is making good progress.
 - 1.5.1. Stirling has completed the tender process with a provider being identified. Programme management support has been put in place to work with the provider's team to implement the new contract and support social work teams to transition from one system to another. Initial meetings have been established, and adult social work will be the first area to be transferred to the new system. Representation from SLT

and operational social work services have been identified to deliver this complex area of work.

- 1.5.2. Clackmannanshire has recently closed the tender process, and the provider has yet to be announced. The work sits within the SteerCo programme of work for the Council with senior representation from HSCP as part of the oversight and delivery board. Officers are working closely with PWC as part of the social work front door improvements, which will inform the development of the social work recording system within Clackmannanshire.

- 1.6. The HSCP is actively engaged in national work to support the delivery of the **Coming Home** agenda. This work is focused on ensuring that people are not living in institutional settings or delayed in hospital for long periods of time purely because they have learning disabilities and complex support needs.
 - 1.6.1. A National Support Panel pilot was recommended through the Coming Home Implementation Report, and this is progressing with Forth Valley as the national test area. The pilot is designed to provide expert support, challenge and escalation in situations where local systems are unable to resolve complex cases, with a clear focus on embedding a consistent, human rights-based approach to service redesign for people with learning disabilities. Early work has centred on direct engagement with local health, social work, commissioning and service leads, alongside observation of existing delayed discharge and Dynamic Support Register (DSR) processes. Structured self-assessment tools have been developed and applied locally to support panel discussion, challenge and emerging recommendations.

 - 1.6.2. Initial learning indicates that the model is viable at scale and is helping to surface key system issues, particularly in relation to multi-agency governance, discharge planning, commissioning, and family involvement. The panel is now moving into a phase of testing its oversight and escalation functions using live case information, while refining processes and building evidence to inform future national assurance arrangements, policy alignment, and potential flexible funding approaches. Ongoing work will also strengthen lived experience involvement and ensure that action plans arising from the pilot are implemented and sustained.

- 1.7. Also nationally, the **Interim National Care Service (NCS) Advisory Board** has transitioned into the final NCS Advisory Board, with Susan Douglas-Scott as its Chair. Further communication is anticipated in due course, but the Interim Board has published advice on its priority areas:
 - 1.7.1. Getting it Right for Everyone (GIRFE)
 - 1.7.2. Self-directed Support
 - 1.7.3. Coming Home
 - 1.7.4. Rights to Breaks for Carers
 - 1.7.5. Fair Work for Social Care Workers

1.8. **Financial sustainability** remains a significant challenge, and detail is provided within the financial report to the IJB.

2. Appendices

None.

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot www.gov.scot</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 7

Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling

For Approval

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Lyndsey Dunn, Head of Community Health & Care
Author	David Niven, Adult Social Care Portfolio Lead, Stirling Council
Exempt Report	No

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

Purpose of Report:	<p>This report seeks IJB approval for the recommended future model of planned bed-based respite throughout Clackmannanshire & Stirling.</p> <p>The recommendations support a carer-centred approach, providing greater choice and control for carers and supported people, while maintaining access to bed-based respite for those with assessed need.</p> <p>In Clackmannanshire, the proposed model will increase the Short Breaks Budget significantly, enabling a wider range of short break options through self-directed support, alongside commissioned nursing care level respite beds.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the work undertaken by the Future Model of Planned Bed Based Respite (FMPBBR) Working Group to develop options and consult thoroughly upon them. 2) Approve Option 3 as the Preferred Option. 3) Approve the decommissioning of the current approach to bed based respite throughout Clackmannanshire & Stirling including decommissioning the 4 residential respite beds and the 6 short stay assessment beds at Ludgate House. 4) Approve the commissioning of a total of 6 nursing care level respite beds from the local independent care home sector for year-round use (3 in Stirling and 3 in Clackmannanshire). 5) Approve the planned increase to the Carers Short Breaks Budget in Clackmannanshire by approximately £135k/year in 2026/27 (from £65k/year currently to £200k/year) funded by a share of the expected savings from commissioning changes in Clackmannanshire. 6) Note that the overall impact of all of the recommendations above is that all bed based care provided from Ludgate House will be decommissioned during 2026/27. 7) Note that the recommendation to decommission means that a total of 19 Ludgate House beds staff
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	<p>(14.5 FTE), who may be at risk of redundancy, will require to be supported through the Clackmannanshire Council Organisational Change Protocol and redeployment process.</p> <p>8) Note that the financial effect of the recommendations above is expected to be cost neutral in Stirling, while in Clackmannanshire it is expected to lead to a significantly enhanced Carers Short Breaks Budget (£200k/yr) and substantial recurring annual HSCP savings (circa £795k/yr from 2027/28 onwards).</p>
<p>Key issues and risks:</p>	<p><i>Current respite arrangements do not consistently meet Self-directed Support and Carers legislation requirements, including Adult Carer Assessments, Direct Payments and review processes. The recommendations will significantly reduce this risk.</i></p> <p><i>There is also a financial risk in maintaining the current bed-based model, given cost pressures and the IJB's responsibility to secure best value as commissioner of care.</i></p>
<p>Clackmannanshire & Stirling HSCP Professional Advisory Group view, which will provide professional advice and expertise on key aspects within this report.</p>	<p>Following discussion, the Professional Advisory Group agreed:</p> <p>The paper should more clearly state that a total of six nursing care respite beds will be commissioned from the local independent care home sector for year-round use, with three beds allocated to Stirling and three to Clackmannanshire.</p>

1. Background

- 1.1. On 26 March 2025 the Integration Joint Board (IJB) approved the Clackmannanshire & Stirling Health & Social Care Partnership Short Breaks Services Statement (Appendix 1).
- 1.2. In line with the Self-directed Support legislation and the Carers' Short Breaks Services Statement agreed on 26 March 2025, there is a need to review and consider how residential respite is currently provided throughout Clackmannanshire & Stirling.
- 1.3. The 26 March 2025 IJB report section 3.11 noted that "Implementing the short breaks policy [services statement] will require disinvestment from traditional respite models in order to establish a short breaks fund to be appointed within localities... To enable this shift this would mean the current respite beds within Ludgate would be surplus to requirement,".
- 1.4. Within the 24 September 2025 IJB report section 2.4.3 it was also noted, referring to the quote in 1.3 above, that "the ten beds at the Ludgate Centre (4 Respite and 6 Short Stay Assessment) are staffed as a single unit, and it

cannot be assumed that 40% of the budget can be saved with the removal of 4 of the 10 beds. It is recognised that the significant level of savings expected and the need to establish a sufficient short breaks budget in Clackmannanshire mean that options considered will need to include the closure of all 10 beds at Ludgate House.”

- 1.5. This report builds on previous IJB reports and the detailed work completed during late 2025, including:
 - 1.5.1. 26 March 2025 – Model of Care Respite and Short Breaks
 - 1.5.2. 18 June 2025 – Modernising the Approach to Residential Respite Provision
 - 1.5.3. 24 September 2025 – Commissioning Change to the Model of Bed Based Respite in Clackmannanshire & Stirling
 - 1.5.4. 26 November 2025 – Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling
- 1.6. Since the September 2025 report, HSCP colleagues and partners have completed a stakeholder engagement process in the form of consultation to inform the future model of bed-based respite across Clackmannanshire and Stirling.

2. Stakeholder Engagement Process in the form of Consultation

- 2.1. The FMPBBR Working Group consulted stakeholders over six weeks, from 1 October to 12 November 2025, on options for the future model. The work recognised that respite provision is inconsistent across Clackmannanshire and Stirling and does not always provide the level of carer focus, choice and certainty required.
- 2.2. The current model presents different challenges in each area. Stirling has a short breaks budget but limited ability to book respite in advance, creating uncertainty for carers. Clackmannanshire has four respite beds at Ludgate House but only a limited short breaks budget, restricting choice and control.
- 2.3. A total of eight consultation events attended by 48 people were conducted with a variety of groups including key stakeholder groups and ‘open to all’ events across a number of locations/media. This included five in person meetings, three online events, and self-service online via the HSCP Citizen Space portal (where all documents shared at meetings were also available). A brief consultation ‘process’ report has been produced and is attached as Appendices 2.1 to 2.4.
- 2.4. Consultation focused on four potential future options, set out in the Future Options Grid at Appendix 3. These options were discussed at events and made available online and in hard copy.

- 2.5. Feedback from the events and 20 online survey responses from 16 sources (2 of which were groups of Ludgate staff) have been analysed and summarised in the consultation responses report at Appendices 4.1 and 4.2.
- 2.6. Responses to the survey and points made at the events did include some challenges to changing the current model of planned bed based respite in Clackmannanshire. However, participant concerns eased following clarification and discussion with HSCP colleagues, and the results of the consultation do not require any significant change to the options presented for consideration or the recommended way forward. Leaders of the community petition submitted to the HSCP have also seen their concerns reduce following discussion with HSCP colleagues. Please see a brief report which recognises the receipt of the community petition by the Chair of the IJB and Interim Chief Officer on 2 December 2025, at Appendix 4.3.
- 2.7. This stakeholder engagement in the form of consultation was separate from any formal employment consultation required under organisational change policies. Staff were engaged early as a key stakeholder group and remain supported through the appropriate employment processes.

3. Short Stay Assessment Beds at Ludgate House and Home First

- 3.1. The 10 beds at Ludgate House comprise 4 respite beds and 6 Short Stay Assessment (SSA) beds, staffed as one unit. While consultation focused mainly on respite, further work considered the use of SSA beds to ensure any recommendations were deliverable.
- 3.2. In 2024/25, occupancy of the 6 SSA beds averaged 4.3 beds per year. Further analysis indicated that genuine SSA use was between 1.7 and 3.1 beds per year, with some people likely able to be supported in more homely settings or closer to home.
- 3.3. Alongside the relatively low demand for the SSA beds at Ludgate there has been an increasing awareness of, and momentum around, the Scottish Government Home First and Discharge to Assess agendas which are both evidence led approaches. This work includes efforts to ensure appropriate levels of flow from acute hospital settings, and in recognition that supported people's longer-term health and care needs are best assessed in their usual environment rather than within controlled institutional settings such as hospital wards or SSA beds.
- 3.4. Given the Home First and Discharge to Assess agendas, demand for SSA beds at Ludgate is expected to reduce over time. Current demand can be met within existing Bellfield Centre capacity, which provides a modern assessment environment with regular AHP (Allied Health Professional) and ANP (Advanced Nurse Practitioner) input. In 2024/25, 13.5 Bellfield Centre SSA beds per year were used by Clackmannanshire residents. The small expected increase in the use of Bellfield Centre beds resulting from this proposal (1.7-3.1 beds/year) will remain within current Bellfield Centre capacity, so there will be no additional Bellfield Centre costs. Recent Clackmannanshire users of the

Bellfield Centre report good levels of satisfaction and while it might require family to travel a little further from home during the brief period of short stay assessment, the quality of care and support is recognised to be worth it.

- 3.5. HSCP Senior management are satisfied that the data supports decommissioning the 6 SSA beds at Ludgate. If the IJB approves decommissioning the current planned bed-based respite model, all 10 Ludgate beds should therefore be decommissioned together.

4. Recommended Way Forward

- 4.1. The four options considered throughout the consultation process are summarised below and set out more fully (including descriptions, likely service outcomes, cost factors and estimates, benefits, risks, and time to deliver), at Appendix 3:
- 4.1.1. Option 1 – No change/ business as usual within Clackmannanshire and Stirling bed based respite assets and services – each continuing to be managed separately as they currently are.
- 4.1.2. Option 2 - A single managed approach to existing bed based respite assets and services across Clackmannanshire & Stirling – no change to assets or services, but managed as a single service with cross payments rather than two separate services.
- 4.1.3. Option 3 - Update the model of bed based respite across Clackmannanshire & Stirling – including decommissioning the current approach in each area and commissioning 3 year round care home respite beds in each of Clackmannanshire and Stirling (6 in total), with enhanced Short Breaks Budget in Clackmannanshire and recurring annual savings.
- 4.1.4. Option 3 plus – As per Option 3 with additional investment in Intermediate Care Services at CCHC (Clackmannanshire Community Health Centre).
- 4.2. Options 3 and Option 3 Plus generated most discussion because they involved the greatest change and potential benefit. The main benefits identified were:
- 4.2.1. The reliable availability of 3 nursing care level planned bed-based respite beds within care homes in each of Clackmannanshire & Stirling year-round, with the ability to book well in advance. In Clackmannanshire current usage at Ludgate is 3.0 beds/year. In Stirling there is 5.7 beds/year usage but only one commissioned bed.
- 4.2.2. The creation of a significantly improved Carers' Short Breaks Budget in Clackmannanshire (from £65k/yr to £200k/yr) offering those people with social work assessed need greater independence, choice and control, to secure the short break that works best for them.

4.2.3. The ability to secure significant savings on behalf of the HSCP.

4.2.4. HSCP Commissioning colleagues expect that:

- 4.2.4.1. There will be an appetite from local care homes to enter into annual contracts to provide year-round respite beds at the national care home contract rate in both Clackmannanshire and Stirling.
- 4.2.4.2. There will be a significant reduction in the ongoing admin required in Stirling where colleagues are currently spending a considerable amount of time contacting care homes to see if they will accept individual respite cases within two weeks.
- 4.2.4.3. Carers in Stirling will gain a significant benefit by knowing that they have greater choice and a much better chance of being able to book their bed based respite with longer more appropriate notice periods.
- 4.2.4.4. Carers in Clackmannanshire and Stirling will also be able to benefit from the centralised bed based respite booking system that the commissioning team will use to manage the new respite arrangements.

4.3. Following consideration during and since the consultation process the following conclusions were identified. Options 1 and 2 do not provide sufficiently increased levels of choice and control, or sufficiently increased short breaks budgets, for carers with assessed need. In addition, Options 1 and 2 do not address the high cost per night of bed based respite at Ludgate, or the lack of nursing level care provision, and have therefore been discounted as possible ways forward. Given the HSCP financial position and the savings requirement for 2026/27, Option 3 Plus is no longer feasible because it requires additional investment. Option 3 remains deliverable and offers:

4.3.1. The continued provision of planned bed based respite for those with social work assessed need in both Clackmannanshire and Stirling either within commissioned care home beds or via self-directed support.

4.3.2. The creation of a meaningful Short Breaks Budget in Clackmannanshire.

4.3.3. Substantial recurring annual savings.

4.3.4. Delivery of the previous commitments of the IJB in relation to carers' short breaks including bed based respite, and choice and control via self-directed support for those carers and supported people that wish to use it.

4.4. A brief summary of the financial implications of the preferred way forward (Option 3) is as follows:

Indicative information for 2026/27	Clackmannanshire
Current Ludgate House 10 Beds Model	

Annual Ludgate Beds Budget	£1,100,340
Existing Short Breaks Budget	£ 65,000
Total Budget	£1,165,340
Alternative – Option 3 – Projection	
Cost of 3x Commissioned Respite Beds	£ 168,015
Existing Short Breaks Budget	£ 65,000
Additional Short Breaks Budget created (total SBB for 26/27 = £200k in Clacks)	£ 135,000
Total Cost	£ 368,015
Potential Recurring Annual Saving from 2027/28 onwards	
Savings in 2026/27 are likely to be considerably lower due to staffing costs being incurred for more than half of the 2026/27 financial year, and the likelihood that some redundancy costs will also need to be covered.	£TBC Detailed cost modelling to be completed.

It should be noted that while every effort will be made to find alternative employment for the 19 Ludgate House beds staff (14.52 FTE) who may be at risk of redundancy, through the application of the Clackmannanshire Council Organisational Change Protocol and redeployment procedures, staff may elect to take voluntary redundancy as part of this process. Any associated costs are difficult to quantify at this stage, as they are dependent on a number of factors, including age, length of service, and eligibility for pension benefits. However, these costs will be met by offsetting against savings during Year 1.

- 4.5. In Stirling the impact of the switch to Option 3 is likely to be cost neutral due to bed based respite already being purchased from local care homes at the national care home contract rate from within the existing Stirling Short Term Care & Respite (Short Breaks) Budget. Quality, in terms of being able to book in advance, will increase in Stirling under Option 3 with an increase in the number of block booked beds from one to three, but cost is expected to remain the same as before.
- 4.6. With Option 3 being recommended as the preferred way forward, further management consideration during the early months of 2026 has concluded that it is not helpful to include the overall closure of Ludgate House at this time. This is because alongside some Training and Admin functions, the 24/7 - year-round workforce for the MECS (Mobile Emergency Care Service) and the Clackmannanshire Reablement Service are both based at Ludgate. Both services rely on regular vehicular access to their offices day and night, and at this stage there is no clear alternative location for these services. If the complete closure of Ludgate House becomes a priority in the future, then a separate project can be established to identify alternative locations and ensure that the options being considered meet the needs of the service.

5. Key Questions & Responses from Engagement in the Form of Consultation

- 5.1. Appendix 4.1 contains summaries of the questions or concerns voiced at the 8 stakeholder engagement events, and the HSCP responses provided during the meetings. Appendix 4.2 contains a summary report on the responses received to the online survey as well as presenting a record of all of the responses received. Our thanks go to the Stirling Council Data Team for their assistance in analysing the online survey responses and producing the Appendix 4.2 report.
- 5.2. Key questions received at events and the HSCP responses that may help to give the IJB confidence to support the recommendations within this report are noted below:
 - 5.2.1. With respect to questions about whether there would be differences in quality of care between Ludgate and commissioned respite beds in local nursing level care homes the following points were made at each meeting:
 - 5.2.1.1. Commissioned respite would be at nursing level care homes (with nurses on staff) while Ludgate is registered as a residential care home (without nurses on staff).
 - 5.2.1.2. Commissioned nursing level care homes are all registered with the Care Inspectorate and inspected regularly with results published and widely available.
 - 5.2.1.3. Carers and supported people will have the choice and control to decide at which of the commissioned nursing care homes they wish to receive their respite, or if they wish they can exercise further levels of choice and control via their right to self-directed support (SDS).
 - 5.2.1.4. HSCP Care Home Review Team regularly visit all of the local care homes to undertake annual reviews with supported people which provides another regular route that the HSCP uses to keep track of quality and consistency throughout the area.
 - 5.2.1.5. The HSCP commissioning team can where necessary act rapidly to respond to any concerns over any care home and arrange alternatives at pace.
 - 5.2.2. Queries around location of care homes and concerns for what that would mean for arranging transport if respite no longer provided at Ludgate:
 - 5.2.2.1. Options 3 and 3 plus both involve commissioning three beds across Clackmannanshire and three beds across Stirling. It is expected that these beds will be across a number of care homes which will mean that there will be more local respite options closer to more people than is currently the case, which would in turn mean reductions in travel required.

5.2.3. There were positive responses about the service provided at Ludgate but it was mentioned that it wasn't always available when required and some shared experience of challenges with booking respite care and not receiving confirmation of respite slots at Ludgate until late on (and the confirmation coming in inconsistent formats), resulting in challenges with planning and changes to existing plans:

5.2.3.1. The HSCP Commissioning team have been developing a booking system to help manage respite provision. Once a decision has been made about the future model of planned bed based respite, then the appropriate finalisation will be applied to enable a better more flexible and responsive respite booking service to be provided throughout Clackmannanshire & Stirling.

5.2.4. Several queries around reason for the differences in cost of respite at Ludgate versus care homes:

5.2.4.1. The difference in costs per bed per week at Ludgate versus nursing level care homes is largely due to economies of scale. There are required staffing levels for care home services during the day and at night and meeting these standards with a total of only 10 beds at Ludgate means that Ludgate costs are significantly higher. Many of the fixed costs in independent sector care homes are spread across many more beds and staff and result in significantly lower costs per bed per week. There are also higher costs at Ludgate relating to standard public sector terms and conditions.

5.2.5. Limited interest in most groups about the more flexible options for carers outside of bed-based respite that could be enabled by options 2-3+ (although at times there seemed to be a slight misunderstanding that the intention was to replace bed-based respite with these):

5.2.5.1. At the consultation events HSCP colleagues hosting the events helped attendees to understand that none of the options being considered involved stopping the provision of planned bed based respite. Options 2 to 3 plus would all release some budget in Clackmannanshire which would increase the Clackmannanshire Short Breaks Budget while also continuing to provide bed based respite for those with assessed need. HSCP colleagues were keen to help those attending appreciate that there are carers and supported people across the HSCP for whom the current approach to respite provision does not currently work well. Providing improved levels of choice and control via short breaks budgets would mean that more people can receive the respite they need while not stopping those who want bed based respite continuing to be able to access that kind of care too.

5.2.6. Support for the idea of making improvements to the service while also reducing costs to the HSCP (although some had concerns that a

decision has already been taken, with the main priority of work being to cut costs and not to also increase options to carers):

5.2.6.1. HSCP colleagues confirmed that improving the respite service in its widest sense (including planned bed based respite) across the HSCP was the driver for this consultation process. Colleagues and attendees also acknowledged that throughout the public sector there are financial challenges and that opportunities such as this, that offer the opportunity to improve service provision while also improving financial efficiency, should be welcomed and supported. Attendees were reassured that no decisions had already been taken and that IJB approval would be sought for the recommendations resulting from this consultation process.

5.3. It may also be helpful at this stage to note a few further items:

5.3.1. In any situation, whether it is to do with transport or a preference for one commissioned nursing care level respite bed over another, there will be choice and control available to carers and the people they support. No one will be obliged to receive care in any location that they are not content with. While potentially a less obvious outcome of this work, the establishment of a significantly enhanced short breaks budget in Clackmannanshire will have a large impact. This is because it will enable those with social work assessed need for bed based respite or other types of short break to have the option to use self-directed support to ensure that they have the levels of choice and control over their care/services that they feel meets their needs.

5.3.2. As part of the process of organising bed based respite within a commissioned nursing care level respite bed, both the carer and the supported person will be enabled to visit the care home beforehand should they wish to do so.

5.3.3. The commissioning of the block booked nursing care level respite beds, if approved by the IJB, would be undertaken in a way that enables flexibility and variation over time. Should more or fewer block booked respite beds be required over time, then the commissioning process and the resulting contracts with providers will enable this to occur.

6. Preferred Option - Recommendations to IJB

6.1. Taking all of the information shared above into consideration, the preferred option for the Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling is Option 3.

6.2. Option 3 will:

6.2.1. Update the model of bed based respite across Clackmannanshire & Stirling – including decommissioning the current approach in each area

and commissioning 3 year round nursing level care home respite beds in each of Clackmannanshire and Stirling (6 beds in total).

- 6.2.2. Establish a significantly enhanced Short Breaks Budget in Clackmannanshire (from £65k to £200k).
 - 6.2.3. Deliver significant ongoing annual savings (circa £795k/yr from 27/28 onwards), and
 - 6.2.4. Deliver on the previous commitments of the IJB in relation to carers' short breaks including bed based respite, and choice and control via self-directed support for those carers and supported people who wish to use it.
- 6.3. If Option 3 is approved, implementation will follow the draft timeline presented below. The timeline strikes a balance between the need to progress change in challenging financial context and the need to look after the health and wellbeing of staff by ensuring that all due employment process is adhered to. Regular (fortnightly) meetings between HSCP Senior Management, Human Resources, Organisational Development colleagues, and Ludgate House staff have been reestablished since early April 2026. Ludgate House staff continue to be briefed regularly and the timeline noted below was shared with staff at a meeting on 21 Apr 2026 on the basis that 'no decisions have been made' but that the likely recommendation to the IJB would be Option 3.
- 6.4. Ludgate House staff have also been advised that any vacancies that arise within either the Clackmannanshire MECS or Reablement services will be held back and ring fenced as redeployment options for Ludgate beds staff should the IJB approve Option 3 at the 24 June 2026 IJB meeting.

Task / Action	Timeline
Preparation for IJB Meeting on 24 Jun 2026	
Ludgate Staff Engagement Session	Tues 21 Apr 2026
Fortnightly Working Group Meetings – Chaired by Lyndsey Dunn	Tues 28 Apr 2026
Fortnightly HR & OD Wellbeing Check-in meetings with Ludgate Staff	w/c 4 May 2026
IJB report to be submitted (to enable access to FAP, PAG, SPG, & IJB)	Weds 27 May 2026
Clackmannanshire Council & Stirling Council Elected Member Briefings	Early June 2026
IJB meeting – present report and request approval	Weds 24 June 2026
Following 24 Jun 2026 IJB Meeting – Assuming Report & Recommendations Approved by IJB	
Meet Ludgate Beds staff to update on IJB decision and explain process from here on	w/c 29 Jun 2026
Apply the Clackmannanshire Council Organisational Change Protocol for Ludgate House Beds staff	w/c 29 Jun 2026
Commence communications with people and carers supported at Ludgate House to advise of IJB decision and options for future respite	w/c 29 Jun 2026
The Clackmannanshire Council formal 6-month Redeployment Process can only commence once an employee is in possession of all financial information re package/pension etc. Some staff can commence	w/c 29 Jun 2026 or up to w/c 21 Sept 2026 for Redeployment Process to commence for some

redeployment straight away; others will be required to wait until figures are ready. Total likely period for confirmed figures is up to 12 weeks.	
During the pre-Redeployment stage HSCP OD will offer weekly drop ins for wellbeing support and consideration of options.	w/c 6 Jul 2026
Ludgate House Beds Staff and HR one to one meetings - First Formal meeting & start of up to 6-month Redeployment Process. HR respond to each member of staff by arranging and providing appropriate information about training, redeployment, matching, and pensions/packages.	w/c 29 Jun 2026 to w/c 21 Sept 2026
Ludgate House Beds Staff - Fortnightly one to one Redeployment meetings with manager for each staff member.	Recurring fortnightly after meeting above
Formal 4-month Redeployment Meeting	From w/c 2 Nov 2026
End of 6-month Redeployment Process – dependent on when process commenced	From w/c 5 Jan 2027 up to w/c 29 Mar 2027
Management of Ludgate Bed Demand	
New Short Stay Assessment (SSA) bed demand at Ludgate to be reviewed for 'Home First' potential and, only if a bed is required, redirect to Bellfield Centre or Clackmannanshire Community Health Centre (CCHC) bed.	w/c 29 Jun 2026
Phase out use of Ludgate SSA Beds (leaving 4-week contingency before the end of Sept 2026)	By end of Aug 2026
New Bed Based Respite demand/bookings at Ludgate to be reviewed and alternatives offered.	w/c 29 Jun 2026
No bookings taken for respite at Ludgate to be scheduled for delivery after start of Sept 2026. *Already Actioned.	from 30 Mar 2026
Phase out use of Ludgate Respite Beds (leaving 4-week contingency before the end of Sept 2026)	By end of Aug 2026
Alternative Respite Beds	
Commence and complete commissioning of Respite Beds from Independent sector.	Jun 2026 to Sept 2026

6.5. Recommendations - The Integration Joint Board is asked to:

- 6.5.1. Note the work undertaken by the Future Model of Planned Bed Based Respite (FMPBBR) Working Group to develop options and consult thoroughly upon them.
- 6.5.2. Approve Option 3 as the Preferred Option.
- 6.5.3. Approve the decommissioning of the current approach to bed based respite throughout Clackmannanshire & Stirling including decommissioning the 4 residential respite beds and the 6 Short Stay Assessment beds at Ludgate House.
- 6.5.4. Approve the commissioning of a total of 6 nursing care level respite beds from the local independent care home sector for year-round use (3 in Stirling and 3 in Clackmannanshire).
- 6.5.5. Approve the planned increase to the Carers Short Breaks Budget in Clackmannanshire by approximately £135k/year in 2026/27 (from £65k/year currently to £200k/year) funded by a share of the expected savings from commissioning changes in Clackmannanshire.

- 6.5.6. Note that the overall impact of all of the recommendations above is that all bed based care provided from Ludgate House will be decommissioned during 2026/27.
- 6.5.7. Note that the recommendation to decommission means that a total of 19 Ludgate House beds staff (14.5 FTE), who may be at risk of redundancy, will require to be supported through the Clackmannanshire Council Organisational Change Protocol and redeployment process.
- 6.5.8. Note that the financial effect of the recommendations above is expected to be cost neutral in Stirling, while in Clackmannanshire it is expected to lead to a significantly enhanced Carers Short Breaks Budget (£200k/yr) and substantial recurring annual HSCP savings (circa £795k/yr from 2027/28 onwards).
- 6.6. In summary, IJB approval will enable a more flexible, carer-centred short breaks model across Clackmannanshire and Stirling. It will increase choice and control, maintain access to bed-based respite for those with assessed need, and align delivery with the HSCP Carers Short Breaks Services Statement.

7. Conclusions

- 7.1. The FMPBBR Working Group has completed a thorough stakeholder consultation on the future model of planned bed-based respite throughout Clackmannanshire and Stirling. This, alongside senior management review, has informed the recommendations in this report.
- 7.2. IJB approval is sought to enable commissioning to commence for 6 nursing care level respite beds from the independent care home sector throughout Clackmannanshire & Stirling, and to support the planned decommissioning of all ten Ludgate House beds.

8. Appendices

- Appendix 1: Short Breaks Services Statement
- Appendix 2.1: FMPBBR Consultation Comms One Pager
- Appendix 2.2: FMPBBR Engagement Slides
- Appendix 2.3: FMPBBR Consultation Questions
- Appendix 2.4: FMPBBR Summary of Participation
- Appendix 3: FMPBBR Working Group Future Options Grid
- Appendix 4.1: Part 1 – Summary of Responses – FMPBBR Events
- Appendix 4.2: Part 2 – Summary of Responses – FMPBBR Online Survey
- Appendix 4.3: Community Petition Submission Meeting Note
- Appendix 5: EQIA
- Appendix 6: EQIA Standard
- Appendix 7: Direction

Fit with Strategic Priorities:

Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Annual recurring savings estimated at £797,325. Savings in 2026/27 are dependent on more detailed costing work – it is anticipated there will be approximately 6 months of savings however there are costs associated with change which will reduce this amount.
Other Resources:	This report does not affect other resources
Legal:	This will aid compliance with relevant requirements within the Carers Act.
Risk & mitigation:	There is a risk that without significant further service change the requirements of the Carers Act cannot be met within resources available. Furthermore, there is significant evidence current service models do not secure Best Value for public money. Risk and mitigation will be monitored and overseen by the FMPBBR Working Group.
Equality and Human Rights:	The content of this report <u>does</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>



Carers Short Breaks Services Statement

Updated March 2025

Why do we have a Short Breaks Services Statement?

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

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

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

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

What is a short break?

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

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

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

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

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

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

Who can access short breaks from caring?

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

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

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

How to access a short break from caring

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

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

What does a good break look like?

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

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

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

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

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

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

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

Types of Short Breaks

Universal (Community) Services

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

Carer Support Groups

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

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

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

Online Carer Support Groups

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

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

Time to Live (TTL) Grants

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

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

Respitivity

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

Replacement Care to enable the carer a break

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

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

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

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

Will I have to pay for my short break?

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

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

Feedback, monitoring & review

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

CSHSCP Short Breaks Service

Tel: 01786 237886

Email: sbs@stirling.gov.uk

National short break websites

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



Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling

Engagement – Weds 1 Oct '25 to Weds 12 Nov '25

The Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) have established an officer working group to explore and make recommendations to the Senior Leadership Team and the Integration Joint Board (IJB) on the Future Model of Planned Bed Based Respite throughout the HSCP area.

In March 2025 the IJB approved the Clackmannanshire & Stirling Carers Short Breaks Services Statement. This document recognises carers' entitlement to an assessment of their needs. In some cases carer needs will include overnight respite care for the cared for person to give the carer a break. The Clackmannanshire & Stirling HSCP recognise that there is an inconsistent respite landscape across the HSCP area which is not always as carer focused as it should be.

The Short Breaks Services Statement can be accessed on the HSCP website at the following link [HSCP Short Breaks Statement](#).

The Future Model of Planned Bed based Respite Working Group (the working group) seeks to understand the current provision of bed based respite and to consider what future options might be. Following initial enquiries and data analysis the working group have produced a set of draft future options.

The working group are now keen to conduct a period of engagement in the form of consultation on the draft future options over the six week period from Weds 1 Oct '25 to Weds 12 Nov '25.

A series of in person and online meetings have been arranged and throughout the consultation period all of the information is also available on the [HSCP Citizen Space webpage](#). Also, within Citizen Space any interested party can record their answers to the consultation questions and everyone is encouraged to do so.

Planned Meetings, Dates, Times, Locations – and target audience

Weds 1 Oct 25 – 2pm-4pm Ludgate Centre – Ludgate Staff Meeting (**staff only**)

Thurs 2 Oct 25 – 10am-noon Ludgate Centre – Ludgate Staff Meeting (**staff only**)

Tues 7 Oct 25 – 1:30pm-3pm Alloa Town Hall, Alloa, FK10 1AB – Ludgate Service Users & Carers Meeting **(by invitation to current service users and carers only)**

Weds 8 Oct 25 – 1.30pm-3pm Carseview House, Stirling, FK9 4SW – **In Person** Carers Meeting **(Open to all)**

Thurs 9 Oct 25 – 1.30pm-3pm Alloa Town Hall, Alloa, FK10 1AB – **In Person** Carers Meeting **(Open to all)**

Tues 21 Oct 25 – 7pm-8:30pm **Online** – Carers Meeting **(Open to all)** [Link to join the meeting](#). Meeting ID: 316 381 298 019 2 Passcode: BQ6X49iE

Mon 27 Oct 25 – 7pm-8:30pm **Online** – Carers Meeting **(Open to all)** [Link to join the meeting](#). Meeting ID: 383 664 213 568 Passcode: e9Zm2v45

Thurs 30 Oct 25 – 3-4pm – **Online** Wider HSCP **Staff Online Meeting** – diary invite will be circulated directly to staff

W/c 27 Oct and w/c 3 Nov 25 – Any further meetings identified as necessary during process.

Following the consultation process the results of the analysis of the responses received will be incorporated into a recommendations report that will go to the HSCP Senior Leadership Team for their consideration and recommendation on to the Integration Joint Board for decision.

The Clackmannanshire & Stirling HSCP encourage all interested parties to take part in the Future Model of Bed Based Respite consultation by attending either an in person or online meeting and submitting your thoughts and views via the online questionnaire available on [Citizen Space](#).

Citizen Space URL: <https://cshscp.citizenspace.com/planning/bed-based-respite-consultation/>



Clackmannanshire & Stirling

**Health & Social Care
Partnership**

Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling

Weds 1 October '25 to Weds 12 November '25

All Stakeholder Engagement Events

Web: clacksandstirlinghscp.org

Stakeholder Event Meetings:

Agenda:

- **Welcome & Introductions** – J Stein/R Sinclair/J Baird
- **Context to Engagement** – J Stein/R Sinclair/J Baird
- **Carers & Respite/Short Breaks** – J Stein/R Sinclair/J Baird
- **Key Points of this Engagement** – J Stein/R Sinclair/J Baird
- **Ludgate House Respite Options** – D Niven
- **Engagement Timescales** – D Niven
- **Overall Timescales** – D Niven
- **Feedback & Consultation Questions** – All



Context to Engagement.

- The Future Model of Planned Bed Based Respite Working Group was established during the summer of 2025 at the request of the HSCP Senior Leadership Team (SLT). It is chaired by Judy Stein, Interim Head of Community Health & Care.
- The working group have been tasked with looking into Planned Bed Based Respite Provision across Clackmannanshire & Stirling and identifying options for improving the service.
- Decisions have not yet been made about the future of the service
- Any decisions will be made via the SLT and Integration Joint Board (IJB)
- A 6 week consultation process is now underway – requesting feedback on the options identified
- A report with recommendations will be taken to the 26 Nov 25 IJB meeting

Carers & Respite/Short Breaks.

- Short Breaks Services Statement approved by IJB in March '25
- Respite/short breaks provision is based on social work assessed need
- Short Breaks Budget can be used to fund both traditional bed based respite and alternatives e.g.
 - Overnight Care at Home
 - Shared Lives (infrastructure is in development)
 - Holidays/trips/breaks where both the Carer and the Cared for Person can enjoy a break together
 - Overnight short breaks for the carer where the cared for person stays within a care home near to where the carer is, so that regular contact can be maintained



Clackmannanshire & Stirling
Health & Social Care
Partnership

Carers Short Breaks Services Statement

Updated March 2025

Key Points of this Engagement:

- **The focus is on the Future Model of Planned Bed Based Respite**
- **Respite/Short Breaks for carers is supported through Carers Act**
- **Carers with assessed need are entitled to choice and control through Self-directed Support Act**
- **Current Bed Based Respite provision is very different in Clackmannanshire and Stirling and a more consistent carer centred approach is required**
- **This engagement process is not about Emergency Care, Short Term Assessment, or Intermediate care beds.**

Planned Bed Based Respite Options:

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
Description of Option:	<ul style="list-style-type: none"> Continue current 4 bed residential care level bed based respite service at Ludgate House Centre while undertaking required periodic upgrades and rolling maintenance. There is only a £65k Clackmannanshire respite/short breaks budget while in Stirling there is £603k (25/26 figures). Continue with single block booked nursing care level respite bed at Annfield House in Stirling. Continue to use the Stirling respite budget to: <ol style="list-style-type: none"> 1) Fund flexible short breaks of all varieties that provide those carers with assessed needs, the choice and control to meet their respite outcomes, and 2) Purchase short notice (only 2 weeks in advance) nursing care level bed based respite within local care homes that have the capacity and chose to accept the commission on a case by case basis. 	<ul style="list-style-type: none"> As with Option 1 but the 4 bed residential care level bed based respite service at Ludgate House Centre would be actively open to be booked by Stirling residents for respite as well as Clackmannanshire residents. When Stirling residents book respite at Ludgate the Stirling respite/short breaks budget would pay into the Clackmannanshire respite/short breaks budget. The Clackmannanshire respite budget would in turn be used to offer a greater diversity of short breaks to carers with assessed needs in Clackmannanshire. The existing Annfield House nursing care level bed based respite would also be open to Clackmannanshire carers that have appropriate assessed needs. Reciprocal payments, similar to those noted for Stirling residents' use of Ludgate above, would be payable into the Stirling respite budget. 	<ul style="list-style-type: none"> Decommission the 4 bed residential care level bed based respite service at Ludgate House Centre and use the funding released to: <ol style="list-style-type: none"> 1) Commission nursing care level bed based respite from the local care home market. 2) Establish the necessary Clackmannanshire respite/short breaks budget to offer a greater diversity of short breaks to carers in Clackmannanshire. 3) Contribute to the required 2025/26 HSCP savings targets. 	<ul style="list-style-type: none"> As per Option 3 plus: <ol style="list-style-type: none"> 1) the decommissioning of the residential care provided at Ludgate House Centre, and 2) work with the HSCP Senior Leadership Team to continue to develop the Intermediate Care model that focusses on optimising independence, personal outcomes for carers & cared for people, and equality of access based upon assessed need and demand. Delivered from CCHC. This Option will be developed further in collaboration with the staff, supported people, carers and HSCP SLT during October '25. Both the engagement responses and the developing Option 3+ proposals will inform the report and recommendations to the IJB in Nov '25.

Engagement Timescales:

Bed Based Respite Options Consultation Timeline: 1st October – 12 November

Meetings	Week 1 1 st – 3 rd Oct	Week 2 6 th – 10 th Oct	Week 3 13 th -17 th	Week 4 20 th -24 th Oct	Week 5 27 th - 31 st Oct	Week 6 3 rd – 7 th Nov	Analysis 10 th – 14 th Nov	
Workforce Meeting 1	Wed 1 st 2-4pm Ludgate Resource Centre – JS						Analysis and reporting from responses	
Workforce Meeting 2	Thurs 2 nd 10am-12pm Ludgate Resource Centre – JS							
In person Ludgate service users meeting		Tues 7 th 1.30-3pm Alloa Town Hall - RS						
In Person Carers Meeting (Stirling)		Wed 8 th 1.30-3pm Carseview House - RS						
In Person Carers Meeting (Clacks)		Thurs 9 th 1.30-3pm Alloa Tow Hall-WF						
Online Carers Meeting 1				Tuesday 21 st 7pm - JS				
Online Carers Meeting 2					Monday 27 th 7pm – JS			
Online Consultation	Consultation questions open on Citizen Space 1 Oct – 12 Nov							

Overall Timescales:

Draft Outline Project Milestones	Timeline
Working Group complete the specification of Options for the Future Model of Bed Based Respite.	Mon 29 Sept '25
HSCP Senior Leadership Team review options and consider request to commence stakeholder engagement in form of consultation.	Weds 1 Oct '25
6-week stakeholder consultation process.	Weds 1 Oct '25 to Weds 12 Nov '25
Complete consultation response analysis.	Mon 17 Nov '25
Submit IJB report for deadline.	Weds 19 Nov '25
IJB meeting – present report and request approval of recommendations and directions.	Weds 26 Nov '25
Commence implementation phase	Mon 1 Dec '25
Implementation phase duration dependant on option approved	tbc

Stakeholder Feedback:

- Open Discussion
- Consultation Questions on Citizen Space – link to follow
 - What matters to you about Planned Bed Based Respite in Clackmannanshire & Stirling?
 - What do you think about the proposed options for the Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling?
 - Is there anything else that you would like to say about Planned Bed Based Respite?
- Next Steps

And Finally...

Thank-you for you time and input today.





Future Model of Planned Bed Based Respite - Working Group

Tuesday 30 September 2025, 12:30 to 13:30pm

Via MS Teams

Draft Questions for use during 'Engagement in the form of consultation' and within associated Citizens Space.

Question 1 – What matters to you about Planned Bed Based Respite in Clackmannanshire & Stirling?

Question 2 – What do you think about the proposed options for the Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling?

Question 3 – Is there anything else that you would like to say about Planned Bed Based Respite?

End.

Summary of consultation participation on the Future Model of Planned Bed Based Respite in C&S HSCP – Consultation period 1st October – 12th November 2025

V0.3 16Nov25

Meetings held and attendance:

1st October Ludgate workforce meeting held at Ludgate Resource Centre – **8 staff**, 3 service TL/Managers, 1 HR Rep, 1 Unison rep, 1 GMB rep & 4 Consultation Staff (JS, RS, AH, DN).

2nd October Ludgate workforce meeting held at Ludgate Resource Centre – **4 staff**, 2 service TL/Managers, 1 HR Rep, 2 Unison reps, 1 GMB rep & 4 Consultation Staff (JS, RS, AH, DN).

7th October Ludgate service users meeting held at Alloa Town Hall – **7 service users**, 2 service TL/Managers, 1 Carers Lead, & 4 Consultation Staff (RS, JB, AH, DN).

8th October Stirling Carers in person meeting held at Carseview House – **no attendees**, 1 service TL/Managers, 1 Carers Lead, & 4 Consultation Staff (RS, JB, AH, DN).

9th October Alloa Carers in person meeting held at Alloa Town Hall – **6 attendees** (including 2 carers centre representatives), 2 service TL/Managers, 1 Carers Lead, & 3 Consultation Staff (JB, AH, DN).

21st October 7-8.30pm Online carers meeting – **2 attendees** & 4 Consultation Staff (JS, RS, AH, DN).

27th October 7-8.30pm Online carers meeting – **2 attendees** & 3 Consultation Staff (RS, AH, DN).

30th October wider online HSCP staff meeting – **19 attendees**, & 4 Consultation Staff (RS, JB, AH, DN).

Total of 48 consultees attended across 8 events.

Citizen Space – Online Survey Responses:

- **16 full responses completed (20 received)** - from 16 sources - 2 of which were groups of Ludgate staff.
- Survey was open until midnight on 12th November – link to Citizen Space is: [Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling - Clackmannanshire & Stirling HSCP - Citizen Space](#)



Future Model of Planned Bed Based Respite - Working Group

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

V0.7 - 1 Oct 25

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
Description of Option:	<ul style="list-style-type: none"> Continue current 4 bed residential care level bed based respite service at Ludgate House Centre while undertaking required periodic upgrades and rolling maintenance. There is only a £65k Clackmannanshire respite/short breaks budget while in Stirling there is £603k (25/26 figures). 	<ul style="list-style-type: none"> As with Option 1 but the 4 bed residential care level bed based respite service at Ludgate House Centre would be actively open to be booked by Stirling residents for respite as well as Clackmannanshire residents. When Stirling residents book respite at Ludgate the Stirling respite/short breaks 	<ul style="list-style-type: none"> Decommission the 4 bed residential care level bed based respite service at Ludgate House Centre and use the funding released to: <ol style="list-style-type: none"> Commission nursing care level bed based respite from the local care home market. Establish the necessary Clackmannanshire respite/short 	<ul style="list-style-type: none"> As per Option 3 plus: <ol style="list-style-type: none"> the decommissioning of the residential care provided at Ludgate House Centre, and work with the HSCP Senior Leadership Team to continue to develop the Intermediate Care model that

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	<ul style="list-style-type: none"> • Continue with single block booked nursing care level respite bed at Annfield House in Stirling. • Continue to use the Stirling respite budget to: <ol style="list-style-type: none"> 1) Fund flexible short breaks of all varieties that provide those carers with assessed needs, the choice and control to meet their respite outcomes, and 2) Purchase short notice (only 2 weeks in advance) nursing care level bed based respite within local care homes that have the capacity and chose to accept the commission on a case by case basis. 	<p>budget would pay into the Clackmannanshire respite/short breaks budget.</p> <ul style="list-style-type: none"> • The Clackmannanshire respite budget would in turn be used to offer a greater diversity of short breaks to carers with assessed needs in Clackmannanshire. • The existing Annfield House nursing care level bed based respite would also be open to Clackmannanshire carers that have appropriate assessed needs. Reciprocal payments, similar to those noted for Stirling residents' use of Ludgate above, would be payable into the Stirling respite budget. 	<p>breaks budget to offer a greater diversity of short breaks to carers in Clackmannanshire.</p> <p>3) Contribute to the required 2025/26 HSCP savings targets.</p>	<p>focusses on optimising independence, personal outcomes for carers & cared for people, and equality of access based upon assessed need and demand. Delivered from CCHC.</p> <ul style="list-style-type: none"> • This Option will be developed further in collaboration with the staff, supported people, carers and HSCP SLT during October '25. Both the engagement responses and the developing Option 3+ proposals will inform the report and

Appendix 3

Name of Option:	Option 1 No Change / Business as Usual	Option 2 A Single Approach to Existing Bed Based Respite Assets Across Clackmannanshire & Stirling	Option 3 Update the Model of Bed Based Respite Across Clackmannanshire & Stirling	Option 3+ Option 3 plus decommission care from Ludgate and seek to develop an integrated care model to be delivered from CCHC.
				recommendations to the IJB in Nov '25.
Remaining Beds at Ludgate House Centre	Continue with the 6 x Short Term Assessment (STA) beds at Ludgate House Centre pending HSCP management decision on the Rationalisation of Beds Across the Clackmannanshire and Stirling System.			
Likely Service Outcome	Maintenance of current quality and distribution of bed based respite. This means that many carers in Stirling will be unable to book respite more than two weeks in advance, while there will remain a healthy respite/short breaks budget with which to fund a diversity of alternative short breaks and greater levels of choice and control for carers and supported people throughout Stirling. In Clackmannanshire, bed based respite will be limited to the four Ludgate residential care level respite	Maintenance of current quality and distribution of bed based respite but in this option carers can access bed based respite wherever they chose across Clackmannanshire & Stirling within the existing provision and commissioning arrangements (4 beds at Ludgate, the Annfield bed and whatever short notice bookings can be secured from the local care home market). The Clackmannanshire respite/short breaks budget is likely to be enhanced as a result of	Bed based respite will undergo new commissioning arrangements. This is likely to lead to 3 nursing care level bed based respite beds being contracted from the local care home market in Clackmannanshire along with 3 in Stirling. This capacity is based on analysis of current demand. There would be open access to all nursing care level bed based respite for carers with assessed needs resident in Clackmannanshire & Stirling. This would	As per Option 3 plus the intermediate care model delivered from a much better environment at CCHC which optimises independence and the use of personal and community assets, is outcomes focused, and enables choice and control for carers and cared for people.

Appendix 3

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	beds with a very small budget available to provide a diversity of alternative short breaks and greater levels of choice and control for carers and supported people.	payments received for Stirling residents use of Ludgate residential care level bed based respite. The Stirling respite/short breaks budget is likely to reduce as a result of payments made for residential care level bed based respite at Ludgate.	enable the current usage of bed based respite at Ludgate to be covered and increase the ability to book bed based respite more than two weeks in advance in Stirling from 1 bed to 3. In addition, there would also be an enhanced respite/short breaks budget in Clackmannanshire. The existing budget in Stirling would remain available (less the cost of the additional nursing level care beds commissioned in Stirling), to fund a diversity of alternative short breaks and greater levels of choice and control for carers and supported people.	

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Short Breaks Budget	<p>Sufficient short breaks budget is in place in both Clackmannanshire & Stirling. Budget can be used to fund alternatives to traditional bed based respite when enabling carers with an assessed need to have a break. Some examples of the types of alternatives to bed based respite are:</p> <ul style="list-style-type: none"> • Overnight Care at Home (for the cared for person) enabling the carer to be away • Shared Lives (requires commissioning and infrastructure which is being established) where the cared for person builds a relationship with approved carers who are happy to have them to stay within their home, and share their lives, while the carer has a break • Holidays/trips/breaks where both the Carer and the Cared for Person can enjoy a break together • Overnight short breaks for the carer whereby the cared for person stays within a care home near to where the carer is so that regular contact can be maintained 			
Cost Factors.	<p>Clackmannanshire - current Ludgate residential care level bed based respite costs are much higher than the national care home contract (NCHC) rate. Ludgate costs currently run at approximately 2 times NCHC rates. Stirling – Nursing care level bed based respite is commissioned at the NCHC rate.</p>	<p>Clackmannanshire - current Ludgate residential care level bed based respite costs are much higher than the national care home contract (NCHC) rate. Ludgate costs currently run at approximately 2 times NCHC rates. Stirling – Nursing care level bed based respite is commissioned at the NCHC rate.</p>	<p>Clackmannanshire - significant reduction in costs due to nursing care level bed based respite commissioned under this option expected to be at national care home contract (NCHC) rate. The NCHC is currently approximately half that of the Ludgate costs.</p> <p>Within the cost reduction noted above there is likely to be a significant</p>	<p>Option 3 plus further work is required to specify the risk implications of the additional elements of this option which will be updated as the development work progresses.</p>

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	<p>This option would not incur any additional running costs though there may be ongoing upgrade and maintenance costs for the Ludgate building and equipment within.</p>	<p>This option would not incur any additional running costs though there may be ongoing upgrade and maintenance costs for the Ludgate building and equipment within.</p> <p>**Please note that likely charges for Ludgate residential care level bed based respite are approximately double those currently paid by Stirling for nursing care level bed based respite. This option would reduce the overall quantity of care that could be provided by the Stirling respite/short breaks budget while increasing the Clackmannanshire respite/short breaks budget.</p>	<p>reduction in workforce costs due to leavers, moving to new posts under different budgets, redeployment.</p> <p>Work is ongoing with constituent bodies to establish how any Voluntary Severance (VS) and/or any Targeted Voluntary Redundancy (TVR) would be treated as costs – where would they sit?</p> <p>There is also likely to be cost savings/avoidance for capital/maintenance costs at Ludgate House Centre.</p> <p>This option is likely to be cost neutral in Stirling because nursing care level bed based respite is</p>	

Appendix 3

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			already purchased at the NCHC rate.	
<p>Practical Cost Estimates for Respite Component (4 beds) at Ludgate House Centre & Stirling Respite/Short Breaks Budget. Based on Whole Year Effects</p>	<p>Ludgate House actual HSCP costs for 25/26 forecast (excluding senior management and non HSCP costs) = £2,129/respite bed/week. Annual cost to HSCP 25/26 forecast 4 x Ludgate Respite Beds = £442,857</p> <p>Annual cost to HSCP 25/26 forecast Clacks Short Breaks Budget = £65,000</p> <p>Stirling Nursing Care Level Bed Based Respite costs for 25/26 actual (at NCHC Rate) = £1013.05/respite bed/week. Annual cost to HSCP 25/26 forecast Stirling Short Breaks Budget (including Annfield Bed) = £603,000</p>	<p>Ludgate House actual HSCP costs for 25/26 forecast (excluding senior management and non HSCP costs) = £2,129/respite bed/week. Annual cost to HSCP 25/26 forecast 4 x Ludgate Respite Beds = £442,857</p> <p>Annual cost to HSCP 25/26 forecast Clacks Short Breaks Budget = £65,000</p> <p>Stirling Nursing Care Level Bed Based Respite costs for 25/26 actual (at NCHC Rate) = £1013.05/respite bed/week. Annual cost to HSCP 25/26 forecast Stirling Short Breaks Budget</p>	<p>Clackmannanshire 3 x Commissioned Nursing Care Level Bed Based Respite beds at NCHC rate of £1,013.05/bed/week Annual NCHC cost to HSCP for 3 Clacks Nursing Care Level Respite Beds = £158,036</p> <p>Annual cost to HSCP 25/26 forecast Existing Clacks Short Breaks Budget = £65,000</p> <p>Annual cost to HSCP 25/26 forecast Increase (released from decommissioning 4 x Ludgate Respite Beds) to Clacks Short Breaks Budget = £136,821</p>	<p>Option 3 plus tbc</p>

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	<p><u>Total Currently Identified Annual Costs to HSCP = £1,110,857</u></p> <p>Further year costs to HSCP £1,110,857 + uplifts</p>	<p>(including Annfield Bed) = £603,000</p> <p><u>Total Currently Identified Annual Costs to HSCP = £1,110,857</u></p> <p>However, higher costs of care at Ludgate will result in a transfer of budget and purchasing power from Stirling to Clackmannanshire.</p> <p>Further year costs to HSCP £1,110,857 + uplifts</p>	<p>25/26 Savings (also released from decommissioning 4 x Ludgate Respite Beds) as per HSCP Delivery Plan = £148,000</p> <p>Stirling</p> <p>3 x Commissioned Nursing Care Level Bed Based Respite beds at NCHC rate of £1,013.05/bed/week – this will be met from Stirling respite/short breaks budget</p> <p>Annual NCHC cost to HSCP for 3 Stirling Nursing Care Level Respite Beds = £158,036</p> <p>Remainder Annual cost to HSCP 25/26 forecast</p>	

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			<p>Stirling Short Breaks Budget = £444,964</p> <p><u>Total Currently Identified Annual Costs to HSCP = £962,857</u></p> <p>The figure above includes a £136,821 increase to the existing Clacks Respite/Short Breaks Budget of £65k so many more carer centred and varied short breaks can be funded in addition to access to 3 commissioned nursing care level respite beds for residents of Clackmannanshire.</p> <p><u>Total 25/26 HSCP Delivery Plan Saving of £148,000</u></p>	

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Benefits	Local service retained. No work to implement change required.	A 'once for Clackmannanshire & Stirling approach' and suite of options is available to everyone, and existing assets (human, physical, and financial) are maximised across Clackmannanshire & Stirling.	Cost effective approach. Much more respite and short breaks can be provided, savings target can be realised, and much more carer choice and control can be enabled. Nursing care level needs can be easily met.	Option 3 plus Local service improved with long-term future.
Risks	Lack of Clackmannanshire respite/short breaks budget to enable a variety of short breaks options to be offered and therefore no choice and control for carers and supported people. High cost of bed based respite per night at Ludgate. Lack of nursing level bed based respite care in Clackmannanshire.	Providing bed based respite via Ludgate House Centre is still a high cost/ financially inefficient service and it does not meet nursing care level needs.	Ludgate bed based respite workforce may become subject to Clackmannanshire Council Organisational Change Protocol which may result in unwanted redundancies and additional short term costs.	As per Option 3 plus further risk analysis based on development work during October 25.

Appendix 3

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Time to Deliver	Ongoing	3 months from 1 Dec 25	6 months from 1 Dec 25	6 months from 1 Dec 25
Post engagement summary notes on options from Residents/Families/Carers				
Post engagement summary notes on options from TU's & Workforce				
Recommendation – (choose from Possible, Preferred, or Discounted)				

FMPBBR Events - Summary of Responses on the Future Model of Planned Bed Based Respite in C&S HSCP – Consultation period 1st October – 12th November 2025

Total of 48 consultees attended across 8 events.

Summary of key points raised by attendees at events with some of the commonly made HSCP responses noted in blue:

Carers/service users:

- Concern for cared for person's acceptance of changes to bed based respite location and for the quality and consistency (including existing relationships and routines) of respite provided in care homes. When looking at option 3 and option 3 plus for those people currently supported by the Ludgate respite service, there may be some short-term disruption to relationships and routines as a result of moving to planned bed based respite provided in local nursing care homes rather than Ludgate. However, options 3 and 3 plus would also enable a wider group of carers and supported people (beyond those currently using Ludgate) to have more choice and control over the nature of their respite through the availability of a significantly improved short breaks budget in Clackmannanshire. With respect to questions about whether there would be differences in quality of care between Ludgate and commissioned respite beds in local nursing level care homes the following points were made at each meeting:
 - Commissioned respite would be at nursing level care homes (with nurses on staff) while Ludgate is registered as a residential care home (without nurses on staff).
 - Commissioned nursing level care homes are all registered with the Care Inspectorate and inspected regularly with results published and widely available.
 - Carers and supported people will have the choice and control to decide at which of the commissioned nursing care homes they wish to receive their respite, or if they wish they can exercise further levels of choice and control via their right to self-directed support (SDS).
 - HSCP Care Home Review Team are regularly visiting all of the local care homes to undertake annual reviews with supported people which provides another regular route that the HSCP uses to keeping track of quality and consistency throughout the area.
 - The HSCP commissioning team can where necessary act rapidly to respond to any concerns over any care home and arrange alternatives at pace.
- Queries around location of care homes and concerns for what that would mean for arranging transport if respite no longer provided at Ludgate. Options 3 and 3 plus both involve commissioning three beds across Clackmannanshire and three beds across Stirling. It is expected that these beds will be across a number of care homes which will mean that there are more local respite options closer to more people than is currently the case which would in turn mean reductions in travel required.
- Positive about service provided at Ludgate but has been mentioned it wasn't always available when required and some shared experience of challenges with booking respite care and not receiving confirmation of respite slots at Ludgate until late on (and the confirmation coming in inconsistent formats), resulting in challenges with planning and changes to existing plans. The HSCP Commissioning team have been developing a booking system to help manage respite provision. Once a decision has been made about the future model of planned bed based respite then the appropriate finishing touches will be applied to enable a better more flexible and responsive respite booking service to be provided throughout Clackmannanshire & Stirling.

Appendix 4.1

- Several queries around reason for the differences in cost of respite at Ludgate versus care homes. The difference in costs per bed per week at Ludgate versus nursing level care homes is largely due to economies of scale. There are required staffing levels for care home services during the day and at night and meeting these standards with a total of only 10 beds at Ludgate means that Ludgate costs are significantly higher. Many of the fixed costs in independent sector care homes are spread across many more beds and staff and result in significantly lower costs per bed per week. There are also higher costs at Ludgate relating to standard public sector terms and conditions.
- Limited interest in most groups about the more flexible options for carers outside of bed-based respite that could be enabled by options 2-3+ (although at times there seemed to be slight misunderstanding that the intention was to replace bed-based respite with these). At the consultation events HSCP colleagues hosting the events helped attendees to understand that none of the options being considered involved stopping the provision of planned bed based respite. Options 2 to 3 plus would all release some budget in Clackmannanshire which would increase the Clackmannanshire Short Breaks Budget while also continuing to provide bed based respite for those with assessed need that wish to receive it. HSCP colleagues were keen to help those attending appreciate that there are carers and supported people across the HSCP for whom the current approach to respite provision does not currently work well. Providing improved levels of choice and control via short breaks budgets would mean that more people can receive the respite they need while not stopping those who want bed based respite continuing to be able to access that kind of care too.
- Support for the idea of making improvements to the service while also reducing costs to the HSCP (although some had concerns that a decision has already been taken with the main priority of work being to cut costs and not to also increase options to carers). HSCP colleagues confirmed that improving the respite service in its widest sense (including planned bed based respite) across the HSCP was the driver for this consultation process. Colleagues and attendees also acknowledged that throughout the public sector there are financial challenges and that opportunities such as this that offer the opportunity to improve service provision while also improving financial efficiency should be welcomed and supported. Attendees were reassured that no decisions had already been taken and that IJB approval would be sought for the recommendations resulting from this consultation process.

HSCP staff:

- Wanted to know what would happen if there was a crisis in the community under Option 3/3+. Colleagues supporting the consultation events advised that the future model of planned bed based respite was focussed on planned care needs so would not impact on crisis responses. At Ludgate the 4 respite beds do not normally form part of a crisis response either due to places being pre-booked. When it comes to the 6 short stay assessment (SSA) beds at Ludgate there have been some occasions when these have been used to support a crisis response if they had capacity but with relatively low flow through these beds that wasn't always possible. Under options 3 and 3 plus any response to crisis would be supported via the Bellfield Centre if it is a step up from the community crisis situation for the cared for person or via a temporary nursing care home bed if the crisis is due to the carer being unwell or unable to provide their usual support.
- Wanted to understand if/how this relates to the charging policy work. Colleagues supporting the consultation events advised that respite for the carer is not a chargeable service.

Appendix 4.1

- Raised that there could be potential issues with parking at CCHC for staff and for MECS cars under Option 3+. HSCP colleagues will work to minimise any potential parking issues at CCHC resulting from option 3plus should it be approved by the IJB.
- Wanted to understand whether there has been comms with care homes to ensure they're open to providing commissioned respite care and raised that they may have to undergo a variation from care inspectorate (this has come up throughout most of the consultation events). HSCP Commissioning Manager provided comfort that Care Inspectorate requirements for variations to nursing care home registrations were understood and that there were good levels of confidence around the willingness of care homes to supply respite. Formal commissioning processes wouldn't commence until after an IJB decision but there is an appetite amongst care homes.
- Wanted to understand whether it would be easier to book people into respite and to give them more notice of confirmed respite as there are challenges with this at present especially in Stirling. As noted previously above, the HSCP Commissioning team have been developing a booking system to help manage respite provision.
- Raised queries around the potential quality of care provided at care homes and were keen to understand any quality management process by the HSCP. As noted in the first bullet point at the top of this document colleagues supporting the consultation events advised that:
 - Commissioned respite would be at nursing level care homes (with nurses on staff) while Ludgate is registered as a residential care home (without nurses on staff).
 - Commissioned nursing level care homes are all registered with the Care Inspectorate and inspected regularly with results published and widely available.
 - Carers and supported people will have the choice and control to decide at which of the commissioned nursing care homes they wish to receive their respite, or if they wish they can exercise further levels of choice and control via their right to self-directed support (SDS).
 - HSCP Care Home Review Team are regularly visiting all of the local care homes to undertake annual reviews with supported people which provides another regular route that the HSCP uses to keeping track of quality and consistency throughout the area.
 - The HSCP commissioning team can where necessary act rapidly to respond to any concerns over any care home and arrange alternatives at pace.

Citizen Space – Online Survey Responses:

- **16 full responses completed (20 received)** - from 16 sources - 2 of which were groups of Ludgate staff.
- Survey was open until midnight on 12th November – link to Citizen Space is: [Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling - Clackmannanshire & Stirling HSCP - Citizen Space](#)

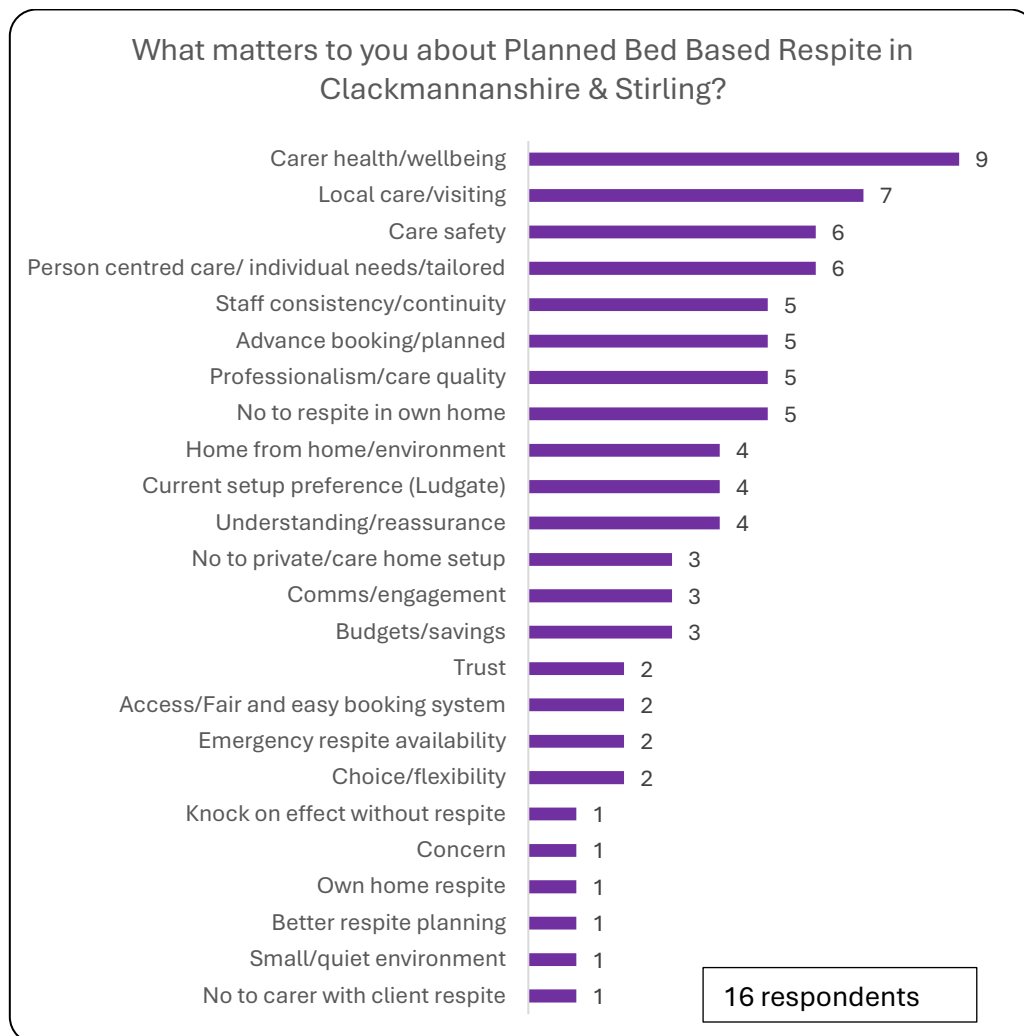
Summary of Responses from Citizen Space Online Consultation Survey on the Future Model of Planned Bed Based Respite

Engagement with stakeholders took place in the form of consultation over a six-week period from Wednesday 1 October 25 to Wednesday 12 November 25. An online Citizen Space survey received 20 responses from 16 sources. Some of these responses were a culmination of a number of individual responses.

Feedback

Q1. What matters to you about Planned Bed Based Respite in Clackmannanshire & Stirling?

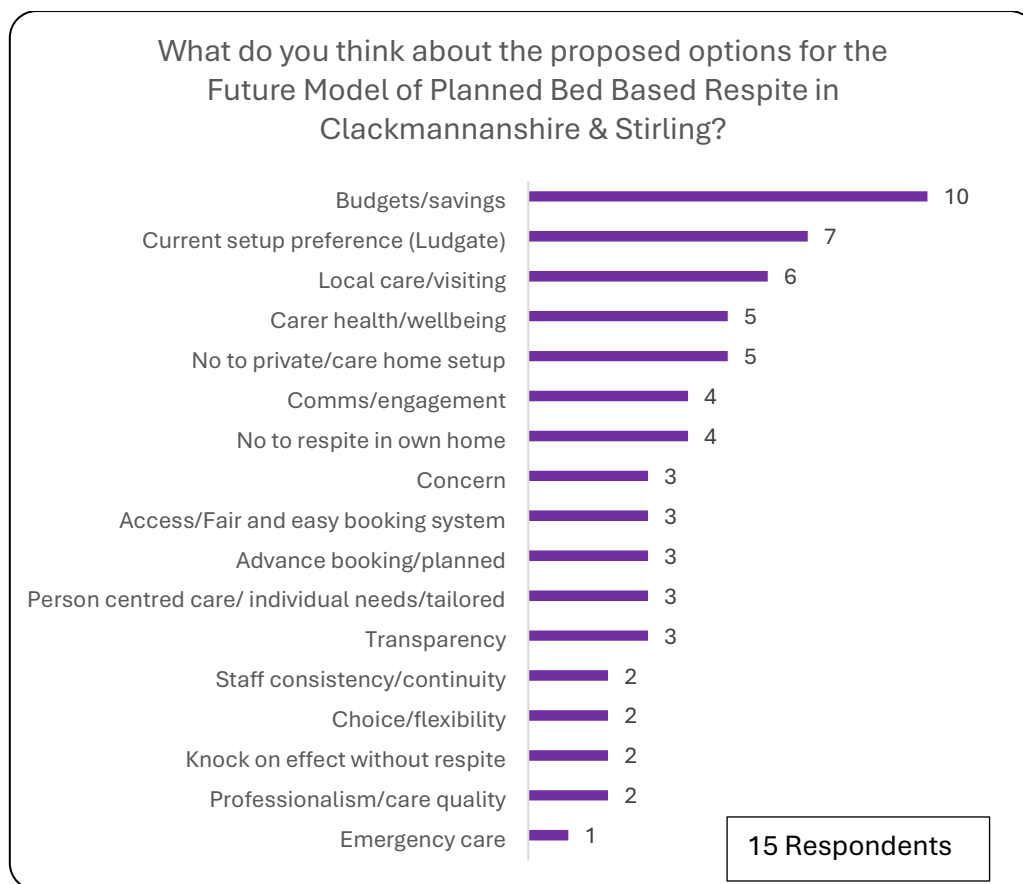
There were 16 responses to question 1. The graphic below shows the topics that were mentioned.



What matters most to carers is that they are able to provide continued care to their cared for person whilst maintaining their own health and wellbeing. Respite care away from their own home is seen as vital. Carers want local respite that provides a safe home from home environment where their family member is receiving person centred care that is tailored to their needs by reliable, professional staff. Respondent advised that more respite care is needed than is currently available and those that used Ludgate were happy with the care provided.

Q2. What do you think about the proposed options for the Future Model of Planned Bed Based Respite in Clackmannanshire & Stirling?

There were 15 responses to question 2. The graphic below shows the topics that were mentioned.



In general, carers would like more transparency and communications on proposals for future care options and the budget implications. Carers currently using Ludgate would prefer to continue with the current setup at Ludgate as they have concerns about accessing respite care when they need it and worry about respite care being provided in a care home under options 3 and 3 plus.

Respondents to the survey are generally keen on option 1 and open to option 2 but some have concerns around the availability of the Ludgate respite service to Clackmannanshire residents if it is also made available to Stirling residents.

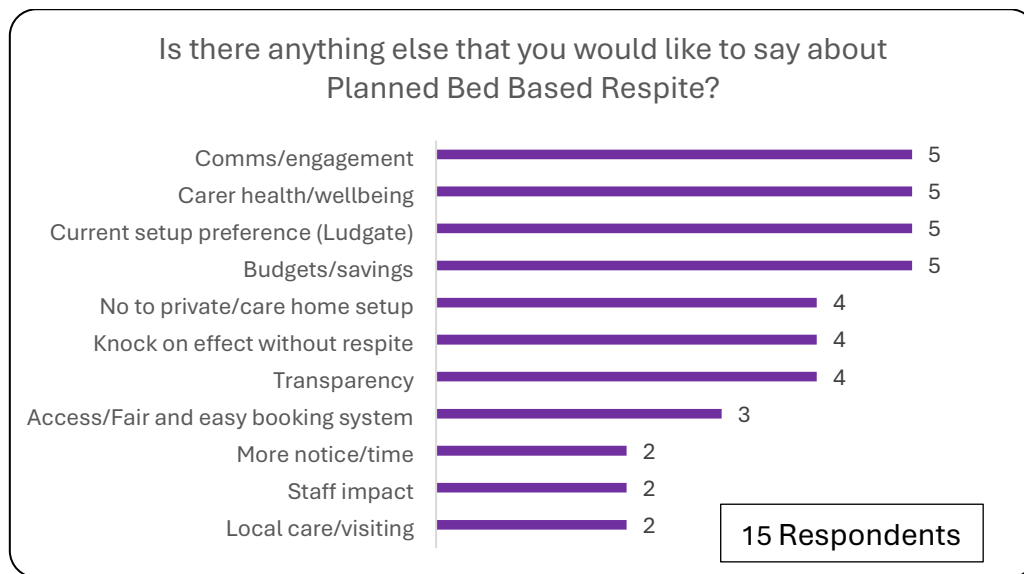
Appendix 4.2

For option 3 & option 3+ some respondents have concerns around the quality of care provided at care homes versus the current care provided at Ludgate and also concerns that these options are financially focussed rather than carer centred.

Some respondents mentioned that they didn't understand what option 3+ offers for carers.

Q3. Is there anything else that you would like to say about Planned Bed Based Respite

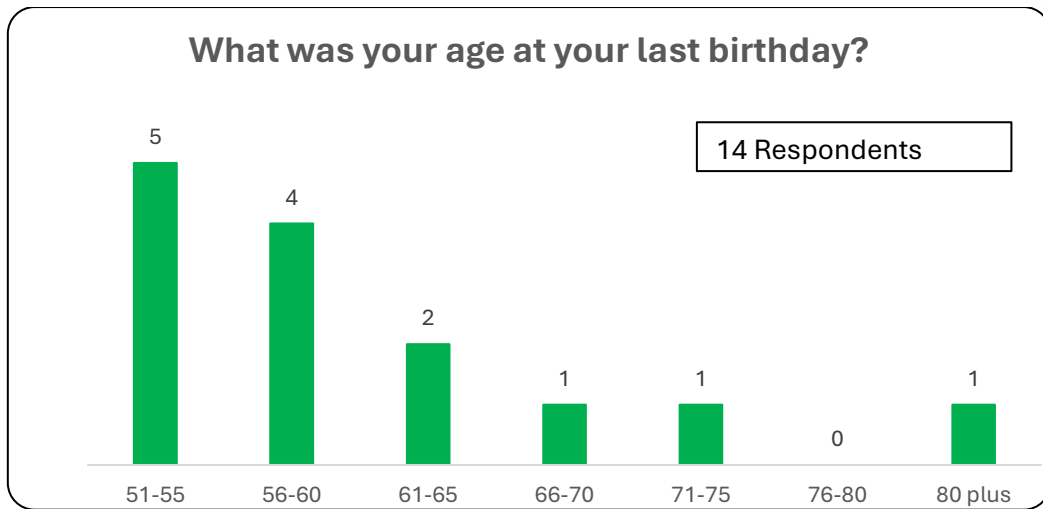
There were 15 responses to question 3. The graphic below shows the topics that were mentioned.



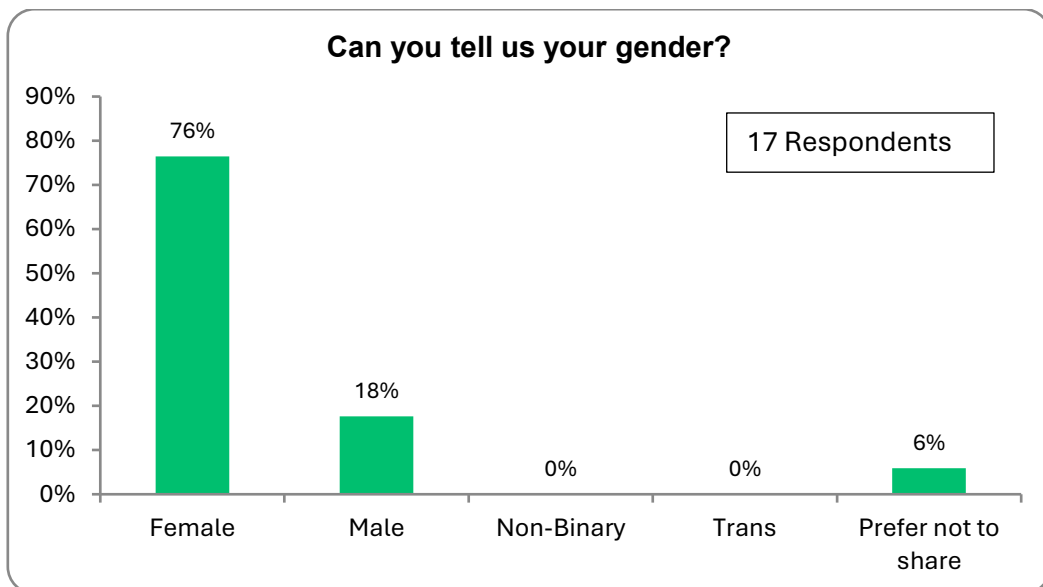
Some carers feel that they have not had enough consultation to make informed choices and feel that engagement has been rushed. Most carers see the proposals as a cost saving exercise and feel that there will be a move away from person centred care and an impact on local care jobs. They consider the current setup at Ludgate house as vital and fear the knock on effects of having a different or reduced respite service will impact on their wellbeing and the option to be able to provide ongoing care.

Respondents also shared that it can be challenging to book respite through Adult Services, with confirmation of their booking for Ludgate often received at short notice, causing carers to change or cancel plans.

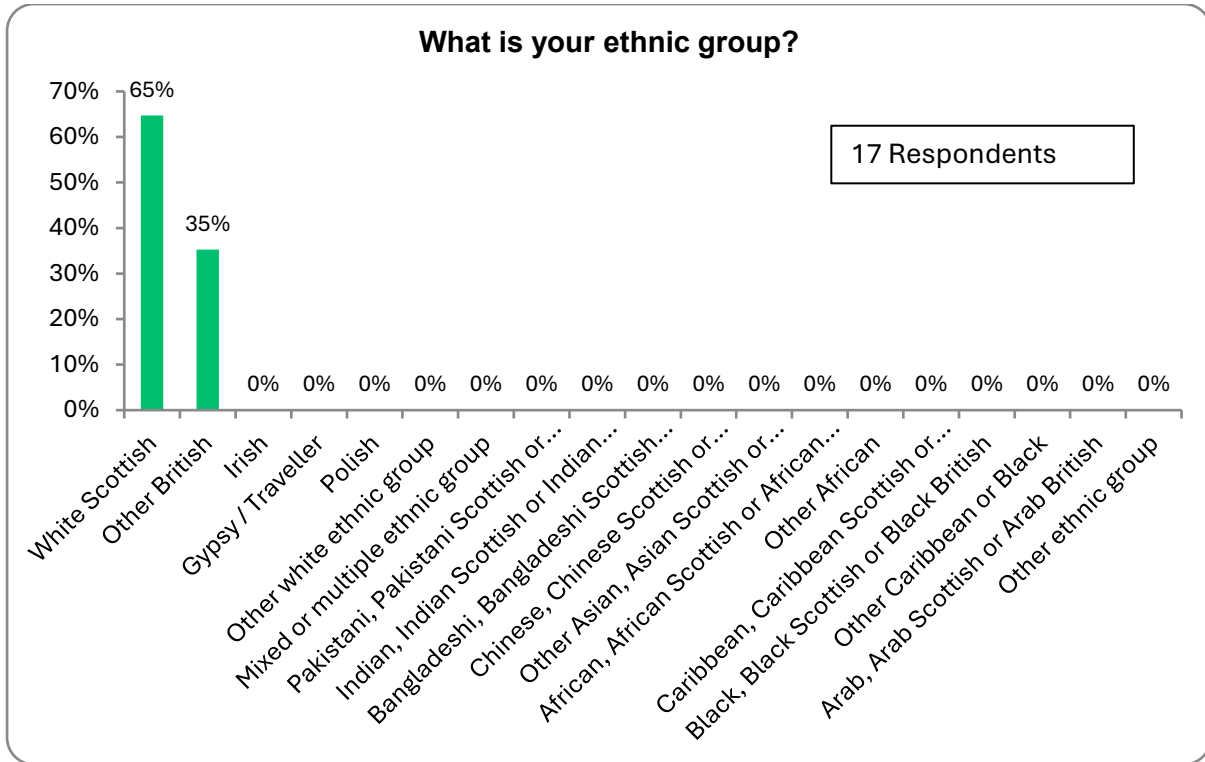
Q4. What was your age at your last birthday?



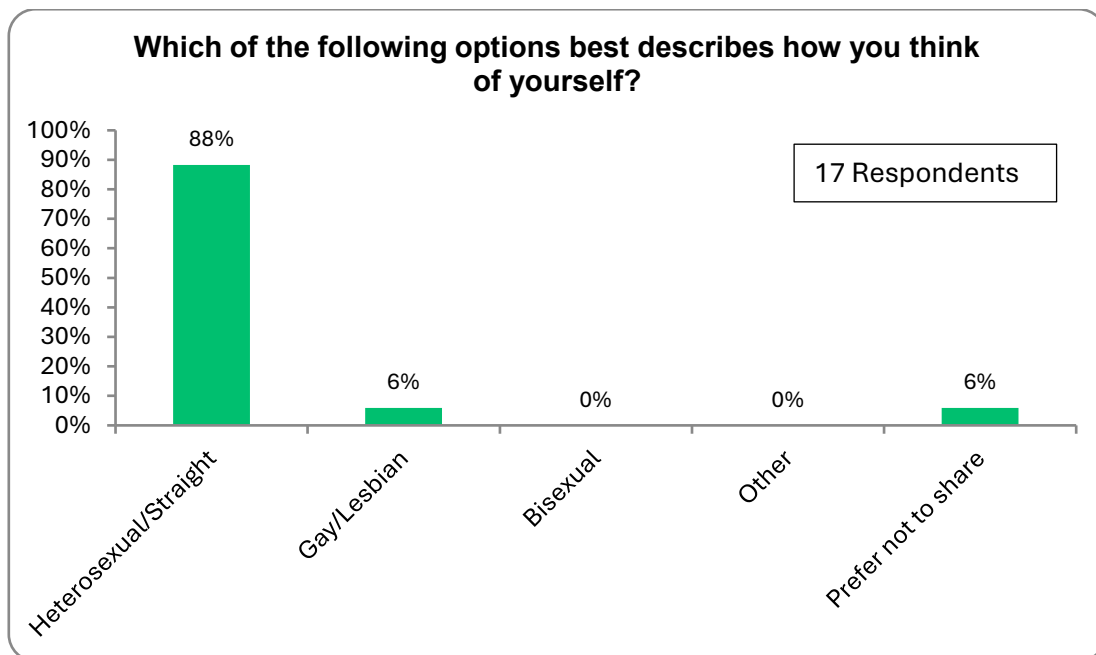
Q5. Can you tell us your gender?



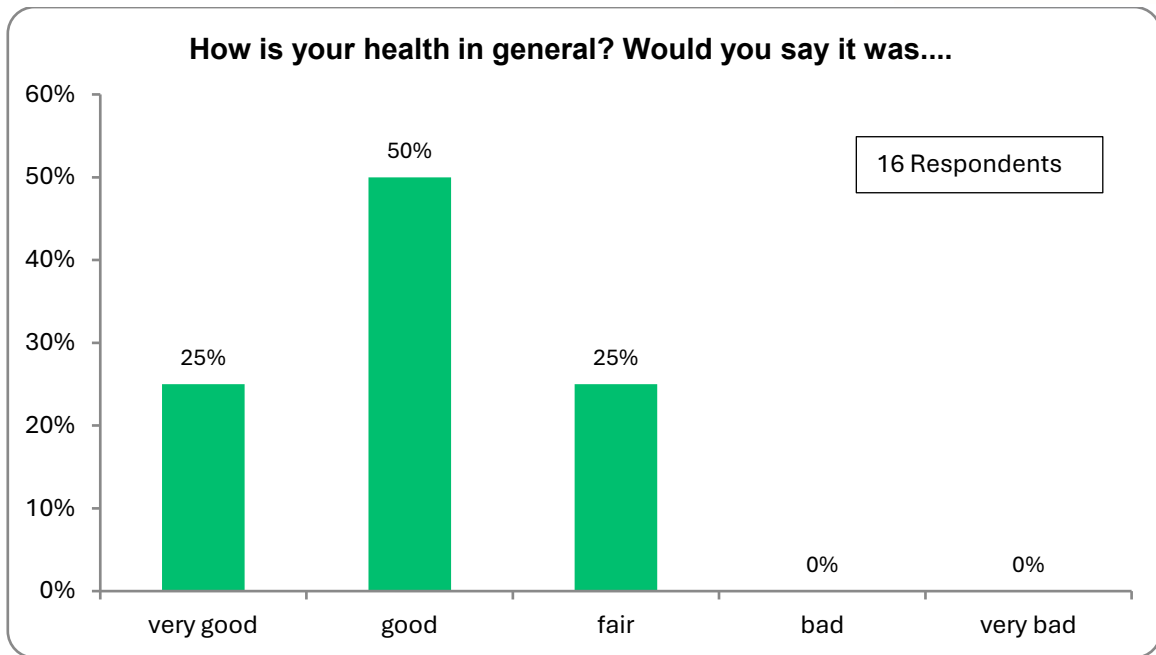
Q6. What is your ethnic group?



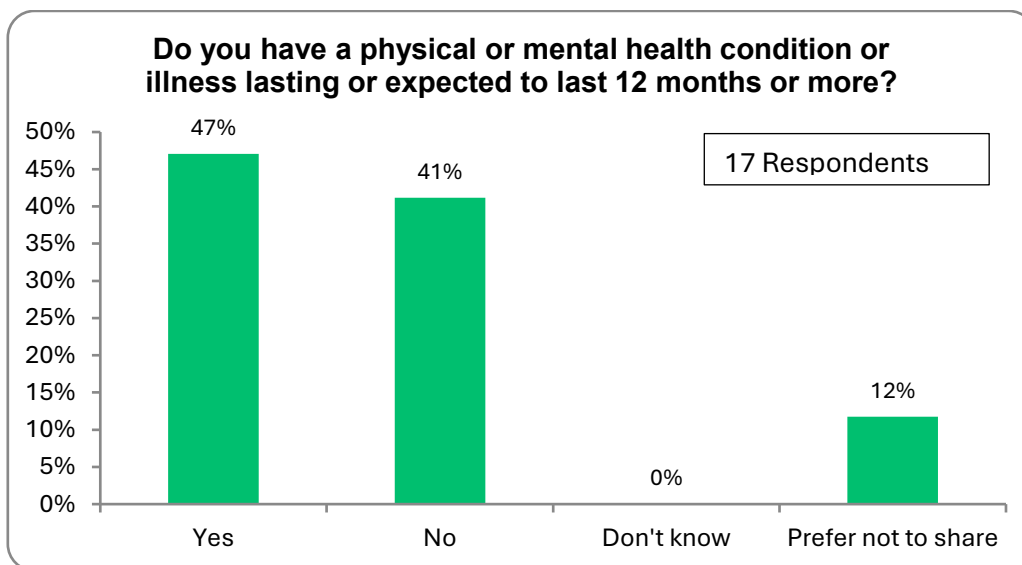
Q7. Which of the following options best describes how you think of yourself?



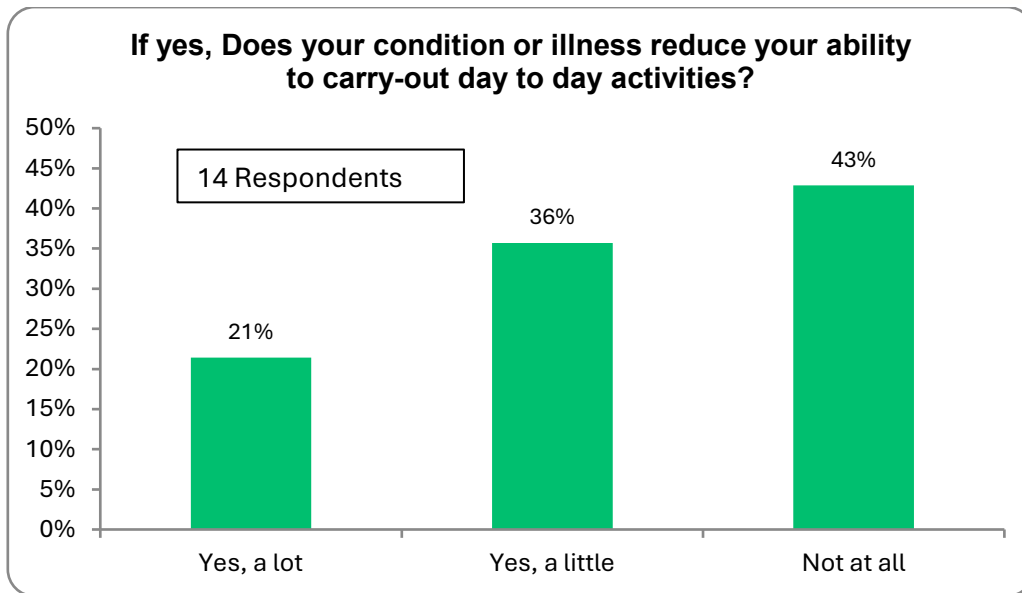
Q8. How is your health in general? Would you say it was....



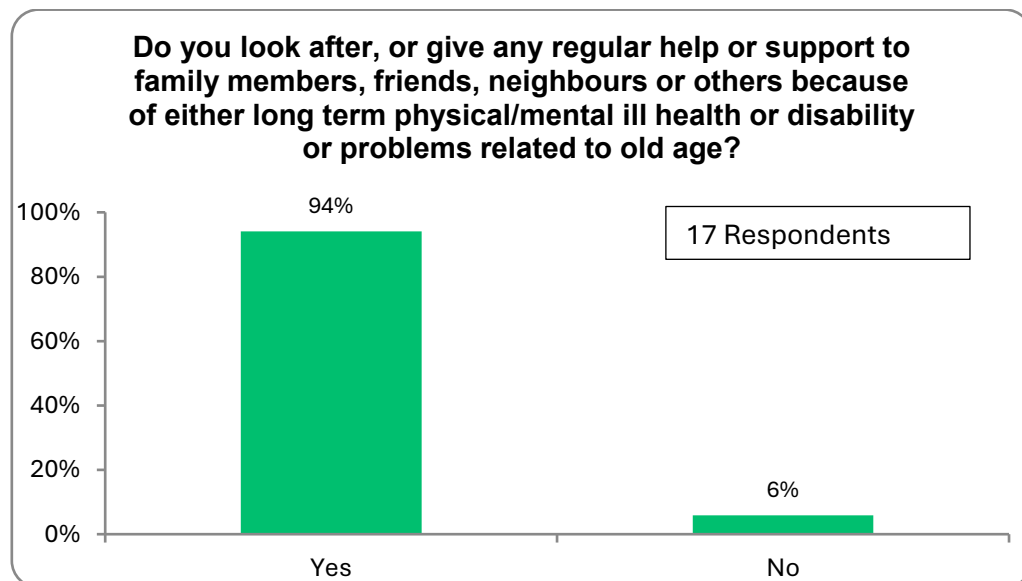
Q9a. Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?



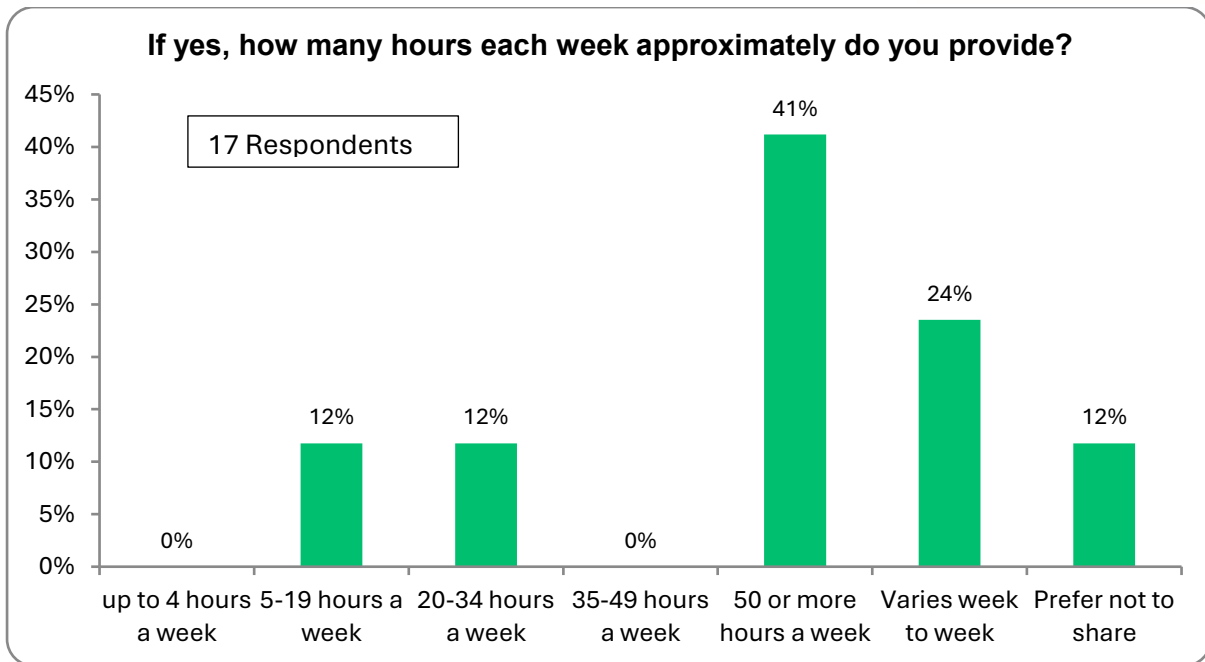
Q9b. If yes, Does your condition or illness reduce your ability to carry-out day to day activities?



Q10a. Do you look after, or give any regular help or support to family members, friends, neighbours or others because of either long term physical/mental ill health or disability or problems related to old age?



Q10b. If yes, how many hours each week approximately do you provide?



Appendix A – Responses

Q1 Responses

Individual comments from the Ludgate Respite staff:

"Having a service that's specific/tailored for Respite provision. There is a service for families to have Respite from their caring duties, allowing support to continue. Caring for people in their own homes."

"Families have trust in the service and are confident the service user will be well cared for. Not getting 'lost' within a busy care home."

"The service is vital to some families. It provides them with a much needed break and the reassurance that their loved one is getting the best care provided. Trust has been built between us/families/service users. Closing the service is going to put an increase on carer stress. A lot of families do not wish to have Respite at home as this is not a break for them."

"Families rely on the service and the concern around these changes are what they will do if and when this new model of care fails. Respite gives them peace of mind knowing their loved ones are safe and well looked after. Respite for these service users has played an integral part in reducing carer stress and maintaining good family relationships which in itself has enabled the service user to remain in their own homes."

It has to be flexible to meet the demands of the carers and cared for person. It has to be easy booked and as far in advance as possible.

It must provide positive experience by providing high level quality of care.

It needs to be aware of the persons individual needs - "not just treated as a resident in the care home"

It should be local to the carers / clients home so family contacts can be maintained.

STAFF COMMENTS

Option 2 allows the community to keep the facility that respite provides for both Clackmannanshire and Stirling. It allows making savings being used by both councils as well as

keep employment for people working in Ludgate.

Carer stress in the community is widespread. Respite allows the carer/ partners to have a well earned break from living with their partner/ family member

Without respite there is a huge risk to carer breakdown which will lead to long term care or emergency.

Respite beds are critical for allowing carer breaks.

We currently have a case where putting respite breaks in place is stopping the need for Long term care .

Planned respite keeps people from having significant carers stress when trying to care for their relative at home. Taking a break away from this is a well deserved break.

There is a lot of overnight needs in the community. If there is no bed based respite what will happen to service users and their carers?

Not all respite at home is appropriate.
The individual has their care needs met

The individual is in a safe environment

The carer cannot look after an individual 24 hours a day 7 days a week 365 days a year without a break

The carer can 'catch up' on the house, repair any damage that the individual does and see immediate family as in adult children and grandchildren, try and make friends, get a job and without sounding selfish enjoy themselves, some individuals need more than respite, carers don't live, they exist and while they have to look after someone with dementia they can only dream, their life has actually stopped

The staff at Ludgate support the individuals AND the carers, this is gold and being local means in the event of a serious emergency, carers can be there within minutes not hours. The staff at ludgate listen to the carers, talk to them NOT at them, the one to one, will be gone and the individual and carer will be lost in the system,

That services are not local and therefore families cannot visit. Lack of beds means more stress on carers and impact on carer's mental health. Private care homes will not keep beds free just in case there is emergency respite.

As a carer who has accessed planned bed respite at Ludgate on several occasions for my mum who has moderate stage Alzheimers the following matter to me.

Being able to plan in advance and have an efficient, straightforward and fair system in place to enable ease of booking a respite bed.

Knowledge and peace of mind that whilst in respite my mum will feel safe, cared for and be well looked after.

The current Ludgate set up is ideal for someone with my mum's condition - it is small, secure and has consistent, long-serving staff who foster a home from home environment. She has received high-quality, person-centred care there.

Having experienced a care home set up with another family member unfortunately the opposite was true in that scenario - a lot of transient staff, high staff turnover, large scale set up, lack of familiarity, institutional feel and high person/staff ratio

Choice is im portant as different people will see respite in different ways. For example someone caring for a spouse would possibly want a holiday together but with someone else to assist with the caring role so they can spend time together without pressure on the carer. Someone caring for a parent might want a complete break to have a holiday or visit other friends or family but

knowing that the person they care for is safe and looked after in a familiar environment. It is important to be able to plan ahead so that the carer has something to look forward to and knows when things will take place. When your role is 24 hours a day/7 days a week it is vital to know that you will get time off.

Having local, accessible, and reliable respite care that allows us to take planned breaks without the stress or expense of travelling far.

Ensuring continuity of care — familiar staff, routines, and surroundings make a huge difference for my mother-in-law's comfort and confidence.

The ability to book in advance is essential — we plan our work, medical appointments, and rest periods months ahead around respite availability.

It's vital that respite takes place in a dedicated, safe, and welcoming environment, not just wherever there happens to be a spare care home bed.

Ludgate House offers trust, stability, and understanding — these are built over time and cannot be easily replaced.

General environment –

That my mum is cared for in a professional/safe/friendly/informal/homely environment with a similar routine to the one she has at home. The small size of Ludgate is ideal as she benefits from the company of a few others - being in a larger noisy facility won't suit her.

Due to her mobility issues, it needs to be close to home. Without reliable wheelchair taxi provision in Alloa, two people are required to transfer her in/out of the car - anything other than a short journey would be uncomfortable for her. On a practical level, close to home is crucial because we need to transport a lot of kit: Along with the usual stuff is her wheelchair, bumper pads for her bed & her stand aid. We take two cars, otherwise I do two trips.

Eating -

At Ludgate, she eats in a small dining area where staff are present during mealtimes which is important. She has problems swallowing + weakness on her right side/hand, so eats slowly & often needs help to cut up her food. She did go through a period of not being able to use a knife & fork at all or chew food. She has periods on meal replacement drinks.

My mum has had many hospital stays in recent years & I have seen some very concerning things while visiting which I believe could just as easily occur in a care home. Lack of staff training & communication & my mums own poor communication is a worry if she is in any large-scale residential facility. It's easy to see how some people get overlooked.

Maintaining mobility -

It's important that care staff encourage her to keep moving & assist her to do things for herself as they do at Ludgate, rather than do everything for her.

My mum has had good & bad hospital stays, but every stay has led to a period of rehabilitation when she returned home. Last year she fell, causing a knee sprain & swelling (no fracture). The nurses got her up, dressed & sitting in a chair everyday despite being in great pain. They even got her walking to the bathroom using her walking frame, albeit with a lot of assistance & encouragement. She was then moved to another ward where for some reason she spent the next three days in bed. Nurses didn't even get her up to go to the toilet. Her diagnosis hadn't changed so there seemed no reason for this.

Those three days of inactivity was all it took for her to lose the ability to walk. Back at home, my mum went from requiring one carer (at her two care visits a day) to two carers.

If she had remained on the first ward, I see no reason why she wouldn't have walked again. (She was in the same situation once before after a fall & she walked again with the right treatment.)

Two wards, two teams of staff with very different attitudes and approaches. One ward actively promoting independence & the importance of getting the patient up and about. Another ward not taking any involvement in a patient's progression & rehabilitation. My worry is what happens if she ends up staying in care home that doesn't have the same ethos as Ludgate.

Care staff using assigned mobility aids -

She can't walk anymore & needs to be encouraged to maintain what mobility she has for as long as she can which the staff at Ludgate fully understand.

She is able to stand using a stand aid which was supplied on her last hospital discharge. This device requires her to stretch her arms out, grip the bars on the stand & pull herself up. It is the only weight bearing/exercise/movement she does.

There was a lot of resistance to this stand aid at first from three carers who were very vocal about their dislike of it (albeit a minority - she usually has over 20 different carers at any one time.) They caused such a lot of stress at a difficult time when my partner & I were adapting to my mum's additional needs which put a lot of pressure on us. Despite being assessed by the occupational therapist, one carer kept urging me to get a different standing aid because she hadn't been trained to use my mum's & didn't feel comfortable with it. Two other carers kept insisting that my mum required a hoist!?

My mum needs step by step direction, encouragement & reassurance. I understand that some carers don't like that interaction & think a hoist might be far easier (for them). This is why it is a major concern that when she goes into any residential care setting for even a short time, the carers might take it upon themselves to use an alternative standing aid. I understand that mechanical aids might be more widely used in care home settings but I know my mum will rapidly lose mobility if she doesn't put some effort into moving herself. This would make life challenging for us when she returns home. Pointless coming back refreshed from a respite break, if I then have to spend weeks trying to "re-train" her to use her stand aid, assuming that is even possible.

The consequence of not being able to use her stand aid is even less quality of life for her & more cost to social care. If an alternative mobility aid is required that's too large to transport between rooms (we live in a small house) or something that my partner & I cannot use, then it's going to be very limiting for my mum & potentially going from two carers twice a day to two carers four times a day.

An understanding of unpaid care & what life is like for an unpaid carer would be good -

I never knew about the respite unit at Ludgate House until the Carers Centre told me. When I phoned Adult Services to find out how I could access it, I was asked why I would require respite at all - it was pointed out that not only was my mum living on her own at the time (albeit with multiple visits from me throughout the day) she was also receiving home care visits (at that time from Mears).

Unfortunately a carer visiting for three times a day for between five and 20 minutes wasn't going to enable me to confidently or safely leave her for a week. It was then suggested that another family member step in. The assumption being made that there was other family! I assumed Adult Services understood that the home care service model only really works, in a lot of cases, when a family member is around to support it. The way the potential closure of Ludgate House has been presented also shows such lack of understanding about how unpaid caring works.

Easier access to respite -

It's important to me that the process of requesting respite is straightforward & something I can book months (not weeks) in advance. Once booking is secured, communication with Ludgate is excellent - very clear & straightforward. They are actively keen to understand my mum's requirements prior to admission, noting any changes or dietary issues.

Better communication with Adult Services would be appreciated -

We first accessed Ludgate in 2023 but it wasn't until towards the end of 2024 that a social worker happened to mention that I was allocated 28 days respite per year which I hadn't been informed of before. It would have been nice to know sooner so I could have used all my allowance – 2025 is the first year I used all 28 days!

It must provide excellent local residential care services in a friendly resident-oriented environment, in which resident care, not cost reduction, is the primary driver for service delivery.

It is near me, that is in the Wee County, accessible with good public transport. Access for a Respite break is required to give unpaid Carers the opportunity to refresh their mental & emotional wellbeing. Reassurance knowing their cared for, is in a safe, secure place close to where they live is crucial.

Reference www.sharedcarescotlandd.org.uk survey 2024

The option of time away secure in the knowledge that my mother's many needs are fully provided for. I have become more and more aware that our quality of life has become so intertwined that we are almost co - dependent. My mother could not function in any qualitative way without me, and thus my self preservation is quintessential!

Option 1 is the only one that works for me. The reason is that my partner leaves the property and allows me to have downtime in our own home. I am able to schedule important property maintenance whilst my partner is in respite. A classic example was when we had interior of the house painted. There is no way on earth this could have taken place had my partner been at home.

Ludgate house staff look after residents/ patients so well. It is reassuring to cares like myself that he is well cared for and that I do not need to worry.

I want to share a true story with you:-

A couple of years ago, I had to go abroad at short notice because my father was very unwell. Ludgate respite could not accommodate respite at such short notice (no beds available). So social services organised for my partner to have respite in "The Orchard care home" in Tullibody. On returning to the country, I went to pick up my partner he was in a dreadful state. He said he was neglected. He has parkinsons disease and sleeps alot. He missed out on some meals because the carers did not come to call him and take him to the diningroom. When they came around with the tea trolley he would say to them he did not have his meal because he had been sleeping, so the carers would make him a sandwich instead. They only showered him 1 x whilst he was there and it was on the day he was been discharged. He stayed in dirty clothes for 3 days because they had taken his dirty laundry and never bothered to return his clean laundry. He eventually asked to speak to the manager and he told her what the issues were and she implimented a roll-call system at meals, that way ensuring he went to dining room for his meals. In addition, the manager also ensured his clean laundry was returned to him that day. That negative experience has left him traumatised regarding care homes. We only trust Ludgate respite to provide care for my partner

At the moment our family are in crisis dealing with dementia and issues with SW, to be properly heard to be assessed for respite .

I have been told by the HSCP that there is no respite in Clackmannanshire suitable for my cared for person. I think respite services need careful planning - the notes I just read seem to dress cost cutting with word salad on paper. None of it make sense. Having respite at home where you have to spend all your time training staff on how to look after their loved ones. Quirks they have. (How you need to follow them up the stairs to catch them if they have a seizure) and numerous details about not only looking after them but how to look after them in that particular environment. Then the effort for the carer to get their house ready for a 'visitor' I've done it before and I spend a week before cleaning and planning and getting things like food they'll eat and writing lists on how to use the household stuff (cookers) etc. it's plain exhausting! At least if the cared for person goes away it's just their suitcase and meds that needs packed. Although if they go to a caravan/self catering it's also all the food they'll eat need etc. I think going away with your cared for person is also not respite! In any way or form, not in the slightest. I'd like a place where my

loved ones can go have fun (they a young person) and I as a carer doesn't have the mental load of thinking about what they'll eat and cleaning and sorting. Pack a suitcase for them and that's it. I feel this consultation is veiled that the undercurrent is you have a preferred option that you are trying to lead us too. Really disappointed with the level of creativity and out of the box thinking that is not displayed in the slightest.

Q2 Responses

"Families experience of Respite in a care home is not the same as in Ludgate. This is feedback given to Ludgate and social workers and we provide an assessment and reports of care needs during their Respite stay. Ludgate staff work closely with social work and families."

"A further reduction in social care provision for older people. There should be more Respite facilities in communities. Reducing costs at the expense of service users."

The proposed options do not offer many options - access to planned bed based - away from the home is a crucial part of carers being able to keep a loved one at home for longer - preventing the need to move into long term care. How this is delivered is critical to unpaid carers.

The options as I see are providing care from a private care home for cheaper cost than a bed in Ludgate is all about the councils saving money - not about the quality of the experience for families.

It is a sad day when we are looking at cheaper care rather than quality, easily accessible, with staff interested in the client and the carer welfare and maintaining contact in and out of respite as Ludgate staff provide us.

It would be good to keep a respite unit in Clackmannanshire.

Staff need to keep their jobs

Families need respite in their own communities,

Families need respite for their loved ones, loosing Ludgate respite unit would be devastating, families need a break.

Clackmannanshire has lost enough. Support is essential

More staff to all services ie Mecs/ Reablement. Families will need additional support at home.

If proposal goes ahead clients need the right support and time for staff to carry out the task.

Staff need more visit times and time slots on visits to allow some social time, physio visits and will need to be reviewed regular.

Carers and individuals will lose out if they don't have their own transport for example cost of taxi

This is called outsourcing and the actual cost will add more pressure to their budget which will hurt the individuals and carers

This could actually be breaking point where the individual and carer are put at risk also this would be detrimental to the carers and immediate family (eg daughter caring for her mum with a family of her own) the repercussions and consequences of broken down families would be inevitable

The film Sophie's choice, springs to my mind because presently I have to choose between my mum and my adult children and grandchildren, as a mum I brought up my 2 children, now I have grandchildren which I look after, this is leading to huge arguments between me and my family, and my mum is not responsible for her actions meaning she can cut her and my clothes, cut carpets, destroy furniture and throw things at me

Stuart Rose M&S CEO he was so busy with his work and his own family etc, his mum did have

mental health issues, she kept phoning him and the time when he put himself first as being too exhausted and couldn't cope with listening to the same stories his mum committed suicide, he has to live with himself for not returning her call

Concerns as outlined above.

The key driving force here is transparently about saving money. I understand that budgets are tight across the board but options 3 and 3b are clearly focused on money saving rather than options 1 and 2 which are more focused on the cared for person and the wellbeing of their carers which is what should be the central focus at all times.

Dropping someone with my mum's needs into a respite care home bed would not be good for her needs or mine!

It would be too overwhelming for her in the short-term. The smaller scale option and the higher quality of care provided at Ludgate is ideal for her needs and the peace of mind it gives the rest of the family is priceless.

I feel that use of the phrase "traditional" bed based respite is weighted in a negative light (ie - it's old fashioned, should be in the past) where in reality this is actually the ideal scenario for a person with my mums needs.

Mum has stayed at Ludgate on several occasions to allow us to go on holiday/short break. Knowing that she was safe and well looked after in a home from home environment allowed us to switch off for a bit, relax and recharge our batteries ready to go again when we returned. It is difficult to comment on Option 3+ as it is still being developed but the wording does make it sound as if this is the option which is most likely to be taken forward. Short notice beds - 2 weeks in advance - do not give the carer much time to find and book a break for themselves or to prepare the cared for person about their break. This could mean the carer is unable to take advantage of cheaper advance booking and may result in the cared for person, for example if that person has dementia, being more unsettled in their respite setting. If COSLA have set the national care home rate at a level where a private company can provide the care required, why does a local authority needs more than twice as much money to provide the care. Are there perhaps management savings which can be made there?

Option 3+ mentions developing an integrated care model to be delivered from CCHC but, so far, little detail about how this would work. As this review is about cutting costs, it would probably mean using the existing wards at CCHC. As these wards are already used to capacity, would this result in the current "step down" beds being moved to Stirling making it more difficult for friends and family to visit - poor public transport links - with an adverse effect on the recovery process of those patients? Care closer to home? There may be a reluctance for people to accept respite in what will be seen as a hospital/medical setting. It is easier to suggest that the cared for person is going to have a wee holiday when it is in a care home setting with a more homely environment than at the Health Centre!

Option 1 – No Change:

Keeps things stable and predictable, which we value deeply, but doesn't address the wider funding and access issues between Stirling and Clackmannanshire.

Option 2 – Shared Access:

Potentially fairer and could improve flexibility if managed properly, but access must be guaranteed, not left to chance or budget pressures.

Option 3 – Decommission Ludgate:

We would like to see how this would work in reality. Closing Ludgate removes the only reliable, familiar respite service we have.

Moving to general care homes could remove the sense of safety and trust built up over years.

The savings being suggested don't justify the disruption and anxiety caused to people who rely

on this support.

Option 3+ – Decommission + Intermediate Care Model:

This model seems designed more for rehabilitation or hospital discharge, not planned respite for carers.

There is no clear explanation of where my mother-in-law would go, how we would book, or whether we would still get our 42 nights per year.

Without those guarantees, this option feels unworkable and unfair.

What's really confusing me about your draft proposal document is the reference to the four respite beds at Ludgate. I always understood that ALL the beds in the unit were for respite. The Clackmannanshire Council website states that the respite service offers 10 bedrooms.

Misleading, isn't it? Why say this when it's only four?

If the four beds are not going to be funded, are staff still going to be caring for the people in the other six beds? Who are those beds for & who funds them?

Short breaks budget – all options -

Overnight care at home so the carer can go away – Won't work for us as my mum lives with my partner & I. We don't/can't always go away. In fact this model would make it impossible for me to use all my allocated respite. E.g. Last year, while my mum was in Ludgate, my partner & I went on holiday for one week, the rest of the time was spent at home getting a wet room installed for her. As much as I'd love to, there is no way we could afford to go away for four whole weeks in order to vacate ourselves from the house for the carers to come in.

I can see that sending staff into people's homes to provide care will save on the costs of running the building etc. But won't you need to employ a lot more staff in order to provide 24/7 care in multiple places? Or, is the idea of home respite care going to involve a number of different carers visiting people in their houses throughout the day, relying on them to press their MECS if they need assistance?

When I looked into private respite care (when the council initially told me I wasn't a candidate for respite) the cost of home-based respite was more expensive than residential respite + extra cost for staff expenses. It certainly wasn't the cheaper option.

Shared lives – This would be perfect for my mum, such a lovely idea. Pie in the sky!

Holidays/trips breaks for carer & cared for person – Not possible in our situation.

Overnight short breaks away in proximity where carer is – No, feel exhausted just thinking through the logistics.

Option 1 -

Of course, this option is best for our us!

There was a lot of info in your proposal document but it's a shame you didn't give a bit of detail to explain why a Ludgate bed costs double a Stirling bed. I don't know the history of Ludgate but assume it was set up with public funds by the council. It was likely always costly to run by its specialist nature. I would expect a facility such as Ludgate to cost more - it seems naïve to suddenly say it's costing too much now.

Presumably the weekly rate is similar to previous years - unless it has suddenly jumped up in which case, you will know exactly what has caused such a sharp increase (not having the heating on full whack all summer long, especially during heatwaves might help.)

It's hard to understand how you can compare the cost of a publicly funded facility to Annefield

House which may not be paying their staff the same rate of pay as Ludgate. Might there be a higher ratio of staff at Ludgate? No doubt there will be higher pension costs, more annual leave, more training & better working conditions in general to fund with Ludgate.

If the higher cost at Ludgate is down to the extra efforts put into enabling people to maintain their levels of mobility in order keep their independence long-term, then surely it's a potential saving if it delays their need for long term social care.

Option 2 -

We can hardly object to sharing the facility with Stirling if it's financially carrying Clackmannanshire, but it will be a problem to all users if it becomes impossible to book.

The current procedure to book respite through Adult Services is hard enough. Your phone call is logged. Calls are returned by the duty social worker on a system of priority. Obviously, social workers are under a lot of pressure, some calls are far more important than others, therefore a carer requesting a break is low on the list for a call back. In the past I have waited almost four weeks for a return call despite calling back again & again. A social worker does eventually phone you. You request dates, they call Ludgate to book them. The dates often aren't available. They call you back at some point & ask you for alternative dates. This is my experience anyway.

One time I asked if they could let me know what weeks were available in the month of September thinking it would be easier, but the social worker said that wasn't possible & I had to give specific dates.

Add carers from Stirling into the mix & I wouldn't fancy my chances of getting anything!

Option 3 -

Decommission the four beds - Still wondering what the other six beds are for.

How will you find spare beds to commission respite care in local care homes? Will you be block booking rooms for 52 weeks a year? I was invited to go & look around Ludgate & then the manager requested I return with my mum to be sure she was happy to go in there, so we had met staff & started to form a relationship & level of trust long before my mum even had her first stay there. Both my mum and me were apprehensive that first stay. We feel we know the staff now and they remember my mum. This doesn't seem like something a private care facility could accommodate & I get the feeling that she wouldn't necessarily be returning to the same home each time anyway which would cause too much anxiety.

Before I was granted respite through Ludgate, I looked into short term respite in private care homes. I contacted about five around the Forth Valley & Glasgow areas. They all advertised respite care as a service they provided but, in every case, I was told that it depended on whether a bed was available, & they wouldn't know that until a week or two before we needed it. Basically, offering something they really weren't in a position to provide. So, carers call two weeks before they want to take a break then book a last-minute holiday? Or, book a holiday in advance & keep their fingers crossed that a room will happen to be available. I don't know anyone that has zero other commitments to make this a sensible option. This year I booked September respite back in February.

Option 3+

Develop further in collab with staff, supported people, carers... during October 2025.

Not a lot to say on this option. I get the feeling that you don't really want to collaborate. Ludgate House is located in a very central part of Clackmannanshire, in easy reach of a high proportion of residents, and provides resident centered services to the users. Any alternative cannot lead to a diminution of these service levels.

Provision of respite care is a key aspect of care for local residents, many of whom have played

key roles in the development and shaping of the local society over the years. Therefore it is of utmost importance that the control of these services remain with a body whose primary concern is to achieve the best possible level of care, and is not focused on cutting costs.

Ultimately, regardless of how it is dressed up, the proposals put forward are about cutting costs. This is wrong, and will result in a degradation of service levels to the users of the facility. Extremely worried and concerned. Whilst arranged Respite care may be accommodated 'close to home' my query is about response to a crisis situation.

Private care placements would be unable to 'protect' the need for ad hoc Respite beds so would the commissioning of crisis beds be value for the public purse? Some unpaid Carers and the cared for do not want a Respite service in their own home. It must be a person centred service with the needs of the unpaid Carers taken into account as well as the cared for.

Looks like a cynical way to save costs and will not enhance in any meaningful way. Options are interesting.

What I am about to say sounds very selfish, and I am really sorry about my attitude, but here goes:-

I do not agree with sharing respite beds with Stirling. Ludgate currently has 4 x respite beds to cover Clacks. To continue with only 4 x respite beds but increase the demand of those beds by allowing Stirling service users to use them is not fair to the Clacks carers. The reason is that Clacks carers will lose out because they may not get the weeks they want because there will be a lot more unpaid carers from Stirling, also applying for respite beds. It will never be enough with regards to how much respite us truly needed but it's better than nothing.
Pants!

Get some real engagement with those who want to use the service. Honestly it's shows you have zero idea of what carers want.

Q3 Responses

"Staff and families have built a good rapport and there is a strong bond of trust between us all. Families don't always know who to turn to and as a result come to staff at Ludgate for help and advice. We have been witness to failed discharges in the past and families reach breaking point. This is why Respite is a much needed service and plays a fundamental role in keeping older people at home for a longer period of time."

"Service users can be very anxious of their first stay at Ludgate and reluctant to come. This usually has positive outcomes and they will return for further stays. They agree to come as it is a Respite service. These service users may not accept going to a care home in case they don't go home."

It must be available when its required else moving it to private acre homes will not support unpaid carers needs.
Keep it in Ludgate,

This service is very valuable

It is the most idiotic and irresponsible idea that has cost the tax payer and the only ones who have benefited are the managers and above

This glossy slide show has ensured that someone has not been given respite as it will come out of their budget

This exercise is clearly a waste of time, someone at the top has decided that ludgate must close and in order to justify their reasons they have called upon social services, staff at ludgate and carers to attend a pointless meeting and pretending to listen, the cost will always be justified to the top dog and they will always find a way to prove its cost effectness, in the real world it's going to be an expensive mistake

I for one, know that, I cannot continue to keep my mum at home living with me, I considered making myself homeless, then found out I won't get a house because I was forced to make

myself homeless, my mum with dementia takes priority, she stays in my house, yet I am the broken one who tries extremely hard to keep coping I try to continue to function in an environment that is clearly affecting my health and wellbeing

At 62 with no friends, extremely lonely and having my 89 year old mum living with me is really pushing me over the edge, I need help NOW, I have nothing to lose or give

The figures don't make sense.

Closing down the respite beds at Ludgate would be devastating for the service users, their families and the wider local community of Clackmannanshire.

Ludgate and its highly motivated, experienced, skilled and caring staff have been a lifeline for my mum and our wider family over the last few years.

My mum is a current user of the service but I had previous experience there with my elderly dad. Before he moved into a care home my dad didn't want to leave there - "why can't I just stay here" - that says it all.

I wonder why there is such a cost difference between nursing care level beds and respite beds?

Is there a way you can reduce the cost of the respite beds other than "decommissioning" them?

I urge you to take account of the wishes of the service users, respect their rights and listen to their voices.

If the 4 respite beds at Ludgate House are closed will these rooms just be left empty until the 6 STA beds are also closed because not enough use is being made of the facility or will the number of STA beds be increased to 11 (the number of rooms) with perhaps increased access to Physiotherapy and assessment by OTs so that people regain a level of independence.

I would hope that there will still be local access to Respite Beds and that the service will be centralised in Stirling. We have already seen the loss of Menstrie House and the removal of Day Care at Ludgate House - which was a useful service for carers of older people - and it would be sad to see yet another local service being removed.

We simply want to keep the support we rely on — 42 nights of planned respite each year, accessible locally, in a place we trust.

If any change is made, there must be a fully functional replacement ready before Ludgate closes.

The Council should make sure communication is open and clear; we should not have to find out about changes through rumours or the press.

Six weeks is a short time to gather meaningful input — this process should not be rushed, and we would welcome in-person discussions with decision-makers.

We want our voice to be heard clearly: respite isn't a luxury — it's what allows us to keep caring full-time.

Whatever you do, you need to really look at your communication because it's not good.

We were told you were having this consultation, so I was actively looking out all summer for details on how to take part. Inviting carers to an afternoon meeting with only a few days' notice seems a rather odd thing to do. It sent a strong message that you probably aren't all that concerned about getting the maximum number of participants or their input.

If you understood the role of an unpaid carer, you'd know that they might not be able to leave the person they care for alone & would require notice to make arrangements to attend.

I appreciate you also have your online meetings scheduled, but perhaps you should have arranged ALL of your meetings toward the end of October/early November to give more notice.

I would also like to say that it was a total shock to read about the potential closure in the Alloa Advertiser back in April. It was only in February they reported how well Ludgate came out its care

inspection. Such a kick in the teeth for the staff & their hard work yet they have continued doing an excellent job despite this looming over them.

There was no communication with carers/supported people before or after that announcement. With statements like “there is no money left in the budget for this year” you can’t be surprised it generated some hysteria. It sounded as if the closure could happen any day.

I assumed HSCP would write to all concerned properly explaining what was going on & do your best to alleviate people’s worries, but you didn’t. People were left hanging, trying to gather what information they could. Ludgate staff didn’t know what was happening themselves & when I phoned Adult Services, my call was logged but of course, nobody called me back.

My mum was booked to go into Ludgate in May & I didn’t know if that was still going ahead. It was the same when she went in September – I was half expecting a call to say it was cancelled.

Whilst I am happy to live with & care for my mum, there are no days off other than her time in Ludgate & I don’t have the freedom to go out whenever I want without advance planning. If carers don’t get any break, then I can see how becoming a bit tired & run down can quickly lead to full-on burnout. No one can care for another person in that state which will eventually put the burden on to social services to find permanent residential care. Won’t that create a bigger headache?

Long term costs -

I have seen so much waste during my mums many outpatient/inpatient hospital visits. We are constantly being told of the rising costs of the NHS & social care. When my mum stopped walking last year her need for council funded home care doubled. If my mum loses her ability to stand altogether & requires more care visits, that’ll double again.

My care input also increased. I can’t work full time now, I claim carers allowance, but this is an extra drain on welfare. And so it goes on...

I realise that what happened (or didn't happen) when my mum was in hospital last year wasn't the fault of social care but surely all medical staff have a part to play in helping a patient to recover, particularly elderly patients because of the cost to social care. There seems to be quite a disconnect. Basically, if my mum ends up in a care home for two weeks that doesn't provide the same quality of care as Ludgate which then results in her needing a course of physio or more equipment or additional care/carers when she comes home, it's going to potentially cost a great deal more.

Contributions from users -

“A letter advising of your contribution towards your respite care placement will be issued under separate cover by our business matching team” – this is always written on my respite care placement confirmation letters. I have never received a request for any contribution. Does the “business matching team” ever ask anyone for a contribution? If we had to choose between paying a private home care provider such as “Home Instead” anything between £1700 - £2400 for one week of home care or pay £2129 for my mum to spend a week at Ludgate, we would absolutely pay that extra for Ludgate.

For those who suffer from dementia, it is essential that the regular respite care is conducted in a familiar environment by familiar staff. Otherwise there is a high risk of causing distress to those being cared for.

Opening up vacant respite beds at Ludgate House to eligible residents of Stirling is a reasonable proposal, but Clackmannanshire residents should have first option on the use of these beds. If a bed remains without a respite booking within a reasonable timescale (eg 2 weeks of availability) then it should be made available to residents of Stirling.

Analysis of capacity utilisation at Ludgate House appeared to show that the facility was operating at approximately 75% capacity. However, there was no evidence presented to support whether

the vacant capacity arises from odd days between resident changeovers, or if it is longer term beds available for weeks at a time. This needs to be examined more closely before determining what the real available capacity for increased residency is.

Unpaid Carers are under a lot of stress already, if they are unable to continue in their caring role this will have a huge impact on other parts of health & social care services as well as an impact on individual unpaid carers.

Look to properly invest in greater provision so that users and carers are properly supported and valued.

Clacks carers must be your priority when it comes to Ludgate House.

Let me tell you another true story:-

A few years ago I broke my wrist. I struggled to care for my partner. Ludgate House could not accommodate my partner immediately as there was no free bed, but they did have an empty bed a short while later (can't remember details, but it was like 10 days later). We were very grateful they were able to accommodate him.

Moral of the story:-

If Ludgate house respite does open to Stirling carers as well, this would mean that Clacks carers like myself, may not be able to get respite beds at short notice for emergencies.

Increase it.

I can see it isn't working the fact that I've been told there isn't any respite service. Probably because it's based on the older generation.

Meeting Note

Date: 2nd December 2025

Present:

- Theresa McNally
 - Moira Bruce
 - Scott Farmer (Chair, Clackmannanshire & Stirling IJB)
 - Joanna MacDonald (Interim Chief Officer, Clackmannanshire & Stirling IJB)
 - Judy Stein (Interim Head of Service, Clackmannanshire & Stirling HSCP)
-

Key Points Discussed

1. **Chief Officer Engagement**
 - Joanna MacDonald has been highly accessible and committed to hearing the voice of the community.
 - Members expressed regret at Joanna's departure, noting her positive engagement with local communities.
2. **Upcoming Decision**
 - The January IJB meeting will be the decision-making point for the proposals under discussion.
3. **Carer and Staff Concerns**
 - Concerns raised by carers and staff regarding proposed changes.
 - A petition initiated by Brian Leishman and supported by Theresa McNally was presented.
 - Theresa noted that many signatures were collected before full information was available and circumstances have since changed.
4. **Managing Change**
 - Scott Farmer acknowledged that change can be emotional and may lead to unnecessary fears.
 - Emphasized that the paper aims to increase choice for carers.
5. **Elected Member Engagement**
 - Joanna advised that elected members are seeking a dedicated session to discuss proposals in detail.
6. **Service Model Discussion**
 - Discussion on the use of beds at Ludgate and how Clackmannanshire residents are currently supported at the Bellfield Centre.
 - Theresa highlighted that some people were unaware of the Bellfield model.
7. **Proposed Hub at CCHC**
 - Proposal to create a community integrated care hub at CCHC was viewed positively.
 - Transport remains a concern, with the loss of DART journeys and the volunteer car scheme still in early stages.
8. **Petition Submission**
 - Theresa handed the petition with **676 signatures** to Scott Farmer.



Appendix 5

EQIA Initial Screening Document

Name of document:	Future model of Planned Bed Based Respite throughout Clackmannanshire & Stirling		
Type of Document			
Guidance <input type="checkbox"/>	Policy <input type="checkbox"/>	Procedure <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
If other please detail	IJB Report with recommendations on the future model of Planned Bed Based Respite throughout Clackmannanshire & Stirling		
Scope			
FV Wide <input type="checkbox"/>	Service Specific <input type="checkbox"/>	Discipline Specific <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
If other please detail			
Is this a new document being EQIA'd			
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Briefly describe the Aims and Objective of the document			
To set out recommendations on the Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling that have been developed by the HSCP working group and informed via consultation with service users and wider stakeholders.			
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:			
<ul style="list-style-type: none"> • Eliminate Discrimination • Advance equality of opportunity • Foster good relations 			
Please indicate your decision below			
<input checked="" 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 are of concern and require to be addressed)		
<input 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 potentially have a significant impact upon equality issues and therefore does not require a Standard Impact Assessment.

Signature and Date
David Niven 11 May 26

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.

Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling

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

Q2: What is the scope of this SIA

Service Specific Discipline Specific Other (Please Detail)

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

Yes No

Q4: If no to Q3 what is it replacing?

If approved by the IJB, this would replace the current model of planned bed based respite across Clackmannanshire and Stirling.

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

HSCP Transformation

Q6: Main person completing EQIA's contact details

Name: David Niven Telephone Number:
 Department: HSCP Transformation Email: nivend@stirling.gov.uk

Q7: Describe the main aims, objective and intended outcomes

Aim: To set out recommendations to the IJB on the Future Model of Planned Bed Based Respite throughout Clackmannanshire & Stirling. The recommendations have been developed by the HSCP working group, informed by a period of engagement in the form of consultation with service users and wider stakeholders, and approved by HSCP SLT.

Objectives: To develop a set of options for the future model that could be consulted upon. To carry out a six-week consultation period that would further inform the options before approval by the HSCP SLT and generation of recommendations on a future model to the IJB. To plan for and implement any approved future model.

Outcomes: The intended outcome of the future model is to support carers to exercise choice and control in their accessing of short breaks and to increase the provision and ease of access to bed-based respite for those with an assessed need across Clackmannanshire & Stirling. This is in line with the necessary implementation of the C&S Short Breaks Service Statement approved by the IJB in March 2025.

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 Please identify ___ Providers, third sector, independent sector

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

Yes No

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

A six week period of engagement in the form of consultation was carried out between 1st October 2025 to 12th November 2025. This consultation included in person and online meetings for service users and wider stakeholders to attend and share their views. An online survey was also available throughout the consultation period.

(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:

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	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	x			If approved, the proposed model would offer a wider range of short breaks options

				<p>for carers and cared for people via enhanced short breaks budgets being available, which in turn could support a wider age range of people to access short breaks that meet their assessed needs and their preferences.</p> <p>It is therefore anticipated that there will be a positive impact.</p>
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			<p>The proposed model would offer a greater range of options to carers and cared for people on the type of respite/short break they would like to access. It would also offer more flexibility of location for planned bed based respite than currently exists, supporting carers and cared for people to more easily exercise choice and control when accessing short breaks /respite. In addition, it would support an overall increase in provision of respite and short breaks.</p> <p>It is therefore anticipated that there will be a positive impact.</p>
Gender Reassignment			x	It is anticipated that there will be a neutral impact.
Marriage and Civil partnership			x	It is anticipated that there will be a neutral impact.
Pregnancy and Maternity			X	It is anticipated that there will be a neutral impact.
Race/Ethnicity			X	It is anticipated that there will be a neutral impact.
Religion/Faith			X	It is anticipated that there will be a neutral impact.
Sex/Gender (male/female)			X	It is anticipated that there will be a neutral impact.
Sexual orientation			X	It is anticipated that there will be a neutral impact.
Staff (This could include details of staff training completed or required in relation to service delivery)		x		If approved, the model proposes the retention of staff through redeployment throughout Clackmannanshire Council in general with the additional facility that any

				vacancies arising in either the Clacks Reablement Team or Clacks MECS (Mobile Emergency Care Team) during May and June 26 will be held back and ring fenced for Ludgate House beds staff should the IJB approve the proposal to decommission the Ludgate beds service at their meeting on 24 Jun 26. It is noted however that these may not be suitable alternatives for all staff and that there is a risk of a negative impact.
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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			If approved, the model should provide more bed based respite available to unpaid carers with an assessed need. There should be more flexible options open to unpaid carers around the types of short breaks/respite they wish to access, enabling them to exercise choice and control.
Homeless			X	It is anticipated that there will be a neutral impact.
Language/ Social Origins			X	It is anticipated that there will be a neutral impact.
Literacy			X	It is anticipated that there will be a neutral impact.
Low income/poverty			X	It is anticipated that there will be a neutral impact.
Mental Health Problems			X	It is anticipated that there will be a neutral impact.
Rural Areas	x			If approved the proposed model should support planned bed based respite to be offered from a wider range of locations across C&S than is currently available. It should also offer more flexibility in the type of short break available to carers, supporting them to access the service in a way that best suits their needs and circumstances. It is therefore anticipated that there will be a positive impact.

Armed Services Veterans, Reservists and former Members of the Reserve Forces			X	It is anticipated that there will be a neutral impact.
Third Sector			X	It is anticipated that there will be a neutral impact.
Independent Sector	x			If approved, the model would require an increase in commissioning of bed based respite from the independent sector.

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

Yes

No

Date EQIA Completed

11 / 05 / 2026

Date of next EQIA Review

11 / 05 / 2027

Signature

David Niven

Print Name

David Niven

Department or Service

HSCP Transformation

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

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:

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB- 2026_27/001
Does this direction supersede, vary or revoke an existing direction?	No
If yes please provide reference number of existing direction	N/A
Approval Date	24 June 2026
Services / functions covered	Carers Short Breaks and Planned Bed Based Respite throughout Clackmannanshire & Stirling
Full text of Direction	<p>Implement the recommended future model of planned bed based respite throughout Clackmannanshire & Stirling to deliver a carer centred approach to short breaks and respite that provides greater choice and control for carers and supported people, while maintaining access to bed based respite for those with assessed need.</p> <ol style="list-style-type: none"> 1) Decommission the current approach to bed based respite throughout Clackmannanshire & Stirling including decommissioning the 4 residential respite beds and the 6 short stay assessment beds at Ludgate House. 2) Commission a total of 6 nursing care level respite beds from the local independent care home sector for year-round use (3 in Stirling and 3 in Clackmannanshire). 3) Increase the Carers Short Breaks Budget in Clackmannanshire from £65k/year to £200k/year in 2026/27 funded by a share of the expected savings from commissioning changes in Clackmannanshire. 4) Realise circa £795k/year of recurring annual savings from 2027/28 onwards from commissioning changes in Clackmannanshire.
List of key stakeholders impacted and any specific engagement and consultation requirements	Strategic Planning Group consulted Weds 17 June 2026. Stakeholders impacted: Carers and supported people with assessed need, and Ludgate beds staff. Broad consultation carried out 1 Oct to 12 Nov 2025, and ongoing with staff and carers with assessed need.
Timescale(s) for Delivery	From Thurs 25 Jun 2026 to 31 Mar 2027
Direction to	Clackmannanshire Council Stirling Council
Link to relevant IJB report(s)	To be inserted after IJB
Budget / finances allocated	Delivered within existing resources
Performance Measures	See Section 6.4 of Report and HSCP Performance Framework
Date direction will be reviewed	Apr 2027 and Annually thereafter.

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 8

Carer's Strategy (2026-29)

For Approval

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Jennifer Kennedy, Carer's Lead Lisa Powell, Planning and Policy Development Manager
Exempt Report	No

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

Purpose of Report:	The purpose of this Report is to seek approval of the Carer's Strategy which covers the period 2026-29.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Scrutinise and provide comment on the strategy outlined within the appendices of this paper. 2) Agree the overarching outcomes and direction of travel outlined within strategy. 3) Approve the Directions associated with the strategy (to be viewed at Appendix III)
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Key issues and risks:	<p>In line with the Carers (Scotland) Act 2016, local authorities must prepare and publish a Carer's Strategy for local carers and those they care for.</p> <p>This Strategy has also been drafted in line with our commitment to increase opportunities to provide information, signposting, and advice to those within our communities, including supports that help people sustain their roles as unpaid carers.</p>
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1. Background

- 1.1. Unpaid carers play a vital and often unseen role within families and communities, providing essential care and support to relatives, friends, and neighbours. Their contribution is fundamental to the wellbeing, dignity, and independence of those they support, as well as to the sustainability of our health and social care systems. While caring can be rewarding, it can also impact carers' health, wellbeing, and opportunities, making it essential that they are recognised, valued, and supported in ways that reflect their individual needs.
- 1.2. In line with the Carers (Scotland) Act 2016, local authorities must prepare and publish a Carer's Strategy for local carers and those they care for. The Act was introduced to recognise the rights of unpaid carers and improve support to them through preventative, outcomes focused engagement. A cornerstone of the Act is the provision of information and advice services to carers, which

must be accessible and proportionate to the needs of carers who use these services.

- 1.3. Engagement from those with lived and living experience has directly impacted the drafting of the strategy and has provided consensus on the key outcomes this strategy has chosen to focus on - identification, support, and involvement of carers.

2. Introduction

- 2.1. The Health and Social Care Partnership's Carers Strategy outlines our vision for carers:
Together as partners we will deliver improved and more consistent support for adult carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring.
- 2.2. The Carers Strategy (attached at Appendix I), building on our vision, outlines our approach to identifying, supporting, and involving carers across Clackmannanshire and Stirling. It focuses on recognising carers, improving access to support, and ensuring carers are involved in decisions that affect them. There is also a section, with associated outcomes regarding young carers. While Children's Services are not a service delegated to the Integration Joint Board, there is an ongoing commitment that adult services and children's services across both Clackmannanshire and Stirling Councils will work together to ensure the best outcomes for both young and adult carers.
- 2.3. Ensuring carers have access to the right support is a central focus of this strategy. The strategic priorities of this work reinforce the importance of working in partnership with carers, supporting their health and wellbeing, enabling choice and independence, and ensuring they are connected to their communities and able to access the right support at the right time.
- 2.4. The Strategy has been developed in the context of both national and local priorities relating to carers. It is informed by relevant legislation and policy, as well as key national frameworks and local strategic drivers. Together, these drivers are reflected in the Strategy as a commitment to recognising the contribution of carers, supporting their wellbeing, and ensuring they can access appropriate information, services, and opportunities. In addition, to ensuring a strong commitment to human rights and equalities underpinning the approach throughout the Strategy, ensuring that support is inclusive, accessible, and responsive to the diverse experiences and needs of all carers.
- 2.5. The HSCP has drawn on a range of data, to understand local need, alongside insights from carers and those they support. This evidence has directly informed the development of this strategy and the associated commissioning approach to carers' support. It highlights the importance of a tapestry of supports that enable carers to access support in ways that suit their individual circumstances. These supports play a key role in providing timely information, advice and assistance which help carers make informed decisions that help sustain them in their caring role.

3. Next Steps

- 3.1 A Delivery Plan which outlines measures and indicators that will be used to measure success for implementation of the Strategy is currently being developed. These measures will sit under each of the outcomes defined within each priority areas of the Strategy (identify, support, and involve carers, as well as young carers.) Monitoring of success and implementation of the Strategy will be reported through existing governance arrangements.

4. Appendices

- 4.1 Appendix I – Carer’s Strategy (2026-29)
 4.2 Appendix II – Equality and Impact Assessment
 4.3 Appendix III – Direction

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	In line with the Carers (Scotland) Act 2016, local authorities must prepare and publish a Carer’s Strategy for local carers and those they care for. This Strategy has also been drafted in line with our commitment to increase opportunities to provide information,

	signposting, and advice to those within our communities, including supports that help people sustain their roles as unpaid carers.
Equality and Human Rights:	The content of this report does require a EQIA (this can be viewed at Appendix II)
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below</p> <p>This paper does not require a Fairer Duty assessment.</p>

Appendix I



Clackmannanshire & Stirling Carers Strategy 2026 - 2029

Overview

Unpaid carers play a vital and often unseen role within families and communities, providing essential care and support to relatives, friends, and neighbours. Their contribution is fundamental to the wellbeing, dignity, and independence of those they support, as well as to the sustainability of our health and social care systems. While caring can be rewarding, it can also impact carers' health, wellbeing, and opportunities, making it essential that they are recognised, valued, and supported in ways that reflect their individual needs.

This strategy outlines our approach to identifying, supporting, and involving carers across Clackmannanshire and Stirling. It focuses on identification, improving access to support, and ensuring carers are involved in decisions that affect them.

Vision

Our vision is that together as partners we will deliver improved and more consistent support for adult carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring.

Introduction

Carers make a vital contribution to sustaining health and care services through the extensive support they collectively provide. As demand continues to grow and caring roles become increasingly complex, it is essential that we take a proactive and coordinated approach to meeting the needs of carers.

The Clackmannanshire and Stirling Health and Social Care Partnership's (HSCP) Carers Strategy 2026 to 2029 outlines our plans for continued and improved ways of recognising and identifying carers, strengthening supports, and ensuring that carers are empowered to be involved in decisions affecting them. In addition, to supporting them to maintain their own health and wellbeing alongside their caring responsibilities.

Unpaid carers are fundamental to the resilience and wellbeing of our communities, delivering essential care that would otherwise place significant demand on formal services. The HSCP is committed to recognising their critical contribution and providing meaningful, sustained support to:

- Both carers and those they care for, who come from all walks of life and represent the diversity of carers across Clackmannanshire and Stirling.
- Carers themselves who may also have care needs.
- The many unidentified people who conduct caring roles, in line with what we as an organisation would define as a 'carer,' who may not be accessing the support and services they need to support them to live full and positive lives.

To aid this commitment there is an acknowledgement that there is a need for innovative approaches to the delivery of care and support, while also understanding the changing world in which we live. In addition, we need to be commissioning and providing a tapestry of supports for carers, to enable access to choice and provide flexible supports that work for carers across our communities.

Context

In recognition of carers as a key priority both locally and nationally, our work is guided by national legislation and supporting guidance, including the [Carers \(Scotland\) Act 2016](#). Introduced in April 2018, the Act extends carers rights to help improve their health and wellbeing, helping them continue in their caring role, if they wish, while also having a life alongside caring. [The Carers' Charter](#) was developed to help carers understand their rights as carers, as defined in the Act.

This strategy is underpinned by the National Health and Wellbeing Outcomes and the Carers' Charter, with a focus on ensuring carers are recognised early, involved in decision making, and able to access the information, support, and opportunities they need to sustain their role and maintain their own wellbeing. It builds on our previous local Carers Strategy, which prioritised identifying more carers, providing flexible support, and intervening earlier to prevent crisis. Engagement over the past year with carers, support providers and the wider public has reaffirmed these priorities.

The strategy reflects a wider and evolving legislative landscape, including the Care Reform (Scotland) Act 2025.

This strategy is further supported by key local strategic drivers, including our [Self-directed Support Policy](#) (published in 2024) which outlines the way support is provided locally, and the principles and values we are operating within. The [NHS Forth Valley Population Health and Care Strategy](#) defines their Population Health approach to improving health and wellbeing across our communities, including carers as well as those they care for. In addition, the [Strategic Commissioning Plan 2023–33](#), which was recently reviewed, sets out five strategic themes: prevention and early intervention; independent living through choice and control; care closer to home; supporting empowered people and communities; and reducing loneliness and isolation. Across these themes, carers are consistently recognised as providing a valuable contribution within their communities.

A strong commitment to human rights and equalities underpins our approach, ensuring that support is inclusive, accessible, and responsive to the diverse experiences and needs of all carers.

Ensuring carers have access to the right support is a central focus of this strategy. These strategic priorities reinforce the importance of working in partnership with carers, supporting their health and wellbeing, enabling choice and independence, and ensuring they are connected to their communities and able to access the right support at the right time.

Understanding the need for support

In December 2022, the Scottish Government published the reviewed [National Carers Strategy](#) estimating there to be at least 696,000 carers living in Scotland, including 28,000 young carers.

Locally, the following figures from [Scotland's Census \(2022\)](#) highlight circumstances that may lead to a need for care, or which may also be experienced by unpaid carers, such as family or friends, in their own lives:

- 11.3% of people living in Clackmannanshire and Stirling have a mental health condition, this is highest in Clackmannanshire.
- Around 7,800 people, 5.4% of Clackmannanshire and Stirling's population, are reported to have one or more of the following: learning disability, learning difficulty or developmental disorder.
- 13,200 people, 9.2% of Clackmannanshire and Stirling's population, are reported to have a physical disability.

- Around 30,200 people, 21% of Clackmannanshire and Stirling's population, are reported to have a long-term illness, disease, or condition.

In addition, the census outlined that there is a growing number of carers supporting people with long-term conditions and frailty, dementia, or mental health conditions.

Furthermore, the [2022-23 Carers Census](#) which was carried out and published by Scottish Government told us that:

- Women are more likely to become carers with three quarters of carers reported to be female. Most age groups show a higher proportion of female carers than males, however this was more pronounced in carers of working age.
- Three in five carers included in the Census were of working age.
- Adults aged 65 and over accounted for a quarter of carers identified within the Census period.
- Three in five adult carers reported caring for an average of 50+ hours a week.
- The most common impacts experienced by carers, due to their caring role, were on their emotional well-being and life balance.

[Scotland's Census \(2022\)](#) reported that there were 17,125 unpaid carers locally. It is likely that this is an underestimation due to not everyone who carries out caring responsibilities identifying as a carer. Comparing census information with data regarding limits to day-to-day activities due to frailty, illness, or health conditions, it would suggest there may potentially be an additional 16,761 unpaid carers not yet known to services.

Analysis of potential carers based on reported limits on daily living

	Clackmannanshire	Stirling	Total C&SHSCP area
Local population	51,778	92,604	144,382
Population – day-to-day activities are significantly limited	6,049	8,549	14,598
Population – day-to-day activities are slightly limited	7,403	11,885	19,288
Unpaid carers known	6,402	10,723	17,125
Potential unidentified unpaid carers that may require support in the future	7,050	9,711	16,761

By combining the number of known unpaid carers of 17,125 and the potential number of unidentified carers of 16,761, as outlined above, the total provides a potential estimated number of unpaid carers across Clackmannanshire and Stirling as

33,886. This potentially large discrepancy in the number of carers within Clackmannanshire and Stirling reinforces why the identification of carers is a key outcome, which is defined within this strategy.

The HSCP has drawn on a range of data, included data laid out above, to understand local need, alongside insights from carers and those they support. This evidence has directly informed the development of this strategy and the associated commissioning approach to carers' support. It highlights the importance of a tapestry of supports that offer genuine choice, enabling carers to access support, including in person, online and by phone, in ways that suit their individual circumstances. These supports play a key role in providing timely information, advice, and assistance, helping carers make informed decisions and sustain their caring role.

1. Identifying Carers

Where people are living with a life changing health condition, they are likely being cared for and supported by a friend, partner, or relative. In such cases, the friend, partner, or relative may not see themselves as an unpaid carer or even associate with the term 'carer.'

As conditions progress, the amount of care and support from family and friends can increase. Therefore, knowing what support is available for carers, and knowing how to access support as early as possible, can help maintain an individual's own health and wellbeing. To allow them to continue to care, if they wish to do so, and to enjoy a life alongside caring.

Community health services assist in identifying carers within their community. Whilst GP surgeries or local pharmacies discuss a person's individual health needs, they may also require support with social or other issues which can be offered by Community Link Workers. Link Workers help support the HSCP's prevention agenda through social prescribing. This is an approach that connects people with activities, groups and services that improve their health and wellbeing. For examples of the impacts of the supports Community Links Worker provide, view [Community Link Workers – CTSI](#).

Outcome 1:

Carers are identified as early as possible in their caring journey and supported to access the information and support they need to maintain their own health and wellbeing and sustain their caring role. With progress measured through increased early identification rates and uptake of support.

Identifying carers as early as possible helps to increase confidence in carers to seek more in-depth support, therefore, to achieve this the HSCP commits to:

Key priority: Raising awareness across communities

Encouraging good conversations and strengthening communities through community engagement to assist in raising awareness, helping carers to access

support that is right for them.

Activity that supports this priority

Carer information days and events regularly take place throughout the year facilitated by the HSCP, with similar events also being organised by partner organisations. These events take place in multiple locations across Clackmannanshire and Stirling and are always well attended. Such events provide the opportunity to discuss carer's individual circumstances with many discussions leading to the identification of the need for more in-depth support.

298 hours of Carer engagement has occurred across communities since 1 April 2024

Local Carer support organisations ensure that carers are identified and provided with information so they can receive appropriate support. They do this by:

- Promoting the early identification of carers which results in increased referrals to the Carers Centre and wider carer support organisations.
- Providing information to carers about the services they offer and supplementary services from other organisations.
- Providing workforce learning opportunities for professionals raising awareness of carer needs and rights, as well as the services they provide.
- Delivering talks and participating in events to raise awareness across communities.



The annual 'Celebration of Carers' event held at Alloa Town Hall on 4 June 2025

Planned activity 2026-2029

Key Priority: Raising awareness across communities

1. We will continue to engage with carers and those they support across Clackmannanshire and Stirling to promote early identification and improve awareness of available supports to carers.

Key Priority: Digital campaigns

According to [Scottish Household Survey 2022: Key Findings](#), 91% of people in Scotland have internet access. However, this figure is expected to rise given the commitments set out in Scotland’s digital strategy [A Changing Nation - how Scotland will thrive in a digital world: progress report 2021 – 2024](#). This commitment to enable a digitally inclusive Scotland represents incredible opportunities for all and can increase the reach and impact of digital campaigns.

Activity that supports this priority

Locally, digital campaigns use digital technology to raise awareness to carers across Clackmannanshire and Stirling through providing information and support. Such digital approaches encourage those who provide care and support to loved ones to recognise that from an HSCP perspective, the support they provide is in line with that of an unpaid carer, and that this identification means supports are available to them.

These digital approaches can also assist in reducing anxieties around caring and improve carer confidence which enables carers to seek more in-depth personalised support available through their local Carers Centre or support which is outlined in the local Carers Support pack (see section 2- page 15).

Online supports provided by Mobilise were commissioned and adopted in April 2024 to progress digital campaigns locally. The aim was to increase awareness of carers and make it easier for someone to recognise themselves as a carer, which in turn would enable them to access appropriate support and advice.

Discover Overall Goal ▾	Discover Actuals	% Completed
32k	29.1k	90%

Reach achieved through digital campaigns
(as of 31 March 2026) Source: Mobilise Online

The above figure defined as ‘Discover Actuals’ represents the number of people reached across the HSCP area where information has been provided and the support opportunities offered to individuals. The amount of people who have been reached and been able to access information would not have been possible without the use and promotion of digital campaigns. It is also important to note that many of those reached may also know someone who is either providing unpaid care or may do in the future, and that promotion of these materials through word of mouth is also an important way to continue to reach those in caring roles.

It is recognised that some carers may have specific requirements to be able to access online supports. Therefore, content must be accessible to support carers that may also be living with disabilities, including visual, auditory, cognitive, and motor impairments.

Planned activity 2026-2029

Key Priority: Digital campaigns

1. We will facilitate the delivery of targeted digital campaigns to raise awareness of carers and their needs, with a focus on reaching those who may not yet identify as carers. These campaigns will support earlier identification and improve access to information on available supports.

Key Priority: Collaborative working

Activity that supports this priority

The HSCP will continue to work in partnership with local providers enabling them to have good conversations whereby people who provide unpaid care and support are empowered to identify themselves as unpaid carers and seek appropriate supports.

The HSCP has been working closely with local organisations and has identified carers when attending groups in the community arranged by the HSCP and local carer support organisations.

Collaborative working at the carer event in Alloa, June 2025



Planned activity 2026-2029

Key Priority: Collaborative working

1. We will strengthen partnership working to improve the early identification of carers and ensure they can access coordinated and meaningful support.

Key Priority: Carer Positive accreditation

Recognising that three in five carers are of working age, it is important that appropriate supports are in place for those managing employment while also caring for a loved one.

The [Carer Positive](#) employer accreditation scheme aims to encourage employers to create a supportive environment for carers in the workplace with routes for carers to identify themselves and access the support they need.

Activity that supports this priority

Clackmannanshire Council, Stirling Council, and our local Carers Centre have all received Carer Positive accreditation. Work is currently being progressed to also achieve accreditation for NHS Forth Valley.

Planned activity 2026-2029

Key Priority: Carer Positive accreditation

1. We will continue to promote the Carer Positive employer accreditation scheme and encourage organisations to work towards accreditation, supporting the development of carer-friendly workplace practices.
2. We will work towards progressing through the stages of the Carer Positive employer accreditation scheme, strengthening our approach to identifying and supporting carers who balance caring and employment.

Key Priority: Redesign Social Work front door – Right care, right time

The HSCP are redesigning the 'front door' processes, part of this programme of work will be to identify carers as early as possible and improve their experience of navigating systems to access support.

Activity that supports this priority

Work is underway to support the aim of callers who telephone Social Work Adult Services being able to swiftly be; signposted to a suitable service, offered advice, or an assessment to identify their needs associated with their caring role.

Planned activity 2026-2029

Key Priority: Redesign Social Work front door – Right care, right time

1. We will work in partnership with organisations to improve carers' experiences of accessing frontline services, enabling more carers to recognise themselves as carers who are able to access supports to aid them in their caring role.

2. We will provide Carers Act training to the wider workforce to support understanding of statutory duties, strengthen confidence and support the development of a consistent approach to identifying and supporting carers.

2. Supporting Carers

As an HSCP, we will collaborate with commissioned partners to ensure carers can:

- Have their needs assessed and outcomes determined so they can be supported in a way that suits them.
- Access to a wide range of support including, online and community supports to assist them in their caring role and to maintain their own health and wellbeing.
- Access to information or specialist advice to assist individuals in their caring role. This may include information on power of attorney, welfare guardianship, welfare rights, and financial supports, to increase their knowledge of entitlements, in addition to supporting wellbeing.
- Access to short breaks, which may require replacement care, to enable regular breaks from caring.

Outcome 2:

Carers can access a range of flexible supports that are accessible and clearly communicated, including information, advice, and advocacy, where appropriate. In addition to, services that meet their individual needs, to enable them to maintain their health and wellbeing and have a life alongside caring.

Providing a wide range of supports to carers can help in balancing caring roles with living full and positive lives. To enable this, the HSCP and carer support organisations commit to:

Key Priority: Signposting and providing access to information

Activity that supports this priority

The Carers Support pack was coproduced with carers and carer support organisations as a local information pack for carers. The pack was introduced to enable carers to self-manage their own caring journey and to maintain or improve their own health and wellbeing. The HSCP plans to further develop the information contained within this pack.

The Carers Support Pack includes a wealth of information that provides a tapestry of supports. These include, carer support organisations, including those offering online support, community groups, and health and wellbeing supports.

To view the Carers Support Pack please visit

<https://clacksandstirlinghscp.org/find-a-service/carers/#carer-support> or speak to the Carer's Centre.

Specific supports include '[Ask SARA](#)' - a rapid access self-assessment tool. This

online tool helps advise individuals of the different types of equipment they can purchase to assist with daily activities. This tool does not replace a social work assessment for equipment or adaptations but can provide information quickly, providing carers with more control over decision making.

Planned activity 2026-2029

1. **Key Priority: Improving access to information and signposting** We will work across communities to develop and maintain the Carers Support Pack, ensuring information is clear, current, and accessible, and supports carers and those they care for to identify and access relevant information and resources.

Key Priority: Carers Assessment of needs

Adult Carer Support Plans

The HSCP has a duty to undertake adult carer assessments, this is referred to as an Adult Carer Support Plan (ACSP).

An ACSP focuses on indicators in a carer's life that may be impacted by their caring role, such as health, emotional wellbeing, finance, life balance, feeling valued, future planning, employment, and living environment. This helps to identify the specific areas a carer may need support with.

What carers can expect is illustrated in the pathway diagram, below.



Carer's Pathway (expanding on the pathway developed by Self-Direct Support Forth Valley)

If consent is given by the carer, details in the Adult Carer Support Plan will be shared with a service which can help a carer meet their outcomes.

Activity that supports this priority

All carers can request an ACSP. It is intended that ACSP's are prepared within 30 days of initial contact however, if for any reason this is not possible, this will be clearly communicated to the carer.

Future Planning

For a carer there is always a risk that there may be an emergency, or an event may arise which affects or impacts upon their role as a carer. With the Adult Carer Support Plan, carers will be asked to consider alternative care arrangements for the person(s) they care for in circumstances whereby they are unable to continue caring; due to an emergency or unforeseen circumstances. This planning involves useful information to aid those through providing support in emergencies.

Planned activity 2026-2029

Key Priority: Carers assessment of needs

1. We will continue highlighting carers rights, which includes the offer of an Adult Carer Support Plan
2. We will strengthen the focus on future planning within Adult Carer Support Plans and commit to improving this going forward.

Key Priority: Short breaks from the caring role

The Carers (Scotland) Act 2016 requires HSCP's to prepare a Short Breaks Services Statement which sets out information on short breaks for carers locally.

Activity that supports this priority

The Short Breaks Services Statement has been reviewed and was approved by the Integration Joint Board for Clackmannanshire and Stirling in March 2025, which contains the following commitments:

- To provide flexible and person-centred short breaks supportive of individual choice and control.
- To widen the scope of short breaks to include alternatives to bed-based respite and a more community focussed approach, e.g. short breaks at home, or holiday type breaks for both the carer and the cared for person.
- To enable a choice of bed-based respite across Clackmannanshire and Stirling.
- To develop a short breaks service to improve the carer experience when arranging short breaks.

A short break for carers, also known as respite care, provides temporary relief from caring responsibilities. Where the person being cared for receives care from someone else for a short period of time, the carer can then focus on their own needs and well-being.

The Short Breaks Services Statement provides information on a range of short breaks support available to carers and those they care for as well as helping them to understand how to access a short break. The full Short Breaks Services Statement can be viewed [here](#).

Planned activity 2026-2029

Key Priority: Short Breaks from the caring role

1. We will continue to develop the local Short Breaks Service, ensuring carers can access clear information and guidance on available short breaks.

2. We will regularly review the provision of short breaks across Clackmannanshire and Stirling to ensure it remains responsive to the needs of carers and delivers best value.

Key Priority: Involving carers in hospital discharge

Within the Carers (Scotland) Act 2016, the HSCP is required to involve carers in the care planning of the person they care for, prior to the cared for person leaving hospital.

Evidence suggests a significant increase in care being provided by unpaid carers following a period in hospital by the cared for person. Where the discharge from hospital is managed in a positive way taking account of the carer and seeking their involvement in the discharge process, the result can be to aid patient recovery and improved outcomes for the carer.

Activity that supports this priority

The HSCP involves carers in the hospital discharge process ensuring they are fully informed and can contribute to the process. To improve this process for carers, the Carers Centre have a presence within both Clackmannanshire and Stirling Community Hospitals, enabling carers to be supported during challenging times for both carers and those they care for. This presence also helps hospital staff make direct links with the Carers Centre who can support the carer.

For more information on preparing for a hospital stay please visit

<https://nhsforthvalley.com/hospitals/forth-valley-royal-hospital/coming-into-hospital/>.

Planned activity 2026-2029

Key Priority: Involving carers in hospital discharge

1. We will continue to support carers to be involved in care planning, including when the person they care for is discharged from hospital, recognising their contribution and valuing them as equal partners in care.

Key Priority: Outcome focused assessment

Self-directed Support is a principle and practice offering choice and control to individuals and their carers who are eligible to access social care services and support. The values of Self-directed Support are respect, fairness, independence, and safety.

The HSCP are in the process of refocussing assessment documentation to be more explicit in the identification and recording of individual outcomes and drawing on natural supports.

Activity that supports this priority

The HSCP's [Self-directed Support \(SDS\) Policy](#) was approved by the Integration Joint Board in June 2024 with directions to both Clackmannanshire and Stirling Councils around the implementation of the policy. The policy is aligned to the national principles of; participation and dignity, involvement, informed choice, and collaboration. These factors have culminated in the HSCP's approach to assessment being reviewed to be more asset based and outcome focused.

Local independent advice is available on Self-directed Support, allowing carers and those they care for to understand their rights and, in turn, exercise choice and control over how their support is delivered to meet their defined individual outcomes.

Carer's voice

"Following the principles of SDS has enabled us to create something where we can now say she has a life and is enjoying it by going out and doing things independent to us and being a young adult"

Planned activity 2026-2029

Key Priority: Outcome focused assessment

1. We will continue to involve carers in the assessment of the person they care for, recognising the unpaid care they provide and ensuring the impact of caring on their own needs and wellbeing is identified and addressed.
2. We will continue to deliver flexible and responsive support through SDS, enabling carers and those they care for to make informed choices about their care and support.

Key Priority: Carer Health, Wellbeing and Emotional Support

Adult Carer Support Plan's include the different elements that can impact on a carer's life. Through analysis, we understand that the most impacted element for many carers is their emotional wellbeing.

Carer support organisations provide support for carers either individually through counselling or within their community. Whereby carers can meet other carers and develop social connections to help maintain their mental wellbeing, or access practical supports to help alleviate any challenges and improve their emotional wellbeing.

Carer's voice

"It's like taking a heavy jacket off you, that weight is lifted right away."

Activity that supports this priority

It is recognised that many carers prefer to be nearby the person they care for in case they need support or comfort, or, due to the intensity of their caring role, they may feel unable or unwilling to take time away from the person they care for. In these cases, a carer may prefer to access emotional supports online. [Mobilise](#) is an online resource available for carers across Clackmannanshire and Stirling, 7 days a week with the option to receive individual support in a range of languages, and in formats that are accessible to all.

Carer's voice

"It's not social media, you are coming into a place that will hold you and accept you, with every culture and every age group"

Planned activity 2026-2029**Key Priority: Carer Health, Wellbeing, and Emotional Support**

1. We will continue to develop the Carers Support Pack to include clear information on national and local organisations that provide emotional support to carers, including details on how to access and contact these services.
2. We will work with carer support organisations to review Adult Carer Support Plans, including wellbeing indicators such as emotional wellbeing, to identify areas for improvement.
3. We will work in partnership to provide carers with access to the services and support they need to maintain their own health and wellbeing.

Key Priority: Welfare rights and financial support

The [National carers strategy](#) reminds us of the interactions between caring responsibilities, individual incomes, maintaining social connections and how financial challenges can increase social isolation. Many carers can find themselves financially impacted, particularly if they have given up employment or are not accessing the provisions to which they are entitled.

Activity that supports this priority

In Clackmannanshire and Stirling carers can access information and specialist advice that empowers them to know and understand; their rights, how to improve their health and wellbeing, and information that may improve their financial situation. These provisions can help minimise disadvantage or discrimination experienced by carers in relation to their caring role.

Carer's voice

"I was able to get support from grants which was just before Christmas time and was like a Christmas miracle"

Planned activity 2026-2029

Key Priority: Welfare rights and financial support

1. We will continue to commission carer support services that raise awareness of carers' rights and support carers to access the financial support to which they are entitled.
2. We will work with partners to monitor and review the impact of financial support on carers and ensure carers are aware of, and know, their rights, responsibilities and services that are available to them, in addition to being supported to express their needs.

3. Involving Carers

Unpaid carers are vital within health and social care; their experience of caring contributes substantially to the sector and to improving outcomes for people with support needs across Clackmannanshire and Stirling. This is reinforced by the HSCP considering carers as equal partners in care and a commitment to involving them in decision making processes in terms of their own support and that of their loved one, as well as the planning of services going forward.

Outcome 3:

Carers are meaningfully involved in decision-making at all levels, from assessment and support planning to strategic policy, and are recognised and valued as equal partners in care.

To achieve this the HSCP commit to:

Key Priority: Carer representation within strategic groups

Integration Joint Board (IJB)

Clackmannanshire and Stirling's Integration Joint Board (IJB) is responsible for planning health and care services and have full powers to decide how to use resources and deliver delegated services to improve quality and outcomes. The IJB direct their respective NHS Board and Councils to deliver services, meaning NHS Forth Valley and Clackmannanshire and Stirling Councils are accountable to IJBs who both oversee and deliver delegated services.

Activity that supports this priority

Carers are involved through designated representatives who are invited to sit as members of the IJB. The representatives are appointed by the local Carer Centre from existing carer networks to reflect the views of carers across

Clackmannanshire and Stirling.

Strategic Planning Group (SPG)

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on the IJB to arrange a Strategic Planning Group to support the strategic planning process. This is carried out by developing a Strategic Commissioning Plan and reviewing progress of the Plan through measurements aligned to the statutory outcomes for health and wellbeing, and associated indicators.

The SPG focusses on community working and policies that affect communities and is an open forum, where carers are represented and further involvement is encouraged. This group provides accountability for work aimed towards improving outcomes for all those within our communities, including carers.

Carers Planning Group (CPG)

Clackmannanshire and Stirling HSCP's Carers Planning Group ensure carers can influence policy and planning in the delivery of carers support and services. The aim of the group is to plan and influence the commissioning of carer support in line with the [Carers \(Scotland\) Act 2016](#) and [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#), as well as working in collaboration to improve outcomes for carers.

The Carers Planning Group includes carers with living and lived experience, providers of carer support, as well as commissioned services. The group meets quarterly in a hybrid way, offering a choice of in-person or online attendance.

Those that would like to attend the Carers Planning Group should please contact, Jennifer Kennedy, Carers Lead Officer, kennedyje@stirling.gov.uk

Carer Voice Forums

The local Carers Centre, as part of their service, provides a Carer Voice Forums which allows carers to discuss issues affecting them, meet professionals to hear about policies and developments pertinent to carers locally, and to contribute to local and national strategies.

For those that would like to attend the Carer Voice Forums or for more information follow the links for [Stirling Carers' Voice](#) or [Carers' Voice - Clackmannanshire](#).

Planned activity 2026-2029

Key Priority: Carer representation within strategic groups

1. We will continue to support and strengthen carer representation within strategic groups, ensuring their experiences inform decision-making and contribute to improving outcomes.

Key Priority: HSCP commissioned carer support services, group involvement

Providers of carer support funded directly by the HSCP are expected to involve carers as part of their contract delivery. This is to ensure their services are shaped in a way that reflects the local needs of carers.

Activity that supports this priority

A recent example being the 'Innovation for Carers' event which took place at the University of Stirling. The event was hosted by Mobilise (who are funded by the HSCP) and brought together those with experience of caring, personally and/ or professionally from across Scotland. The aim was to gain insight into progressing digital campaigns to help identify carers and to deliver online carer support. See highlights from the event at the link below.

Innovation for Carers event (February 2025)

<https://www.youtube.com/watch?v=-JS-pXxJXkY>

Planned activity 2026-2029

Key Priority: HSCP commissioned carer support services, group involvement

1. We will continue to involve carers in shaping and improving services, using a range of mechanisms to ensure their experiences and insight inform service development, including consultations, evaluations, and informal discussions.

4. Young Carers

While Children's Services are not a service delegated to the Integration Joint Board, there is an ongoing commitment that Adult Services and Children's Services across both Clackmannanshire and Stirling Council's work together to ensure the best outcomes for young and adult carers.

Census and national analysis (within the [Scotland's Census 2022](#)) indicate that 1-2% of children and young people provide unpaid care, with higher prevalence in areas of deprivation. In addition, the [National carers strategy](#) estimates 28,000 young carers in Scotland.

Young carers are at increased risk of:

- Poor mental health
- Educational disadvantage
- Social isolation

In response to young carers the HSCP supports the delivery of [Clackmannanshire Council's Children's Services Plan](#) and [Stirling Council's Children's Services Plan](#). Each plan details the offerings of universal, early intervention and targeted support for children and their families with the focus on 'Getting it Right for Every Child,' including those with caring responsibilities.

Early identification through schools, youth services and primary care remains a priority.

Support is offered to young carers through the offer of a Young Carer Statement, delivery of respite groups, flexible individual support, and funding opportunities.

Outcome 4:

Young carers are supported in their caring role and enabled to experience opportunities and achieve outcomes comparable to their peers.

To achieve this the HSCP will work with Children's Services and carer support services and commit to:

Key Priority: Young carers

Planned activity 2026-2029

1. We will continue to encourage representation from Children's Services within the Carers Planning Group.
2. We will continue to support and fund local services to identify, support and involve young carers across Clackmannanshire and Stirling.
3. We will continue to work in partnership with Clackmannanshire Council, Stirling Council and NHS Forth Valley to strengthen support for young carers to minimise the impact of caring on their education and future opportunities.

Appendix II – Equality Impact Assessment

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 Health and Social Care Partnership - Carer's Strategy 2026/2029

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

Q2: What is the scope of this SIA

Service Specific	Discipline Specific	Other (Please Detail)
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Strategic covering Clackmannanshire & Stirling Health and Social Care Partnership

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

Yes No

Q4: If no to Q3 what is it replacing?

Carers Local Strategy 2019/2022

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

Jennifer Kennedy, Carers Lead, Clackmannanshire & Stirling HSCP
 Lisa Powell, Planning and Policy Development Manager
 Senior Leadership Team members
 Hazel Chalk, Short Breaks Coordinator

Q6: Main person completing EQIA's contact details

Name:	Jennifer Kennedy	Telephone Number:	
Department:	HSCP Strategic Planning & Health Improvement	Email:	kennedyje@stirling.gov.uk

Q7: Describe the main aims, objective and intended outcomes

Vision – Together as partners we will deliver improved and more consistent support for adult carers so that they can continue to care, if they so wish, in better health and to have a life alongside caring.

The Carers (Scotland) Act 2016 was introduced to recognise the rights of unpaid carers and improve support to them through preventative, outcomes focused engagement. The Act provides carers with rights to access Adult Carer Support Plans or to Young Carer Statements and places duties on local authorities to provide information, advice, and support alignment with identified personal outcomes.

In addition, the Care Reform (Scotland) Act 2025, introduces prospective provision of strengthened duties on councils, including a new statutory Right to a Break from caring, and the establishment of nationally set timescales for carer-related assessments (however, these are yet to be established).

A requirement of the Carers (Scotland) Act is that local authorities need to prepare and publish a local Carers Strategy and Short Breaks Service Statement for local carers and those they care for. This local Carers Strategy has been created based on the views of lived experience.

The aim of the strategy is to create, coordinate and promote dedicated information and advice services that support carers to intensify themselves as carers, understand their rights as a carer, ensure access to income maximisation services as well as guidance and advocacy support. This is to be done through a variety of ways, including:

- Online and telephone supports, which mean carers can access information 24/7, at a time that suits them.
- Working with the third sector to increase identification of carers and the ways in which they can access support- including through physical spaces within their community, or through the provision of specialist advice, for example with rights and requirements related to being an employer in relation to managing direct payments.
- Increasing access and aware of short break through the creation of a short breaks bureau that support both social work staff and carers.
- Increasing awareness of and subsequent completion of Adult Carer Support Plan, and Young Carers Plans, which are documents that focus on what matters to carers, the realities of their caring role and defines what supports can aid carers in their roles.
- Increased use of digital campaigns for carers to help increase the number of carers seeing information pertinent to them and supporting their caring role.

In addition, there is a strong move to ensuring people are not having to wait extended periods of time for supports, and that anyone waiting has access to local information and support within their communities, through activity outlined in the above bullet points.

The intension for this strategy is to outline plans and define outcomes and outputs whereby more people are identified as carers, and through that process are made aware of the supports that are available to them as a carer.

This local Carers Strategy aligns to the local Strategic Commissioning Plan (SCP). The SCP sets out the way in which the arrangements for conducting the delegated functions are intended to achieve or contribute towards achieving the national Health and Wellbeing Outcomes. The Health and Wellbeing Outcomes are based around the principles of human rights, equality, and independent living.

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	Providers,
			Third sector, Independent sector

(ii) Have they been involved in the development of the function/service development/other?
 Yes No

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

Consistent consultation has been sustained throughout Clackmannanshire and Stirling in relation to increasing awareness or carers rights and understanding how this can be magnified.

Engagement activity with key stakeholders, including those with lived and living experience is embedded into all service developments with locality planning groups well attended and regularly facilitated. Locality planning groups specific to the Carer agenda took place in May 2024 across each of the three localities, Alloa, Balfron, and Pleau. Additional to this was a Celebrations of Carers drop in event in central Stirling in June 2024 which presented a further opportunity for carers to see the additional support available for carers and to discuss barriers to support.

Questionnaires were handed out to unpaid carers across Clackmannanshire and Stirling between 1 October to 30 November 2024 and an online survey on Citizen Space ran from 1st Oct – 30 November 2024 Introduction - Clackmannanshire & Stirling HSCP - Citizen Space, the questions centred around carers supports and the perception of what these looked like, as well as should offer. Additionally, early in 2025 a survey was conducted in person and online specifically aimed at getting thoughts and feedback around short breaks.

This engagement from those with lived and living experience has directly impacted the drafting of the strategy and has provided consensus on the key outcomes this strategy has chosen to focus on - identification, support, and involvement of carers. However, there has been engagement with a wide range of stakeholder over the past couple of years that have also had an influence upon the drafting of the strategy, these include:

- Carer’s Planning Group meetings with third sector representatives across communities.
- Forums that are open to the public including Locality Planning Group meetings and the Strategic Planning Group.
- Engagement with people who are members of various groups to ensure a wide range of views and experiences are heard and developments can be ‘sense checked’ with those with lived experience.
- Training that is delivered both internally and externally so both those within our communities, and those who support them within the HSCP are aware of carer’s rights and where they can access support and information.
- Specific to the local carers agenda and strategic policy, providers contracted to deliver carer support have a contractual obligation to involve those that they support in consultations.
- Performance information from contracted providers which helps us identify ways of better informing and updating carers, with a particular focus on digital solution and campaigns.

(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 aim of the Carers Strategy is to ensure that carers are identified, involved, and supported as early as possible in their caring journey. This work aligns with the IJB Strategic

Commissioning Plan and the National Carers Strategy and seeks to develop and embed a human rights-based approach, equalities, and ecology across all our care and support, policy and strategic documents and our strategic partnerships across the system and our communities.

Delivery of the ethical commissioning approach, as previously agreed by the Board, to deliver all commissioning activity within a Commissioning Consortium model. The approach is reflected across the delivery of the priorities of the Strategic Commissioning Plan, led by HSCP.

In December 2022, the Scottish Government published the reviewed [National carers strategy](#) estimating there to be at least 696,000 carers living in Scotland, including 28,000 young carers.

Locally, the following figures have been reported within [Scotland's Census \(2022\)](#) which highlight the types of circumstances where support from family or friends as unpaid carers is likely:

- 11.3% of people living in Clackmannanshire and Stirling have a mental health condition, this is highest in Clackmannanshire.
- Around 7,800 people, 5.4% of Clackmannanshire and Stirling's population, are reported to have one or more of the following: learning disability, learning difficulty or developmental disorder.
- 13,200 people, 9.2% of Clackmannanshire and Stirling's population, are reported to have a physical disability.
- Around 30,200 people, 21% of Clackmannanshire and Stirling's population, are reported to have a long-term illness, disease, or condition.

In addition, the census outlined that there is a growing number of carers supporting people with:

- Long-term conditions and frailty
- Dementia
- Mental health conditions

Furthermore, the [2022-23 Carers Census](#) which was carried out and published by Scottish Government told us that:

- Women are more likely to become carers with three-quarters of carers reported to be female. Most age groups show a higher proportion of female carers than males, however this was more pronounced in the working age group.
- Three in five carers included in the Census were of working age.
- Adults aged 65 and over accounted for a quarter of carers identified within the Census period.
- Three in five adult carers reported caring for an average of 50+ hours a week.
- The most common impacts experienced by carers, due to their caring role, were on their emotional well-being and life balance.

[Scotland's Census \(2022\)](#) reported that there were 17,125 unpaid carers locally. It is likely that this is an underestimation due to not everyone who carries out caring responsibilities

identifying as a carer. Comparing census with data regarding limits to day-to-day activities due to frailty, illness, or health conditions, it would suggest there may potentially be an additional 16,761 unpaid carers not yet known to services.

Analysis of potential carers based on reported limits on daily living

	Clackmannanshire	Stirling	Total CSHSCP area
Local population	51,778	92,604	144,382
Population – day-to-day activities are significantly limited	6,049	8,549	14,598
Population – day-to-day activities are slightly limited	7,403	11,885	19,288
Unpaid carers known	6,402	10,723	17,125
Potential unidentified unpaid carers that may require support in the future	7,050	9,711	16,761

By combining the number of known unpaid carers of 17,125 and the potential unidentified carers of 16,761 resulting from the total individuals reported to be limited with day-to-day activities. The total provides a potential estimated number of unpaid carers across Clackmannanshire and Stirling as 33,886. This potentially large discrepancy in the number of carers within Clackmannanshire and Stirling reinforces why the identification of carers is a key outcome within the strategy.

A framework of legal rights and duties which underpin the Carer’s Act are listed below:

- Carers (Scotland) Act 2016
- Care Reform (Scotland) Act 2025
- Self-Directed Support (Scotland) Act 2013
- The Equality Act 2010
- The Community Care and Health (Scotland) Act 2002
- The Human Rights Act 1998

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’:				Comments
	Positive	Adverse/Negative	Neutral	Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	x			It is anticipated that the carer’s strategy will have a positive impact on ageing. Older people may become unpaid carers themselves or become cared for by a family member, friend, or neighbour. The aim is to improve carer outcomes by widening the scope of support. One

			<p>way this is being highlighted is through the promotion of supports in different communities within the strategy. As it is important that activities and supports are available for a variety of different age groups at locations across the HSCP area, with due consideration to those that live out with urban centres.</p> <p>The strategy has a focus on a wide range of supports, which includes providing online carer support. This commitment to commission a range of services, will also assist those of working age to retain employment as well as providing unpaid care to loved ones. By providing the emotional support needed at times that are suitable to them, including at nights or weekends.</p> <p>The Short Breaks Services Statement, which supports the strategy, outlines what support carers can access through a short break, regardless of the condition(s) they are living with, to help define a consistent approach to care and support regardless of someone's age.</p> <p>Although unpaid carers under the age of 18 do not fall within the remit of the HSCP, consideration has been given within the strategy to ensuring they are supported in their caring role. The HSCP will coordinate with Children Services to assist in the continuation of supports to those who will come under the remit of the HSCP.</p>
<p>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</p>	<p>x</p>		<p>The strategy has a focus on a wide range of supports, which include the outcome of supporting carers, this extends to providing online carer support. This commitment to providing a variety of different supports through different mediums will also assist those of working age to retain employment as well as providing unpaid care to loved ones. By providing the emotional support needed at times more suitable to them, more commonly at nights and weekends due to daytime commitments.</p>

				<p>The carers strategy takes a more holistic approach to the needs of disabled people and aligns to the social model of disability.</p> <p>The Carers Strategy outlines the mechanisms of how carers can be supported in diverse ways.</p> <p>The specific Short Breaks Services Statement outlines what support carers can access through a short break, regardless of the condition(s) they are living with, to help define a consist approach to care and support despite someone's disability.</p> <p>In terms of supporting carers, the provision of our online commissioned recognises that some carers may have specific requirements to be able to access the content on their website. To support disabled people, including visual, auditory, cognitive, and motor impairments as well as those who may feel more comfortable with a language other than English.</p>
Gender Reassignment			x	There is insufficient evidence to analyse the impact on this protected characteristic, additional work is required.
Marriage and Civil partnership			x	There is insufficient evidence to analyse the impact on this protected characteristic, additional work is required.
Pregnancy and Maternity			x	There is insufficient evidence to analyse the impact on this protected characteristic, additional work is required.
Race/Ethnicity	x			<p>The strategy has a focus on a wide range of supports.</p> <p>In terms of supporting all carers within the HSCP area, the provision of our online commissioned service recognises that some carers may have specific requirements to be able to access the content on their website. As such, information is provided in a range of different languages.</p>
Religion/Faith			x	There is insufficient evidence to analyse the impact on this protected characteristic, additional work is required.

Sex/Gender (male/female)			x	While women are disproportionately affected by caring responsibilities, the strategy focuses on ensuring a tapestry of support is available. While these supports are not gendered, the choice is offered to ensure people can engage with provision in a way that feels appropriate, accessible, and supportive to them.
Sexual orientation			x	There is insufficient evidence to analyse the impact on this protected characteristic, additional work is required.
Staff (This could include details of staff training completed or required in relation to service delivery)	x			The Carers (Scotland) Act 2016 is accompanied by Statutory guidance designed for front line practitioners to understand their obligations in terms of supporting unpaid carers. Staff are also regularly updated through the development of a carers pack, which describes what services are operating in which areas, and what they are. This informal support compliments practice as a way of being able to signpost carers for support, or to independent organisations to gain information about their rights.

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>As primary beneficiaries of the Carer's strategy are, unpaid carers. They have been a key part of the consultation of the Carers Strategy both nationally and locally as well as involved in the development of the strategic needs assessment and strategic Commissioning plan.</p> <p>In addition, as linked to within the strategy, the development of the carers support pack available at brings together all the universal supports available across the Clackmannanshire & Stirling HSCP area. The purpose of this is to provide the tools so carers feel empowered to access the support they need to maintain/improve their own health and wellbeing. The carer support pack is regularly updated to reflect changes in support across Clackmannanshire and Stirling and</p>

				can be printed for those not able to access the resource online.
Language/ Social Origins	x			In terms of supporting all carers within the HSCP area, the provision of our online commissioned service recognises that some carers may have specific requirements to be able to access the content on their website. As such, information is provided in a range of different languages, as well as in audio formats.
Low income/poverty	x			The strategy has a focus on providing and promoting a range of support to identify and aid carers. Additional supports provided online, those considered digitally excluded and on low incomes can access the Scottish Government digital inclusion programme 'Connecting Scotland' whereby people can get access to devices, connectivity, skills and support, the 2 nd phase of which is focussed on digital access to health and housing 'Connecting to Care'.
Rural Areas	x			Regardless of where someone lives in Stirling or Clackmannanshire, they can access supports that are tailored to them and their needs. The commissioned carer support providers contractual agreements reflect one service to be delivered across the whole HSCP area to ensure a consist approach to service delivery for each of the providers offerings and one that does not disadvantage those who do not live in urban hubs.
Third Sector	x			Multiple contractual arrangements with a variety of third sector organisations increases the reach and visibility of carers and the information and support they can access across communities.

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

Yes

Date EQIA Completed
Date of next EQIA Review
Signature
Department or Service

05 / 05 / 2026
05 / 05 / 2027
<i>Jennifer Kennedy</i>
Strategic Planning and Health Improvement

Print Name Jennifer Kennedy

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

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd: **Clackmannanshire & Stirling Health and Social Care Partnership - Carer's Strategy 2026/2029**

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
05/05/26	Measuring success - How will we know we are identifying, supporting, and involving carer, as outlined in the three overriding outcomes defined within the Strategy?	Key performance indicators (KPIs) will be defined and included in the strategy's supporting Delivery Plan. These metrics will define the measures for evaluating the degree of the success in reaching the outcomes within the strategy.	Jennifer Kennedy Carers Lead kennedyje@stirling.gov.uk	3 months from approval at IJB board	Reporting on KPIs requires routine monitoring and reporting of progress through the relevant governance procedures.	KPIs have been defined within contracted services for carers- there will be an exercising in aligning these and identifying gaps to ensure we are sufficiently supporting the breadth and variety of work already taking place to support carers. Any gaps will highlight areas for further investigation.
05/05/26	Identifying Carers – How do we ensure that people conducting caring roles are identified as carers?	Well informed workforce who provide consistent information and support and can identify carers across our communities.	Jennifer Kennedy Carers Lead kennedyje@stirling.gov.uk	12 months from approval at IJB board	Review of training offer to ensure alignment, taking cognisance of people from a variety of different communities	

					and backgrounds.	
05/05/26	Supporting Carers - Develop a clearer understanding of need and access that supports all carers	Use information from commissioned services, including those that provide online supports, around uptake of information that support people with specialist requirements regarding sensory impairments or language preferences, as well as gaining an understanding around the number of carers who do not access digital supports.	Jennifer Kennedy Carers Lead kennedyje@stirling.gov.uk	9 months from approval at IJB board	This is part of a larger and more long-term piece of work that will require support from multiple representatives both internally and externally.	This will be the first stage in a process, which will allow us to gain a further understanding into the needs of the carers within the HSCP area
05/05/26	Involving Carers - Develop a clearer understanding of involvement of carers across the HSCP area, to inform and steer strategic decision making	Create a clear mechanism by which information and updates relating to the opinions and experiences of carers at a community level can be fed back to a HSCP level to understand the breadth of involvement and gain insights from as wide a range of carers as possible to inform strategic decision making	Jennifer Kennedy Carers Lead kennedyje@stirling.gov.uk	6 months from approval at IJB board	This would require further information from commissioned services and the third sector to gain understanding of the breath and type of engagement that carers participate in locally, that can influence decision making and provide a wider variety	This approach would allow those who do not feel comfortable attending more formal HSCP led meetings, to have their views heard, which can influence decision making and activity across the HSCP area.

					of views from carers.	
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Further
Notes:

Signed:

Date:

Appendix III - DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2026_27-002
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	No
Approval Date:-	24 June 2026
Services / functions covered:-	Support, identify and involve carers
Full text of Direction:-	Clackmannanshire Council, Stirling Council, and NHS Forth Valley, are directed to support and encourage their employees to implement the attached Carers Strategy (2026-29). Success will be monitored through achieving the outcomes related to the focus of the strategy, supporting, identifying and involving carers. These outcomes provide the framework for staff to deliver the vision of improved and more consistent support for adult carers.
List of key stakeholders impacted and any specific engagement and consultation requirements:-	Engagement from those with lived and living experience has directly impacted the drafting of the strategy. In addition, third sector representatives have provided input through the Carer's Planning Group and locality planning meetings where carers were a key focus of some of their agenda's
Timescale(s) for Delivery:-	The next stage will be to create a Delivery Plan that outlines the measurements which will determine the degree of success regarding implementation and adoption of the outcomes within the Strategy.
Direction to:-	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB Report(s):-	<i>To be inserted after the meeting</i>
Budget / finances allocated:-	Any costs related to the implementation of the Carers Strategy (2026-29) will be met within existing budgetary provisions.
Performance Measures:-	HSCP's Performance Framework Measures are currently under development and will be included in the Delivery Plan which will provide a framework for measuring implementation of this strategy.
Date direction will be reviewed:-	June 2027

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 9

Financial Report

For Noting and Decision

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

Directions	
No Direction Required	X
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>
Purpose of Report:	<p>The report provides:</p> <p>The 2025/26 revenue budget draft outcome, prior to audit, for the delivery of the Integrated Joint Board (IJB) responsibilities; and an update on the 2026/27 year budget savings.</p>
Recommendations:	<p>It is recommended that the Integration Joint Board:</p> <ul style="list-style-type: none"> a) Notes the 2025/26 draft outturn position before partner contribution and use of reserves to address an overspend of £12.827m, the expected draft outcome for the IJB is a deficit of £827k; b) Notes the progress on the 2026/27 budget savings work;
Key issues and risks:	<p>2025/26 year end outturn position is draft subject to audit.</p> <p>If the 2026/27 savings and the recovery plan are not delivered in year this will worsen the financial position of the IJB with the potential for measures which would be required to reduce costs that could directly compromise the care quality, daily treatments and shift the burden of care onto acute hospitals. There may also be a requirement for a risk share contribution from partners and a longer period elapsing prior to the IJB returning to financial balance.</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 the IJB from

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partners).

- 1.2. The 2025/26 budget supported the delivery of the Strategic Commissioning Plan 2023-2033. The Medium Term Financial Forecast, 2026-2029 underpins the Strategic Commissioning Plan demonstrating how financial balance could be achieved over the next 3 years. Work on a more detailed delivery plan will continue to develop to ensure during this same period additional financial demands being placed on partners are minimised while working towards financial sustainability.
- 1.3. The budget set out the actions required being:
 - Delivering savings of 19.673m – with recurring savings of £10.815m to be achieved in 2026/27 and working to address the funding short fall of £8.858m with partners by way of a recovery plan.
 - 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.
- 1.4. 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.
- 1.5. To be successful in this the 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 Outturn 2025/26

- 2.1. The IJB draft year end outturn:
 - Delivery of year end overspend before partner contribution in line with the quarter 3 forecast was an overspend of £15.496m. The actual overspend was £12.827m however this figure is inclusive of an additional one-off budget uplift from the NHS of £1.601m to support prescribing pressures. Therefore the recurring brought forward deficit for 2025/26 was £14.428m, an improvement of £1.068m on forecast position.

- The improvement in the draft year end result was due to net improvement across adult packages of care for older people and people with learning disabilities.

IJB Draft Year End Outturn Summary	Q4 £'000	M8 £'000	Variance
Year end deficit	- 12,827	- 15,496	2,669
One off funding adjustment - non-recurring	1,601	-	1,601
Adjusted recurring deficit 2025/26	- 14,428	- 15,496	1,068

- Partner contributions, as agreed by risk sharing agreements, have been requested and applied to the year-end overspend after the use of reserve balances.

	£'000
IJB Draft Year End Outturn	- 12,827
Use of reserve balances at year end	7,939
	- 4,888
Partner contributions, risk share	4,889
Draft IJB position	0

- The year end partner contributions, per agreed risk sharing arrangements are as follows to balance the budget to zero.

Partner contributions requested	£'000	Notes
NHS Forth Valley	4,889	Contributed
Stirling Council	2,444	To contribute
Clackmannanshire Council	2,444	To contribute
	9,778	

- The movement on reserves is shown below.

IJB reserve balances	Q4 £m
Opening balance 1 April 2025	10,253
Additions in year	9,311
Reserves used in year	- 10,139
Closing reserves 31 March 2026	9,426

The reserves balances are earmarked to support the IJB position in the 2026/27 year. The budget plan for 2026/27 recognises the underlying deficit from 2025/26 and subsequent years must be addressed. The reserve balances assist in smoothing this position over the coming year.

- 2.2. The 2025/26 draft outturn: Is a recurring overspend of £14.428m. The forecast budget gap for 2026/27 is not impacted by the year end outturn for 2025/26.
- 2.3. The table below shows the mainstream funding and expenditure for the IJB in 2025/26:

	Annual Budget £'000	Draft Expenditure £'000	Variance £'000
Community Nursing	5,583	5,189	394
Complex Care Adults	1,435	1,763	-328
Clackmannanshire Community Healthcare Centre	3,339	3,448	-109
The Bellfield Centre	9,236	8,364	872
Palliative Care in the Community	50	32	18
Older People/Physical Disabilities - Residential	25,995	27,497	-1,502
Older People/Physical Disabilities - Non Residential	25,095	31,222	-6,127
Learning Disabilities - Residential	6,553	6,352	201
Learning Disabilities - Non Residential	26,086	29,683	-3,598
Mental Health - Residential	2,221	3,778	-1,556
Mental Health - Non Residential	9,206	8,724	482
Assessment & Care Management	10,190	10,292	-102
Reablement	13,371	12,229	1,142
Housing Aids & Adaptations	835	835	0
Health Promotion, Health Improvement & Corporate Services	2,740	2,378	362
Substance Misuse	3,960	3,583	377
Public Dental Service	1,412	1,343	68
Management Other	2,053	1,939	114
Community Admin	1,775	1,417	358
Transformation Funds	2,658	2,023	635
Leadership Funds	0	0	0
Cs Community Living Change Fund	0	0	0
Resource Transfer & Pass Through Funds	-930	-1,256	326
Family Health Services	60,442	60,432	10
GP Out fo Hours Services	3,172	2,522	650
Primary Care Improvement Plan	5,409	5,409	0
Prescribing	34,109	39,624	-5,516
Vaccinations (Women's & Children's Team)	411	411	0
			0
Integrated Budget Total	256,405	269,232	-12,827

2.4. The 2025/26 outturn shows:

Significant overspends in older people/physical disabilities – residential of £1.502m and older people/physical disabilities – non-residential of £6.127m and learning disabilities – non-residential of £3.598m – this is due to the volume of care exceeding budget in these areas. The overspend relates to the higher cost of commissioned services than was budgeted for in both areas. This level of expenditure is not sustainable and has been recognised in the savings work required as part of the 2026/27 budget delivery. The 2026/27 budget recognises the requirement to protect frontline services and therefore savings in older people/physical disabilities and learning disabilities will be phased across the next two to three financial years.

Mental Health - Residential overspend £1.556m, the majority of this expenditure relates to an overspend on commissioned services. More care is being provided than there is sufficient budget for.

Prescribing expenditure is over budget in year with an overspend of £5.516m – the 2026/27 budget allowed for an increase in the prescribing budget of £2.090m or 5.5%. This budget may not be sufficient to cover in year costs and therefore will be kept under close review.

Savings delivery 2026/27

- 2.5. Work to deliver the 2026/27 savings is progressing, being overseen by the Budget Savings Oversight Group. Work to develop detailed delivery plans is to be completed. The SLT have a development session at the beginning of July 2026 when this work will be progressed.
- 2.6. Supporting workplans are required for each identified savings area, the progress of which will be tracked. Performance information will be used to show non-financial information which can be used to understand current levels of activity, predict what future demands may look like and targets around levels of affordability mapped to this. It is anticipated that the objectives of the strategy can be captured in a similar way which will allow greater clarity of the targets which are being sought and progress against those.
- 2.7. The savings which were brought forward from the March 2026 IJB are shown below:

IJB savings 2026/27	£'000	£'000
Commissioned Services		
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
Review of day care provision		
Review of day care provision	640	
		640
Service Efficiency Review		
Provision short term care beds	2,645	
Review of residential care learning disability	100	
		2,745
Reduction in high cost care package		
Reduction in high cost care package	1,008	
		1,008
Savings 2026/27		10,815

Reduction in commissioned services is the largest area of savings delivery and so will require the most work. The teams in Social Care will be required to be involved in the process of reviewing existing services and approaches and teams have and will be further established to do this.

3. 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. **Delivery of savings** – the risk of failing to deliver savings is being managed by the Budget Savings and Oversight Group – this group will drive forward projects overseen by the Finance, Audit and Performance Committee.
- 3.3. **Draft outturn 2025/26** - figures presented are draft pre audit, there is a risk the 2025/26 may be adjusted if a material error is found. The year end outturn for 2025/26 was favourable for the IJB by approximately £1m and therefore there is a little flexibility when emerging budget pressures are fully assessed.
- 3.4. **Commissioned service providers** will experience financial pressure during the year.
- 3.5. **IJB reserves** can be used to manage in year budget fluctuations however they are insufficient to cover the current budget gap.
- 3.6. **Transitions workstream** there is a risk that some young adults transferring to adult care services have packages of care exceeding the additional budget estimated for these care requirements.
- 3.7. **Prescribing costs** have grown in recent years with growth forecast to continue. There is a risk, owing to greater inflation and market volatility, that costs may grow beyond the afforded budget.
- 3.8. **Budget Recovery plan** - over the coming quarter there will be a considerable amount of work required to map out the delivery of in year savings of £10.815m, and to assess the feasibility of delivering further savings which will reduce the amount of additional savings of £8.858m required to balance the budget. This will require close working with partners to understand what this may be mean in reality. Further to the savings budget pressures are likely to emerge, and, as some of these pressures become more evident, additional action will be required to mitigate the risk of these potential costs too.
- 3.9. The Chief Finance Officer will continue to work with the CFO's of partner organisations to develop and implement finance plans and identify how financial balance can be achieved in 2026/27 - this will include review of the recovery plan options, consideration of the use of IJB reserves before any consideration of further partner contribution via recommended risk share arrangements for the 2026/27 year.

Appendices

None.

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input 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"/>
Implications	
Finance:	Financial implications are noted throughout the report for the 2025/06 year end outturn and 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.
Other Resources:	There are no direct implications as a result of this report.
Legal:	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 the 2026/27 savings and the recovery plan are not delivered in year this will worsen the financial position of the IJB with the risk of not providing statutory services as a consequence of budget pressures. This could mean the potential for measures which would be required to reduce costs that directly compromise the care quality, daily treatments and shift the burden of care onto acute hospitals. If this is the case it may also 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.

Risk & mitigation:	Outlined in the report. Work is ongoing surrounding mitigation risk and will be progressed and brought back to subsequent IJB meetings.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 10

Eligibility Criteria

For Approval

Paper Approved for Submission by:	Dr Jennifer Borthwick Interim Chief Officer
Paper presented by	Ross Cheape, Interim Director MHLD
Author(s)	Ross Cheape, Interim Director MHLD
Exempt Report	No

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

Purpose of Report:	The purpose of this paper is to seek approval from the Integration Joint Board (IJB) to progress a review of the current level of eligibility criteria being seen by our services to assess the appropriateness of a revised Eligibility Policy which focusses funded support on Critical Need only.
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Recommendations:	<p>The IJB is asked to:</p> <ul style="list-style-type: none"> • Approve the progression of a structured programme of work to support the development of a revised Eligibility Criteria Policy, including consideration of a potential move to a Critical Needs threshold. • Approve a formal programme of public and stakeholder consultation be undertaken on potential options for revising the eligibility criteria, including the option of prioritising funded support at a Critical Needs level only. • Approve that the consultation and supporting materials will be informed by: <ul style="list-style-type: none"> • a comprehensive Integrated Impact Assessment • detailed financial modelling and analysis • legal and professional advice • engagement with staff, service users, carers and partner organisations • Note that no decision is being sought at this stage on a change to eligibility criteria, and that a further report will be presented to a future meeting of the Integration Joint Board setting out: <ul style="list-style-type: none"> • the outcomes of consultation • a detailed options appraisal • a recommended option for decision
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1. Background and Considerations

Eligibility Criteria are used by social work services across Scotland to ensure that the finite resource is used fairly and where it is needed most. There are four bands of eligibility which reflect the prioritisation of social care support according to the level of assessed risk. These bands are:

- **Critical:** indicates that there are major risks to independent living or health and wellbeing. Health or care problems may be life threatening, or serious abuse or neglect has occurred or is suspected.
- **Substantial:** indicates that there are significant risks to independent living or health and wellbeing. Serious impairment relating to health is resulting in an ability to consistently manage care.
- **Moderate:** there may be some risks to independence or health and wellbeing. With support and advice risks can be managed for the foreseeable future with appropriate arrangements agreed for further review if necessary.
- **Low:** there may be some quality of life issues or be in need of advice and information.

Within the Clackmannanshire & Stirling Health and Social Care Partnership, funded social care provision is available to individuals with needs assessed as Critical or Substantial. Operational experience has identified variation in the application of eligibility criteria, highlighting the need for a review to strengthen consistency in decision-making and ensure resources are deployed effectively.

This paper sets out the case for examining the benefits of a change in Policy to provide funded social care services to individuals whose need is categorised as Critical only. Statutory duties will continue to be delivered.

2. Financial and Operational Case for Change

The IJB faces significant challenges in continuing to deliver delegated Health and Social Care services within the available resource. We continue to operate under sustained and escalating pressure across adult social work and social care services. These pressures are driven by a combination of increasingly complex and high-risk needs within the population, ongoing fragility within the workforce and provider market, and a progressively more constrained financial position for the Integration Joint Board (IJB).

The cumulative impact of these factors is placing significant strain on the Partnership's ability to safely and sustainably meet demand within existing resources. In particular, the increasing acuity of need is requiring higher-intensity support for fewer individuals, while also limiting the capacity to respond to emerging or preventative needs.

While current pressures necessitate a focus on individuals with the highest levels of assessed risk, the Partnership recognises that early intervention and prevention remain critical to improving long-term outcomes, reducing escalation of need, and managing whole-system demand. Any review of eligibility criteria will therefore be undertaken alongside consideration of how preventative and community-based supports can be maintained and strengthened for individuals whose needs do not meet the threshold for funded services.

The IJB has previously been advised that these challenges are being experienced consistently across Scotland. However, while the nature of the pressures is shared, their impact locally is shaped by specific factors including population profile, demand trends, service configuration, and the level of available resources. This means that the Partnership must consider its own position carefully and take proactive decisions to ensure that services remain focused on those with the greatest need and risk. In this context, it is increasingly clear that current arrangements are not sustainable without change. A structured review of eligibility criteria provides a necessary mechanism to ensure that limited resources are directed towards individuals at the highest levels of risk, while also supporting greater clarity, consistency, and equity in decision-making. This is essential to maintaining safe, legally compliant, and financially viable services in the face of ongoing and intensifying demand.

3. Proposed Approach to Supporting an Informed IJB Decision

To enable the IJB to consider a fully informed and competent recommendation, officers will undertake a structured programme of work to establish the implications of the proposed policy change. This will include:

- Assessing the impact on clients, operational delivery, and staff through completion of a comprehensive Integrated Impact Assessment.
- Seeking legal advice to identify and consider any statutory or regulatory implications.
- Identifying any Practice Development requirements and developing proposals to address these.
- Reviewing the findings alongside the current Charging and Contributions Policy.
- Assessing and presenting the financial implications for the IJB arising from any proposed change.
- Assessment of the impact of proposed changes on early intervention and prevention activity, including potential for unmet or escalating need.
- Identification of alternative preventative supports (including community, third sector and universal services) for individuals not eligible for funded provision.
- Consideration of whole-system cost implications of reduced preventative intervention, including potential downstream demand.

Crucially, any change would require the HSCP to conduct a public consultation before any decisions in respect to eligibility criteria can be taken.

The outcomes of this work will be presented to the September meeting of the IJB to inform deliberation and agreement on next steps.

Recognising the need to progress this work at pace, officers will proceed in parallel with staff engagement, document development, and necessary governance preparations. However, it is emphasised that no changes will be implemented in advance of a formal decision by the IJB.

4. Conclusion and Recommendations

The Partnership continues to operate within a context of sustained financial constraint, increasing demand, and rising complexity of need. These pressures require a clear and transparent approach to the prioritisation of social care resources to ensure that services remain safe, equitable, and focused on those individuals at greatest risk.

A review of the current eligibility criteria is therefore both necessary and proportionate. The potential move to a Critical Needs threshold represents a significant policy consideration, with implications for individuals, carers, staff, service delivery, and the wider system. It is essential that any future decision is informed by a robust and comprehensive assessment of these impacts, alongside due consideration of legal duties, professional standards, and the Partnership's strategic priorities. This includes ensuring that any changes do not disproportionately undermine early intervention activity or lead to avoidable escalation of need.

At this stage, no decision is being sought on a change to policy. Rather, the IJB is asked to support a structured programme of work to ensure that it is able to make a fully informed, legally robust, and evidence-based decision at a future meeting.

The Integration Joint Board is therefore asked to:

- **Approve** the progression of a structured programme of work to support the development of a revised Eligibility Criteria Policy, including consideration of a potential move to a Critical Needs threshold.
- **Approve** a formal programme of public and stakeholder consultation be undertaken on potential options for revising the eligibility criteria, including the option of prioritising funded support at a Critical Needs level only.
- **Approve** that the consultation and supporting materials will be informed by:
 - a comprehensive Integrated Impact Assessment
 - detailed financial modelling and analysis
 - legal and professional advice
 - engagement with staff, service users, carers and partner organisations
- **Note** that no decision is being sought at this stage on a change to eligibility criteria, and that a further report will be presented to a future meeting of the Integration Joint Board setting out:
 - the outcomes of consultation
 - a detailed options appraisal
 - a recommended option for decision

5. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting Empowered People and Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	This paper proposes exploration of policy change to reduce the eligibility criteria to Critical only. It is estimated that this will have a material impact on the financial position, supporting decision making in the use of finite resources.
Other Resources:	As detailed.
Legal:	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has statutory duties regarding budget and securing Best Value.
Risk & mitigation:	<p>Strategic Risk SRR01 Financial Sustainability – this paper proposes exploration of potential actions to mitigate the financial risk facing the IJB.</p> <p>Strategic Risk SRR05 Service User Experience – There is a risk, which can be quantified with further investigation, that the experience of accessing our services is negatively impacted by this work.</p> <p>The full spectrum of risks related to this activity will be set out to the IJB, pending approval to proceed.</p>
Equality and Human Rights:	The content of this report does not require an EQIA, however this will form part of the assessment provided to the IJB for the next steps.
Data Protection:	The content of this report does not require a DPIA, however this will form part of the assessment provided to the IJB for the next steps.
Fairer Duty Scotland	

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

24 June 2026

Agenda Item 11

Strategic Risk Register

For Approval

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Ross Cheape, Interim Director MHLD
Author(s)	Ross Cheape, Interim Director MHLD, Vicky Webb, Head of Risk Management (NHS FV)
Exempt Report	No

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

Purpose of Report:	To present the Strategic Risk Register to the Integration Joint Board for consideration and approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1. Approve the current Strategic Risk Register (Appendix 1), including the amendments agreed by the Finance, Audit and Performance Committee on 3 June 2026. 2. Note that the proposed additional risks (Leadership Capacity, Inter-Agency Working Arrangements, Consistency of Service and Supporting Infrastructure) remain subject to further development and scrutiny by the FAP Committee prior to formal inclusion within the SRR. 3. Note the progress made in developing the IJB's risk appetite framework, including agreement on risk appetite by the FAP sub-group. 4. Note that further work is required to finalise risk tolerance levels and confirm the categorisation framework underpinning the Strategic Risk Register. 5. Note that the outputs of the FAP sub-group will be presented to the FAP Committee for scrutiny and assurance prior to submission to a future meeting of the Integration Joint Board for approval.
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1. Background and Considerations

The Clackmannanshire and Stirling Integrated Joint Board (IJB) has maintained a Strategic Risk Register (SRR) since its inception. Appendix 1 contains the risk register in its current form and reflects the changes approved by the Finance, Audit and Performance Committee (FAP) at the meeting of that committee on the 3rd of June 2026.

The paper presented to the FAP Committee is contained within Appendix 2, with Table 1 below showing the recommendations made to FAP and the decision of that committee:

Recommendation	Decision by FAP
Deactivate C&SSRR 02	Not Approved

Deactivate C&SSRR 03	Approved
Deactivate C&SSRR 06	Approved
Deactivate C&SSRR 07	Approved
Deactivate C&SSRR 10	Approved
Amend (increase) Risk Score of C&SSRR 09	Approved
Leadership Capacity	Added, for further scrutiny
Inter-Agency Working Arrangements	Added, for further scrutiny
Consistency of Service	Added, for further scrutiny
Supporting Infrastructure	Added, for further scrutiny

Table 1.

The proposed addition of the four risks set out in Table 1 was subject to detailed discussion and scrutiny at the FAP Committee. Members noted that the refreshed approach to the SRR remains in development and that further assurance would be beneficial before reaching a definitive position. Accordingly, it was agreed that the FAP should review these risks once they have been fully articulated within the SRR framework, including their proposed mitigations and management actions. This work is currently underway, and the FAP will undertake a further, more comprehensive consideration of the risks in advance of the next meeting of the Integration Joint Board, at which point a formal recommendation will be brought forward.

2. Developing Risk Appetite, Tolerance and Categorisation

A development session on risk management was delivered to IJB members in May 2026, which included consideration of risk appetite, tolerance and the SRR framework.

This session, alongside discussion at the IJB and FAP Committee meetings, led to the establishment of a short-life sub-group of the FAP Committee to progress this work in detail. The remit of this sub-group is to review and recommend the IJB's risk appetite and tolerance levels, and to confirm the appropriate categories of risk to underpin the SRR.

The sub-group has now convened an initial meeting and has reached agreement on the proposed risk appetite framework. Further work is required, however, to finalise the associated tolerance levels and to confirm the categorisation of risks within the SRR.

Once this work is complete, the outputs of the sub-group will be presented to the FAP Committee for scrutiny and assurance prior to onward submission to the Integration Joint Board for formal approval and adoption.

3. Conclusion

The IJB SRR continues to evolve as a key component of the organisation's governance, assurance and strategic oversight arrangements. The updates considered by the FAP Committee on 3 June 2026 have resulted in a streamlined register, with a number of risks deactivated and others amended to better reflect the current risk environment.

The identification of additional risks relating to leadership capacity, inter-agency working, consistency of service and supporting infrastructure demonstrates an increasing maturity in the Board’s approach to risk management. However, FAP Committee members have appropriately highlighted the need for further development and assurance prior to these risks being fully incorporated within the SRR. This reflects a robust and proportionate approach to scrutiny.

In parallel, the IJB has made substantive progress in developing a clearer and more structured approach to risk appetite. The work of the FAP sub-group represents a significant step towards establishing a consistent framework for risk appetite, tolerance and categorisation. While agreement has been reached on risk appetite, further work is required to finalise tolerance levels and confirm the categorisation framework that will underpin the SRR.

Taken together, these developments represent a strengthening of the IJB’s overall risk management framework. However, further work is required before a fully aligned and mature approach to the SRR can be presented for formal approval and adoption.

4. Appendices

Appendix 1 – C&S IJB SRR

Appendix 2 – C&S SRR FAP Committee Paper – June 2026

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	The risks in relation to finance as incorporated within the Strategic Risk Register.
Other Resources:	As detailed.
Legal:	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has statutory duties regarding budget and securing Best Value.

Risk & mitigation:	The Strategic Risk Register sets out the key strategic risks of the IJB and mitigation and control actions. Regular review of the SRR is a key part of the internal control environment.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

Strategic Risk Report – June 2026






**Supported by NHS Forth Valley Corporate Risk
Management Team:**

Head of Risk Management: Vicky Webb

Risk Management Advisor: Sam McCartney

Contact E-mail: fv.corporateriskmanagement@nhs.scot

C&S SRR Risk Report

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Assigned To	Lead Impact Category
C&S SRR 01	Financial Sustainability	25	25	03-Mar-2026	25; 25		10	Jennifer Borthwick	Amy McDonald	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	Jennifer Borthwick	Amy McDonald	Compliance
C&S SRR 04	Delivery of Integrated Workforce Plan	12	12	27-Mar-2026	12; 12; 12		6	Jennifer Borthwick	Wendy Forrest; Kelly Higgins	Workforce
C&S SRR 05	Patient / Service User Experience	16	16	08-Jun-2026	16; 16; 16		8	Jennifer Borthwick	Ross Cheape	Health and care Experience
C&S SRR 08	Sustainability of adult placement in external care home and care at home sectors	16	9	04-Mar-2026	9; 12; 9		4	Jennifer Borthwick	Wendy Forrest; Amy McDonald	Financial
C&S SRR 11	Transformation Capacity	20	16	04-Mar-2026	16; 9; 20		8	Jennifer Borthwick	Ross Cheape	Public Confidence
C&S SRR 09	Primary Care Sustainability	20	15	04-Mar-2026	15; 9; 15		6	Jennifer Borthwick	Kathleen Brennan	Service Delivery/Business Interruption
C&S SRR 13	Leadership capacity, capability, continuity and governance effectiveness	12	12	04-Jun-2026	12		6	Jennifer Borthwick	Ross Cheape	
C&S SRR 14	Interagency working arrangements and effectiveness	12	12	04-Jun-2026	12		2	Jennifer Borthwick	Wendy Forrest; Amy McDonald	
C&S SRR 12	Sustainable Service Delivery	20	9	13-Feb-2026	12; 9; 20		16	Jennifer Borthwick	Amy McDonald	Transformation/Innovation
C&S SRR 15	Consistency of service provision	9	9	04-Jun-2026	9		4	Jennifer Borthwick	Elaine Brown; Lyndsey Dunn	
C&S SRR 16	Supporting infrastructure and business continuity	9	9	04-Jun-2026	9		4	Jennifer Borthwick	Ross Cheape	

C&S SRR Risks in Focus


C&S SRR 01 Financial Sustainability		Current Score	Managed By	Assigned To
Risk Description	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
		Target Score	Lead Impact Category	Appetite Level
		10	Financial	Cautious (4-9)
		Last Review Date	Risk Trend	Tolerance Level
		03-Mar-2026	_____	Moderate (10-16)
Latest Update				
The financial risk remains unchanged while the final outturn for 2025/26 and early-year projections for 2026/27 are being assessed and fully understood. The HSCP Senior Leadership Team continues to progress the implementation of planned changes and improvement initiatives aimed at mitigating the risk of financial instability.				
Internal Controls				
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.				
Further Controls Required	Action Owner	Due Date	Latest Update	
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	


C&S SRR 02 Systems Leadership and Commitment to Existing Model of Integration, Decision Making and Scrutiny		Current Score	Managed By	Assigned To
Risk Description	<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	
		Target Score	Lead Impact Category	Appetite Level
		8	Compliance	Cautious (4-9)
		Last Review Date	Risk Trend	Tolerance Level
		18-Dec-2025		
Latest Update				
This risk is intended to cover the relationship between the constituent authorities and the IJB and the Integration Scheme itself which through the legal partnership agreement establishing and governing the IJB is a key governance framework of the constituent authorities as well as the IJB.				
Internal Controls				
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				
Further Controls Required	Action Owner	Due Date	Latest Update	
Work on ongoing to find solution to lack of functional, effective commissioning service in Clackmannanshire arm of HSCP		31-Mar-2026		


C&S SRR 04 Delivery of Integrated Workforce Plan		Current Score	Managed By	Assigned To
Risk Description	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; Kelly Higgins
		Target Score	Lead Impact Category	Appetite Level
		6	Workforce	Averse (1-3)
		Last Review Date	Risk Trend	Tolerance Level
		27-Mar-2026	_____	Cautious (4-9)
Latest Update				
The Strategic Workforce Plan remains in date until 31-3-2026 (still awaiting Scottish Government Guidance on future workforce planning). 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.				
Internal Controls				
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.				
Further Controls Required		Action Owner	Due Date	Latest Update

C&S SRR 05 Patient / Service User Experience		Current Score	Managed By	Assigned To
Risk Description	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
		Target Score	Lead Impact Category	Appetite Level
		8	Healthcare Experience	Cautious (4-9)
		Last Review Date	Risk Trend	Tolerance Level
		08-Jun-2026	_____	Zero
Latest Update				
No material change.				
Internal Controls				
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.				
Further Controls Required	Action Owner	Due Date	Latest Update	

C&S SRR 08 Sustainability of adult placement in external care home and care at home sectors		Current Score	Managed By	Assigned To
Risk Description	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
		Target Score	Lead Impact Category	Appetite Level
		4	Financial	Cautious (4-9)
		Last Review Date	Risk Trend	Tolerance Level
		04-Mar-2026		Moderate (10-16)
Latest Update				
Discussed on 04/03/2026 and determined that this is an operational risk within Commissioning and is not appropriate for the Strategic Risk Register.				
Internal Controls				
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.				
Further Controls Required	Action Owner	Due Date	Latest Update	

C&S SRR 09 Primary Care Sustainability		Current Score	Managed By	Assigned To
Risk Description	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
		Target Score	Lead Impact Category	Appetite Level
		6	Service Delivery/Business Interruption	Averse (1-3)
		Last Review Date	Risk Trend	Tolerance Level
		04-Mar-2026		Cautious (4-9)
Latest Update				
Aligned risk quantification between NHS Forth Valley and the C&S SRR.				
Internal Controls				
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.				
Further Controls Required	Action Owner	Due Date	Latest Update	

C&S SRR 11 Transformation Capacity		Current Score	Managed By	Assigned To
Risk Description	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
		Target Score	Lead Impact Category	Appetite Level
		8	Public Confidence	Cautious (4-9)
		Last Review Date	Risk Trend	Tolerance Level
		04-Mar-2026		Moderate (10-16)
Latest Update				
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.				
Internal Controls				
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)				
Further Controls Required	Action Owner	Due Date	Latest Update	

C&S SRR 12 Sustainable Service Delivery		Current Score	Managed By	Assigned To
Risk Description	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
		Target Score	Lead Impact Category	Appetite Level
		16	Transformation/Innovation	Moderate (10-16)
		Last Review Date	Risk Trend	Tolerance Level
		13-Feb-2026		Open (20-25)
Latest Update				
Internal Controls				
Development and Approval of Revised Delivery Plan				
Establishment of Project Management capacity				
Establishment of Monitoring Arrangements building on reporting mechanisms developed in 24/25				
Further Controls Required	Action Owner	Due Date	Latest Update	
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		

C&S SRR 13 Leadership capacity, capability, continuity and governance effectiveness		Current Score	Managed By	Assigned To
Risk Description	<p>There is a risk that limitations in leadership capacity, capability and continuity—arising from factors such as vacancies, interim appointments, and turnover in key senior roles—combined with evolving governance arrangements and reliance on partner organisations for delivery and assurance, may impact on the overall effectiveness of the IJB’s governance framework.</p> <p>A lack of consistent leadership capacity and stability can reduce organisational resilience and impede the pace and quality of decision-making. In particular, it may affect the ability of the Senior Leadership Team and the Board to maintain clear strategic oversight, ensure robust challenge and scrutiny, and provide consistent assurance across delegated services.</p>	12	Jennifer Borthwick	Ross Cheape
		Target Score	Lead Impact Category	Appetite Level
		6		
		Last Review Date	Risk Trend	Tolerance Level
		04-Jun-2026		
Latest Update				
Internal Controls				
Strengthened Senior Leadership Oversight				
Workforce Stability				
Robust Committee and Reporting Structure				
Strategic Risk Management and Assurance Processes				
Further Controls Required	Action Owner	Due Date	Latest Update	
<div>Seek to enhance leadership capacity for transformation through targeted engagement and development of social work leadership.</div>		31-Jul-2026		
<div>Review and reprioritise the portfolio of activities to ensure leadership effort is focused on the		31-Jul-2026		

delivery of key strategic priorities.</div>			
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C&S SRR 14 Interagency working arrangements and effectiveness		Current Score	Managed By	Assigned To
Risk Description	<p>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.</p> <p>Cause</p> <p>Complex partnership landscape, differing organisational priorities, governance frameworks, risk appetites and accountability arrangements across constituent authorities.</p> <p>Effect</p> <p>Fragmented decision-making, delays in implementation, inconsistent service delivery, and reduced ability to manage system-wide risks effectively.</p>	12	Jennifer Borthwick	Wendy Forrest; Amy McDonald
		Target Score	Lead Impact Category	Appetite Level
		2		
		Last Review Date	Risk Trend	Tolerance Level
		04-Jun-2026		
Latest Update				
Internal Controls				
Further Controls Required	Action Owner	Due Date	Latest Update	
<div>Strengthen alignment of strategic priorities and commissioning intentions across partner organisations through joint planning processes.</div>		31-Mar-2027		
<div>Develop and implement a shared approach to risk management across partner organisations, including agreement on how system-		31-Dec-2026		

wide risks are identified, assessed and monitored.</div>			
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C&S SRR 15 Consistency of service provision		Current Score	Managed By	Assigned To
Risk Description	<p>There is a risk that variation in service access, quality or outcomes across Clackmannanshire and Stirling leads to inequity and inconsistency in service provision.</p> <p>Cause Differing local service models, resource pressures, workforce availability, legacy arrangements and geographic variation.</p> <p>Effect Inequitable outcomes for service users, increased complaints and reputational risk, and potential failure to meet equality, human rights and fairer duty obligations.</p>	9	Jennifer Borthwick	Elaine Brown; Lyndsey Dunn
		Target Score	Lead Impact Category	Appetite Level
		9		
		Last Review Date	Risk Trend	Tolerance Level
		04-Jun-2026		
Latest Update				
Internal Controls				
Further Controls Required	Action Owner	Due Date	Latest Update	
<div>Develop and implement standardised service models and pathways, where appropriate, to reduce unwarranted variation in access and delivery.</div>		31-Dec-2026		
<div>Enhance governance arrangements to ensure systematic review of variation, including escalation routes where inequity is identified.</div>		31-Dec-2026		

C&S SRR 16 Supporting infrastructure and business continuity		Current Score	Managed By	Assigned To
Risk Description	<p>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.</p> <p>Cause Aging or constrained estates, reliance on partner-owned infrastructure, digital system dependencies, capital limitations and outsourced responsibility for key assets.</p> <p>Effect Service disruption, inability to respond effectively to incidents or surges in demand, reduced staff productivity, and compromised service continuity.</p>	9	Jennifer Borthwick	Ross Cheape
		Target Score	Lead Impact Category	Appetite Level
		4		
		Last Review Date	Risk Trend	Tolerance Level
		04-Jun-2026		
Latest Update				
Internal Controls				
Further Controls Required	Action Owner	Due Date	Latest Update	
<div>Enhance governance arrangements to ensure systematic review of variation, including escalation routes where inequity is identified.</div>		31-Dec-2026		
<div>Review and strengthen business continuity and disaster recovery arrangements to ensure resilience of critical services in the event of infrastructure failure.</div>		31-Oct-2026		

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

03 June 2026

Agenda Item 7

Strategic Risk Register

For Approval

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Ross Cheape, Interim Director MHLD
Author(s)	Ross Cheape, Interim Director MHLD, Vicky Webb, Head of Risk Management (NHS FV)
Exempt Report	No

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

Purpose of Report:	To provide an update to the Finance, Audit & Performance Committee on the Strategic Risk Register, including the proposed deactivation of 5 risks and the inclusion of 4 new risks for consideration and approval.
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Recommendations:	<p>The Finance Audit and Performance Committee is asked to:</p> <ol style="list-style-type: none"> 1) Note the alterations to the management of the Strategic Risk Register 2) Discuss and agree the next steps in setting the appetite, tolerance and categorisation of risks. 3) Approve the following removals from the SRR: <ol style="list-style-type: none"> 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 4) Approve the following amendments to Risks <ol style="list-style-type: none"> a. Increased risk of C&S SRR 09 5) Consider, challenge and recommend for inclusion the new risks noted at: <ol style="list-style-type: none"> a. 5.1 – Leadership Capacity b. 5.2 – Inter-agency Working Arrangements c. 5.3 – Consistency of Service d. 5.4 – Supporting Infrastructure
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1. Background and Considerations

The Clackmannanshire and Stirling Integrated Joint Board (IJB) has maintained a Strategic Risk Register (SRR) since its inception. 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 method, using 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.

2. Risk Management Process

The 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 Finance, Audit and Performance (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.

The IJB held a development session on risk management on 14 May 2026, which provided an initial forum to consider the Board's appetite and tolerance for risk. Following constructive discussion and challenge, members expressed a clear preference to further refine the articulation of risk appetite and tolerance, alongside reviewing the categories of risk to ensure they more fully reflect the breadth of the IJB's responsibilities and delegated functions.

To progress this work, a short-life working group was convened in late May 2026. This group is being supported by the Head of Risk Management within NHS Forth Valley, with input also being sought from the risk management teams within Stirling Council and Clackmannanshire Council.

The outputs of this work are not available at the time of writing this paper; however, a verbal update will be provided to the FAP Committee to inform discussion and support the development of the Strategic Risk Register for consideration by the IJB in June 2026.

In the interim, arrangements for the identification, quantification, and management of risk remain in place, and the following section provides updates to the SRR.

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, there being seven Strategic Risks Remaining on the SRR:

 C&S SRR 01 Delivery of Strategic Commissioning Plan within availabl...		 I5:L5 V
 C&S SRR 02 Systems Leadership and Commitment to Existing Model...		 I4:L4 H
 C&S SRR 03 Delivery of Integrated Performance Framework		 I4:L4 H
 C&S SRR 04 Delivery of Integrated Workforce Plan		 I4:L3 H
 C&S SRR 05 Patient / Service User Experience		 I4:L4 H
 C&S SRR 06 Information Management and Governance		 I4:L3 H
 C&S SRR 07 Harm to Vulnerable People, Public Protection and Clinica...		 I4:L4 H
 C&S SRR 08 Sustainability of adult placement in external care home a...		 I3:L3 M
 C&S SRR 09 Primary Care Sustainability		 I3:L3 M
 C&S SRR 10 Potential Industrial Action		 I3:L3 M
 C&S SRR 11 Impact of Change as a consequence of budget savings		 I3:L3 M
 C&S SRR 12 Transformation and Sustainable Service Delivery		 I3:L3 M

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/Service User 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/Service User 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

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 FAP Committee is asked to consider and approve the recommendations laid out above.

7. Appendices

Appendix 1 –IJB SRR

Appendix 2 – Strategic Risk Register

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒

Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	The risks in relation to finance as incorporated within the Strategic Risk Register.
Other Resources:	As detailed.
Legal:	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has statutory duties regarding budget and securing Best Value.
Risk & mitigation:	The Strategic Risk Register sets out the key strategic risks of the IJB and mitigation and control actions. Regular review of the SRR is a key part of the internal control environment.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 12

Quarter Four Performance Report (January - March 2026)

For Approval

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

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

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility for effective monitoring and reporting on the delivery of services. Relevant targets and measures are included in the integration functions as set out in the current 2023 - 2033 Strategic Commissioning Plan.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Review the Quarter Four (January to March 2026) Performance Report. 2) Note the areas where actions have been taken to address areas where performance can be improved. 3) Approve Quarter Four (January to March 2026) Executive Summary (Appendix 1) & Report (Appendix 2).
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Key issues and risks:	<p><i>Routine collection, collation and reporting of data across constituent organisation's recording systems continues to be a risk. The replacement of information systems is in motion but will take some time to operationalise. Until this change is fully implemented 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 the IJB's duties under this legislation.</i></p>
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1. Background

- 1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting. This paper is being presented to support the IJB to discharge its role in scrutiny and oversight of the performance of delegated integration functions.
- 1.2. Underpinning scorecards for the delegated services have been established, and work is ongoing to provide this data at a locality level (splitting information across the three localities; Clackmannanshire, Stirling Urban and Stirling Rural). Some NHS data is now included within the attached report, and more data will follow as a result of the systematisation of activity and performance data across all delegated teams and services.

- 1.3. The content of this report is routinely and actively monitored, with its information supporting wider planning and delivery in areas such as Locality Planning, delivery of the Strategic Commissioning Plan, Operational Service Planning and the Integrated Workforce Plan. Reports and updates related to these areas are presented to the Strategic Planning Group as they are aligned to their duty to monitor delivery of the Strategic Commissioning Plan. In addition, content aligns to the priorities of the Delivery Plan 2025-2026 programme of work, which is presented as part of budget planning and reporting.
- 1.4. 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 through whole system planning. This is done via preparation for discharge, and delivery of a 'home first' approach with 'discharge to assess' now being common practice.
- 1.5. 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 performance reporting with the Integrated Performance Framework approved by the IJB in June 2024, and the Strategic Commissioning Plan 2023-33. It is also based on access to activity data and performance information for all delegated NHS and Council services. However, in some cases the collation of service level data continues to be a manual task.
- 1.6. This paper was presented at the last Finance, Audit and Performance Committee, on 3 June. The paper was agreed at the meeting, with a recommendation to the Integration Joint Board to grant their approval.

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 those who access them, which includes 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 will 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. 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.

- 2.4. The following points have all considered and should be noted in terms of the presentation of data within the Report:
 - 2.4.1. Where numbers of individuals are lower than 10, these will be noted as <10, to reduce the risk of identifying an individual.
 - 2.4.2. Where data is not available for the current quarter this will be denoted as "not available" and the latest information available may be included.
 - 2.4.3. Where data is affected by completeness this is denoted with a "p" for "Provisional data" and indicates when initial data releases are subject to change before final figures are published.
- 2.5. The most up-to-date information for the MSG indicators is to November 2025 where completeness for Forth Valley NHS is 99%. Please note completeness for December 2025 is currently 57%.
- 2.6. This report seeks to ensure that data is as accessible as possible to a wide range of readers and therefore adheres to guidance regarding the presentation of information and data.

3. Development of Quarterly Performance Reports

- 3.1. The report attached at appendix 2 completes the quarterly reporting for the financial year 2025-26:

Quarter One	1st April to 30th June 2025
Quarter Two	1st July to 30th September 2025
Quarter Four	1st October to 31st December 2025
Quarter Four	1st January to 31st March 2026
- 3.2. The Performance Reports continue 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 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.
- 4.3. The consultation process linked to the review of the Strategic Commissioning Plan presented draft Key Performance Indicators which will be further developed throughout the next reporting year, 2026-2027.

5. Appendices

5.1 Appendix 1 Quarter Four (January to March 2026) Executive Summary

5.2 Appendix 2 Quarter Four (January to March 2026) Performance Report

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	Performance reports should be read in conjunction with IJB financial reports to give a broad overview of strategic, operational and financial performance and sustainability.
Other Resources:	As detailed in the body of the paper.
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	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, a programme of transformation and service modernisation is in place. There is a fundamental tension between finances, service sustainability and the reporting of this through performance, which is likely to require difficult choices and service prioritisation decisions.
Equality and Human Rights:	The content of this report does not require an EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at:

	<p>Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
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Appendix 1



Clackmannanshire & Stirling Integration Joint Board Quarter Four Performance Report (January to March 2026) Executive Summary

This Quarter Four (Q4) Performance Report (January to March 2026) 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.

Overall, Quarter Four shows continued delivery against core strategic priorities, with notable progress in community-based supports, unpaid carer services and substance use treatment access. However, system pressures remain, particularly across unscheduled care & psychological therapies waiting times.

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

High levels of activity persist across prevention, early intervention and harm reduction, which are essential to managing system demand. However, performance across this reporting period has been variable. Emergency admissions and readmissions show some recent improvement but continue to fluctuate. A&E attendances remain high, and the 4-hour standard continues to be unmet. Psychological therapies performance remains below the national standard. There has been a reduction mental health admissions and readmissions in Quarter 4. Drug and alcohol services continue to perform strongly with all people referred having been seen within three weeks, exceeding national targets.

Strategic Theme 2: Independent living through choice and control

Performance reflects an ongoing commitment to supporting people to live independently. Community-based provision for people with learning disabilities remains stable, the Dynamic Support Register has reduced, and Self-Directed Support activity remains substantial. Demand through the Adult Social Care Front Door remains high, highlighting ongoing capacity and demand management pressures. Work continues to strengthen outcomes-based recording and lived experience involvement.

Strategic Theme 3: Achieving care closer to home

Progress continues in shifting care closer to home, with reductions in both the number of overall delayed discharges and those awaiting packages of care. Delivery of community care packages and telecare remains strong. However, guardianship-related delays, workforce pressures and capacity with the care market continue to impact flow through the system.

Strategic Theme 4: Supporting empowered people and communities

Strong performance continues under this theme, particularly in support for unpaid carers. Digital and community-based carer services significantly exceeded targets, and financial gains achieved through advice services continue to demonstrate strong preventative impacts. Locality working and multi-agency collaboration are also continuing to develop across communities.

Strategic Theme 5: Reducing Loneliness and Isolation

Activity to address loneliness and isolation continues to increase, with rising social prescribing referrals and encounters. Third sector partners remain central to this work, connecting people to community resources, with further development planned to review and improve outcome measurements.

Key Risks and Forward Look

Risks remain in relation to data quality, workforce capacity and financial sustainability. Ongoing transformation, system modernisation and development of refreshed key performance indicators (KPIs) during 2026–27 are anticipated to strengthen outcomes-focused performance management going forward.

Appendix 2

Clackmannanshire & Stirling Integration Joint Board

Quarter Four Performance Report (January to March 2026)

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 strategy.

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 performance relating to partnership services which include national and local performance as well as performance targets and the direction of travel. To ensure the data reported on is in line with developments at a service level, some indicators are new to the Quarterly Performance Report (QPR) and are under development in line with the refreshed Integrated Performance Framework. Many indicators have been included to monitor volume of demand and/or activity, for information only, and do not have associated targets at the current time.

Finance

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

Strategic Theme 1: Prevention, early intervention & harm reduction

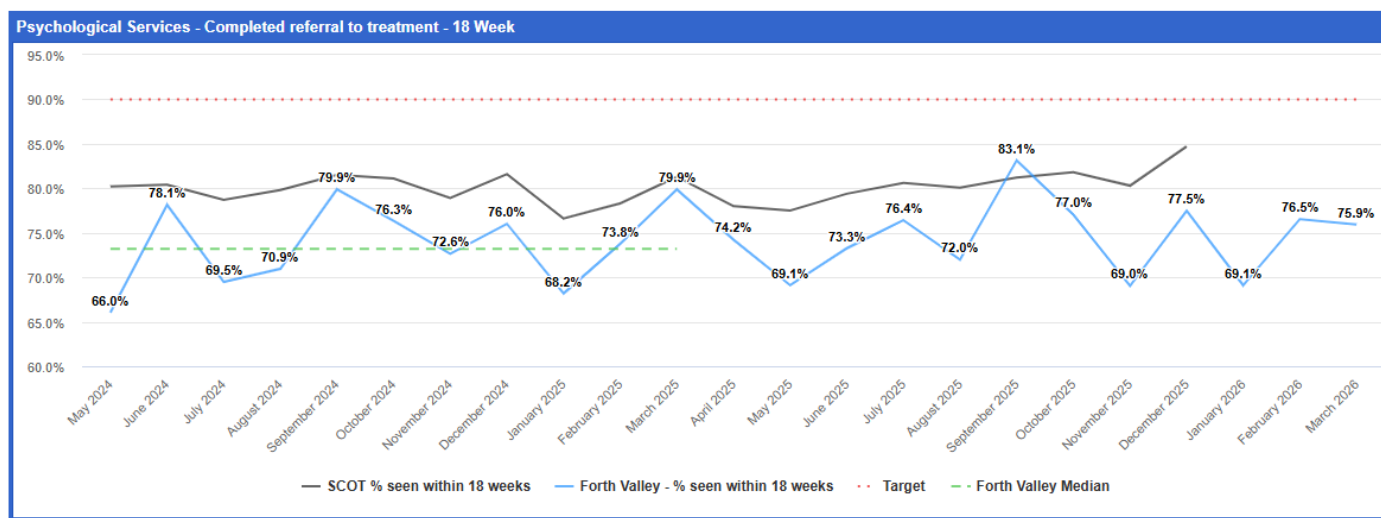
Prevention, early intervention, and harm reduction is focused on working with partners and communities to improve overall health & wellbeing and preventing ill health. By promoting positive health and wellbeing, physical activity and reducing exposure to adverse behaviours we can prevent pressures on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

Key	 Measure follows desired trend or meets target	 Measure does not follow desired trend or meet target	 Current data not available for comparison
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Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
ADM.CSHSCP	HSCP Emergency admissions of people (age 18+) rate per 100,000 population in last month of quarter (NHS FV) (p data completeness issues)	1,260p	↓	Mar 2025 ↑1,178	Dec 2025 ↑1,190p
READ28.CSHSCP	HSCP Readmissions of people to hospital rate per 1,000 admissions in last month of quarter (NHS FV). (p data completeness issues)	55.55p	↓	↓65.2	↓56.25p
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)	1,531p	↓	↑1,336	↑1,389p
ED.CSHSCP	HSCP A&E (ED&MIU) % people waiting less than 4 Hours at end of quarter (NHS FV) (p data completeness issues)	57.5%	95%	↓63.1%	↓59.6%p
HSC ASP 001	HSCP Number people referred for Adult Support & Protection (ASP) (LA)	680	Activity Data	Not available	↓730
Smoke.12.12 wLDP	HSCP Smoking No of people quitting at the 12 weeks follow up. HEAT LDP quits (note always one quarter behind)	Q3 25/26 30p	43	Q3 24/25 Not available	Q2 25/26 ↑14
Smoke.12.12 w	HSCP Smoking No of people quitting at the 12 weeks follow up. All quits (note always one quarter behind)	Q3 25/26 43p	↑	Q3 24/25 Not available	Q2 25/26 ↑21
PHS DisFallAdm	HSCP Number of hospital admissions due to people falling (all ages).(note always one quarter behind) (p data completeness issues)	Q3 25/26 244p	↓	Q3 24/25 ↑217	Q2 25/26 ↓287p
PHS DisFallAdm	HSCP Number of hospital admissions due to people falling (aged 65+).(note always one quarter behind) (p data completeness issues)	Q3 25/26 176p	↓	Q3 24/25 ↑151	Q2 25/26 ↑156
PHS DisFallAdm	HSCP Falls rate per 1,000 population aged 65+ (note always one quarter behind) (p data completeness issues)	Q3 25/26 5.7p	↓	Q3 24/25 ↑4.9	Q2 25/26 ↓6.1
DN.V.CSHSCP	HSCP District Nursing Activity - No of visits (NHS FV).	30,796	Activity Data	↑28,140	↓31,633
DN.TRV.CSHSCP	HSCP District Nursing Activity - No of Treatment room visits (NHS FV).	7,680	Activity Data	↓9,362	↓8,391
DN.C.CSHSCP	HSCP District Nursing Activity - No of calls (NHS FV).	3,514	Activity Data	↑3,339	↑3,432
Priority 1 Mental Health & Wellbeing					
RTT.COMP.PSYCH	% of FV patients who commenced psychological therapy within 18 weeks of referral at end of quarter. NHS Local Delivery Plan standard.	75.9%	90%	↓79.9%	↓77.5%

Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
PAA.PS (Total)	FV Patients Waiting for Initial Appointment psychological therapy at end of quarter (NHS FV).	1,018	↓	↓1,042	↑958
NSS MHADM	Mental health admissions of HSCP residents (NHS FV).	83	Activity Data	↓94	↓110
NSS MHREAD	Mental health readmissions of HSCP residents within 28 days (NHS FV).	13	↓	↓20	↓25
	Priority 2: Drug and alcohol care and support capacity across communities				
ADP.CSHSCP	% of Forth Valley people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery.	Q3 25/26 100%	HEAT target 90%	Q3 24/25 ↑96.6%	Q2 25/26 100%
ADP.CGL.CS HSCP01	Number of HSCP residents attending Face to Face group sessions with Forth Valley Recovery Community (FVRC).	1,400	Activity Data	↑1,253	↑1,054
ADP.CGL.CS HSCP01	Number of HSCP residents attending individual sessions with Forth Valley Recovery Community (FVRC).	10	Activity Data	↓30	↓15

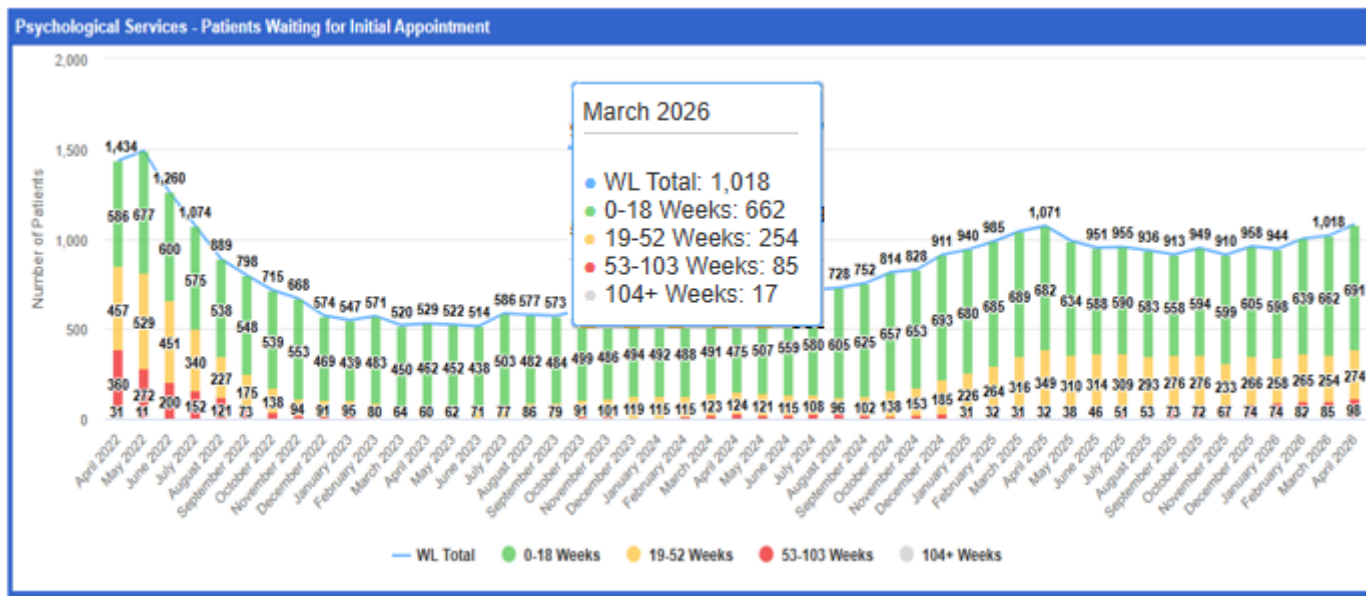
Priority 1: Mental Health and Wellbeing Psychological Therapies



This graph includes psychological therapies delivered within adult and child services to ensure consistency with PHS reporting parameters.

There has been 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. March 2026's compliance was 75.9%

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 referral to treatment (RTT) without significant investment in additional resource. Repeat projections conducted locally in February 2026 reinforce this position.



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 to more appropriate areas. In March 2026 there were 1,018 people awaiting assessment, of these 17 have been waiting over 104 weeks. 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. This is offset by the service currently working with 2.8 whole time equivalent (WTE) vacancies. Further capacity will be lost from April, due to the full implementation of the reduced working week which will affect all NHS Boards across Scotland (whereby staffing hours will be reduced from 37 to 36 hours per week).

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

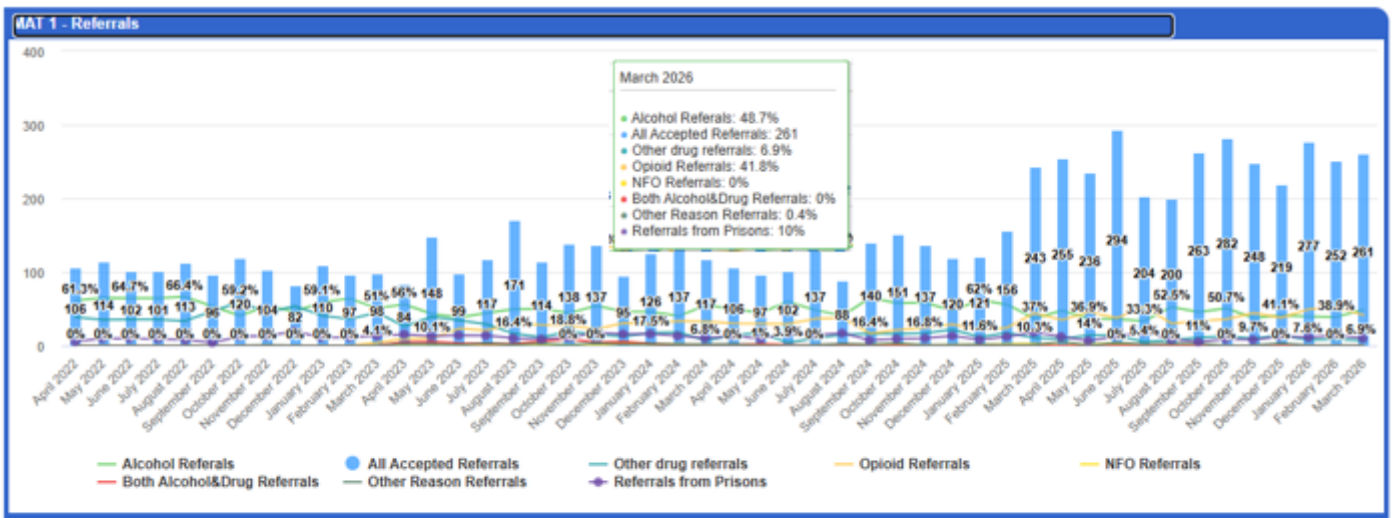
Medication Assisted Treatment (MAT) Standards for Forth Valley.

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

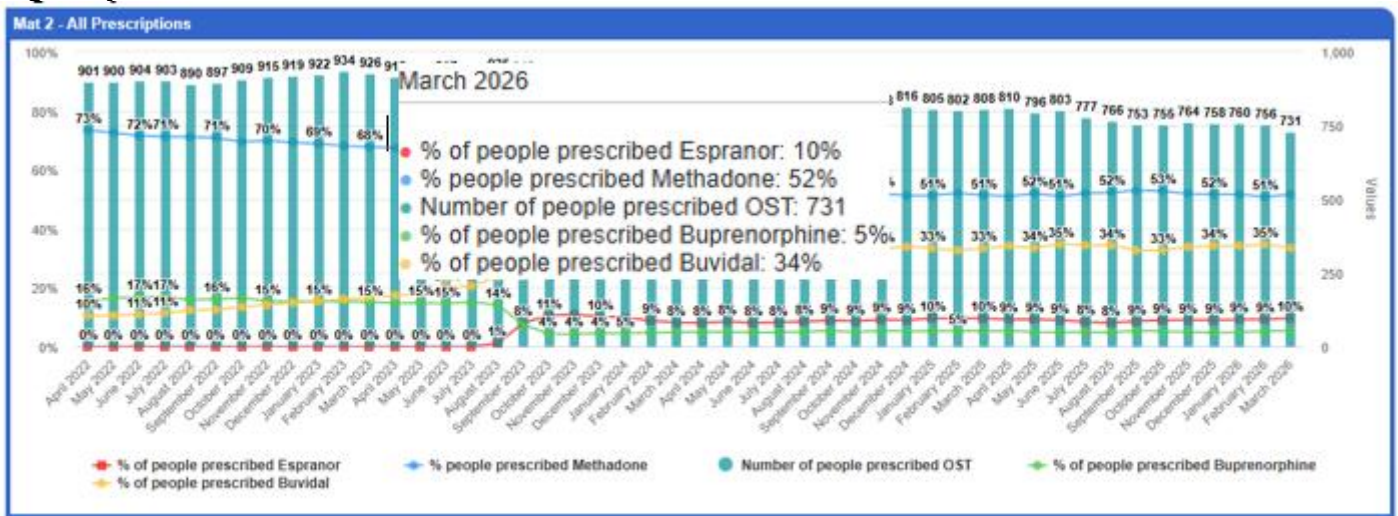


The referrals graph shows all accepted referrals to NHS SUS. The MAT standards were specifically developed for people who need support with Opioid use.

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

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

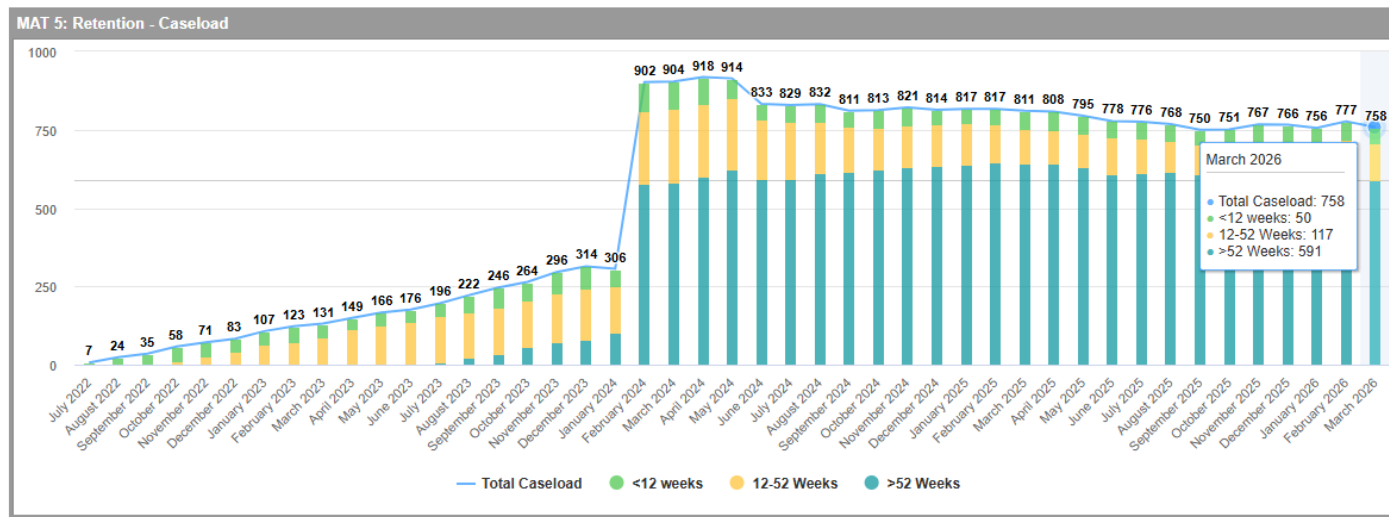
People will decide, with clinical support, which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side effects. There should also be discussion about dispensing arrangements, and this should be reviewed regularly.



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

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

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



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 issues at the 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 of MAT Standard in care.

In 2025/26 Q3, 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 the Forth Valley area). This was a sustention of performance from 2025/26 Q2, of 100% compliance, which continues to exceed the 90% national 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 the ADP. CGL's recent Care Inspectorate report demonstrated very high standards of care for people, reflecting in the highest ratings achievable on first inspection. The service is continuing its redesign work under new contractual arrangements with the ADP, to better support co-located and multidisciplinary care towards people's social health and recovery. People with lived and living experience of substance use and its inequalities have told us they would value being able to be seen closer to home and more flexibly as their lives change in recovery, which we are now working to deliver.

Strategic Theme 2: Independent living through choice and control.

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

Key	Measure follows desired trend or meets target	Measure does not follow desired trend or meet target	Current data not available for comparison		
Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
HSC LD 003	Number of people in Learning Disability care group receiving personal care at home on last day of the quarter.	261	Activity Data	↓262	↓263
HSC LD 001	Number of people in Learning Disability care group living in supported accommodation on last day of the quarter.	<10	Activity Data	--<10	--<10
HSC LD 002	Number of people in Learning Disability care group living in care home on last day of the quarter.	76	Activity Data	↑72	↑73
HSC LD 010	Number of Learning Disability Clients on Dynamic Support Register with Priority to return (Coming Home)	21	Activity Data	↓33	↓27
Priority 3 Self-Directed Support information and advice promoted across all communities					
SDSFV	No of people referred from Adult Social Care to SDS FV during the period	13	↑	↑<10	↑10
SDSFV	Number of people Self referring to SDS FV during the period	<10	Activity Data	↓10	↓<10
SDSFV	Number of people/family/friends supported by SDS FV during the period	82	Activity Data	↑31	↑77
HSC ADA 025	Number of people using Self-Directed Support Option 1 on last day of the quarter.	53	Activity Data	↓65	↑55
HSC ADA 026	Number of people using Self-Directed Support Option 2 on last day of the quarter.	118	Activity Data	↑104	↑114
HSC ADA 027	Number of people using Self-Directed Support Option 3 on last day of the quarter.	4,486	Activity Data	↑4,403	↑4,392
HSC ADA 028	Number of people using Self-Directed Support Option 4 on last day of the quarter.	127	Activity Data	↓141	--127
ASC	Number of Support Plans created for people during the quarter	<10	Activity Data	↓<10	<10
RCRT	Number of calls/contacts received by Adult Social Care Front Door Service	5566 2025/26 Q3	Activity Data	na	↓5941 2025/26 Q2
RCRT	Actual referrals to Adult Social Care Front Door Service	1071 2025/26 Q3	Activity Data	na	↑1010 2025/26 Q2
RCRT	Number of referrals progressing to assessment (within 2 months)	228 2025/26 Q3	Activity Data	na	↓234 2025/26 Q2
RCRT	Percentage of referrals to be allocated a Package of Care	28% 2025/26 Q3	Activity Data	na	↓30% 2025/26 Q2

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

With the development and agreement of the new Self-directed Support (SDS) Policy and subsequent Direction to both Councils, we are developing indicators around the new process. A key area we will continue to develop and analyse is the asset-based approach for recording to what extent people feel their outcomes have been met. This is a marked change of approach that is moving towards outcome focussed reporting, as such, this change will take time and needs to be informed by feedback from supported people and their carers, as well as being properly embedded within practice moving forward.

Learning from the experiences of those with lived experience is important in influencing and driving how we work and continues to develop through providing insight and understanding from the perspective of those who access service that we provide. To date this work is supported through the Lived Experience Panel, representation of those with lived experience on the Integration Joint Board and Strategic Planning Group.

Carers

As part of a wider programme of work within the Right Care, Right Time agenda, there has been a revision of the process for carers when they contact Adult Social Care Services. This change now means that when unpaid carers are identified by the Adult Social Care 'Front Door Service' they are referred to the Short Breaks service to have a good conversation where their needs will be identified in relation to their caring role and how these can be met. This builds on the HSPC's commitment to identify people who may not recognise themselves as carers, whilst enabling a swifter and more appropriate pathway for carers to signpost and provide information about the tapestry of supports that can assist them within and to maintain their caring roles.

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

The Bellfield Team was successful in their application for the *Focus on Dementia: Reducing Stress and Distress Improvement Programme 2026*. This programme works with teams across hospitals and care home settings to support improvement in the prevention and support of stress and distress for people living with dementia. Participating teams are supported to identify, test and evaluate their improvement ideas using a Quality Improvement approach. The Bellfield team will participate in this 12-month programme starting in April 2026.

Taking part in this national improvement programme provides a positive opportunity which will support the strengthening of our approach to person-centred dementia care, test new ideas, and continue improving outcomes and experiences for those that we support.

Strategic Theme 3: Achieving care closer to home

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

Key	 Measure follows desired trend or meets target	 Measure does not follow desired trend or meet target	 Current data not available for comparison
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Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
DD.TOT.C SHSCP	HSCP Delayed discharges (standard, code 9 and code 100) at census point (NHS FV). (People delayed in a hospital setting)	47	↓	↑37	↑45
DD.09.CS HSCP	HSCP Delayed Discharges (code 9) at census point (NHS FV). (People delayed in a hospital setting)	29	↓	↑21	↑27
DD.ST.CS HSCP	HSCP Delayed discharges (standard) at census point (NHS FV). (People delayed in a hospital setting)	17	↓	↓23	--17
DD.OBD.CSHSCP	HSCP Occupied bed days attributed to standard delayed discharges at census point (NHS FV). (People delayed in a hospital setting)	381	↓	↓742	↓424
DD.2wk.C SHSCP	HSCP Standard delayed discharge waits over 2 weeks at census point (NHS FV). (People delayed in a hospital setting)	<10	↓	↑<10	↓<10
ASCWkP OCWAT	No of people waiting for a Package of Care at last week of quarter	50	↓	↑37	↓58
ASC	Total number of Packages of Care sourced in quarter	726	Activity Data	↑689	↑670
ASC	Total number of hours for Packages of Care sourced in quarter	7,515	Activity Data	↑6,130	↑6,955
ASC	Number of people receiving 80+ hours of care at home per week at the end of the quarter in Stirling area	73	Activity Data	NA	↓74
ASC	Number of people receiving Telecare/Community Alarm service - All ages at end of quarter	3,059	Activity Data	↑2,979	↓3,070
DN.DAH.CSHSCP	HSCP District Nursing Activity - No of supported deaths at home (NHS FV).	75	Activity Data	↓90	↓97

Priority 5 Good public information across all care and support working

Indicators under development

Priority 6 Workforce capacity and recruitment

Workforce data is important to the planning and delivery of services. Collation of the limitations related to reporting due to confides of current systems in operation across the three employing bodies is underway. This will help information of creation of agreed and consistent indicators that can be regularly monitored to allow analysis of workforce capacity across the HSCP.

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

A neighbourhood model of 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

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

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

Strategic Theme 4: Supporting empowered people and communities

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

Key	 Measure follows desired trend or meets target	 Measure does not follow desired trend or meet target	 Current data not available for comparison
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Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
HSC MHO 008	Number of Chief Social Work Officer Guardianships. (issues with accuracy currently being investigated)	185	Activity data	↑166	↓193
Priority 7 Support for Carers					
HSC CAR 001	Mobilise service - Discover - Number of people reached in the quarter	4,352	Q4 2,671	↑2,782	↑3,699
HSC CAR 002	Mobilise service - Engage - Number of people engaging in further services in the quarter	308	Q4 206	↓591	↑226
HSC CAR 003	Mobilise service - Support - Number of people engaging in deeper support in the quarter	160	Q4 90	↓194	↑121
HSC CAR 031	Citizens Advice Bureau - Active Clients accessing Unpaid Carer Advice Project in the quarter	70	Activity data	↓74	↑68
HSC CAR 032	Citizens Advice Bureau - New Clients accessing Unpaid Carer Advice Project in the quarter	20	Activity data	↑16	↓21
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)	214	Activity data	↑130	↓218
HSC CAR 035	Citizens Advice Bureau - Total project to date - Carer Household Financial Gain.*	£101,084	Activity data	£27,497	£99,394
HSC CAR 036	Citizens Advice Bureau - No of Referrals IN	48	Activity data	↑43	↓64
HSC CAR 037	Citizens Advice Bureau - No of Referrals OUT	15	Activity data	↓27	↓13
HSC CAR	Number carers accessing individual support from Carers Centres.	421	Activity data	↓464	↓451
HSC CAR	Number of carers registered and active with Carers Centres.	3,234	Activity data	↑3,146	↑3,232
HSC CAR	Number of New carers registered by Carers Centres.	182	Activity data	↑180	--182
HSC CAR	Number of Carer Support Plans offered by Carer Centres.	148	Activity data	↓183	↓153
HSC CAR	Number of Adult Carer Support Plans completed by Carer Centres.	81	Activity data	↓86	↓84
ASC	No of Adult Carer Support Plans in quarter (social care)	42	Activity data	↑35	↑25

*Note : Citizens Advice Scotland membership, Citizens Advice Bureau (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 across 3 years they are only permitted to report the first year's grant of £10k and the remaining £20k (from years 2 and 3) 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

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 supports are aligned within the Model of Commissioning for unpaid carers. Quarterly contract monitoring meetings are held with providers to oversee performance.

Digital Approach

Mobilise is the provider through which the HSCP's offers digital supports to unpaid carers across Clackmannanshire and Stirling. Digital carer engagement and support through Mobilise continues to exceed targets, with 4,352 individuals reached (denoted as 'Discover') during Q4 of 2025/26, which is over 160% higher than their target of 2,671. 308 individuals engaged in further services (denoted as 'Engage') against a target of 206 and 160 individuals engaged in deeper support (denoted as 'Support') against a target of 90.

Community support

Falkirk & Clackmannanshire Carers Centre – Clackmannanshire element only

The Carers Centre is 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 carer's involvement in the discharge process. They also have a community presence in Alloa Speirs Centre and Alva Community Access Point.

Stirling Carers Centre

The Carers Centre located at Kintail House, Forthside Way, Stirling, with community presence at the Bellfield and Killin. Their wide-ranging community activities is reflected in the many locations across both Stirling localities with carer peer-to-peer community groups well established.

Citizens Advice Bureau, Unpaid carer advice project

The advice organisation is 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 more carers, especially widening this support to those living within rural parts of Stirling. In 2025-26 Q4 £101,084 was gained by carer households as a result of this project.

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; bringing 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

Health Improvement Service and Third Sector Interfaces (TSIs) are now working jointly on planning Locality Planning Network meetings in existing community venues. The first meeting under this revised approach is scheduled to take place in April 2026 with the Stirling Carers' Centre with others to follow across localities. Community organisations with an interest in Health and Social Care are being connected through TSIs to host meetings which TSIs and Health Improvement colleagues will facilitate. Input gained from communities will be fed into the IJB's Strategic Planning Group.

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.

Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
HSC CLW 001	Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers (CLW).	103	↑	↑33	↑41
HSC CLW 002	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW).	343	↑	↑123	↑218

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 (CLW) are supporting people as individuals to participate in community activities. The main sources of referrals are GP Surgeries and Primary Care Mental Health Nurses. The main reasons for referrals are social prescribing for mental health and social isolation followed by financial and housing problems. There has been an increase in the number of referrals and encounters in 2025/26 Q4

Information regarding local community 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 represent the breadth of work across 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 were no registered service inspections during January to March 2026. 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.

Ministerial Strategic Group (MSG) Indicators



MSG Indicators Workbook - Summary



Partnership
Clackmannanshire & Stirling

Locality
All

12 months to:
November 2025

← Please hover over the blue icon for more information

Indicators 1 to 4 (values shown for patients over 18 years of age)	12 months from December 2024 to November 2025	12 months total up to November 2024	12 months total up to November 2025	Percentage change (i)
Indicator 1a - Number of Emergency Admissions		15,438	16,304	5.6%
Indicator 1b - Number of Admissions from A&E		7,136	7,534	5.6%
Indicator 2a - Number of Unscheduled Bed Days; Acute		109,732	99,460	-9.4%
Indicator 2b - Number of Unscheduled Bed Days; Geriatric Long Stay		10	66	560.0%
Indicator 2c - Number of Unscheduled Bed Days; Mental Health		20,246	13,599	-32.8%
Indicator 3a - Number of A&E Attendances		25,054	24,595	-1.8%
Indicator 4a - Delayed Discharge Bed Days; All Reasons		20,075	16,411	-18.3%
Indicator 4b - Delayed Discharge Bed Days; Code 9		9,671	7,898	-18.3%
Indicator 4c - Delayed Discharge Bed Days; Health and Social Care reasons		10,331	8,480	-17.9%
Indicator 4d - Delayed Discharge Bed Days; Patient/Carer/Family-related reasons		73	33	-54.8%
Indicators 5 and 6	Trend of annual totals	Previous financial year	Latest financial year	% point (pp) change (i)
Indicator 5 - Last Six Months of Life by Setting (Community, All Ages)		2023/24 89.4%	2024/25p 88.7%	-0.69%
Indicator 6 - Percentage of Population in Institutional or Community Settings (Home - Unsupported, All Ages)		2022/23 97.7%	2023/24 97.6%	-0.62%

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

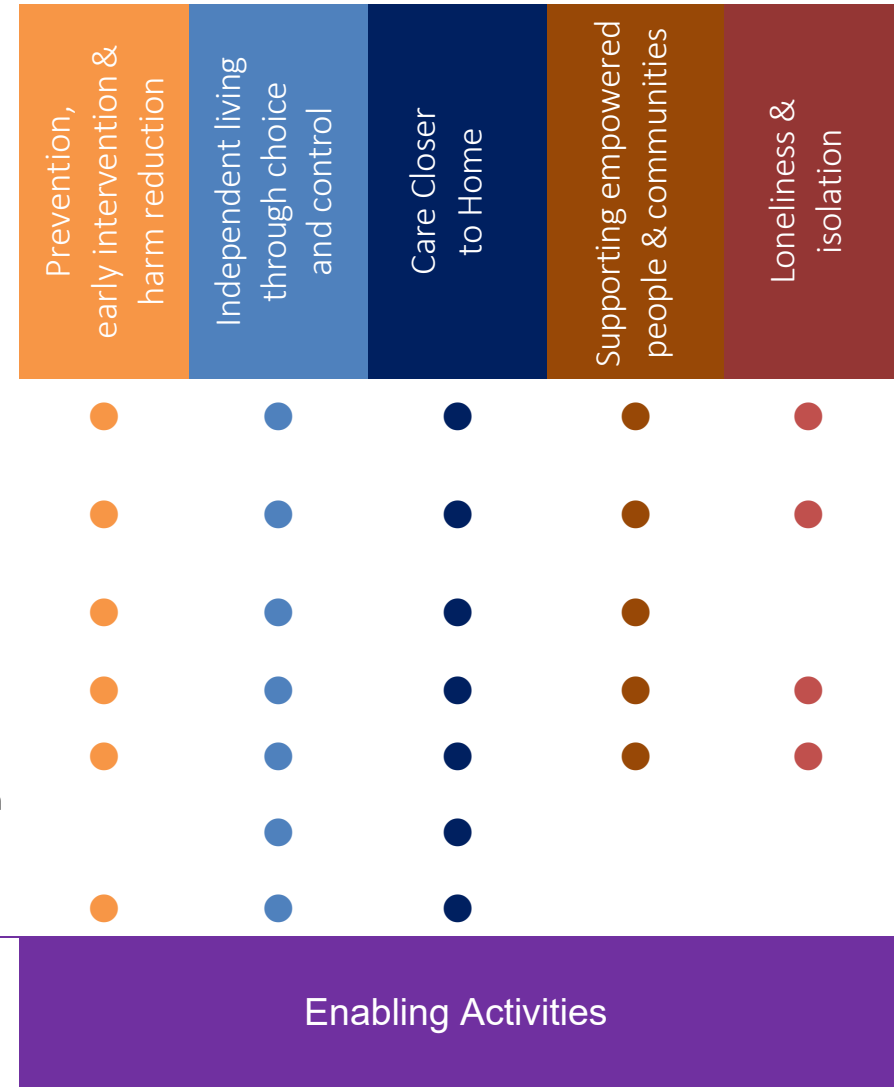
Source: PHS NSS Data

The table above outlines the most up-to-date information for the MSG indicators to November 2025 where completeness for Forth Valley NHS is 99%. Please note completeness for December 2025 is currently 57%.

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



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

CLW - Community Link Worker

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

24 June 2026

Agenda Item 13

Substance Use Treatment and Support Model

For Noting

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Nick Fayers Interim ADP Chair, Dr Kathleen Brennan, GP Clinical Lead, Elaine Brown, Interim Head of Service
Author(s)	Nick Fayers, Interim ADP Chair Elaine Brown, Interim Head of Service Dr Kathleen Brennan, GP Clinical Lead Kirstin Cassells, Lead Pharmacist: Community Pharmacy, Public Health & Integrated Service Alan Campbell Finance Manager
Exempt Report	No

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

Purpose of Report:	To provide the Integration Joint Board with assurance on the delivery of substance use treatment closer to home.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> Note the progress with development of substance use treatment and support closer to home across the HSCP.
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Clackmannanshire & Stirling HSCP Professional Advisory Group view, which will provide professional advice and expertise on key aspects within this report.	Following discussion, the Professional Advisory Group agreed that a paragraph should be included in the paper summarising progress and previous work, before submission to the Integration Joint Board (IJB). This has been included in the updated paper presented below.
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1. Introduction and context

This paper sets out to provide an update to the IJB on the progress on moving to a whole system model of care for those individuals and families impacted by substance use. Importantly these individuals are among the most vulnerable in our communities, particularly in areas of high poverty and deprivation.

The IJB approved a paper in August 2024 relating to the future delivery of treatment and support for people affected by substance use. The key recommendations approved were:

- To note the engagement activity including those with a lived experience as well as providers of care, support and treatment.
- To agree the redesign of a model of specialist substance use care and support aligned to low intensity primary care focused delivery.

The IJB received further updates throughout 2025 on progress to deliver a whole system community-based model of care.

In November 2025 the IJB received an update on that progress outlining the complexity of the current strategic and operational landscape and the need for considered financial planning across multiple organisations and contracts.

This paper provides the IJB with assurance on progress and outlines the revised ADP governance arrangements intended to improve outcomes for individuals, families and communities affected by drugs and alcohol.

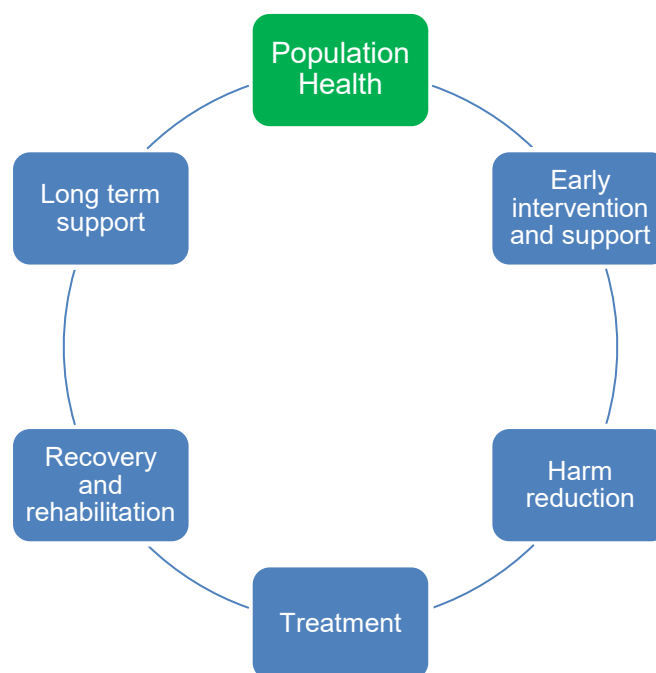
Our focus within Clackmannanshire and Stirling is informed by the principal national policy drivers:

- Preventing Harm, Promoting Recovery: Scotland’s Alcohol and Drugs Strategic Plan 2026-2035.
- Alcohol and Drugs Services: national specification (March 2026).
- Medication Assisted Treatment (MAT) Standards.

2. Whole system principles

The HSCP is adopting a whole system approach, based on a continuum of care as opposed to individual services. The model is based on the principle of ‘No Wrong Door’ which means that individuals can access help and support wherever they first present or ask for help, with a focus on meeting holistic needs and promoting recovery and rehabilitation. Within this approach, individuals should be able to access the service that best meets their assessed needs and move through the system as those needs and levels of risk change.

These overarching principles are reflected in the diagram below:



The principles will be realised through strong and effective multi-agency partnership working between NHS Forth Valley, Clackmannanshire and Stirling Councils and Third Sector Organisations.

The principles are further informed by the Recovery Oriented System of Care (ROSC) with core features including being person-centred and rights based, trauma informed, community based and offering integrated support and long-term care.

ROSC recognises recovery can begin anywhere in the system and must be supported holistically. This aligns closely with the 'No Wrong Door' approach set out above.

3. Whole System Model

Improving outcomes and in turn population health is a key measure of the impact of the effectiveness of HSCPs, alongside the wider legal mandate of Community Planning Partnerships (CPPs) as defined in the Community Empowerment (Scotland) Act 2015. It is important to also note the role of public health campaigns around reducing the progression towards dependence on drugs and alcohol.

Central to future service development is a community-based treatment model featuring locality-based services, multi-disciplinary teams and care-coordination. This core model will deliver 4 key functions (although delivery settings and operational processes may vary):

- Assessment and care planning (using a targeted approach to support individuals most at risk). This will include specialist support for co-morbid substance use and mental health presentations.
- Prescribing interventions.
- Psychosocial interventions.
- Family support.

This aligns to the national priorities defined as 'shifting the balance of care'.

Community pharmacy has a key role in the delivery of Medication Assisted Treatment (MAT) within this 'care closer to home' model. Across Forth Valley, and in particular Clackmannanshire and Stirling, community pharmacy delivers a recently enhanced MAT-aligned Opioid Substitution Therapy (OST) service, providing harm reduction, overdose awareness and wider support within local communities, in line with national policy to deliver treatment through primary care settings.

For those individuals with more complex needs, access to specialist treatment services will continue to be available as clinically appropriate and may include;

- Specialist Substance Use Psychiatry, Psychology, Pharmacy and Nursing.
- Specialist support for people with dual diagnosis (e.g. mental health and substance use).
- Complex detoxification.
- High risk prescribing.

A further extension of the 'core model' is the delivery of harm reduction and outreach. This targets high risk individuals/communities informed through 'local intelligence', with the aim of targeted support and care in a timely manner in response to changing local patterns of substance use. Examples of this include naloxone distribution and outreach teams, particularly in response to the changing use of synthetics across our communities.

The treatment of individuals will be based on their presenting needs using a targeted approach as outlined above until stable, and then moving to 'Shared Care' with General Practice, Community Pharmacy, Third Sector and specialist services across the HSCP footprint, thereby seeking to address inequalities and support deprived communities.

It is important to recognise the challenges of supporting those with complex needs, and Specialist Services have an important role in retaining oversight of complex case management. Clear escalation pathways are therefore being developed to ensure that responsibility and clinical governance remain well defined, reducing risk while promoting shared ownership of care across services

Finally, the whole system model will enhance recovery and long-term support. This builds on the positive outcomes delivered locally through our partnership approach with Third Sector Interface. Key features include:

- Peer support / recovery communities.
- Housing support.
- Employability programmes and critically.
- Family Support.
- Social Work Support.

4. Progress (25-26)

A short life working group (SLWG) comprised of NHS and third sector partners was established in summer 2025. The work undertaken by this group focused on Substance Use Service (SUS) redesign in a way that aligned with the IJB direction. Alongside this, specific service developments have been implemented within SUS to improve access.

The Substance Use Service has implemented a Rapid Access Clinic (RAC) for individuals requiring medication assisted treatment (MAT). This provides direct access to commence quickly on medication with the aim of reducing drug related harm and has resulted in consistent achievement of 100% delivery against the MAT 1 Standard. A daily High-Risk Huddle involving key local agencies – SUS, Change Grow Live, Transform Forth Valley and Recovery Scotland compliments this, supporting timely discussion of high-risk individuals with the option of assertive outreach where appropriate.

Further refinement of operational delivery is required to fully implement this model of care. Work will proceed with involvement from wider stakeholders to ensure that key

elements of the whole system are represented within the model to enhance recovery and long term support through partnership working.

5. Delivery plan (26-27)

The focus for 2026-27 is the further development and delivery of a whole system service model and pathways to deliver the model of care which supports the principles set out earlier in this paper. Initially, the main areas of focus are clinical and psychosocial interventions. This work is being progressed by a leadership team with expertise drawn from the specialist Substance Use Service (SUS), Primary Care (specifically General Practice and Community Pharmacy), the Third Sector and Finance to ensure the delivery of safe, person-centred, high-quality and financially sustainable model.

Implementation will be subject to financial, workforce and Care and Clinical Governance processes. This will require further operational refinement and may require a phased approach. The HSCP is committed to delivering an improved whole system approach to community-based treatment aimed at supporting vulnerable individuals within our communities.

6. Governance

The Alcohol and Drugs Partnership (ADP) provides strategic leadership and assurance to strengthen system-wide delivery of services. This includes development of the ADP Commissioning Plan and onward reporting to the IJB. The ADP is committed to seeking advice and scrutiny through wider governance arrangements, including Care and Clinical Governance.

Going forward, it is proposed that the ADP will establish an Executive Committee to streamline assurance and support enhanced partnership working. The ADP will be informed by a number of expert reference groups, including those focused on living and lived experience, prevention etc. The membership of reference groups will ensure the clinical and professional voices are captured. The ADP is meeting in early July to approve revised Terms of Reference, including the establishment of an Executive Committee and the focus and membership of expert reference groups.

7. Role of ADP in supporting the development of a whole system approach

The IJB is asked to note these strengthened ADP arrangements that will support those impacted by drugs and alcohol. Critically our approach and delivery are being informed by people with living and lived experience alongside clinical and professional advisers and vibrant community voices through our strong partnership with Third Sector Organisations, including Change Grow Live (CGL), Recovery Scotland and Scottish Families affected by Drugs and Alcohol (SFAD).

Planning to date has focused on support and treatment for people requiring help with opioid use. As previously noted, this represents only one part of the overall treatment

model required, but it may provide a practical blueprint for further service development.

8. Future Development

Overall, through the revised governance arrangements of the Alcohol and Drugs Partnership and onward reporting to the IJB, the partnership will have an unrelenting focus on integrating care and improving outcomes, namely:

- Reducing harm e.g. Near Fatal Overdose, Blood Borne Viruses.
- Improving wellbeing.
- Sustained recovery.

9. Appendices

Appendix 1 Preventing Harm, Promoting Recovery: Scotland’s Alcohol and Drugs Strategic Plan 2026-2035

Appendix 2 Alcohol and Drugs Services: national specification (March 2026)

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting Empowered People and Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input checked="" type="checkbox"/>
Workforce Plan	<input checked="" type="checkbox"/>
Commissioning Consortium	<input checked="" type="checkbox"/>
Transforming Care	<input checked="" type="checkbox"/>
Data and Performance	<input checked="" type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	Financial analysis and planning is an integral part of this work, and is being undertaken to support the delivery of the model outlined in this paper, incorporating Scottish Government and local funding.
Other Resources:	As detailed.
Legal:	As a Section 106 Public Body per the Local Government (Scotland) Act 1974 the IJB has statutory duties regarding budget and securing Best Value.

Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix 1 Preventing Harm, Promoting Recovery: Scotland's Alcohol and Drugs Strategic Plan 2026-2035
[Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan](#)

Appendix 2. Alcohol and Drugs Services:national specification (March 2026)
[Alcohol & Drugs National Specification](#)

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 14

Accounts Commission Section 102 Report: Securing a Section 95 Officer

For Noting

Paper Approved for Submission by:	Allan Rennie, Chair, Clackmannanshire and Stirling Integration Joint Board
Paper presented by	Dr Jennifer Borthwick, Interim Chief Officer
Author	Dr Jennifer Borthwick, Interim Chief Officer
Exempt Report	No

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

Purpose of Report:	To ensure the Integration Joint Board is fully sighted on the recommendations of the recent Accounts Commission Section 102 Report: Securing a Section 95 Officer (March 2026), and to provide assurance regarding the actions taken in response.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the conclusions of the above report. 2) Note the actions taken in response to the above report.
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Key issues and risks:	<p>The Accounts Commission report concluded that Clackmannanshire & Stirling Integration Joint Board did not fulfil the legal requirement to have a Section 95 Officer in place between October and December 2025. The actions taken as a result of this report are intended to mitigate the risk of recurrence.</p>
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1. Background

- 1.1. On 17 October 2025, the Chief Finance Officer for Clackmannanshire & Stirling Integration Joint Board (IJB) left their post, having served the required notice period. Although efforts were made to recruit a permanent replacement, these were not initially successful.
- 1.2. An interim appointment was subsequently made, with the Interim CFO taking up post on 22 December 2025. The post was then successfully recruited to on a permanent basis in February 2026, with the postholder taking up the substantive role on 1 April 2026.
- 1.3. During the period between 17 October and 22 December when the IJB did not have a CFO/Section 95 Officer in post, the partner organisations provided extensive financial support to the IJB via their CFOs (Stirling Council & Clackmannanshire Council) and Director of Finance (NHS Forth Valley).
- 1.4. During the audit of annual accounts for Clackmannanshire & Stirling IJB for 2024/25, the appointed auditor identified the issue of the IJB not having a formally designated Section 95 Officer for a period of 9 weeks between 17 October and 22 December 2025.

- 1.5. Audit Scotland took the decision to use their reporting powers under s102 (1) of the Local Government (Scotland) Act 1973 to bring this matter to the attention of the Accounts Commission and completed the attached report (Appendix 1).

2. Section 102 Report Findings

2.1. The legal requirement was not met.

1. The Local Government (Scotland) Act 1972 states that it is a requirement to have a named officer with responsibility for the administration of financial affairs in place. The sharing of responsibilities between partners, without a named officer with overall responsibility, does not meet this legal requirement.
2. 'Not appointing a s95 officer means the IJB was not complying with a legal requirement of the 1973 Act, or the supporting Scottish Statutory Instrument and statutory guidance of the Public Bodies Act. The s95 officer has specific duties and responsibilities for the appropriate financial management of significant amounts of public money and is legally accountable for this. If there is a failure to maintain the financial governance and control systems effectively, there is an increased risk of inaccuracies, mismanagement and legal implications for the IJB.'
(Accounts Commission, March 2026)

2.2. Financial administration has been maintained.

1. The auditor found that although the legal requirement was not met, this did not result in a failure to deliver proper financial administration.
2. There were some challenges with meeting the year-end audit timetable, and additional pressure was put on the capacity of partner finance teams.
3. Some benefits were noted however, in terms of improved understanding of partner processes and improved working relationships.

2.3. The IJB has experience significant leadership instability.

1. The report highlighted the national context around recruitment and retention of IJB Chief Finance Officers and Chief Officer, with over half of IJBs having a change in leadership at this level in 2024/25.
2. It also referenced the specific challenges within Clackmannanshire & Stirling, with four Chief Officers in five years, and five IJB Chairs over the same period.
3. The importance of the IJB having access to appropriate legal support was also highlighted.

3. Actions Taken in Response

- 3.1. All the actions required by the Accounts Commission are being implemented, with the majority complete.
- 3.2. The **Accounts Commission Report has been shared** with all IJB members, and with the Chief Executives and Chief Finance Officer/Director of Finance of

the three partner organisations. It has also been made publicly available on the IJB website.

- 3.3. The **report is tabled for discussion** at the Clackmannanshire & Stirling IJB on 24 June 2026, to ensure full visibility to and oversight by IJB members.
- 3.4. An **IJB Governance Officer has been agreed**, including attendance at all IJB meetings, to ensure the availability of appropriate governance advice to the IJB.
- 3.5. An **amendment to the Scheme of Integration has been proposed** to specify that, in the event of a temporary vacancy, a named individual will be designated as the Chief Finance Officer/Section 95 Officer of the IJB.
- 3.6. An **in-person meeting took place between members of the Accounts Commission and IJB members** on 12 May 2026 to discuss the report findings in detail. The Chair of the Accounts Commission advised at the meeting that they were content with the actions taken by the IJB in response to the report conclusions. Present at that meeting were the following Officers:
 1. Jo Armstrong, Chair of the Accounts Commission
 2. Sarah Watters, Director for the Accounts Commission
 3. Malcolm Bell, Accounts Commission member
 4. Stuart Kenny, Deloitte
 5. Allan Rennie, Chair, Clackmannanshire & Stirling IJB
 6. Cllr Fiona Law, Vice Chair, Clackmannanshire & Stirling IJB
 7. Jennifer Borthwick, Interim Chief Officer, Clackmannanshire & Stirling IJB
- 3.7. The final action required is to **improve induction processes for new IJB members**, to ensure that all members have clarity around appropriate governance. This will include clarity around recruitment requirements, and the requirement to proactively notify the appointed auditors of a vacancy/interim arrangements for the Section 95 Officer role. This work will be taken forward by the Interim Chief Officer, Chief Finance Officer and Governance Officer.
- 3.8. It should also be noted that the Accounts Commission has stated that there are lessons for all IJBs contained within their report, and the recommendations should be considered beyond Clackmannanshire & Stirling IJB.

4. Conclusions

- 4.1. The Section 102 Report concluded that there was limited impact of the failure to appoint a Section 95 Officer for a period of 9 weeks between October and December 2025, due to the informal arrangements put in place by partners. However, it also clearly stated that such informal arrangements to not provide satisfactory accountability, do not fully reflect the requirement of the role and do not meet the legal requirement. Therefore, the Accounts Commission concluded that, over this period, the IJB did not fulfil its legal requirements.
- 4.2. These conclusions have been fully accepted, and the actions described above have been taken to mitigate the risk of recurrence.

5. Appendices

Appendix 1: Securing a Section 95 Officer, Accounts Commission, March 2026.

Fit with Strategic Priorities:	
Prevention and Early Intervention	
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	The Accounts Commission Report concluded that Clackmannanshire & Stirling IJB did not fulfil the legal requirement to have a Section 95 Officer in place between October and December 2025. This issue was addressed by the appointment of an Interim CFO in December 2025, followed by the appointment of a substantive CFO in February 2026. As a result, the IJB is now legally compliant.
Risk & mitigation:	As outlined in the paper, the key risk is of a recurrence of the situation which led to the report, i.e. a failure to have a Section 95 Officer in place. The actions taken as a result of the report are intended to mitigate this risk.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

	<p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
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The 2024/25 audit of

Clackmannanshire and Stirling Integration Joint Board

Securing a section 95 officer



ACCOUNTS COMMISSION 

Prepared by the Controller of Audit
March 2026

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Accessibility

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Commission findings

The Accounts Commission is pleased that the Controller of Audit used her powers to highlight a matter arising from the 2024/25 audit of the Clackmannanshire and Stirling Integration Joint Board (IJB) in relation to the departure of the section 95 officer (as required under the Local Government (Scotland) 1973 Act) in October 2025. Following consideration of the Controller's report (presented at [page 5](#)) at its meeting on 12 March, the Commission has made the findings presented below, and would urge all IJBs to review [paragraphs 29–32](#) in the report and take appropriate action:

- 1** Legislation requires IJBs to appoint a section 95 officer (often referred to as a chief finance officer or CFO). This role is fundamental to good governance, accountability and strategic financial planning. The CFO is responsible for ensuring resources are aligned with priorities so is the statutory financial lead. Given current financial pressures, this role is more important than ever, and our 2024 [blog](#) and the CIPFA briefing referenced within it remain highly relevant.
- 2** In this case, partner bodies undertook the necessary financial management after the CFO's departure, and there is clear evidence of strong partnership working in day-to-day financial management and in preparing the annual accounts. However, the failure to formally appoint a CFO, even on an interim basis, meant legal requirements were not met. We view this as a serious failure by all three partners. Following the Scheme of Delegation in future would prevent this. We expect to see evidence of lessons learned in the IJB's own Annual Governance Statement, as well as in the auditor's 2025/26 report.
- 3** We are particularly concerned about advice given to the IJB in November stating that 'all statutory requirements are being met; no legal issues identified'. In the minutes of that meeting, the IJB Chair stated that assigning specific people to statutory posts was essential for meeting legal requirements. However, no formal appointment was made at that time to the role of CFO, despite uncertainty over the outcome of the recruitment being undertaken. Additionally, there was no clarity in relation to contingency

arrangements had the IJB failed to recruit which is concerning from a financial planning and governance perspective.

- 4** We recognise the recruitment and retention challenges faced by all IJBs, especially at senior levels. High turnover increases the risk that institutional knowledge is undermined, and statutory obligations are misunderstood. Robust induction processes are therefore essential across the IJB, so everyone clearly understands their legal duties. Clear contingency arrangements are also essential to address any gaps that arise in relation to statutory roles.
-

The 2024/25 audit of Clackmannanshire and Stirling Integration Joint Board

Introduction

1. The Code of Audit Practice requires appointed auditors to produce an Annual Audit Report (AAR) summarising the significant matters arising from their audit work. For Integration Joint Boards (IJBs), auditors appointed by the Accounts Commission address the AAR to the IJB and the Controller of Audit.
2. I have received the AAR and the audited annual accounts for Clackmannanshire and Stirling Integration Joint Board (IJB) for 2024/25. The appointed auditor has issued unqualified opinions on the annual accounts but has identified a matter relating to the departure of the chief finance officer (CFO) in October 2025. The IJB failed to formally designate a section 95 (s95) officer until an interim CFO appointment was made in December 2025.
3. I have therefore decided to use the reporting powers available to me under s102 (1) of the Local Government (Scotland) Act 1973 to bring this matter to the Accounts Commission's attention.

Background

4. IJBs are separate legal entities, bound by Part VII of the [Local Government \(Scotland\) Act 1973](#) (the 1973 Act) which includes requirements relating to finance. Under [section 95 of the 1973 Act](#), IJBs are required to 'make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs'. The 'proper officer' referred to in the legislation is commonly referred to as the s95 officer.
5. IJBs were established under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) (the Public Bodies Act). The Public Bodies Act requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. Clackmannanshire and Stirling councils formed a single partnership with NHS Forth Valley.

6. Supporting legislation ([Scottish Statutory Instruments 2014 No. 285, Article 5](#)) and statutory guidance for the Public Bodies Act ([Roles, Responsibilities and Membership of the Integration Joint Board](#)), set out that the minimum membership of the IJB must include a chief officer (CO) and a s95 officer, appointed by the IJB. The CO provides a single point of accountability for integrated health and social care services. For most IJBs the s95 officer is the CFO. This officer is responsible for the financial arrangements of the IJB. The Clackmannanshire and Stirling IJB's scheme of delegation sets out that a range of important responsibilities are delegated to its CFO (the s95 officer). Specifically:

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

- establishing financial governance systems for the proper use of the delegated resources
- ensuring that the strategic plan meets the requirement for Best Value in the use of the IJB's resources
- ensuring that the directions to the health board and local authority provide for the resources that are allocated in respect of the directions are spent according to the plan.'

7. In August 2025, the IJB's CFO resigned and on 17 October 2025 left the IJB. An initial recruitment process commenced after the CFO gave notice, and this was followed by a direct request to other IJBs nationally for a secondee. Both were unsuccessful. The IJB operated without a s95 officer for nine weeks until an interim CFO was appointed and started in post on 22 December 2025 on a six-month fixed contract.

8. During this time, the s95 officers and the Director of Finance from all three partners collaborated with the interim CO, sharing key duties to maintain financial management and reporting to the board.

9. At the IJB's November 2025 meeting, an update was provided to the board, setting out that the post of CFO was to be re-advertised, that temporary cover was being arranged through an agency and that 'in the short term, the s95 council finance leads from all partner organisations and the Director of Finance for NHS Forth Valley are working together to cover the core financial requirements'. Minutes of the meeting record that the IJB Chair noted that assigning specific people to these positions is essential for meeting statutory requirements. The supporting paper presented to the IJB notes under the heading of 'legal implications' – 'All statutory requirements are being met; no legal issues identified'.

10. Interviews for the permanent CFO post took place on 12 February 2026. The interim CO has advised that the recruitment was successful,

resulting in an appointment being made. A timeline of the relevant events is set out in [Exhibit 1](#).

Exhibit 1

Timeline of events

Events relating to the IJB s95 officer role and wider leadership changes at Clackmannanshire and Stirling IJB between August 2025 and February 2026.

Month	Event
August 2025	CFO resigns
September 2025	Recruitment process for CFO began
October 2025	<p>1 October: recruitment process concludes but unable to appoint new CFO</p> <p>2 October: request put out to other IJBs, councils and NHS boards for a temporary secondment opportunity – no interest</p> <p>3 October: HSCP management accountant left post</p> <p>17 October: the former CFO leaves having served his notice</p>
November 2025	<p>3 November: partner finance leads meet to discuss IJBs finance priority actions</p> <p>Weekly meetings of partner finance leads and interim CO established</p> <p>IJB chair changes</p> <p>Further recruitment work undertaken to identify a temporary CFO through an agency</p> <p>Paper to IJB meeting updates on interim arrangement – the IJB Chair raises the lack of a designated s95 officer</p>
December 2025	<p>5 December: former interim CO leaves</p> <p>8 December: new interim CO starts secondment from NHS Forth Valley – due to finish 30 September 2026</p> <p>22 December: interim CFO starts six-month fixed-term contract (to June 2026)</p>
January 2026	<p>Recruitment for substantive CFO post began</p> <p>28 January: interim CFO presents financial report and update to the IJB</p>
February 2026	12 February: interviews for new CFO led to the appointment of the interim CFO into the substantive post

The auditor's opinion

11. The auditor highlights in the 2024/25 AAR that:

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

The legal requirement was not met

12. Qualified colleagues from the partner organisations managed financial tasks during the period when the IJB had no CFO, ensuring operations continued. However, their roles were not officially assigned or delegated, and no one was appointed as the s95 officer.

13. The IJB's scheme of delegation specifically states:

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

14. Although the partner bodies have provided effective support and have done so in good faith, there is no evidence that the IJB 'formally appointed' any or all the lead officers to fulfil this role.

15. Not appointing a s95 officer means the IJB was not complying with a legal requirement of the 1973 Act, or the supporting Scottish Statutory Instrument and statutory guidance of the Public Bodies Act. The s95 officer has specific duties and responsibilities for the appropriate financial management of significant amounts of public money and is legally accountable for this. If there is a failure to maintain the financial governance and control systems effectively there is increased risk of inaccuracies, mismanagement and legal implications for the IJB.

Financial administration has been maintained

16. The auditor found that the gap in having an identified s95 officer did not result in a failure to deliver proper financial administration. He did report that there were challenges with meeting the year-end audit

timetable. This also reflects that the other member of the IJB finance team left two weeks before the CFO, leaving no dedicated finance staff.

17. This adds pressure to an already challenging budget process for the IJB and its partners for 2026/27, alongside revising the integration scheme and medium-term financial planning.

18. Delays at the IJB also mean that information is not as readily available for financial reporting and planning at partner bodies. Increased partner involvement has directly strained the finance teams' capacity in each organisation, especially during financially challenging times.

19. Officers of the partner bodies acknowledge that working closely on the financial requirements of the IJB has improved their understanding and their collective approach to addressing the issues faced. The improved working arrangements, understanding and relationships may assist in managing the complex and challenging financial issues ahead for the IJB and partners to address.

20. The Accounts Commission's [IJB Finance bulletin for 2024/25](#), highlights that IJBs are in a critical financial position, 'with increasing cost pressures and the total level of reserves now lower than the budget gap forecast, IJBs need to take decisive action and make difficult decisions about services'. In 2024/25, Clackmannanshire and Stirling IJB faced a financial gap of £24.7 million, which is almost 8.9 per cent of total budgeted expenditure. By the end of the financial year, the IJB was forecast to achieve £8.6 million savings and had no contingency reserves left.

The IJB has experienced significant leadership instability

21. The initial difficulties that the IJB faced in recruiting a new CFO reflect a challenging context for recruitment and retention of CFOs (and COs) across the sector. The IJB Finance bulletin 2024/25 highlights that 'over half of IJBs experienced a change in senior leadership at either the CFO or CO level in 2024/25. This continues a pattern that has been evident for several years. The leadership and strategic vision of senior officers is crucial in the strategic planning and decision-making required to drive much-needed transformation. Instability in leadership teams has the potential to disrupt strategic planning and the leadership capacity to bring about the fundamental change required to address the growing scale of challenges facing IJBs'.

22. The IJB has been through a period of leadership instability. Although the CFO had been in post for ten years, the CO role has been held by four individuals over the past five years with three of those being on an interim basis. The chair's role changes every two years by design, but five different individuals have served as chair in the past five years.

23. The interim CO came to the end of her appointment and was replaced by the current interim CO in December 2025. In December 2025, the CO and CFO were both new to the role and interim appointments. In November 2025, the chair of the IJB also changed.

24. The IJB will benefit from a period of leadership stability, particularly given the challenging financial context it faces. The appointment of the interim CFO into the substantive post in February 2026 is a positive step. The IJB also anticipates beginning recruitment for the substantive CO post before the end of March 2026.

25. The interim CO has recently sought and agreed legal support for IJB meetings from one of the partner councils. This had been the arrangement in the past but was discontinued in 2024. The legal implications of not appointing a s95 officer is an example of where appropriate legal support is important.

Conclusions

26. The departure of the IJB CFO did not adversely affect financial management or annual account preparation, though the auditor reported some challenges with year-end audit arrangements. The limited impact reflects the close working undertaken by the three partner body CFOs and the IJB interim CO.

27. However, it is a legal requirement for the IJB to have a s95 officer in place and the informal arrangement between October and December 2025 did not fulfil this requirement. At any point, financial management of public money requires clear lines of responsibility and accountability, and this is heightened with the current challenging financial landscape as set out in the Accounts Commission's Integration Joint Boards Financial bulletin 2024/25.

28. I have asked the appointed auditor to monitor progress at Clackmannanshire and Stirling IJB with the effectiveness of the financial management arrangements as the new s95 officer takes up the substantive role. The auditor will also monitor the wider stability of leadership at the IJB and report on progress with improving governance arrangements in their report on the audit of the 2025/26 accounts.

Lessons for all IJBs

29. There is a notable turnover of CFOs and COs in IJBs and there is a limited pool of candidates with the skills, experience and appetite to take on these challenging roles. The circumstances at Clackmannanshire and Stirling IJB are not unique and it is important that all IJBs consider their arrangements to manage the duties and responsibilities of these posts if there is a period when they may become vacant.

30. The duties of statutory roles such as s95 and COs must be formally assigned to an appropriate individual or individuals. These arrangements should be considered by the IJB's legal advisor to ensure they are appropriate and reflect the requirement of the role. The proposed arrangements should be agreed by the IJB. Informal agreements do not meet the legal requirement and do not provide satisfactory accountability for the significant responsibilities held by these posts.

31. Each IJB should:

- ensure it has appropriate legal support to provide advice on meeting statutory and governance requirements

- ensure governance documentation includes contingency arrangements for a gap in a statutory role so that in these circumstances an appropriate individual is identified as responsible and accountable for the specific duties.

32. If there is the potential for a statutory role to become vacant, IJBs should:

- seek an immediate interim appointment until the permanent post can be filled to meet the statutory obligations under section 95 and ensure continuity of statutory financial administration
- accelerate permanent recruitment
- proactively inform the appointed auditors about the vacancy, the interim measures in place, and the recruitment timetable
- while interim cover is in place:
 - strengthen internal controls and monitoring including internal audit scrutiny
 - reassess financial strategy and risks
 - introduce safeguards for financial decision-making
 - maintain transparency with board members, including increasing the frequency of financial monitoring reports.

The 2024/25 audit of Clackmannanshire and Stirling Integration Joint Board

Securing a section 95 officer



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Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 15

Internal Audit Annual Assurance Report 2025/26

For Noting

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by:	Graham Templeton, Audit Service Manager, Stirling Council
Author:	Graham Templeton, Audit Service Manager, Stirling Council
Exempt Report:	No

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

Purpose of Report:	To provide an overall assurance on the Integration Joint Board's (IJB) arrangements for risk management, governance and control, based on Internal Audit's work undertaken and reported during 2025/26.
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Recommendations:	<p>The Integration Joint Board is asked to note that:</p> <ol style="list-style-type: none"> 1) sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided; 2) Internal Audit can provide limited assurance on the IJB's arrangements for risk management, governance and control for the year to 31 March 2026; and 3) in providing this opinion, Internal Audit operated with no impairments or restrictions to scope / independence / objectivity of Internal Audit activity during the year.
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Key issues and risks:	<p>The role of Internal Audit is to provide assurance on the IJB's arrangements for risk management, governance and control. Work undertaken by Internal Audit aims to reduce or mitigate risk to which the IJB may be exposed.</p> <p>Consideration of this report enables the Finance, Audit and Performance Committee to discharge its remit to 'assess the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements.' This is in line with the Committee's Terms of Reference, as approved at a special meeting of the Integration Joint Board on 07 February 2025.</p>
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1. Background

- 1.1. The Integrated Resource Advisory Group (IRAG) guidance states that it is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
- 1.2. It is senior managers' responsibility to establish and maintain effective and proportionate risk management, governance and control arrangements.

Internal Audit is not an extension of, or substitute for, operational management.

- 1.3. The IJB agreed, on 24 February 2016, that Internal Audit services would be provided by the Internal Audit teams within the constituent authorities, with responsibility for Chief Internal Auditor duties rotating between those authorities' Chief Internal Auditors on a three-year basis. The Stirling Council Internal Audit Manager was nominated as Chief Internal Auditor for the three-year period covering the financial years from 01 April 2025 up to 31 March 2028.
- 1.4. An Internal Audit Joint Working Protocol was agreed by the Internal Auditors of Clackmannanshire Council, Stirling Council and NHS Forth Valley, and by the then Audit and Risk Committee.
- 1.5. Until 31 March 2025 Internal Audit's work was governed by the requirements of the Public Sector Internal Audit Standards 2017 (the PSIAS). The Chartered Institute of Public Finance & Accountancy (CIPFA) and the Chartered Institute of Internal Auditors (IIA) jointly issued the Standards.
- 1.6. From 01 April 2025 the IIA's new Global Internal Audit Standards 2024 apply (the GIAS). CIPFA has produced a 'Global Internal Audit Standards in the UK Public Sector' Application Note that provides a framework for the practice of Internal Audit in the UK public sector.
- 1.7. The PSIAS and the new GIAS both require the Audit Service Manager to prepare an Internal Audit Annual Assurance Report. That report should include:
 - 1.7.1 a statement on the overall adequacy of the IJB's control environment;
 - 1.7.2 a summary of Internal Audit work undertaken during the year; and
 - 1.7.3 a statement on the Internal Audit Section's conformance with the Standards.
- 1.8. This report has been prepared to meet those requirements.
- 1.9. The overall adequacy of the control environment is provided in line with the assurance definitions at **Appendix 1**.

2. 2025/26 Internal Audit Reviews Considered in Providing Overall Assurance

- 2.1. The Internal Audit Plan for 2025/26 was agreed at the Finance, Audit and Performance Committee on 25 June 2025. The agreed plan is below:

	Activity	Days
Internal Audit planning and management.	Internal Audit planning; liaison with IJB management; planning for, and attendance at, Finance, Audit and Performance Committee meetings; and preparation of Internal Audit update, annual assurance and planning reports.	15
Internal Audit assignment.	Review of budget monitoring and delivery. Linking to strategic risk HSCP001: Delivery of Strategic Commissioning Plan within available budget.	20
Internal Audit assignment.	Review of assurance frameworks, focussing on Integration Scheme delivery. This links with various strategic risks, including HSCP002: Inadequate Governance, Leadership, Decision Making and Scrutiny.	20
Follow-up.	Follow-up of previous Internal Audit recommendations.	5
Annual assurance work.	Facilitation of, and input to, annual governance self-assessment process.	5
Consultancy and contingency.	Provision of consultancy input and advice and contingency time to allow for some flexibility in delivery of listed activities.	15

- 2.2. The planned work to review assurance frameworks has been deferred pending approval of the new Integration Scheme.
- 2.3. We validated the CSIJB Annual Governance Statement Assurance Questionnaire for 2025/26. Internal Audit provided substantial assurance in this area. The final report is presented at **Appendix 2**.
- 2.4. We were content that the Questionnaire had been fully and accurately completed with documentation available to support the findings. However, the self-assessment has identified one additional area for improvement relating to the Scheme of Delegation review cycle.
- 2.5. Additionally, the self-assessment has shown that further work is required in relation to six areas which have been previously identified by the CFO in the 2024/25 self-assessment. As a result, we have reiterated recommendations to address these.
- 2.6. Internal Audit provided limited assurance over the arrangements for governance, project management, financial management, and the monitoring and reporting associated with the 2025/26 Delivery Plan. The final report is presented at **Appendix 3**.
- 2.7. While a formal governance and reporting framework was in place, we identified significant weaknesses in its operation in relation to the 2025/26 Delivery Plan. These weaknesses impacted on the CSIJB's ability to plan,

deliver, and monitor the savings required to achieve a financial deficit of £7.822m.

- 2.8. The CSIJB approved its 2025/26 Revenue Budget and associated Delivery Plan in May 2025, with a planned deficit of £7.822m. However, we found that:
- roles, responsibilities, and accountabilities for the 2025/26 Delivery Plan actions were not clearly defined or formally documented;
 - a significant proportion of savings were backloaded, reducing deliverability within the financial year and increasing financial risk;
 - planned programme management structures, including performance dashboards and structured reporting to the Finance, Audit and Performance Committee, were not fully implemented; and
 - limited reporting to the Finance, Audit and Performance Committee reduced its ability to discharge its oversight responsibilities.
- 2.9. Since December 2025, the Interim Chief Officer and Chief Finance Officer have taken steps to strengthen arrangements. These include the introduction of a Budget Savings Oversight Group, enhanced financial planning requirements, and proposals to improve monitoring, reporting, and governance for the 2026/27 Delivery Plan.
- 2.10. We have made recommendations to:
- establish clearly defined roles, responsibilities, and accountability for delivery;
 - ensure the Finance, Audit and Performance Committee is able to exercise effective scrutiny; and
 - introduce formal escalation arrangements for underperformance.
- 2.11. In providing an annual opinion, Internal Audit has taken account of findings arising from work undertaken as part of Clackmannanshire Council Internal Audit Plan on systems used, and relied upon, by the Health and Social Care Partnership. For 2025/26 this consisted of:
- Follow up of 2023/24 Adult Social Care Purchase Order Arrangements (no assurance provided); and
 - Continuous Auditing (focussing on Creditors Payments with ongoing assurance provided).
- 2.8. In addition, opinion is strengthened by the internal audit work undertaken within NHS Forth Valley (FTF Internal Audit Service) during 2025/26. For 2025/26 this consisted of:
- Adverse Event Management (limited assurance provided);
 - Complaints (limited assurance provided);
 - Supplementary Staffing (reasonable assurance provided); and
 - Internal Control Evaluation 2025/26 (reasonable assurance provided).
- 2.9. Based on the work completed, Internal Audit provides limited assurance in relation to Clackmannanshire and Stirling Integration Joint Board's risk management, governance and control arrangements for the year ended 31

March 2026. This opinion is driven principally by the significant weaknesses identified in relation to the 2025/26 Delivery Plan.

3. Compliance with Global Internal Audit Standards

- 3.1. The Audit Service Manager is also required to comment on the Internal Audit team's compliance with the relevant Standards applicable to public sector internal audit, which broadly:
 - 3.1.1 define the nature of Internal Auditing within the UK public sector;
 - 3.1.2 set basic principles for carrying out Internal Audit in the UK public sector;
 - 3.1.3 establish a framework for providing Internal Audit services, which add value to the organisation, leading to improved organisational processes and operations; and
 - 3.1.4 establish the basis for the evaluation of Internal Audit performance and to drive improvement planning.
- 3.2. The relevant Standards also require the Audit Service Manager to establish a Quality Assurance and Improvement Programme (QAIP) to allow evaluation of compliance. This comprises an annual self-assessment and a five yearly external assessment.
- 3.3. The Audit Service Manager completed an annual self-assessment against the outgoing PSIAS in February 2025. That self-assessment confirmed that the Internal Audit team operates in line with the Standards.
- 3.4. To satisfy the requirement for five yearly external assessment Stirling Council participates in a national review process established by the Scottish Local Authorities Chief Internal Auditors' Group. This allows Stirling Council to act as an assessor, and to be assessed, at no financial cost to any participants.
- 3.5. The most recent external assessment was undertaken by North Ayrshire Council's Senior Manager (Audit, Fraud, Safety and Risk) in December 2022 and January 2023. The resultant report concluded that the Internal Audit team fully conformed with the PSIAS.
- 3.6. The Audit Service Manager will undertake a further self-assessment processing during 2026/27 against the new GIAS to confirm the Internal Audit team's compliance with the requirements of those Standards.

4. Conclusions

- 4.1. Sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided. Internal Audit is able to provide limited assurance in respect of Clackmannanshire and Stirling Integration Joint Board's overall arrangements for risk management, governance and control for the year to 31 March 2026.

- 4.2. In providing that opinion, Internal Audit operated in compliance with the Global Internal Audit Standards. There has not been any real or apparent impairment or restrictions to scope, or the independence or objectivity relating to audit work in 2025/26.

5. Appendices

Appendix 1: Definition of Assurance Categories

Appendix 2: Annual Governance Statement Assurance Questionnaire 2025/26

Appendix 3: 2025/26 Delivery Plan and Associated Budget Monitoring

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	No direct financial implications.
Other Resources:	Delivery of planned Internal Audit work will require a time commitment from senior IJB officers.
Legal:	IRAG guidance on the financial implications of integrating health and social care in line with the Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to establish adequate and proportionate Internal Audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.
Risk & mitigation:	Internal Audit work is planned taking account of the IJB's Strategic Risk Register and seeks to provide an overall opinion on the IJB's arrangements for risk management, governance and control.
Equality and Human Rights:	The content of this report does not require an EQIA

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

Definition of Assurance Categories

Level of Assurance	Definition
Comprehensive assurance	Sound systems for risk management, governance, and control are in place. These should be effective in mitigating risks to the achievement of business and control objectives. Some improvements to existing controls in a few, relatively minor, areas may be required.
Substantial assurance	The systems for risk management, governance, and control are largely satisfactory. There is, however, some scope for improvement as the current arrangements could undermine the achievement of business and / or control objectives and leave them vulnerable to risk of error or abuse.
Limited assurance	The systems for risk management, governance, and control have some satisfactory aspects. However, they contain a number of significant weaknesses that are likely to undermine the achievement of business and / or control objectives and leave them vulnerable to an unacceptable risk of error or abuse.
No assurance	The systems for risk management, governance, and control are ineffectively designed or are operated ineffectively. Business and / or control objectives are not being achieved, and the risk of serious error or abuse is unacceptable. Significant improvements are required.

Stirling Council

Internal Audit

**Clackmannanshire and Stirling
Integration Joint Board (CSIJB)**

**Annual Governance Statement
Assurance Questionnaire 2025/26**

Substantial Assurance

17 June 2026

www.stirling.gov.uk



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[Appendix 1](#) – Definitions of Assurance Categories

REPORT RECIPIENTS

Distributed to:

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Amy McDonald, Chief Finance Officer

Copied to:

External Audit

DATE OF ISSUE

17 June 2026

AUDITORS

Graham Templeton, Audit Service Manager
Filip Grzybowski, Senior Internal Auditor

1. INTRODUCTION AND SCOPE

- 1.1 This review of the Clackmannanshire and Stirling Integration Joint Board (CSIJB) is part of our 2025/26 Internal Audit coverage. This review has focused on validating the Annual Governance Statement Assurance Questionnaire ('the Questionnaire').
- 1.2 In relation to the Questionnaire, the Chief Finance Officer (CFO) has responsibility for conducting, at least annually, a review of the effectiveness of the CSIJB's governance framework including the system of internal control. Completion of the Questionnaire provides assurance, from a self-assessment process, that key governance arrangements and documents are in place, up to date, and subject to ongoing review.
- 1.3 The Questionnaire is broadly consistent with the governance principles set out in the CIPFA / SOLACE 'Delivering Good Governance in Local Government Framework'. The framework provides the principles and structure to design, review and report on governance arrangements, including the preparation of the Annual Governance Statement.
- 1.4 The Questionnaire is split into eight sections:
 - 1) leadership, ethics, and a culture committed to good public sector governance;
 - 2) relationship with internal and external stakeholders;
 - 3) risk management;
 - 4) internal control and compliance;
 - 5) planning and performance monitoring;
 - 6) external compliance and accountability;
 - 7) information management to support informed decision making; and
 - 8) review and evaluation of governance arrangements.
- 1.5 In relation to the 2025/26 Questionnaire, Internal Audit has:
 - reviewed the conclusions reached by the CFO in completing the self-assessment; and
 - reviewed the completeness and accuracy of the CSIJB organisational evidence used by the CFO when completing the 2025/26 self-assessment to ensure it is underpinned by adequate and robust supporting documentation.
- 1.6 The CSIJB was formally established in April 2016 through the legal partnership agreement between NHS Forth Valley, Clackmannanshire Council and Stirling Council, known as the Integration Scheme.
- 1.7 CSIJB is unique in Scotland as the only IJB consisting of two local authorities and one NHS Board. This introduces additional complexity, particularly in relation to strategic and financial planning, governance arrangements, and the operational assurances required.
- 1.8 The existing Integration Scheme (March 2018) has been reviewed. The revised scheme was approved by NHS Forth Valley and Stirling Council, however formal approval has not been agreed by Clackmannanshire Council. Discussions are ongoing through the dispute mechanism to conclude the formal approval process. The existing Integration Scheme remains in force. This has an impact on the governance

framework as not all parties are in agreement with the Health and Social Care Partnership (HSCP) as it currently stands.

- 1.9 The Annual Budget Report 2026/27, which was submitted to the CSIJB meeting held on 25 March 2026, was unable to present a balanced budget for approval. This was due to an estimated budget gap of £8.858m after a series of cost saving initiatives and after additional financial support of £1.5m from Stirling Council, approved on 26 February 2026, but before any additional financial support from other partners was agreed.
- 1.10 As a result, the CFO is developing a three-year financial recovery plan to address the funding shortfall. It is due to be presented to the CSIJB at its meeting on 24 June 2026.
- 1.11 During the audit of annual accounts for CSIJB for 2024/25, the appointed auditor identified the issue of the CSIJB not having a formally designated Section 95 Officer between 17 October 2025 and 22 December 2025. Audit Scotland took the decision to use their reporting powers under s102 (1) of the Local Government (Scotland) Act 1973 to bring this matter to the attention of the Accounts Commission who published their [report](#) on 12 March 2026. On 03 June 2026, the Interim Chief Officer reported to the Finance, Audit and Performance Committee on the actions taken in response to the Section 102 report.
- 1.12 The findings from our work are summarised in the Audit Assurance and Executive Summary at [Section 2](#) and set out in more detail in the Audit Findings at [Section 3](#). New recommendations arising from our work are at [Section 4](#). We also reiterated several recommendations previously made in the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review', which we determined were still applicable, at [Section 5](#).

2. AUDIT ASSURANCE AND EXECUTIVE SUMMARY

Audit Opinion	Findings and Recommendations				
	New Recommendations				
	<u>Critical</u>	<u>High</u>	<u>Medium</u>	<u>Low</u>	
Substantial Assurance	Findings	0	0	0	1
	Recommendations	0	0	0	1
	Recommendations from the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review'				
		<u>Not Graded</u>			
	Findings	6			
	Recommendations	6			

- 2.1 This review focused on validating the CSIJB Annual Governance Statement Assurance Questionnaire for 2025/26.
- 2.2 Internal Audit can provide **Substantial Assurance** in this area (see [Appendix 1](#) for definitions of assurance categories).
- 2.3 We were content that the Questionnaire had been fully and accurately completed with documentation available to support the findings. However, the self-assessment has highlighted one new area for improvement. This is described below.
- 2.4 We confirmed that the latest version of the Scheme of Delegation was approved by the CSIJB on 26 November 2025. We found that the established review cycle has not been adhered to in order to ensure that the Scheme of Delegation remains aligned with the CSIJB's strategic policy and direction, and operational needs.
- 2.5 Additionally, the self-assessment has shown that further work is required in relation to six areas which have been previously identified by the CFO in the 2024/25 self-assessment. As a result, we have reiterated recommendations to address these. It is important that identified actions are implemented as a matter of urgency to ensure a sound governance, risk, and control framework is in place, and to reduce the CSIJB's exposure to any additional risks. These are described below.
- 2.6 The self-assessment noted that the Integrated Workforce Plan 2022-2025 is now out-of-date. The CFO confirmed that it requires updating to reflect the three-year financial recovery plan and associated workforce requirements. Establishment monitoring will also become more critical in supporting this process and achieving a balanced in-year budget position. The Quarter Three Performance Report (October to December 2025), presented to the Finance, Audit and Performance Committee at its meeting on 18 February 2026, confirms that work is underway to refresh and update the Workforce Plan into 2026-2027, following updated guidance from the Scottish Government (when published).
- 2.7 The CFO confirmed that CSIJB does not have a succession management plan in place and instead relies on relevant arrangements at the constituent partners. Succession planning improvements are monitored in the context of actions set out in the Integrated Workforce Plan 2022-25. These should be reviewed and developed further as part of any future updates to the Integrated Workforce Plan.

2.8 We observed that previous Assurance Questionnaires identified a need for further training for staff with delegated financial authority. The CFO confirmed that there will be enhanced governance and oversight regarding this, which they will lead, in the context of the three-year financial recovery plan.

2.9 We observed that previous Assurance Questionnaires:

- identified opportunities for improvement in aligning service plans, team plans, and individual employee plans to corporate objectives and measurable performance targets within the Revenue Budget and the three-year Delivery Plan. The current self-assessment confirmed that this remains the case;
- indicated that staff did not have the knowledge, skills, and tools to support the achievement of services, due to continuation of significant vacancies in key posts. As part of the current self-assessment, the CFO stated that the SLT requires more skills in relation to social services and social care. However, this is currently being addressed by a recruitment exercise for a Principal Social Worker;
- showed that individual employee plans need to be better aligned to team and service plans and objectives. The current self-assessment confirmed that this remains the case; and
- stated that non-financial resources should align with the strategic aims of the CSIJB. As part of the current self-assessment, the CFO highlighted that last year's performance fell short of what was required, and there was an opportunity for the Delivery Plan to be more visible and tracked by the CSIJB.

3. AUDIT FINDINGS

Annual Governance Statement Assurance Questionnaire

- 3.1 The Questionnaire is based on the principles set out in the CIPFA/SOLACE 'Delivering Good Governance in Local Government Framework' (refer to paragraph 1.3).
- 3.2 As set out in paragraph 1.5, the focus of the Internal Audit work was to:
- review the conclusions reached by the CFO in completing the self-assessment; and
 - review the completeness and accuracy of the CSIJB organisational evidence used by the CFO, when completing the 2025/26 self-assessment, to ensure it is underpinned by adequate and robust supporting documentation.
- 3.3 A summary of our findings for each of the eight sections of the Questionnaire (refer to paragraph 1.4) is set out at paragraphs 3.4 to 3.36.

Section 1

Leadership, ethics, and a culture committed to good public sector governance

- 3.4 Internal Audit were content that Section 1 was fully and accurately completed.
- 3.5 There is a comprehensive system for cascading information to all staff. This includes regular staff engagement events, staff newsletters, and visits to Services by senior leaders.

Section 2

Relationship with internal and external stakeholders

- 3.6 Internal Audit were content that Section 2 was fully and accurately completed.
- 3.7 There was clear evidence of effective engagement with a wide range of internal and external stakeholders. Established governance arrangements and reporting mechanisms supported the identification of stakeholders, leading to meaningful engagement, and enabled performance to be monitored and reported effectively.
- 3.8 The completion of the self-assessment identified one area for improvement:
- We identified that the latest version of the [Scheme of Delegation](#) was approved by the CSIJB on 26 November 2025, while the extant Scheme of Delegation was approved on 23 March 2022. The CSIJB agreed that, as there are close interdependencies between the Integration Scheme and the Scheme of Delegation, the Scheme of Delegation will require to be further reviewed when a revised Integration Scheme can be approved. The CSIJB also agreed that, this notwithstanding, the Scheme of Delegation should be reviewed biannually, and that any recommended amendments resulting from this review must be submitted to the IJB for formal approval.

Under the Scheme of Delegation approved on 23 March 2022, the established review cycle was to be annual. We verified that this had not been adhered to in order to ensure that the Scheme of Delegation remained aligned with the CSIJB's strategic policy, direction, and operational needs.

The Integration Scheme is currently being revised to allow for agreement of risk sharing arrangements.

- 3.9 We **recommend** that the Scheme of Delegation should be reviewed following approval of a revised Integration Scheme, and thereafter on a bi-annual basis. The CSIJB should formally approve any recommended amendments resulting from such reviews.
- 3.10 Additionally, the self-assessment noted that the Integrated Workforce Plan 2022-2025 is now out-of-date. The CFO confirmed that it requires updating to reflect the three-year financial recovery plan and associated workforce requirements. Establishment monitoring will also become more critical in supporting this process and achieving a balanced in-year budget position. The Quarter Three Performance Report (October to December 2025), presented to the Finance, Audit and Performance Committee at its meeting on 18 February 2026, confirms that work is underway to refresh and update the Workforce Plan into 2026-2027, following updated guidance from the Scottish Government (when published).
- 3.11 As a result, we have reiterated the following **recommendation** made in the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review' at [Section 5](#):
- Further work on the Integrated Workforce Plan is required, including completion of the action plan, adhering to the documented timescales published in the plan.

Section 3 Risk management

- 3.12 Internal Audit were content that Section 3 was fully and accurately completed.
- 3.13 There was evidence of effective risk management arrangements in place, including the Risk Management Strategy, Strategic Risk Register, risk considerations included within papers submitted to Committee or the Board.
- 3.14 The CFO described ambitions to enhance staff members' understanding of risk – in particular financial risk – in connection with the three-year financial recovery plan. Currently, this is being done by bringing risk to the forefront of operational decision-making and conversations.
- 3.15 The CFO confirmed that CSIJB does not have a succession management plan in place and instead relies on relevant arrangements at the constituent partners. Succession planning improvements are monitored in the context of actions set out in the Integrated Workforce Plan 2022-25. These should be reviewed and developed further as part of any future updates to the Integrated Workforce Plan (refer to paragraphs 3.10 and 3.11).

Section 4 Internal control and compliance

- 3.16 Internal Audit were content that Section 4 was fully and accurately completed.
- 3.17 A range of measures are in place to provide assurance over effective internal control. These include policies that are aligned with legislative requirements and robust financial management arrangements, supported by regular financial reporting to the CSIJB and the Management Team. The CSIJB does not operate a standalone system of internal control and is therefore largely reliant on the effectiveness of the internal control and assurance arrangements maintained by its partner bodies.
- 3.18 We noted that some recommendations from previous Internal Audit reviews have not been implemented in a timely manner. The CFO advised that there has been a limited understanding of the importance of audit and that a strong delivery ethic may not yet

be fully embedded across the CSIJB. Additionally, the CFO highlighted that staff may be reluctant to implement certain recommendations, particularly if they did not originally own the corresponding action. However, the CFO stated that these issues are improving as a result of enhanced oversight from the Senior Leadership Team (SLT).

3.19 As a result, we reiterated several recommendations previously made in the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review', which we determined were still applicable.

3.20 We observed that previous Assurance Questionnaires identified a need for further training for staff with delegated financial authority. The CFO confirmed that there will be enhanced governance and oversight regarding this, which they will lead, in the context of the three-year financial recovery plan.

3.21 As a result, we have reiterated the following **recommendation** made in the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review':

- Review and organise further training for staff with financial authority.

Section 5 Planning and performance monitoring

3.22 Internal Audit were content that Section 5 was fully and accurately completed.

3.23 There was clear evidence of robust, data-driven business planning. This was exemplified by the Strategic Needs Assessment 2023/24 to 2033/34, Strategic Commissioning Plan 2023-2033, Risk Management Strategy, Integrated Performance Framework, and others.

3.24 We observed that previous Assurance Questionnaires:

- identified opportunities for improvement in aligning service plans, team plans, and individual employee plans to corporate objectives and measurable performance targets within the Revenue Budget and the three-year Delivery Plan. The current self-assessment confirmed that this remains the case;
- indicated that staff did not have the knowledge, skills, and tools to support the achievement of services, due to continuation of significant vacancies in key posts. As part of the current self-assessment, the CFO stated that the SLT requires more skills in relation to social services and social care. However, this is currently being addressed by a recruitment exercise for a Principal Social Worker;
- showed that individual employee plans need to be better aligned to team and service plans and objectives. The current self-assessment confirmed that this remains the case; and
- stated that non-financial resources should align with the strategic aims of the CSIJB. As part of the current self-assessment, the CFO highlighted that last year's performance fell short of what was required, and there was an opportunity for the Delivery Plan to be more visible and tracked by the CSIJB.

3.25 As a result, we have reiterated the following **recommendations** made in the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review':

- Review and refresh the following to align with plans in the 2025/26 Revenue Budget¹:
 - Service Plan;
 - Team Plans; and
 - Individual objectives and personal development plans.
- Review and arrange training so staff will have the knowledge, skills, and tools to support the achievement of services;
- Review and align individual plans to team and service objectives; and
- Align non-financial resources with strategic aims.

Section 6 External compliance and accountability

- 3.26 Internal Audit were content that Section 6 was fully and accurately completed.
- 3.27 CSIJB is subject to audit and inspection by External Audit, Internal Audit, and the Clinical Care and Governance Group. Audit planning reports are presented to the CSIJB, and all audit activity undertaken in accordance with these plans is subsequently reported to the Board for oversight and assurance.
- 3.28 The CFO has been developing a three-year financial recovery plan. It is due to be presented to the CSIJB at its meeting on 24 June 2026. Robust governance arrangements in relation to the plan will be critical to its delivery and decision-making.

Section 7 Information management to support informed decision making

- 3.29 Internal Audit were content that Section 7 was fully and accurately completed.
- 3.30 The CSIJB collect and uses information to prioritise need, as evidenced by the Strategic Needs Assessment 2023/24 to 2033/34. Operationally, data on needs is collected via review of performance reports, eligibility criteria, waiting times, service user feedback, and other sources.
- 3.31 Regular update and performance reports have been presented to the CSIJB, supporting effective monitoring, scrutiny, and governance oversight.

Section 8 Review and evaluation of governance arrangements

- 3.32 Internal Audit were content that Section 8 was fully and accurately completed.
- 3.33 The CFO draws on the outcomes of the Questionnaire as part of the evidence base used to inform and support the Annual Governance Statement.
- 3.34 Reporting to the CSIJB and the Finance, Audit and Performance Committee is comprehensive and proportionate, with reports receiving appropriate scrutiny from Members, as evidenced by publicly available meeting minutes.

¹This now applies to the 2026/27 Revenue Budget.

- 3.35 The CFO discusses governance arrangements with staff on a day-to-day basis and ensures that staff are aware of documentation and resources available for reference, such as the Integration Scheme, Strategic Commissioning Plan 2023-2033, corporate policies and procedures etc.
- 3.36 Assurance over the adequacy and effectiveness of CSIJB's governance arrangements is provided via the Annual Governance Statement. This also includes any actions identified to ensure continual improvement of the CSIJB's governance.

4. RECOMMENDATIONS AND ACTION PLAN

Recommendations Rating			
<p>Critical: A finding that could have a critical impact in terms of:</p> <ul style="list-style-type: none"> operational performance; monetary or financial statement impact; breach in laws and regulations that could result in material fines or consequences; or the Council's reputation. 	<p>High: A finding that could have a significant impact in terms of:</p> <ul style="list-style-type: none"> operational performance; monetary or financial statement impact; breach in laws and regulations that could result in significant fines or consequences; or the Council's reputation. 	<p>Medium: finding that could have a moderate impact in terms of:</p> <ul style="list-style-type: none"> operational performance; or monetary or financial statement impact; or breach in laws and regulations that could result in fines or consequences; or the Council's reputation. 	<p>Low: finding that could have a minor impact in terms of:</p> <ul style="list-style-type: none"> operational performance; or monetary or financial statement impact; or breach in laws and regulations with limited consequences; or the Council's reputation.

No.	Recommendation	Reason for Recommendation (Risk)	Rating	Agreed Management Action	Responsible Owner	Action Completion Date
1.	<p>Finding: We identified that the latest version of the Scheme of Delegation was approved by the CSIJB on 26 November 2025, while the extant Scheme of Delegation was approved on 23 March 2022. The CSIJB agreed that, as there are close interdependencies between the Integration Scheme and the Scheme of Delegation, the Scheme of Delegation will require to be further reviewed when a revised Integration Scheme can be approved. The CSIJB also agreed that, this notwithstanding, the Scheme of Delegation should be reviewed biannually, and that any recommended amendments resulting from this review must be submitted to the IJB for formal approval.</p> <p>Under the Scheme of Delegation approved on 23 March 2022, the established review cycle was to be annual. We verified that this had not been adhered to in order to ensure that the Scheme of Delegation remained aligned with the CSIJB's strategic policy, direction, and operational needs.</p> <p>The Integration Scheme is currently being revised to allow for agreement of risk-sharing arrangements.</p>					
	<p>We recommend that the Scheme of Delegation should be reviewed following approval of a revised Integration Scheme, and thereafter on a bi-annual basis.</p> <p>The CSIJB should formally approve any recommended amendments resulting from such reviews.</p> <p>Report Paragraph: 3.9</p>	<p>The Scheme of Delegation may become misaligned with the new Integration Scheme once it is approved. Lack of adherence to the established review cycle may cause the Integration Scheme to become outdated and not reflect the current strategic priorities, direction, and operational needs of CSIJB, increasing the risk of ineffective decision-making and weakened governance and oversight.</p>	Low	<p>Recommendation Accepted</p> <p>The Scheme of Delegation will be reviewed by the Interim Chief Officer and the Chief Finance Officer following approval of the revised Integration Scheme, and subsequently on a biannual basis.</p>	<p>Interim Chief Officer / Chief Finance Officer</p>	<p>30 September 2026</p>

5. RECOMMENDATIONS MADE PREVIOUSLY AND UPDATED ACTION PLAN

Recommendations from the 'Annual Governance Statement Assurance Questionnaire – 2024/25 Internal Audit Review'						
No.	Original Recommendation	Reason for Recommendation (Risk)	Originally Agreed Management Action	Revised Agreed Management Action	Revised Responsible Owner	Revised Action Due Date
1.	Further work on the Workforce Plan is required, including completion of the action plan adhering to the documented timescales published in the plan. Report Paragraph: 3.11	To encourage new talent to work in the Health and Social Care Partnership so that best use can be made of individuals' skills and resources in balancing continuity and renewal.	<u>Recommendation Accepted</u> There will be reflection on the Integrated Workforce Plan – Year 3 Review on the action plan to ensure SMART and specific consideration of new talent linked to workforce profiles. Responsible Owner: Head of Strategic Planning and Health Improvement / HSCP Senior Organisational Development Advisor Action Due: 30 January 2026	To develop a Workforce Plan that aligns with strategic objectives, maximises the effectiveness of roles, and complies with Scottish Government guidance.	Interim Chief Officer / Head of Strategic Planning and Health Improvement	30 September 2026 Note: The action due date is dependent on the availability of Scottish Government guidance.
2.	Review and organise further training for staff with financial authority. Report Paragraph: 3.21	To ensure the IJB has appropriate measures in place to demonstrate effective internal controls.	<u>Recommendation Accepted</u> The Finance Working Group (Integration Joint Board and Council Chief Finance Officers and NHS Director of Finance) will assess requirement for further training and agree a programme to deliver requirements. Responsible Owner: IJB Chief Finance Officer / Council CFOs / NHS Forth Valley Director of Finance Action Due: 31 March 2026	The Chief Finance Officers of the IJB and the Councils, together with the NHS Director of Finance, will determine whether any additional training is required.	IJB Chief Finance Officer / Council CFOs / NHS Forth Valley Director of Finance	31 December 2026

No.	Original Recommendation	Reason for Recommendation (Risk)	Originally Agreed Management Action	Revised Agreed Management Action	Revised Responsible Owner	Revised Action Due Date
3.	<p>Review and refresh the following to align with plans in the 2025/26 Revenue Budget:</p> <ul style="list-style-type: none"> • Service Plan; • Team Plans; and • Individual objectives and personal development plans. <p>Note: This now applies to the 2026/27 Revenue Budget.</p> <p>Report Paragraph: 3.25</p>	To ensure capacity and capability of members and officers is developed. Also making the best use of Human Resources by taking an active and planned approach to meet responsibilities to staff.	<p><u>Recommendation Accepted</u></p> <p>Senior Leadership Team individual objectives and Personal Development Plans will be updated and agreed with Interim Chief Officer.</p> <p>Responsible Owner: Interim Chief Officer / Senior Leadership Team</p> <p>Action Due: 30 September 2025</p>		Interim Chief Officer	30 September 2026
4.	<p>Review and arrange training so staff will have the knowledge, skills, and tools to support the achievement of services.</p> <p>Report Paragraph: 3.25</p>		<p><u>Recommendation Accepted</u></p> <p>To be assessed within service plans.</p> <p>Responsible Owner: Heads of Service:</p> <p>Community Health and Care / Strategic Planning and Health Improvement / Mental Health and Learning Disabilities</p> <p>Action Due: 30 September 2025</p>	Work is currently in progress to review Senior Leadership Team individual objectives. Personal Development Plans will be updated and agreed with the Interim Chief Officer. This process will also identify any training requirements and ensure individual plans are aligned with wider team and service objectives.	Interim Chief Officer	31 December 2026
5.	<p>Review and align individual plans to team and service objectives.</p> <p>Report Paragraph: 3.25</p>		<p><u>Recommendation Accepted</u></p> <p>To be assessed within service plans and cascaded through workforce / normal appraisal processes.</p> <p>Responsible Owner: Heads of Service:</p> <p>Community Health and Care / Strategic Planning and Health Improvement / Mental Health and Learning Disabilities</p> <p>Action Due: 30 September 2025</p>		Interim Chief Officer	31 December 2026

No.	Original Recommendation	Reason for Recommendation (Risk)	Originally Agreed Management Action	Revised Agreed Management Action	Revised Responsible Owner	Revised Action Due Date
6.	Align non-financial resources with strategic aims. Report Paragraph: 3.25		<p><u>Recommendation Accepted</u></p> <p>To be assessed within service plans.</p> <p>Responsible Owner: Heads of Service:</p> <p>Community Health and Care / Strategic Planning and Health Improvement / Mental Health and Learning Disabilities</p> <p>Action Due: 30 September 2025</p>	A dedicated session is scheduled for 1 July, which will include a review and update to ensure resources are aligned with the Delivery Plan.	Interim Chief Officer	30 September 2026

DEFINITION OF ASSURANCE CATEGORIES

Level of Assurance	Definition
Comprehensive assurance	Sound systems for risk, control, and governance are in place and should be effective in mitigating risks to the achievement of business and control objectives. Some improvements to existing controls in a few, relatively minor, areas may be required.
Substantial assurance	The systems for risk, control, and governance are largely satisfactory, but there is some scope for improvement as the present arrangements could undermine the achievement of business and/or control objectives and/or leave them vulnerable to some risk of error/abuse.
Limited assurance	The systems for risk, control, and governance have some satisfactory aspects, but contain a number of significant weaknesses that are likely to undermine the achievement of business and/or control objectives and leave them vulnerable to an unacceptable risk of error/abuse.
No assurance	The systems for risk, control, and governance are ineffectively designed and/or are operated ineffectively such that business and/or control objectives are not being achieved and the risk of serious error/abuse is unacceptable. Significant improvements are required.

Stirling Council

Internal Audit

Clackmannanshire and Stirling
Integration Joint Board

2025/26 Delivery Plan and Associated
Budget Monitoring

Limited Assurance

17 June 2026

www.stirling.gov.uk



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[Appendix 2](#) – Definition of Assurance Categories

[Appendix 3](#) – 2025/26 to 2027/28 Delivery Plan

[Appendix 4](#) – 2025/26 Delivery Plan – Proposal Template

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REPORT RECIPIENTS

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DATE OF ISSUE

17 June 2026

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1. INTRODUCTION AND SCOPE

- 1.1 This review of the Clackmannanshire and Stirling Integration Joint Board (CSIJB) is part of our 2025/26 Internal Audit coverage. This review was undertaken to provide assurance on the governance, project management, financial management, and monitoring and reporting arrangements associated with the 2025/26 Delivery Plan.
- 1.2 The CSIJB was formally established in April 2016 through the legal partnership agreement between NHS Forth Valley, Clackmannanshire Council and Stirling Council ('the partners'), known as the [Integration Scheme](#).
- 1.3 The CSIJB is responsible for the strategic planning, funding, and commissioning of Adult Social Care Services, Community and Family Health Services, and strategic planning and funding of large hospital services with NHS Forth Valley and Falkirk Integration Joint Board. These large hospital services continue to be operationally managed by NHS Forth Valley.
- 1.4 The functions delegated to the CSIJB, under the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) ('the Act') are detailed within the [Integration Scheme](#).
- 1.5 Under the requirements of the Act, the partners are required to review the Integration Scheme within five years of the scheme being approved. An initial review of the Integration Scheme was undertaken in January 2020, and a revised scheme has been developed but has yet to be approved by all the partners. Therefore, the existing Integration Scheme remains in force.
- 1.6 CSIJB is unique in Scotland as the only Integration Joint Board (IJB) consisting of two local authorities and one NHS Board. This introduces additional complexity, particularly in relation to strategic and financial planning, governance arrangements, and the operational assurances required.
- 1.7 The CSIJB [Strategic Commissioning Plan 2023-2033](#) ('the Plan') was approved by the CSIJB on [29 March 2023](#). The Plan sets out how services will be delivered across Clackmannanshire and Stirling over the 10-year period.
- 1.8 The Plan sets out the CSIJB's vision and aim:

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

'Our aim is to ensure care and support is person-centred, based on fairness, respect, equality, dignity and autonomy.'
- 1.9 The Plan focusses on five strategic themes:
 - 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.
- 1.10 The Plan also sets out the partner services that are delegated to the CSIJB. These are reproduced at Table 1.

**Table 1
Services Delegated to CSIJB**

NHS services	Council services
<ul style="list-style-type: none"> • District Nursing • Substance addiction or dependence service • Allied Health Professional services in outpatient clinics / out of hospital • Public dental services / Primary medical services including out of hours, general dental, Ophthalmic and Pharmaceutical services • Geriatric medicine and palliative care outwith hospital settings • Community Mental Health and Learning Disability Services • Continence and kidney dialysis outwith hospital • Health Improvement Services 	<ul style="list-style-type: none"> • 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

- 1.11 The CSIJB has faced a challenging financial situation for a number of years. This has been in the context of increased demand for social care services, workforce difficulties and constrained finances across the health and social care sector.
- 1.12 In February 2026, Audit Scotland’s report titled ['Integration Joint Boards – Financial Bulletin 2024/25'](#) highlighted the financial pressures facing IJBs. One of the key messages from the report was that IJBs must work closely with partners to ensure budgets and savings plans are realistic and to identify solutions that will ensure services remain financially sustainable over the medium to long term.
- 1.13 On 02 May 2025, the CSIJB approved the CSIJB Revenue Budget for financial year 2025/26, having considered the report from the Chief Finance Officer, titled ['Indicative IJB Revenue Budget 2025/26, Draft 2025/26 to 2027/28 Delivery Plan, and Medium-Term Financial Plan 'Needs Led – Resource Bound' \(Revised\)'](#).
- 1.14 We identified the scope of our review and agreed the audit objectives with the Interim Chief Officer and Chief Officer Finance. These are set out in the Internal Audit Assignment Brief at [Appendix 1](#).
- 1.15 The 2025/26 Delivery Plan, per the 02 May 2025 CSIJB, was to achieve a financial deficit of £7.822m. The original focus of our review was the 2025/26 Delivery Plan. However, as the financial year progressed and it became evident that the anticipated financial deficit would not be achieved, the focus shifted towards capturing key lessons learned from the 2025/26 Delivery Plan and ensuring these were applied to the development and implementation of the 2026/27 Delivery Plan.
- 1.16 The findings arising from our work are summarised in the Audit Assurance and Executive Summary at [Section 2](#) and in more detail in the Audit Findings at [Section 3](#). Recommendations and agreed management actions are at [Section 4](#).

2. AUDIT ASSURANCE AND EXECUTIVE SUMMARY

Audit Opinion	Findings and Recommendations				
	Critical	High	Medium	Low	
Limited Assurance	Findings	0	2	2	1
	Recommendations	0	2	4	1

- 2.1 Internal Audit can provide **Limited Assurance** on the arrangements in place for the governance, project management, financial management, and monitoring and reporting arrangements associated with the 2025/26 Delivery Plan, (see [Appendix 2](#) for definitions of assurance categories).
- 2.2 We identified 2 'high', 2 'medium' and 1 'low' risk findings and have recommended specific improvement actions to address the related risks.
- 2.3 While a formal governance and reporting framework is in place, we identified significant weaknesses in its operation in relation to the 2025/26 Delivery Plan. These weaknesses impacted on the CSIJB's ability to plan, deliver, and monitor the savings required to achieve a financial deficit of £7.822m.
- 2.4 The CSIJB approved its 2025/26 Revenue Budget and associated Delivery Plan in May 2025, with a planned deficit of £7.822m. However, we found that:
- roles, responsibilities, and accountabilities for the 2025/26 Delivery Plan actions were not clearly defined or formally documented;
 - a significant proportion of savings were backloaded, reducing deliverability within the financial year and increasing financial risk;
 - planned programme management structures, including performance dashboards and structured reporting to the Finance, Audit and Performance Committee, were not fully implemented; and
 - limited reporting to the Finance, Audit and Performance Committee reduced its ability to discharge its oversight responsibilities.
- 2.5 Since December 2025, the Interim Chief Officer and Chief Finance Officer have taken steps to strengthen arrangements. These include the introduction of a Budget Savings Oversight Group, enhanced financial planning requirements, and proposals to improve monitoring, reporting, and governance for the 2026/27 Delivery Plan.
- 2.6 We have made recommendations to:
- establish clearly defined roles, responsibilities, and accountability for delivery;
 - ensure the Finance, Audit and Performance Committee is able to exercise effective scrutiny; and
 - introduce formal escalation arrangements for underperformance.

3. AUDIT FINDINGS

Objective 1

The roles, responsibilities and accountabilities within the Integration Joint Board and the Clackmannanshire and Stirling Health and Social Care Partnership, for developing and approving the Delivery Plans strategic actions and management actions.

Roles and Responsibilities and Accountabilities

- 3.1 As per, the Clackmannanshire and Stirling Integration Joint Board's ('the CSIJB') [Scheme of Delegation](#), the CSIJB are responsible for the approval or amendment of the annual budget.
- 3.2 The CSIJB's Finance, Audit and Performance Committee responsibilities include reviewing the annual budget proposals including options for service delivery and savings proposals and provide assurance and recommendations to the CSIJB as appropriate.
- 3.3 The CSIJB's Financial Regulations state the key controls and control objectives for financial management standards. These include regular reporting on financial performance including financial projections to the CSIJB and Finance, Audit and Performance Committee.
- 3.4 The CSIJB's [Scheme of Delegation](#) also sets out the delegated responsibility of the Chief Officer and the Chief Finance Officer. These include:
 - the Chief Officer will have delegated responsibility from the IJB for all matters in respect of the oversight, operational management and delivery of integrated functions of the Board as set out in the Integration Scheme. Together with such statutory or other legal duties as may have been specifically assigned to the Chief Officer; and.
 - the Chief Finance Officer will have delegated responsibility from the IJB for the planning, development and delivery of the three-year financial strategy together with such statutory or other legal duties as may have been specifically assigned to the Chief Finance Officer including:
 - establishing financial governance systems for the proper use of the delegated resources;
 - ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's resources; and
 - ensuring that the directions to the Health Board and Local Authority provide for the resources that are allocated in respect of the directions are spent according to the Plan;
- 3.5 The Interim Chief Officer has been in post since 08 December 2025. The current Chief Finance Officer¹ has held the post since 22 December 2025 and has been in the substantive role since 01 April 2026.
- 3.6 During the audit of annual accounts for CSIJB for 2024/25, the appointed auditor identified the issue of the CSIJB not having a formally designated Section 95 Officer between 17 October 2025 and 22 December 2025. Audit Scotland took the decision to use their reporting powers under s102 (1) of the Local Government (Scotland) Act

¹The previous post holder left on 17 October 2025.

1973 to bring this matter to the attention of the Accounts Commission who published their [report](#) on 12 March 2026. On 03 June 2026, the Interim Chief Officer reported to the Finance, Audit and Performance Committee on the actions taken in response to the Section 102 report.

- 3.7 On 02 May 2025, the CSIJB approved the CSIJB Revenue Budget for financial year 2025/26, having considered the report from the Chief Finance Officer, titled '[Indicative IJB Revenue Budget 2025/26, Draft 2025/26 to 2027/28 Delivery Plan, and Medium-Term Financial Plan 'Needs Led – Resource Bound' \(Revised\)](#)'.
- 3.8 The report included the 2025/26 to 2027/28 Updated Delivery Plan and Medium-Term Financial Plan ('the Delivery Plan'). The Delivery Plan is reproduced at [Appendix 3](#).
- 3.9 The 2025/26 Delivery Plan, per the 02 May 2025 CSIJB, was to achieve a financial deficit of £7.822m.
- 3.10 The 2025/26 Delivery Plan was structured between nine strategic decisions and thirty-eight management actions across four thematics. The thematics were:
 - raising revenue;
 - doing things differently;
 - doing less; and
 - doing things more efficiently.
- 3.11 The majority of the strategic decisions and management actions were supported by a written proposal (the proposal') setting out approximate budget savings. The proposal also recorded the relevant Senior Leadership Team ('SLT') lead. The information included within the proposal is reproduced at [Appendix 4](#). The intention was that this approach would provide an objective and evidence-based assessment of savings proposals.
- 3.12 The 02 May 2025 report to the CSIJB records that further scrutiny and refinement of proposals was undertaken as part of the process of bringing the proposals together into a draft 3-year Delivery Plan and Medium-Term Financial Plan. This was reviewed in detail by the SLT on 4 March 2025 and discussed in detail with the Chief Finance Officers / Directors of Finance of the constituent authorities on 5 March 2025.
- 3.13 Finance reports are presented at each CSIJB meeting. This enables the CSIJB to exercise its authority for regular reporting on financial performance, in compliance with the Financial Regulations. These arrangements are covered in more detail in paragraphs 3.27 - 3.37.
- 3.14 After taking up post in December 2025, the Chief Finance Officer concluded the 2025/26 Delivery Plan lacked the underpinning structure to deliver the in-year financial savings. Projects were not adequately underpinned by a robust financial plan. At its meeting on 27 February 2026, the Chief Finance Officer reported to the CSIJB how governance arrangements around the 2026/27 budget delivery would be strengthened. This includes the creation of a Budget Savings Oversight Group jointly chaired by the Interim Chief Officer and Chief Finance Officer.
- 3.15 From reviewing the 2025/26 Delivery Plan, we found that roles, responsibilities and accountabilities were not clearly documented. There was no formal record of accountability lines or governance responsibilities.
- 3.16 We **recommend** that the 2026/27 Delivery Plan should specify the responsibilities and accountabilities (specifically in relation to the 2026/27 Delivery Plan) of:

- the Interim Chief Officer;
- Chief Finance Officer;
- SLT;
- Project Leads;
- Budget Savings Oversight Group;
- Finance Audit and Performance Committee; and
- Integration Joint Board.

Risk Management

- 3.17 At its meeting on 07 August 2024, CSIJB approved an updated version of the [Risk Management Strategy](#). The Strategy articulates the CSIJBs approach to risk management and sets out the relevant roles and responsibilities.
- 3.18 The Strategic Risk Register ('SRR') identifies 'the risk that that programme of transformational change detailed in the 2025/26 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability' (risk code HSC012) as a key risk to the achievement of CSIJB outcomes and objectives. The Interim Chief Officer and Chief Finance Officers are the risk owners. This risk is currently scored at 20 (likelihood 4 x impact 5). Details of the strategic risk can be found at [Appendix 5](#).
- 3.19 The CSIJB and the Finance, Audit and Performance Committee considers the SRR at each of its meetings. The SRR was submitted to the CSIJB most recently on 25 March 2026.
- 3.20 The SRR details the controls relied on to mitigate risks. We found the controls recorded on the current version of the SRR are dated 11 June 2025.
- 3.21 We **recommend** that the controls relating to strategic risk HSC012 should be updated and the likelihood score should also be reviewed. To ensure they are forward looking, accurate, relevant and effective.

Objective 2

Reviewing progress with implementing the governance, risk management, programme planning and project management arrangements that should be in place to support the achievement of the Delivery Plans strategic actions and management actions.

- 3.22 On [13 August 2025](#) and [24 September 2025](#), the Head of Strategic Planning and Health Improvement and the Chief Finance Officer submitted reports to the CSIJB, titled 'Monitoring the 2025/26 to 2026/27 Delivery Plan' setting out the approach to monitoring the Delivery Plan.
- 3.23 These reports outlined the programme management structure and the progress reporting to be established during 2025/26. This included:

Programme Management Structure

- three project managers, reporting to the Head of Strategic Planning and Health Improvement.
- support from existing programme management capacity, including:
 - Primary Car Medicines Optimisation PMO support (pan-Forth Valley); and

- Adult Social Care Portfolio support from Stirling Council.

Progress Reporting

- progress reporting to:
 - SLT;
 - Finance, Audit and Performance Committee; and
 - CSIJB.
 - the Finance Audit and Performance Committee and CSIJB from September cycles with Finance Audit and Performance Committee having the opportunity to take 'deep dives' into projects or thematics in each cycle.
 - the development of an overall progress dashboard which will provide an overview including risk assessment and overview of progress including financials.
- 3.24 The Chief Finance Officer confirmed that weekly project team meetings were held, chaired by the Head of Strategic Planning and Health Improvement. These arrangements provided operational oversight.
- 3.25 The progress reporting framework, including dashboards, was not implemented as intended. In addition, reporting on the 2025/26 Delivery Plan monitoring did not transition into formal and structured reporting to the Finance, Audit and Performance Committee from September 2025 as planned.
- 3.26 The Chief Finance Officer has recognised these issues. For the 2026/27 Delivery Plan changes have been made to enhance the governance and reporting arrangements. These were reported to the CSIJB on 27 February 2026 and include ensuring all budget savings plans have;
- a time bound delivery plan;
 - detailed quarterly financial targets;
 - project support for each delivery plan;
 - fortnightly reporting to the Budget Savings Oversight Group;
 - performance oversight by the SLT; and
 - reporting on overall performance to every CSIJB.

Objective 3

The arrangements for monitoring and reporting progress with achieving all the savings included in the Delivery Plan for financial year 2025/26.

- 3.27 We found that finance reports are presented at each CSIJB meeting. In our view, this enables the Board to exercise its authority for regular reporting on financial performance, in compliance with the Financial Regulations.
- 3.28 The CSIJB and the Finance, Audit and Performance Committee meetings where Delivery Plan or Finance Update reports were presented from 02 May 2025 onwards are summarised in **Table 1**.

Table 1
Meetings of the Board / FAP Committee where Delivery Plan or Finance Update reports were presented – 02 May 2025 to date

Year	Report Title	Report Author(s)	Board / FAP	Date
2025/26	Indicative IJB Revenue Budget 2025/26, Updated 2025/26 to 2027/28 Delivery Plan and Medium-Term Financial Plan (Revised)	Chief Finance Officer	Special Board	25 April 2025 and 02 May 2025
	Monitoring the 2025/26 to 2026/27 Delivery Plan	Chief Finance Officer / Head of Strategic Planning and Health Improvement	Board	13 August 2025
	Financial Report	Chief Finance Officer	Board	13 August 2025
	Monitoring the 2025/26 to 2026/27 Delivery Plan	Head of Strategic Planning and Health Improvement	Board	24 September 2025
	Financial Report	Chief Finance Officer	Board	24 September 2025
	Financial Report	Chief Finance Officer – Clackmannanshire Council	Board	26 November 2025
	Finance Update	Interim Chief Finance Officer	Board	28 January 2026
	Financial Governance	Interim Chief Finance Officer	FAP	18 February 2026
	Finance Report	Interim Chief Finance Officer	Special Board	27 February 2026

- 3.29 There was no regular finance reporting during 2025/26 to the Finance, Audit and Performance Committee. We **recommend** that the finance reporting arrangements should be reviewed to ensure the Finance, Audit and Performance Committee are meeting its responsibility to review the annual budget proposals including options for service delivery and savings proposals.
- 3.30 It was identified at an early stage of the financial year that the 2025/26 Delivery Plan was not going to achieve the necessary financial deficit of £7.822m. The minutes from the CSIJB meeting on 13 August 2025 record that while elements of the current year Delivery Plan which are backloaded over the remainder of the year will improve the projections, it is unlikely, even under the most optimistic scenario, that these alone will achieve financial balance.
- 3.31 On 20 August 2025, a private session / briefing was held for CSIJB and Finance, Audit and Performance Committee members. The presentation from this session included details of the next key actions relating to financial performance. This is reproduced at **Figure 1**.

Figure 1
Next key actions



- 3.32 At its meeting on 26 November 2025, the Chief Finance Officer (Clackmannanshire Council) reported to the CSIJB there are significant elements of the 2025/26 Delivery Plan which are ‘backloaded’ over the remainder of the financial year. This is both an impact of lead in times for changes and the fact the budget was not agreed until 2 May 2025, which has also impacted progression.
- 3.33 The financial reports to the CSIJB between 13 August 2025 and 28 January 2026 included the forecast variance for 2025/26. These are summarised in **Table 2**. In addition, the key issues and risk section of these reports highlighted the significant ongoing pressure on the partnership budget requiring urgent action through a combination of increased pace of progress on the Delivery Plan and the need for identification and actioning of additional recovery measures.

Table 2
Summary of Financial Variances

Report Title	Date	Report Period 2025/26	Forecast Variance
Financial Report	13 August 2025	Month 3	£15.641m
	24 September 2025	Month 4	£15.771m
	26 November 2025	Month 6	£15.291m
Finance Update	28 January 2026	Month 8	£15.496m

- 3.34 Since the Chief Finance Officer took up post on 22 December 2025, the financial reporting to CSIJB has been supplemented by several finance development sessions on 28 January, 13 March and 14 May 2026, together with a special CSIJB on 27 February 2026. At this meeting the Chief Finance Officer reported that the forecast overspend was £15.496m.
- 3.35 In taking up their role, the Chief Finance Officer found that the 2025/26 Delivery Plan lacked the underpinning structure to deliver the financial savings. In addition, projects were not adequately underpinned by robust, detailed financial plans or sufficiently mapped to underlying budgets and costs.
- 3.36 The Chief Finance Officer also found that individual savings plans were backloaded, reducing availability within the financial year. The CSIJB financial reports have noted this, and one of the purposes of the development sessions was to ensure awareness of this weakness and how it would be addressed.
- 3.37 We found that reporting and monitoring did not lead to sufficient corrective action to address underperformance. In our view, further action is required to clearly outline the

escalation process for individual projects where savings are not being achieved in line with the target timescales or will not be achieved.

- 3.38 In addition to the improvements outlined in paragraph 3.26, we **recommend** that consideration should be given to introducing monthly financial reporting outside of the formal committee cycle. This will ensure ongoing visibility of the financial position without waiting for formal committee meetings. This reporting approach will help to ensure that unexpected variances are being reported early to CSIJB and partners.
- 3.39 We **recommend** that the Chief Finance Officer should develop and disseminate guidance that sets out the actions required by the SLT lead when material variances to savings plans are identified.
- 3.40 We **recommend** that the CSIJB, in conjunction with the Interim Chief Officer and the Chief Finance Officer, establish and implement a formal escalation process to ensure underperforming projects are effectively challenged and held accountable for delivery.
- 3.41 We **recommend** the SLT leads should be required to attend and contribute to meetings of the CSIJB and the Finance, Audit and Performance Committee when the 2026/27 Delivery Plan is under consideration.
- 3.42 On 25 March 2026, the 2026/27 budget was agreed by the CSIJB. This was subject to a budget recovery plan being brought back to the CSIJB meeting on 24 June 2026.

4. RECOMMENDATIONS AND ACTION PLAN

Recommendations Rating			
<p>Critical: A finding that could have a critical impact in terms of:</p> <ul style="list-style-type: none"> operational performance; monetary or financial statement impact; breach in laws and regulations that could result in material fines or consequences; or the Council's reputation. 	<p>High: A finding that could have a significant impact in terms of:</p> <ul style="list-style-type: none"> operational performance; monetary or financial statement impact; breach in laws and regulations that could result in significant fines or consequences; or the Council's reputation. 	<p>Medium: finding that could have a moderate impact in terms of:</p> <ul style="list-style-type: none"> operational performance; or monetary or financial statement impact; or breach in laws and regulations that could result in fines or consequences; or the Council's reputation. 	<p>Low: finding that could have a minor impact in terms of:</p> <ul style="list-style-type: none"> operational performance; or monetary or financial statement impact; or breach in laws and regulations with limited consequences; or the Council's reputation.

No.	Recommendation	Reason for Recommendation (Risk)	Rating	Agreed Management Action	Responsible Owner	Action Completion Date
1.	<p>Finding: From reviewing the 2025/26 Delivery Plan, we found that roles, responsibilities and accountabilities were not clearly documented. There was no formal record of accountability lines or governance responsibilities.</p>					
	<p>1. The 2026/27 Delivery Plan should specify the responsibilities and accountabilities (specifically in relation to the 2026/27 Delivery Plan) of:</p> <ul style="list-style-type: none"> the Interim Chief Officer; Chief Finance Officer; SLT; Project Leads; Budget Savings Oversight Group; Finance Audit and Performance Committee; and Integration Joint Board. <p>Report Paragraph: 3.16</p>	<p>The risk that governance and accountability arrangements are not clearly defined, leading to ambiguity in roles, responsibilities, and oversight.</p>	<p>High</p>	<p>Recommendation Accepted</p> <p>The 2026/27 Delivery Plan will be updated to clearly define and document the roles, responsibilities, and accountabilities of key stakeholders in relation to delivery of the Plan. This will include the specific responsibilities of the Interim Chief Officer, Chief Finance Officer, Senior Leadership Team (SLT), Project Leads, Budget Savings Oversight Group, Finance Audit and Performance Committee, and Integration Joint Board.</p> <p>The Delivery Plan will explicitly set out governance arrangements, decision-making authority, reporting lines, and oversight responsibilities to ensure transparency, accountability, and effective monitoring of delivery against objectives.</p>	<p>Interim Chief Officer</p>	<p>30 September 2026</p>

No.	Recommendation	Reason for Recommendation (Risk)	Rating	Agreed Management Action	Responsible Owner	Action Completion Date
2.	<p>Finding: The Strategic Risk Register ('SRR') identifies 'the risk that that programme of transformational change detailed in the 2025/26 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability' (risk code HSC012) as a key risk to the achievement of CSIJB outcomes and objectives. The Interim Chief Officer and Chief Finance Officers are the risk owners. This risk is currently scored at 20 (likelihood 4 x impact 5). The SRR details the controls relied on to mitigate risks. We found the controls recorded on the current version of the SRR are dated 11 June 2025.</p>					
	<p>2. The controls relating to strategic risk HSC012 should be updated and the likelihood score should also be reviewed. To ensure they are forward looking, accurate, relevant and effective.</p> <p>Report Paragraph: 3.21</p>	<p>The risk that the Strategic Risk Register is not sufficiently forward-looking or reflective of current circumstances, resulting in controls that may not be effective in managing the risk.</p>	<p>Low</p>	<p><u>Recommendation Accepted</u></p> <p>The controls relating to strategic risk HSC012 will be updated, and the associated likelihood score will be reviewed.</p>	<p>Interim Director of Mental Health and Learning Disability Services</p>	<p>30 September 2026</p>
3.	<p>Finding: We found that finance reports are presented at each CSIJB meeting. In our view, this enables the Board to exercise its authority for regular reporting on financial performance, in compliance with the Financial Regulations. There was no regular finance reporting during 2025/26 to the Finance, Audit and Performance Committee.</p>					
	<p>3. The finance reporting arrangements should be reviewed to ensure the Finance, Audit and Performance Committee are meeting its responsibility to review the annual budget proposals including options for service delivery and savings proposals.</p> <p>Report Paragraph: 3.29</p>	<p>The risk that decision-making is not fully informed, transparent, or aligned with the CSIJB's financial objectives.</p>	<p>High</p>	<p><u>Recommendation Accepted</u></p> <p>The Chief Finance Officer, in conjunction with the Interim Chief Officer and the Heads of Service, will review finance reporting arrangements. The purpose of this review will be to ensure that the Finance, Audit and Performance Committee receive timely and comprehensive information to support effective scrutiny of annual budget proposals, including service delivery options and proposed savings.</p>	<p>Chief Finance Officer / Interim Chief Officer / Heads of Service</p>	<p>30 September 2026</p>

No.	Recommendation	Reason for Recommendation (Risk)	Rating	Agreed Management Action	Responsible Owner	Action Completion Date
4.	Finding: Reporting and monitoring did not lead to sufficient corrective action to address underperformance.					
	4. That consideration should be given to introducing monthly financial reporting outside of the formal committee cycle. Report Paragraph: 3.38	The risk that the absence of monthly financial reporting outside of the formal committee cycle limits the timeliness and effectiveness of financial oversight and decision-making by CSIJB and partners.	Medium	<u>Recommendation Accepted</u> Monthly financial reporting will be implemented for CSIJB and partners.	Chief Finance Officer	31 July 2026
5.	Finding: Further action is required to clearly outline the escalation process for individual projects where savings are not being achieved in line with the target timescales or will not be achieved.					
	5. The Chief Finance Officer should develop and disseminate guidance that sets out the actions required by the Senior Leadership Team lead when material variances to savings plans are identified. Report Paragraph: 3.39	The risk that underperformance is not identified and addressed in a timely and consistent manner. This could result in further deterioration in the financial position.	Medium	<u>Recommendation Accepted</u> The Chief Finance Officer will develop, approve, and disseminate formal guidance outlining the required actions to be taken by Senior Leadership Team leads when material variances to agreed savings plans are identified. This guidance will define roles, escalation procedures, reporting requirements, and timelines to ensure timely and consistent management of variances.	Chief Finance Officer	31 July 2026
	6. The CSIJB, in conjunction with the Interim Chief Officer and the Chief Finance Officer, establish and implement a formal escalation process to ensure underperforming projects are effectively challenged and held accountable for delivery. Report Paragraph: 3.40	The risk that underperformance is not identified and addressed in a timely and consistent manner, potentially leading to further deterioration in the financial position.	Medium	<u>Recommendation Accepted</u> The Budget Oversight Savings Group are responsible for ensuring that underperforming projects are appropriately challenged, subject to timely intervention, and held accountable for delivery. This responsibility will be reaffirmed with the Group.	Interim Chief Officer / Chief Finance Officer	30 September 2026

No.	Recommendation	Reason for Recommendation (Risk)	Rating	Agreed Management Action	Responsible Owner	Action Completion Date
	<p>7. The Senior Leadership Team leads should be required to attend and contribute to meetings of the CSIJB and the Finance, Audit and Performance Committee when the 2026/27 Delivery Plan is under consideration.</p> <p>Report Paragraph: 3.41</p>	<p>The risk of inconsistent oversight, poor accountability, and ineffective decision-making.</p>	<p>Medium</p>	<p><u>Recommendation Accepted</u></p> <p>The Senior Leadership Team will review representation to ensure appropriate attendance at all CSIJB and Finance, Audit and Performance Committee meetings at which the 2026/27 Delivery Plan is being considered.</p>	<p>Interim Chief Officer</p>	<p>30 September 2026</p>

Internal Audit Assignment Brief



Delivery Plan and Associated Budget Monitoring

Key Contacts:	Joanna Macdonald, Interim Chief Officer - IJB Wendy Forrest, Head of Strategic Planning and Health Improvement Ewan Murray, Chief Finance Officer - IJB
Internal Audit Team:	Gordon O'Connor, Audit Service Manager Steven McDermott, Internal Audit Team Leader Graham Templeton, Senior Internal Auditor

Background

On 02 May 2025, the Clackmannanshire and Stirling Integration Joint Board ('the IJB') approved the IJB Revenue Budget ('the budget') for financial year 2025/26, having considered the report from the Chief Finance Officer, titled '[Indicative IJB Revenue Budget 2025/26, Draft 2025/26 to 2027/28 Delivery Plan, and Medium-Term Financial Plan 'Needs Led – Resource Bound' \(Revised\)](#)'.

The report included a breakdown of the 2025/26 Integrated Budget payments to the IJB, from the constituent authorities, reproduced at Table 1.

Table 1
IJB Indicative Strategic Plan Budget 2025/26

	£m
Set Aside Budget for Large Hospital Services	<u>36,333</u>
<u>Integrated Budget</u>	
Payment from Clackmannanshire Council	30,047
Payment from Stirling Council	57,337
Payment from NHS Forth Valley	154,576
Sub Total Integrated Budget	<u>241.96</u>
Total Indicative Strategic Plan Budget 2025/26	<u>278.293</u>

Paragraphs 3.2 and 3.3 of the report noted that this position resulted in an estimated financial gap remaining of £7.892m for 2025/26 at the time of the March IJB meeting. NHS Forth Valley had agreed a further contribution of £4m (broadly a voting shares contribution to the gap) and that Stirling Council would formally consider provision to support an additional payment of up to £1.973m by means of an earmarked reserve, on the same basis. Subject to approval this would reduce the estimated residual financial gap to under £1.894m for 2025/26. Stirling Council approved the creation of that earmarked reserve at its meeting on 1 May 2025.

As the IJB was unable to present a deliverable balanced budget a recovery plan to balance the budget gap was agreed by the IJB's Chief Officer and Chief Finance Officer, and the Chief Executives of the constituent authorities, as required under paragraph 8.5.1 of the [Clackmannanshire & Stirling Health and Social Care Integration Scheme](#). The IJB also approved the '[Delivery Plan 2025/26 to 2027/28 and Medium-Term Financial Plan](#)' ('the Delivery Plan') on 02 May 2025.

The Delivery Plan has been aligned to [Strategic Commissioning Plan 2023-2033](#)¹ priorities and is structured between strategic actions and management actions across four themes. These themes are: raising revenue; doing things differently; doing less; and doing things more efficiently.

¹Sets out how services will be delivered across Clackmannanshire and Stirling over the ten-year period.

The Delivery Plan covers three financial years and includes estimated net savings of £11.163m (2025/26), £8.821m (2026/27) and £2.254m (2027/28).

On [13 August 2025](#) and [24 September 2025](#), the Head of Strategic Planning and Health Improvement and the Chief Finance Officer submitted reports to the IJB, titled 'Monitoring the 2025/26 to 2026/27 Delivery Plan' setting out the approach to monitoring the Delivery Plan and developments in establishing project management capacity and project management office arrangements.

Also on 24 September 2025, the Chief Finance Officer submitted a report to the IJB, titled '[Financial Report](#)'. This report included an assessment of how the Delivery Plan could partially mitigate the projected overspend for financial year 2025/26.

Risk Context

The scope of this review will consider and provide assurance in relation to specific Strategic Risks currently faced by the IJB from the Strategic Risk Register². These Strategic Risks are summarised at Table 2.

Table 2
Extract from IJB Strategic Risk Register

Reference & Risk Title	Risk Score	Description	Risk Owner
HSC 001 Delivery of Strategic Commissioning Plan within available budget	25	<p><u>Risk</u> The risk that delegated integration functions and services cannot be delivered within resources available.</p> <p><u>Cause</u> Demand for statutorily provided services exceeds ability to deliver within budget and available resources. Cost of delivery of services exceeds provided and available budget. Insufficient funding allocations to the IJB from Partners.</p> <p><u>Effect</u> Inability to deliver Strategic Plan.</p>	Chief Officer
HSC 012 Transformation and Sustainable Service Delivery	20	<p><u>Risk</u> The risk that the programme of transformational change detailed in the 2025/26 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability.</p> <p><u>Cause</u> Transformation not delivering estimated financial impact and/or not being deliverable at pace or scale envisaged.</p> <p><u>Effect</u> Overspend or lack of demonstrable progress in Strategic Commissioning Plan priorities and / or National Health and Wellbeing outcomes.</p>	Chief Officer / Chief Finance Officer

Assurance Objectives

This review is part of our 2025/26 Internal Audit Plan, agreed by the Finance, Audit and Performance Committee on 25 June 2025. We will develop a plan and programme of work to allow us to evaluate and provide assurance on the governance, project management, financial management, and monitoring and reporting arrangements associated with the Delivery Plan, in particular:

1. the roles, responsibilities and accountabilities within the Integration Joint Board and the Clackmannanshire and Stirling Health and Social Care Partnership, for developing and approving the Delivery Plans strategic actions and management actions;
2. reviewing progress with implementing the governance, risk management, programme planning and project management arrangements that should be in place to support the achievement of the Delivery Plans strategic actions and management actions; and
3. the arrangements for monitoring and reporting progress with achieving all the savings included in the Delivery Plan for financial year 2025/26.

²Reported to the Integration Joint Board on 13 August 2025.

DEFINITION OF ASSURANCE CATEGORIES

Level of Assurance	Definition
Comprehensive assurance	Sound systems for risk, control, and governance are in place and should be effective in mitigating risks to the achievement of business and control objectives. Some improvements to existing controls in a few, relatively minor, areas may be required.
Substantial assurance	The systems for risk, control, and governance are largely satisfactory, but there is some scope for improvement as the present arrangements could undermine the achievement of business and / or control objectives and / or leave them vulnerable to some risk of error / abuse.
Limited assurance	The systems for risk, control, and governance have some satisfactory aspects, but contain a number of significant weaknesses that are likely to undermine the achievement of business and / or control objectives and leave them vulnerable to an unacceptable risk of error / abuse.
No assurance	The systems for risk, control, and governance are ineffectively designed and / or are operated ineffectively such that business and / or control objectives are not being achieved and the risk of serious error / abuse is unacceptable. Significant improvements are required.

2025/26 to 2027/28 Delivery Plan

Clackmannanshire and Stirling Health and Social Care Partnership

Draft ICB Delivery Plan and Medium Term Financial Plan - 2025/26 to 2027/28				Savings / Financial Impact				PARTNER ANALYSIS FOR 25/26					
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Strategic Priority(s)	Thematic	Brief Description	Risk Rating (RAG)	Staffing Implications (Y/N)	2025/26	2026/27	2027/28	Cumulative Total	NOTES	Clacks Council	Stirling Council	NHS FV	Total
Strategic Decisions for ICB													
Achieving Care Closer to Home, Independent Living Through Choice and Control	Doing Things Differently	Commissioning a Change to the Model of Care for Older Adults Long Term Provision in Clackmannanshire	A	Y	288	709	204	1,201	Assumes 40% retained for 65-matthew care 50% released 24M/50M/17%	288			
Independent Living Through Choice and Control	Doing Things Differently	Review and Redesign of Learning Disabilities Day Services	A	Y	131	365		577	Based on 9 month lead time	131			
Independent Living Through Choice and Control	Doing Things Differently	Review and Redesign of Community Residential Facilities	F	Y				0	For future consideration	0			
Care Closer to Home	Doing Things Differently	Redesign Ward Redesign - consolidation of 10 pay-habitat rehab to single inpatient unit	A	Y	450	900		1,350	Assumes transfer of integrated budget and availability of required capital				450
Care Closer to Home	Doing Things Differently, Doing Things More Efficiently	Shift from traditional respite models to short breaks provision	A	Y	148	444		592	Short Breaks Statement being presented in March 25, Disinvestment in Clackmannanshire from Bed Based provision to short breaks fund required. Specific paper to be presented to June 25/26	148			
Care Closer to Home	Doing Less	Reduction of 4 Beds CCH 1	A	Y	254			254					254
Care Closer to Home	Doing Less	Reduction of 4 Beds Wallace Bellfield	A	Y	302			302					302
Care Closer to Home	Doing Things Differently, Doing Less	Reconfiguration of Bellfield Intermediate Care Beds with net 4 bed reduction	A	Y	216	216		432	Assumes 6 month lead in time			108	108
Care Closer to Home	Doing Things Differently, Doing Less	Review of Inpatient Learning Disability Provision in North Valley	F	Y				0	Plan for future consideration post discussion with F&S&C and NHS FV. FV has more than population share of LD inpatient beds				
Management Actions													
Achieving Care Closer to Home, Independent Living Through Choice and Control	Doing Things Differently	Redesign Net Admissions into Long Term Care	A	N	2,290	2,290		4,580	Based on 7 out 1 in and modelling used for 2025 financial recovery options with 50% optimism bias	765	1,530		
Achieving Care Closer to Home, Independent Living Through Choice and Control	Doing Things Differently	Redesign of AHP input into Rehabilitation, Discharge to Assess and community response to urgent referrals	A	Y	387	0		387					387
Care Closer to Home	Doing Things Differently?	Old Age Psychiatry Community Services Scoping	F	N				0					
N/A	Raising Revenue	Draft Updated 'Once for Clacks and Stirling' contributions policies	A	N	500	100	100	700	High level initial assessment. Detailed estimates in preparation	167	333		
Independent Living Through Choice and Control	Doing Less	Review Formulary for Provision of Contraceptive Products	A	T				0	For future Consideration				
Independent Living Through Choice and Control	Doing Things Differently	Community Equipment Redesign Including Westminster	F	N				0					
Independent Living through choice and control	Doing Things Differently	Redesign in service users brought into statutory care provision through daily MDTs, triaging and signposting to alternative community supports	A	N	300	300	300	900	Conservative initial estimate to be reviewed based on emergent evidence at Q1	100	200		
AE	Doing Things More Efficiently	Take Management Action to bring CCH ward budgets into balance	A	Y	669			669					669
Care Closer to Home	Doing Things Differently	Community Nursing Skills Mix Options	A	Y	20			20					20
AE	Doing Things More Efficiently	Improving Financial Assessment and Recovery	F	Y	1,498			1,498	Estimate net of £50k provision for dedicated post.	496	999		
AE	Doing Things Differently	Care at Home Review Team (OPPD Teams)	A	Y	600	450	450	1,500	Based on impact office team functioning during 24/25 net of estimated cost of staffing requirement for 26/27 and 27/28 (invest to save revenue costs in 25/26)	217	433		
AE	Doing Things Differently	Reviews of Out of Area placements and high tariff packages of care (MH/LD)	F	N	474	1,016	200	1,690	Estimated at 3M reduction in £50k P&C costs, savings net of costs of 2 WTE SDOs to undertake work under appropriate supervision	114	360		
AE	Doing Things Differently	HCIS Reduction in Overtime	A	Y	30			30		10	20		
AE	Doing Things Differently	Reablement Staff Costs - vacant post and reduction in use of casual staff	A	Y	25			25		8	17		
AE	Doing Less	Create all locum social work and occupational therapist posts by 1 April	A	Y	361			361		120	241		
AE	Doing Less	Removal of vacant sensory centre post	G	Y	24			24					24
AE	Doing Things Differently	Improved Stock Management CCHC and Bellfield	A	N	30			30					30
AE	Doing Things Differently, Doing Less	Move to 1 Senior Charge Nurse across CCHC 1 and 2	A	Y	76			76					76
AE	Doing Less	Removal of vacant B2 former hairdressing post CCHC 1	G	N	20			20					20
Independent living through choice and control	Doing Things Differently	Removal of historic Accommodation based housing support payments and maximising income through effective rent collection	A	N	150			150		50	100		
Prevention, early intervention and harm reduction	Doing Things Differently, Doing Less	Deletion of Service Manager post in Health Improvement as part of wider redesign process	G	Y	85			85					85
AE	Doing Things Differently, Doing Things More Efficiently, Doing Less	Primary Care Medicines Optimisation Programme (including 75/26 P&C, Polypharmacy, Medication reviews of top clinical value and non medical prescribing)	A	N	1,500	1,000	1,000	3,500	Circa £3m p&C gain developed				1,500
AE	Raising Revenue	Identify 5 beds for income generation (1 PCU, 1 Hope House, 1 LD)	A	N	263			263	Dependent on benefits being credited to services net NHS FV estimate. linked to challenges re SLA updates for XBP				263
Achieving care closer to home	Doing Things More Efficiently, Doing Less	Older Peoples Services CHHTS - review and reduce overall spend	A	Y	145			145					145
AE	Doing Things Differently	Substance Use Services - Changes to automatic dispensing of naloxone 7x year	A	N	40			40					40
AE	Doing Things Differently	Substance Use Services - Switch of oral buprenorphine from brand to sub lingual	A	N	22			22					22
AE	Doing Less	Psychology non pays - budget reduction	G	N	11			11					11
AE	Doing Less	Psychology - costs that leave cover (based on last 4 years)	A	Y	60			60					60
AE	Doing Things Differently	Depots - Move all patients, where safe, to typical antipsychotics	A	N	20			20					20
AE	Doing Less	Delate Vacant Pharmacy Tech part time post at Lochrow	G	N	10			10					10
AE	Doing Less	Delate Vacant AHP Therapist post	G	N	30			30					30
AE	Doing Less, Doing Things Differently	AHPs - Apply Vacancy factor to AHP budget based on recent years turnover rates.	G	N	75			75					75



AE	Doing Less	Defeat current vacancies at Riverbank as by product of moving to 1 Day Care Provision	A	Y		73			73										
Independent living through choice and control	Doing Things Differently	Improving Value from Supported Housing Arrangements: North Church Street Calander	A	N		17	6		23										
Independent living through choice and control	Doing Things Differently	Improving Value from Supported Housing Arrangements: West Lodge Gardens	A	N			100		100										
Independent living through choice and control	Doing Things More Efficiently	Improving Value from Support Housing Arrangements: Improved Processes and Income Recovery	A	N		16	16		32										
AE	Doing Things Differently	Admin Review: Eating Disorders Service reduction in admin hours (turnover opportunity) (A) WTI reduction	O	Y		21			21										
AE	Doing Things Differently	Further Commissioning Consortium Approaches		?															

	2025/26	2026/27	2027/28	Cumulative Total					
Total Estimated Savings Detailed Above	11,661	7,644	2,254	21,879	TOTALS	2,617	4,466	4,508	11,681
Less: Savings Proposals Assessed as Being Existing Offsets in Recurrent Position (identified by colour flag)	619			619			97	522	619
Total Net Estimated Savings	11,042	7,644	2,254	21,259		2,617	4,369	4,076	11,062
Savings Requirement (Integrated Budget)	16,954	3,650	3,753	26,357					
Savings Surplus/(Deficit)	(7,892)	(4,294)	(1,499)	(13,685)		(7,840)	(6,080)	(4,926)	(18,846)
						(6,331)	(1,711)	(850)	(7,892)

26/27 & 27/28 pressures estimated on 25/26 increase in LG pension 0.5% increase in LG pension contributions for 27/28

Capex per Programme M10K
Residual Gap at Partner Level



2025/26 Delivery Plan – Proposal Template

Clackmannanshire & Stirling Health & Social Care Partnership Savings Options 2024-25
 Low, Medium & High Savings Options

Service		Approx Budget Saving	
Service Area		Approx FTE Reduction	
SLT Lead		Policy Decision	
Status		Type of Option	

Title	
Description	

High Value Saving Detail		Type
Medium Value Saving Detail		
Low Value Saving Detail		

Savings & Cost

High Saving Option				
	2024/25	2025/26	Total	Notes / Comments
Recurring Savings				
Recurring Costs				
Total Recurring Saving				
<i>One Off Costs</i>				
Revenue Costs				
Capital Costs				

FTE Impact			
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Risks, Dependencies & Impacts

Risks	
Impact Statement	
Dependencies	

Medium Value Saving Option				
	2024/25	2025/26	Total	Notes / Comments
Recurring Savings				
Recurring Costs				
Total Recurring Saving				
<i>One Off Costs</i>				
Revenue Costs				
Capital Costs				

FTE Impact			
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Risks, Dependencies & Impacts

Risks	
Impact Statement	
Dependencies	

Low Value Saving Option				
	2024/25	2025/26	Total	Notes / Comments
Recurring Savings				
Recurring Costs				
Total Recurring Saving				
<i>One Off Costs</i>				
Revenue Costs				
Capital Costs				

FTE Impact			
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Risks, Dependencies & Impacts

Risks	
Impact Statement	
Dependencies	



Extract from CSIJB Strategic Risk Register

Ref	Title	Description	Likelihood	Impact	Risk Score	Impact Category	Risk Appetite	Risk Tolerance	Brief Descriptor – Mitigation / Control Actions	Risk Owner (s)	Manager(s) Responsible	Update / Notes / Direction of Travel
HSC 012	Transformation and Sustainable Service Delivery	<p>Risk The risk that the programme of transformational change detailed in the 2025/26 to 2027/28 Delivery Plan is inadequate to balance financial and service sustainability.</p> <p>Cause Transformation not delivering estimated financial impact and / or not being deliverable at pace or scale envisaged.</p> <p>Effect Overspend or lack of demonstrable progress in Strategic Commissioning Plan priorities and / or National Health and Wellbeing outcomes.</p>	Current (4) Target (2)	Current (5) Target (5)	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 initiation and planning for change.	<p>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.</p> <ol style="list-style-type: none"> 1. Development and Approval of Revised Delivery Plan (May 25) 2. Establishment of Project Management capacity (est Aug 25) 3. Establishment of Monitoring Arrangements building on reporting mechanisms developed in 24/25 (August 25) 4. Developing of detailed planning and proposals for 26/27 IJB Business Case and update to rolling 3 year Delivery Plan (Sept 25 to March 26). 5. Review of Strategic Commissioning Plan per legislative requirements (sept 25-March 26). 	Chief Officer / Chief Finance Officer	Head 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. The risk closely aligns with HSC001 however focuses on the risk that around transformation.

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 16

Extended Members Voting Rights

For Noting

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

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

Purpose of Report:	The purpose of this Report is for members of the Integration Joint Board (IJB) to note changes affecting lived experience members, which will give with voting rights within the IJB, later this year.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note voting changes that are to come into force from September (2026) which affect lived experience representatives. 2) Note that while the position was agreed at a national level, there is an expectation that Scottish Government will provide further updates, in due course, related to implementing this change.
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Key issues and risks:	The Amendment Order, discussed in this paper and comes into force in 1 September 2026, will provide lived experience members of the IJB voting rights. Non-compliance or inaction in respect of the Order would mean the IJB (from September onwards) would not be acting in accordance with legislation.
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1. Background and Introduction

- 1.1. The [Independent Review of Adult Social Care](#) (published by Scottish Government in February 2021) recommended extending voting rights to all “public partners” who sit on Integration Joint Boards (IJBs) within Scotland.
- 1.2. In line with the published [Standing Orders](#) for Clackmannanshire and Stirling IJB, the composition of voting members is as follows (this information can be viewed in Standing Orders document at section 5 – Membership):
 - 1.2.1. three Councillors appointed by Clackmannanshire Council
 - 1.2.2. three Councillors appointed by Stirling Council
 - 1.2.3. six Directors of NHS Forth Valley, who should be non-Executive Directors but in exceptional circumstances may include a smaller number of Executive Directors.
- 1.3. The Public Bodies (Joint Working) (Scotland) Act 2014 is a key piece of legislation in Scotland that provides the framework for integrating health and social care services. This briefing refers to the Scottish Statutory Instrument

(SSI), which is the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025.

- 1.4. As outlined in the legislative change's accompanying policy memorandum, it states Scottish Government have worked further on this proposal through codesign efforts. As well as developing the policy through work on the National Care Service, a brief period of formal consultation between 24 November and 10 December 2025 requested responses related to Scottish Ministers exploring the proposal of bringing forward regulations to extend voting rights to lived experience members of Integration Joint Boards.
- 1.5. Lived experience members do not currently have voting rights. However, on 19th December 2025, the Minister for Social Care and Mental Wellbeing, Tom Arthur MSP, laid before Scottish Parliament regulations that extend voting rights to lived experience representatives on Integration Joint Boards across Scotland. This change is due to be introduced in September 2026.
- 1.6. The term lived experience representatives is inclusive of unpaid carers, supported people (whom some may refer to as service users), and third sector representatives.

2. The National Decision-Making Process

- 2.1. As this change is classed as an SSI, which is subject to the negative procedure, and was reviewed by Scottish Parliament's Delegated Powers and Law Reform Committee on 13 January 2026. In relation to the SSI, the Committee agreed to write to the lead committee (Health, Social Care and Sport Committee) and the Scottish Government with further questions. As well as to highlight that in addition to this Order, further subordinate legislation would also be expected in the UK Parliament in relation to the Bill, and that the approach proposed may result in some scrutiny challenges for the Scottish Parliament.
- 2.2. At a meeting of the Health, Social Care and Sport Committee on 20 January 2026 it was agreed they should carry out a targeted call for evidence from various stakeholders on the above draft statutory instrument and that this would include Local Authorities, Health Boards, Integration Joint Boards and third sector organisations. In total 18 submission were received. Submissions were received from:
 - 2.2.1. 10 Council's or HSCPs
 - 2.2.2. UNISON
 - 2.2.3. Five lived experience organisations (Inclusion Scotland, The ALLIANCE, Coalition of Care and Support Providers Scotland (CCPS), Third Sector Interface Network and Glasgow Disability Alliance).
 - 2.2.4. COSLA and the IJB Chairs/Vice-Chairs Network.
- 2.3. At its meeting on 3 February 2026, the Committee took oral evidence on the instrument from three panels of witnesses:
 - 2.3.1. The first panel was comprised of COSLA and Trade Union representatives.

- 2.3.2. The second panel was focussed on lived experience representatives.
- 2.3.3. The third panel consisted of the Minister for Social Care and Mental Wellbeing and Scottish Government colleagues representing the National Care Service and Social Care Legal Services.

2.4. Following this scrutiny the SSI has passed through Parliament, and the Amendment Order will come into force on 1st September 2026.

3. Next Steps

- 3.1. The change to voting rights will impact upon the six lived experience members (three representing Stirling and three representing Clackmannanshire) who sit on the IJB, giving each of them voting rights from September 2026. Which in practical terms will take effect from the next board meeting, 23 September.
- 3.2. As part of this work is to develop implementation guidance, Scottish Government will also work with delivery partners to consider proportionate and effective monitoring of the policy. We are awaiting receipt of this guidance and any associated communications.

4. Appendix

4.1 Appendix I – Document circulated by Scottish Government (including a question and answer section).

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input checked="" type="checkbox"/>
Implications	
Finance:	As further information is required to help understand the extent of what this change means at a local level, there is currently uncertainty whether there will be any financial implications. This position will be reviewed as further information is received.

Other Resources:	As further information is required to help understand the extent of what this change means at a local level, there is currently uncertainty whether there will be any financial implications. This position will be reviewed as further information is received.
Legal:	As further information is required to aid in understanding the extent of what this change means at a local level, non-compliance, or inaction in respect of the Order would mean the IJB (from September onwards) would not be acting in accordance with legislation.
Risk & mitigation:	The Amendment Order, discussed in this paper and which comes into force in 1 September 2026, will provide lived experience members of the IJB with voting rights. Non-compliance or inaction in respect of the Order would mean the IJB (from September onwards) would not be acting in accordance with legislation.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix I - Document circulated by Scottish Government

Version 1.0 | Issued: June 2026

Social Care and National Care Service Development
Directorate



1. Purpose of document

This document sets out a consolidated set of responses to frequently asked questions arising from the amendments introduced by [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Amendment Order 2025 \('the Order'\)](#). The Order, which is due to come into force on 1st September 2026, makes provision for changes to membership arrangements and associated governance requirements for Integration Joint Boards (IJBs), permitting members known as 'lived experience members' to have a vote.

Lived experience members are colloquially referred to as those members falling into the statutory categories of appointed member under Arts 3(7)(b), (c) and 5(7)(b), (c) and (d) of the Order, namely:

- Third sector bodies carrying out activities related to health and social care within the local area;
- Service users residing in that area; and
- Persons providing unpaid care in that area.

This document is intended to support a consistent and informed understanding of the amendments across local authorities, health boards and IJBs, and to assist with effective preparation for implementation. It highlights key areas for consideration, such as where local determination or further governance may be useful.

2. Questions & Answers

Q1: Are lived experience members automatically given voting rights under the Order?

Answer: As of 1 September 2026, the Order extends voting rights to certain statutory categories of lived experience members set out under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the 2014 Order"). These categories are service users, unpaid carers and third sector representatives carrying out activities related to health and social care who are formally appointed under the 2014 Order.

There is no need for the existing appointed lived experience members to be reappointed.

Therefore:

- where individuals are already appointed as members, they will gain voting rights automatically;

- lived experience individuals who are not formally appointed will not gain voting rights. This might include individuals such as those who are informally observing, or in advisory roles.

Q2: Where current lived experience members do not wish to become voting members, is there a mechanism for them to opt out?

Answer: The Order grants entitlement to vote but does not impose a duty to exercise that vote. There is no provision requiring a lived experience member to vote.

Q3: Can lived experience members abstain from voting? Current guidance for Health Board and Council members suggests that abstention is not permitted on a budget vote, for example.

Answer: This is an IJB issue. The legislation does not address abstention; it only defines who has voting rights.

Q4: Where an IJB has more than one lived experience representative appointed within a membership category e.g. 3 service user reps, are all members of that category granted voting rights?

Answer : Yes. All appointed lived experience members have a right to vote from 1st September 2026. Voting rights apply to the category of member, not to a capped number of individuals within that category. Where multiple representatives are appointed (e.g. more than one service user representative), all those formally appointed under that category would have voting rights. There is no flexibility to grant voting rights to only one member in a service category. IJBs might therefore review whether the current number of appointed representatives in each category remains appropriate.

Q5: The Order applies to appointed representatives of third sector health and social care bodies but not to what are commonly known as ‘independent members’ of similar bodies i.e. unappointed, independent sector representatives of third sector organisations such as charitable, not-for-profit care providers.

How do we distinguish between third sector representatives and ‘independent members’ for voting purposes?

Answer: IJBs should apply voting rights based on the formal category of appointment, as set out in the 2014 Order, rather than organisational status alone.

Members formally appointed by IJBs as third sector representatives should be treated as voting members, in line with the Order.

Where status is unclear, IJBs might consider clarifying the person’s role or formalising the basis of appointment to ensure clear distinction between appointed roles which attract voting rights and those which do not.

This will support consistent application of voting rights in line with the new statutory framework.

Q6: Can proxies be used in place of appointed lived experience members?

Answer: Yes, but only where such a member is unable to make an IJB meeting. Under Article 2(4) of the Order (soon to be Article 12(2) of the 2014 Order), an appointed lived experience member may arrange for a suitably experienced proxy to stand in their place where that voting member is unable to attend such a meeting.

The updated guidance being developed to support the voting rights extension provides further guidance on proxy arrangements.

Q7: If a lived experience member is expected to reflect the views of a wider cohort, how are they expected to gather those views in practice? This is particularly relevant given the diversity of groups involved (e.g. children, older people, people with learning disabilities etc).

Alternatively, is it sufficient for representatives to draw primarily on their own lived experience, rather than actively representing a broader constituency?

Answer: The gathering of and reflection upon experience and views from the lived experience cohort is a matter for the lived experience member(s) and the IJB. There is no prescribed method for carrying this out in the statutory framework. However, the Policy Note to the Order notes that representatives should reflect the *“breadth and diversity of views and situations”* of their groups. Where these groups are reflective of their own personal circumstances, it may be appropriate for a member to also draw upon their own lived experience.

Q8: How will the extension of voting rights to lived experience representatives impact current quorum arrangements set out in the legislation whereby no business is to be transacted at an IJB meeting unless at least one half of the voting members are present ?

Answer: The extension of voting rights will increase the number of voting members and therefore raise the quorum requirement, as set out in the 2014 Order, which requires that at least half of all voting members are present for business to be transacted.

Example (quorum calculation):

- If an IJB has 8 voting members, the quorum is 4 members.
- If, following the amendment, the IJB has 12 voting members, the quorum increases to 6 members.

Accordingly, IJBs must update quorum calculations to reflect the revised voting membership and ensure the statutory quorum requirement continues to be met. This differs from provisions relating to committee composition, which require equal numbers of Local Authority and Health Board members. While this may suggest a strict 50/50 split, the requirement applies only to

those categories and does not preclude the inclusion of additional members (for example, appointed lived experience representatives). Accordingly, a committee may comprise three local authority members, three health board members and one lived experience member.

Given there is no cap on membership numbers, constituent authorities and IJBs will want to keep the size and composition of membership under review to ensure quorum remains achievable and governance arrangements remain sustainable.

Q9: Is it expected that Standing Orders will need to be updated in advance of 1 September 2026 to account for the new voting rights, or is there flexibility for updates to be completed after this date?

Answer: IJBs must operate in accordance with the amended legislation from 1 September 2026. Whilst there is no specific statutory requirement to update Standing Orders in relation to voting by that date, IJBs will note that they have a general requirement under Art 18 of the 2014 Order to make, and amend, standing orders for the regulation of its procedure and business, and must conduct meetings in line with those orders. IJBs will therefore want to review their governance arrangements with a view to them being ready for 1 September 2026.

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 17

Healthcare Improvement Scotland Action Plan

For Noting

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Lorraine Robertson, Chief Nurse
Author	Lorraine Robertson, Chief Nurse
Exempt Report	No

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

Purpose of Report:	The purpose of this report is to present to the Integration Joint Board an update on the progress made following the Healthcare Improvement Scotland (HIS) Safe Delivery of Care Inspection carried out in August 2025 within the Adult Mental Health Unit, Forth Valley Royal Hospital.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>1) Note the content of the report and the agreed action plan.</p>
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Key issues and risks:	<p>There is a risk that the service will not be able to meet all the identified requirements with the agreed timescales. This is mitigated by the assurance provided to and by the HIS Mental Health Safe Delivery of Care Oversight Group.</p>
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1. Background

- 1.1 The Adult Mental Health Unit was subject to a Healthcare Improvement Scotland (HIS) Safe Delivery of Care (SDOC) inspection during August 2025. The outcome of the inspection identified 19 requirements and one recommendation. An action plan was developed to address the findings. The SDOC Delivery Group and SDOC Oversight Group have been established to support the delivery and monitoring of the action plan. This includes clearly defined leadership accountability, regular programme monitoring, and established escalation routes to ensure timely identification and management of risks and issues. Progress against each requirement is tracked through structured reporting arrangements, with oversight provided by relevant operational and corporate governance forums. The strength of these governance arrangements provides confidence that, while some delivery challenges remain, there is effective control, oversight and leadership in place to support continued progress and improvement.
- 1.2 This report reflects operational oversight and delivery progress in relation to the HIS Safe Delivery of Care inspection improvement plan for the Acute Mental Health Unit (AMHU), FVRH. It is not intended to provide a strategic or policy-level update, but rather to present assurance regarding the

implementation of agreed actions, risk management, and service-level performance.

2. Progress to date

2.1. Progress continues across the Safe Delivery of Care programme, with governance and oversight arrangements now well established for the requirements and recommendation. To date there is 80% overall progress identified against the action plan. However, a number of complex areas remain challenging, largely due to workforce and estates capacity constraints rather than to gaps in governance or leadership.

2.2. Good/ high levels of assurance are in place across the following areas:

- CCTV governance and policy compliance.
- System-wide staffing risk oversight.
- Leadership capacity and time to lead.
- Adverse event management and learning.
- Estates, infection prevention and control (IPC), water safety, and fire safety governance arrangements.

2.3. Progress is ongoing but assurance remains partial or moderate in the following priority areas:

- Mandatory training compliance, particularly face-to-face resuscitation, CAMHS and perinatal training, which remains below target despite improving governance and monitoring.
- Clinical supervision and appraisal, where release of staff continues to limit delivery.
- Ligature risk reduction, including estates works and consistent completion of ligature risk assessments.
- Care environment risks, including completion of the Mental Health Built Environment Quality and Safety Assessment Toolkit.
- Sexual safety, where significant work is underway on policy, training, care planning, audit and cultural embedding, but assurance is not yet fully embedded.
- These pressures are primarily delivery-related and influenced by workforce availability and the scale of environmental improvements required.

2.4. The principal risks for the programme continue to relate to:

- Training compliance impacting safe delivery of care.
- Ligature risks linked to environmental and assessment delays.
- Workforce pressures affecting capacity, training uptake and governance delivery.

- Delays to estates and environmental works due to complexity and capital constraints.
- Robust mitigation plans are in place, with risks actively monitored through established governance and escalation routes.

3. Conclusions

3.1 The Safe Delivery of Care programme remains at Amber (moderate assurance), reflecting sustained progress and strengthening governance alongside ongoing delivery challenges. Continued focus is required on workforce-dependent areas, estates-related improvements and embedding consistent practice, with assurance expected to improve as planned actions progress.

4. Appendices

Appendix 1 HIS Action plan

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input type="checkbox"/>
Independent Living through Choice and Control	<input type="checkbox"/>
Achieve Care Closer to Home	<input type="checkbox"/>
Supporting People and Empowering Communities	<input type="checkbox"/>
Reducing Loneliness and Isolation	<input type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	None to note
Other Resources:	None to note
Legal:	None to note
Risk & mitigation:	None to note
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA

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



Improvement Action Plan

Healthcare Improvement Scotland: Unannounced Acute Mental Health Services safe delivery of care inspection

Forth Valley Royal Hospital, NHS Forth Valley 25 – 26 August 2025

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: _____

Full Name: Neena Mahal

Date: __20/01/2026_____

NHS board Chief Executive

Signature: _____ 

Full Name: Ross McGuffie

Date: __20/01/2026_____

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18 Week Action Plan Update – May 2026

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed	Progress update	Evidence
Requirement 1. Domain 1	NHS Forth Valley must ensure safe and effective policies and procedures are in place for all CCTV cameras in use. CCTV cameras must be operated in line with national regulation, guidance and local policy and staff are aware of and apply correct procedures.	Mar 2026	Head of Service	<p>NHS Forth Valley Surveillance Systems Policy which was already in progress prior to the Safe Delivery of Care Inspection is being progressed through local governance routes to the whole use of this policy as well as developing and implementing a local</p> <p>NHS Forth Valley Mental Health and Learning Disability (MHL) service will ensure the safe and effective Standard Operating Procedure (SOP) for the use of CCTV in the Mental Health Unit (MHU) by March 2026.</p>	Complete April 2026	The NHS Forth Valley Surveillance Systems Policy has been approved and implemented. A local SOP for CCTV use in the MHU has also been developed, approved, and implemented. All CCTV cameras in the MHU have been mapped and are supported by appropriate signage.	Requirement 1 Domain 1

Requirement 2 Domain 1	NHS Forth Valley must ensure effective governance and oversight of all necessary staff training to support all staff to safely carry out their roles. This includes but is not limited to, Basic Life Support, Public Protection, Prevention and Management of Violence and Aggression Training and Training in relation to Specialist Admissions.	Feb 2026	Chief Nurse/Head of Service	NHS Forth Valley MHL D has established weekly monitoring of individual mandatory training modules these will be included in the Workforce Governance Reports each month which reports directly into the Nursing Midwifery and Allied Health Professionals (NMAHP) Workforce Governance Committee.	Complete February 2026	Weekly training monitoring is now established and embedded within governance reporting.	Requirement 2 Domain 1
		Mar 2026		By March 2026 NHS Forth Valley MHL D will embed the training dashboard available via Pentana to monitor and drive improvements in training compliance.	Complete March 2026	The Pentana dashboard is now in place to monitor training requirements, and new Turas Learn reporting has strengthened oversight.	

		July 2026		NHS Forth Valley MHL D Mandatory training compliance is currently 65% from 58% in August 2025. An initial aim of 80% compliance of all relevant staff is set for March 2026, with an aim of 95% by July 2026.	On plan with revised timeline – September 2026	Overall compliance is improving but has not yet reached target levels in all areas. Current overall compliance is 74%, with individual modules ranging from 60% to 90%. Prioritising a phased approach to training has supported 80%+ compliance in Public Protection, M&H, Violence & Aggression, Fire Safety and Hand hygiene. Whilst we haven't achieved initial compliance aim for all training, this phased approach continues to operate with controls and monitoring in place, and a revised aim of 95% compliance by September 2026.	
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				<p>During the inspection process, Adult Resuscitation training improved from 23% to 68% while face to face training improved from 8% to 26% in January 2026 Child and Adolescent Mental Health training increased from 3% to 33% Perinatal training increased from 3% to 40% PAMOVA training improved from 67% to 81%. Public Protection training increased from 46% to 84%.</p>	<p>On plan with revised timeline – September 2026</p>	<p>Adult resuscitation training has improved to 86%. Face-to-face training has also risen to 37% and is expected to reach 44% by 1 June 2026 based on booked sessions. Child and Adolescent Mental Health training has increased to 49%, Perinatal training to 73%, PAMOVA to 86%, and Public Protection training to 88%.</p>	
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Requirement 3. Domain 1.	NHS Forth Valley must demonstrate how it supports the ongoing development of skills and knowledge through adequate supervision and appraisal for staff	Feb 2026	Chief Nurse	NHS Forth Valley MHL D service has implemented a supervision calendar in each ward where progress is tracked. This will be reported through staff and clinical governance meetings.	Complete February 2026	A supervision calendar is in place, and supervision data is reported through workforce and clinical governance structures.	Requirement 3 Domain 1
		July 2026		MHU's appraisal compliance is currently 40%. The service aim is to achieve 50% by March 2026 and 95% by July 2026.	On track July 2026	Compliance has risen to 50%; this is expected to be at 60% by mid June and on track for 95% compliance by July 2026. This is monitored weekly via Turas reporting by CNM and reported on monthly via local governance structures.	
		Dec 2026		Senior staff attend the Clinical Supervision Steering Group which focuses on the implementation and evaluation of clinical supervision across all of NHS Forth Valley. The service aim for Clinical Supervision is to achieve 50% by July 2026 and 95% by December 2026.	On track December 2026	Supervision arrangements are still at an early stage, and tracking tools are now in place. Current compliance is 12%. Compliance is expected to be 95% by December 2026.	

Requirement 4 Domain 1	NHS Forth Valley must ensure processes are in place to continue to mitigate the risk of access to the roof in the outdoor space and monitor the impact of any interventions in place	Sept 2025	Head of Service	NHS Forth Valley MHL D service has implemented the risk mitigation discussed during the inspection visit which has been effective in preventing roof access in the outdoor space.	Complete January 2026	Anti-climb paint has been effective, with no further incidents of roof access. To further mitigate risk, installation of rolling roof bars is currently being explored and costed.	Requirement 4 Domain 1
		July 2026		The MHL D service has established a MHU Estates Oversight Group which will embed the Mental Health Built Environment Quality and Safety Assessment Toolkit Application. This group will ensure compliance in relation to any ongoing risk whereby patients can access the roof. The group meets quarterly, reporting into Health and Safety Committee for action and Clinical Governance Working Group for information and assurance.	On track July 2026	The Estates Oversight Group is now established, with monitoring embedded through local governance reporting, supported by newly formed local estates delivery groups. Delivery of the Mental Health Built Environment Quality and Safety Assessment Toolkit remains on track for completion by July 2026.	

Requirement 5. Domain 1.	NHS Forth Valley must ensure improvement actions are compiled with and progressed with agreed timescales to reduce ligature risk identified through significant adverse event reviews and HSE improvement notices.	Dec 2027	Head of Service	NHS Forth Valley MHL D Service is delivering on the necessary improvements in line with the HSE Notice of Improvement with the first stage of this work beginning in January 2026.	On track for December 2027	<p>The improvement programme in response to the HSE Improvement Notice commenced in May 2026 and is progressing through phased delivery, with installation and enabling works underway across wards to ensure safe implementation and minimise disruption. Ward 3 remains on track for completion by end August 2026.</p> <p>Delivery timelines reflect the scale and complexity of the estates programme, with progress actively managed around contractor availability, procurement lead times, the coordination of works within live clinical environments and available capital (Board investing £1m/yr from overall</p>	Requirement 5 Domain 1
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						£6.5m annual capital budget).	
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				<p>NHS Forth Valley MHL D Service has established an Estates Oversight Group which provides oversight and assurance in relation to the suite of works in the MHU.</p>	<p>Complete January 2026</p>	<p>The Estates Oversight Group is now embedded as the central governance mechanism for environmental risk reduction and environmental improvements. This includes oversight of ligature reduction work.</p> <p>This provides clear escalation routes and strengthens assurance through an established governance structure, improving visibility of risks and progress at a service level, leading to visibility and assurance at Board level.</p> <p>Whilst strengthening oversight, ongoing focus is required to ensure all actions are delivered within agreed timescales and that risks continue to be</p>	
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						actively managed.	
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		March 2026		<p>NHS Forth Valley MHLN service is collaborating with Organisational Development to implement eLearning which has been sourced from the NHS Highland Ligature Model. This will be available to all staff by March 2026, and compliance monitored through staff and clinical governance groups.</p> <p>The aim is that 95% of appropriate staff will have completed this eLearning by December 2026</p>	<p>On track – revised timescale June 2026</p> <p>On track December 2026</p>	<p>The training package has been adapted to reflect local context and is nearing completion, with launch anticipated in early June. This will be made available to all relevant staff, with compliance monitored through clinical and staff governance processes, in line with the expectation that 95% of inpatient nursing staff will complete the training by December 2026.</p>	
		December 2026					

Requirement 6. Domain 1.	NHS Forth Valley must ensure effective oversight of ligature risk assessments and any identified risks to ensure these are effectively mitigated	April 2026	Head of Service	NHS Forth Valley MHLDS Service will provide oversight of ligature risk assessments and associated action plans through the Health and Safety Committee for action and the Clinical Governance Working Group for information and assurance.	On track – revised timescale Jul 2026	<p>Oversight of ligature risk assessments through the Health and Safety Committee is now standing agenda item; following a presentation in May 2026. Assurance and updates are being provided via attendance from members of the Ligature Working Group. "70% of ligature risk assessments are complete and will be fully completed by July 2026.</p> <p>This reflects that a reporting route into the Health and Safety Committee is established in practice, with the committee acting as the forum for action and scrutiny, in line with the agreed governance structure.</p>	Requirement 6 Domain 1
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		Feb 2026		NHS Forth Valley MHLDS Service will re-establish a ligature working group which will contain key personnel who are trained to ensure consistency of risk assessment and quality of action planning. This will be reported and monitored through local clinical governance groups.	On track – revised timescale September 2026	The Ligature Working Group has been successfully re-established, providing a multidisciplinary forum to support coordination and oversight of ligature risk activity. Oversight through governance groups is established but elements of reporting, consistency of assessments, and quality assurance are not yet fully embedded. An audit tool is in development and will be applied across all comparable wards with aim of completion by September 2026.	
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Requirement 7. Domain 1.	NHS Forth Valley must ensure management processes to identify ongoing risk and ensure timely review, oversight and implementation of adverse event improvement actions align with the National Framework for Reviewing and Learning from Adverse Events.	February 2026: Completion of improvements within the electronic adverse event reporting system December 2026: Full implementation of aligned processes	Associate Medical Director/Chief Nurse/Head of Clinical Governance (Director of Nursing – starts March 2026)	NHS Forth Valley is reviewing and enhancing the adverse events reporting processes within Safeguard (Ulysses) to improve usability, reporting workflows, escalation pathways, investigation quality, and organisational learning. This work will ensure full alignment with the HIS National Framework by February 2026.	Complete February 2026	NHS Forth Valley has completed alignment of its adverse event reporting processes within Safeguard (Ulysses) with local policy and procedure, the Healthcare Improvement Scotland Adverse Events Framework and the principles set out within the Blueprint for Good Governance. This milestone was achieved in February 2026.	Requirement 7 Domain 1
				The Adverse Event Policy and associated Significant Adverse Event Reviews and Local Management Team Review procedures have been updated to reflect the national framework and provide clear operational guidance.	Complete February 2026	The Adverse Event Policy, together with the associated Significant Adverse Event Review and Local Management Team Review procedures, has been updated and is now operational. This provides a clear and consistent framework for the reporting, review and management of adverse events in line	

						<p>with national expectations.</p> <p>Performance reporting in relation to adverse event reporting compliance and review timescales is being developed collaboratively with Clinical Governance and Health and Safety colleagues. This will strengthen assurance arrangements, support more robust oversight and enable more timely review in keeping with the active and collaborative governance approach described within the Blueprint for Good Governance.</p>	
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				<p>A new training package has been identified to support consistent application across all staff groups. A benefits analysis of the nationally procured Healthcare Guardian (In-Phase) system is underway, with completion planned for February 2026.</p>	<p>Partially complete – revised timescale 2007</p>	<p>The training package to support phase 1 of the Safeguard enhancements has been completed, including impact scoring, strengthened manager sign-off and alignment with Healthcare Improvement Scotland timescales. NHS Forth Valley also has an agreed timeline for transition to the Healthcare Guardian system, with associated improvement activity being incorporated within this programme of work through a phased approach to implementation, with completion anticipated in 2027.</p>	
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				<p>Development of an internal NHS Forth Valley Community of Practice is in progress, with MHL D learning forming a key component to support broad sharing of learning from adverse events.</p> <p>NHS Forth Valley continues to actively participate in the HIS-led national adverse event network.</p>	<p>On track – May 2026</p> <p>Complete February 2026</p>	<p>The NHS Forth Valley Community of Practice will go live at the end of May 2026 to support the systematic sharing of learning summaries arising from Significant Adverse Event Reviews, Local Management Team Reviews and Child Death Reviews. These summaries will be available to colleagues across NHS Forth Valley in order to strengthen organisational learning, increase visibility of improvement themes and support the wider dissemination of learning identified through review activity. NHS Forth Valley is also now submitting all learning summaries arising from Significant Adverse Event Reviews to Healthcare</p>	
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						<p>Improvement Scotland for the national Community of Practice.</p> <p>All improvement plans arising from Significant Adverse Event Reviews are now tracked through Pentana, with reporting to Directorate-level Clinical Governance groups to support oversight and accountability. Work is underway to implement the same approach for Local Management Team Review improvement plans, with completion scheduled for December 2026.</p> <p>NHS Forth Valley also continues to participate actively in the Healthcare Improvement Scotland Adverse Event Network in</p>	
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						support of national learning, shared improvement and continued alignment with the Adverse Events Framework.	
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Requirement 8 Domain 1	NHS Forth Valley must ensure systems and processes are in place that support the effective identification and mitigation of risk to ensure a safe environment for all patients	July 2026	Head of Service / Chief Nurse	NHS Forth Valley MHL D service is implementing a new formulation-based clinical risk assessment tool which includes a specific assessment of sexual safety.	On track July 2026	NHS Forth Valley MHL D service has implemented the inclusion of questions relating to sexual safety in initial assessments and MDT records. The newly developed formulation based clinical risk assessment tool incorporating assessment of sexual safety will be presented at the May 2026 MHL D CG group. This new risk assessment tool has been formatted for the electronic patient record, and a TURAS module is in development with training on its use planned. It is planned that this will be embedded by the end of July 2026.	Requirement 8 Domain 1
		May 2026		To support implementation, an e-learning module will be available by May 2026 and augmented with face-to-face training. Completion of training will be monitored through workforce governance reporting.	On track revised timescale July 2026		
		March 2026		NHS Forth Valley MHL D is developing a ward sexual safety charter which will be	On track revised		

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		April 2026		implemented by March 2026	timescale September 2026	A ward level Sexual Safety Charter is in development, supported by local lived experience panel members to ensure co-production. Sexual Safety Champions have been identified to support implementation, promote awareness, and act as a local point of contact for staff in relation to sexual safety practice.	
				NHS Forth Valley has ensured key stakeholders, professional structures and subject matter expertise is central to the delivery of governance, improvement and assurance. This collaboration will take place through the improvement programme governance infrastructure. MHL D services will complete benchmarking against the Sexual Safety Standards by April 2026	Complete April 2026	An improvement programme informed by the National Sexual Safety Collaborative and Sexual Safety Standards has been established with stakeholder engagement. Benchmarking has	

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		April 2026		<p>NHS Forth Valley is designing an improvement programme which is informed by the National Sexual Safety Collaborative and Sexual Safety Standards.</p> <p>The Chief Nurse and Head of Service will provide senior leadership and oversight to ensure high quality delivery of this programme.</p> <p>The MHU Estates Oversight Group will make recommendations on adaptations to the MHU environment by June 2026. This will improve patient experience, privacy and prevention of harm.</p>	On track revised timescale December 2026	been completed and identified areas for improvement which will inform the programme priorities.	
		June 2026					

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Requirement 9 Domain 1	NHS Forth Valley must ensure fire safety doors are maintained in a safe working order that enables safe fire evacuation and reduces the restriction of movement around older adult wards	May 2026	Head of Service / Director of Estates	The MHLD services have established a MHU Estates Oversight Group which will provide oversight of existing procedures and infrastructure to ensure a timely response to any improvements required.	Complete January 2026	Local processes are in place to identify and address required improvements to fire safety doors, supporting a timely and coordinated response. Arrangements are in place for routine monitoring through the Estates Oversight Group, with escalation of risks and required actions to the Health and Safety Committee for action, and reporting to the Clinical Governance Working Group for assurance, though escalation routes to Health and Safety are still embedding.	Requirement 9 Domain 1
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				<p>The MHL D Estates oversight group will review the current fire doors and explore alternative designs and technical changes.</p>	<p>On track May 2026</p>	<p>Work is progressing to review current fire doors and identify safer and more suitable design solutions. Input has been sought from Fire Safety Officers, with options now being developed and considered by clinical and estates teams to ensure any proposed changes balance safety, functionality and patient needs. This work is approaching a recommendation stage, with proposals due to be presented through the Estates Oversight Group to support decision-making and alignment with wider infrastructure plans.</p>	
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Requirement 10. Domain 1.	NHS Forth Valley must ensure effective and appropriate governance approval and oversight of policies and procedures that are in place	December 2026	Head of Clinical Governance Locally Associate Medical Director	A comprehensive review of clinical guidelines and policy documents is underway, supported by a RAG-rated prioritisation approach for critical content. This has been reported through Clinical Governance Committee for assurance at board level. Processes for development, consultation, approval, and accessibility are being standardised to ensure clarity and consistency.	On track December 2026 Complete March 2026	At the point of reporting, 45.3% of clinical policies and guidelines are within their scheduled review date, against a target of achieving 95% compliance by December 2026. A comprehensive review programme is in place to address this gap, supported by a structured prioritisation approach using a Red-Amber-Green (RAG) rating system. This approach ensures that higher-risk and time-critical documents are prioritised and progressed in a timely and proportionate manner. Focused work has also been undertaken to strengthen governance and accountability	Requirement 10 Domain 1
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					<p>arrangements. This has included confirming and assigning appropriate authorship for all policies and guidelines. In parallel, the Mental Health and Learning Disability (MHL) Clinical Governance Lead is actively engaging with local clinical governance meetings to develop a Standard Operating Procedure (SOP), which will clearly define expectations in relation to policy ownership, review, and approval.</p> <p>In addition, a dedicated email inbox has been established to support enquiries relating to Standard Operating Procedures (SOPs) and clinical guidelines. This provides a single,</p>	
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					<p>accessible point of contact, ensuring that queries are managed promptly, consistently, and are not person dependent.</p> <p>In terms of progress, a further 15 guidelines (26.8%) are currently assessed as being at least 75% complete, with an additional five documents (9%) exceeding 50% completion.</p> <p>As part of the formal governance process, nine completed policies are scheduled for submission to the Mental Health and Learning Disability Clinical Governance Working Group (MHLDCGWG) for approval on 28 May 2026.</p>	
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				<p>The Clinical Governance Working Group (CGWG) will oversee this programme, with Directorate Clinical Governance Groups responsible for monitoring progress. A standing update on policy and guideline status will be included in all Directorate Clinical Governance meetings.</p>	<p>Complete March 2026</p>	<p>Regular reports and updates are now being sighted through governance groups across the MHLD business units, strengthening visibility of progress and supporting local accountability for delivery. In addition, oversight of this work across all parts of the system is being maintained through the Clinical Governance Working Group on a scheduled quarterly basis.</p>	
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				<p>The MHLG Clinical Governance Group's Clinical Guidelines Working Group will continue to oversee the updating and management of guidelines, working towards the wider board aim for 95% of policies and guidelines to be in-date by December 2026.</p>	<p>On track December 2026</p>	<p>The MHLG Clinical Governance Group, through its Clinical Guidelines Working Group, will continue to oversee the updating, management and assurance of clinical policies and guidelines, in support of the wider Board objective to achieve 95% of documents within review date by December 2026.</p>	
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Requirement 11. Domain 2.	NHS Forth Valley must ensure that there are clear assurance processes and systems and these are planned and organised in a way that provides assurance that high quality care is being delivered	February 2026	Chief Nurse	<p>The MHL D services will provide a Quality and Safety Assurance report to the Quality and Safety steering group, this incorporates the quality measures maintained on Pentana dashboard and the associated Safety Action plans.</p> <p>Assurance will be achieved through the Quality and Safety Steering group which will provide a reporting and assurance mechanism to the Quality Programme Board and the Clinical Governance Working Group and Committee.</p> <p>NHS Forth Valley will continue to monitor performance and progress against agreed national and local safety and quality measures (such as Scottish Patient Safety Programme and Excellence in Care).</p> <p>The Quality and Safety Steering Group provides a platform for sharing best practice, lessons learned, and thematic insights from</p>	<p>On track – revised timescale August 2026</p> <p>On track – revised timescale August 2026</p>	The Quality and Safety Steering Group has been established at organisational level as the Safety Steering Group, providing a stronger forum for oversight of quality and safety across the system The group reports directly to the Quality, Safety & Experience Board.A revised assurance reporting template has been developed and is currently being trialled. This is intended to support structured, consistent reporting and enhance the quality, transparency and standardisation of information presented to the	Requirement 11 Domain 2
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				<p>quality reviews and Care Assurance Visits.</p> <p>The group will review performance data and identify areas of limited assurance, triggering escalation through agreed governance routes.</p> <p>This proactive approach helps address risks early and supports improvement planning at service level by combining oversight, assurance, and improvement leadership.</p>		<p>group.</p> <p>At this early stage, formal written reports from Mental Health and Learning Disabilities (MH&LD) are in development. Key areas of work such as the Sexual Safety Measurement Plan, Excellence in Care Assurance reporting and the Scottish Patient Safety Programme (SPSP) Transition of Care improvement work will be reported via the Safety Steering Group.</p> <p>There is clear evidence of appropriate senior clinical representation and oversight, including</p>	
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						<p>attendance and contributions from the Chief Nurse and senior MHLD staff.</p> <p>Arrangements are now in place to strengthen formal reporting, with a comprehensive MHLD report planned for the next Safety Steering Group meeting. This will support triangulation and assurance across governance structures and align with reporting to the MHLD Clinical Care Governance Committee (CCGC), Clinical Governance Working Group and Committee, and the Quality Programme Board.</p>	
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Requirement 12. Domain 2.	NHS Forth Valley must ensure there is oversight and consistent application of screening tools to identify the risk of falls or pressure sores across all wards in the MHU	June 2026	Chief Nurse	<p>NHS Forth Valley MHU will introduce the agreed NHS Forth Valley Falls and Pressure Injury risk screening tools across the MHU.</p> <p>The application of these tools will be audited and recorded with an aim of 95% compliance by June 2026. Compliance will be monitored via Clinical Governance Groups and the Quality and Safety Steering Group.</p>	<p>Complete March 2026</p> <p>On track – revised timescale October 2026</p>	<p>NHS Forth Valley MHU introduced the agreed Falls and Pressure Injury risk screening tools across the MHU in March 2026.</p> <p>Application of the tools is being audited and recorded locally, with current compliance at 45% Falls and 50% Purpose T. Additional training sessions are planned for June 2026 to support improved uptake and compliance with revised compliance aim of 95% by October 2026. A targeted quality improvement</p>	Requirement 12 Domain 2
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						<p>approach will be implemented, focusing on priority areas and informed by learning from the Safer Together Collaborative and aligned with SPSP Adults in Hospital improvement work.</p> <p>Compliance is monitored weekly and reported through MHLD Clinical Governance and the Clinical Management Group to support ongoing oversight and improvement.</p>	
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		May 2026		NHS Forth Valley have implemented a new policy on the management of Pressure Injury and a Safer Mobility Policy. Education and support will be provided by the Practice Development Unit to support consistent application of these policies and assessment tools.	Complete March 2026	<p>The Purpose T pressure injury risk assessment tool has been introduced across the MHU. Education to support its application is being provided by the Tissue Viability team and through online learning resources, alongside wider practice development support.</p> <p>Education and support are also being delivered through the Practice Development Unit to support consistent application of these policies and associated assessment tools, including HCSW Skills Days, safer mobility</p>	
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						learning opportunities, and the NMAHP Graduate Stepping Forward Programme.	
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Requirement 13. Domain 4.1	NHS Forth Valley must ensure that the care environment is in a good state of repair to support effective cleaning and that effective assurance systems are in place to support the reporting of environmental issues and the monitoring of the care environment	June 2026	Chief Nurse	<p>NHS Forth Valley MHL D services have established a MHU Estates Oversight Group which will use the Mental Health Built Environment Quality and Safety Assessment Toolkit to review the existing procedures and infrastructure. This review will be completed by June 2026.</p> <p>Effective oversight of Infection Prevention and Control (IPC) will be maintained through the local operational infection control group which will act as a conduit for the board Infection Control Committee and local service delivery. This will include oversight by specialist IPC advisors and the Chief Nurse.</p>	<p>On track – revised timescale July 2026</p> <p>Complete February 2026</p>	<p>The Estates Oversight Group is now in place, with monitoring built into local governance reporting. Local estates delivery groups have also been established to support this work. Implementation of the Mental Health Built Environment Quality and Safety Assessment Toolkit remains on schedule and is expected to be completed by July 2026.</p> <p>IPC reports are submitted every six weeks to the Clackmannanshire and Stirling Operational Unit Infection Control Group, supported by ward-level reports that provide a clear reporting route from ward to Board level.</p>	Requirement 13 Domain 4.1
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Requirement 14. Domain 4.1	NHS Forth Valley must ensure consistent recording of flushing of infrequently used water outlets to improve compliance and provide assurance in line with current national guidance	August 2025	Chief Nurse	<p>Effective oversight of Infection Prevention and Control (IPC) will be maintained through the local operational infection control group which will act as a conduit for the board Infection Control Committee and local service delivery. This will include oversight by specialist IPC advisors and the Chief Nurse</p>	Complete January 2026	<p>Effective oversight of Infection Prevention and Control (IPC) is maintained through local operational infection control groups, which support the flow of information between ward teams, service delivery, and the Board Infection Control Committee.</p>	Requirement 14 Domain 4.1
				<p>NHS Forth Valley has a Water Safety Policy in place that supports the flushing of infrequently used water outlets process which is in line with national guidance. This is reviewed at the Water Safety Group to provide oversight across NHS Forth Valley.</p>	Complete January 2026	<p>Ward-level infection control meetings are now in place to strengthen local oversight, enable timely discussion of IPC issues, and support escalation where required. Key themes and concerns are fed through to wider governance forums, with</p>	

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						oversight from specialist IPC advisors and the Chief Nurse.	
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		Feb 2026		The MHU will ensure the flushing of infrequently used water outlets is carried out on a weekly basis. Compliance will be monitored and recorded by Senior staff to achieve 95% compliance by Feb 2026	Complete April 2026	Weekly flushing of infrequently used water outlets is now embedded within the MHU, supported by strengthened audit and monitoring arrangements. Sustained improvement has been demonstrated, with recent data showing consistent 100% compliance. Ongoing oversight remains in place to ensure standards are maintained and compliance continues to be evidenced over time.	
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Requirement 15. Domain 4.3	NHS Forth Valley must ensure there are clear and consistent systems and processes in place for the monitoring and mitigation of any severe and or recurring staffing risk to support longer term workforce planning.	April 2026	Chief Nurse	NHS Forth Valley MHL D services have implemented Safecare as a real-time staffing resource to provide oversight and real time monitoring of staffing levels to identify risks.	Complete February 2026	Safecare has been implemented, alongside daily huddles and twice-daily recording of professional judgement.	Requirement 15 Domain 4.3
		April 2026		NHS Forth Valley MHL D services record professional judgements twice daily. Daily staffing huddles across MHL D support risk mitigation and the escalation of severe risk. The service will further strengthen these processes by clarifying escalation pathways, improving documentation, and introducing regular quality assurance checks NHS Forth Valley MHL D report and monitor recurrent staffing risks via the NMAHP Workforce Governance group. NHS Forth Valley undertakes annual reviews of the nursing blueprints utilising the common staffing method to identify the required	Complete February 2026	Professional judgement continues to be recorded twice a day, and daily staff huddles remain in place. Operational guidance has been developed to strengthen escalation pathways and standardised definitions and documentation. This is currently out for consultation across the wider NHS Forth Valley network. Governance reporting is established from ward to board level. The annual nursing blueprint has been reviewed and is	

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				workforce to mitigate recurrent staffing risks.		nearing completion, with final approval from Finance expected by June 2026.	
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Requirement 16. Domain 4.3	NHS Forth Valley must ensure there are clear, consistent systems and processes in place to support and monitor wider system oversight, of identified staffing or safety risks within the MHU	February 2026	Chief Nurse	NHS Forth Valley MHL D participates in the whole system huddle to discuss staff and safety concerns.	Complete February 2026	Participation in the whole system huddle has continued with work ongoing to improve the effectiveness and efficiency.	Requirement 16 Domain 4.3
				NHS Forth Valley MHL D services have implemented Safecare as a real-time staffing resource to provide oversight and real time monitoring of staffing levels to identify risks.	Complete February 2026	Safecare has been implemented, alongside daily huddles and twice-daily recording of professional judgement. Professional judgement continues to be recorded twice a day, and daily staff huddles remain in place.	
				NHS Forth Valley MHL D services record professional judgements twice daily. Daily staffing huddles across MHL D support risk mitigation and escalation process of severe risk.		Reporting through NMAHP Workforce Governance provides structured oversight of workforce risks within the wider governance	
				NHS Forth Valley MHL D report and monitor recurrent staffing risks via the NMAHP Workforce Governance group. NHS Forth Valley undertakes annual reviews of the nursing blueprints utilising the common staffing method to identify the			

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						framework, supporting their identification, monitoring and escalation, with mitigations and controls kept under ongoing review.	
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				required workforce to mitigate recurrent staffing risks.			
Requirement 17. Domain 4.3	NHS Forth Valley must demonstrate how it supports, monitors and reviews the provision of adequate time to lead and resources available to clinical leaders	March 2026	Chief Nurse	NHS Forth Valley MHL D services will ensure leadership time will be rostered and monitored through a centralised monitoring system, ensuring transparency and accountability. This process will be fully implemented by March 2026.	Complete March 2026	Eroster is now fully implemented as the central monitoring system. Time to lead is reviewed weekly, with any issues escalated through workforce governance structures. Since the last update, time to lead has increased to 80% of the Senior Charge Nurse working week.	Requirement 17 Domain 4.3
Requirement 18. Domain 6.	NHS Forth Valley must ensure meaningful activity is consistently provided, including weekends and that activity plans are completed and updated	April 2026 February 2026	Head of Service	By April 2026 there will be a timetable of therapeutic activities available over 7 days. NHS Forth Valley MHL D has introduced a process to monitor the consistency of activities, which is reported on via Clinical Governance.	Complete April 2026 Complete April 2026	A seven-day timetable of therapeutic activities has been established in line with the agreed timescale. A monitoring process is now in place within MHL D to support oversight of the consistency of	Requirement 18 Domain 6

						<p>delivery, with reporting through Clinical Governance.</p> <p>While the requirement has been met in terms of implementation, audit findings indicate that further work is required to achieve consistent delivery across all areas. Challenges relating to staff capacity and patient uptake have been identified and continue to be addressed through ongoing monitoring and improvement activity.</p>	
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Requirement 19. Domain 6.	NHS Forth Valley must ensure that patients' privacy and dignity is maintained, adult support and protection issues are assessed at all times including having appropriate toilet and showering facilities that support dignity and privacy in a mixed sex environment.	March 2026	Head of Service	NHS FV has undertaken work to ensure that patient placement is informed by privacy, dignity and patient safety across the Acute Mental Health Wards.	Complete March 2026	NHS Forth Valley MHL D has established a structured and risk based approach to maintaining patient privacy, dignity, and safeguarding within mixed sex inpatient environments. This includes defined gender based zoning in Ward's 2 and 3, including dedicated toilet and showering facilities. A mandatory risk assessment is required for any deviation from standard placement, and the use of environmental and staffing mitigations.	Requirement 19 Domain 6
		June 2026		NHS Forth Valley MHL D service will undertake a comprehensive review of the evidence relating to mental health admission ward provision. This review will consider current practice, national guidance, patient experience and safety considerations.	On Track June 2026	These arrangements are supported through routine multidisciplinary review, with all mixed	

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						<p>sex placements subject to daily reassessment to ensure that risks remain appropriately managed and that transfer to gender appropriate accommodation occurs at the earliest opportunity.</p> <p>A structured review of the evidence base relating to single sex and mixed sex mental health environments is underway with the first meeting scheduled for end of May. This work is intended to inform future service development, including environmental design and operational practice, and to ensure that current arrangements remain</p>	
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						aligned with best available evidence.	
Recommendation 1 Domain 2.	NHS Forth Valley should consider the benefit of extending access to reflective session to staff in older adult wards within the mental health unit	June 2026	Director of Psychology / Chief Nurse	NHS Forth Valley MHL service will expand access to this to include all MHU wards by June 2026	On track June 2026	Work is progressing as planned to introduce reflective practice groups for older adult wards, with the first session scheduled for 18th June 2026. Support has been established from Psychology and	Recommendation 1 Domain 2

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						Lead Nurses, and a staff questionnaire has been circulated to ensure the groups are shaped to be meaningful, accessible, and beneficial for teams.	
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Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 18

IJB Membership

For Noting

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

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

Purpose of Report:	This paper provides the Integration Joint Board with an update on the changes to membership.
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Recommendations:	The Integration Joint Board is asked to: 1) Note NHS Forth Valley nominating Nicholas Hill, to take up the role as a non-voting member of the IJB.
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Key issues and risks:	This will ensure compliance with the Public Bodies Act (Joint Working) (Scotland) Act 2014.
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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

2. IJB Membership

- 2.1 Following his retirement as NHS Forth Valley Employee Director, Robert Clark has stepped down as IJB Staff Representative. NHS Forth Valley has nominated Nicholas Hill, Branch Secretary, GMB Forth Valley Health Branch, to assume the role as a non-voting member of the IJB.

3. Conclusions

- 3.1 This paper updates the Board on recent changes to the IJB membership.

4. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	<input checked="" type="checkbox"/>
Independent Living through Choice and Control	<input checked="" type="checkbox"/>
Achieve Care Closer to Home	<input checked="" type="checkbox"/>
Supporting People & Empowering Communities	<input checked="" type="checkbox"/>
Reducing Loneliness and Isolation	<input checked="" type="checkbox"/>
Enabling Activities	
Medium Term Financial Plan	<input type="checkbox"/>
Workforce Plan	<input type="checkbox"/>
Commissioning Consortium	<input type="checkbox"/>
Transforming Care	<input type="checkbox"/>
Data and Performance	<input type="checkbox"/>
Communication and Engagement	<input type="checkbox"/>
Implications	
Finance:	None to note
Other Resources:	None to note
Legal:	Compliance with Public Bodies Act (Joint Working)(Scotland) Act 2014.
Risk & mitigation:	None to note
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require an DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</p> <p>Please select the appropriate statement below:</p>

	This paper <u>does not</u> require a Fairer Duty assessment.
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**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance, Audit and Performance Committee**
held on **Wednesday 18 February 2026 2 – 4 pm** in the Boardroom, Carseview
House, Stirling and hybrid via Microsoft Teams

Present:

Voting Members: Councillor Janine Rennie, Clackmannanshire Council
(Chair)
Councillor Martha Benny, Clackmannanshire Council
Councillor Jen Preston, Stirling Council
Allan Rennie, Non-Executive Board Member
Stephen McAllister, Non-Executive Board Member
Martin Fairbairn, Non-Executive Board Member
John Stuart, Non-Executive Board Member

Non Voting Members: Anthea Coulter, Third Sector Representative,
Clackmannanshire

In Attendance: Dr Jennifer Borthwick, Interim Chief Officer
Amy McDonald, Interim Chief Finance Officer
Wendy Forrest, Head of Strategic Planning and Health
Improvement
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)

2. DECLARATION(S) OF INTEREST

None.

3. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

Councillor Rennie confirmed Amy McDonald's appointment to the permanent post of Chief Finance Officer and Dr Borthwick's extension as Interim Chief Officer until the end of September 2026, highlighting the importance of having this stability.

**4. DRAFT MINUTE OF PREVIOUS MEETING HELD ON 17 SEPTEMBER 2025
& SPECIAL MEETING HELD ON 14 JANUARY 2026**

The minute of the meeting held on 17 September 2025 was approved.

The minute of the special meeting held on 14 January 2026 was approved subject to the following amendments:

Item 4, recommendation 2 to be amended to read:

Approved the Annual Accounts for presentation to the Integration Joint Board (IJB) on 28 January 2026.

Page 5, paragraph 3, sentence 3 to be deleted and replaced with:

“Current advice is that as MHO’s discharge statutory duties which are delegated from the local authority, this presents challenges with having a single MHO Team.”

5. ACTION LOG OF PREVIOUS MEETING HELD ON 17 SEPTEMBER 2025 & SPECIAL MEETING HELD ON 14 JANUARY 2026

The action log from the meeting held on 17 September 2025 was approved and updated:

Councillor Rennie confirmed that the action from the draft Annual Performance Report should be marked as complete.

Ms Forrest provided an update on the action for Long Term Care and Ordinary Residence Policies, explaining that Stirling Council had asked for the papers to be withdrawn from the IJB meeting on 24 September 2025. An update is awaited from Stirling Council when the papers will be available to be presented to a future IJB meeting. The Committee requested that Ms Forrest seek clarification on the timescales and process for presenting these policies at a future IJB meeting.

The action log from the special meeting held on 14 January 2026 was approved, subject to a query from Mr Fairbairn from the meeting on 14 January 2026. A question was raised by Mr Fairbairn 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. As no response was provided at the meeting, Mr Fairbairn requested to see this included as an action with a response provided at the FAP meeting on 03 June 2026. The Chair agreed this was appropriate.

Ms McDonald noted this question would require a response from herself as it would be unlikely internal audit alone would be able to provide a response. The Committee agreed. Ms McDonald noted the IJB direct and account for the expenditure whilst working within the control environment of the constituent authorities.

The Committee engaged in an in-depth discussion on financial control, recurring overspends, the division of responsibilities between the IJB and constituent authorities, and the challenges of ensuring robust governance and assurance. The Committee agreed that rather than this issue being recorded as an action it would be more helpful to have a development session to provide a clearer understanding.

Mr Rennie asked for an explanation as to why the external audit report was delayed. Ms McDonald explained that Deloitte would not release the accounts until all governance processes were complete, including receipt of the assurance letters from the constituent authorities. As Stirling Council were unable to include the amount of reserve balances used in 2024/25, Ms McDonald agreed to give assurance on the release of the reserves. She also provided the Committee assurance that this delay would not happen again going forward.

6. PROGRESS REPORT ON AUDIT RECOMMENDATIONS

Paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald presented the progress report on audit recommendations, noting that some actions were partially implemented. She described ongoing collaboration with internal audit to categorise actions by governance, operational matters, and control weaknesses. Ms McDonald stressed the need for higher-level controls, particularly around budget savings oversight, to provide assurance to the Committee. Financial sustainability is an area highlighted by external and audit and Ms McDonald confirmed that when the budget is put together for 2026/27 it will be able to highlight what financial sustainability and actions will look like over the next couple of years.

Ms McDonald delivered an update regarding the Section 95 Officer position, noting that no designated officer was appointed between 18 October and 21 December 2025. As a result, Audit Scotland issued a Section 102 report, indicating non-compliance with the prescribed legislative standards.

A specific audit by Clackmannanshire Council highlighted deficiencies in purchase order processing for commissioned services. Ms McDonald acknowledged that staff had not consistently adhered to council procedures, and a new system was being procured which would help address these issues. In the interim, additional controls would be implemented to strengthen compliance. The importance of timely actions on audit findings was stressed, with requests for clear timelines and action plans.

There was a broader discussion about the Committee's remit, with questions about the boundary between IJB governance and operational responsibilities of constituent authorities. Ms McDonald clarified that while the IJB gives direction and is responsible for commissioning, operational controls and compliance rest

with the constituent authorities, but staff directed by the IJB required to work within this control environment.

The Committee agreed that the remit of the IJB is to provide assurance over the control environment for commissioned services, not to oversee all operational details.

The Committee concurred that, given the length and complexity of the discussion, it is imperative to organise a development session focused on encouraging the IJB to approach their roles and responsibilities from a new perspective. This session will provide clarity regarding changes in boundaries and duties, ensuring effective direction and understanding within the organisation.

The Finance, Audit and Performance Committee:

- 1) Considered the external audit actions as presented in the Annual Audit report.**
- 2) Considered the internal audit report in respect of outstanding audit issues surrounding commissioned services at Clackmannanshire council.**
- 3) Agreed that progress on the audit action plan.**

7. FINANCIAL GOVERNANCE

Paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald delivered the financial governance report and emphasised the official process required for Section 102 notifications, which address failures to meet approved standards. As reported above, the accounts commission have issued their draft report of the IJB's failure to recruit a CFO for a brief period in 2025. This will be discussed fully at the FAP meeting on 03 June 2026 and the IJB meeting on 24 June 2026, following receipt of the final report.

Ms McDonald reported a notable budget deficit for 2026-27 due to persistent overspending from demand and inflation. A savings oversight group will meet biweekly to track progress, prioritising transparency and staff involvement.

The Committee discussed the ongoing budget deficit, the need for transformation, and the importance of requesting additional funding from constituent authorities based on population growth and service demand. There was discussion of the legal consequences of unfunded deficits, including potential impacts on care provision and business continuity.

The Committee agreed on the need for regular meetings and pre-scrutiny of the budget plan before it goes to the IJB on 25 March 2026, as well as the importance of a team approach to budget presentation and implementation. The Committee agreed that a budget session should be organised before the IJB

meeting on 25 March 2026 and emphasised the need for input from the senior leadership team.

The Finance, Audit and Performance Committee:

- 1) Noted a Section 102 report will be prepared in respect of the Clackmannanshire & Stirling Integration Joint Board (IJB) failing to meet its statutory duty to appoint a Section 95 Officer during the period 18 October to 21 December 2025.**
- 2) Noted the governance process which will be followed when monitoring the budget savings plan for 2026/27.**

8. QUARTER THREE PERFORMANCE REPORT

Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest presented the quarter three performance report clarifying the executive summary highlighted a focused commitment to presenting HSCP performance, emphasising that progress against activity remains aligned to the ten-year Strategic Commissioning Plan and continues to adhere to its priorities.

Mr Fairbairn suggested it would be helpful to raise the commentary level and possibly review the report annually for broader insights. Ms Forrest noted this would be reflected within the Annual Performance Report due to be presented to IJB in September.

Ms Forrest noted that KPIs to measure priority impact were proposed at an earlier IJB meeting, but feedback is still awaited. KPI review will be part of the three-year strategic review, with work resuming in April.

Ms Coulter commented on the importance of understanding which levers most affect finance and performance, noting that negative outcomes often cost more. She highlighted the need to address areas such as delayed discharge and psychological services, suggesting collaborative approaches and community resources. Ms Forrest suggested a review of how to increase the ways the third sector can be more involved, agreeing it would be helpful for her to meet out with the meeting with Ms Coulter, Ms Masterson and Mr McAllister to discuss the role of third sector resources.

Mr Stuart suggested that it would be beneficial for future reports to address actions being taken to address under performance. The Committee expressed appreciation for the report's detailed level of work.

The Finance, Audit and Performance Committee:

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

9. ANNUAL ASSURANCE STATEMENT FOR THE IJB 2025/26

Paper presented by Amy McDonald, Interim Chief Finance Officer.

The Annual Assurance Statement sets out the meeting dates, attendance, and business during the financial year 2025/26. It also provided a broad conclusion on whether the level of assurance provided was acceptable and shows how any key risks/concerns highlighted will be reflected in the workplan for the year ahead.

The Committee found the report useful, appreciating the breakdown of covered aspects and the remit.

Mr Fairbairn suggested that for next year, Scottish Government support should be cross-referenced better and represented in a tabular format, so the remit and actions are clearly matched.

The Finance, Audit and Performance Committee:

- 1) Noted the reports presented during the year.
- 2) Approved the 2025/26 Assurance Statement for presentation to the IJB.

10. RELEVANT NATIONAL REPORTS

Accounts Commission: Delivering for the Future, Responding to the Workforce Challenge

Paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald discussed the report, emphasising the importance of benchmarking, sharing best practices, and understanding financial pressures across Scotland. The Committee noted the value of national data and the need to use it for local improvement and assurance.

Specific points from national reports were discussed, such as the use of technology in care, emergency admissions, and the need to focus on both new and existing solutions for improvement.

The Department of Budget Responsibility in Scotland issued a report addressing university places, free personal care, and the need to consider

future affordability of public services. The Committee recognised that their discussions are resonating at the national level.

Health spending, which accounts for approximately 40% of the Scottish budget, was highlighted as a major area of focus. The potential for health and social care partnerships to submit joint funding proposals for improvement projects was discussed. Ms McDonald stated that Chief Finance Officers are evaluating improvement initiatives while simultaneously managing systemic challenges such as Scotland Excel frameworks and provider contracts.

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.**

11. ANY OTHER COMPETENT BUSINESS

None.

12. DATE OF NEXT MEETING

03 June 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 20th 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 24th 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 24th 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 24th November 2025.

Date of Next Meeting: Dates for 2026 TBC