Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire and Stirling Integration Joint Board
Wednesday 23 September 2026, 2.00 pm – 5.00 pm
Clackmannanshire Council Chambers, Kilncraigs, Alloa and hybrid via MS Teams

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

AGENDA

Item	Agenda Item	Presented by	Time
1	Welcome and Apologies	Chair	**10 mins**
2	Notification of Substitutes	Chair	
3	Declaration(s) of Interest	Chair	
4.a	Draft Minute of the Integration Joint Board meeting held on 24 June 2026	Chair	
4.b	Draft Minute of the Special Integration Joint Board held on 12 August 2026	Chair	
5	Rolling Action Log	Chair	
6	Chief Officer Update	Jennifer Borthwick	**20 mins**

For Decision without Direction

7	Finance Report	Amy McDonald	**20 mins**
8	Review of IJB Financial Regulations	Amy McDonald	**10 mins**
9	Annual Performance Report (2025/26)	Wendy Forrest	**20 mins**
10	Quarter One Performance Report	Wendy Forrest	**20 mins**
11	Strategic Risk Register	Ross Cheape	**10 mins**
12	Standing Orders	Lee Robertson	**20 mins**
13	Alcohol and Drug Partnership Annual Report	Oliver Harding	**20 mins**
14	Climate Change Report	Wendy Forrest	**10 mins**

For Noting

15	Minutes: a) Finance Audit and Performance Committee – 03.06.2026 b) Joint Staff Forum – 14.05.2026 c) Strategic Planning Group – 11.03.2026	Chair	
16	Any Other Competent Business	Chair	

Date of Next Meeting: 25 November 2026

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on 24 June 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 24 June 2026 in the Boardroom, Carseview House, Stirling and hybrid via MS Teams**

PRESENT

Voting Members
Allan Rennie (**Chair),** Non-Executive Board Member, NHS Forth Valley
Councillor Fiona Law **(Vice Chair),** Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Jen Preston, Stirling Council
Councillor Martha Benny, Clackmannanshire Council
Councillor Scott Farmer, Stirling 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, Chief Finance Officer
Natalie Masterson, Third Sector Representative, Stirling
Andy Witty, Carer Representative, Clackmannanshire
Moira Carmichael, Carer Representative, Stirling
Jennifer Rezendes, Chief Social Work Officer, Stirling
Kevin McIntyre, Union Representative, Clackmannanshire
Abigail Robertson, Union Representative, Stirling
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

Standards Officer
Helena Arthur, Legal and Governance, 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
Lorraine Sanda, Deputy Chief Executive and Strategic Director of Wellbeing, Clackmannanshire Council
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
Anthea Coulter, Third Sector Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

Councillor Kathleen Martin for Councillor Janine Rennie, Clackmannanshire Council

3. DECLARATIONS OF INTEREST

None

4. DRAFT MINUTE OF MEETING HELD ON 25 March 2026

The draft minute of the meeting held on 25 March 2026 was approved, with the following amendment:

Amend the wording on page 12 to refer to “narrative content” rather than “analytical content”.

5. ACTION LOG

The Board reviewed and updated the action log, agreeing that revised deadlines were required, particularly in relation to the recovery plan and the breakdown of reserves. Ms McDonald confirmed that the updates would be presented to the next scheduled special Finance, Audit and Performance Committee meeting on 12 August 2026.

6. CHIEF OFFICER UPDATE

Paper presented by Dr Jennifer Borthwick, Interim Chief Officer.

Mr Rennie confirmed that the substantive Chief Officer post had been advertised, with a closing date of 10 July 2026 and interviews planned for September.

Dr Borthwick provided an update highlighting that several key reports requested by the Integration Joint Board (IJB) were included on the agenda, such as the extension to IJB voting rights, Health Improvement Scotland (HIS) inspection of the mental health unit, and the Section 102 report. Updates were also given on the

Scheme of Integration, progress with the social work recording system, the Coming Home agenda, and the National Care Service Advisory Board.

Following discussion on the procurement of social work recording systems by Stirling and Clackmannanshire Councils Ms Forrest explained that both councils are tendering for social work recording systems, and it is not yet known if they will select the same provider. Procurement processes are independent for each council, and the decision does not sit with the IJB or Health and Social Care Partnership (HSCP). Councillor Farmer noted that the aspiration for easier data sharing and integration is considered, but technical differences between councils have previously prevented a joint system.

Dr Borthwick informed the Board of recent communications from Scottish Government regarding the rollout of meningitis vaccinations, which will be led by the NHS Forth Valley immunisation team. Ms Robertson confirmed that a short-life working group is being established, and further communications are expected soon. Questions were raised about the timing of the vaccination programme and flexibility for those with holiday commitments, Ms Robertson provided assurance that there would be flexibility with contingency plans in place.

Additionally, Dr Borthwick advised that the Care Inspectorate will be returning to review progress on the joint inspection of adult services, with a final report expected in October. Dr Borthwick noted the impact this will have on workloads and confirmed that the Board will be kept updated on progress.

Finally, Ms McDonald provided an update on the Scheme of Integration and risk share arrangements, confirming good progress and a high degree of confidence in reaching agreement with constituent authorities, though formal approval is still required through governance processes. Councillor Earl emphasised the importance of timely resolution given the upcoming recess periods for local authorities.

7. FUTURE MODEL OF PLANNED BASED RESPITE THROUGHOUT CLACKMANNANSHIRE AND STIRLING

The IJB considered the paper presented by Lyndsey Dunn, Head of Community Health & Care.

Ms Dunn introduced the paper, acknowledging the significant work carried out by David Niven and the steering group, and praised Ludgate House staff for their professionalism during a time of uncertainty. Ms Dunn explained that the proposal aims to shift from a fixed, inconsistent model to a more equitable, person-centred, and sustainable approach, improving choice, control, and flexibility for carers. The model aligns with the national "home first" approach and is expected to deliver recurring annual savings from 2027/28, emphasising that access to respite is not being reduced but improved in delivery.

Mr Witty noted that, while the proposed model addressed some respite issues, it did not fully meet the needs of people with more complex care requirements, where

bed-based provision alone may be insufficient. Referring to recent Strategic Planning Group discussions, he requested further work on complex cases and clearer recommendations reflecting the proposal's scope and limitations. The Board agreed to record this as an action, rather than add it to the recommendations, and noted the need for further work on market capacity and complex respite provision.

Mr McIntyre raised concerns about job losses and service reductions, expressing scepticism about projected savings and what he believed to be a shift toward privatisation. He stressed the impact on Ludgate staff and the need for clarity on their future. Ms Dunn responded that not all services currently based at Ludgate House would be outsourced, and efforts are underway to support staff transitions within existing teams.

Ms McGuire advocated for reconsidering options at Clackmannanshire Community Healthcare Centre (CCHC) and suggested a deferment for further review, citing community and staff concerns.

Ms Masterson raised concerns about the proposed increase to the carer short breaks budget in Clackmannanshire, asking how this compared with the equivalent budget for Stirling and stressing the need for equity across both areas. Ms Forrest explained that work was ongoing to release capacity from bed-based respite and enable more flexible use of funding. She committed to providing the exact figures for Clackmannanshire and Stirling and confirmed that the aim was to establish a consistent approach across both areas.

Councillor Law raised concern about the potential relocation of services currently provided at The Whins, Alloa and Riverside, Stirling, suggesting that use of Ludgate could help retain physical services in Clackmannanshire and address perceptions of local service loss. She also referred to Ms McGuire's earlier suggestion that CCHC be considered as an option. Mr Cheape clarified that, although work was ongoing on learning disability services and the future model of delivery, there was no current plan to relocate The Whins or Riverside services to Ludgate. He agreed that any opportunity to use place-based services in Clackmannanshire would be considered as part of future service reviews.

Mr Fairbairn sought clarification on the IJB's legal responsibilities in relation to staff employment status and redundancy, including the respective roles of the IJB and constituent authorities. He also asked about consultation with constituent authorities and their support for the proposals, whether reduced assessment capacity at Ludgate House could create wider system pressures, and whether greater use of Bellfield Centre beds would have any additional financial or resource implications for the IJB.

Also, he noted that the paper did not include a recommendation to approve the Direction and requested confirmation that commissioned nursing care level respite beds would be available on a permanent basis. He suggested that future reports include a section on consequences and wider impacts to support decision-making.

Councillor Earl requested that future finance papers set out the wider impact of IJB decisions. He and Mr Fairbairn also sought clarity on whether the IJB could lawfully

meet severance costs for staff it does not employ. Ms McDonald agreed to seek further legal advice.

Dr Borthwick confirmed that the legal team had reviewed and amended recommendation 7. She advised that consultation had been open to the public and staff, with engagement undertaken with constituent authorities and dedicated elected member briefings held in both Clackmannanshire and Stirling to address concerns. She noted that concerns had reduced and confirmed that assessment capacity would not be affected, no financial implications were anticipated, and commissioned beds would be secured on a long-term, year-round basis to meet demand. Constituent authorities had been sighted on the Direction, and the recommendations would be updated to include approval of the Direction.

The Board agreed actions to monitor implementation, review market capacity for complex needs, provide budget figures and clarify the legal position. It was further agreed that an update would be brought to the meeting on 23 September 2026.

The risk section was discussed, including the requirement to provide carers with choice under the Carers Act and self-directed support. Ms Forrest clarified that the recommendations would help reduce the risk of breaching legislative duties.

Councillor Martin noted her disagreement with the consensus but accepted the process followed.

The Integration Joint Board:

1) **Noted the work undertaken by the Future Model of Planned Bed Based Respite (FMPBBR) Working Group to develop options and consult thoroughly upon them.**
2) **Approved Option 3 as the Preferred Option.**
3) **Approved 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) **Approved 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) **Approved 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) **Noted 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) **Noted 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.**
8) **Noted 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).

9) **Approved the Direction at appendix 7.**

8. CARERS STRATEGY

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

Ms Forrest presented the draft Carers Strategy, emphasising its requirement under the Carers Act and the collaborative work with the Carers Planning Group, third sector partners, and carer representatives. She highlighted that the strategy reflects over a year's work to set a clear strategic direction for supporting carers, ensuring their voices are central to planning and delivery. Ms Forrest noted the importance of aligning the Carers Strategy with item 7, future model of planned based respite throughout Clackmannanshire and Stirling, to ensure a joined-up approach to carer support.

Mr Witty noted that the strategy had been strengthened through consultation, with earlier drafts challenged and revised. He emphasised the importance of the Delivery Plan, particularly the need to include baseline measures, KPIs and targets. He also highlighted the need for joined up working and for the impact of decisions, including funding decisions, on carers to be monitored collectively rather than in isolation.

Ms McKenzie supported the strategy's structure and rationale but requested a clear timetable and measurable delivery plan, noting that strategies are most effective when supported by implementation and monitoring arrangements. Ms Forrest confirmed that work on the delivery plan was underway and would be progressed quickly.

Councillor Earl asked what success would look like. Ms Forrest advised that, from a governance perspective, success would be approval and implementation of the Plan, while for carers it would mean feeling supported and having access to a range of support including from commissioned services. Mr Witty added that success should also be measured by carers receiving the support they need, access to care for those they support, and the Strategy's alignment with wider decisions. He highlighted the increasing needs of unpaid carers, warning that not supporting carers would mean an unsustainable system of care, and he referred to personal experience of unmet care needs linked to market capacity issues.

The Integration Joint Board:

1) **Scrutinised and provided comment on the strategy outlined within the appendices of the paper.**
2) **Agreed the overarching outcomes and direction of travel outlined within strategy.**
3) **Approved the Directions associated with the strategy (at Appendix III).**

9. FINANCIAL REPORT

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

Ms McDonald presented the financial report, noting a year-end overspend of around £14 million and addressing reasons for delays in audit work. She explained the focus is on prioritising areas with the highest cost savings, aiming to complete substantive delivery plans by end of July and present them at the Finance Audit Performance Committee (FAP) in August. The target is £10.815 million in savings for the year, with an additional £8.858 million to be addressed after initial priorities.

Dr Borthwick explained efforts to align internal resources with priorities and identify gaps needing partner support, emphasising rapid spend reduction and delivery. The Senior Leadership Team (SLT) have a session arranged on 01 July 2026 to map out the work ensuring support services are aligned with the priority pieces of work. There may be a need to ask constituent authorities for additional support if this is required. She confirmed that SLT will prioritise work in order of what will give the most rapid spend reduction and delivery.

Councillor Farmer raised concerns about the late circulation of papers and the impact of staff absence on critical finance work. He called for greater resilience and timely information to support Board assurance and requested an IJB seminar in addition to the special FAP Committee in August to ensure members were fully sighted on the risks associated with delivering the savings.

Councillor Preston questioned governance clarity, asking what was being decided, as the paper was for noting rather than approval, Ms McDonald confirmed the paper was for noting. Mr Scott raised questions about partner contributions and budget-setting processes, seeking clarity on how funding is agreed and whether additional funding requests to government or partners are possible. Ms McDonald clarified funding comes from NHS and both councils, with lobbying to government only possible through collective forums.

Mr Fairbairn highlighted the recurring challenge of achieving financial balance within the IJB, noting that each year began with consideration of required action, but detailed plans took time to develop and the position then deteriorated. He observed that, although the Board had approved the proposed revenue budget on 24 June 2026, this was subject to NHS Forth Valley budget approval and an approved IJB recovery plan, which was not yet available. In governance terms, he considered the Board to be starting from a blank position. He expressed concern about the absence of financial and recovery plans for the current year and the expectation that the FAP Committee would progress projects without a finance report at its most recent meeting.

Based on the information available, Mr Fairbairn considered it likely that the Board would face a significant year-end deficit, creating challenges for both the IJB and constituent authorities. He suggested that constituent authorities should proactively strengthen finance capacity to help address the position, noting that this was in their own interests. He also emphasised the need for open discussions with constituent authorities.

Mr Fairbairn recommended that the financial plan be brought to a special Board meeting for approval. He requested detailed information on decision consequences, best value considerations and the role of constituent authorities. He also sought a specific action to address resource and capacity pressures, noting that the Chief Finance Officer required appropriate support to provide the necessary information and plans.

Mr Witty stressed the need to understand the impact of decisions and suggested that the position should be described as under-resourcing rather than overspending. The Board shared concerns about capacity, accountability and realistic planning, and emphasised the importance of early communication with constituent authorities about potential financial pressures.

Councillor Law sought assurance that roles, responsibilities and accountability for delivering the recovery plan would be clearly defined, noting previous issues where the lack of formal documentation had contributed to delayed savings. She asked whether this would be addressed in the forthcoming delivery plan and whether constituent partners would be informed early of any significant issues. Dr Borthwick confirmed that a refreshed plan with clear accountability would be shared and that partners would be kept informed.

The Board agreed that a public special IJB meeting should be held on 12 August 2026, rather than a special FAP Committee meeting, to consider a comprehensive delivery plan, including impact assessments and prioritised actions. The timing was considered necessary to allow sufficient preparation, taking account of resource constraints and the school holiday period.

The Integration Joint Board:

1) **Noted 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;**
2) **Noted the progress on the 2026/27 budget savings work;**

10. ELIGIBILITY CRITERIA

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

Mr Cheape introduced the paper on eligibility criteria, advising that it had been brought forward in the context of significant financial pressures and the need to ensure the most effective use of finite resources. He explained that the paper sought approval from the IJB for officers to undertake consultation and engagement on a potential change to the application of eligibility criteria for funded social care.

Specifically, the proposed consultation would consider the implications of limiting access to funded social care services to individuals assessed as having “Critical” needs only, as outlined within the paper. Mr Cheape emphasised that no decision was being sought at this stage. Rather, the purpose of the paper was to seek approval to undertake the necessary consultation and engagement activity to

understand the potential impact of such a change and to inform any future considerations by the Board.

He noted that the proposal was likely to generate significant discussion and had already prompted concerns within the SLT. The paper therefore represented an early step in engaging stakeholders on the potential change and seeking the Board's agreement to proceed with that process.

Ms Masterson advised that she could not support the recommendations as written, as they appeared to pre-empt consultation and gave insufficient focus to early intervention and prevention. She stressed the need for open, meaningful engagement with communities, with all options remaining aligned to the agreed strategy.

Following discussion, Board members raised concerns that the proposal may be interpreted as having pre-empted consultation and may introduce uncertainty about the strategic focus on early intervention and prevention. They called for benchmarking, assessment of wider system impacts and assurance that the approach would not increase crisis demand or costs elsewhere.

Mr Witty expressed concern that the proposal was not aligned with the existing Strategic Commissioning Plan, particularly its emphasis on early intervention, reducing isolation and preventing crisis. He cautioned that restricting eligibility to critical needs could create false economies by increasing carer stress, worsening mental health and shifting costs elsewhere in the system. He stressed the importance of learning from other areas, including any unintended consequences, and supported a broader approach focused on community capacity, partnerships and commissioning rather than a narrow policy change.

Mr Farmer considered the move to critical-only eligibility premature, noting that the Board was not yet assured it was the right approach. He highlighted unanswered questions on budgetary and citizen impacts and called for comparative analysis from other areas before any public consultation, to avoid unnecessary concern without a sufficient evidence base.

Mr Cheape acknowledged the concerns raised. He noted the balance between moving quickly to identify savings and ensuring that any change was sustainable and aligned with strategy.

He advised that only one IJB area had implemented this approach, with others considering it, and that there was no evidence it would improve the financial position. He confirmed that wider options should be considered and that officers would respect the Board's decision if members were not comfortable proceeding.

He clarified that the definitions were national rather than local and that the proposal would not exclude early intervention or health promotion but focused on access to funded social care. He acknowledged the risks and uncertainties but said officers had a duty to present the option given the financial position.

Ms Rezendes explained that eligibility criteria support equitable, transparent decisions on funded care and resource allocation. She clarified that the HSCP currently operates an inherited practice of providing support at substantial and critical levels, but this is not set out in a formal, up-to-date policy. She noted that most councils use eligibility criteria and that national definitions for critical, substantial, moderate and low needs could be adapted by the IJB to support consistent decision-making.

She emphasised the importance of prevention, early intervention, clear signposting and engagement with third and independent sector partners to ensure appropriate community support for those who do not meet funded care thresholds. She added that formal criteria should include an appeals process and would help explain and justify decisions on finite resources.

Mr Cheape confirmed that an updated eligibility criteria document was not yet in place and that the current approach was based on inherited practice.

Ms Masterson suggested refreshing the eligibility criteria at a more appropriate risk level rather than moving directly to “critical only”. She also proposed that the Strategic Planning Group consider national learning and community capacity for signposting and support. She also called for clarity and consistency in current practice before any move to critical-only eligibility, with Ms Forrest supporting community capacity mapping and signposting as part of the Strategic Planning Group’s work.

Ms McGuire stressed that a critical-only approach would not support early intervention and prevention. She encouraged involvement of the third sector and link workers and called for a broader approach to eligibility criteria.

Councillor Earl raised concern about uncertainty over whether eligibility criteria were in place, how they were being applied and whether current practice matched the report. He said further work was needed to clarify and standardise eligibility criteria across the area.

He emphasised that this work was separate from any move to “critical only” and said a financially driven deadline should not be accepted without adequate information.

Councillor Earl noted discrepancies in information shared with Stirling councillors, including the number of HSCPs reported as having moved to critical-only eligibility. He proposed that the Board review inconsistencies, benchmark with other areas and assess impacts, rather than approve the paper as presented.

The Board did not approve consultation on critical-only eligibility at this stage. Instead, it agreed to clarify current eligibility practice, benchmark with other areas and assess potential impacts.

It was agreed that officers should focus on refreshing and ensuring consistent application of eligibility criteria in practice. Once achieved, this will provide a clearer position on the potential benefits of any further change in eligibility thresholds.

The Integration Joint Board:

1) **Did not agree the recommendations as laid out in the paper.**
    - **Did not 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.**
    - **Did not 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.**
2) **It was agreed all actions arising from the discussion of this matter would be captured in the action log.**

11. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ross Cheape,

Mr Cheape presented the Strategic Risk Register (SRR), noting that it remained under development, with further work being undertaken on the IJB's risk appetite and tolerance levels. He advised that amendments endorsed by the FAP Committee had been incorporated and that, while approval of the SRR was requested, most recommendations were for noting. The subgroup had met twice and identified four additional risks for further consideration.

The Board discussed the risk management platform and emphasised the need for regular monitoring rather than periodic review. Mr Scott questioned the removal of Risk 8, relating to the sustainability of adult placements in external care home and care at home sectors. Mr Cheape confirmed that this had been moved to directorate-level operational monitoring. Following discussion, the Board agreed Risk 8 should be reinstated and added as an action.

The Board approved the SRR as presented, with the understanding that ongoing development and monitoring will continue, and operational risks will be managed at the appropriate level.

The Integration Joint Board:

1) **Approved the current Strategic Risk Register (Appendix 1), including the amendments agreed by the Finance, Audit and Performance Committee on 3 June 2026.**
2) **Noted 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) **Noted the progress made in developing the IJB's risk appetite framework, including agreement on risk appetite by the FAP sub-group.**
4) **Noted that further work is required to finalise risk tolerance levels and confirm the categorisation framework underpinning the Strategic Risk Register.**

5) **Noted 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.**

12. QUARTER FOUR PERFORMANCE REPORT

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

Ms Forrest presented the Quarter 4 Performance Report, which is based on the current priorities within the previous Strategic Commissioning Plan.

Ms Forrest noted that the new Strategic Commissioning Plan and updated performance indicators had been approved at the meeting on 24 March 2026, making this the final report under the previous framework. Due to time constraints, she invited members to raise any questions outside the meeting if required.

Mr Fairbairn provided assurance that the report was discussed in detail at the FAP Committee on 03 June 2026.

The Integration Joint Board:

1) **Reviewed the Quarter Four (January to March 2026) Performance Report.**
2) **Noted the areas where actions have been taken to address areas where performance can be improved.**
3) **Approved Quarter Four (January to March 2026) Executive Summary (Appendix 1) & Report (Appendix 2).**

13. SUBSTANCE USE TREATMENT AND SUPPORT MODEL

The IJB considered the paper presented by Nick Fayers, Head of Service.

Mr Fayers explained that the paper provided assurance on progress and outlined plans for the remainder of the year. He set out the principles of the care model and priorities for embedding them, emphasising the continued shift to community-based care delivered in partnership with general practice and specialist services.

Mr Fayers advised that a leadership group had been established, with strong third sector representation, to support implementation of the model. He confirmed that the governance arrangements included both third sector and service user involvement.

Ms Masterson noted the assurances provided on the leadership arrangements and continued shift to community-based support. However, she raised concern about delays in implementing community hubs and low-intensity services, noting that these areas received less focus in the current report than in previous papers. She requested that a further update be brought to a future Board meeting to provide assurance on progress, timescales and transparency.

The Integration Joint Board:

1) **Noted the progress with development of substance use treatment and support closer to home across the HSCP**.

Due to time constraints, and as Board members confirmed they had read and noted agenda items 14 to 19, these items were noted without presentation.

14. ACCOUNTS COMMISSION SECTION 102 REPORT: SECURING A SECTION 95 OFFICER

The IJB considered the paper written by Jennifer Borthwick, Interim Chief Officer

The Integration Joint Board:

1) **Noted the conclusions of the above report.**
2) **Noted the actions taken in response to the above report.**

15. INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2025/26

The IJB considered the paper written by Graham Templeton, Audit Service Manager, Stirling Council.

The Integration Joint Board:

1) **Noted sufficient Internal Audit activity was undertaken to allow a balanced assurance to be provided;**
2) **Noted 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) **Noted, in providing this opinion, Internal Audit operated with no impairments or restrictions to scope / independence / objectivity of Internal Audit activity during the year.**

16. EXTENDED MEMBERS VOTING RIGHTS

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

The Integration Joint Board:

1) **Noted voting changes that are to come into force from September (2026) which affect lived experience representatives.**
2) **Noted 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.**

17. HEALTHCARE IMPROVEMENT SCOTLAND – ACTION PLAN

The IJB considered the paper written by Lorraine Robertson, Chief Nurse

The Integration Joint Board:
1) **Noted the content of the report and the agreed action plan.**

18. IJB MEMBERSHIP

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

The Integration Joint Board:
1) **Noted NHS Forth Valley nominated Nicholas Hill, to take up the role as a non-voting member of the IJB.**

19. MINUTES

a. Finance Audit and Performance Committee – 18.02.2026
b. Joint Staff Forum – 20.11.2025

20. ANY OTHER COMPETENT BUSINESS (AOCB)

Ms Forrest confirmed that the IJB development session scheduled for 03 September 2026 would focus on the non-voting members paper included in the meeting papers. The session would provide an opportunity for further consideration once national colleagues had provided additional information on extended voting rights.

Mr Stuart noted the progress made against the HIS inspection action plan, while highlighting remaining gaps and the need to evidence improvement should a further inspection take place. Ms Robertson confirmed that work was ongoing and that further reporting deadlines were scheduled.

Mr Fairbairn acknowledged the challenging nature of the discussions and thanked officers for their work.

DATE OF NEXT MEETING

23 September 2026

Clackmannanshire & Stirling
Health & Social Care Partnership

Draft Minute of the **Clackmannanshire & Stirling Special Integration Joint Board** held on **Wednesday 12 August 2026 9 – 10.45 am in the Boardroom, Carseview House, Stirling and hybrid via Teams**

PRESENT

Voting Members

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

Non-Voting Members
Dr Jennifer Borthwick, Interim Chief Officer
Amy McDonald, Interim Chief Finance Officer
Kevin McIntyre, Union Representative, Clackmannanshire
Jennifer Rezendes, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Natalie Masterson, Third Sector Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Lorraine Robertson, Chief Nurse HSCP
Andy Witty, Carer Representative, Clackmannanshire
Nick Hill, Branch Secretary GMB Forth Valley Health branch
Mike Evans, Localities Representative

Standards Officer
Helena McArthur, Legal & Governance, Clackmannanshire Council

In Attendance
Ross Cheape, Head of Service, Mental Health & Learning Disability Services
Elaine Brown, Interim Head of Service - Mental Health and Learning Disability Services
Lyndsey Dunn, Head of Community Health and Care
Sandra Comrie, IJB Support Officer (minutes)

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted on behalf of:

Andrew Murray, Medical Director, NHS Forth Valley
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Moira Carmichael, Carer Representative, Stirling
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Abigail Robertson, Union Representative, Stirling

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

None

4. FINANCE REPORT

Paper presented by Amy McDonald, Interim Chief Finance Officer.

Ms McDonald confirmed that the forecast year-end deficit remained at £19.7 million, in line with the position reported in March. She advised that at the time of budget setting, after identified savings of £10.8 million, a further £8.9 million was required through the recovery plan to achieve a breakeven position by the year end.
She reported that savings delivery was slower than anticipated, with projected savings reduced to £6.6 million based on time of year remaining. This resulted in slippage of £4.2 million and increased the recovery plan required savings to £13.1 million.
She emphasised the seriousness of the financial position, noting that the deficit was unfunded, reserves were insufficient to cover this loss position with current expenditure level unsustainable.

Mr Rennie recognised the seriousness of the financial position and stressed the need to agree immediate actions to address the financial challenges and deficit.

Mr Fairbairn proposed amendments to the recommendations to clarify the actions required to address the financial position. He stressed the need for a realistic recovery and savings plan, noting that previous reliance on reserves had not resolved the underlying financial pressures. He expressed concern that the Board could continue the cycle of setting challenging budgets and seeking in-year savings without addressing the core issues.

He questioned whether the proposed turnaround timetable was achievable, describing it as overly ambitious given the pace of change in public sector health and social care and the senior leadership team's limited capacity to deliver rapid, substantial change. He also highlighted the need for structured engagement with NHS Forth Valley, Clackmannanshire Council and Stirling Council, reflecting the shared nature of the financial challenge.
The proposed changes included replacing recommendation B with more detailed recommendations.
He also proposed amending one recommendation to refer specifically to the capacity required to deliver the savings and recovery plan. He considered that a more detailed and structured approach would provide the Board and constituent authorities with greater clarity and assurance.

Mr Rennie invited the Board to consider the proposed amendments. He accepted a minor amendment from Councillor Rennie that governance and progress would be monitored by the Finance, Audit and Performance (FAP) Committee before returning to the Integration Joint Board (IJB) for review. Subject to this amendment, he confirmed he approved Mr Fairbairn's recommendations and invited further discussion.

Mr Scott questioned whether the proposed eight-month turnaround plan for delivering in-year savings was realistic, noting that additional planning and governance steps could slow progress and reduce focus on immediate savings. He emphasised the need to confirm whether delivering savings within the current financial year remained the priority, given the reduced time available. While recognising the importance of structure and governance, he stressed that these arrangements should support, not hinder, delivery. He suggested that a clear preamble should set out the priority objective of achieving savings within the remaining months and that governance should be robust enough to avoid repeating the same discussions at future meetings.

Mr Fairbairn suggested that recovery planning should focus on readiness for the next financial cycle, rather than assuming full savings delivery in the current year.

Ms McDonald explained that the governance arrangements were intended to support monitoring, assurance and Board reporting, ensuring that the recovery plan could be tracked and managed through formal channels. Ms McDonald confirmed savings could be made in the current year.

Mr Witty supported Mr Fairbairn's proposed amendments, highlighting the need for evidence-based planning, realistic delivery, sufficient capacity and robust governance. He also suggested that the impact on service users and unpaid carers should be considered.

Ms McKenzie emphasised the need for formal input from the constituent authorities on the implications of decisions, noting that they may be unable to absorb any financial impact.

Referring to the paper's reference to eligibility criteria, Ms Preston requested that the decision taken at the meeting on 24 June 2026 be formally recorded to avoid any ambiguity, noting that the proposal had been rejected. She raised concern that reductions could undermine prevention and early intervention and requested further information on the proposed cuts.

Councillor Law noted the wider implications for constituent authorities, highlighting that unresolved IJB financial pressures could lead to reductions in other essential services across the system. She expressed concern that the financial deficit was increasing and suggested that decisions on levels of care may require further assessment. She proposed that the constituent authorities send a joint letter to the Scottish Government on multi-year budgeting. She also requested a clearer breakdown of statutory and non-statutory services, including practical detail on service areas and spend, to support savings decisions. Ms McDonald agreed to provide this information. Ms Preston requested that Chief Social Work Officers be involved in discussions, given the ambiguity around statutory and non-statutory services.

Mr Rennie advised that Chief Executives of the constituent authorities were aware of the financial position. He suggested that updates on these discussions be reported through the FAP Committee. In relation to eligibility criteria, he noted that any reversal of a decision within six months would require a two-thirds majority vote, although alternative options could be explored. Mr Rennie also offered to draft a letter to the Scottish Government.

The Board discussed enablers and blockers for change, including participation and engagement, capacity issues, recruitment delays, and the importance of culture. Ms McDonald described ongoing efforts to improve communication and professional leadership, including proposed open staff sessions and involvement of professional leads.

Councillor Earl asked how savings options requiring Board approval would be identified. Ms McDonald explained that all proposals would return through the governance process for review and discussion, in line with the IJB's decision-making framework. Detailed proposals, including integrated impact assessments, would be presented to the IJB on 23 September 2026 to support informed decision-making.

Mr Scott asked about the consequences of not meeting the financial target. Ms McDonald explained that there is a legislative requirement to balance the budget and outlined the potential steps, including a recovery plan, use of reserves and, as a last resort, additional partner contributions. She noted that a rigorous process and clear evidence of efforts to address the position would be required to provide assurance to partners.

Mr Rennie thanked Mr Fairbairn for submitting the recommendations, which were seconded by Councillor Rennie. A breakdown of key savings opportunities was requested for presentation to the IJB on 23 September 2026.

Mr Stuart stressed the need for a timeline for the strategic options paper, suggesting this should be available in the new year as part of the medium-term financial forecast refresh and business case development for future budgets. Ms McDonald confirmed that this would be brought forward in the new year.

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The Integration Joint Board:

a) **Noted the forecast 2026/27year end position at Quarter 1, including the scale of savings required and the significant amount of work needed to deliver savings both in the 2026/27 financial year and on an ongoing basis thereafter;**

b) **Noted the 2025/26 draft year-end outturn position prior to audit.**

c) **Noted that the development and implementation of material savings proposals in health and social care may require detailed service analysis, stakeholder engagement, consultation, impact assessment, governance approvals and implementation planning. The Board therefore requests that the proposed Recovery Plan includes a realistic assessment of the timescales required for the development and delivery of each savings proposal and clearly distinguishes between:**

- **savings expected to be deliverable in 2026/27;**
- **savings requiring implementation beyond 2026/27;**
- **longer-term transformation and redesign programmes; and**
- **any residual funding gap remaining after realistic delivery assumptions have been applied.**

d) **Agreed that activity-based savings plans should be developed for all material savings proposals and should include:**

- **baseline activity and expenditure;**
- **the proposed operational changes required to deliver savings;**
- **financial assumptions and expected benefits;**
- **service, workforce and equality impacts;**
- **stakeholder engagement and consultation requirements;**
- **key milestones and dependencies;**
- **identified risks and mitigation measures;**
- **named accountable leads; and**
- **impacts on service users, including unpaid carers.**

e) **Requested a report on the capacity required to deliver the savings and Recovery Plan, including leadership, finance, commissioning, operational management, programme management, communications, engagement and support functions, and whether current arrangements**

are sufficient to support both delivery of statutory services and implementation of the proposed recovery programme.

f) Requested that the constituent authorities are engaged immediately on the range of potential measures required to address the forecast deficit, including recovery actions, use of reserves, risk-sharing arrangements and any requirement for additional financial support, so that the constituent authorities have early sight of the scale of potential financial exposure.

g) Requested a future report setting out the medium and long-term strategic options available to achieve financial sustainability, including:

- **delivery of savings and transformation programmes;**
- **use of reserves;**
- **additional non-recurring partner support;**
- **recurrent increases in partner funding contributions;**
- **emergency in-year expenditure controls; and**
- **combinations of the above.**

The report should include an assessment of the advantages, disadvantages, risks and likely consequences associated with each option.

h) Agreed that future recovery reports should include:

- **progress against each savings proposal;**
- **assessment of deliverability;**
- **stakeholder engagement and consultation status;**
- **identified capacity constraints;**
- **forecast residual funding gap;**
- **risks requiring escalation to partner organisations; and**
- **decisions required from the Integration Joint Board.**

Close of Meeting

Rolling Action Log

Clackmannanshire & Stirling Health & Social Care Partnership

Meeting Date	Number/Report Title	Action	Person responsible	Timescale	Progress/ Outcome	Status
12 August 2026 (special IJB)	**4. Finance Report**	Subject to agreement from all constituent authorities, write to Scottish Government with proposals for multi-year budgeting.	Allan Rennie	October 2026	In progress	In Progress
		Provide the IJB with a clear breakdown of statutory and non-statutory services. Engage Chief Social Work Officers in discussions on these services.	Amy McDonald	25 November 2026	Not started	Not started
		Update savings delivery for 2026/27, to be presented at the IJB meeting on 23 September 2026.	Amy McDonald	23 September 2026	Complete	Complete
		Prepare a paper on strategic savings options for the IJB in early 2027.	Amy McDonald	27 January 2027	Not started	Not started

		Update the recommendations to incorporate Martin Fairbairn's proposed amendments.	Sandra Comrie	Immediate	Minute updated	Complete
24 June 2026	**4. Action Log**	Provide a revised deadline in relation to providing information on the recovery plan and the breakdown of reserves.	Amy McDonald	12 August 2026	Finance paper presented to the special IJB meeting on 12 August 2026.	Complete
	7. Future Model of Planned Based Respite Throughout Clackmannanshire and Stirling	Further work to be carried out on market capacity and complex respite provision. Provide a breakdown of carer short breaks budgets for Clackmannanshire and Stirling.	Wendy Forrest	Work is ongoing, with updates to be provided at future IJB meetings.	This will be included in the Quarter 2 Performance Report to be presented at the IJB on 25 November 2026	In Progress
		Include an additional recommendation seeking approval of the Direction.	Sandra Comrie	The minute has been updated accordingly.	Complete	Complete
		Seek legal clarification that the IJB can lawfully meet severance costs for staff.	Amy McDonald	23 September 2026	Complete	Complete
		An update on progress and actions to be provided at the next IJB meeting.	Jennifer Borthwick	23 September 2026	An update will be provided in the Interim Chief	Complete

					Officer update report.	
	8. Carers Strategy	Develop a timetable and measurable delivery plan.	Wendy Forrest	November 2026	Draft plan to be presented to the Carers Planning Group on 28 October 2026 and the SPG on 21 October 2026.	Complete
	9. Financial Report	Present a comprehensive budget savings plan to the next FAP Committee. Update on additional support for the CFO. Arrange a special IJB meeting to present the finance report.	SLT Jennifer Borthwick Sandra Comrie	02 September 2026 23 September 2026 Immediate	In Progress will be presented at the meeting on 7 October 2026. An update will be provided in the Interim Chief Officer update report. Meeting arranged for 12 August 2026.	In Progress Complete Complete
	10. Eligibility Criteria	Clarify current eligibility practice, benchmark with other areas and assess potential impacts through the Strategic Planning Group, with an update to return to the IJB.	Ross Cheape	25 November 2026	In progress	In Progress

		Refresh and ensure consistent application of eligibility criteria in practice.	Elaine Brown/ Lyndsey Dunn	25 November 2026	In progress	In Progress
	11. Strategic Risk Register	Reinstate Risk 8	Ross Cheape	Immediate	Complete	Complete
	13. Substance Use Treatment and Support Model	Provide an update to a future IJB meeting, giving assurance on progress, timescales and transparency.	Ross Cheape/ Elaine Brown	TBC		
Outstanding Actions						
26 March 2026	**9. GP Walk in Centres**	Provide regular progress reports to the IJB.	Tom Cowan	Ongoing	Ongoing	Ongoing
	14. IJB Membership and Roles	Check the committee chairing implications arising from membership changes and confirm continued governance compliance.	Lee Robertson	September 2026	In Progress	Ongoing
27 February 2026	**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 24/06/2026: Amy McDonald agreed to provide this information to Mr Witty by the end of June 2026. The revised completion date is	Ongoing

					the end of October 2026.	

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 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	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To update the IJB with recent issues and developments relevant to the delivery of delegated services.

Recommendations:	The Integration Joint Board is asked to: Note the content of this update.

Key issues and risks:	As per update report below.

1. Key Issues

1.1. Financial sustainability remains a significant challenge, and further detail is provided within the Financial Report tabled for discussion.

1.2. It is recognised that **additional finance support** is required to progress the significant work needed in this area, and to mitigate the risk of the current single-person dependent situation. A job description for a Senior Accountant for the HSCP has been developed, agreed, and submitted to all three partners for evaluation.

1.3. Further to the decision to approve the new **model of respite care** at the June IJB, implementation is proceeding as planned. The nineteen Ludgate House beds staff (14.5 FTE) have received comprehensive support to navigate the implications of the IJB decision. Support has been provided by HSCP line managers, the HSCP Organisational Development lead, a Clackmannanshire Council HR Business Partner, and Trade Union representatives. Regular one to one and group meetings have been held between Ludgate beds staff and the colleagues noted above, as well as frequent informal and drop-in sessions.

1.4. All affected employees have had individual meetings where they received a full appraisal of the financial terms of any redundancy offer including pension implications.

1.5. In the meantime, the Ludgate House beds staff have been supported to undertake job shadowing of potential roles that they might wish to apply for within partner organisations in the near future. In addition, some staff have commenced 4-week trial periods in roles that they may be permanently redeployed to when they reach the correct stage of the application of the Clackmannanshire Council organisational change protocol.

1.6. The IJB decision also means that there will be reduced usage of Ludgate House after September 2026, though the current Reablement & Mobile Emergency Care Service (MECS) teams, administration and training functions will continue to operate from Ludgate House. In relation to the Ludgate building itself, the Future Model of Planned Bed Based Respite Working Group has extended invitations to Clackmannanshire Council Estates colleagues so that any operational matters relating to the ongoing operation of the Ludgate building and future arrangements can be worked through collaboratively.

1.7. Procurement work proceeds at pace to establish contracts for the six year-round block booked beds in nursing care level care homes that will enable the long-term provision of planned bed based respite throughout Clackmannanshire and Stirling. Short term contract solutions are in place to bridge the period between the closure of the Ludgate respite beds and the completion of the longer term contract work noted above.

1.8. The **Joint Care Inspectorate/Health Improvement Scotland** review of progress with the 2025 Inspection of Integration in Clackmannanshire & Stirling is ongoing, with the final report due to be published in November.

1.9. The **Programme for Government 2026-2031** Programme for Government 2026 to 2031 - gov.scot published on 1 September, will have significant implications for Integration Joint Boards. At the time of writing, limited information was available as to the specific impact of this.

1.10. The Scottish Government has also published the Health and Care Improving Flow Plan 2026-2031 Health and Care Improving Flow Plan 2026 - 2031 - gov.scot This lays out the vision of one connected system with clear routes to care for people. It specifies that it includes both health and social care, and will be a key strategic driver over the lifetime of the plan.

2. Appendices

None.

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

Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	N/A
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 7

Finance Report

For Direction, Decision and Noting

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	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:

The report provides a Month 4 update on the 2026/27 forecast year-end financial position, and the actions required to work towards achieving financial balance by the end of 2026/27.

The report highlights to the IJB the scale of the current financial challenge and the work underway to address this.

IJB savings 2026/27	Presented Mar'26 £'000	Reforecast position, M3 £'000	Reforecast position, M4 £'000
Budget deficit 2026/27 before savings	**- 19,673**	**- 19,736**	**- 20,206**
Commissioned services	6,422	4,272	2,096
Review of day services	640	480	-
Service efficiency review	2,745	1,369	400
Reduction in high cost care packages	1,008	504	793
Proposed budget savings 2026/27	**10,815**	**6,625**	**3,289**
High cost care package included in base			- 793
Budget deficit 2026/27 after savings		- 13,111	- 17,710
Required recovery plan delivery		13,111	17,710
Budget position after recovery plan		-	-

Executive summary:

At Month 4, the Partnership forecasts a £20.206m deficit, £0.470m higher than at Month 3. Estimated achievable savings for 2026/27 have reduced from £6.625m to £3.289m, including £0.793m already reflected in the forecast. This leaves an estimated £17.710m to be addressed through the Recovery Plan.

The £4.599m deterioration in the Recovery Plan requirement during the month reflects several factors, including the need for greater development and consistency across savings plans. Finance has issued guidance, but the information currently available does not provide sufficient clarity on delivery trajectories, workstream progress or emerging risks, and some plans remain under development. This uncertainty weakens confidence in the forecast outturn and limits timely intervention where delivery is at risk. Improving the quality and consistency of plais prioritising appropriate capacity, strengthening risk assessment and securing

	collective Senior Leadership Team ownership are therefore essential to support transparent decision-making while maintaining statutory and safe service provision. Teams are now focused on driving savings forward, providing an opportunity to increase in-year savings beyond the current £3.289m estimate. Work is also progressing to strengthen and standardise savings plans and introduce milestones with clear timelines for more accurate reporting. The Recovery Plan Governance Group met for the first time on 15 September 2026 and will support the Chief Officer by providing oversight; reviewing evidence and escalating any material relevant risks. Immediate savings must be progressed at pace alongside longer-term consideration of future models of care, balancing financial recovery with the need to continue to provide effective health and care services for local communities.
Recommendations:	It is recommended that the Integration Joint Board: a) Agrees that the Month 4 financial position and recovery plans should be treated as an immediate Partnership-wide priority. The IJB directs the Chief Officer to progress all credible, lawful and material savings opportunities at pace, prioritising leadership and project capacity prioritised towards the highest-value and most deliverable actions. Given the scale of the financial challenge and the scarcity of available resources, the IJB recognises a material risk that not all services can be sustained at their current level while statutory duties and safe, appropriate care are maintained. This may require explicit prioritisation of resources, informed by legal, clinical, professional and equality considerations. It may also require early engagement with the Partners and formal escalation to the Scottish Government if, after all credible local recovery measures have been pursued, available resources remain insufficient to support statutory functions and safe care. The IJB is responsible for planning and directing delegated functions, while resources are provided through the NHS Forth Valley and Clackmannanshire Council and Stirling Council. **Partner engagement is therefore the immediate financial and delivery route.** Engagement with Scottish Government provides national-level escalation and escalation and

	transparency where the residual risk may affect statutory provision. b) Requires the Recovery Plan to include best-case, expected and downside delivery scenarios for the remainder of 2026/27, together with quantified contingency actions and trigger points. These should show the effect on the year-end deficit, IJB reserves and potential partner contributions if savings are delayed or not delivered as planned. c) Requires focused reviews of the key areas of overspending, including older people and physical disabilities residential and non-residential care, learning disability day care services, residential and non-residential care, mental health residential and non-residential and prescribing. Each review should identify the cause of the variance, immediate expenditure controls, savings opportunities, required decisions and the expected financial impact in 2026/27 and future years. d) Agrees that available leadership, finance, analytical and project capacity should be prioritised to support the delivery of the Recovery Plan. The Chief Officer will report any key capacity gaps, action being taken to address these and any activities that could be paused or deprioritised to support the delivery of the highest-value savings. e) Agrees that the Chief Officer and Chief Finance Officer will provide a joint monthly assurance statement to the Finance, Audit and Performance Committee and the IJB on the progress of the Recovery Plan, the adequacy of controls, impact of actions being taken, the forecast financial position and any emerging risks to statutory duties, safe care or partner affordability. f) **Notes that additional partner contributions should not be treated as a substitute for delivery of savings**. The IJB's financial challenge is considerable, and savings planning across the approved budget savings programme and the recovery plan must progress at pace. The aim is to provide partners, by the end of October, with a sufficiently robust assessment of the likely 2026/27 outturn to inform their own financial planning. During this period, the Recovery Plan Governance Group will support the Chief Officer's review of all savings

	proposals to ensure that the underlying planning assumptions are well founded, deliverable and appropriately evidenced. In parallel, consideration will be required as to the prioritisation of expenditure. Any request for partner support must be supported by evidence that all reasonable savings and mitigation options have been assessed and progressed, the proposed use of available IJB reserves has been clearly set out, and the residual requirement has been calculated in accordance with the Integration Scheme and agreed risk-sharing arrangements. g) Confirms that savings proposals may proceed only after appropriate professional, financial, legal, and care-quality assurance factors have been carefully assessed and considered. Any proposals outside delegated authority would be referred to the appropriate decision-making body before implementation. h) Notes the forecast 2026/27-year end position at Month 4, including the scale of savings required and the significant amount of work required to deliver savings both in the 2026/27 financial year and on an ongoing basis. i) Note that the Finance, Audit and Performance Committee is now meeting monthly to monitor the HSCP financial position and progress in delivering the Recovery Plan.

Key issues and risks:	The 2026/27 budget position presents a serious and escalating financial risk for the IJB and partner organisations. Delivery of approved savings and a credible Recovery Plan is essential. However, a number of savings schemes are behind plan/delayed which will be challenging to recover before the end of the financial year. Without additional action, the Partnership is unlikely to close the financial gap through savings alone, increasing the likelihood of further cost reduction measures, use of reserves where available, or additional partner financial contributions. This could also impact on future service and financial sustainability, partner affordability and the wider health and social care system.

1. Strategic Plan Context

1.1. Clackmannanshire and Stirling Health and Social Care Partnership must deliver its statutory functions within the resources directed by the IJB and provided by Clackmannanshire Council, Stirling Council and NHS Forth Valley.

1.2. The 2026/27 budget supports the delivery of the Strategic Commissioning Plan 2023–2033. The Medium-Term Financial Forecast 2026–2029 underpins the Strategic Commissioning Plan and sets out the route to help achieve financial balance over the next three years.

A review of the priorities and planned activities within the Strategic Commissioning Plan is required to ensure that they remain aligned with the HSCP's statutory duties, available resources and delivery capacity. This should identify which commitments must be maintained, which can be rephased or redesigned, and which may need to be deprioritised, thereby establishing an affordable, sustainable and deliverable framework for the HSCP.

Delivery depends on detailed savings plans for each required savings area. These plans are needed to test whether the financial assumptions are deliverable and to provide clear ownership, timescales, activity, risk assessment and governance.

The immediate priority for 2026/27 is to reduce expenditure and focus on financial recovery. This must not delay planning for future years. Work on 2027/28 savings and transformation needs to start now, as sustainable financial balance cannot be achieved through short-term cost control alone. Future planning must focus on service transformation, efficiency and redesign around the needs of people who use services.

This work is essential to reduce the level of additional financial demand placed on partner organisations and to move the Partnership towards a more sustainable medium-term financial position.

1.3 To reaffirm the actions arising from the March 2026 presentation of the 2026/27 budget:

- Deliver the £10.815m approved savings and a clearly governed recovery plan for the remaining £8.858m shortfall.
- Where delivery falls short, pursue further mitigation, including review of reserves and partner risk-share arrangements, once all feasible savings have been explored.
- Maintain strong IJB focus, ownership and pace in delivering the savings and recovery plan.
- Progress transformation alongside in-year savings to support recurring sustainability, manage demand and develop future-year savings.

1.3. The financial position has changed materially since March 2026. It is therefore critical that:

- The proposed use of all available IJB reserves, and the resulting impact on financial resilience, must be clearly set out and reviewed by partners through the Recovery Plan Governance Group before consideration by the Finance, Audit and Performance Committee and the IJB.

- By the end of October, partners must receive a sufficiently robust assessment of the likely 2026/27 outturn to inform their own financial planning. Any request for additional partner contributions must be supported by clear evidence that all reasonable savings, recovery and other mitigation options have been fully assessed and progressed.

1.4. Given the significant challenge in achieving financial balance in the current year, the immediate priority must be to deliver the approved savings and recovery actions, alongside developing a robust and affordable budget for 2027/28. This work should inform a review of the priorities and commitments within the Strategic Commissioning Plan to ensure that it provides an affordable, sustainable and deliverable framework for the HSCP. The revised plan should maintain a clear focus on prevention and early intervention, reducing avoidable demand and strengthening community-based support as essential means of improving outcomes for people who use Partnership services and supporting long-term sustainability.

2. Summary Key Information

2.1. The table below shows the mainstream funding and expenditure position for the IJB at Month 4 of 2026/27.

	Annual Budget £'000	Forecast Expenditure M4 2026/27 £'000	Forecast Variance £'000	Forecast Expenditure M3 2026/27 £'000	M4-M3 Variance £'000
Community Nursing	5,818	5,391	427	5,487	96
Complex Care Adults	1,397	1,758	-362	1,519	-239
Clackmannanshire Community Healthcare Centre	3,419	3,571	-152	3,535	-36
The Bellfield Centre	9,322	8,930	392	10,067	1,136
Palliative Care in the Community	28	0	28	-2	-2
Older People/Physical Disabilities - Residential	27,022	30,081	-3,060	30,058	-23
Older People/Physical Disabilities - Non Residential	25,675	33,286	-7,611	32,553	-734
Learning Disabilities - Residential	6,811	6,784	27	6,655	-129
Learning Disabilities - Non Residential	27,007	31,224	-4,217	31,297	74
Mental Health - Residential	2,265	3,839	-1,575	3,778	-61
Mental Health - Non Residential	9,424	8,767	658	8,730	-37
Assessment & Care Management	10,804	10,943	-139	10,695	-248
Reablement	13,797	13,120	677	13,107	-13
Housing Aids & Adaptations	835	835	0	835	0
Health Promotion, Health Improvement & Corporate Services	2,831	2,602	229	2,661	59
Substance Misuse	4,339	3,775	564	3,775	-0
Public Dental Service	1,418	1,397	22	1,302	-95
					0
Management Other	4,051	1,985	2,065	1,932	-53
Community Admin	1,843	1,592	250	1,577	-15
Transformation Funds	2,658	2,658	-0	2,658	-0
Leadership Funds	0	0	0	0	0
Cs Community Living Change Fund	0	0	0	0	0
Resource Transfer & Pass Through Funds	-552	-1,064	512	-1,064	-0
					0
Family Health Services	59,832	59,961	-129	59,905	-57
GP Out fo Hours Services	3,169	2,827	342	2,815	-12
Primary Care Improvement Plan	33	33	0	33	0
Prescribing	33,008	41,803	-8,795	41,803	0
Vaccinations (Women's & Children's Team)	0	6	-6	6	0
Prison Health Care	4,530	4,882	-352	4,801	-81
GP Walk in Centre	1,986	1,986	0	1,986	0
Total	**262,769**	**282,975**	**-20,206**	**282,505**	**-470**

2.2. The Month 4 forecast outturn is a £20.206m deficit, an increase of £0.470m from the £19.736m deficit reported at Month 3. Finance and service teams are undertaking a thorough review of monthly financial movements to understand changes on both a month-on-month and year-on-year basis. This analysis will strengthen expenditure control and enable teams to monitor more effectively the activity and demand driving cost increases. Although the development and delivery of savings remain critical, the benefits achieved must be sustained through robust routine cost control and ongoing activity monitoring.

2.3. The £0.470m deterioration since Month 3 reflects several movements. Forecast care-at-home costs increased by £0.973m, while forecast annual running costs for the Bellfield Centre reduced by £1.136m. Other movements across the budget account for the remaining net change to the Month 4 forecast.

2.4. As reported last month significant overspends are forecast in 2026/27 across the same areas as was seen in 2025/26;

- Older people/physical disabilities – residential - £3.060m, up £23k in month
- Older people and physical disabilities – non-residential: £7.611m, up £0.734m in the month.

- Learning disabilities – non-residential - £4.291m – down £74k in month but residential costs increased £129k.
- Prescribing - £8.795m – unchanged.

The 2026/27 mental health forecast is currently under review. On the basis of information available at Month 4, no material change to the overall forecast position is anticipated when the review is complete.

Prescribing is forecast to overspend by £8.795m. Expenditure was £39.624m in 2025/26 and, with forecast inflation of 5.5%, is projected to rise to £41.803m in 2026/27. Prescribing efficiencies have been identified, and work is underway to secure the capacity required to deliver them during the remainder of the year alongside the existing programme of activity. Further review of prescribing expenditure and the associated budget is continuing and will be reported to the IJB in due course.

3. Budget update and recovery plan 2026/27

3.1. Financial Recovery and Savings

At Month 4, the Partnership is forecasting a £20.206m deficit for 2026/27, compared with £19.736m at Month 3. Savings estimated to be achievable during the financial year have reduced from £6.625m at Month 3 to £3.289m at Month 4, of which £0.793m is already included in the current £20.206m forecast overspend. Teams are now focused on driving savings delivery forward, creating an opportunity to increase in-year savings beyond the current £3.289m estimate.

The 2026/27 forecast position does not include Clackmannanshire Council's £1.748m repayment of the additional contribution made to support the IJB's 2024/25 outturn, as disclosed in the IJB's 2024/25 annual accounts.

Available leadership and project capacity should now be focused on the highest-value and most deliverable savings options directly linked to financial recovery. Workstreams with limited financial impact should be paused, deprioritised or brought within recovery governance arrangements. Strengthening the quality and consistency of plans will therefore require appropriate capacity and access to the relevant professional skill sets, including dedicated social care leadership and operational expertise to drive forward social care workstreams. This should be supported by appropriate risk assessment and collective SLT ownership to improve transparency, support effective decision-making and maintain statutory and safe service provision.

Some programmes required to deliver the Strategic Commissioning Plan and meet the HSCP's clinical and statutory duties must continue even where they do not generate immediate savings. These essential commitments reduce the leadership and project capacity available for financial recovery and must be reflected in recovery planning and prioritisation.

A strengthened recovery framework is required, with clear ownership, senior oversight and regular reporting to the IJB and partners. This should provide visibility of the financial position, maturity of savings plans, delivery risk and actions required to move from broad intentions to deliverable plans.

Work continues on Activity Based Savings Plans to improve forecast accuracy and make delivery easier to track. Each project plan should use a consistent format that links completed activity and milestones to the savings achieved. Where savings are not delivered, reporting should identify which milestones were missed, why they were missed, and what decisions or corrective actions are required. This will focus attention on delivery barriers, resource priorities and project gaps, while clearly distinguishing confirmed savings, savings under development and savings at risk.

The IJB is asked to note the seriousness of the position and agree that savings delivery plans should be completed at pace. The consolidated programme should set out the activity supporting each budget saving, expected benefits, required decisions, delivery issues and risks. This will provide a clear view of savings status and support accurate reporting for 2026/27 and future years. The programme should be presented to the Finance, Audit and Performance Committee on 7 October 2026.

Of the £3.289m savings currently estimated to be achievable in 2026/27, £1.423m is assessed as assured and £1.866m remains to be secured. Of the total £3.289m estimate, £0.793m is already reflected in the £20.206m forecast deficit. Delivery of the remaining savings will depend on detailed plans with clear milestones, ownership and regular reporting. Greater visibility of progress, emerging risks and corrective action will be essential to maintain momentum and strengthen confidence in the forecast position.

3.2. Savings achievable have been updated to reflect the savings plan to date as well as the reduced time in the remainder of the financial year to make the outstanding savings required.

IJB savings 2026/27	Presented Mar'26 £'000	Reforecast position, M3 £'000	Reforecast position,M4 £'000
Commissioned Services			
Review of care provision of older people	2,310	1,540	850
Review of care provision learning disability	3,364	2,243	1,099
Residential care older people	660	444	102
Respite care self funders	88	45	45
Review of day care provision			
Review of day care provision	640	480	-
Service Efficiency Review			
Provision short term care beds	2,645	1,369	400
Review of residential care learning disability	100		
Reduction in high cost care package			
Reduction in high cost care package	1,008	504	793
Savings 2026/27	**10,815**	**6,625**	**3,289**

3.3. The estimated deficit position before further Recovery Plan savings is £17.710m. This is therefore the estimated level of savings now required from the Recovery Plan, compared with £13.111m reported last month. The current £3.289m in-year savings estimate may improve as teams intensify their focus on delivering further savings.

3.4. The Partnership will undertake focused recovery reviews of the principal areas of financial pressure including:

- Older people and physical disabilities residential and non-residential care;
- Mental health;
- Learning disability services; and
- Prescribing.

The reviews will examine the causes of overspending, opportunities to reduce social care costs including implementation of eligibility criteria, the delivery of prescribing efficiencies and the financial impact of the revised arrangements for respite care.

Each review will identify further potential expenditure controls, significant in-year and recurring savings opportunities, decisions required, accountable leads, delivery milestones and any workforce or project capacity needed to progress action at pace. Proposals will be supported by appropriate levels of professional and governance assessment and assurance.

4. Actions Required to Strengthen Financial Recovery Arrangements

Work has progressed on the savings plans. Further work is under way to present all plans consistently and clearly show the relationship between project progress and savings delivered. Dates will be added to each milestone so that actual progress can be compared with planned activity and expected financial delivery. This will provide the Partnership with a clearer and more accurate view of performance against plan.

While the proposed cost reductions and service adjustments will be progressed, where appropriate, through established business-as-usual processes, the HSCP recognises that this does not remove the requirement to understand and manage their potential impacts.

Given the scale of the financial challenge, the IJB is unlikely to be presented with options that have no adverse impact. Instead, members will be required to consider and select from a range of difficult but necessary choices, balancing financial sustainability against the potential impact on services, outcomes, statutory duties and people who rely on Partnership support.

Savings proposals that require approval through partner governance arrangements will be discussed with the relevant partners at the earliest opportunity so that the necessary assurance and decisions can be secured without avoidable delay to delivery.

5. Recovery Plan Governance and Requirement

The first meeting of the Recovery Plan Governance Group took place on 15 September 2026. The Group agreed its terms of reference and operating arrangements. Its role is to support the Chief Officer in delivering the Recovery Plan by providing oversight, reviewing evidence, supporting delivery and escalating material risks. The Group will consider the social care savings actions set out above at its next meeting.

The Partnership must develop and implement a Recovery Plan, bringing forward savings when an overspend is forecast, currently £17.710m. Partners have sought assurance that all reasonable savings options have been identified, assessed and progressed before any further financial contribution is considered. The Recovery Plan Governance Group supports the Recovery Plan delivery required through the Integration Scheme.

The requirement for a robust Recovery Plan has become increasingly pressing. At Month 4, savings estimated to be achievable during 2026/27 have reduced from £6.625m at Month 3 to £3.289m. As £0.793m is already reflected in the current £20.206m forecast overspend, the estimated deficit before further Recovery Plan savings is £17.710m. The estimated Recovery Plan requirement has therefore increased by £4.599m from £13.111m last month.

The Recovery Plan should be based on a realistic assessment of deliverability, clearly distinguishing between confirmed savings, savings under development, savings at risk and any residual gap requiring partner consideration. This will give the IJB and partners a transparent view of the financial risk and support decisions based on deliverability rather than aspiration.

The £17.710m requirement is estimated and will be kept under review as teams progress savings delivery. The increased focus on driving plans forward provides an opportunity to improve in-year savings beyond £3.289m.

IJB savings 2026/27	Presented Mar'26 £'000	Reforecast M3 position £'000	Reforecast M4 position £'000
Budget deficit 2026/27 before savings	**- 19,673**	**- 19,736**	- 20,206
Proposed budget savings 2026/27	**10,815**	**6,625**	2,496
Budget deficit 2026/27 after savings	- 8,858	- 13,111	- 17,710
Required recovery plan delivery	8,858	13,111	17,710
Further measures			
Use of reserves			949
Stirling Council contribution			1,280
NHS Forth Valley contribution			7,311
			9,540
Budget position after further measures			**- 8,170**

Once the Financial Recovery Plan has been fully applied, available IJB reserves could be used to reduce any remaining deficit. Forecast reserves total approximately £8.260m, of which £7.311m relates to an advance contribution from NHS Forth Valley towards the 2026/27 risk share, leaving £0.949m otherwise available at the end of the financial year. Applying the £0.949m balance to the £17.710m forecast residual deficit would reduce it to £16.761m. After also recognising NHS Forth Valley's £7.311m advance contribution and Stirling Council's additional £1.280m contribution, the remaining forecast residual deficit would be £8.170m. If no further savings are delivered, that balance would require to be met through additional partner contributions in accordance with the agreed risk-sharing arrangements.

It is critical to note that the application of additional support from Partners does not remove the requirement to address the Partnership's underlying deficit of £17.710m.

Partner support cannot be assumed. Clackmannanshire Council, Stirling Council and NHS Forth Valley are each managing significant financial pressures in 2026/27 and future years and may be unable to meet additional contributions arising from the agreed risk-sharing arrangements. Additional partner funding alone cannot resolve the position. The Partnership must therefore deliver substantial recurring savings, take urgent action to reduce the forecast overspend and minimise any call on partners. Decisions on the future scale,

configuration and prioritisation of health and care provision are now critical to securing affordable and sustainable services.

6. Financial Risk

6.1. **The scale of the forecast deficit represents an exceptionally serious and unsustainable financial position for the IJB. The significant reduction in anticipated in-year savings, together with the limited reserves available after recognising the NHS Forth Valley advance contribution, means that the remaining gap cannot reasonably be absorbed without substantial further savings, service and expenditure action, or significant additional pressure on partner organisations. Failure to act decisively would increase the risk to financial sustainability, statutory service delivery, safe care and partner affordability. The recommendations in this report therefore form an essential package of mitigation and should be implemented with urgency, clear accountability, robust assurance and regular escalation to the IJB where delivery is off track.**

6.2. **Section 95 Officer assessment:** Given the scale of the forecast overspend, the reduced level of savings now expected in 2026/27 and the limited scope to meet the remaining gap from reserves, it is important that financial recovery is treated as a Partnership-wide priority. The IJB should support a sustained focus on progressing all credible and material savings opportunities at pace, with leadership and project capacity directed towards the highest-value and most deliverable actions. This should be supported by clear ownership, regular evidence-based reporting and timely escalation of barriers, while ensuring that proposed measures are assessed through appropriate professional, legal and governance processes and continue to protect statutory duties and safe, appropriate care.

6.3. **Budget assumptions** are based on estimations which may not reflect future actual events and therefore carry a degree of risk.

6.4. **Delivery of savings** – the risk of failing to deliver savings is noted and requires to be managed through improved governance arrangements. The governance arrangements should be overseen by the Finance, Audit and Performance Committee and reported to the IJB.

6.5. **Draft outturn 2025/26** – the figures presented are unaudited. The 2025/26 outturn may require adjustment if the audit identifies a material error.

6.6. **Commissioned service providers** may experience financial pressure during the year.

6.7. **IJB reserves** can be used to manage in year budget fluctuations however they are insufficient to cover the current budget gap.

6.8. **Transitions workstream** there is a risk of additional cost pressures as a result of some young adults transferring to adult care services who have packages of

care which exceed the additional budget estimated for these care requirements.

6.9. Prescribing costs have increased in recent years and are forecast to continue rising. Market volatility and inflation above the 5.5% assumption could increase the overspend beyond the current forecast. The 5.5% inflation allowance provides a reasonable basis for the Month 4 estimate, but actual expenditure will require continued monitoring.

6.10. **Budget recovery plan** - the recovery plan is required to support delivery of financial balance by the end of 2026/27 and will be updated following further assessment of in year savings being delivered. Delivery risk remains significant given the scale of the requirement, the need to maintain statutory services and the likelihood of further in-year pressures emerging.

6.11. **The Chief Finance Officer** will continue to work with partner organisation Chief Officers - Finance/ Director of Finance to develop the recovery plan, monitor delivery of approved savings, assess the use of IJB reserves and identify any residual requirement for partner support through agreed risk-share arrangements. Reporting to the IJB and FAPC will be essential during the year.

Appendices

None.

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☐
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	The report sets out the financial implications for 2026/27, including delivery of the approved Budget Savings Programme and the Recovery Plan required to move towards financial balance. Clackmannanshire Council, Stirling Council and NHS

	Forth Valley should note the scale of the challenge, the importance of delivering approved savings and the likelihood that further mitigation will be required. Given the scale of savings required the current Recovery Plan may not close the residual budget gap.
Other Resources:	Delivering the strengthened financial recovery arrangements will require leadership, finance, analytical, operational and project capacity to be prioritised towards the highest-value and most deliverable actions. Any material capacity gaps, resource requirements or activities proposed for pause or deprioritisation should be reported through the Recovery Plan governance arrangements.
Legal:	The IJB is required to develop a Recovery Plan to address the budget gap remaining after achievable savings have been delivered; at Month 4, this requirement is estimated at £17.710m. The current focus on accelerating savings provides an opportunity to increase in-year delivery beyond the £3.289m estimate and reduce the residual requirement. Failure to deliver the 2026/27 savings and Recovery Plan would worsen the IJB's financial position and could increase risks to statutory service delivery, care quality and the wider health and care system. If all reasonable savings and mitigation options are exhausted, the IJB may need to consider the use of reserves and seek additional partner contributions through the risk-sharing arrangements in the Clackmannanshire and Stirling Integration Scheme.
Risk & mitigation:	The principal risks and current mitigations are set out in the report. Further work is underway to strengthen mitigation plans, define accountable owners and trigger points, and report progress and emerging risks to future meetings of the IJB.
Equality and Human Rights:	This report presents the current financial position and seeks agreement on the governance and development of recovery actions; it does not itself approve a specific service change. An Equality Impact Assessment is therefore not required at this stage. Any savings proposal or service change progressed through the Recovery Plan will require proportionate equality and human rights assessment before a decision is taken.
Data Protection:	The content of this report does not require a DPIA.
Fairer Duty Scotland	

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

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 8

Review of IJB Financial Regulations

For Approval

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	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To present a reviewed and updated set of Integration Joint Board (IJB) Financial Regulations for approval.

Recommendations:	The IJB is asked to: 1) Note the recommendation from the Finance, Audit and Performance (FAP) Committee to approve the revised and updated Financial Regulations. 2) Note the revised financial regulations have been updated based on experience since establishment of the IJB including reflecting current terminology. 3) Approve the revised financial regulations and agree these will be subject to a two-yearly review by the FAP Committee and IJB unless a requirement for a more urgent review is identified.

Key issues and risks:	*The financial regulations form part of the IJBs governance frameworks as should be reviewed periodically per best practice.*

1. Background

1.1. As set out by the Public Bodies (Joint Working) (Scotland) Act 2014 and the supporting integration finance guidance IJBs are required to agree a set of financial regulations as part of governance frameworks.

1.2. The current Financial Regulations were developed as part of arrangements to establish IJBs in Forth Valley by the Integration Finance Workstream. They were last approved by the IJB on 27 March 2023.

2. Considerations

2.1. The IJB Chief Finance Officer reviewed and proposed changes to the Financial Regulations based on experience of the operating environment of the IJB since 2016 and the context of single year financial settlements in recent years from UK and Scottish Governments and the 2023/33 Strategic Commissioning Plan approved by the Board in March 2023.

2.2. The proposed update to the Financial Regulations were agreed by the Finance Audit and Performance Committee on 02 September 2026 and is for consideration by the IJB.

2.3. As Financial Regulations are intrinsically linked to the Integration Scheme itself the updates and changes made were not regarded as substantial. There may be a requirement to further review the Financial Regulations once a revised Integration Scheme is prepared and approved and changes at this point may require to be more substantial. Nonetheless, it would be appropriate to agree a regular review period for Financial Regulations, and it is proposed this should be two yearly. The IJB can task the Finance Audit and Performance Committee to conduct an earlier review if required.

2.4. Subject to approval, the revised Financial Regulations will be posted on the governance page of the partnership website.

3. Appendices

Appendix 1 – Financial Regulations with track changes
Appendix 2 - Updated Financial Regulations

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 IJBs Financial Regulations form part the IJBs financial management regime.
Other Resources:	As detailed.
Legal:	Financial regulations form an element of the IJBs governance frameworks.
Risk & mitigation:	Financial regulations assist in mitigating financial 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. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

~~CLACKMANNANSHIRE AND STIRLING INTEGRATION JOINT BOARD FINANCIAL REGULATIONS~~

~~1. DEFINITIONS AND INTERPRETATION~~

Appendix 1

Clackmannanshire and Stirling Integration Joint Board Financial Regulations

Formal regulations with a summary companion guide for easier reading.

This document keeps the full formal financial regulations and adds short plain-English summaries at the start of each section. The summaries are intended to help readers understand the purpose of each section quickly. They do not replace the formal regulations.

1. Definitions and Interpretation

Summary: This section explains the key terms used throughout the regulations, such as the Board, Chief Officer, Chief Finance Officer, Integrated Budget and Strategic Plan. These definitions are important because the same words are used repeatedly in the formal rules that follow.

1.1 **"1973 Act"** means the Local Government (Scotland) Act 1973;

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

"Board" means Integration Joint Board;

"Chief Finance Officer" means the Chief Finance Officer of the Board appointed by the Board in terms of section 95 of the 1973 Act;

"Chief Officer" means the Chief Officer of the Board appointed by the Board in terms of s10 of the Act;

"~~Council~~Councils" means Clackmannanshire ~~or~~and Stirling ~~Council~~Councils;

"Integrated Budget" means the Integrated Budget of the Board set in accordance with the provisions of the Integration Scheme.

"Integration Joint Board Budget or IJB Budget" means the Integrated Budget as defined above plus the 'Set-Aside' budget per the provisions of the Integration Scheme. This includes Partnership Funding including the Integrated Care Fund, Delayed Discharge Fund, Integration Fund and any other external funding for Health and Social Care..

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"Set-Aside Budget" means the sum to be set aside and made available by the NHS Board to the Integration Joint Board in respect of those delegated functions which are carried out in a large hospital.

"Integration Scheme" means the Integration Scheme between the Parties approved by the Scottish Ministers.

"Directions" means the instruction to carry out functions defined in the Act and Integration Scheme.

"Accountable Officer" means the officer personally answerable to the Scottish Parliament in accordance with Section 15 of the Public Finance and Accountability (Scotland) Act 2000. For Health Boards this is the Chief Executive.

"NHS" means Health Board;

"Parties" means the ~~Council~~Councils and the NHS (and **"Party"** means either of them); and

"Strategic Plan" means the plan which the Board is required to prepare and Implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act. In our local context we often refer to this as the Strategic Commissioning Plan budget or use this term interchangeably.

1.2 Words in these Financial Regulations that are also used in the Board's other governing documents shall, where possible, have the same meanings as they have in those other governing documents.

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2. ~~SCOPE AND OBSERVANCE~~Scope and Observance

Summary: *This section explains what these regulations apply to, who must follow them, and the standards expected when managing public money. It also explains when the Board's own rules apply and when the financial rules of the Councils or NHS apply instead.*

2.1 The Board is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of the Integration Scheme. The Parties adopted a 'body corporate' arrangement- s1(4)(a) of the Act.

2.2 The Board is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board. In particular:-

(1) NHS (Financial Provisions) (Scotland) Regulations 1974 require NHS Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:

- approve the financial systems;
- approve the duties of officers operating these systems; and
- maintain a written description of such approved financial systems including a list of specific duties.

(2) Section 95 of the 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.

2.3 Members of the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

2.4 The key financial management controls and ~~control~~ objectives ~~for financial management standards~~ are: ~~:~~

- ~~(1)~~ ~~the promotion of~~promoting the highest standards of financial management ~~by~~across the Board;
- ~~(2)~~ maintaining a monitoring system to review compliance with the financial regulations;
- ~~(3) regular~~ reporting regularly to the Board on financial performance, including financial projections ~~to the Board~~;
- ~~(4) the Audit & Risk Committee of the Board fulfilling its duties under its approved Terms of Reference.~~

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- ~~(5) the~~ ensuring the Finance ~~&~~, Audit and Performance Committee ~~of the Board fulfilling its duties under~~carries out its approved ~~Terms of Reference~~responsibilities

2.5 In all matters to do with the management and administration of the IJB Budget by the Board and its officers exercising such delegated powers as the Board has agreed in this regard, these Financial Regulations will apply in all circumstances.

2.6 Prior to any funding being passed by one of the Parties to the Board as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the Board and directed by it to the ~~Council~~Councils or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the Board in its Strategic Commissioning Plan.

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~~3.~~
~~FINANCIAL MANAGEMENT~~

3. Financial Management

Summary: *This section sets out the main financial management responsibilities of the Board, the Chief Officer and the Chief Finance Officer. It explains who is responsible for planning, overseeing and supporting the use of resources within the Integration Scheme.*

Responsibility of the Board

3.1 The Integration Scheme sets out the detail of the integration arrangements agreed between the Parties in accordance with the Act. In relation to financial management it specifies:-

(1) the functions which are delegated to the Board by the NHS and the ~~Council~~Councils;

(2) the financial management arrangements including treatment of budget variances;

(3) the reporting arrangements between the Board, the NHS and the ~~Council~~Councils;

(4) the method for determining the payment to be made available by the NHS and the ~~Council~~Councils to the Board; and

(5) giving directions to the NHS and the ~~Council~~Councils that are designed to ensure resources are spent according to the Strategic Commissioning Plan.

3.2 The Board is responsible for the production of the Strategic Commissioning Plan, setting out the needs, priorities and services for its population over the agreed term including:-

(1) the payment from the ~~Council~~ Councils;

(2) the payment from the NHS to the Board;

(3) the amount set aside by the NHS for delegated services.

Responsibility of the Chief Officer

3.3 The Chief Officer will discharge his/her duties in respect of the delegated functions by:-

(1) ensuring that the Strategic Commissioning Plan meets the requirement for economy, efficiency and effectiveness in the use of the Board resources.

Responsibility of the Chief Finance Officer

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3.4 The Board is required to appoint an officer responsible for its financial administration. This post, known as the Chief Finance Officer, will fulfill a role equivalent of the section 95 officer within the ~~Council~~Councils.

3.5 The Chief Finance Officer will discharge his/her duties in respect of the available resources by:-

(1) establishing financial governance systems for the proper use of the available resources;

(2) ensuring that the Strategic Commissioning Plan meets the requirement for best value in the use of the Board's resources; and

(3) ensuring that the directions given by the Chief Officer to the NHS and the ~~Council~~Councils provide for the resources that are allocated in respect of the directions to be spent according to the Strategic Plan. It is the responsibility of the Chief Finance Officer to ensure that the provisions of the directions enable the Parties to discharge their responsibilities in this respect and are in line with the extant directions policy.

3.6 The responsibilities of the NHS's accountable officer, (the NHS's Chief Executive) and the ~~Council's~~Councils' Chief Financial ~~Officer~~Officers (section 95 officer) are as follows:-

(1) the NHS's accountable officer and the ~~Council's~~Councils' section 95 officer discharge their responsibility, as it relates to the resources that are delegated to the Board.

(2) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the ~~Council~~Councils will provide specific advice and professional support to the Chief Officer to support the production, and when necessary, the periodic review of, the Integration Scheme;

(2) ~~(3)~~ the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the ~~Council~~Councils will provide ongoing support and advice to the Chief Officer and IJB Chief Financial Officer in the delivery of operational services within the NHS and the ~~Council~~Councils.

4. ~~FINANCIAL PLANNING~~ Financial Planning

~~**Strategic Commissioning Plan**~~

Summary: *This section explains how the Board plans its finances, including the Strategic Commissioning Plan, budgets, virement, budget monitoring, variances, reserves, VAT and procurement. In short, it describes how money is planned, controlled and reported.*

Strategic Commissioning Plan

4.1 The Board is responsible for the production of the Strategic Commissioning Plan -

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setting out the needs, priorities and services for its population over the agreed term. This should, as far as possible, include a medium term financial plan for the resources within the scope of the Strategic Plan, incorporating:-

(1) the Integrated Budget- aggregate of payments to the Board; and

(2) the Set-aside Budget- the amount set aside by the NHS for Large Hospital Services as defined by the Integration Scheme and national guidance on financial planning for large hospital services.

4.2 While the NHS and the ~~Council~~Councils should, where possible, provide indicative three year rolling funding allocations to the Board to support the Strategic Commissioning Plan and the medium term financial planning process such indicative allocations would remain subject to annual approval by all Parties.

4.3 It is the responsibility of the Chief Officer and the Chief Finance Officer to develop IJB Business Case based on the Strategic Commissioning Plan and to present this to the Parties for consideration and agreement within each Party's budget setting process. The draft budget should take account of such factors as:-

(1) **Activity Changes:** the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;

(2) **Cost inflation:** pay and supplies cost increases;

(3) **Efficiencies:** all savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Board and the ~~Council~~Councils / NHS as part of the annual rolling financial planning process to ensure transparency;

(4) **Performance on outcomes:** the potential impact of efficiencies on agreed outcomes must be clearly stated and open to discussion and consideration by the ~~Council~~Councils and the NHS;

(5) **Legal requirements:** legislation may entail expenditure commitments that should be taken into account in adjusting the amounts to be paid, or set aside, to the Board by the Parties;

(6) **Transfers to/from the set aside budget for hospital services:** as set out in the Strategic Commissioning Plan;

(7) **Adjustments to address equity:** the ~~Council~~Councils and the NHS may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by the Information Services Division (part of NHS National Services Scotland) and/or local arrangements.

Limits on Expenditure

4.4 No expenditure shall be incurred by the Board unless it has been included within the approved IJB Budget and Strategic Commissioning Plan, except:-

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(1) where additional funding has been approved by the NHS and/or the ~~Council~~Councils and the IJB Budget / Strategic Commissioning Plan updated appropriately;

(2) where additional funding has been allocated by the Scottish Government following approval of the IJB budget;

(3) in emergency situations in terms of any scheme of delegation; and

(4) as provided for in paragraph 4.6 below (Virement).

Virement

4.5 Virement is defined by CIPFA as "the transfer of an under spend on one budget head to finance additional spending on another budget head, in accordance with an Authority's Financial Regulations". In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service or department to another. This would also include transfers between the two arms of the budget.

4.6 Virement rules are set out in sections 8.8.1, 8.8.2 and 8.8.3 of the IJB Integration Scheme.

(1) The Chief Officer is permitted to transfer resources between the arms of the Integrated Budget which fall within the scope of the Strategic Commissioning Plan subject to there being no overall increase in net budget, no forward impact on future years and does not breach authorisation levels to be determined in accordance with the Scheme of Delegation.

Scheme of Delegation

4.7 A scheme of delegation has been agreed and will be subject to periodic review to allow the Chief Officer and Chief Finance Officer the appropriate level of authority to discharge their responsibilities.

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Budgetary Control

4.8 It is the responsibility of the Board Chief Finance Officer, in consultation with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of ~~Council~~Councils, to agree on a consistent basis and timetable for the preparation and reporting of management accounting information. In line with section 8.10.2 of the Integration Scheme this will include quarterly financial reports to the Integration Joint Board.

4.9 The Board Chief Finance Officer along with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the ~~Council~~Councils shall put in place a **system of budgetary control which will provide the Chief Officer with management accounting information for all arms of the integrated budget and for the IJB budget in aggregate.**

Variances

4.10 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Strategic Plan, it shall be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the ~~Council~~Councils, to report in accordance with the appropriate method established for the purpose by the Board, the NHS and the ~~Council~~Councils, the details of the variance and any remedial action required.

Reports to the Board

4.11 All reports to the Board and any committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Finance Officer prior to lodging ~~of~~ reports.

Legality of Expenditure

4.12 It shall be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Plan, unless it is within the legal powers of the Board. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS and the ~~Council~~Councils before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

Management of Reserves

4.13 Legislation empowers the Board to hold reserves, which should be accounted for in the financial accounts and records of the Board.

4.14 The Board will maintain and periodically review its reserves strategy and policy in line with the terms of the Integration Scheme, acknowledged best practice, professional guidance and advice from the Chief Financial Officer.

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VAT

4.15 HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Chief Finance Officer should the operational activities of the Board change and a need to register be established.

Procurement~~/~~ and Commissioning of Services

4.16 The Public Bodies (Joint Working) (Proceedings, Membership and General Power of Integration Boards) (Scotland) Order 2014 provides that the Board may enter into a contract with any person in relation to the provision to the Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.

4.17 As a result of specific VAT and accounting issues associated with the Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the ~~Council~~Councils, and the Chief Finance Officer prior to any direct procurement exercise being undertaken.

Accounting Procedures and Records

4.18 All accounting procedures and records of the Board shall be determined by the Chief Finance Officer. These will also be subject to discussion and agreement with the Director of Finance **/** Chief Financial Officer of the NHS **/** ~~Council~~Councils as appropriate.

4.19 Legislation provides that the Board is subject to the audit and accounts provision of a body under section 106 of the 1973 Act. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the 1973 Act. These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

Financial Statements of the Board

4.20 The reporting requirements for the Board will be as specified in applicable legislation and regulations. Financial statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under section 105 of the 1973 Act.

4.21 The financial statements, including the Annual Accounts and associated reporting requirements must be completed to meet the audit and publication timetable specified in regulations. It is the primary responsibility of the Chief Finance Officer to meet these targets and of the Chief Officer and Chief Finance Officer to provide any relevant information to ensure that the NHS and the ~~Council~~Councils

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meet their respective statutory and publication requirements for the single entity and group accounts.

4.22 The Chief Finance Officer shall agree to the financial statements production timetable with the external auditors of the Board, the NHS and the ~~Council~~Councils.

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5. ~~INTERNAL AUDIT~~ Internal Audit

Summary: *This section explains the Board's internal audit arrangements. It covers the role of internal audit, the standards it must follow, the audit planning process, annual reporting, and the powers auditors have to review records and ask for information.*

Responsibility for Internal Audit

5.1 The Board shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the Board and nominating a Chief Internal Auditor.

5.2 The operational delivery of internal audit services within the NHS and the ~~Councils~~Councils' will be contained within their respective and established arrangements.

5.3 The Internal Audit Service will undertake its work in compliance with the ~~Public Sector~~Global Internal Audit Standards.

5.4 Before the start of each financial year, or as early as possible thereafter, the Board's Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Finance Audit and Performance ~~and Audit~~ Committee for approval. It is recommended this is shared for information with the relevant committee of the NHS and the ~~Council~~Councils.

5.5 The Board's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the Finance Audit and Performance ~~and Audit~~ Committee indicating the extent of audit cover achieved and providing a summary of audit activity during the year. The annual audit report and Chief Internal Auditor's opinion may also be reported to the Audit and Risk ~~committee~~Committee of the NHS Board and the relevant Committee of the ~~Council~~Councils.

Authority of Audit

5.6 The Board's Chief Internal Auditor or their authorised representatives shall have authority, on production of identification, to:-

(1) obtain entry at all reasonable times to any premises or land used or operated by the Board;

(2) have access to all systems, records, documents and correspondence relating to any financial and other transactions of the Board; and

(3) require and receive such explanations as are necessary concerning any matter under examination.

~~6. RISK MANAGEMENT AND INSURANCE~~

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6. Risk Management and Insurance

Summary: *This section explains how the Board manages risk and insurance. It covers the requirement for suitable insurance arrangements, the role of senior officers, membership of CNORIS, and access to professional advice on risk management.*

Responsibility for Insurance and Risk

6.1 The Board shall make appropriate insurance arrangements for all activities of the Board in accordance with the risk management strategy.

6.2 The Chief Officer and Chief Finance Officer shall arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Board and for which it is the general custom to ensure. This will include the provision of appropriate insurance in respect of members of the Board acting in a decision-making capacity.

6.3 The Board has become a member of the Scottish Government Clinical Negligence and Other Risks Scheme (CNORIS) - a risk transfer and financing scheme. The Chief Officer and the Chief Finance Officer will review the requirement for membership of CNORIS on an annual basis.

6.4 The NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the ~~Council~~Councils will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

~~7. ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)~~

7. Economy, Efficiency and Effectiveness (Best Value)

Summary: *This section explains the Board's duty to secure Best Value. It describes the need for good stewardship of public resources, strategic planning, performance review and continuous improvement in how services and finances are managed.*

7.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Board. This will apply in respect of:

(1) the resources delegated to the Board by the ~~Council~~Councils and the NHS; and

(2) the resources paid to the ~~Council~~Councils and the NHS by the Board for use as directed and set out in the Strategic Commissioning Plan.

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7.2 Best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound should be incorporated into the Strategic Commissioning Plan and the directions made by the Board to allow the Chief Finance Officer, the NHS's accountable officer and the ~~Council's~~Councils' section 95 officer to discharge this duty.

7.3 The Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There shall be a process of strategic planning which shall have full Board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It shall be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Board provides Best Value.

7.4 The Chief Officer shall be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

7.5 The ~~Boards~~Board's approach to Best Value will evolve over time and the Annual Performance Report will incorporate a Best Value statement based on triangulation of financial and non-financial performance and evidence progress against Strategic Commissioning Plan priorities and improved outcomes over time.

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~~8. OBSERVANCE OF FINANCIAL REGULATIONS~~

8. Observance of Financial Regulations

Summary: *This section explains how the regulations are put into practice. It covers responsibility for making sure staff know about the rules, what happens if the rules are breached, and how the regulations will be reviewed and updated.*

Responsibility of the Chief Officer and ~~the~~ Chief Finance Officer

8.1 It shall be the duty of the Chief Officer, assisted by the Chief Finance Officer, to ensure that these Financial Regulations are made known to the appropriate persons within the Board and the Partnership and to ensure that they are adhered to.

Breach of Regulations

8.2 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the ~~Council's~~Councils' Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

Review of Financial Regulations

8.3 These Financial Regulations shall be the subject of regular review by the Chief Finance Officer in consultation with the NHS's Director of Finance and the ~~Council's~~Councils section 95 ~~officer~~officers, and where necessary, subsequent adjustments will be submitted to the Board for approval

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Appendix 1

Clackmannanshire and Stirling Integration Joint Board Financial Regulations

Formal regulations with a summary companion guide for easier reading.

This document keeps the full formal financial regulations and adds short plain-English summaries at the start of each section. The summaries are intended to help readers understand the purpose of each section quickly. They do not replace the formal regulations.

1. Definitions and Interpretation

Summary: This section explains the key terms used throughout the regulations, such as the Board, Chief Officer, Chief Finance Officer, Integrated Budget and Strategic Plan. These definitions are important because the same words are used repeatedly in the formal rules that follow.

1.1 **"1973 Act"** means the Local Government (Scotland) Act 1973;

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

"Board" means Integration Joint Board;

"Chief Finance Officer" means the Chief Finance Officer of the Board appointed by the Board in terms of section 95 of the 1973 Act;

"Chief Officer" means the Chief Officer of the Board appointed by the Board in terms of s10 of the Act;

"Council" means Clackmannanshire or Stirling Council;

"Integrated Budget" means the Integrated Budget of the Board set in accordance with the provisions of the Integration Scheme.

"Integration Joint Board Budget or IJB Budget" means the Integrated Budget as defined above plus the 'Set-Aside' budget per the provisions of the Integration Scheme. This includes Partnership Funding including the Integrated Care Fund, Delayed Discharge Fund, Integration Fund and any other external funding for Health and Social Care..

"Set-Aside Budget" means the sum to be set aside and made available by the NHS Board to the Integration Joint Board in respect of those delegated functions which are carried out in a large hospital.

"Integration Scheme" means the Integration Scheme between the Parties approved by the Scottish Ministers.

"Directions" means the instruction to carry out functions defined in the Act and Integration Scheme.

"Accountable Officer" means the officer personally answerable to the Scottish Parliament in accordance with Section 15 of the Public Finance and Accountability (Scotland) Act 2000. For Health Boards this is the Chief Executive.

"NHS" means Health Board;

"Parties" means the Council and the NHS (and **"Party"** means either of them); and

"Strategic Plan" means the plan which the Board is required to prepare and Implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act. In our local context we often refer to this as the Strategic Commissioning Plan budget or use this term interchangeably.

1.2 Words in these Financial Regulations that are also used in the Board's other governing documents shall, where possible, have the same meanings as they have in those other governing documents.

2. Scope and Observance

Summary: *This section explains what these regulations apply to, who must follow them, and the standards expected when managing public money. It also explains when the Board's own rules apply and when the financial rules of the Council or NHS apply instead.*

2.1 The Board is a legal entity in its own right, created by Parliamentary Order, following
Ministerial approval of the Integration Scheme. The Parties adopted a 'body corporate' arrangement- s1(4)(a) of the Act.

2.2 The Board is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Board. In particular:-

(1) NHS (Financial Provisions) (Scotland) Regulations 1974 require NHS Directors of Finance to design, implement and supervise systems of financial control and NHS circular 1974 (GEN) 88 requires the Director of Finance to:
- approve the financial systems;
- approve the duties of officers operating these systems; and
- maintain a written description of such approved financial systems including a list of specific duties.

(2) Section 95 of the 1973 Act requires that every local authority shall make arrangements for the proper administration of its financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.

2.3 Members of the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

2.4 The key financial management controls and objectives are:

- promoting the highest standards of financial management across the Board;
- maintaining a monitoring system to review compliance with the financial regulations;
- reporting regularly to the Board on financial performance, including financial projections;
- ensuring the Finance, Audit and Performance Committee carries out its approved responsibilities

2.5 In all matters to do with the management and administration of the IJB Budget by the Board and its officers exercising such delegated powers as the Board has agreed in this regard, these Financial Regulations will apply in all circumstances.

2.6 Prior to any funding being passed by one of the Parties to the Board as part of the Integrated Budget, the Financial Regulations or Standing Financial Instructions of the relevant Party will apply. Similarly, once funding has been approved from the Integrated Budget by the Board and directed by it to the Council or the NHS for the purposes of service delivery, the Standing Financial Instructions or Financial Regulations of the relevant Party will then apply to the directed sum, which will be utilised in accordance with the priorities determined by the Board in its Strategic Commissioning Plan.

3. Financial Management

Summary: *This section sets out the main financial management responsibilities of the Board, the Chief Officer and the Chief Finance Officer. It explains who is responsible for planning, overseeing and supporting the use of resources within the Integration Scheme.*

Responsibility of the Board

3.1 The Integration Scheme sets out the detail of the integration arrangements agreed between the Parties in accordance with the Act. In relation to financial management it specifies:-

(1) the functions which are delegated to the Board by the NHS and the Council.

(2) the financial management arrangements including treatment of budget variances;

(3) the reporting arrangements between the Board, the NHS and the Council;

(4) the method for determining the payment to be made available by the NHS and the Council to the Board; and

(5) giving directions to the NHS and the Council that are designed to ensure resources are spent according to the Strategic Commissioning Plan.

3.2 The Board is responsible for the production of the Strategic Commissioning Plan, setting out the needs, priorities and services for its population over the agreed term including:-

(1) the payment from the Council

(2) the payment from the NHS to the Board

(3) the amount set aside by the NHS for delegated services.

Responsibility of the Chief Officer

3.3 The Chief Officer will discharge his/her duties in respect of the delegated functions by:-

(1) ensuring that the Strategic Commissioning Plan meets the requirement for economy, efficiency and effectiveness in the use of the Board resources.

Responsibility of the Chief Finance Officer

3.4 The Board is required to appoint an officer responsible for its financial administration. This post, known as the Chief Finance Officer, will fulfill a role equivalent of the section 95 officer within the Council.

3.5 The Chief Finance Officer will discharge his/her duties in respect of the available resources by:-

(1) establishing financial governance systems for the proper use of the available resources;

(2) ensuring that the Strategic Commissioning Plan meets the requirement for best value in the use of the Board's resources; and

(3) ensuring that the directions given by the Chief Officer to the NHS and the Council provide for the resources that are allocated in respect of the directions to be spent according to the Strategic Plan. It is the responsibility of the Chief Finance Officer to ensure that the provisions of the directions enable the Parties to discharge their responsibilities in this respect and are in line with the extant directions policy.

3.6 The responsibilities of the NHS's accountable officer, (the NHS's Chief Executive) and the Council's Chief Financial Officer (section 95 officer) are as follows:-

(1) the NHS's accountable officer and the Council's section 95 officer discharge their responsibility, as it relates to the resources that are delegated to the Board.

(2) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide specific advice and professional support to the Chief Officer to support the production, and when necessary the periodic review of, the Integration Scheme;

(2) the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will provide ongoing support and advice to the Chief Officer and IJB Chief Financial Officer in the delivery of operational services within the NHS and the Council.

4. Financial Planning

Summary: *This section explains how the Board plans its finances, including the Strategic Commissioning Plan, budgets, virement, budget monitoring, variances, reserves, VAT and procurement. In short, it describes how money is planned, controlled and reported.*

Strategic Commissioning Plan

4.1 The Board is responsible for the production of the Strategic Commissioning Plan - setting out the needs, priorities and services for its population over the agreed term. This should, as far as possible, include a medium term financial plan for the resources within the scope of the Strategic Plan, incorporating:-

(1) the Integrated Budget- aggregate of payments to the Board; and

(2) the Set-aside Budget- the amount set aside by the NHS for Large Hospital Services as defined by the Integration Scheme and national guidance on financial planning for large hospital services.

4.2 While the NHS and the Council should, where possible, provide indicative three year rolling funding allocations to the Board to support the Strategic Commissioning Plan and the medium term financial planning process such indicative allocations would remain subject to annual approval by all Parties.

4.3 It is the responsibility of the Chief Officer and the Chief Finance Officer to develop IJB Business Case based on the Strategic Commissioning Plan and to present this to the Parties for consideration and agreement within each Party's budget setting process. The draft budget should take account of such factors as:-

(1) **Activity Changes:** the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;

(2) **Cost inflation:** pay and supplies cost increases;

(3) **Efficiencies:** all savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Board and the Council / NHS as part of the annual rolling financial planning process to ensure transparency;

(4) **Performance on outcomes:** the potential impact of efficiencies on agreed outcomes must be clearly stated and open to discussion and consideration by the Council and the NHS;

(5) **Legal requirements:** legislation may entail expenditure commitments that should be taken into account in adjusting the amounts to be paid, or set aside, to the Board by the Parties;

(6) **Transfers to/from the set aside budget for hospital services:** as set out in the Strategic Commissioning Plan;

(7) **Adjustments to address equity:** the Council and the NHS may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by

the Information Services Division (part of NHS National Services Scotland) and/or local arrangements.

Limits on Expenditure

4.4 No expenditure shall be incurred by the Board unless it has been included within the approved IJB Budget and Strategic Commissioning Plan, except:-

(1) where additional funding has been approved by the NHS and/or the Council and the IJB Budget / Strategic Commissioning Plan updated appropriately;

(2) where additional funding has been allocated by the Scottish Government following approval of the IJB budget;

(3) in emergency situations in terms of any scheme of delegation; and

(4) as provided for in paragraph 4.6 below (Virement).

Virement

4.5 Virement is defined by CIPFA as "the transfer of an under spend on one budget head to finance additional spending on another budget head, in accordance with an Authority's Financial Regulations". In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service or department to another. This would also include transfers between the two arms of the budget.

4.6 Virement rules are set out in sections 8.8.1, 8.8.2 and 8.8.3 of the IJB Integration Scheme.

(1) The Chief Officer is permitted to transfer resources between the arms of the Integrated Budget which fall within the scope of the Strategic Commissioning Plan subject to there being no overall increase in net budget, no forward impact on future years and does not breach authorisation levels to be determined in accordance with the Scheme of Delegation.

Scheme of Delegation

4.7 A scheme of delegation has been agreed and will be subject to periodic review to allow the Chief Officer and Chief Finance Officer the appropriate level of authority to discharge their responsibilities.

Budgetary Control

4.8 It is the responsibility of the Board Chief Finance Officer, in consultation with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information. In line with section 8.10.2 of the Integration Scheme this will include quarterly financial reports to the Integration Joint Board.

4.9 The Board Chief Finance Officer along with the Director of Finance of the NHS and the Chief Financial Officer (section 95 officer) of the Council shall put in place a **system of budgetary control which will provide the Chief Officer with management accounting information for all arms of the integrated budget and for the IJB budget in aggregate.**

Variances

4.10 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Strategic Plan, it shall be the duty of the Chief Officer and the Chief Finance Officer, in conjunction with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, to report in accordance with the appropriate method established for the purpose by the Board, the NHS and the Council, the details of the variance and any remedial action required.

Reports to the Board

4.11 All reports to the Board and any committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Chief Finance Officer prior to lodging of reports.

Legality of Expenditure

4.12 It shall be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Plan, unless it is within the legal powers of the Board. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS and the Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

Management of Reserves

4.13 Legislation empowers the Board to hold reserves, which should be accounted for in the financial accounts and records of the Board.

4.14 The Board will maintain and periodically review its reserves strategy and policy in line with the terms of the Integration Scheme, acknowledged best practice, professional guidance and advice from the Chief Financial Officer.

VAT

4.15 HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Chief Finance Officer should the operational activities of the Board change and a need to register be established.

Procurement and Commissioning of Services

4.16 The Public Bodies (Joint Working) (Proceedings, Membership and General Power of Integration Boards) (Scotland) Order 2014 provides that the Board may enter into a contract with any person in relation to the provision to the Board of goods and services for the purpose of carrying out the functions conferred on it by the Act.

4.17 As a result of specific VAT and accounting issues associated with the Board contracting directly for the provision of goods and services, the Chief Officer is required to consult with the NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council, and the Chief Finance Officer prior to any direct procurement exercise being undertaken.

Accounting Procedures and Records

4.18 All accounting procedures and records of the Board shall be determined by the

Chief Finance Officer. These will also be subject to discussion and agreement with the Director of Finance / Chief Financial Officer of the NHS / Council as appropriate.

4.19 Legislation provides that the Board is subject to the audit and accounts provision of a body under section 106 of the 1973 Act. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the 1973 Act. These will be proportionate to the limited number of transactions of the Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

Financial Statements of the Board

4.20 The reporting requirements for the Board will be as specified in applicable legislation and regulations. Financial statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under section 105 of the 1973 Act.

4.21 The financial statements including the Annual Accounts and associated reporting requirements must be completed to meet the audit and publication timetable specified in regulations. It is the primary responsibility of the Chief Finance Officer to meet these targets and of the Chief Officer and Chief Finance Officer to provide any relevant information to ensure that the NHS and the Council meet their respective statutory and publication requirements for the single entity and group accounts.

4.22 The Chief Finance Officer shall agree to the financial statements production timetable with the external auditors of the Board, the NHS and the Council.

5. Internal Audit

Summary: *This section explains the Board's internal audit arrangements. It covers the role of internal audit, the standards it must follow, the audit planning process, annual reporting, and the powers auditors have to review records and ask for information.*

Responsibility for Internal Audit

5.1 The Board shall establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the allocated resources, but not the amount or sufficiency of the allocated resources. This will include determining who will provide the internal audit service for the Board and nominating a Chief Internal Auditor.

5.2 The operational delivery of internal audit services within the NHS and the Councils will be contained within their respective and established arrangements.

5.3 The Internal Audit Service will undertake its work in compliance with the Global Internal Audit Standards.

5.4 Before the start of each financial year, or as early as possible thereafter, the Board's Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Performance and Audit Committee for approval. It is recommended this is shared for information with the relevant committee of the NHS and the Council.

5.5 The Board's Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the Performance and Audit Committee indicating the extent of audit cover achieved and providing a summary of audit activity during the year. The annual audit report and Chief Internal Auditor's opinion may also be reported to the Audit and Risk Committee of the NHS Board and the relevant Committee of the Council.

Authority of Audit

5.6 The Board's Chief Internal Auditor or their authorised representatives shall have authority, on production of identification, to:-

(1) obtain entry at all reasonable times to any premises or land used or operated by the Board;

(2) have access to all systems, records, documents and correspondence relating to any financial and other transactions of the Board; and

(3) require and receive such explanations as are necessary concerning any matter under examination.

6. Risk Management and Insurance

Summary: *This section explains how the Board manages risk and insurance. It covers the requirement for suitable insurance arrangements, the role of senior officers, membership of CNORIS, and access to professional advice on risk management.*

Responsibility for Insurance and Risk

6.1 The Board shall make appropriate insurance arrangements for all activities of the Board in accordance with the risk management strategy.

6.2 The Chief Officer and Chief Finance Officer shall arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all normal insurable risks arising from the activities of the Board and for which it is the general custom to ensure. This will include the provision of appropriate insurance in respect of members of the Board acting in a decision making capacity.

6.3 The Board has become a member of the Scottish Government Clinical Negligence and Other Risks Scheme (CNORIS) - a risk transfer and financing scheme. The Chief Officer and the Chief Finance Officer will review the requirement for membership of CNORIS on an annual basis.

6.4 The NHS's Director of Finance and the Chief Financial Officer (section 95 officer) of the Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

7. Economy, Efficiency and Effectiveness (Best Value)

Summary: *This section explains the Board's duty to secure Best Value. It describes the need for good stewardship of public resources, strategic planning, performance review and continuous improvement in how services and finances are managed.*

7.1 The Chief Officer will ensure that arrangements are in place to maintain control and

clear public accountability over the public funds delegated to the Board. This will apply in respect of:

(1) the resources delegated to the Board by the Council and the NHS; and

(2) the resources paid to the Council and the NHS by the Board for use as directed and set out in the Strategic Commissioning Plan.

7.2 Best practice principles as set out in the Code of Guidance on Funding External Bodies and Following the Public Pound should be incorporated into the Strategic Commissioning Plan and the directions made by the Board to allow the Chief Finance Officer, the NHS's accountable officer and the Council's section 95 officer to discharge this duty.

7.3 The Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There shall be a process of strategic planning which shall have full Board member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It shall be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Board provides Best Value.

7.4 The Chief Officer shall be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

7.5 The Boards approach to Best Value will evolve over time and the Annual Performance Report will incorporate a Best Value statement based on triangulation of financial and non-financial performance and evidence progress against Strategic Commissioning Plan priorities and improved outcomes over time.

8. Observance of Financial Regulations

Summary: *This section explains how the regulations are put into practice. It covers responsibility for making sure staff know about the rules, what happens if the rules are breached, and how the regulations will be reviewed and updated.*

Responsibility of the Chief Officer and Chief Finance Officer

8.1 It shall be the duty of the Chief Officer, assisted by the Chief Finance Officer, to ensure that these Financial Regulations are made known to the appropriate persons within the Board and the Partnership and to ensure that they are adhered to.

Breach of Regulations

8.2 A breach of these Financial Regulations must be reported immediately to the Chief Officer, who may then discuss the matter with the NHS's Chief Executive, the Council's Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

Review of Financial Regulations

8.3 These Financial Regulations shall be the subject of regular review by the Chief

Finance Officer in consultation with the NHS's Director of Finance and the Council's section 95 officer, and where necessary, subsequent adjustments will be submitted to the Board for approval

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 9

Annual Performance Report (2025/ 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	Lisa Powell, Planning and Policy Development Manager
Exempt Report	No

Clackmannanshire Council
Stirling Council
NHS Forth Valley

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

Purpose of Report:	The Integration Joint Board is asked to approve the Annual Performance Report (2025/ 2026). This is to ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services.

Recommendations:	The Integration Joint Board is asked to: 1) Approve Annual Performance Report (2025/2026).

Key issues and risks:	Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of information systems which is unlikely to occur in the short term means progress will continue to be limited by the constraints of current information systems and capacity. The Public Bodies (Joint Working) (Scotland) Act 2014 established the legislative framework for the integration of health and social care services in Scotland. To ensure that performance is open and accountable, the 2014 Act obliges Partnerships to publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.

1. Background

1.1. Health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services.

1.2. The Health and Social Care Partnership vision is “to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities”.

1.3. The purpose of the Annual Performance Report is to provide an overview of performance in planning and carrying out integrated functions and is produced for the benefit of Partnerships and their communities. The Integration Joint Board has a statutory responsibility to ensure effective performance monitoring and reporting of all services delegated in the Health and Social Care Partnership (HSCP). This is encompassed in our 2025/26 Annual Performance Report (Appendix 1).

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

1.5. The Annual Performance Report was presented to the Finance, Audit and Performance Committee on 2 September. Following discussion, members agreed the report, enabling the Committee to recommend that the Integration Joint Board grant the Report their approval.

2. Requirements and Considerations

2.1. As set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 the Annual Performance Report must contain the following:

- An assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning.
- Financial planning and performance.
- Best value in planning and carrying out integration functions.
- Performance in respect to Localities.
- Inspection of services.
- Review of Strategic Plan.
- Any other information the Integration Authority considers relevant to assessing performance during the reporting year in planning and carrying out their integration functions.

2.2. The report uses a range of data to describe and illustrate performance within the HSCP, and when data is used the source will be noted. Local data is gathered within the HSCP and Forth Valley NHS.

2.3. Service plans and related performance indicators are also being developed, as well as key indicators aligning to the 2023/33 Strategic Commissioning Plan and Integrated Performance Framework approved by the IJB in June 2024. The Strategic Commissioning Plan needed to be reviewed in 2026, to provide an opportunity to also review and incorporate the aforementioned areas in need of alignment. This Annual Performance Report will therefore continue to develop as data becomes available, key indicators are defined and performance measures are agreed.

2.4. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. The outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families. Linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards are illustrated within the report. In the Annual Performance Report these national outcomes are denoted by the use of 'NI'. Where possible, reference is also made to the HSCPs performance in comparison to the Scottish averages.

2.5. It has been agreed, with the Chief Officer and Senior Leadership Team, that where national data is available, this would be included in the report.

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

2.7. The data within the Report provides information on the people supported by our services within Forth Valley, it is not always possible to compare this local data to other partnership or national figures. However, this report seeks to ensure that data is as accessible as possible to a range of readers and is therefore following guidance around the presentation of information and data which is reflective of the work of staff in supporting those within our communities.

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

3. Annual Performance Report

3.1 The Annual Performance Report (Appendix 1) reflects our progress as a HSCP from 1 April 2025 to 31 March 2026.

3.2 The report has been developed in response to feedback from Integration Joint Board members and other stakeholders regarding the presentation and use of performance information. Building on the revised approach adopted within quarterly performance reporting, this report places a stronger emphasis on narrative, impact and outcomes, providing greater context alongside performance data to support understanding of the difference services make to people, families and communities.

3.3 Throughout 2025/26, the HSCP worked closely with colleagues from NHS Forth Valley, Clackmannanshire Council, Stirling Council and partners across the third and independent sectors to deliver safe, effective and person-centred health and social care services. This collaborative approach has been central to supporting people and communities across Clackmannanshire and Stirling.

3.4 This year's report adopts a refreshed approach to performance reporting. It provides broader coverage of services across the Partnership, includes examples of developments and improvement activity that have not previously been reported, and places a greater focus on outcomes and lived experience. Graphical presentation of data has been used where appropriate to support the communication of key trends and performance information, whilst continuing to provide the assurance and accountability required of an Annual Performance Report.

3.5 As a statutory reporting requirement, the Annual Performance Report will continue to evolve alongside quarterly performance reporting in response to feedback from Board members and stakeholders. This will help ensure that future reports provide meaningful insight into service performance, outcomes and the impact of health and social care services on the people and communities of Clackmannanshire and Stirling, whilst supporting the Board's scrutiny and assurance of performance across the Partnership.

4. Challenges

4.1 The demand for health and social care support across Clackmannanshire and Stirling continues to grow and become more complex. This is driven by demographic change, including an increasing proportion of older adults, alongside growing numbers of people living with multiple long-term conditions and complex support needs.

4.2 These pressures are being experienced within a challenging financial environment. The HSCP continues to face significant financial constraints and the requirement to deliver recurring savings whilst maintaining safe, effective and high-quality services. Demand for support remains needs-led, however services operate within finite resources and are therefore resource-bound in their delivery. This position is expected to continue over the coming years and requires ongoing service redesign, prioritisation and transformation activity to ensure resources are targeted where they can have the greatest impact.

4.3 Workforce sustainability remains a significant challenge across health and social care services. Recruitment and retention difficulties, workforce controls across partner organisations and changes to migration arrangements continue to affect the availability of suitably skilled staff across a number of services. As a Partnership operating across three employing organisations, there are also complexities associated with different employment frameworks, workforce policies and organisational arrangements, which can present additional challenges in attracting, retaining and developing the workforce required to meet future demand.

4.4 Increasing levels of complexity and demand mean that services continue to focus resources on supporting people with the highest levels of need and risk. Whilst prevention and early intervention remain key strategic priorities, capacity pressures across services can result in staff spending proportionately

more time responding to crisis situations, managing significant risk and reducing harm. The extent of this challenge varies across services, reflecting differences in demand, service pressures and the needs of the people they support. As a result, opportunities to intervene earlier and provide preventative support can be constrained in some areas, with pressures experienced unevenly across the wider health and social care system. This has implications both for the experiences of people accessing support and for the wellbeing and sustainability of the workforce delivering services.

4.5 Despite these challenges, the Partnership continues to work collaboratively with partners to redesign services, maximise available resources and focus on prevention, early intervention and improving outcomes for people and communities.

5. Development of Performance

5.1. Performance reporting continues to evolve and draws on a combination of national and local datasets, service intelligence, quality improvement activity and the experiences of people who access support across Clackmannanshire and Stirling. While performance indicators provide important evidence of how services are functioning and highlight areas of strength and improvement, they do not in themselves fully capture the impact of health and social care services on people's lives. Accordingly, reporting seeks to provide a balanced view of progress by combining quantitative performance information with qualitative evidence, examples of service improvement and feedback from people who use services and their carers.

5.2. Performance reports are increasingly being used across service areas to inform operational management, service planning and prioritisation. Data is subject to local quality assurance processes and may therefore differ from nationally published information. Work continues to align reporting with the Integrated Performance Framework approved by the Integration Joint Board in June 2024, ensuring that performance information reflects both activity and outcomes across delegated NHS and Council services.

5.3. Significant progress continues to be made in the development of performance reporting arrangements across the Partnership. Reporting increasingly brings together information from a range of national and local datasets, service intelligence and quality improvement activity to provide a more comprehensive understanding of service performance and impact. Alongside this, partners are investing in the development of reporting tools and dashboards to improve access to timely performance information and support evidence-based decision making.

5.4. As these developments progress, consideration is being given to the future approach for storing, collating and reporting performance information across the Partnership. Performance information is currently held across the three partner organisations using different systems and reporting platforms. Stirling Council no longer uses Pentana, NHS Forth Valley is transitioning to Care Guardian during 2026, and Clackmannanshire Council is developing Power BI

reporting solutions. These developments present an opportunity to establish a more sustainable and integrated approach to performance reporting across the Partnership.

5.5. However, they also highlight the need to agree future arrangements for bringing together data from all three organisations, particularly given that the current repository for collective performance information will no longer be used by any of the partner bodies. This brings into question the longer-term sustainability of the current repository and whether it remains a viable solution for storing and reporting partnership-wide performance information. Consequently, work is required to identify and agree future arrangements that will enable data from all three organisations to be brought together in a consistent and efficient manner, ensuring continuity of reporting and supporting the ongoing delivery of the Integrated Performance Framework.

5.6. Performance and operational colleagues will continue to develop reporting arrangements and performance dashboards throughout 2026/27. Quarterly performance reports will provide increasing insight into both service performance and outcomes for people and communities across Clackmannanshire and Stirling, whilst informing annual reporting, service improvement and strategic planning.

6. Appendices

6.1 Appendix 1 Annual Performance Report (1st April 2025 to 30th March 2026)

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐
Implications	
Finance:	Performance reports should be read in conjunction with financial reports to give a broad overview of strategic, operational and financial performance and sustainability.

Other Resources:	As detailed in the body of the paper.
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	The IJB is presented with the strategic risk register on a quarterly basis. Given the context on constrained resources, increasing demand and complexity and a programme of transformation and service modernisation there is a fundamental tension between financial and service sustainability and performance which is likely to require difficult choices and service prioritisation decisions.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1

Clackmannanshire and Stirling
Integration Joint Board
Annual Performance Report 2025-2026

Contents

Message from IJB Chair and Interim Chief Officer

Behind every statistic and service improvement is a person, a family or a carer whose life has been affected by the support that they receive.
The experiences shared by people across our communities highlight the importance of timely, compassionate and person-centred support. Whether helping someone regain confidence and independence, supporting an unpaid carer, or enabling people to receive care closer to home, these stories demonstrate the difference that partnership working can make.
We face significant challenges, with demand for health and social care services growing while resources remain bound. While we would always like to do more, we have a responsibility to use the resources available in ways that achieve the greatest benefit for those who need support most. Despite these pressures, our commitment remains unchanged: helping people live as independently and as well as possible within their own communities.
I would like to thank our staff, GP practices, third sector and independent sector partners, volunteers and unpaid carers for their dedication and commitment throughout the year. As you read this report, I hope the experiences it contains demonstrate the positive difference we can make when we work together to support healthier, more connected and resilient communities.
Thank you.

Allan Rennie

Chair, Clackmannanshire and Stirling Integration Joint Board

This report reflects the collective efforts of staff, partners, carers, volunteers and communities across Clackmannanshire and Stirling who work every day to support people to live healthy, independent and fulfilling lives. Throughout 2025/26, we have continued to work alongside people and communities to deliver services that are responsive, person-centred and focused on what matters most to them. The experiences shared throughout this report demonstrate the positive impact that timely support, strong partnership working and community connections can have on people's health, wellbeing and independence.
At the same time, we continue to face growing demand for health and social care services, increasing complexity of need, and significant financial and workforce pressures. While these challenges require difficult decisions at times, they also reinforce the importance of ensuring that the resources available are used effectively and sustainably, focusing support where it can make the greatest difference. This means continuing to strengthen prevention and early intervention and working closely with communities to develop solutions that meet local needs.
I would like to sincerely thank everyone who contributes to the delivery of health and social care services across our Partnership. As we look ahead, our focus remains on listening to people, learning from their experiences and working in partnership to deliver sustainable services that support people to manage their own health and wellbeing, maintain their independence, and stay connected to their communities.

Dr Jennifer Borthwick

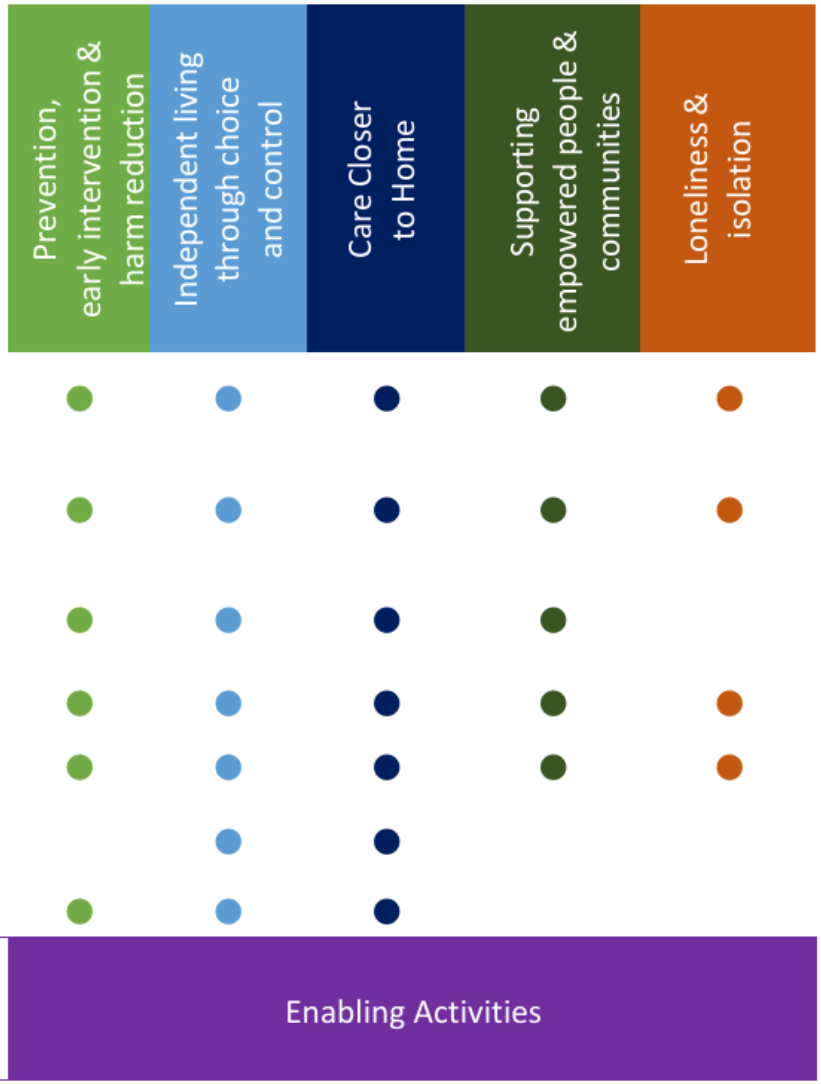
Interim Chief Officer

Strategic Commissioning Plan – Plan on a Page 2023-2033

National Health & Wellbeing Outcomes

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

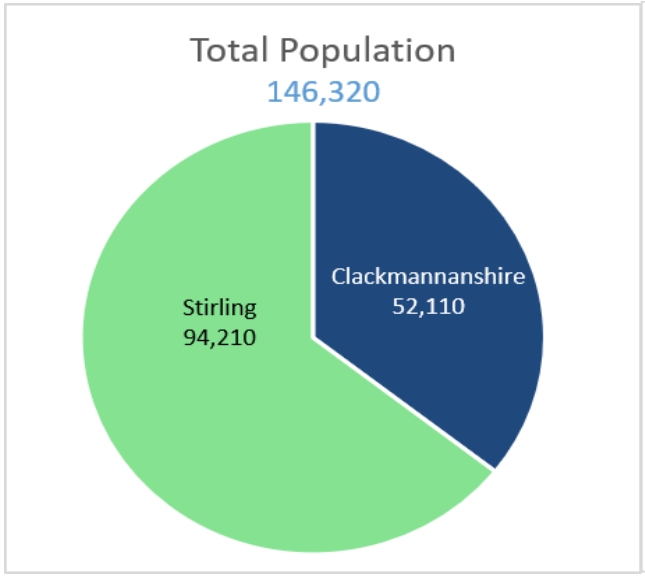
Health and Wellbeing Outcomes

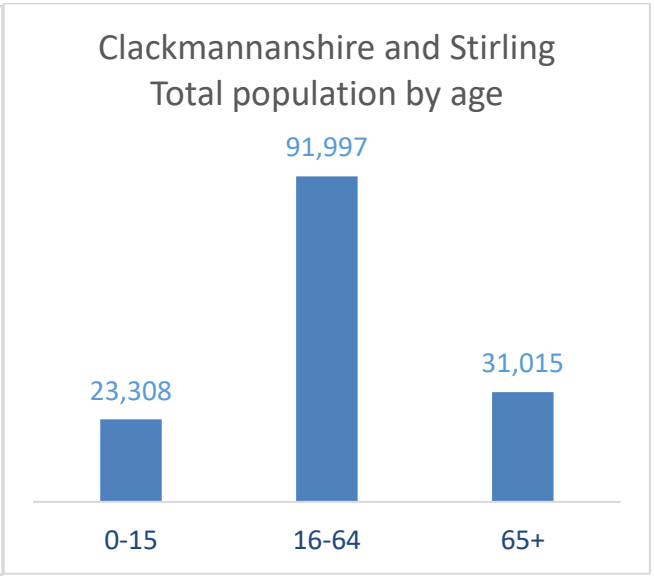


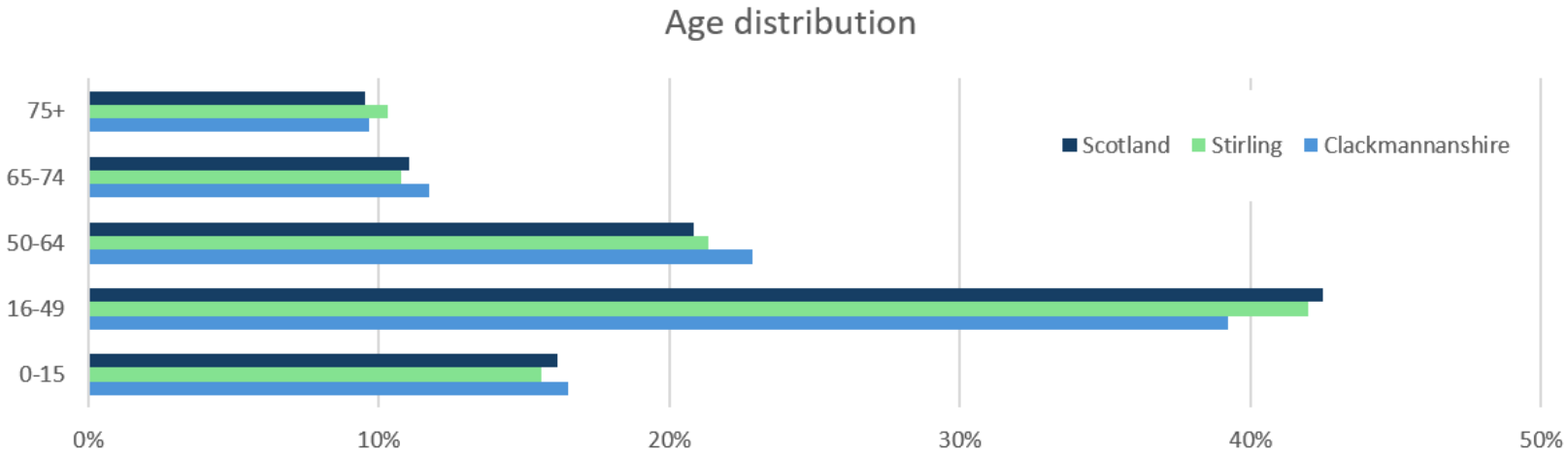
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting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

Overview of the demographics within Clackmannanshire and Stirling

Our Population (NRS 2024 mid-year)







Introduction and Background

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards (IJBs) to publish an Annual Performance Report. This report provides an overview of the progress made by Clackmannanshire and Stirling Integration Joint Board (IJB) during 2024/25 in delivering the priorities set out in our Strategic Commissioning Plan 2023-2033.

The Clackmannanshire and Stirling Health and Social Care Partnership (HSCP), acting on behalf of the IJB, delivers services and supports that improve outcomes for people and communities across Clackmannanshire and Stirling. Our work is guided by five strategic themes:

- Prevention, Early Intervention and Harm Reduction
- Independent Living through Choice and Control
- Care Closer to Home
- Supporting Empowered People and Communities
- Loneliness and Isolation

These priorities have been shaped by what local people, carers, staff, partners and communities have told us matters most, alongside evidence from national and local data, service performance information and population health intelligence. Bringing together a range of information sources helps us better understand current and future needs, target resources effectively and plan services that deliver the greatest impact for our communities.

Our Integrated Performance Framework supports the monitoring of progress against national and local outcomes, targets and priorities. By combining performance data with community insight and lived experience, we can assess the impact of our services, identify opportunities for improvement and ensure we remain accountable for delivering better outcomes.

This report highlights our achievements, challenges and areas for further development during 2024/25, demonstrating how we continue to work with partners, communities and stakeholders to improve health and social care services across Clackmannanshire and Stirling.

Understanding Our Progress and Impact

This report brings together information from a range of national and local data sources, alongside service intelligence, quality improvement activity and the experiences of people who access support across Clackmannanshire and Stirling.

As an Annual Performance Report, there is a requirement to report against a range of national and local performance measures. These indicators provide important evidence of how services are functioning, help identify areas of strength and improvement, and support transparency and accountability for the use of public resources.

However, performance data alone cannot fully capture the impact of health and social care services on people's lives. Many activities that contribute to positive outcomes, such as improving safety, strengthening partnerships, promoting wellbeing, providing consistent support, preventing problems from escalating and helping people maintain their independence, are not always easily measured through numbers alone. Equally, data may tell us what has happened, but it does not always explain why improvements have occurred, the challenges that have been overcome, or the difference they have made to individuals, families and communities.

The main body of this report focuses on the progress being made towards the ambitions set out within our Strategic Commissioning Plan. Through a combination of performance information, service developments, examples of good practice and lived experience, the report highlights how the Partnership and its partners are working together to improve outcomes for people and communities across Clackmannanshire and Stirling.

By bringing together both quantitative and qualitative evidence, we aim to provide a balanced picture of performance and impact. This allows us not only to understand how services are performing, but also how they are contributing to improved health, wellbeing, independence and quality of life for local people.

Appendices 1-4 provide supporting information on governance, performance and quality assurance. Appendix 1 summarises delegated functions and hosted service arrangements. Appendices 2 and 3 present Ministerial Steering Group and National Core Indicator performance, using Public Health Scotland's revised reporting format to compare local and Scotland-wide performance and show 12-month trends. Please note that Appendix 3 includes data up to February 2026 only, as March data remains incomplete and is not yet sufficiently robust to use for reporting. Appendix 4 summarises Care Inspectorate inspections undertaken during 2025/26, including gradings and any recommendations, requirements or areas for improvement identified.

Executive Summary

During 2025/26, Clackmannanshire and Stirling Health and Social Care Partnership continued to deliver against the priorities set out in the Strategic Commissioning Plan 2023-2033, working alongside people, carers, communities and partners to improve health, wellbeing and independence across both localities. This report demonstrates progress against the Partnership's five strategic themes: Prevention, Early Intervention and Harm Reduction; Independent Living through Choice and Control; Care Closer to Home; Supporting Empowered People and Communities; and Reducing Loneliness and Isolation.

Throughout the year, services continued to focus on providing the right support at the right time, helping to prevent avoidable harm, reduce inequalities and support people to live well within their communities. Examples include the expansion of direct access to Advanced Physiotherapy Practitioner services, improvements to access within Psychological Services, the introduction of a Rapid Access Clinic to support Medication Assisted Treatment standards, and a range of falls prevention and safer mobility initiatives aimed at maintaining independence and preventing deterioration.

The Partnership continued to support people to exercise greater choice and control over their lives through Self-Directed Support, falls prevention programmes and timely access to care and support within the community. Performance data demonstrates continued responsiveness across a range of services, helping people remain independent and reducing delays in accessing support.

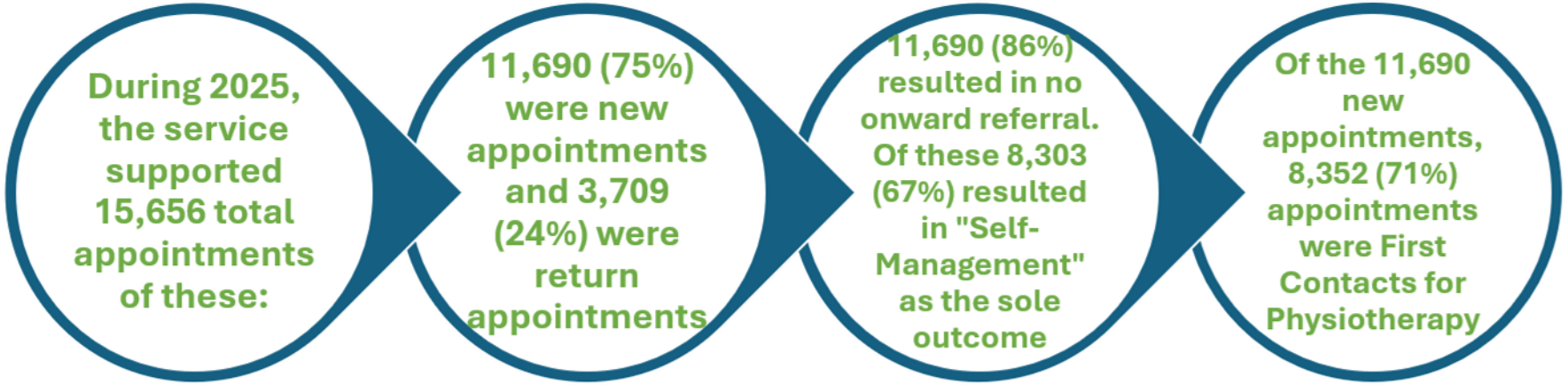
Significant progress was also made in supporting people to live closer to home through innovative approaches to care at home, housing, rehabilitation and integrated discharge planning. The report highlights how collaborative working across health, social care and housing is helping people remain connected to their communities while achieving positive outcomes.

Supporting unpaid carers remained a key priority. Through services such as Mobilise and local Carers Centres, carers were able to access information, advice, emotional support and community connections in ways that reflected their individual circumstances and preferences. Community Link Workers, community mental health and wellbeing projects, and a wide range of community-based activities also helped people build resilience, improve wellbeing and reduce social isolation.

Alongside performance information, this report includes stories and experiences shared by people who have accessed support, providing valuable insight into the impact services can have on individuals, families and communities. These experiences reinforce the importance of person-centred, preventative approaches and demonstrate the difference that timely, coordinated support can make to people's lives.

Strategic Theme 1 - Prevention, early intervention and harm reduction

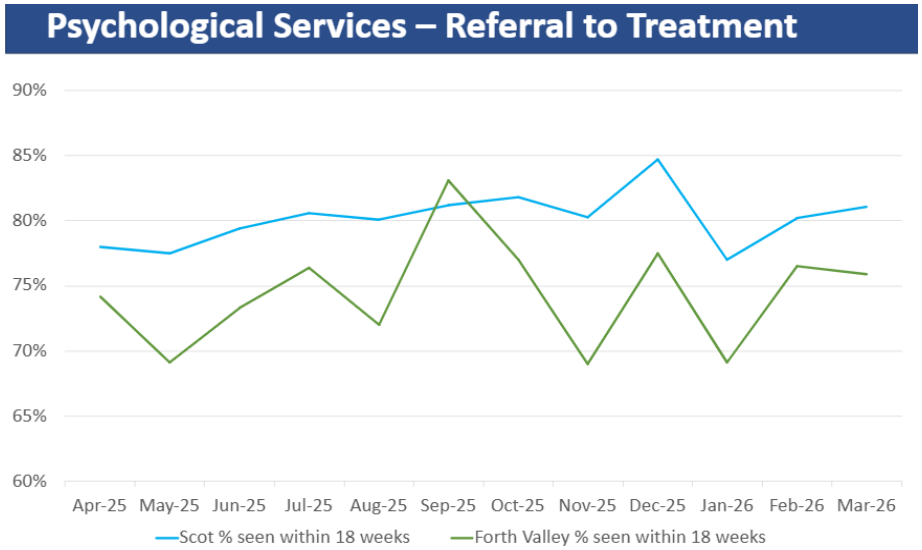
Promoting positive health and wellbeing, providing early support and information to help people make informed lifestyle choices. Reducing negative consequences of health behaviours.

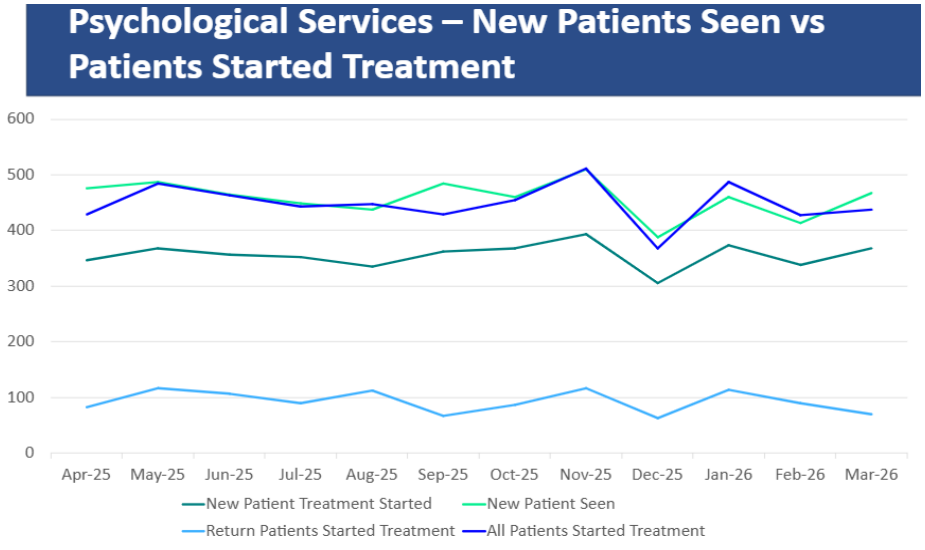


The Advanced Physiotherapy Practitioner (APP) Service provides timely access to specialist musculoskeletal (MSK) assessment and treatment within GP practices, ensuring they can access the right support as early as possible. Patients contacting their GP practice with an MSK concern can often be booked directly into an APP appointment by reception staff, enabling them to access specialist assessment without first requiring a GP consultation. This supports earlier intervention, helping to prevent conditions from deteriorating and reducing delays to appropriate treatment.

APPs work as autonomous practitioners within primary care and offer a range of advanced clinical interventions that help streamline patient pathways. As well as assessing, diagnosing and managing MSK conditions, APPs can request diagnostic imaging, refer directly to other services, provide injection therapy, issue fit notes and, for qualified practitioners, prescribe medication. They can also arrange further investigations, including blood tests, supporting quicker decision-making and reducing the need for multiple appointments. This enables many patients to receive assessment, investigation and treatment through a single service, ensuring they receive the right care from the right professional at the right time.

Practices with an APP service show 36% lower referral rates to both MSK physiotherapy and orthopaedics, suggesting significant potential to reduce demand on secondary care, deliver cost savings, and improve patient experience through earlier specialist assessment closer to home. While this comparison includes a small number of rural practices with different demographics, which may slightly overstate the effect, wider analysis supports the positive impact of APPs and highlights a promising area for further evaluation and service development. Quality improvement work across Forth Valley undertaken during the year further increased direct access to the service, resulting in an estimated saving of 141 GP appointments each month. Patient feedback remains extremely positive, with 98% of respondents reporting they would be happy to see an APP again in the future.





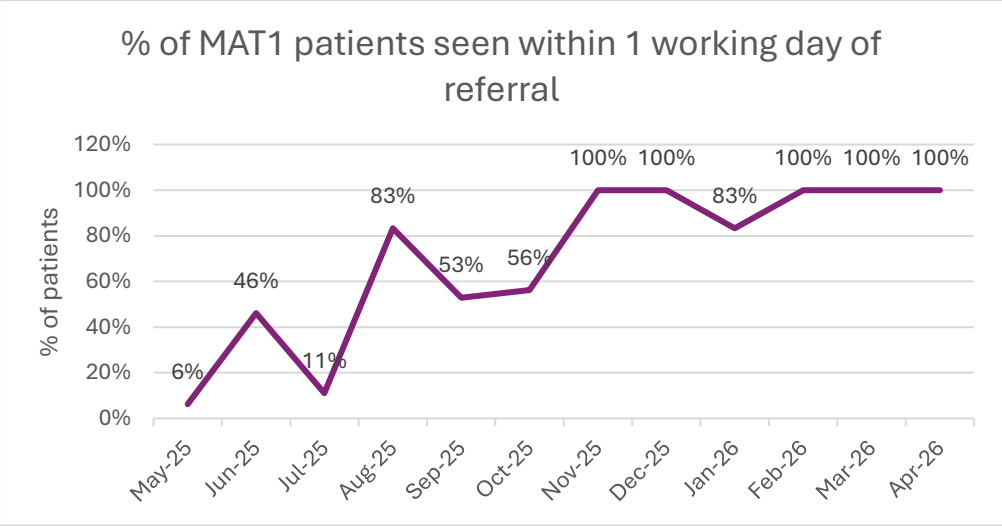
Within Psychological Services the referral-to-treatment data highlights the significant work undertaken across Psychological Services to improve access to support and reduce waiting times. The activity data illustrates the significant level of work being undertaken across psychological services, with consistently high numbers of new patients being seen and starting treatment throughout the year. This reflects a deliberate focus on maximising available capacity and ensuring resources are directed towards those with the greatest need. An exercise undertaken in 2025 to pool resources across psychological services, alongside regular caseload reviews, enhanced activity monitoring and targeted management of waiting lists, has contributed to an increase in the number of people starting therapy over the past year. These improvements have helped ensure that, despite continued demand pressures, more people are progressing from referral into active treatment.

Continued work to develop capacity tools, improve flow management and strengthen service planning is expected to further support access, efficiency and patient experience over the coming year.

Over the past 12 months, the overall number of people waiting for therapy has decreased, reflecting the impact of focused improvement activity including strengthened referral management processes, regular waiting-list reviews, targeted "Waiting Well" initiatives and additional clinics to support areas of highest demand. Although waiting times remain variable across different specialties, performance improvements seen during the year demonstrate the service's ongoing commitment to ensuring people receive the right support, at the right time, while maintaining high-quality care for those with the most complex needs.

Patient feedback continues to highlight the importance of timely access to support. Annual patient experience surveys, Care Opinion feedback and complaints monitoring indicate that while experiences of therapy are overwhelmingly positive, waiting times remain one of the most common causes of dissatisfaction. Feedback from service users consistently highlights the value of compassionate, person-centred care, with individuals reporting feeling safe, involved in decisions about their care and empowered in their recovery journey. Recognising the impact that delays can have on people's wellbeing, services continue to strengthen Waiting Well approaches and develop additional treatment options to support people while they wait.

The Distress Brief Intervention (DBI) service, delivered within NHS Forth Valley as part of the national DBI programme, provides rapid, short-term support to people experiencing emotional distress, with contact made within 24 hours of referral and up to 14 days of person-centred intervention. The service continues to deliver timely support to individuals experiencing emotional distress, with 379 referrals received across Forth Valley between March 2025 and April 2026. The majority of individuals referred successfully engaged with and completed the two-week intervention programme. Outcome measures indicate that 93% of those completing the programme reported a reduction in distress, demonstrating the positive impact of rapid access to support and the service's contribution to improving mental wellbeing and resilience.



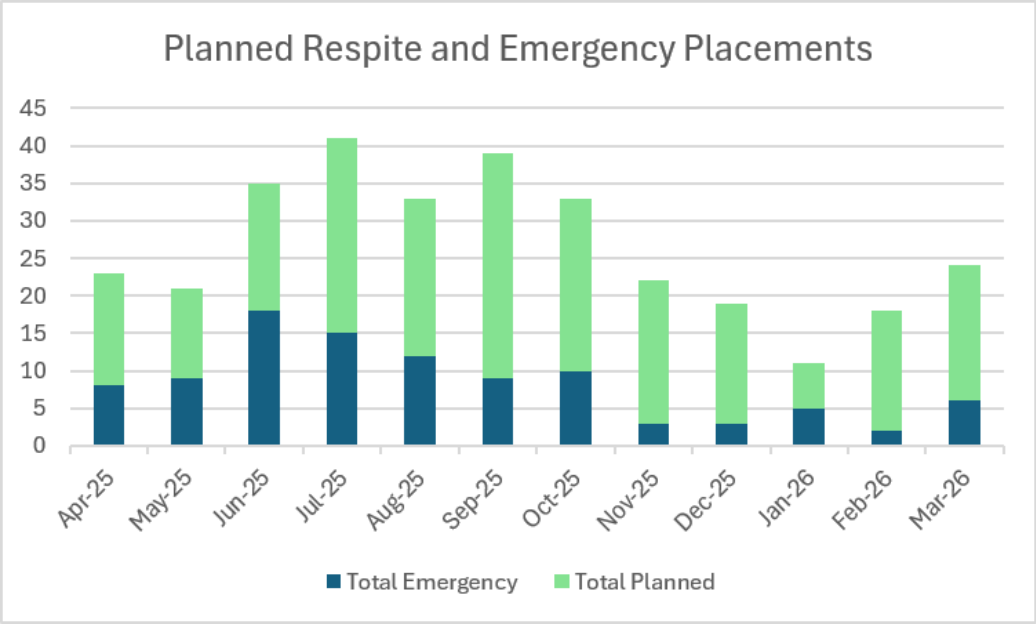
Medication Assisted Treatment (MAT) Standard 1 requires that all individuals presenting to drug treatment services are offered the option to start treatment on the same day. The standard was introduced to remove unnecessary barriers to accessing support, improve engagement, reduce harm and help prevent drug-related deaths.

Since the introduction of the MAT Standards in 2022, significant progress has been made locally, although sustaining performance at the required level has at times been challenging due to wider system pressures. In response, the Substance Use Service undertook a programme of quality improvement and service development, resulting in the introduction of a Rapid Access Clinic in October 2025. The clinic provides direct access for individuals referred by Care, Grow, Live and operates daily between 10am and 3pm, reducing delays and strengthening alignment with the intent of MAT Standard 1.

As shown in the graph above, the introduction of the Rapid Access Clinic has had a positive impact on performance. Between November 2025 and March 2026, compliance with MAT Standard 1 was 100% in four of the reported months within the annual reporting period. This demonstrates the service's continued commitment to providing timely access to treatment and reducing barriers for those seeking support.

The Safer Mobility Event, which was held in September at the Bellfield Centre, is one example of how prevention and early intervention support people to maintain their health, wellbeing and independence by helping them recognise concerns early and access the right support at the right time. As part of Falls Prevention Awareness Week 2025, the Safer Mobility Event brought together services and community partners to raise awareness of falls prevention and support people to maintain their mobility, independence and wellbeing. The following video captures the event and highlights the value of providing accessible information, practical advice and opportunities for people to connect with local supports.

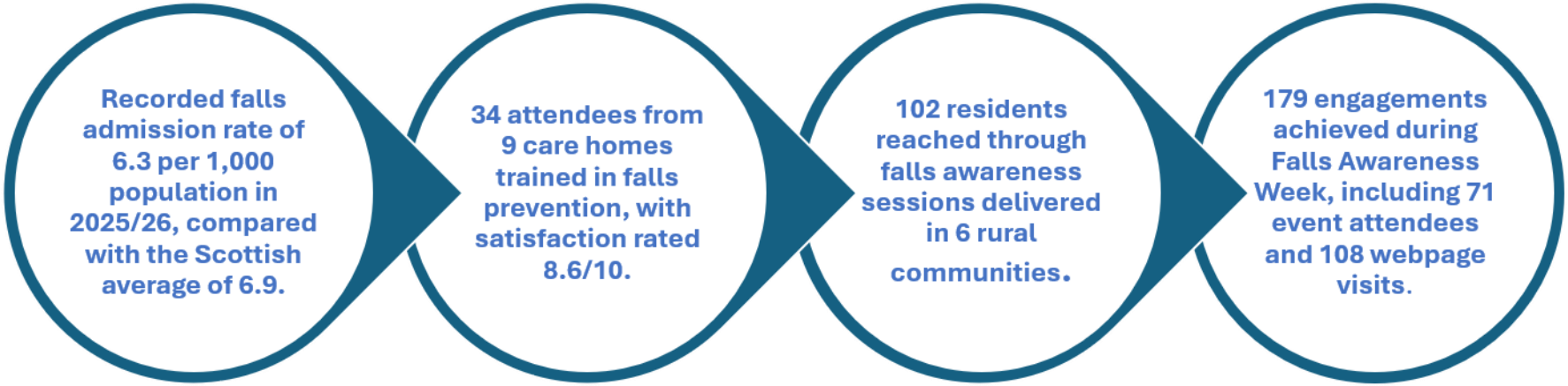
Safer Mobility Event - The Bellfield centre Stirling



With **Planned Respite vs Emergency Respite**, the predominance of planned respite reflects a proactive approach to supporting individuals and their unpaid carers to actively maintain caring arrangements at home for as long as possible. By working with people to anticipate future needs and build contingency plans, respite can be accessed in a planned way that supports carer wellbeing, manages risk and helps prevent support arrangements from reaching crisis point. While it is recognised that some emergency respite will always be required in response to unforeseen changes in circumstances or crisis situations that cannot be predicted or prevented, the significantly higher levels of planned respite compared to consistently low levels of emergency respite suggest that support planning is generally effective. This aligns with what people frequently tell us matters most to them: remaining at home with the right support for as long as possible, while ensuring carers are supported to continue in their caring role. Recent trends reinforce the positive impact of taking a planned, risk-based approach to supporting carers and preventing crisis.

Strategic Theme 2 - Independent Living through choice and control

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



Falls Prevention work across Clackmannanshire and Stirling over 2025/26, continued to demonstrate strong performance in falls prevention, with falls-related admission rates remaining below the national average. In addition, for most of the year our falls admissions were generally below our local average, with the expectation of December and January, which was a pattern repeated across the country due to winter flu. This reflects the impact of a sustained focus on harm reduction through safer mobility, early intervention and preventative approaches.

Improvement work delivered through the NHS Forth Valley Safer Together Collaborative resulted in positive outcomes for patients. Recognising that physiotherapy interventions alone are often insufficient to maximise recovery opportunities, ward teams in the Bellfield Centre developed innovative approaches to increase physical activity throughout the patient journey. The Active Visiting project supported 62 patients in the Argyll Units to increase activity levels through involvement of families and carers, leading to improvements in mobility and functional ability. Below is a video describing the project and how one of the patients involved found it.

Active Visiting Project - The Bellfield Centre

Similarly, the Sit-to-Stand to the Summit initiative, undertake within the Wallce Suite, embedded strength and balance activities into daily care routines delivered by the wider multidisciplinary team, with patients completing almost 6,000 sit-to-stands during the project. By creating

additional opportunities for movement on wards beyond formal physiotherapy, both projects helped reduce the risk of deconditioning, improve independence and support safer mobility.

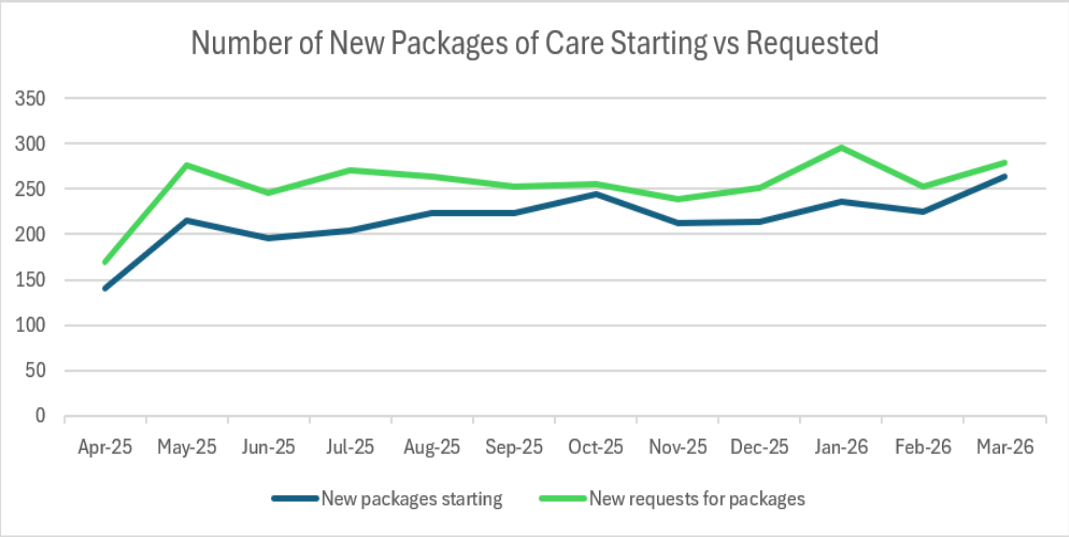
Investment in workforce development also strengthened falls prevention practice across the system. Staff from nine care homes participated in a dedicated education programme, reporting improved confidence in identifying falls risks and implementing preventative interventions, including strength and balance activities, environmental risk reduction and mobility support.

Community-based prevention initiatives further increased awareness of falls risks and available support services, reaching over 100 people through local education events and wider Falls Awareness Week activities. Collectively, these initiatives have improved patient mobility and independence, increased staff capability and contributed to reducing avoidable harm from falls across Forth Valley.

Self-Directed Support remains central to social work practice. Alongside our commitment to transforming social care through personalised, community-based support that enables individuals and helps meet future challenges.

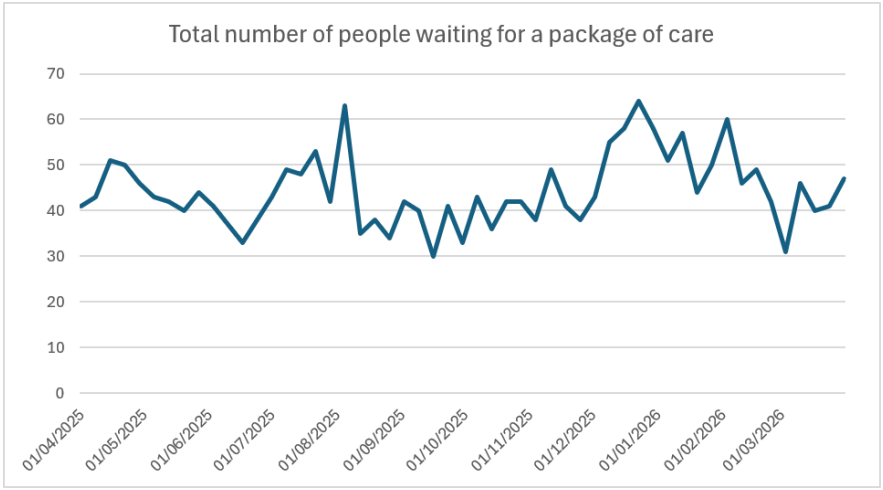
Throughout 2025/26, we continued to work alongside people with lived experience, carers and personal assistants through our lived experience group, ensuring their perspectives informed the ongoing development of Self-Directed Support (SDS). We also maintained strong links with national SDS networks to support learning and continuous improvement. Within practice, increasing emphasis has been placed on meaningful signposting and improving access to community-based supports, helping to promote choice, control and independence for individuals accessing support. While progress in this area has been slower than anticipated due to competing priorities, this work represents an important step towards strengthening community-based approaches and supporting people to access the right support at the right time.

Over the coming period, we will continue to strengthen the implementation of Self-directed Support across Clackmannanshire and Stirling, with a focus on increasing awareness and understanding of all SDS options, enhancing the Direct Payment offer, and embedding a clearer approach to SDS Option 2. A key priority will be the implementation of new assessment and support planning documentation, improving our ability to understand people's experiences of SDS, provide assurance around choice and control, and monitor access to preferred SDS options. This information will help inform future service development, commissioning and strategic decision-making, ensuring resources are directed to support improved outcomes for people who access support and unpaid carers.



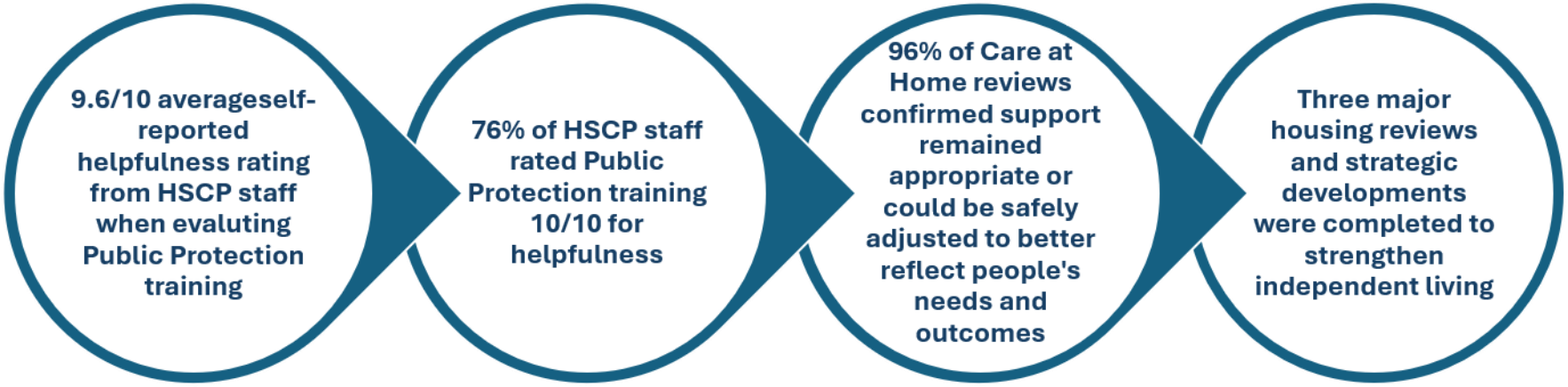
New Requests for Packages of Care vs New Packages Commencing. Comparing the number of new packages of care requested with the number commencing each month shows a high level of convergence between these measures. This indicates that waiting times for support remain low despite a consistent level of demand. Achieving this position requires significant activity from staff, including the assessment of need, care planning and the completion of governance and sign-off processes to ensure decisions are made in a timely manner. The close correlation between requests and packages commencing demonstrates the responsiveness of services and the effectiveness of decision-making arrangements, helping to ensure people access the right care, at the right time, and experience minimal delay between identified need and support being put in place.

For People Waiting for a Package of Care over the past year there has been an increased focus on ensuring best value in commissioning services while maintaining timely access to care and support. The number of people waiting for a package of care has remained low despite ongoing demand, demonstrating the responsiveness of services and the effectiveness of assessment, care planning and decision-making arrangements. This position supports people to access the care they need with minimal delay, helping them to remain independent within their own homes and communities and ensuring support is provided at the point it is required.

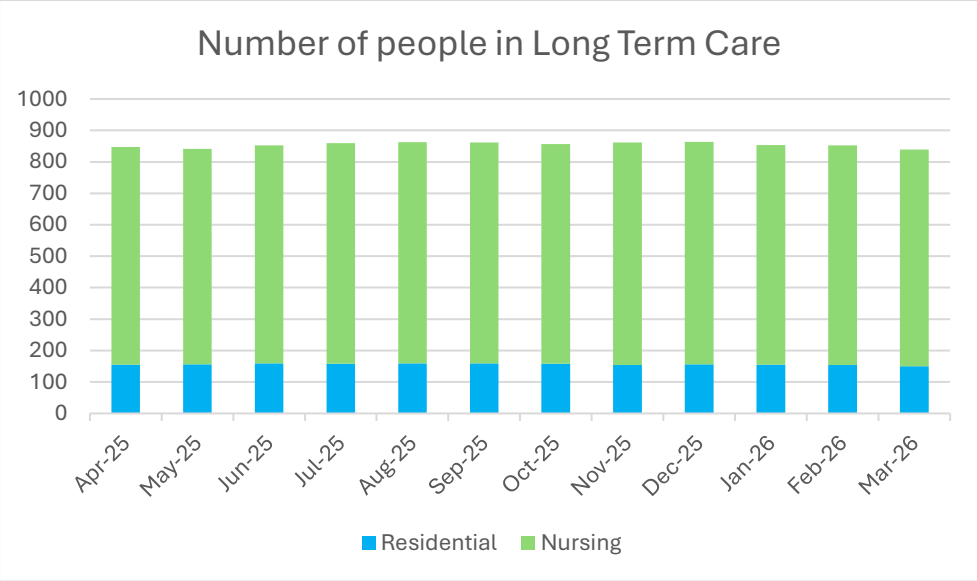


Strategic Theme 3 - Achieving care closer to home

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



The Care at Home Review team continue to support the HSCP's commitment to providing the right care at the right time through strengths-based and asset-based practice. Reviews focus on ensuring people access the level of support that best aligns with their needs, strengths and desired outcomes, while maximising community, voluntary sector and informal supports wherever appropriate. This has supported a more proportionate and sustainable use of statutory services, strengthening independence, choice and control while improving consistency of practice, governance and oversight. The approach also helps ensure support remains responsive to changes in people's circumstances and continues to promote the best possible outcomes for individuals living within their communities. Building on the positive impact demonstrated through the established Stirling model, work has commenced to develop and embed a consistent approach across both Clackmannanshire and Stirling.



Particularly for care home placements, there has been an increased focus on ensuring robust decision-making around high-level care provision. Requests are subject to enhanced scrutiny through established governance processes, with assessments, support plans and funding requests required to clearly evidence need, outcomes and the rationale for proposed interventions. In line with a needs-led but resource-bound approach, there is an expectation that strengths, assets and all appropriate community-based alternatives have been fully explored before long-term residential care is considered. Trends in care home occupancy and long-term placements reflect this continued focus on ensuring residential care is only considered where it represents the most appropriate way of meeting an individual's assessed needs and outcomes. This supports proportionate decision-making, promotes independence where possible, and helps ensure people remain connected to their homes and communities for as long as appropriate.

Planning, directing and allocating the associated delegated housing budgets with the local delivery arrangements across Clackmannanshire and Stirling, is the responsibility of the Integration Joint Board (IJB) While homelessness services are not delegated to the IJB, close partnership working between housing, health and social care remains essential to ensuring people receive the right support at the right time. During 2025/26, through the completion of the new Housing Contribution Statement, a strong focus was placed on developing housing solutions that enable people to avoid unnecessary hospital admissions, support timely discharge from hospital, prevent inappropriate moves into residential care, and improve quality of life through greater independence, inclusion and connection to local communities. This approach reflects the growing importance of housing as a key contributor to health and wellbeing and to delivering more integrated, person-centred care across Clackmannanshire and Stirling.

Between April 2025 and March 2026, significant progress was made in strengthening the role of housing in supporting people to live independently, safely and with greater choice and control over their lives. A key achievement was the completion of a best value review of supported accommodation for older people and people with learning disabilities and mental health conditions, with recommendations agreed by the IJB in June 2025. This work helped identify the types of housing, care and support required across the Partnership and informed planning linked to the national *Coming Home* agenda, aimed at supporting people to move from inappropriate hospital or out-of-area placements into homes closer to their communities, families and support networks.

A review of housing adaptations services was completed and agreed by the IJB in September 2025. The review focused on improving access to adaptations that enable people to remain independent at home for longer, reducing the likelihood of unnecessary hospital admissions or moves into residential care. Alongside this, work continued to improve in-home solutions and strengthen pathways for vulnerable groups, including people experiencing or at risk of homelessness. This included collaboration with homelessness services and partners to better understand the accommodation and support needs of people with complex needs, helping to develop more person-centred and preventative approaches.

A practical example of the impact of this work was the completion of a new core and cluster housing development in Stirling during 2025. Four self-contained flats were developed for people with mental health conditions, with tenants moving into their homes in December 2025. The development provides individual packages of care and support within an ordinary community setting, helping people to increase their independence, build social connections and reduce isolation. The accommodation has also enabled people to move on from hospital and short-term supported accommodation, demonstrating how integrated housing, health and social care planning can support better outcomes while helping people remain connected to their local communities.

Reviewing and redesigning equipment and adaptations services across Clackmannanshire and Stirling has seen significant progress made this year. A comprehensive programme of benchmarking and service analysis has been undertaken to develop a clearer understanding of what constitutes effective equipment provision and to identify opportunities for future improvement. This has included a desktop review of best practice models, visits to the Joint Loan Equipment Store (JLES) in Falkirk, EquipU in Glasgow and the Clackmannanshire equipment store, together with detailed exploration of EquipU's financial framework and reporting arrangements. These activities have provided valuable insight into alternative delivery models, governance arrangements and performance management approaches, establishing a strong evidence base to inform future service redesign.

A key strength of the programme has been the collaborative approach adopted across Health and Social Care Partnership, commissioning, operational and professional Occupational Therapy teams. Through engagement and analysis, a shared understanding has been developed of current service delivery arrangements, challenges and future requirements. Detailed review of Occupational Therapy roles in the assessment and provision of major and minor adaptations, combined with process mapping across health and social care teams, has identified opportunities to streamline pathways, improve consistency of practice and enhance the overall experience for people requiring equipment and adaptations services.

Further work has focused on understanding current demand and service pressures. Analysis of Clackmannanshire Social Work waiting lists for Occupational Therapy assessments has provided important insight into existing challenges and areas where future improvement activity could support more timely access to assessment and intervention. In parallel, work commenced with commissioning and operational colleagues to review and renew equipment maintenance contract arrangements, helping to ensure future service delivery is supported by sustainable and effective contractual frameworks. Analysis of current roles, responsibilities and service demand has also contributed to a clearer understanding of workforce requirements and will support future workforce planning activity.

Collectively, this work has established a robust foundation for service transformation and informed the development of five priority workstreams: Housing Adaptations and Access to Occupational Therapy Services; Equipment and Adaptations Requestors Training, Learning and Development; Review of Equipment Provision and Equipment Service Redesign; Workforce Planning; and the review and redesign of WestMARC and TORT wheelchair services. These workstreams provide a structured framework for improvement activity and are intended to strengthen access, improve service efficiency, enhance workforce sustainability and ensure equipment and adaptations services remain responsive to current and future population needs.

While the programme remains in the development phase, substantial progress has been made in establishing the governance, evidence base and partnership arrangements required to support long-term improvement. Looking ahead, governance arrangements will continue to be strengthened through the planned establishment of an Equipment and Adaptations Oversight Board, ongoing engagement with Occupational Therapy stakeholders to develop detailed action plans and continued collaborative working with Falkirk HSCP to progress shared priorities. These activities will build on the progress achieved to date and support the delivery of sustainable, person-centred equipment and adaptations services that improve access, reduce delays and deliver better outcomes for individuals across both partnerships.

Multi-agency Public Protection learning and development continued to strengthen workforce capability across Clackmannanshire and Stirling, supporting staff to meet statutory training requirements while enhancing safeguarding practice. Training was delivered across Adult Support and Protection, Child Protection and Violence Against Women and Girls, with additional learning opportunities introduced in response to emerging priorities, including Getting It Right for Every Child (GIRFEC) Refresh and Guidance, Child Sexual Abuse and Human Trafficking.

Feedback demonstrates a positive impact on staff knowledge, confidence and decision-making. Participants reported increased confidence in recognising risk factors, applying legislation and responding appropriately to safeguarding concerns. Staff highlighted improved understanding of trauma-informed practice, greater awareness of the impact of parental substance use on children and families, and increased confidence in identifying adults at risk of harm. Training also supported practitioners to better understand when and how to apply relevant legislation, strengthening their ability to make informed decisions and intervene at an earlier stage.

The programme's multi-agency approach improved understanding of the roles and responsibilities of partner organisations, supporting more effective collaboration and coordinated responses to protection concerns. Consistent delivery of training across Forth Valley has further promoted a shared understanding of public protection practice, helping to reduce variation in approaches and supporting high-quality, person-centred safeguarding interventions for vulnerable children and adults across the wider system.

The Specialist Rehabilitation Service, based within the Bellefield Centre, is a Nurse and Allied Health Professional led rehabilitation unit who provide specialist care for predominantly neurological patients with complex rehabilitation needs. However, is not a condition specific service and is based on rehabilitation need.

Rehabilitation is about much more than recovery; it is about helping people regain confidence, independence, and the ability to participate in the things that matter most to them. The Specialist Rehabilitation Service achieves this through an intensive, person-centred multidisciplinary approach tailored to individual needs and goals. The following videos provide valuable insight into the service from two perspectives: firstly Linda, the Team Lead for the Unit describes how specialist rehabilitation is delivered locally, and secondly, Hannah who experienced the service firsthand, sharing the difference it has made to their life and recovery.

1. The rehabilitation process in SRS

2. Hannah's Story

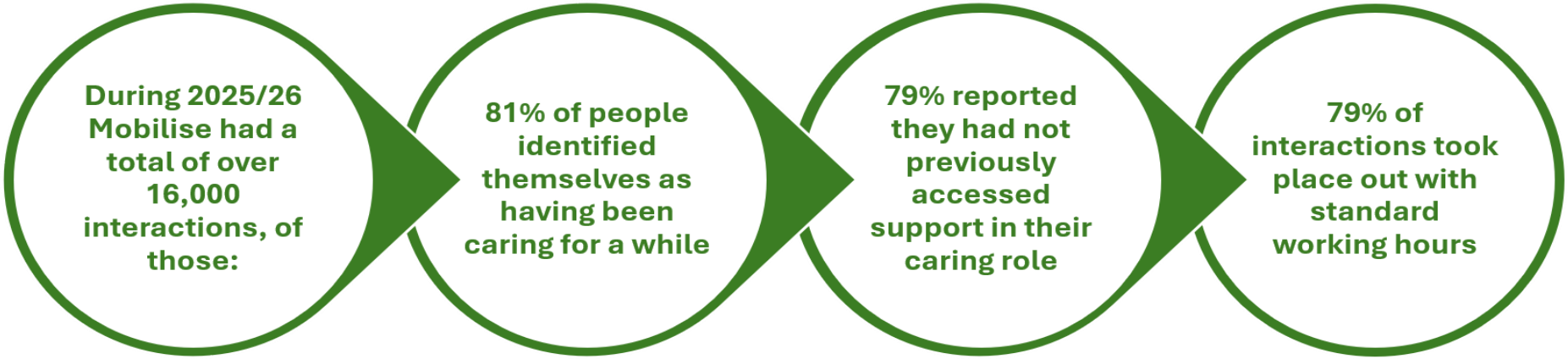
An unannounced Healthcare Improvement Scotland inspection of the Mental Health Unit in Stirling in August 2025, led to 20 improvement recommendations being made. NHS Forth Valley established a Mental Health Improvement Programme to coordinate the response, strengthen oversight and support delivery of the required actions.

During the reporting period, progress was monitored against 131 improvement actions identified to deliver the 20 inspection recommendations. Of these, 93 actions have been completed and a further 19 are progressing as planned. Key improvements include strengthened governance arrangements, updated policies and procedures, improved monitoring of staff training, and enhanced oversight of clinical and operational risks.

Significant progress has been made in addressing the inspection recommendations and strengthening assurance across Mental Health Services. Remaining actions relate primarily to longer-term improvements, including the care environment, ward configuration, privacy reviews, workforce development and ongoing compliance monitoring. These actions will continue to be progressed through established governance arrangements.

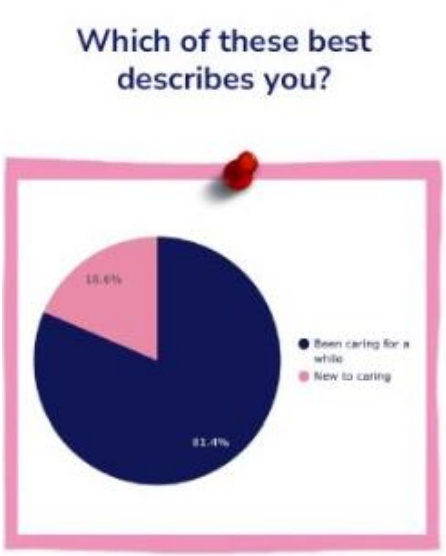
Strategic Theme 4 - Supporting empowered people and communities

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

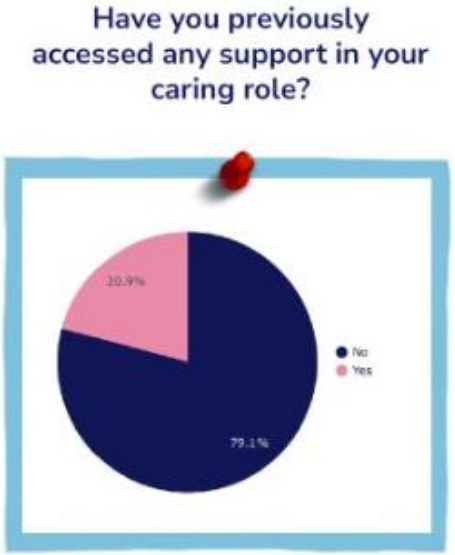


Supporting unpaid carers remains a key priority across Stirling and Clackmannanshire. Recognising that carers have different circumstances, preferences and levels of need, it is important that a tapestry of support is available within local communities, providing a range of opportunities for carers to access information, advice, emotional support, peer connection and practical assistance in ways that work for them. Throughout 2025/26, carers continued to benefit from a combination of community-based and digital support.

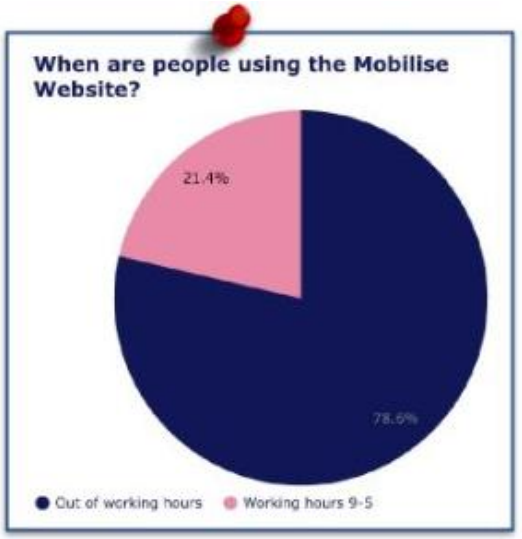
Mobilise provides flexible, digital support that carers can access at a time and place that suits them, offering an additional way for people to connect with information, resources and support throughout their caring journey. The data suggests that the platform is successfully reaching carers who may not previously have engaged with support services, with 79% of users reporting that they had not accessed support in their caring role before. The service is also supporting carers with established caring responsibilities, with 81% of users identifying themselves as having "been caring for a while".



- **81%** have been caring for a while, yet...



- **79%** have not accessed support before



Usage patterns highlight the importance of providing support beyond traditional service hours, with 79% of interactions taking place out with Monday to Friday, 9am to 5pm, including 31% occurring at weekends. Between April 2025 and March 2026, engagement remained strong, with 14,255 Discover interactions, 1,351 Engage interactions and 703 Support interactions. These figures demonstrate how carers access different types and levels of support according to their individual circumstances and stage of their caring journey.

Community-based carer support continued to be delivered through Falkirk and Clackmannanshire Carers Centre and Stirling Carers Centre, ensuring carers had access to advice, information, advocacy, emotional support and opportunities to connect with others locally. During quarter four, work was undertaken to support the transition of statutory carer support services in Clackmannanshire to Stirling Carers Centre. Careful planning and partnership working helped ensure continuity of support throughout this period of change, enabling carers to maintain access to local services, trusted relationships and the support they rely on. As the new arrangements take effect during 2026/27, the focus will remain on maintaining accessible, high-quality support for carers across both areas.

The following videos provide insight into the difference this support can make. Jeanette shares her experience as an unpaid carer and reflects on how advice, guidance and connections to wider sources of support helped her during a difficult period. Jenni shares her experience of

accessing support from the Carers Centre while caring for a loved one, highlighting the value of timely support, understanding and reassurance when it was needed most.

1. **Jeanette talks about support as an unpaid carer**

2. **Jenni talks about support the Carers Centre**

The Self-directed Support Lived Experience Group, established in early 2025, brings together people with lived experience, unpaid carers and personal assistants to ensure that the voices of people with lived experience remain central to service development, and to acknowledge that carers continue to play an important role in shaping services. During 2025/26, the group contributed to work on improving accessible public information, strengthening the Social Work front door and supporting young people's transitions, helping to ensure that services reflect the experiences and priorities of those who use them. The group also established a terms of reference and supporting documentation to clarify its role and remit, while working to expand participation and strengthen mechanisms for demonstrating its impact on decision-making and service improvement. We will further develop our co-production approach by expanding and diversifying lived experience involvement and supporting staff to deliver confident, outcomes-focused and strengths-based practice.

Work is also progressing on the development of a new Carers Strategy. While the Strategy has not yet been finalised, its emerging direction reflects a commitment to ensuring carers are identified early, supported to maintain their own health and wellbeing, and involved as equal partners in care and support planning. The activity outlined above demonstrates progress towards these ambitions, with carers able to access support through a range of community and digital routes, while also having opportunities to influence the design and improvement of services.

Strategic Theme 5 - Reducing Loneliness & Isolation

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

The Community Mental Health and Wellbeing Fund invested over £250,000, during 2025/26, in community-based projects across Stirling and Clackmannanshire, supporting a wide range of activities designed to improve health, wellbeing and quality of life. Collectively, funded projects are expected to directly benefit more than 2,000 adults, with many more family members, carers, volunteers and local community members also experiencing positive impacts through their involvement. The funding has supported a diverse range of initiatives, including mental health and wellbeing programmes, peer support opportunities, physical activity projects, support for carers, and specialist services for groups experiencing additional barriers or disadvantage.

A key priority of the fund has been reducing social isolation and loneliness by creating opportunities for people to connect with others, participate in community life and access support closer to home. Many funded projects focus on building social networks, strengthening community connections and improving people's confidence, resilience and sense of belonging. Alongside this, the fund supports activities that promote positive mental health, emotional wellbeing and early intervention, helping people to access support before issues escalate and enabling them to maintain independence and wellbeing within their communities.

The breadth of projects funded reflects a commitment to reaching both larger numbers of people through community-based programmes and those requiring more specialist or intensive support. Together, these investments contribute to stronger, more connected communities and help ensure that people across Stirling and Clackmannanshire can access the support, relationships and opportunities that are important to their wellbeing.

Alongside targeted investment through the Community Mental Health and Wellbeing Fund, a wide range of community-based services and initiatives continue to play an important role in supporting health, wellbeing and social connectedness across Stirling and Clackmannanshire. Working alongside statutory and third sector partners, these services provide preventative, person-centred support that helps people remain connected to their communities, maintain independence and access help at an early stage. The examples below demonstrate the breadth of support available, and the contribution community-led approaches make to reducing isolation, improving wellbeing and building resilience.

Good Neighbours Clackmannanshire, delivered by Volunteering Matters, is a community-led initiative designed to reduce social isolation and loneliness among people aged 50 and over in Clackmannanshire. Using a volunteer-led model, the project provides regular social contact and practical support tailored to individual circumstances. This may include home visits, assistance with shopping or paperwork, transport to appointments, or support to participate in local activities and groups.

The service addresses some of the key factors associated with poor mental health and reduced wellbeing, including loneliness, loss of confidence, reduced mobility and limited social networks. By providing early, preventative support, the project helps people maintain independence, strengthen their connection to their local community and access informal support before needs escalate.

The initiative is expected to support more than 100 community members while also engaging up to 100 volunteers. This dual benefit not only improves outcomes for individuals receiving support but also strengthens community capacity and resilience by increasing opportunities for volunteering, participation and mutual support. Through developing sustainable local relationships and networks, the project contributes to longer-term reductions in social isolation and reliance on formal services.

Town Break supports people living with dementia and their carers to remain connected, active and engaged within their communities. Through a combination of group-based activities and one-to-one befriending, the service provides opportunities for social interaction, meaningful activity and peer support, helping to reduce the isolation that can often accompany dementia and caring responsibilities.

The project takes a proactive approach to identifying and supporting people who may be at greatest risk of social isolation, including those unable to attend organised groups, individuals on waiting lists and people living in rural or harder-to-reach communities. By extending its reach

beyond traditional group settings, the service ensures support is available to those who might otherwise remain disconnected from community opportunities.

Over the next year, the project will directly support at least 160 people living with dementia and 100 carers. Expanding both group activities and personalised befriending support is expected to reduce waiting times and enable people to access support earlier, helping to maintain confidence, independence and social connections. For carers, the project provides opportunities for peer support, social engagement and respite from caring responsibilities, contributing positively to wellbeing and helping carers sustain their caring role. For people living with dementia, maintaining meaningful relationships and community participation can help improve quality of life, reduce loneliness and support continued involvement in activities that matter to them.

Alongside these community-led initiatives, Community Link Workers continue to provide a key pathway into local support, helping individuals identify solutions to challenges affecting their wellbeing and connect with resources available within their communities.

Community Link Workers provide early intervention and person-centred support, helping people to identify practical solutions, access local resources and strengthen connections within their communities. Referrals are received from a range of sources, including GPs, practice nurses, primary care mental health nurses and self-referrals, ensuring support is accessible to those who may benefit from it. Referral levels remained relatively consistent throughout the year, with a notable increase during Quarter 4. Once referred, individuals often engage with Community Link Workers on multiple occasions, reflecting the relationship-based nature of the service and the tailored support provided. Alongside direct support, Community Link Workers facilitate onward connections to a wide range of services and community resources, including mental health support, financial advice, self-help opportunities and local community groups. This holistic approach helps people address the factors affecting their wellbeing, reduce social isolation and build the confidence and resilience needed to manage challenges more independently.

During a challenging period in her life, Emma was supported by a Community Link Worker who helped her explore opportunities and sources of support that reflected her interests, strengths and individual needs.

In the below video, she reflects on how that support helped her build confidence, develop meaningful connections and become more involved in her community. Her story demonstrates the difference that personalised, relationship-based support can make in improving wellbeing and helping people achieve positive change.

Emma's Community Links Worker Support Story

Community Link Worker support continues to have a positive impact on people's health and wellbeing. Wellbeing assessments completed before and after support show significant improvements across both localities, with average wellbeing scores increasing by 42% in Clackmannanshire and 65% in Stirling. These findings are encouraging and demonstrate how early intervention, personalised support and stronger connections to community resources can help people improve their wellbeing, build resilience and develop the confidence to manage challenges more independently. By supporting people to access the right help at the right time, Community Link Workers are helping individuals remain connected, empowered and able to live well within their communities.

Collectively, these community based initiatives demonstrate the value of early intervention and community-based support in improving wellbeing, reducing loneliness and helping people remain connected to the people, places and activities that matter to them. Through a combination of targeted investment, community-led action and personalised support, people across Stirling and Clackmannanshire are supported to maintain independence, build resilience and access help at the right time and in the right way.

Ongoing Transformational Work

Replacement of Social Work Recording System

Work regarding the Replacement Social Work Recording System in Stirling was commenced from the perspective of the HSCP in February 2021 following a request for support. Since then, significant progress in developing the programme has been realised, including extensive engagement with stakeholders to define requirements, develop the business case and secure the necessary funding to support system replacement. Between August 2022 and April 2025, several iterations of the business case and procurement approach were developed, culminating in the successful identification of funding from the 2025/26 financial year onwards. A key milestone was reached in May 2025 when Stirling Council approved the commencement of the procurement process for a replacement system.

The programme represents a significant investment in the future digital infrastructure supporting social work services. The replacement system is expected to provide a modern, secure platform that will enhance service delivery, improve data quality and reporting capabilities, and support more efficient ways of working for practitioners and managers. It will also provide a foundation for future service integration and transformation, helping to address the risks associated with ageing legacy systems whilst improving the experience of both staff and citizens.

Procurement activity is now progressing in line with agreed governance arrangements, with monthly Programme Board meetings providing strategic oversight, monitoring progress and managing risk. Planning is also underway to support future implementation activities, including consideration of service migration approaches and stakeholder engagement arrangements. Subject to successful procurement and implementation, the programme is expected to continue over several phases, with full completion currently anticipated by Summer/Autumn 2028.

Alongside the progress being made in Stirling, a similar programme of work is underway within Clackmannanshire to identify and implement a replacement Social Work Recording System. While this programme is at an earlier stage of development, exploratory work is progressing to assess future requirements and potential options. Learning and experience gained through the Stirling programme will help inform planning and decision-making in Clackmannanshire, supporting a consistent and collaborative approach to digital transformation across both partnerships.

Financial, Best Value Governance and Risk

Annual Financial Statement

The Integration Joint Board will continue to use the funding available to the partnership to improve services for people and pursue our Strategic

Commissioning Plan priorities. Over time our alignment of use of resources (both financial and non-financial) to Strategic Commissioning Plan priorities and key performance indicators will continue to improve and evolve.

Financial Performance

The funding available to support delivery of the Strategic Commissioning Plan comes from Clackmannanshire and Stirling Councils and NHS Forth Valley and funding from Scottish Government.

This forms the Integrated Budget and the Set Aside budget for Large Hospital Services. The IJB then directs partners to deliver and/or commission services on its behalf.

The financial position of the Integrated Budget (the partnership budget including set aside expenditure for large hospital services) was a small underspend of £7k in 2025/26 (outturn of 2025/26 year draft subject to audit). The 2025/26 Revenue Budget was approved by the IJB on 26 March 2025.

There continues to be pressure on the budgets for social care and hospital services which the partnership is looking to address with the development of recurring savings as part of the 2026/27 budget savings plan. This will reduce the pressure on the financial risk share of partner organisations who have subsequently required to provide additional funding to the Integrated Joint Board (IJB) to allow the 2025/26 budget to be balanced.

The IJBs Annual Accounts are published here: Clackmannanshire and Stirling HSCP – Finance (clacksandstirlinghscp.org).

Looking Ahead

The 2026/27 financial year is proving challenging for the IJB – there is a requirement to deliver savings and a financial recovery plan to work towards bringing financial balance. Service demand is not reducing and therefore the challenge to reform services and make savings will be key to delivering and reaching financial balance over the next 2-3 years.

Best Value, Governance & Risk

Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partnership authorities) delegate budgets to the Integration Joint Board (IJB). The IJB decides how to use the budget to achieve the priorities of the Strategic Commissioning Plan and to progress towards the National Health and Wellbeing Outcomes set by the Scottish Government. Put in a simpler way, the Board identify our priorities and plan how we will deliver our services, improve outcomes for people and support people to live independent lives with the care and support they need. The governance framework are the rules, policies and procedures that ensure the IJB is accountable, transparent and carried out with integrity. The IJB had legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling.

The Partnership monitors performance to measure progress in delivering the priorities of the Strategic Plan with financial performance a key element of demonstrating Best Value.

We monitor Best Value through:
- The Performance Management Framework and performance reports
- Development and approval of the Annual Revenue Budget
- Development of and reporting on the Transforming Care Programme
- Regular Financial reports • Regular reporting on Strategic Improvement Plan
- Topic specific progress reporting e.g. Primary Care Improvement Plan
- Reporting on Strategic Plan Priorities to the IJB and topic specific reports.
- Best Value Statement

The IJB accounts contain an Annual Governance Statement which reports progress on the review and improvement of governance arrangements identifies any weaknesses apparent during the year and sets out a governance action plan for the coming year to continually improve governance arrangements.

The IJB is supported by the Finance, Audit & Performance Committee which report to the IJB through committee chairs who are voting members of the IJB. The Committee's purpose is to provide an effective scrutiny role to support the corporate governance of the IJB and its performance and risk management arrangements.

Appendix 1 - Functions delegated to Clackmannanshire and Stirling IJB

Clackmannanshire and Stirling Health and Social Care Partnership is responsible for planning and commissioning integrated services and overseeing their delivery. These services cover adult social care, adult primary and community health care services and elements of adult hospital care. We have strong relationships with acute health services and wider Community Planning Partnerships, the third sector and independent sector to jointly deliver flexible locality based services. Planning and designing outcome focused care and support in collaboration with communities and people with lived and living experience.

NHS services delegated to HSCP

- Primary Care (as of April 2023)
- Mental Health (as of April 2023)
- Health Improvement (as of April 2023)
- District Nursing
- Substance use services
- Allied Health Professional services in outpatient clinics/out of hospital
- Public dental services/Primary medical services including out of hours, general dental, Ophthalmic & Pharmaceutical services
- Geriatric medicine and palliative care outwith hospital settings
- Community Mental Health & Learning Disability services
- Continence and kidney dialysis outwith hospital

Clackmannanshire and Stirling Council services delegated to HSCP

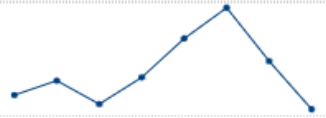
- Social work services for adults aged 16+
- Services and support for adults with physical disabilities
- Services and support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult Protection
- Carers support services
- Community Care Assessment Teams
- Support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

Within Forth Valley, hosted arrangements are in place and specifically articulated in the current draft Integration Schemes. Clackmannanshire and Stirling are the HSCP lead for:

- Specialist Mental Health Services
- Learning Disability Services

Appendix 2 Ministerial Steering Group Indicators

Indicators 1 to 4 (values shown for patients over 18 years of age)	12 months from March 2025 to February 2026	12 months total up to February 2025	12 months total up to February 2026	Percentage change
1a - Total Emergency Admissions		15,627	16,583	6.1%
1b - Number of Admissions from A&E		7,195	7,609	5.8%
2a - Total Unscheduled Bed Days; Acute		108,858	100,208	-7.9%
2b - Total Unscheduled Bed Days; Geriatric Long Stay		75	0	-100.0%
2c - Total Unscheduled Bed Days; Mental Health		20,742	13,358	-35.6%
3a - Total A&E Attendances		24,921	24,383	-2.2%
4a - Total Delayed Discharges Bed Days; All Reasons		20,334	16,722	-17.8%
4b - Total Delayed Discharges Bed Days; Code 9		9,697	8,598	-11.3%
4c - Delated Discharges Bed Days; Health and Social Care reasons		10,608	8,085	-23.8%
4d - Delayed Discharges Bed Days; Parent/Carer/Family-related reasons		29	39	34.5%

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

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

Please note that the above displays the MSG indicators from March 2025 until February 2026, this is due to completeness rates.

Appendix 3 - National Core Indicators

The national core indicators are a requirement of the Annual Performance Report. Sourced from the latest release of the Core Suite of Integration Indicators published in July 2026.

		Scotland	Clackmannanshire and Stirling	Trend Over Time for Partnership
NI1	Percentage of adults able to look after their health very well or quite well.	90.6%	92.1%	93.6% 92.1%
NI2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	73.6%	75.9%	81.9% 75.9%
NI3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	63.9%	59.6%	73.5% 59.6%
NI4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated.	65.0%	53.0%	76.5% 53.0%
NI5	Percentage of adults receiving any care or support who rated it as excellent or good.	72.1%	65.3%	77.6% 65.3%
NI6	Percentage of people with positive experience of the care provided by their GP practice.	70.7%	74.1%	86.6% 74.1%
NI7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	71.7%	71.0%	79.4% 71.0%
NI8	Percentage of carers who feel supported to continue in their caring role.	31.9%	33.6%	38.3% 33.6%
NI9	Percentage of adults supported at home who agreed they felt safe.	74.7%	72.4%	86.0% 72.4%

		Scotland	Clackmannanshire and Stirling	Trend Over Time for Partnership
NI11	Premature mortality rate for people aged under 75 (per 100,000 population).	426	396	
NI12	Emergency admission rate for adults (per 100,000 population).	11,333	14,045	
NI13	Emergency bed day rate for adults (per 100,000 population).	116,715	113,329	
NI14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	103	133	
NI15	Proportion of last 6 months of life spent at home or in a community setting.	89.0%	88.5%	
NI16	Falls rate per 1,000 population aged 65+.	21.9	19.9	
NI17	Proportion of care services graded "good"(4) or better in Care Inspectorate inspections.	83.1%	85.9%	
NI18	Percentage of adults with long term care needs receiving care at home.	64.7%	70.5%	
NI19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population).	873	623	
NI20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency.	24.0%	23.0%	

Appendix 4 - Inspection of Services

Registered services operated by the Partnership are inspected annually by the Care Inspectorate. There were four registered service inspections during 2025/26. The information below outlines the areas of inspection and their scoring, and whether there were any recommendations, requirements or areas for improvement noted by the Inspectors.

Additional information and full details on inspections can be found at the Care Inspectorate website.

Service	Date of Inspection	Wellbeing Support	Staff Team	Setting	Care Planning	Leadership	Recommendations	Requirements	Areas for Improvement
Clackmannanshire Reablement and Technology Enabled Care Service	18 December 2025	Very Good (5)	Very Good (5)		Very Good (5)		0	0	0
Bellfield Centre	14 November 2025	Very Good (5)		Good (4)			0	0	1
Ludgate House	25 June 2025	Good (4)	Adequate (3)	Good (4)	Good (4)	Good (4)	0	1	0
Whins Resource Centre	6 June 2026	Good (4)	Adequate (3)	Good (4)	Adequate (3)	Adequate (3)	0	0	4

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 10

Quarter One Performance Report (April - June 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

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility 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.

Recommendations:	The Integration Joint Board is asked to: 1) Approve The Quarter One Performance Report (April – June 2026).

Key issues and risks:	*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.* *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.*

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. The Quarter One Performance Report was presented to the Finance, Audit and Performance Committee on 2 September. Following discussion, members agreed the report, enabling the Committee to recommend that the Integration Joint Board grant the Report 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. Ministerial Strategic Group (MSG) Indicators and National Core Indicators support benchmarking and comparison against national measures and outcomes. However, the information available at any given point does not necessarily provide a sufficiently complete or stable picture of performance for quarterly reporting purposes and remains subject to change as further information is received and verified. To ensure that nationally benchmarked information is robust, meaningful and based on sufficiently complete data, MSG Indicators and National Core Indicators will be reported through the Annual Performance Report. This will continue to provide valuable benchmarking and comparison against national measures whilst supporting a more accurate assessment of performance over the reporting year.

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 continuing to evolve performance measures across the workstreams, including the development of additional service-level targets where appropriate. This supports the wider programme of service modernisation and transformation and the ongoing development of outcome-focused dashboards.

4.3. In parallel, partner organisations are reviewing and updating their performance management systems. Pentana currently underpins a number of reporting processes, which combines data from the three employing bodies. However, NHS Forth Valley is transitioning to Care Guardian, Stirling Council has already moved away from Pentana and Clackmannanshire are considering alternative solutions, including the capabilities of Power BI. As these arrangements continue to develop, there remains some uncertainty regarding the future platform for the collection, monitoring and reporting of performance information across Clackmannanshire and Stirling.

4.4. 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 One (April - June 2026) Performance Report

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐
Implications	
Finance:	Performance reports should be read in conjunction with 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: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1

Clackmannanshire & Stirling
Health & Social Care
Partnership

Clackmannanshire & Stirling Integration Joint Board

Quarter One Performance Report (April to June 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 is aligned 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. As much as possible narrative accompanies the numerical data to help describe and add further context to performance. While accompanying narrative is commonplace for some service areas, work is underway to enable us to present an equitable picture in terms of performance, through provision of both numerical data and explanatory text, across services.

Finance

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

Strategic Theme 1: Prevention, early intervention & harm reduction

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

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
	Number of Existing Private and Local Authority Guardianships	Under Review. See narrative below			
	Number of new Private & Local Authority Guardianship Orders				
	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.	**79%**	90%	↑73.3%	↑75.9%
PAA.PS (Total)	**FV** Patients Waiting for Initial Appointment psychological therapy at end of quarter (NHS FV).	**918**	↓	↓951	↓980
	Priority 2: Drug and alcohol care and support capacity across communities				
ADP.CSHSCP	% of people referred with their drug or alcohol problem who wait no longer than three weeks for treatment that supports their recovery.	**Q4 25/26 100%**	HEAT target 90%	Q4 24/25 ↑98.9%	Q3 25/26 100%
ADP.CSHSCP.R	Number of people referred on to specialist community-based drug and alcohol treatment services.	**Q4 25/26 349**	Activity Data	Q4 24/25 ↓389	Q3 25/26 ↑330
ADP.CSHSCP.D	Percentage of people discharged before starting treatment with specialist community-based drug and alcohol treatment services.	**Q4 25/26 37.3%**	↓	Q4 24/25 ↓38.1%	Q3 25/26 ↑37.05%

Adult Support and Protection

As part of our review of performance reporting, we will no longer report Adult Support and Protection (ASP) referrals on a quarterly basis. While referral numbers provide useful contextual information, they provide only a partial picture of adult support and protection activity and do not, in isolation, explain the factors influencing demand or activity. Instead, ASP will be reported annually, allowing time for analysis and reflection with partners to understand activity in the wider context of adult support and protection across Clackmannanshire and Stirling. Annual reporting will support a more informed narrative based on collective scrutiny of information and evidence gathered throughout the year.

Assurance arrangements remain in place through the independently chaired Clackmannanshire and Stirling ASP Committee, which includes representation from all statutory and key partner agencies. The Committee reviews ASP activity and data on an ongoing basis to support understanding of trends and ensure appropriate oversight and scrutiny.

Smoking Quits

	2025/26			
	Q1	Q2	Q3	Q4
No of people who have quit smoking after 12 weeks	30	22	44	57
Including No of people in LDP area who have quit smoking after 12 weeks	16	12	16	29
Target for LDP Areas	43	43	43	43

These figures relate to NHS Stop Smoking Services. They measure successful quits from tobacco smoking and do not include vaping quits. The current Local Delivery Plan (LDP) standard is based on achieving successful 12-week tobacco quits among people living in the 40% most deprived communities (SIMD), reflecting the higher smoking prevalence and associated health inequalities within these communities.

The reduction in recorded quits over time is likely to be influenced, at least in part, by the significant decline in smoking prevalence across Scotland. Adult smoking rates have fallen substantially, from around 26% in 2008 to approximately 14% in recent years, meaning there are now fewer smokers in the population overall.

However, reduced numbers of quits through NHS services cannot be attributed solely to lower smoking prevalence. Smoking is increasingly concentrated within more disadvantaged communities and among groups who may face additional barriers to quitting. These individuals often require more intensive support and may make multiple quit attempts before they are able to successfully stop smoking.

Therefore, the reduction in quit numbers is likely to reflect a combination of factors, including; fewer smokers in the population overall, changing patterns of service use, and the increasing complexity of supporting the remaining smoking population.

It is important to note, however, that a reduction in quit numbers should not be interpreted as reduced service effectiveness. NHS Forth Valley continues to achieve very strong quit outcomes within specialist services, with approximately 85% of clients reporting a successful quit at four weeks and around 70% remaining quit at twelve weeks. Based on published NHS Board comparisons, this places Forth Valley amongst the strongest performing mainland NHS Boards in Scotland and demonstrates the effectiveness of the specialist stop smoking support available locally.

In summary, fewer people are smoking than in previous decades, which contributes to lower numbers entering cessation services. However, those who continue to access NHS Forth Valley Stop Smoking Services continue to achieve excellent quit outcomes.

Priority 1: Mental Health and Wellbeing

Guardianships

A review of Guardianship cases has identified concerns regarding the consistency with which statutory safeguards are being applied for individuals subject to Guardianship Orders. The review has focused on verifying and validating local records against those held by the Office of the Public Guardian and has confirmed the need for a more robust, standardised and sustainable approach across Clackmannanshire and Stirling. A key contributing factor has been insufficient capacity within operational teams, which has impacted the ability to maintain reviews in line with expected timescales.

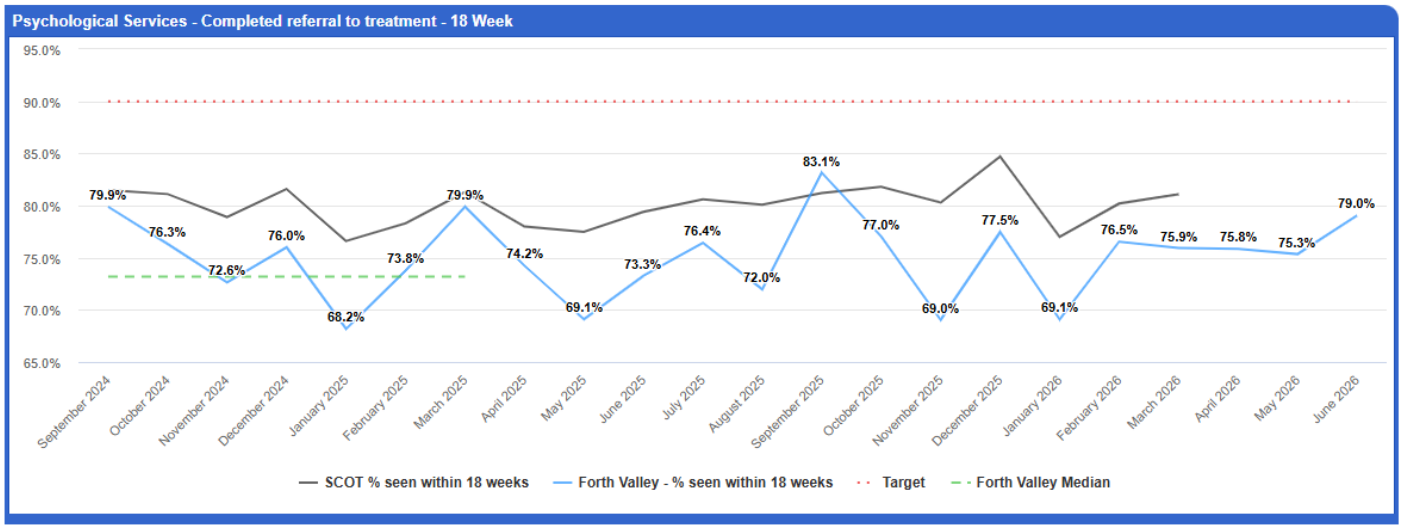
A formal recovery plan is now in place, supported by senior leadership and both Chief Social Work Officers. This includes a comprehensive training plan to ensure staff are appropriately equipped to

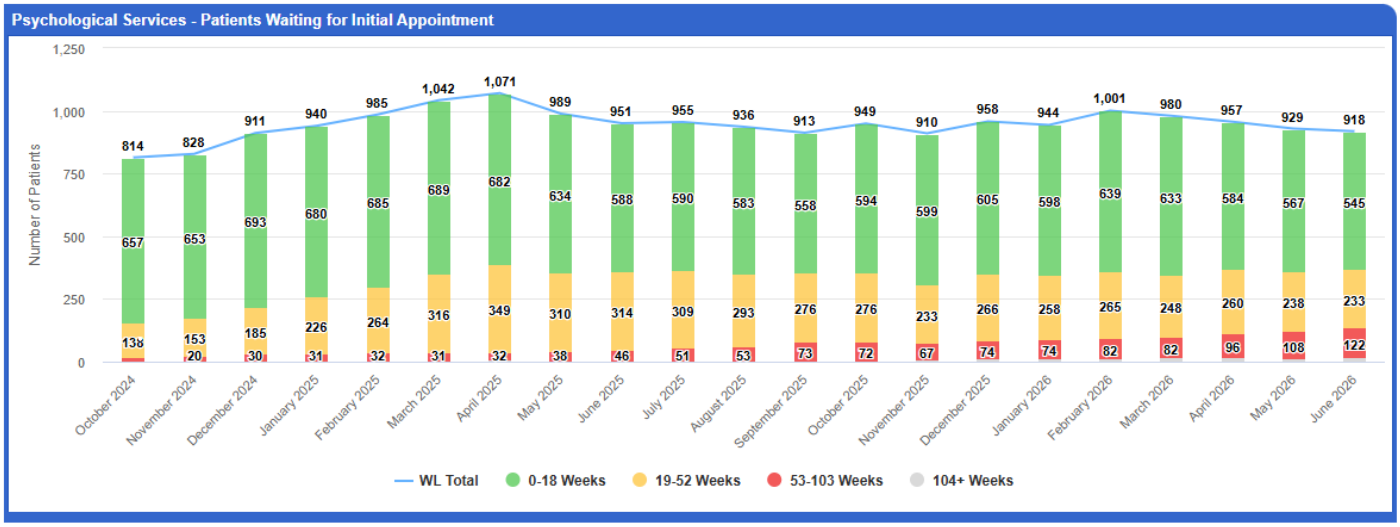
undertake most Guardianship supervision and review activity, with oversight from the Service Manager for Mental Health and Learning Disability Social Work Services.

Temporary staffing resource will also be brought in to support the recovery programme and ensure that outstanding reviews are completed within a clear and managed timescale. The Mental Welfare Commission has indicated support for this approach, which will enable the HSCP to embed a consistent model across both Partnership areas and address the current volume of outstanding reviews.

Ongoing audit arrangements will be implemented to monitor progress and provide the necessary assurance to senior leaders and scrutiny bodies that risks are being actively managed.

Psychological Therapies





During quarter 1, waiting times for psychological therapies continued to be monitored closely through regular Waiting Times meetings, with oversight of the various specialty-specific waiting lists that make up the overall psychological therapies queue. The overall number of people waiting for therapy remains substantial, with variation across specialties reflecting differences in demand, treatment type and workforce availability.

Performance against the 18-week Referral to Treatment (RTT) standard remained broadly stable during the early part of Quarter 1, with a modest improvement observed by the end of the quarter.

Despite this encouraging trend, performance remains below the national standard and ongoing capacity constraints continue to affect timely access to treatment. These pressures are particularly evident within specialist therapy pathways, where interventions are delivered over a greater number of sessions and require input from Clinical or Counselling Psychologists. As a result, the number of people waiting over 104 weeks for treatment remains a significant challenge. Forth Valley also continues to account for a significant proportion of those waiting more than 52 weeks for psychological therapy nationally.

Throughout the quarter, services continued to support people while they awaited treatment through a range of Waiting Well initiatives within Adult Psychological Therapies and Neuropsychology services. In Secondary Care and Forensic Mental Health services, individuals awaiting psychological intervention often continued to receive support from Community Psychiatric Nurses and other members of multidisciplinary teams. Psychologists also provided consultation and advice to colleagues across disciplines, helping to ensure ongoing support and risk management while individuals remained on waiting lists. However, limited third-sector capacity continues to restrict the availability of additional support options for some individuals while they wait.

Improvement activity across quarter 1, included the delivery of Waiting Well calls and reviews, increased access to new waiting-list treatment options, and the ongoing pilot of an additional group-based intervention. These actions are intended to improve patient experience while supporting a reduction in waiting times. The impact of additional capacity is expected to become more evident towards the end of 2026, particularly in supporting a reduction in the number of people experiencing the longest waits and improving overall access to psychological therapies.

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

Medication Assisted Treatment (MAT) Standards for Forth Valley.

As part of the national response to drug related deaths, 10 standards were developed to support the effective delivery of Medication Assisted Treatment (MAT).

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.

MAT 1 required that all people accessing drug services must have the option to start treatment on the very same day they present to services, without facing unnecessary hurdles or pre-treatment assessments. This standard is a key driver in improving engagement, reducing harm, and preventing drug-related deaths.

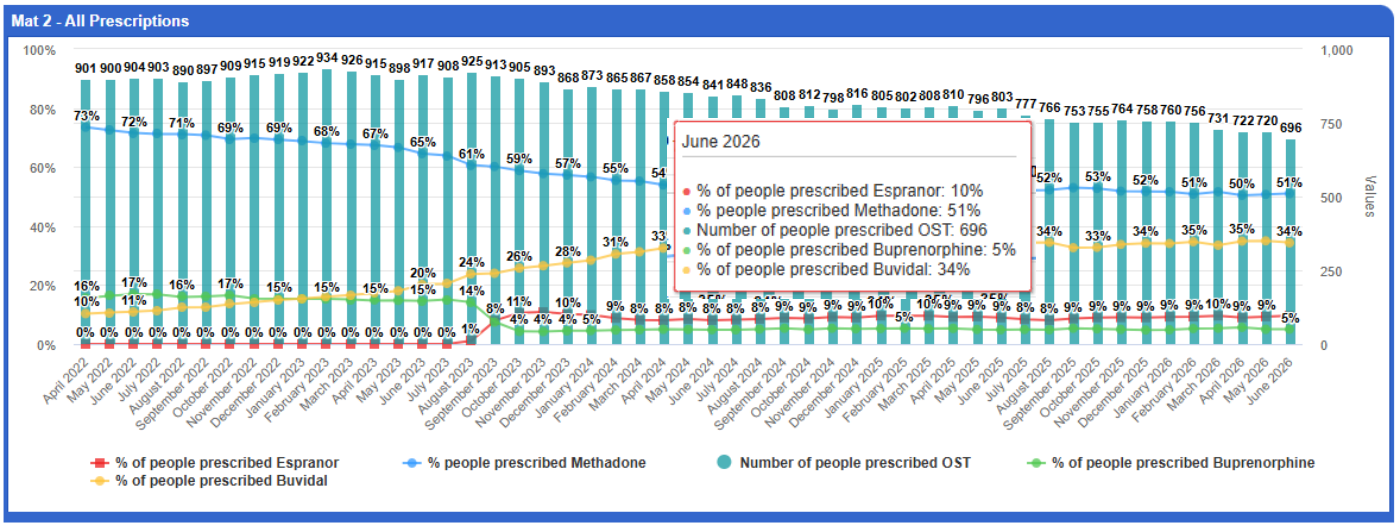
The standards came into force mid-2022 and while significant progress was made, locally there were challenges in sustaining performance against MAT 1 reflecting system pressures.

At the end of October 2025, after a process of quality improvement and service development, the Substance Use Service (SUS) implemented a Rapid Access Clinic for individuals requiring MAT. This provides direct access from CGL daily between 10am & 3pm. The clinic has removed unnecessary barriers to access and strengthened alignment with the intent of MAT Standard 1.

During Q1, all MAT 1 referrals were offered an appointment either on the same day as referral or on the next working day.

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.

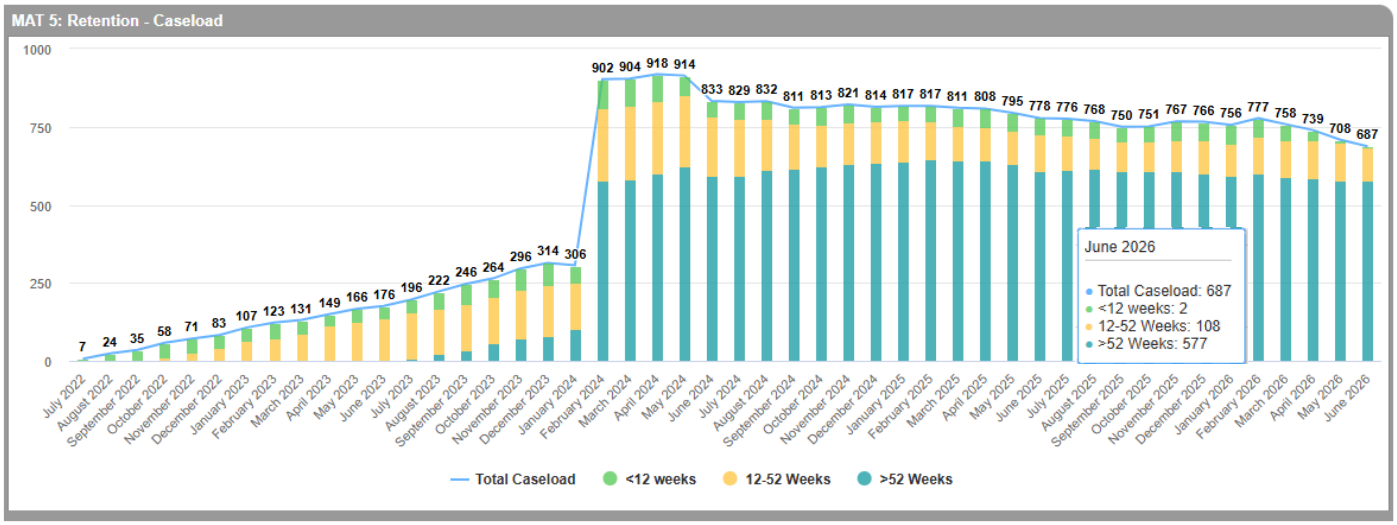


The above data is a snapshot of the number of people on a prescription on the 1st day of the month for the previous month.

Performance against MAT Standard 2 remains fully compliant. As required by the Standard, individuals requiring Opioid Substitution Therapy (OST) continue to be offered a range of treatments interventions. During quarter 1, the number of people prescribed Opioid Substitution Therapy (OST) remained relatively stable, although a gradual reduction in the overall prescribing population continued, from 722 individuals in April to 696 in June.

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

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



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

MAT Standard 5 requires that all individuals are supported to remain in treatment for as long as they request it. Local services continue to work to reduce unplanned discharges from services and to ensure that support is readily available at key transition points such as leaving hospital or being liberated from prison.

A daily High Risk Huddle has been implemented locally, supported by NHS Alcohol and Drug Services and key third sector partners. This provides a structured daily forum for services to review individuals assessed as high risk, including those where there are concerns regarding disengagement from treatment. Where appropriate, partners are able to undertake assertive outreach to support continued engagement and retention in treatment.

The retention caseload remained significant during Quarter 1, reducing from 777 individuals in April to 687 in June. The majority of individuals within the MAT caseload remained engaged with services for more than 52 weeks, evidencing sustained long-term treatment retention. Services continue to focus on retaining individuals in treatment, particularly during periods of increased vulnerability and at key transition points, with an emphasis on minimising unplanned discharges and supporting continued engagement.

Alcohol and Drug Partnership

Following a review of previously reported information, it was recognised that data relating solely to Recovery Cafés captured only a limited aspect of the support available for people affected by alcohol and drug use. Whilst Recovery Cafés continue to be supported as an important community-based and recovery focused resource, engagement is voluntary and represents a small proportion of the overall service pathway. It is proposed that future reporting will therefore focus on Public Health Scotland data relating to statutory specialist drug and alcohol services, providing a more comprehensive overview of statutory treatment services whilst recognising the continuing contribution of community-based recovery supports such as Recovery Cafés.
It should be noted that Public Health Scotland data is published with a reporting lag; therefore, Quarter 4 2025/26 is the most recent data currently available.

Referrals to specialist drug and alcohol services increased from 330 in Q3 to 349 in Q4, reflecting higher levels of referral activity during the period. Performance against waiting times remained strong, with 100% of individuals commencing treatment within the national three-week waiting time standard in both quarters. In addition, the proportion of people discharged prior to commencing treatment remained steady at 37.3% in Q4. Performance for the ADP will continue to be monitored as further data becomes available.

Strategic Theme 2: Independent living through choice and control.

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

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
	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	**46**	↑	<10	↑13
SDSFV	Number of people/family/friends supported by SDS FV during the period	**87**	Activity Data	↑64	↑77
HSC ADA 025	Number of people using Self-Directed Support Option 1	**56**	Activity Data	↓64	↑53
HSC ADA 026	Number of people using Self-Directed Support Option 2	**116**	Activity Data	↑105	↓118
HSC ADA 027	Number of people using Self-Directed Support Option 3.	**4,132**	Activity Data	↑4,061	↓4,486
HSC ADA 028	Number of people using Self-Directed Support Option 4	**119**	Activity Data	↓142	↓127

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

Access to clear, independent information and guidance is essential in supporting individuals and families to make informed decisions about future care and support arrangements. SDS Forth Valley helps people understand the opportunities available through Self-directed Support, including the four SDS options, enabling them to make informed choices about how their care and support is planned and delivered. By building confidence in navigating complex systems and understanding the implications of each option, individuals are better equipped to make decisions that reflect their needs, aspirations and personal outcomes.

The increase in referrals to SDS Forth Valley and the rise in the number of people supported demonstrate growing engagement with Self-directed Support information and advice services. Although the use of individual SDS options fluctuated over the period, these figures underline the value of ensuring people have access to clear information about the four options, enabling them to make informed choices that best reflect their individual circumstances, preferences and outcomes.

Together, these findings demonstrate the continuing importance of accessible information and guidance in helping people understand their options, allowing them to make informed decisions, and identify support arrangements that are right for them.

Strategic Theme 3: Achieving care closer to home

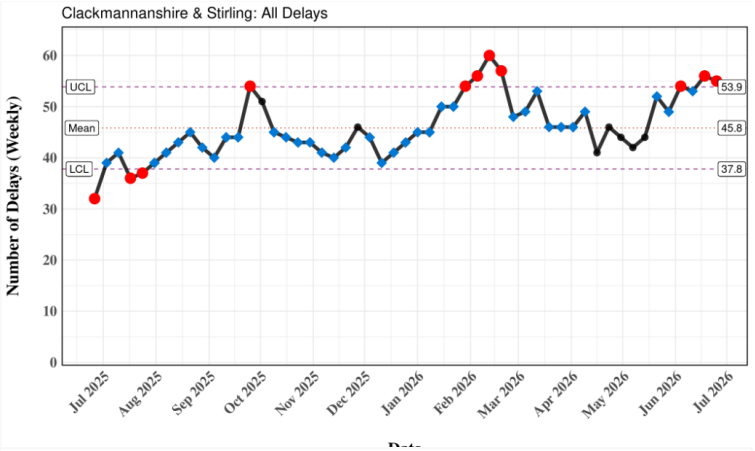
Transforming services that are needs led, resource bound and modern. Supporting people to live in their homes and communities for as long as possible.

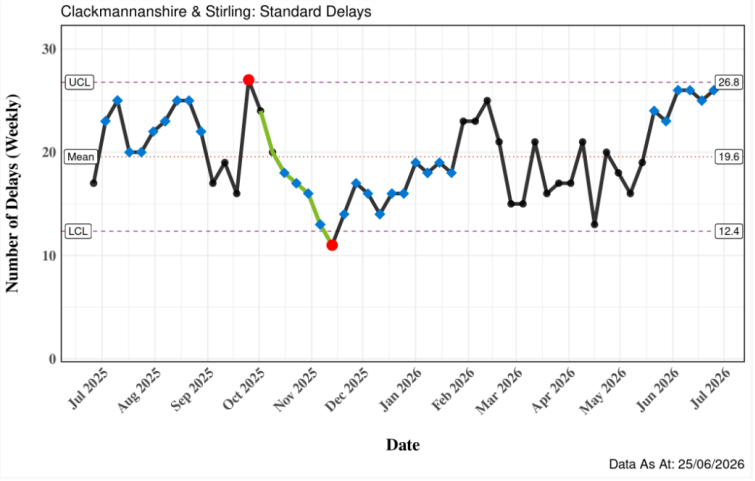
Key		Measure follows desired trend or meets target		Measure does not follow desired trend or meet target		Current data not available for comparison

Reference	Performance indicator	Q4 25/26	Desired trend or target	12 month trend	3 month trend
DD.TOT.CSHSCP	HSCP Delayed discharges (standard, code 9 and code 100) at census point (NHS FV). (People delayed in a hospital setting)	**57**	↓	↑32	↑47
DD.ST.CSHSCP	HSCP Delayed discharges (standard) at census point (NHS FV). (People delayed in a hospital setting)	**28**	↓	↑15	↑17
DD.OBD.CSHSCP	HSCP Occupied bed days attributed to standard delayed discharges at census point (NHS FV). (People delayed in a hospital setting)	**1,131**	↓	↑285	↑381
HSC ADA 01p	% of clients with reduced care hours at the end of local authority reablement period	**18%**	↑	--18%	25%
HSC ADA 01pb	% of clients with increased care hours at end of local authority reablement services	**11.3%**	↓	↑4.4%	↑10.3%
HSC ADA 01q	% of clients receiving no care after local authority reablement				

Delayed Discharges

57 delays, including 28 Standard Delays, were recorded at the June 2026 census point compared with an average of 45.8 over the previous 12 months.
Occupied bed days attributable to the standard delayed discharges increased significantly to 1,131 at the end of June, compared with an average of 540 in the previous 12 months. This suggests that currently, delays are being resolved less quickly.





On a local level, a number of targeted workstreams are underway, including the Discharge to Assess programme, co-chaired by the Head of Community Health and Care, with improvement coaching support from Healthcare Improvement Scotland to streamline community processes and support a more seamless transition from hospital to home. In addition, a dedicated programme of improvement work is underway, alongside robust day-to-day management of delayed discharge cases. This includes daily oversight of individuals experiencing delays

and the use of length of stay triggers to ensure issues are identified and addressed at the earliest opportunity. Development of an Integrated Discharge Service is also progressing, with implementation planned ahead of winter to support anticipated seasonal pressures. These actions, aligned to the whole-system approach promoted through the national Delayed Discharge Collaborative, are helping to sustain improvement and support more timely transitions from hospital to home.

Front Door Response

In Clackmannanshire a gap was identified in terms of ensuring we are providing a robust response when people initially call social work services. Based on reviewing our current provision and aligning this to the response that has been embedded in Stirling. Given the success of the Team in Stirling, it was decided that an Early Intervention Team (EIT) should be developed in Clackmannanshire, which has begun this quarter, that supports the strategic aim of delivering the right care, at the right time. The team will ensure proportionate assessment, application of eligibility criteria, and early resolution where possible, that comprising of; initial triage, signposting and provision of information, and short-term involvement (of up to six weeks). This model is intended to:

- Reduce progression into long-term social work involvement where it is not required Stabilise demand at the duty stage
- Create capacity within locality and review teams for them to continue with longer terms pieces of work and develop more relationship-based practice
- Contribute to a reduction in waiting lists by providing a proportionate response at an early stage.

Practice is also beginning to place greater emphasis on meaningful signposting and access to community-based supports, although progress has been slower than anticipated due to competing priorities. Continuing to strengthen this approach is essential to delivering a needs led model that promotes choice, control and informed decision-making, while recognising resource constraints. Right Care Right Time Key Indicators will be included in future Quarterly Performance Report once agreed.

Hospital Discharge Team

In the first quarter of 2026/27, the Hospital Discharge Teams supported 481 people to be discharged from an acute or community setting. Of these 59, which equates to 12 %, were categorised as a delayed discharge. A third of those delayed were discharged to Long Term Care while another third were returned home with a package of care. The majority of the remaining discharges were to The Bellfield Centre for a short term assessment.

Of those who were discharged without a delay, 60% returned home with a package of care, 15% were transferred to a Community Hospital and 11% moved to the Bellfield Centre for a short term assessment. 37 People, which is 9%, were transferred to long term care.

Of the total 481 discharges, 31 of these occurred at the weekend.

The Hospital Discharge Teams also review the care and support individuals receive from a Framework Provider following their return home from hospital, ensuring support remains proportionate to their needs and promotes independence, recovery and self-management to help that person live well and safely at home. Reviews focus on identifying areas where people have regained skills, confidence or independence and determining the right balance between support and self-management to help them live well and safely at home for as long as possible. This may result in care arrangements being adjusted following the initial six-week assessment period, ensuring support enables rather than unintentionally limits independence.

Although capacity challenges have restricted the number of reviews undertaken, a total of 26 completed reviews were completed in quarter one, which has led to a reduction in over 6,000 projected annual hours of care and support, equivalent to an estimated cost of approximately £175,000. This process demonstrates the importance of ensuring limited resources are used effectively while delivering person-centred outcomes, in line with the Partnership's position of being need led but resource bound. Work is underway to develop clear performance measures for the Hospital Discharge Teams, which will be included in future quarterly performance reports.

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 reports in line with their further development.

Priority 6: Workforce capacity and recruitment

Social Work continues to operate within a complex and evolving environment, characterised by increasing demand, growing complexity of need and ongoing resource pressures across health and social care. Within this context, services have remained focused on ensuring that people with the greatest levels of need receive timely care and support, which is in keeping with our position of being 'needs led but resource bound'. While this sustained focus on responding to those requiring immediate support has reduced capacity for some preventative and early intervention activity, workstreams aimed at providing support earlier in a person's pathway continue to be developed and progressed. This is an important step in being able to support improved outcomes and increase opportunities for self-management, which will impact upon future demand for services.

Considerable effort has therefore been directed towards maintaining service continuity, managing demand effectively and ensuring resources are deployed where they can have the greatest impact, which is primarily focussed on providing a response based on safety and risk. In some instances, the pressures associated with responding to immediate need have limited opportunities for timely review and reassessment, reducing the ability to consistently ensure that support remains proportionate to individuals' changing circumstances.

Despite these challenges, services have demonstrated resilience and adaptability, supported by strong partnership working and a shared commitment to improving outcomes for people across Clackmannanshire and Stirling.

Strategic Theme 4: Supporting empowered people and communities

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

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
	Priority 7 Support for Carers				
HSC CAR 001	Mobilise service - Discover - Number of people reached in the quarter	**4,010**	Q1 2,730	↑2,142	↓4,352
HSC CAR 002	Mobilise service - Engage - Number of people engaging in further services in the quarter	**346**	Q1 210	↓591	↑308
HSC CAR 003	Mobilise service - Support - Number of people engaging in deeper support in the quarter	**136**	Q1 92	↓194	↓160
HSC CAR	Number carers accessing individual support from Carers Centres.	**421**	Activity data	↓464	↓421
HSC CAR	Number of carers registered and active with Carers Centres.	**3,234**	Activity data	↑3,146	↑3,234
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

Priority 7: Support for Carers

Carers

As part of the wider Right Care, Right Time programme, a revised approach has been introduced to strengthen the identification and support of unpaid carers across Clackmannanshire and Stirling. This improvement seeks to ensure that carers are recognised earlier and provided with timely information, advice and support before their circumstances reach crisis point. This aligns directly with two of the key priorities within the Carers Strategy: to improve the identification, support and involvement of carers. The changes introduced through Right Care, Right Time provide an opportunity to recognise carers earlier and ensure that their own wellbeing, caring role and support needs are considered at the earliest appropriate opportunity. This reflects the Partnership's commitment to recognising carers as individuals with rights and needs in their own right, whilst ensuring access to a range of supports that can help sustain caring relationships, maintain wellbeing and improve resilience.

A significant milestone during the quarter was the approval of the Clackmannanshire and Stirling Carers Strategy by the Integration Joint Board in June 2026. The Strategy sets out the Partnership's vision of delivering improved and more consistent support for carers, enabling them to continue caring, if they wish to do so, whilst maintaining their own health, wellbeing and quality of life. Informed by local data, engagement with carers and national and local policy priorities, the Strategy provides the framework for future development of carers' support and the places importance on their involvement of service and process design across Clackmannanshire and Stirling. Work is now underway to develop the associated implementation and delivery plan, including performance indicators to monitor progress and outcomes. A programme of training for frontline staff will also commence next quarter to strengthen awareness of carers' rights under the Carers (Scotland) Act and support more consistent identification and support of carers across services.

Significant work has also been undertaken to review and improve the quality of information relating to carers awaiting assessment. Following a detailed review of records, 50 carers assessments were identified as requiring action (32 urban and 18 rural). Progress has been made in contacting carers, completing questionnaires and allocating appropriate cases for social work intervention, helping to ensure that assessment activity is based on accurate and up-to-date information. During the reporting period, 11 carers were contacted, 8 questionnaires were completed and 3 cases required allocation. At period end, 35 carers remained awaiting respite assessments. Work continues to address the remaining assessments, supported by enhanced monitoring arrangements which will provide regular oversight of activity and progress.

Digital Approach

Mobilise is the digital provider that offers online supports to unpaid carers across Clackmannanshire and Stirling. Digital carer engagement and support through Mobilise continues to exceed targets, with 4,010 individuals reached (denoted as 'Discover') during Q1 of 2026/27, which is approximately 47% higher than their target of 2,730. 346 individuals engaged in further services (denoted as 'Engage') against a target of 210 and 136 individuals engaged in deeper support (denoted as 'Support') against a target of 92. Overall, these results demonstrate the continued value and accessibility of digital support for unpaid carers, with strong engagement levels indicating that carers are actively seeking and benefiting from online information, resources and support.

Community support

During this quarter, statutory carer support services for residents of Clackmannanshire transferred to Stirling Carers Centre, now operating as Stirling and Clackmannanshire Carers Centre. The transition has been carefully managed to ensure continuity of support and minimise any impact on carers across both local authority areas.

The service continues to provide carers with access to understanding, reassurance and practical support, particularly during challenging periods in their caring journey. Through personalised advice, opportunities to focus on their own wellbeing, and access to information, resources and peer support, carers are supported to build resilience and sustain their caring role.

Access to timely and appropriate support can make a significant difference to carers' experiences, helping them to navigate challenges, maintain their own wellbeing and feel more confident in their caring role. The continued provision of accessible community support remains an important element of recognising and supporting unpaid carers across Clackmannanshire and Stirling.

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. A series of focus meetings were organised across localities from April 2026. 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

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

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).	**101**	↑	↑33	↓103
HSC CLW 002	Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW).	**331**	↑	↓347	↓343

Third sector update

The work of Clackmannanshire Third Sector Interface (CTSI) and Stirling Voluntary Enterprise (SVE) are 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. The number of referrals and encounters in 2025/26 Q1 remained stable after dips in 2025/26 Q3.

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 was 1 registered service inspection during April to June 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.

Unannounced Inspection of Ludgate during 24th and 25th June

Key messages

- People were supported by staff who were kind and interactions were respectful.

- The leadership team needed to use the audit activity and outputs to drive improvement across the service.
- The staff team were consistent and worked well together.
- The service needed to make some changes to the environment to better support outcomes for people.
- Care plans were well informed about people but needed reviewed to include individual outcomes and permissions around restrictive practices.

From this inspection they evaluated this service as:

- How well do we support people's wellbeing? 4 - Good
- How good is our leadership? 3 - Adequate
- How good is our staff team? 4 - Good
- How good is our setting? 4 - Good
- How well is our care and support planned? 4 - Good

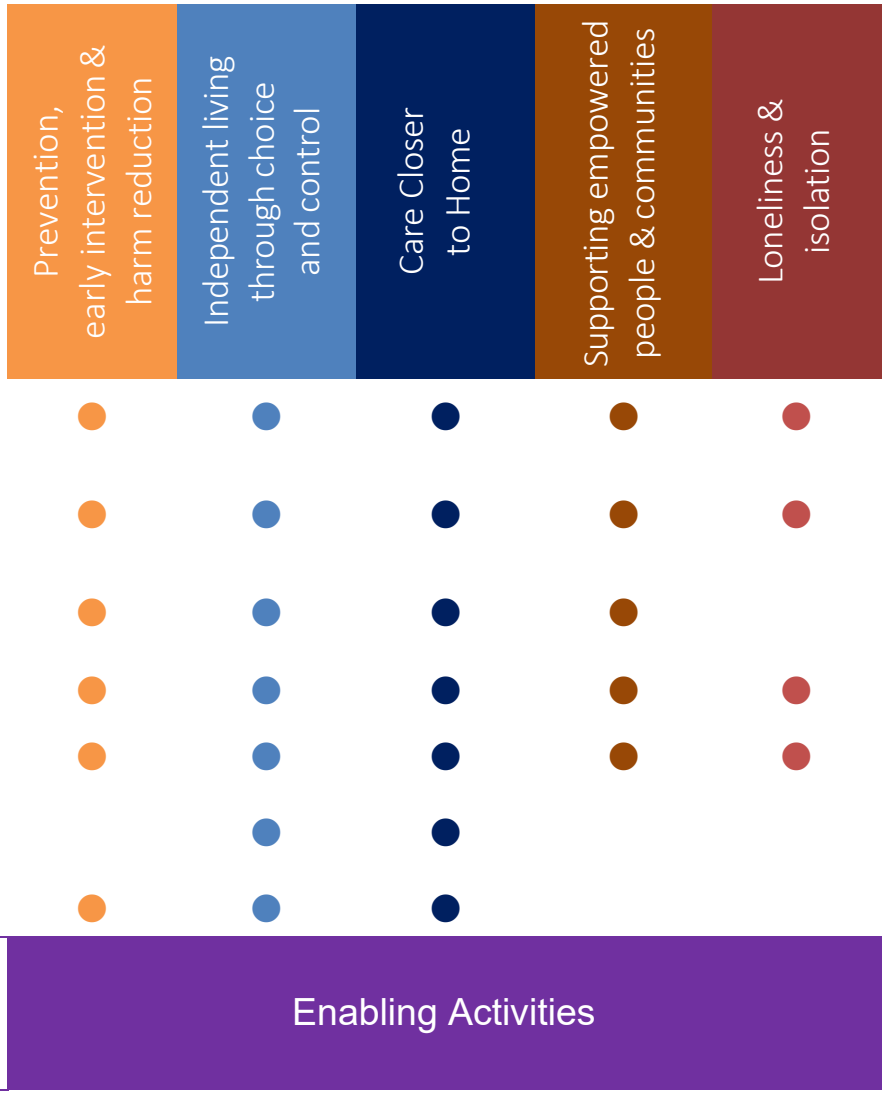
In evaluating quality, a six point scale where 1 is unsatisfactory and 6 is excellent is used

National Health & Wellbeing Outcomes

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

Health and Wellbeing Outcomes

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



Glossary

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

MIU - Minor Injuries Unit

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

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

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

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

CGL - Change Grow Live Forth Valley Recovery Community

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 Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 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

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To provide the Integration Joint Board (IJB) with the Strategic Risk Register for consideration, scrutiny and approval.

Recommendations:	The IJB is asked to: 1) Note the development of a forum for alignment of risks across the constituent organisations. 2) Scrutinise the current Strategic Risk Register. 3) Approve the proposal from FAP that the following risks should remain on the Strategic Risk Register (SRR): a. C&S SRR 13 Leadership Capacity b. C&S SRR 14 Interagency Working Arrangements c. C&S SRR 15 Consistency of Service d. C&S SRR 16 Supporting Infrastructure 4) Note the increased risk score of the following risk in light of the reviewed financial position: a. C&S SRR 12 Sustainable Service Delivery 5) Consider and approve the Risk Categories, Risk Appetite and Risk Tolerance Thresholds, endorsed by FAP specifically: a. Approve the Risk Categories b. Approve the Risk Appetite Levels c. Approve the Risk Tolerance Levels 6) Note and approve the arrangements for continued risk management scrutiny through FAP.

1. Background and Considerations

The Clackmannanshire and Stirling Integrated Joint Board (C&S IJB) has maintained a Strategic Risk Register (SRR) since its inception. Appendix 1 contains the risk register in its current form and reflects the current assessment of risks by officers of the Health and Social Care Partnership. These risks fall within the C&S IJB Risk Management Strategy. The SRR was most recently reviewed by the Finance, Audit and Performance (FAP) Committee on the 2nd of September 2026 and all recommendations in this paper were endorsed by FAP at that meeting.

2. Aligning Risks

A bi-monthly risk harmonisation forum is now in place to review the relationship between risks recorded within the HSCP Strategic Risk Register and those held within partner organisation risk registers. This arrangement was established in response to a request from the FAP to strengthen oversight and assurance, particularly in relation to system-wide risks that are beyond the direct control or influence of the IJB. Although the forum remains in its early stages of development, it is already supporting improved intelligence sharing, identification of interdependencies, comparison of risk assessments and escalation arrangements across partner organisations. The process is intended to strengthen organisational ownership of system-wide risks and provide greater assurance regarding the alignment of risk management arrangements across the Partnership.

3. New Risks & Reinstated Risks

At the June meeting of the FAP, four new risks were proposed. Committee members determined that to make a substantive judgement on the suitability of these risks for inclusion on the Strategic Risk Register, it would be necessary to set out the risk along with the assessment and the internal controls. This is therefore contained within Appendix 1. FAP noted it was content with these additions at the September 2nd meeting and the IJB is asked to approve the following risks remaining on the SRR:

3.1. C&S SRR 13 Leadership Capacity
3.2. C&S SRR 14 Interagency Working Arrangements
3.3. C&S SRR 15 Consistency of Service
3.4. C&S SRR 16 Supporting Infrastructure

In addition to the above, the IJB directed that C&S SRR 08 – Sustainability of Adult Placement in External Care Home and Care at Home Sectors should be reinstated on the SRR at Appendix 1.

4. Increased Risk Scores

Considering the recent correspondence from the Chief Finance Officer and the financial position of the IJB, the risk scoring has been amended for the following risk to ensure it accurately reflects the position of the IJB:

4.1. C&S SRR 12 Sustainable Service Delivery – High Risk (Score 12) from a previous assessment of Medium Risk (Score 9).

5. 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 Strategic Risk Register (SRR) framework.

This session, alongside discussion at 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 was 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 reached agreement on the proposed risk appetite and tolerance framework as well as the categorisation of risk impact within the SRR. This was accepted by FAP on September 2nd.

5.1. Risk Impact Categories

The following are the proposed risk categories, against which all risks will be assessed.

- Service User/ Patient Harm
- Service User/ Patient Experience
- Transformation & Innovation
- Service / Commissioned Services
- Workforce
- Financial
- Compliance / Legal
- Public Empowerment & Confidence
- Wellbeing & Inequalities

5.2. Risk Appetite and Tolerance for each Category

There are four levels of Appetite and Tolerance, and the definition of these levels is set out below:

Averse: Very little appetite for this type of risk. Avoidance of risk and uncertainty is a key organisational objective. Exceptional circumstances are required for any acceptance of risk.

Cautious: Minimal appetite for this type of risk. Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited potential for reward.

Moderate: Acceptance that a level of risk will be required to pursue objectives, or that a greater level of risk must be tolerated in this area. Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.

Open: Acceptance that risk must be more actively taken in the pursuit of transformation or that a high level of risk must be tolerated. Willing to consider all potential delivery options and choose the one most likely to result in successful delivery while also providing an acceptable level of reward (and Value for Money). Eager to be innovative and confident in setting high level of risk appetite as controls are robust.

Impact Category	Appetite Level	Tolerance Level	Target Score Range
Service User / Patient Harm	Averse	Cautious	1-3
Service User / Patient Experience	Cautious	Moderate	4-9
Transformation & Innovation	Moderate	Open	10-16
Service / Commissioned Services	Cautious	None	4-9
Workforce	Cautious	Moderate	4-9
Financial	Cautious	Moderate	4-9
Compliance / Legal	Averse	Cautious	1-3
Public Empowerment & Confidence	Cautious	Moderate	4-9
Wellbeing & Inequalities	Cautious	Moderate	4-9

6. Overview of Risks

It has been proposed by the FAP committee that whilst the committee will continue to receive an overview of all risks at the scheduled and routine meetings, the committee would benefit from having a smaller number of risks to focus on at each meeting, providing time for committee members to scrutinise, discuss and deepen their understanding of the specific risks, the mitigations and effectiveness of actions to reduce risk.

7. Conclusion and Recommendations

The Strategic Risk Register remains a key component of the Integration Joint Board's governance and assurance framework, providing oversight of the principal risks that may affect delivery of the IJB's strategic objectives. The register has been reviewed and updated to reflect the current operating environment, including the reinstatement of risks directed by the IJB and the inclusion of additional risks identified through recent committee discussion. The establishment of a bi-monthly risk harmonisation forum represents a positive step in strengthening alignment between the HSCP and partner organisations, providing greater visibility of system-wide risks, shared

dependencies and escalation arrangements. This supports a more coherent and integrated approach to risk management across the Partnership.

The Committee is also asked to consider whether the proposed new strategic risks remain appropriate for inclusion within the SRR, review the scoring of key risks considering the current financial position, and endorse the proposed risk categories, appetite levels and tolerance thresholds. Collectively, these developments will support a more mature and transparent approach to risk management, ensure that risk exposure is considered consistently, and provide a clearer basis for decision-making, assurance and strategic oversight.

The IJB is therefore asked to consider and approve the recommendations set out within this report. Officers will then progress to reviewing and updating the C&S IJB Risk Management Strategy.

8. Appendices

Appendix 1 – C&S IJB SRR
Appendix 2 – Threat Risk Appetite Summary
Appendix 3 - Risk Appetite Rationale

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

Appendix 1

Forth Valley NHS Board

Corporate Risk Report

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	Next Assessment Date
C&S SRR 01	Financial Sustainability	25	25	21-Aug-2026	25; 25; 25		10	Jennifer Borthwick	Amy McDonald	Financial	01-Sep-2026
C&S SRR 11	Transformation Capacity	20	20	21-Aug-2026	20; 20; 16		8	Jennifer Borthwick	Ross Cheape	Transformation/Innovation	04-Jan-2027
C&S SRR 02	Systems Leadership, Partnership Governance and Assurance	16	16	21-Aug-2026	16; 16		8	Jennifer Borthwick	Amy McDonald	Compliance	01-Oct-2026
C&S SRR 05	Patient / Service User Experience	16	16	21-Aug-2026	16; 16; 16		8	Jennifer Borthwick	Ross Cheape	Healthcare Experience	08-Nov-2026
C&S SRR 09	Primary Care Sustainability	20	15	21-Aug-2026	15; 15; 9		6	Jennifer Borthwick	Kathleen Brennan	Service Delivery/Business Interruption	01-Oct-2026
C&S SRR 04	Delivery of Integrated Workforce Plan	12	12	21-Aug-2026	12; 12; 12		6	Jennifer Borthwick	Wendy Forrest; Kelly Higgins	Workforce	07-Jan-2027
C&S SRR 12	Sustainable Service Delivery	20	12	09-Sep-2026	12; 9; 12		16	Jennifer Borthwick	Amy McDonald	Transformation/Innovation	01-Jan-2027
C&S SRR 13	Leadership capacity, capability, continuity and governance effectiveness	12	12	21-Aug-2026	12; 12		6	Jennifer Borthwick	Ross Cheape	Transformation/Innovation	01-Nov-2026
C&S SRR 14	Interagency working arrangements and effectiveness	12	12	21-Aug-2026	12; 12		2	Jennifer Borthwick	Wendy Forrest; Amy McDonald	Healthcare Experience	01-Nov-2026
C&S SRR 08	Sustainability of adult placement in external care	16	9	21-Aug-2026	9; 9; 12		4	Jennifer Borthwick	Wendy Forrest; Amy McDonald	Financial	01-Sep-2027

Ref	Risk Title	Untreated Score	Current Score	Date Assessed	Score History	Risk Trend	Target Score	Owned By	Assigned To	Lead Impact Category	Next Assessment Date
	home and care at home sectors										
C&S SRR 15	Consistency of service provision	9	9	21-Aug-2026	9; 9		4	Jennifer Borthwick	Elaine Brown; Lyndsey Dunn	Healthcare Experience	01-Nov-2026
C&S SRR 16	Supporting infrastructure and business continuity	9	9	21-Aug-2026	9; 9		4	Jennifer Borthwick	Ross Cheape	Service Delivery/Business Interruption	

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**
		21-Aug-2026		Moderate (10-16)

Latest Update
The risk has increased in significance due to the emerging financial position for 2026/27. Forecasts indicate a substantial in-year deficit and a requirement for a significant recovery plan. Work is underway to strengthen expenditure controls, develop recovery proposals and establish enhanced governance arrangements through a Recovery Plan Governance Group involving partner organisations and statutory officers. While opportunities for savings and redesign continue to be explored, the scale of the challenge remains significant and financial sustainability remains the highest strategic risk facing the Partnership.

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-2027	
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, Partnership Governance and Assurance		Current Score	Managed By	Assigned To
Risk Description	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. Cause: Lack of clarity of role and responsibilities within the IJB, HSCP and Partner Organisations. Effect: Poor performance in service provision and financial terms leading to Strategic Plan not being delivered 17/07/26 Title changed to: Systems Leadership, Partnership Governance and Assurance **Risk Statement** The risk that the Integration Joint Board is unable to obtain sufficient assurance that governance, decision-making, scrutiny and leadership arrangements across the partnership are operating effectively to support delivery of integrated services and statutory duties. **Cause** Key elements of governance, decision-making and organisational accountability sit within the constituent authorities and partner organisations. Differences in organisational priorities, governance arrangements, risk appetite, or commitment to the existing model of integration may reduce the effectiveness of	16	Jennifer Borthwick	Amy McDonald
		Target Score	**Lead Impact Category**	**Appetite Level**
		8	Compliance	Cautious (4-9)
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		Moderate (10-16)

	integrated leadership and decision-making. **Effect** The IJB may be unable to gain assurance that delegated functions are being delivered effectively, resulting in delayed decision-making, ineffective scrutiny, reduced organisational alignment, failure to deliver strategic priorities, reputational damage, and potential inability to discharge statutory responsibilities.			

Latest Update

There has been continued focus on strengthening governance, assurance and oversight arrangements across the Partnership. Work undertaken in preparation for the Joint Inspection has required enhanced coordination of evidence, governance reporting and assurance processes, providing greater visibility of governance arrangements across partner organisations. The risk remains unchanged as responsibility for delivery, accountability and assurance continues to span multiple organisations with differing governance frameworks and priorities.

Internal Controls

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

Routine Review

Further Controls Required	Action Owner	Due Date	Latest Update
Seek to enhance leadership capacity for transformation through targeted engagement and development of social work leadership.		31-Dec-2026	The development of a Principal Social Work post has not progressed as expected as the development of a Job Description has required multiple stakeholders from across two local authorities. Meanwhile within MHLD Services a redesign of the Service Manager Structure has enabled the creation of a dedicated Social Work Service Manager which has

			enhanced the oversight of operational and professional processes.
Develop and implement a shared approach to risk management across partner organisations, including agreement on how system-wide risks are identified, assessed and monitored.		31-Dec-2026	A bi-monthly risk harmonisation forum is now in place to review the relationship between risks recorded within the HSCP Strategic Risk Register and those held within partner organisation risk registers. This arrangement was established in response to a request from the FAP to strengthen oversight and assurance, particularly in relation to system-wide risks that are beyond the direct control or influence of the Integration Joint Board. Although the forum remains in its early stages of development, it is already supporting improved intelligence sharing, identification of interdependencies, comparison of risk assessments and escalation arrangements across partner organisations. The process is intended to strengthen organisational ownership of system-wide risks and provide greater assurance regarding the alignment of risk management arrangements across the Partnership.
Enhance governance arrangements to ensure systematic review of variation, including escalation routes where inequity is identified.		31-Dec-2026	The HSCP Clinical and Professional Care Governance has been refreshed with a newly agreed Terms of Reference and standardised reporting frameworks to ensure adequate oversight and scrutiny of practice across the services. This has been established for the August 2026 meeting and will be ratified in October 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	Cautious (4-9)
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		Moderate (10-16)

Latest Update
Progress continues on the refresh of the Strategic Workforce Plan, including review of workforce establishment, workforce data and future service requirements across partner organisations. Workforce challenges remain evident in a number of areas, particularly within specialist social work services, requiring the use of temporary arrangements and recruitment activity to maintain statutory functions. Work is ongoing to improve workforce resilience, recruitment and retention while ensuring workforce planning is aligned to service redesign and financial recovery requirements.
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
Develop a workforce plan which will: • Refresh and regularly review the HSCP Workforce Plan, aligned to the Strategic Plan, service demand and transformation priorities. • Identify current and future workforce capacity		31-Dec-2026	

and capability requirements across all service areas. • Establish workforce metrics and forecasting to support proactive planning.			
• Implement targeted recruitment campaigns for hard-to-fill posts. • Develop initiatives to improve retention, reduce vacancy levels and minimise reliance on temporary staffing. • Promote the HSCP as an employer of choice through flexible working, career development and wellbeing initiatives		31-Mar-2027	

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**
		21-Aug-2026		Moderate (10-16)

Latest Update
There is no material change. The Senior Managers remain mindful of this risk when navigating the complexity of the financial challenge.

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 likelyhood 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**
		21-Aug-2026		Moderate (10-16)

Latest Update
No material change. The risk continues to be monitored through commissioning and operational governance arrangements. Oversight of commissioned services, market sustainability and provider resilience remains in place, however the risk is considered more appropriately managed through operational commissioning risk arrangements rather than 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	Cautious (4-9)
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		Zero

Latest Update

The risk remains broadly unchanged. Sustainability pressures within primary care continue to be monitored through NHS Forth Valley and HSCP governance arrangements. Primary care remains a key strategic priority within the Strategic Commissioning Plan and system-wide demand pressures continue to require close oversight. Partnership working with General Practice and Primary Care colleagues has supported local resilience, however workforce and demand pressures remain significant across the system. It is unclear how this will be impacted by the development of the Walk-In Centres.

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.	20	Jennifer Borthwick	Ross Cheape
		Target Score	**Lead Impact Category**	**Appetite Level**
		8	Transformation/Innovation	Cautious (4-9)
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		Moderate (10-16)

Latest Update
The risk remains elevated. Significant leadership capacity has been diverted to support Joint Inspection activity, evidence submissions, improvement planning, financial recovery planning and service redesign programmes. These activities have coincided with interim management arrangements, ongoing vacancies and the annual leave period, reducing capacity available to progress transformational change at the pace required. Prioritisation of programmes and strengthened governance arrangements continue to mitigate this risk, although capacity constraints remain a material concern.
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.	12	Jennifer Borthwick	Amy McDonald
		Target Score	**Lead Impact Category**	**Appetite Level**
		16	Transformation/Innovation	Moderate (10-16)
		Last Review Date	**Risk Trend**	**Tolerance Level**
		09-Sep-2026		Open (20-25)

Latest Update
This risk has been increased following discussion at the FAP committee and in light of the updated financial position and deteriorated position in respect to savings realisation.

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

C&S SRR 13 Leadership capacity, capability, continuity and governance effectiveness		Current Score	Managed By	Assigned To
Risk Description	Insufficient leadership capacity, capability, continuity and governance effectiveness may reduce the HSCP's ability to provide effective strategic leadership, maintain robust oversight and assurance, deliver transformational change, and achieve its performance, quality and financial objectives.	12	Jennifer Borthwick	Ross Cheape
		Target Score	**Lead Impact Category**	**Appetite Level**
		6	Transformation/Innovation	
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		

Latest Update

There have been no substantive changes to the underlying risk. Interim arrangements remain in place across a number of senior leadership roles and significant demands associated with inspection, financial recovery and transformation continue to place pressure on leadership capacity. Positive progress has been made in strengthening governance arrangements, social work leadership and senior management oversight; however, workforce stability and succession planning remain important areas of focus.

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
Seek to enhance leadership capacity for transformation through targeted engagement and development of social work leadership.		31-Dec-2026	The development of a Principal Social Work post has not progressed as expected as the development of a Job Description has required multiple stakeholders from across two local authorities. Meanwhile within MHLD Services a redesign of the Service Manager Structure has enabled the creation of a dedicated Social Work Service Manager which has enhanced the oversight of operational and professional processes.
Review and reprioritise the portfolio of activities to ensure leadership effort		31-Dec-2026	The Senior Leadership Team has undertaken a series of development sessions to identify and prioritise the projects most likely to deliver service modernisation, improved outcomes, and efficiencies. This work is progressing towards a shared strategic position, with agreed priority areas now being reflected within the service savings and recovery plans

is focused on the delivery of key strategic priorities.			

C&S SRR 14 Interagency working arrangements and effectiveness		Current Score	Managed By	Assigned To
Risk Description	Ineffective interagency working arrangements may hinder collaborative planning, decision-making and service delivery, resulting in fragmented care, reduced organisational effectiveness, and failure to achieve strategic, operational and financial objectives.	12	Jennifer Borthwick	Wendy Forrest; Amy McDonald
		Target Score	**Lead Impact Category**	**Appetite Level**
		2	Healthcare Experience	
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		

Latest Update

Partnership working across NHS Forth Valley, Stirling Council, Clackmannanshire Council and wider partners has strengthened through inspection activity, strategic planning processes and joint improvement work. Ongoing collaboration is evident in areas including financial recovery planning, housing, public protection, commissioning and service redesign. Whilst differing governance arrangements and organisational priorities remain a feature of the integration landscape, there is increasing evidence of collaborative approaches to addressing complex system challenges.

Internal Controls

Integration Scheme

Strategic Commissioning Plan

SLT Oversight

Further Controls Required	Action Owner	Due Date	Latest Update
Develop and implement a shared approach to risk management across partner organisations, including agreement on how system-wide risks are identified, assessed and monitored.		31-Dec-2026	A bi-monthly risk harmonisation forum is now in place to review the relationship between risks recorded within the HSCP Strategic Risk Register and those held within partner organisation risk registers. This arrangement was established in response to a request from the FAP to strengthen oversight and assurance, particularly in relation to system-wide risks that are beyond the direct control or influence of the Integration Joint Board. Although the forum remains in its early stages of development, it is already supporting improved intelligence sharing, identification of interdependencies, comparison of risk assessments and escalation arrangements across partner organisations. The process is intended to strengthen organisational ownership of system-wide risks and provide greater assurance regarding the alignment of risk management arrangements across the Partnership.

C&S SRR 15 Consistency of service provision		Current Score	Managed By	Assigned To
Risk Description	Variation in service provision, practice and resource availability may lead to inconsistent service quality, inequitable access and outcomes, and reduced ability to achieve strategic, operational and statutory objectives.	9	Jennifer Borthwick	Elaine Brown; Lyndsey Dunn
		Target Score	**Lead Impact Category**	**Appetite Level**
		4	Healthcare Experience	
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		

Latest Update

Work continues to improve consistency of practice, governance and decision-making across services and localities. Recent developments include further work on social work governance arrangements, inspection improvement activity, eligibility criteria and standardisation of key processes. Whilst local variation remains because of differing service configurations, geography and workforce availability, there is increasing focus on reducing unwarranted variation and strengthening assurance regarding equitable access and outcomes.

Internal Controls

Strategic Commissioning Plan

Integrated Governance and Performance Reporting

Policies and Guidance

Supervision, Training and Development

Further Controls Required	Action Owner	Due Date	Latest Update
Develop and implement standardised service models and pathways, where appropriate, to reduce unwarranted variation in access and delivery.		31-Dec-2026	The creation of the dedicated Social Work Service Manager across the HSCP for MHLD Services is providing an opportunity to develop shared SOPs and ways of working across the two local authority areas. This is taking time and is buffeted by external forces, systems change and operational challenge.
Enhance governance arrangements to ensure systematic review of variation, including escalation routes where inequity is identified.		31-Dec-2026	The HSCP Clinical and Professional Care Governance has been refreshed with a newly agreed Terms of Reference and standardised reporting frameworks to ensure adequate oversight and scrutiny of practice across the services. This has been established for the August 2026 meeting and will be ratified in October 2026

C&S SRR 16 Supporting infrastructure and business continuity		Current Score	Managed By	Assigned To
Risk Description	Insufficient supporting infrastructure and business continuity arrangements may reduce organisational resilience and the ability to maintain safe, effective and sustainable services during periods of disruption, impacting performance, service delivery and achievement of strategic objectives.	9	Jennifer Borthwick	Ross Cheape
		Target Score	**Lead Impact Category**	**Appetite Level**
		4	Service Delivery/Business Interruption	
		Last Review Date	**Risk Trend**	**Tolerance Level**
		21-Aug-2026		

Latest Update

The risk remains unchanged. The Partnership continues to rely on infrastructure, estates and digital systems owned and managed by partner organisations. Progress has been made in a number of infrastructure-related areas, including ongoing estates improvement works and development of governance and assurance arrangements around environmental and safety risks. Work also continues towards the implementation of new social work information systems which are expected to improve data quality, reporting and operational resilience. Business continuity arrangements continue to be reviewed in response to known service pressures and infrastructure dependencies.

Internal Controls

Infrastructure Governance and Oversight

Business Continuity Plan

Risk Register Cross Referencing

Further Controls Required	Action Owner	Due Date	Latest Update
Enhance governance arrangements to ensure systematic review of variation, including escalation routes where inequity is identified.		31-Dec-2026	The HSCP Clinical and Professional Care Governance has been refreshed with a newly agreed Terms of Reference and standardised reporting frameworks to ensure adequate oversight and scrutiny of practice across the services. This has been established for the August 2026 meeting and will be ratified in October 2026
Review and strengthen business continuity and disaster recovery arrangements to ensure resilience of critical services in the event of infrastructure failure.		31-Oct-2026	BCPs are in place in most services, but further assurance work is required to ensure that these work across the full service, adequately complement neighbouring teams and are sufficiently detailed to enable smooth business processes during emergencies.

Appendix 2 - Threat Risk Appetite Summary

Definitions	Description	Identifier of Agreed Level (Corresponding Colour)
Risk Appetite	Risk appetite refers to the amount and type of risk that an organisation is willing to accept in the pursuit of its objectives.	
Risk Tolerance	Risk tolerance is the maximum level of risk an organisation can tolerate regarding each type of risk before it is significantly impacted.	

Appetite Level (Threat)	Averse	Cautious	Moderate	Open
Impact Category / Risk Score	**LOW (1-3)**	**MEDIUM (4-9)**	**HIGH (10-16)**	**VERY HIGH (20-25)**
Service User / Patient Harm	C&S IJB are not willing to accept any risks which impact on the safety of a patient, staff member or visitor.	C&S IJB is willing to take minimal levels of risk when it could impact on the safety of staff, patients or visitors.	C&S IJB are willing to accept a high exposure to risks which could negatively impact on the safety of a patient, staff or visitor or FV.	C&S IJB are willing to accept significant degrees of risk which could negatively impact on the safety of our patients, visitors and staff.
Service User / Patient Experience	C&S IJB are not willing to accept any risk which negatively impacts on the stakeholder's experience within C&S IJB.	C&S IJB are willing to accept a minimal level of risk which could negatively impact on the stakeholder's experience of C&S IJB.	C&S IJB are prepared to operate with a high exposure to risks which could negatively impact on the stakeholder's experience of C&S IJB.	C&S IJB will accept significant levels of risk which could negatively impact on the stakeholder's experience of C&S IJB.
Transformation & Innovation	C&S IJB are unwilling to accept any risk which will impact negatively on the ability to deliver Transformation/Innovation.	C&S IJB are willing to accept a minimal level of risk which could impact on our ability to deliver Transformation/Innovation.	C&S IJB are prepared to operate with a high exposure to risks which could impact on our ability to deliver Transformation/Innovation.	C&S IJB are willing to accept significant levels of risk that could negatively impact on the delivery of Transformation/Innovation.
Service / Commissioned Services	C&S IJB are unwilling to accept any risk which negatively impacts on the ability to deliver services, including commissioned services.	C&S IJB are willing to accept a minimal level of risk which could impact on our ability to deliver services, including commissioned services.	C&S IJB are prepared to operate with a high exposure to risks which could impact on our ability to deliver services, including commissioned services.	C&S IJB are willing to accept significant levels of risk which will negatively impact on services, including commissioned services.
Workforce	C&S IJB are unwilling to accept any risk that could negatively impact on recruitment and retention of a confident, flexible and trained workforce.	C&S IJB are willing to accept a minimal level of risk which could negatively impact on recruitment and retention of a confident, flexible, trained workforce.	C&S IJB are prepared to operate with a high exposure to risks which could negatively impact on recruitment and retention of a confident, flexible, trained workforce.	C&S IJB are willing to accept significant degrees of risk that could negatively impact on recruitment and retention of a confident, flexible and trained workforce.
Financial	C&S IJB are unwilling to accept any risk that could negatively impact on budget performance.	C&S IJB are willing to accept a minimal level of risk which could negatively impact on budget performance.	C&S IJB are prepared to operate with a high exposure to risks which could negatively impact on budget performance.	C&S IJB are willing to accept significant degrees of risk that could negatively impact on budget performance.
Compliance / Legal	C&S IJB is unwilling to accept any risk that could negatively impact on compliance with internal and external requirements.	C&S IJB are willing to accept a minimal level of risk which could impact compliance with internal and external requirements.	C&S IJB are prepared to operate with a high exposure to risks which could negatively impact on compliance with internal and external requirements.	C&S IJB are willing to accept significant degrees of risk that could negatively impact on compliance with internal and external requirements.
Public Empowerment & Confidence	C&S IJB are unwilling to accept risks that could negatively impact on the public perception of the organisation, including accepting risks that impact on public empowerment.	C&S IJB are willing to accept a minimal level of risk which could impact on our public perception, including accepting risks that impact on public empowerment.	C&S IJB are prepared to operate with a high exposure to risks which could negatively impact on public confidence, including the acceptance of risks that impact on public empowerment.	C&S IJB is willing to accept significant degrees of risk that could negatively impact on our public perception, including accepting risks that impact on public empowerment.
Wellbeing & Inequalities	C&S IJB are unwilling to accept risks that could negatively impact the Wellbeing and Inequalities within C&S.	C&S IJB are willing to accept a minimal level of risk which could impact on Wellbeing & Inequalities within C&S.	C&S IJB are prepared to operate with a high exposure to risks which could negatively impact on Wellbeing & Inequalities within C&S.	C&S IJB are willing to accept significant degrees of risk that could negatively impact on Wellbeing & Inequalities within C&S.

Appendix 3 - Risk Appetite Rationale

Impact Category	Appetite Level	Tolerance Level	Rationale for Level
Service User / Patient User Harm	Averse	Cautious	C&S IJB exists to deliver safe, effective, person-centred services to its population, and provide a safe environment for patients, staff and the public. We recognise that to meet objectives and to deliver a safe service, where the benefit exceeds the risk, there are occasions where we must operate with an **averse** appetite for risks which could result in an impact on service users.
Service User / Patient User Experience	Cautious	Moderate	C&S IJB has a sustained focus on improving the experience of patients, families, and carers. We have a **cautious** appetite for risk impacting on the health & social care experience, reflecting our desire for positive experience and quality clinical outcomes.
Transformation & Innovation	Moderate	Open	C&S IJB has a **moderate** appetite for innovation, accepting that a greater degree of risk is required to maximise innovation and opportunities to improve service experiences and outcomes, transform services and ensure value for money.
Service / Commissioned Services	Cautious	None	C&S IJB has a **cautious** appetite for risks which could result in Service/Business Interruption. Delivery of Health and Social Care is a priority, and while it may not be possible to eliminate risk, there is a focus on ensuring that essential health and social care needs are met quickly and effectively.
Workforce	Cautious	Moderate	C&S IJB will operate with a **cautious** appetite. The priority will remain adherence to professional standards, and staff should continue to work within the limits of their competence, exercise “duty of candour” and raise concerns when they come across situations that put patients or public at risk.
Financial	Cautious	Moderate	C&S IJB’s strategic aim is high quality and sustainable services. We wish to achieve financial sustainability by spending well and making the most of our resources. Therefore, we have a **cautious** appetite for financial risk as budgets are constrained and unplanned / unmanaged budget variance could affect our ability to achieve statutory financial targets, potentially increases reputational risk and places pressure on divisions and departments. Well informed risks can be taken but budget variances are to be minimised and value for money is the primary concern.
Compliance / Legal	Averse	Cautious	C&S IJB has an **averse** appetite for risks impacting on Compliance/Legal. We are not prepared to accept risks which could result in recommendations, improvement notices or criticism, provided that the benefit outweighs the negative outcome.
Public Confidence	Cautious	Moderate	C&S IJB has a **cautious** appetite for risks impacting on public confidence which flow from informed decision-making, in order that achievement of strategic objectives is not hindered.
Wellbeing & Inequalities	Cautious	Moderate	C&S IJB has a **cautious** appetite as there is a need to take a degree of balanced risk to achieve potential rewards from undertaking cost effective prevention activities and addressing health inequalities.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 12

Standing Orders

For Approval

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Lee Robertson, Standard's Officer for IJB and Senior Manager for Legal & Governance Clackmannanshire Council
Author	Lee Robertson, Standard's Officer for IJB and Senior Manager for Legal & Governance Clackmannanshire Council
Exempt Report	No

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

Purpose of Report:	The purpose of the report is approval of the draft Standing Orders contained in Appendix 1 of this Report which required to be updated to take account of the new IJB membership and other governance updates: • Appointment of lived experience IJB members as voting members from 1 September 2026 as a result of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 • Required updates to the IJBs Standing Orders to take effect as at 1 September 2026 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the IJB Order"), requires the Board to adopt a set of Standing Orders and sets out the matters which must be included.

Recommendations:	The Integration Joint Board is asked to: 1) Note the appointment of: • Andy Witty, Carer Representative, Clackmannanshire • Moira Carmichael, Carer Representative, Stirling • Natalie Masterson, Third Sector Representative, Stirling • Anthea Coulter, Third Sector Representative, Clackmannanshire • Eileen Wallace, Service User Representative, Stirling • Helen McGuire, Service User Representative, Clackmannanshire as voting members of the IJB 2) Consider and approve the revised IJB Standing Orders (contained in Appendix 1) which includes an option in Standing Order 10.6 on the IJB being quorate as provided for in paragraph 2.3

Key issues and risks:	There is an option for the IJB in terms of the Standing Orders to have a balance of voting members in attendance at meetings or for this to remain 50% of the voting members as previously provided.

1. Background

1.1. The Clackmannanshire and Stirling Integration Joint Board is required to maintain Standing Orders which provide the constitutional and procedural framework for the conduct of its business, ensuring that meetings are conducted lawfully, transparently and in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations.

1.2. In 2025, the Scottish Government introduced the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 to strengthen the voice of people with lived experience in Integration Joint Board decision-making. The Amendment Order extends voting rights to representatives of service users, unpaid carers and the third sector, recognising the important contribution these members make to strategic decision making and reinforcing the principles of co-production, participation and person-centred care.

1.3. The legislative changes come into effect on 1 September 2026. From that date, Clackmannanshire and Stirling Integration Joint Board will require to reflect the revised voting membership arrangements within its governance documentation and meeting procedures.

2. Considerations

2.1. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the IJB Order”), requires the Board to adopt a set of Standing Orders and sets out the matters which must be included.

2.2. Scottish Government has confirmed that these legislative changes do not require a formal amendment to the Clackmannanshire and Stirling Integration Scheme. Instead, Integration Joint Boards are expected to update their local constitutional documents, including Standing Orders, to ensure they accurately reflect the revised legislative requirements and governance arrangements.

2.3. The previous Standing Order 10.6 confirmed that the IJB would be quorate where one half of the voting members are in attendance. As a result of the legislative changes an option has been presented to the IJB to amend Standing Order 10.6 to reflect a balanced position on the attendance of voting members of the IJB with at least one member attending from each of the Constituent Authorities (as defined in the Standing Orders) and at least one member from each of the categories of Lived Experience Member (as defined in the Standing Orders) or at least two Lived Experience Members.

2.4. The review of the Standing Orders has therefore been undertaken to ensure compliance with the Amendment Order. In addition and in accordance with good governance a general review has been carried out of the Standing Orders. The proposed changes are minor in nature other than as provided for in paragraph 2.3.

3. Appendices

Appendix 1 – draft Standing Orders

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

Implications	
Finance:	None
Other Resources:	none
Legal:	In compliance with Law as provided above.
Risk & mitigation:	None
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)

	Please select the appropriate statement below: This paper **does not** require a Fairer Duty assessment.

STANDING ORDERS

1. TITLE AND INTERPRETATION

1.1. These are the Standing Orders of the Clackmannanshire and Stirling Health and Social Care Integration Joint Board (hereinafter called "the IJB").

1.2. The Interpretation Act 1978 will apply to the interpretation of these Standing Orders as it applies to the interpretation of an Act of Parliament.

2. COMMENCEMENT

2.1. These Standing Orders will apply from and including 25 November 2020 and reviewed by the IJB as required, but no longer than every two years.

2.2. Latest review and amended date: 20 November 2024.

3. INTRODUCTION AND GENERAL PRINCIPLES

3.1. The IJB has been established by order made under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. These Standing Orders regulate the procedure and business of the IJB and its committees. All meetings of the IJB and its committees will be conducted in accordance with these Standing Orders.

3.2. The following general principles will be given effect to in the application of these Standing Orders:

3.2.1. that the role of the Chairperson is to ensure that the business of the meeting is properly dealt with and that clear decisions are reached;

3.2.2. that the Chairperson will seek to promote and identify consensus among the voting members of the IJB;

3.2.3. that the Chairperson has a responsibility to ensure that the view of all participants are expressed including the advice of officers when this is necessary to inform the decision;, and

3.2.4 that meetings are conducted in a proper and timely manner with all members sharing responsibility for the proper and expeditious discharge of business.

4. DEFINITIONS

4.1. "Confidential Information" means –

4.1.1. ~~(a)~~ information provided to the IJB or any of the Constituent Authorities by a Government department upon terms (however

expressed) which forbid the disclosure of the information to the public; ~~and~~

4.1.2. ~~(b)~~ information, the disclosure of which to the public is prohibited by or under any enactment or by the order of a court;

4.1.3 the full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973 unless and until the document has been made available to the public or press under section 50B of the said 1973 Act; and

4.1.4 any information regarding proceedings of the IJB from which the public have been excluded unless or until disclosure has been authorised by a Constituent Authority or the information has been made available to the press or to the public under the terms of the relevant legislation.

4.3. "Constituent Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET and Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW or any of them as the context admits.

4.4. "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 as amended or substituted from time to time.

4.5. "Lived Experience Member" means a member who is appointed by the IJB Constituent Authorities as a voting member of the IJB and who has specific lived experience relative to the work carried out by the IJB. A Lived Experience Member may be appointed in respect of: (i) third sector bodies carrying out activities related to health and social care; (ii) in respect of service users; or (iii) in respect of persons providing unpaid care in the Constituent Authorities' areas.

4.~~6~~5. "Local Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, and Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET or either of them as the context admits.

4.~~7~~6. "NHS FV" means Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW.

4.87. "Professional Members" means the non-voting members of the IJB as defined in Standing Order 5.2.

4.98. "Stakeholder Members" means the non-voting members of the IJB as defined in Standing Order 5.2.

5. MEMBERSHIP

5.1. **The voting members of the IJB are**:

5.1.1. three Councillors appointed by Clackmannanshire Council;

5.1.2. three Councillors appointed by Stirling Council;

5.1.3. six Directors of NHS FV of who should be non-Executive Directors but in exceptional circumstances may include a smaller number of Executive Directors, subject always to Standing Order 10; and

5.1.4 [three NUMBER / A minimum / maximum value] of Lived Experience Members, with [1X] from each category i-iii set out at 4.5 above.

5.2. **The non-voting members of the IJB are:**

5.2.1. The Chief Social Work Officers for each of the Councils;

5.2.2. the Chief Officer of the IJB;

5.2.3. the Proper Officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973;

5.2.4. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS FV in accordance with regulations made under section 17P of the National Health Service (Scotland) Act 1978;

5.2.5. a registered nurse who is employed by NHS FV or by a person or body with whom NHS FV has entered into a general medical services contract;

5.2.6. a registered medical practitioner employed by NHS FV and who is not providing primary medical services;

5.2.7. aA representative TU/Staffside member from each of the constituent Parties; and

5.2.8. a representative of Third Sector Bodies carrying out activities related to health and social care for the areas of the Constituent Authorities

5.2.9. A Service User residing in the area of the boundary of the IJB

~~5.2.10. A person providing unpaid care in the area of the boundary of the IJB~~

5.2.8~~11~~. ~~a~~A person representing the Locality Planning arrangements within the Clackmannanshire and Stirling Integration Authority.~~.~~

~~5.2.9~~12. ~~t~~The IJB may wish to make more than one appointment in ~~these~~ categories 5.2.7 and 5.2.8 and additional appointments appropriate and relevant to its business.

5.3. Subject to Standing Orders 5.4 all members of the IJB are appointed to serve for a period of three years and may be reappointed for one further term of office. Exceptional circumstances may lead to further terms of office for non-voting members being proposed and secured by agreement by the IJB. Exceptions to this are the CO, CFO and CSWOs who maybe in post for longer than this timeframe and for whom there are no replacements.

5.4. Members will be removed from the IJB in accordance with Article 10 of the Integration Joint Board Order.

5.5. Members who fail to attend an IJB for three consecutive meetings without good reason may be removed from the IJB.

Voting members will be deemed to have their appointment to the IJB withdrawn if they no longer meet the criteria or hold the position set out in Standing Order 5.1.

If a voting member resigns from the IJB, the appointing party will be entitled to appoint another representative to the IJB pursuant to Standing Order 5.1.

6. CHAIRPERSON AND VICE-CHAIRPERSON

6.1. The Chairperson appointed to serve for a period of two years shall be appointed by the Local Authorities and the Vice-Chairperson shall be appointed by NHS FV to serve for the same period.

6.2. The appointment of subsequent Chairpersons and Vice-Chairpersons must alternate between NHS FV and the Local Authorities in accordance with Article 6 of the Integrated Joint Board Order and the IJB's Integration Scheme. In each respective Local Authority appointing period, which the Integration Scheme provides shall last for two years, the Local Authorities will as between themselves alternate in appointing a Chairperson for the full two-year period subject to any alternative arrangement reached by the Local Authorities as to how the Chairperson appointment should be arranged in any Local Authority appointing period. The Local Authorities will alternate as between themselves in appointing a Vice-Chairperson for the full two period, subject to any alternative arrangement reached by the Local Authorities as to how the Vice-Chairperson appointment should be arranged in any Local Authority appointing period.

6.3. NHS FV and the Local Authorities may only appoint the Chairperson and Vice-Chairperson from the voting members of the IJB subject to the further proviso that NHS FV may only appoint a voting member who is a Non-Executive Director to these positions.

6.4. Subject to Standing Order 6.3, any Constituent Authority may change the person appointed by them as Chairperson or Vice-Chairperson during their term of office. The relevant Constituent Authority will provide written notice to the Chief Officer and to the Chief Executives of each of the other two Constituent Authorities confirming the name and position of the new appointment of Chairperson or Vice-Chairperson and confirmation of when that individual's appointment as Chairperson or Vice-Chairperson will take effect. Such notice is to be provided 21 days before that appointment of Chairperson or Vice-Chairperson takes effect, any such appointment may take effect earlier than 21 days from any such notice if by agreement of all the Constituent Authorities. The same notification procedure shall be followed when the Local Authority reach an alternative agreement on the appointment of the Chairperson or Vice-Chairperson in accordance with Standing Order 6.2.

6.5. The Chairperson shall have discretion, with or without discussion, to determine all questions of procedure where no specific provision is made under these Standing Orders.

6.6. The decision of the Chairperson on all matters within his/her jurisdiction as set out in these Standing Orders shall be final. Deference shall at all times be paid to the authority of the Chairperson and Members shall address the Chairperson while speaking.

7. CALLING MEETINGS

Ordinary meetings

7.1. The IJB will operate a cycle of bi-monthly meetings from 2025 and will keep its meeting frequency under review. All meetings will be held on the days, at the times and in the places fixed by the IJB and as then published in its Programme of Meetings.

Special meetings

7.2. The Chairperson, with the agreement of the Vice Chair, may call an extraordinary meeting of the IJB should there be an urgent need for the IJB to meet out with the meetings cycle.

7.3. A request from other members of the IJB for a meeting of the IJB to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the Chairperson and Vice Chair.

7.4. If a request is made under Standing Order 7.3 and the Chairperson and Vice Chair refuse to call a meeting, or do not call a meeting within 7 days after the making of the request, the members who signed the requisition may call a meeting.

7.5. The business which may be transacted at a meeting called under Standing Order 7.3 is limited to the business specified in the requisition.

8. NOTICE OF MEETINGS

8.1. Before each meeting of the IJB, or a committee of the IJB, a notice of the meeting specifying the time, place and business to be transacted at it signed by an officer authorised by the Chairperson, together with a copy of the agenda and any reports to that meeting, is to be sent electronically to every member of the IJB or sent to the usual place of residence of every member of the IJB so as to be available to them at least five clear working days before the meeting.

8.2. A failure to serve notice of a meeting, or any reports to that meeting, on a member in accordance with Standing Order 8.1 shall not affect the validity of anything done at that meeting.

8.3. In the case of a meeting of the IJB called by members the notice is to be signed by the members who requisitioned the meeting in accordance with Standing Order 7.3.

8.4. Public notice of the time and place of meetings, listing the business to be transacted, will be intimated on the websites of the Clackmannanshire and Stirling Health and Social Care Partnership at least three clear working days before the meeting. Where a special meeting is arranged less than three clear working days before the meeting convenes, the public notice will be published as soon as practicable.

9. PUBLIC ACCESS

9.1 Every meeting of the IJB will be open to the public and media.

9.1.1 In the unlikely event that there is a matter that is to come in front of the IJB, that cannot be considered in public, schedule 7A of the Local Government (Scotland) Act 1973 will apply.

9.2 Copies of agendas and reports for meetings of the IJB will be available for the public from the Clackmannanshire and Stirling Health and Social Care Partnership website for three clear working days before meetings. Where a special meeting is arranged less than three clear working days before the meeting convenes, agendas and reports will be published as soon as practicable. Minutes of meetings of the IJB will also be published on the same website.

9.3 Except at the discretion of the Chairperson or where arrangements have been made to allow remote attendance at, or for the webcasting of, the meeting, the IJB will not allow the taking of photographs, use of mobile telephones, or music players during meetings, or the internet, radio or television broadcasting or tape or digital recording of meetings.

9.4 Members of the public will not be permitted to speak or take part in a meeting of the IJB. Members of the public may, at the discretion of the Chairperson, be denied access to any meeting of the IJB if they arrive after the designated meeting start time when the meeting is in session.

9.5 The Chairperson has power to exclude any member of the public from a meeting in order to prevent or suppress disorder or other behaviour which is impeding or is likely to impede the proceedings of the IJB.

10. ATTENDANCE, QUORUM AND REMOTE ATTENDANCE

10.1. If a voting member appointed under 5.1.1 to 5.1.3 is unable to attend a meeting of the IJB, the Constituent Authority which nominated the member, is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or, as the case may be, a member of the Health Board, to attend the meeting in place of the voting member. If a Lived Experience Member appointed under 5.1.4 is unable to attend the meeting, that member will arrange for a suitably experienced proxy to attend the meeting.

10.2. If a Professional Member is unable to attend a meeting of the IJB that member will arrange for a deputy to attend the meeting. It will be for the IJB to determine whether the deputy who attends the meeting is suitable to attend the meeting as a substitute.

10.3 If a member under the terms of 5.2.7 – 5.2.9~~11~~ is unable to attend a meeting of the IJB that member's named substitute is expected to attend the meeting in their place. On appointment, the Member will identify the substitute who they wish to nominate to attend in any absence by them.

~~10.4 The Standards Officer of the IJB is expected to attend all meetings; however, for the avoidance of doubt, the attendance of the Standards Officer is not a requirement for any meeting to be quorate.~~

10.4~~5~~ Senior officers within the HSCP who are presenting papers to the IJB for consideration will be invited to attend and speak for the paper about which they are presenting.

10.5~~6~~ A voting member substitute attending a meeting of the IJB by virtue of Standing Order 10.1 may vote on decisions put to that meeting.

10.67 The IJB quorum is one half of the voting members, [with at least one member attending from each of the Constituent Authorities/ [and at least one member from each of the categories (i-iii) of Lived Experience Member/ at least two Lived Experience Members]]. No business is to be transacted at a meeting of the IJB unless it is quorate.

10.78 If there is no quorum within 15 minutes from the designated start time for a meeting of the IJB, the Chairperson will adjourn the meeting to another date and time but no later than 4 weeks from the date of the original meeting. If the Chairperson is among those absent, the minute will record that no business was transacted because of the lack of the necessary quorum.

10.89 If during any meeting the attention of the Chairperson is called to the number of voting members present, the roll will be called and, if a quorum is not present, the meeting will immediately be adjourned.

10.910 If less than a quorum is entitled to vote on an item because of declarations of interest, that item cannot be dealt with at that meeting.

10.101 Where proper facilities are available, and at the direction of the Chairperson, a member may be regarded as being present at a meeting if he or she is able to participate from a remote location by a video or other communication link.

10.112 A voting member participating in a meeting from a remote location will be counted for the purposes of deciding if a quorum is present in accordance with Standing Order 10.6.

11. CONDUCT OF MEETINGS

11.1. At each meeting of the IJB, or a committee of the IJB, the Chairperson, if attending the meeting, is to preside.

11.2. If the Chairperson is absent from a meeting of the IJB or a committee of the IJB the Vice-Chairperson is to preside.

11.3. If the Chairperson and Vice-Chairperson are both absent from a meeting of the IJB or a committee of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting is to preside.

11.4. A substitute appointed in terms of Standing Order 10 may not preside.

11.5. If it is necessary or expedient to do so a meeting of the IJB, or of a committee of the IJB, may be adjourned to another date, time or place as set out in 10.5.

12. URGENT BUSINESS

12.1. Urgent business may be considered at a meeting of the IJB if the Chairperson rules that there is a special reason why the business is a matter of urgency. The reason(s) will be stated at the meeting and recorded in the minutes.

13. AGENDA SETTING

13.1. The IJB agenda will be proposed by the Chief Officer to the Chairperson and Vice Chair in advance of any meeting of the IJB and in accordance with the IJB's programme of business. The Chair and Vice Chair will thereafter agree the agenda with the Chief Officer.

13.2. The Chief Officer will approve all meeting papers and reports to the IJB for release before they are issued to IJB members.

13.3. Voting members of the IJB may request the inclusion of an item on any IJB meeting agenda, provided such a request is made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall agree with the Chairperson and Vice Chair whether the item is to be included within the agenda for any IJB meeting.

13.4. Professional Members and Stakeholder Members may submit items for inclusion in any IJB meeting agenda if the item pertains to their particular area of operation or interest and they consider it appropriate that it be included in any such agenda. Any such requests must be made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall agree with the Chairperson and Vice Chair whether the item is to be included within the agenda for any IJB meeting.

14. ORDER OF BUSINESS

14.1. The business of the IJB will proceed in the order specified in the notice calling the meeting which will be as follows, unless circumstances dictate otherwise:

14.1.1. Notification of Apologies;

14.1.2. Notification of Substitutes;

14.1.3. Declarations of Interest;

14.1.4. Urgent Business brought forward by the Chairperson in terms of Standing Order 12. Any such business will be intimated at the start of the meeting and discussed in the order determined by the Chairperson;

14.1.5. Minutes and Matters Arising;

14.1.6. Chief Officer's Update;

14.1.7. For Decision with Direction;

14.1.8. For Decision without Direction; and

14.1.9. Matters for noting will appear at the end of the agenda.

14.2. After the IJB has been sitting for two hours and not longer than two and a half hours, there will be an automatic break of at least 10 minutes. At the discretion of the Chairperson the break may be extended to not more than 30 minutes.

15. CONFLICT OF INTEREST

15.1. All members of the IJB, voting and non-voting must declare at the earliest possible stage or opportunities in the proceedings, any direct financial or non-financial interest where that interest arises in relation to an item of business to be transacted at a meeting of the IJB, or a committee of the IJB.

15.2. Where a financial or non-financial interest is disclosed under Standing Order 15.1 a member must apply the proper test for conflict of interest. If the member applies the test and determines that they have an interest which is so substantial that it would be likely, in the view of a member of the public with knowledge of the facts, to prejudice that member's discussion or decision making on the matter under consideration, the member declaring that interest must leave the meeting when the matter is being discussed.

15.3. When considering whether an interest fails to be disclosed under Standing Order 15.1, any member (including any substitute member) must have regard to the Code of Conduct for Members of the IJB and in particular Sections 4 and 5 of the Code and if required seek the advice of the Chairperson or the Standards Officer.

16. DEPUTATIONS

16.1. Deputation requests must be submitted to the Chief Officer by 5pm at least 2 clear working days before the meeting of the IJB or Committee takes place.

16.2. Deputations must only be from an office bearer or spokesperson of an organisation or group, unless the chairperson exercises discretion to allow a deputation which does not meet this standing order.

16.3. Deputations can only concern an item on the agenda of the forthcoming meeting and the deputation request must specify the agenda item it concerns.

16.4. The chairperson will ask the IJB or committee to decide whether they wish to hear the deputation. The decision will be taken in accordance with Standing order 18.

16.5. Deputations should be allowed no more than 10 minutes to present their case to the IJB or committee, although this can be reduced by the chairperson. Members will be entitled to question the deputation subject to the general principles of these standing orders.

16.6. At the end of the deputation process the deputation will return to the public seating area and will not take part in any debate, discussion or vote.

17. RECORDS

17.1. A record must be kept of the names of the members attending every meeting of the IJB or of a committee of the IJB.

17.2. Minutes of the proceedings of each meeting of the IJB or a committee of the IJB, including any decision made at that meeting, are to be drawn up and submitted to the next ensuing meeting of the IJB or the committee of the IJB for agreement after which they must be signed by the person presiding at that meeting.

18. DECISION MAKING

18.1. Where the IJB is asked to take a decision on a recommendation in papers from officers, the Chairperson will determine whether there is consensus among members on the proposed recommendation. In the absence of consensus, the question will be determined by a majority of votes of the voting members attending.

18.2. Amendments to a recommendation may be moved and seconded by voting members, and following discussion, the Chairperson will put the matter to the vote for or against the motion.

18.3. Any motion relevant to the item of business under discussion may be moved by a voting member. If seconded, the motion will be dealt with in accordance with Standing Order 18.2 above.

18.4. In the event of an equality of votes, no decision may be made on that item of business at the meeting and Standing Order 19 will apply.

19. DISPUTE RESOLUTION

19.1. In the event of an equality of votes, the matter will be remitted to the Chief Officer to carry out such further work and to provide such further information as may be required to enable the IJB to reconsider the matter at the following IJB meeting and reach a majority or consensus decision.

20. REVOCATION OF PREVIOUS RESOLUTIONS

20.1. Any proposal to amend or revoke a decision of the IJB within six months of that decision being made will require no less than two thirds of voting members present to approve.

21. ALTERATIONS TO STANDING ORDERS

21.1. The IJB shall have the power to alter and amend these Standing Orders at any of its meetings. Any proposed amendments should be presented in 'track' changes to the existing version for ease of sight and consideration by IJB members.

22. ESTABLISHMENT OF COMMITTEES

22.1. The IJB may establish committees of its members for the purpose of carrying out such of its functions as the IJB may determine. If the IJB establishes such a committee, it will:

22.1.1. determine the membership of that committee;

22.1.2. determine the terms of reference of that committee:

22.1.3. determine who will act as Chairperson of that committee;

22.1.4. prepare and adopt a Scheme of Delegation setting out the role and remit of the committee; and

22.1.5. set out, amongst other things, the composition, quorum, programme of meetings and all other relevant matters governing the operation of the committee.

These Standing Orders apply equally to Committees of the IJB as they do the IJB, subject to any modification as is required to meet the terms of reference and constitution of Committees.

23. DISCLOSURE OF INFORMATION

23.1 No member or officer shall disclose any Confidential Information.

24. APPLICATION OF STANDING ORDERS

24.1. In the event that there is any inconsistency between these Standing Orders and the IJB's Integration Scheme, the IJB's Integration Scheme shall prevail.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 13

Alcohol and Drug Partnership Annual Report

For Noting

Paper Approved for Submission by:	Dr Jennifer Borthwick, Interim Chief Officer
Paper presented by	Dr Oliver Harding, Public Health Consultant (Interim ADP Chair)
Author	Stacey McIntosh (Interim ADP Lead)
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To present the Alcohol and Drug Partnership (ADP) Annual Report 2025-26 to Integration Joint Board members which describes an update on the work over the past year. The Alcohol and Drug Partnership is sharing for awareness of the submission of the Annual Report to Scottish Government.

Recommendations:	The Integration Joint Board is asked to: 1) Note the contents of the ADP Annual Report 2025-26 2) Continue to seek updates on the ADP's collective work to reduce substance use harm across communities.

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Key issues and risks:	ADP partners have contributed to the contents of this report, minimising the risk associated with submission.

1. Background

1.1. ADP is partly funded by Scottish Government to coordinate the strategic delivery of national strategic planning objectives including Preventing Harm, Promoting Recovery and the Medication Assisted Treatment (MAT) Standards.

1.2. This year Scottish Government's requested submission date fell outside the usual schedule of ADP meetings. As such this report will be presented in retrospect at the next ADP meeting in September. Although IJB approval is not required this year, the report is being shared for awareness in line with IJB accountabilities.

1.3. The attached report was compiled on behalf of the ADP with contributions from partners across the system; demonstrating the continuation of harm reduction activity, and alignment of ADP approaches with partners across Community Planning Partnerships. Integration of health, social care and prevention and early intervention approaches are ongoing.

1.4. Draft ADP Annual Report 2025-26

There is no risk associated with submission of the ADP report, which is retrospective and does not mandate or delegate any decision to ADP. Not

submitting the report would risk delay to ADP/SG reporting cycles and, without careful explanation of the reasons for this, would risk reputational damage.

2. Staffing Update

In recent months there have been some key staffing changes within the ADP. The previous ADP Chair has now stepped down, and the ADP Lead Officer left post. Both roles have been filled on an interim basis, and a newly formed ADP executive group will continue to meet to progress the wider ADP agenda. Delivery of ADP work will be supported across the partnership by a number of specialist reference groups, which are currently in development.

3. Appendices

3.1 ADP Annual Report 2025-2026

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

Implications	
Finance:	None
Other Resources:	None
Legal:	None
Risk & mitigation:	There is no risk associated with noting the report, which is retrospective and does not mandate or delegate any decision to ADP. Not submitting the report would risk delay to ADP/SG reporting cycles and, without careful explanation of the reasons for this, would risk reputational damage.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA

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

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2025/26

Information Sheet

This survey collects information from all ADPs in Scotland on a range of aspects relating to drug and alcohol policy delivery **during the financial year 2025/26**.

Survey Platform – Questback

Following feedback on the previous format, the survey is now hosted on the Questback platform. This online platform should make completing the survey easier. We've also emailed you a Word version of the survey to share with colleagues if you need to. Please note that the word version of the survey contains links to resources mentioned and some additional footnotes that are not included in the online survey.

You will receive an email from Questback inviting you to take part in the ADP Annual Reporting Survey. When you click on the link you will be taken to the survey where you can record your answers. You can leave the survey and save what you have completed, accessing it again later through the same link. You can also navigate forwards and backwards through the survey with the arrow buttons.

We have tested the survey both internally and with a number of ADPs, but this is the first time we have administered the ADP Survey in this way, so please do let us know if you encounter any difficulties by emailing us at substanceuseanalyticalteam@gov.scot.

Survey content for 2025/26

The survey consists of single option and multiple-choice questions, with several open text questions. Multiple-choice options are provided for ease of completion, and it is not expected that all ADPs will have all options in place. The survey does not aim to capture the full breadth of your work but focuses on areas where progress is not otherwise reported nationally.

Questions cover a range of drug and alcohol policy areas and aim to minimise other requests to ADPs over the year. The survey includes both established questions to enable year on year comparison and new questions reflecting current and anticipated data needs.

The Survey has been reviewed and streamlined this year to reduce reporting burden. This is the final ADP Survey of the National Mission on Drugs. Following publication of Preventing Harm, Promoting Recovery: Scotland's Alcohol and Drugs Strategic Plan in March 2026, this survey will be reviewed to ensure alignment with future national priorities.

ADPs are not expected to contact services to respond to questions about activities they undertake in the ADP area. Where questions relate to service level activities, we are interested in the extent to which you are aware of these as an ADP.

Survey purpose and data handling

The data collected in this survey will be used to understand progress and support monitoring and evaluation of the National Mission and help shape future drug and alcohol policy and planning. It will inform work across policy areas such as the Whole Family Approach, surveillance, and residential rehabilitation. The data will also support the work of national organisations involved in local delivery.

We will publish data from closed questions at an ADP level to enable best use of survey data and ensure transparency. Summary findings from open questions will also be reported on. Your survey response is stored securely in line with data protection legislation through the Questback platform.

By completing the survey on behalf of my ADP, I understand that I am voluntarily consenting to participate and am free to withdraw at any time.

Publication of findings

Findings will be published as Official Statistics in the autumn, including data tables of ADP-level survey responses. The publication reporting on the 2024/25 ADP survey is available on the Scottish Government website. As in previous years you may also wish to publish your own return.

Timescales

The deadline for returns is Friday 10 July 2026. Your submission should be signed off by the ADP. We recognise that the timing of ADP meetings varies. If sign-off cannot be achieved by the submission date, please indicate this in your return and, where possible, provide an expected sign-off date in the open text box.

Questions?

If you require clarification on any areas of the survey, how to use Questback or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Below is a copy of your response to: Alcohol and Drug Partnership Survey 2026

- 1. Which Alcohol and Drug Partnership (ADP) do you represent?
    - Clackmannanshire & Stirling ADP

- 2. Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? If drug and alcohol deaths are reviewed at a combined group, please select both ‘Alcohol death review group’ and ‘Drug death review group or similar’
    - Alcohol death review group
    - Drug death review group or similar
    - Drug trend monitoring group/Early Warning System

- 3. Do families have the option to be involved in alcohol and/or drug death review groups?
    - No

- 4. Please provide further details?
    - In the 25/26 year there was on going work around reviewing alcohol deaths by ADP/Health Improvement colleagues. There were also processes in place to monitor drug trends, which were shared locally via a multi-agency Harm reduction group. This same group were provided a summary of drug related death data, which was monitored by Public Health and ADP/Health Improvement. The drug related death review process is being developed for the 26/27 year.

- 5. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, nitazines, xylazine etc.)?
    - No
- 6. If yes please provide details of any revisions.
    - We have not made any revisions, however we have contributed to PHS incident management team meeting when these have been convened.

- 7. New drug and alcohol staffing resources were published in 2025. How useful if at all do you think each of the following workforce resources are for the development of the sector in your area?
    - Drugs and alcohol workforce: Knowledge and skills framework
        - Moderately useful
    - Drug and alcohol workforce: Learning directory
        - Moderately useful
    - Pathways to employment: Supporting people with lived and living experience of substance use in to work (employer toolkit)
        - Very useful
    - Pathways to employment: Your guide to a career in substance use services (employee toolkit)
        - Very useful
    - Substance use - supporting employees with lived and living experience: Guiding principles
        - Very useful

- 8. Please describe how these resources are currently being used in your ADP area, and/or how they may be used in future? Please specify which resource(s) you are referring to.
    - The documents are used as part of staff training. However, overall, there has been little coordination of the use of these documents, so implementation is wholly dependent on services/organisations and awareness and use is variable. It has been identified that there is a need for wider discussion across ADP partners to raise awareness of the resources and their implementation.

- 9. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Select all that apply.
    - Engagement with recovery communities
    - Experiential data collected as part of the Medication Assisted Treatment (MAT) programme
    - Lived / living experience panel, forum and / or focus group

- 10. Have people from any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Select all that apply.
    - People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
    - People who are not employed at the ADP or at drug and/or alcohol services
    - People who are currently accessing treatment or support for problem drug use
    - People who are currently accessing treatment or support for problem alcohol use
    - People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
    - People who are experiencing homelessness
    - Women
    - Family involvement via Scottish Families Affected by Drugs.

- 11. In what ways are people with lived and living experience and / or family members able to participate in ADP decision-making? Select all that apply.
    - Through ADP board membership
        - People with lived and living experience
    - Through a group or network that is independent of the ADP
        - Family members
    - Through an existing ADP group/panel/reference group
        - People with lived and living experience
        - Family members

- 12. In the past year, to what extent has your ADP used the Charter of Rights for People Affected by Substance Use to inform service design, delivery and monitoring?
    - Some use in specific activities (e.g., staff training, service planning)

- 13. Please indicate in which of the following areas the Charter of Rights for People Affected by Substance Use has been used to inform development in your ADP area (select all that apply):

    - Service design or commissioning
    - Engagement with people with lived and living experience

- 14. Please describe what work has been carried out in 2025/26 in your ADP area to reduce stigma for people who use substances and/or their families.
    - In the 25/26 year Health Improvement colleagues were designing a training course around raising awareness of and reducing stigma, with a focus on the Primary Care setting.

- 15. Please describe any future plans in your ADP area to reduce stigma for people who use substances and/or their families
    - There will be ongoing discussion around delivery of the above training course by Health Improvement colleagues.

- 16. Do you provide targeted prevention communications to the following groups of people at an ADP level (not at a service level)? This includes communications delivered in any format, for example in person, at events, leaflets and posters, and online content (e.g. websites and social media). Select all that apply.
    - None of the above

- 17. Which of the following education or prevention activities were funded or supported by the ADP and which age groups were they targeted at? Select all that apply. Note: ‘supported’ refers to where the ADP provides resources of some kind (separate from financial, which is covered by “funded”). Some treatment and support options are not applicable for some age groups.
    - Campaigns / information
        - 25 years+ (adults)
    - Harm reduction services
        - 16-24 years (young people)
        - 25 years+ (adults)
    - Mental wellbeing education/ activities
        - 16-24 years (young people)
        - 25 years+ (adults)
    - Planet Youth

        - 0-15 years (children)
        - 16-24 years (young people)
    - Pregnancy & parenting
        - 16-24 years (young people)
        - 25 years+ (adults)

- 18. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Select all that apply.
    - Community pharmacies
        - Supply of naloxone
        - Injecting equipment provision
    - Drug services (NHS, third sector, council)
        - Supply of naloxone
        - Hepatitis C testing
        - Injecting equipment provision
        - Wound care
    - Family support services
        - Supply of naloxone
    - General practices
        - Hepatitis C testing
        - Wound care
    - Hospitals (incl. A&E, inpatient departments)
        - Supply of naloxone
        - Hepatitis C testing
        - Wound care
    - Mobile/outreach services
        - Supply of naloxone
        - Hepatitis C testing
        - Injecting equipment provision
        - Wound care
    - Peer-led initiatives
        - Supply of naloxone
        - Hepatitis C testing
        - Injecting equipment provision
    - Prison
        - Supply of naloxone

        - Hepatitis C testing
        - Wound care

- 19. Is there demand for any specific harm reduction intervention/service not currently available in your ADP area? Please provide details.
    - There has been discussion in recent multi-agency harm reduction meetings around the need for inhalation devices/support/interventions.

- 20. Which partners within your ADP area have documented pathways in place to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Select all that apply.
    - Community recovery providers
    - Scottish Ambulance Service
    - Specialist substance use treatment services
    - Third sector substance use services

- 21. Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Select all that apply.
    - Workforce capacity

- 22. At which stages of the criminal justice system does your ADP support referrals to drug and alcohol treatment services? Select all that apply.
    - Pre-arrest
    - In police custody
    - None of the above

- 23. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Select all that apply.
    - No

- 24. Who provides testing services for drugs and/or alcohol for people going through the justice system on an order or license in your area? Select all that apply.
    - Alcohol testing
        - NHS addiction services
    - Drugs testing
        - NHS addiction services

- 25. What methods are used for drugs and/or alcohol testing for people going through the justice system on an order or license in your area? Select all that apply
    - Handheld devices
        - Alcohol testing
    - Spit tests
        - Drugs testing
    - Urine tests
        - Drugs testing

- 26. What screening options are in place to address alcohol harms? Select all that apply.
    - Alcohol hospital liaison
    - Arrangements for the delivery of alcohol brief interventions in all priority settings

- 27. What treatment options are in place to address alcohol harms? Select all that apply.
    - Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
    - Alcohol hospital liaison
    - Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
    - Community-based alcohol detox (including at-home)
    - In-patient alcohol detox
    - Pathways into mental health treatment
    - Psychosocial counselling
    - Residential rehabilitation

- 28. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Select all that apply.
    - Availability of aftercare
    - Availability of detox services
    - Lack of bed capacity within ADP area

- 29. Have you made any revisions in your pathway to residential rehabilitation in the last year?
    - No revisions or updates made in 2025/26

- 31. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Select all that apply.
    - Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
    - Burden of data collection and reporting
    - Geographical challenges (e.g. remote, rural, etc.)

- 32. Which of the following treatment and support services are in place specifically for children and young people using alcohol and/or drugs? Select all that apply. Note: some treatment and support options are not applicable for some age groups.
    - Family support services
        - 16-24 years (young people)

- 33. How would you describe your ADP's position as at end 2025/26 in relation to the Standards for young people accessing treatment or support for alcohol or drugs, published in December 2025?
    - Not yet considered

- 34. Do you have specific treatment and support services in place for the following groups? (that are available in your ADP area). Select all that apply.
    - People who are experiencing homelessness
    - People who are involved in the justice system
    - People who are pregnant or peri-natal

    - Women
- 35. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care?
    - Yes

- 36. What arrangements are in place within your ADP area for people who present at substance use services with mental health problems for which they do not have a diagnosis? Select all that apply.
    - Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis
    - Pathways for referral to mental health services or other multi-disciplinary teams
    - Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)
    - Provision of joint appointments for those with co-occurring mental health problems and problem substance use
    - Provision of mental health assessments for people who are presenting with mental health problems

- 37. Which of the following activities are you aware of having been undertaken in ADP funded or supported services to implement a trauma-informed approach? Select all that apply.
    - Engaging with people with lived/living experience
    - Engaging with third sector/community partners
    - Provision of trauma-informed spaces/accommodation
    - Training existing workforce

- 38. Does your ADP area have specific referral pathways for people to access independent advocacy?
    - Don't know

- 39. If yes, are these commissioned directly by the ADP?
    - Don't know

- 41. Which of the following support services are in place for adults affected by another person’s substance use? Select all that apply.
    - Advocacy
    - Commissioned services
    - One to one support
    - Mental health support
    - Naloxone training
    - Support groups
    - Training

- 42. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area?
    - Don't know

- 44. Did your ADP conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member’s substance use in 2025/26?
    - No, and there are no plans to undertake one in 2026/27

- 45. Which of the following services supporting a Family Inclusive Practice or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Select all that apply.
    - Advice
    - Advocacy
    - Peer support
    - Social activities
    - Support for self care activities

- 46. What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Select all that apply.
    - There is an awareness of family inclusive practice, and families are involved where appropriate. Scottish Families Affected by Alcohol and Drugs is promoted across the ADP area to ensure family members have access to support in their own right.

- 47. Submissions should be signed off by the ADP. As the survey has been issued later than in previous years, we recognise this may affect the timing of approvals at ADP meetings, and that it may therefore not be feasible to obtain sign-off before the 10 July submission deadline. Please confirm whether your return has been signed off; if not, provide an expected sign-off date where possible at Q48.
    - Not yet signed off
        - ADP
        - IJB

- 48. Please provide sign off date or anticipated sign off date.
    - The survey will be taken to the next ADP Executive meeting, which is intended to take place in September, when a date has been confirmed with the new Interim Chair.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

23 September 2026

Agenda Item 14

Climate Change Report 2025/2026

For Noting and 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	Lisa Powell, Planning and Policy Development Manager
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

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

Purpose of Report:	To fulfil its statutory duties under the Climate Change (Scotland) Act 2009, the Integration Joint Board is required to produce and publish an annual Climate Change Duties Report.

Recommendations:	The Integration Joint Board (IJB) is asked to: 1) Approve the draft Climate Change Report 2025 / 2026 (in appendix 1) for submission to Sustainable Scotland Network.

1. Background

1.1 Climate change and biodiversity loss have implications for public services, communities and population health. As public bodies, Integration Joint Boards are subject to the climate change duties set out within the Climate Change (Scotland) Act 2009. Responsibilities under this Act contribute to national efforts to reduce greenhouse gas emissions, support adaptation to a changing climate and act sustainably in the exercise of their functions.

1.2 In fulfilling these duties, the role of the IJB is to ensure that sustainability and climate considerations are appropriately reflected within strategic planning, commissioning arrangements and decision-making processes. This includes maintaining oversight of relevant sustainability activity across partner organisations and considering the potential implications of climate change when strategies, plans and services are developed locally.

1.3 The delivery of health and social care services is increasingly influenced by a range of environmental, social and economic factors. Consideration of sustainability and climate resilience supports a broader understanding of future opportunities and challenges. In turn, helping to ensure that health and social care services remain responsive, sustainable and capable of meeting the needs of communities over the longer term.

2. Context

2.1. The Climate Change (Scotland) Act 2009 places duties on public bodies to contribute to emissions reduction, support adaptation to climate change and act sustainably in the exercise of their functions. Supporting regulations require Integration Joint Boards to prepare and publish an annual Climate

Change Duties Report, setting out how these duties have been considered within strategic planning, governance and decision-making processes.

2.2. In 2026, the Scottish Government published its Climate Change Plan 2026-2040, setting out the policies and proposals intended to support delivery of Scotland's carbon budgets and the long-term target of achieving net zero greenhouse gas emissions by 2045. The Plan reinforces the importance of embedding climate considerations across public services, recognising the interrelationship between climate change, population health, wellbeing, inequalities and service sustainability. Alongside emissions reduction, the Plan places increasing emphasis on climate adaptation, resilience and the principles of a just transition, ensuring that climate action is delivered in a way that supports communities and reduces adverse impacts on vulnerable populations. The Plan also recognises the contribution that preventative approaches, community-based services and wider public service reform can make to delivering sustainable outcomes and improving health and wellbeing.

2.3. Responsibility for many of the operational actions associated with reducing emissions and responding to climate change sits with NHS Boards, Local Authorities and other service providers. As a strategic planning and commissioning body, the role of the Integration Joint Board is distinct and focuses on ensuring that sustainability considerations are appropriately reflected within its strategic planning, governance and decision-making responsibilities.

2.4. NHS Forth Valley, Clackmannanshire Council and Stirling Council each have their own sustainability, climate change and adaptation arrangements, priorities and reporting mechanisms. The Health and Social Care Partnership continues to strengthen links with partner organisations in relation to sustainability and climate resilience, supporting awareness of developments across the wider system and providing opportunities to consider how sustainability and climate adaptation can be reflected within strategic planning, commissioning and the delivery of health and social care services.

2.5. An example of recent environmental legislation with relevance to communities across Clackmannanshire and Stirling is the introduction of restrictions on single-use vapes. The environmental impact of vaping was a key driver behind the four-nation agreement to introduce the Environmental Protection (Single-use Vapes) Regulations 2024, which banned the sale and supply of single-use vapes from 1 June 2025. The legislation was developed in response to concerns about litter, waste generation, resource depletion and the disposal of lithium-ion batteries contained within vapes. These batteries contain valuable materials, including lithium and copper, but can also present environmental and safety risks when disposed of incorrectly.

2.6. Although definitive national-level data on the impact of the ban is not yet available, early evidence from campaigning charities suggests positive environmental outcomes. The Marine Conservation Society and Keep Scotland Beautiful have reported reductions in vape-related litter following implementation of the ban. However, evidence of wider impacts is less conclusive. Scottish Fire and Rescue Service data shows that lithium battery-

related fires increased from 20 incidents in 2019 to 69 incidents in 2025, although these incidents relate to a range of battery-powered products and cannot be attributed to single-use vapes alone. Consequently, the broader environmental and safety impacts associated with lithium battery waste, which includes single-use vapes, remain an important area for ongoing review and monitoring.

3. Climate Change duties Report 2025 / 2026

3.1. The Climate Change Duties Report 2025/26 (Appendix 1) has been prepared in accordance with national reporting requirements and provides a summary of activity undertaken by the Integration Joint Board during the reporting period in relation to climate change, sustainability and adaptation.

3.2. The content of the report reflects the role and functions of the Integration Joint Board. As the Board does not directly employ staff, own assets or deliver services, many of the operational activities associated with emissions reduction, estates, fleet management and workforce arrangements sit with the three partner organisations. The Climate Change Duties Report 2025/26 therefore focuses on the strategic role of the Integration Joint Board and provides assurance regarding how climate change duties have been considered and reflected within governance, planning and decision-making arrangements during the reporting year.

4. Conclusions

4.1. The IJB has a statutory responsibility to consider climate change, climate adaptation and sustainability in the exercise of its functions and to report annually on how these duties have been addressed.

4.2. Whilst many operational actions relating to emissions reduction and climate adaptation are delivered by constituent organisations, the IJB has an important role in ensuring that these considerations are reflected within strategic planning, commissioning and decision-making processes.

5. Next Steps

5.1 The Integration Joint Board (IJB) is asked to:

- Review and approve the draft Climate Change Report 2025 / 2026 (in appendix 1) for submission to Sustainable Scotland Network.

6. Appendices

6.1 Appendix 1 - Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2025 / 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:	None to note
Other Resources:	None to note
Legal:	Approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2024 / 2025 will ensure the Board is able to meets its requirements under the Climate Change (Scotland) Act 2009.
Risk & mitigation:	If the Board do not approve the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2024 / 2025 they will be in breach of statutory requirements.
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2 The content of this report **does not** require Fairer Duty Scotland Assessment

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2025/26

1. Overview

This template is provided for public bodies required to report annually in accordance with the Climate Change (Duties of Public Bodies Reporting Requirements) (Scotland) Order 2015, as amended by the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 which took effect for reporting periods commencing on or after 1 April 2021.

Reports must be submitted to ccreporting@ed.ac.uk by 30th November. Late submissions will not be accepted for analysis and may be deemed non-compliant with Public Bodies Duties reporting requirements.

2. Guidance

1. Please do not delete any cells, rows or columns. This may corrupt the template/data and compromise analysis. If you need more rows in any table please email the file to ccreporting@ed.ac.uk.

2. You can hide any extra rows within tables and freeze panes to keep the header/column rows visible when scrolling in a long or wide table.

3. Double-click on a text cell that you want to paste in to, single-clicking may bring up an error message.

4. Please complete the "Boundary info" tab. This will enable improved assessment of data coverage and inform SSN analysis.

5. The "Profile of Body" tab must be completed before proceeding to add any other data.

6. To ensure that the correct emission factors are applied please ensure that you are using the correct template for the reporting year type under Q1f. If your organsiation reports according to the academic year, usually August to July, you must use the Academic Year template.

7. In Q3b emissions sources can be filtered by type in Column C. The list of available factors is visble on the Emission Factors tab. Please do not edit this list, use "other" if an EF is not available.

8. Only use the "other" rows when there is no relevant emission source available in the dropdown list or if you have bespoke data/emission factors. Please provide a brief explanation in the comment.

9. Water supply and treatment (sewage) emission factors are based on Scottish Water's carbon intensities for service supply. If you wish to use UK factors you need to enter manually in an "Other" row.

10. More detailed guidance is available on the SSN website

3. Colour Coding used in the template

	Dropdown box - select from list of options
	Uneditable/fixed entry cell
	Editable cell

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2025/26

Please answer all questions below with respect to the public body's reporting boundary for the reporting period.
The information is intended to improve data coverage and inform analysis, in particular, to help identify data gaps.
There are 3 response options:

YES - data is available and is reported
NO - there is no emission source or activity
? - the source/activity occurs, but it is not monitored, or no data is currently available

Any points of clarification can be added in the comments field for the corresponding emissions source(s) in Table 3b on the Emissions tab.

Emissions source/activity		Select from dropdown list
Owned estate	Are any buildings owned by the public body?	
Natural gas	Is natural gas used to heat any of the owned estate	
Other heating & fuels	Are other heating fuels used on any of the owned estate	
Managed services	Are building services managed on behalf of another public body that shares or leases space?	
Leased premises -public	Are building services managed and provided by another public body?	
Leased premises - private	Are building services managed and provided by a private landlord?	
Purchased heat and steam	Is heat or steam purchased to supply any of the owned estate	
Fleet and equipment	Are any vehicles or fossil-fueled machinery or equipment owned or leased, excludes short-term or infrequent hires?	
Refrigerants/F-gases	Are there any air conditioning or refrigeration systems that require refrigerant gas top-ups?	
Medical gases	Are medical gases used?	
Business travel - private	Do staff undertake business travel by private car?	
Business travel - flights	Do staff undertake any business travel by plane?	
Homeworking	Do any staff work from home - including hybrid?	
Supply chain	Are any goods or services purchased?	
Land use	Are more than 10 hectares of land owned or managed for public services provision, including for research or recreation?	

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2025/26

PART 1 Profile of Reporting Body

1a **Name of reporting body**

Provide the name of the listed body (the "body") which prepared this report.

Clackmannanshire and Stirling Integration

1b **Type of body**

Select from the options below

Integration Joint Boards

1c **Highest number of full-time equivalent staff in the body during the report year**

0

1d **Metrics used by the body**

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Please select from drop down box			
Other (please specify in comments)			
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Other (please specify in comments)			
Other (please specify in comments)			

1e **Overall budget of the body**

Specify approximate £/annum for the report year.

Budget	Budget Comments
£269.232m	IJB Wednesday 24 June 2026.pdf (P151)

1f **Report type**

Fixed to financial year - Ensures that the correct set of emissions factors is auto-populated in Q3b.

Reporting type	Report year comments
Financial/Calendar/Other	£77.88

1g **Context**

Provide a summary of the body's role and functions that are relevant to climate change reporting.

The Integration Joint Board is responsible for the services as outlined in the Public Bodies (Joint Working) Scotland Act 2014.

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2025/26

PART 2 Governance, Management and Strategy

Governance and management

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements. Provide a diagram / chart to outline the governance structure within the body.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

2b How is climate change action managed and embedded in the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body. Provide a diagram to show how responsibility is allocated to the body's senior staff, departmental heads etc.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Strategy

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Wording of objective	Name of document	Document Link

2d Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

2e Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation				
Business travel				
Staff Travel				
Energy efficiency				
Fleet transport				
ICT				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (please specify in comments)				
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2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

Further information

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2025/26

PART 3 Corporate Emissions, Targets and Project Data

Emissions

3a Emissions from the start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint / management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b). If data is not available for any year from the start of the baseline year to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

Select appropriate baseline year. Total emissions for the latest year should equal total emissions in Q3b.

Reference year	Year	Year type	Scope 1	Scope 2	Scope 3	Total	Units	Comments
Baseline Year	2005/06	Financial/Calendar/Other				-	tCO_2e	
Year 1 carbon footprint	2006/07	Financial/Calendar/Other				-	tCO_2e	
Year 2 carbon footprint	2007/08	Financial/Calendar/Other				-	tCO_2e	
Year 3 carbon footprint	2008/09	Financial/Calendar/Other				-	tCO_2e	
Year 4 carbon footprint	2009/10	Financial/Calendar/Other				-	tCO_2e	
Year 5 carbon footprint	2010/11	Financial/Calendar/Other				-	tCO_2e	
Year 6 carbon footprint	2011/12	Financial/Calendar/Other				-	tCO_2e	
Year 7 carbon footprint	2012/13	Financial/Calendar/Other				-	tCO_2e	
Year 8 carbon footprint	2013/14	Financial/Calendar/Other				-	tCO_2e	
Year 9 carbon footprint	2014/15	Financial/Calendar/Other				-	tCO_2e	
Year 10 carbon footprint	2015/16	Financial/Calendar/Other				-	tCO_2e	
Year 11 carbon footprint	2016/17	Financial/Calendar/Other				-	tCO_2e	
Year 12 carbon footprint	2017/18	Financial/Calendar/Other				-	tCO_2e	
Year 13 carbon footprint	2018/19	Financial/Calendar/Other				-	tCO_2e	
Year 14 carbon footprint	2019/20	Financial/Calendar/Other				-	tCO_2e	
Year 15 carbon footprint	2020/21	Financial/Calendar/Other				-	tCO_2e	
Year 16 carbon footprint	2021/22	Financial/Calendar/Other				-	tCO_2e	
Year 17 carbon footprint	2022/23	Financial/Calendar/Other				-	tCO_2e	
Year 18 carbon footprint	2023/24	Financial/Calendar/Other				-	tCO_2e	
Year 19 carbon footprint	2024/25	Financial/Calendar/Other				-	tCO_2e	
Year 20 carbon footprint	2025/26	Financial/Calendar/Other				-	tCO_2e	

3b Breakdown of emissions sources Please do not delete rows or columns anywhere in this template. It is password protected to prevent corruption. Empty rows in tables can be hidden and panes can be frozen to enable scrolling in larger tables.

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If there is no data consumption available for an emission source enter the emissions in kgCO2e in the 'Consumption' column of one of the "Other" rows and assign the scope and an emission factor of 1.

(a) Emissions factors are published annually by the UK Department for Energy Security & Net Zero

Emission Factor Year 2025

You can filter emission sources by "type" in column C to enable quicker selection of emission source in column D. See the list in the Emissions Tab.

Please only use "Other" (row 133) if there is no relevant emission source in the dropdown list or consumption emissions have been derived from e.g. a survey or non-standard methodology. Extra rows can be added by sending the template to ccreporting@ed.ac.uk.

Emission Type	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO_2e)	Comments	
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						Total Emissions	-		

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

	Renewable Electricity		Renewable Heat		
Technology	Total consumed by the body (kWh)	Total exported (kWh)	Total consumed by the body (kWh)	Total exported (kWh)	Comments
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Targets

3d Organisational targets

List all of the body's targets of relevance to its climate change duties. Where applicable, targets for reducing indirect emissions of greenhouse gases, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included. Where applicable, you should also provide the body's target date for achieving zero direct emissions of greenhouse gases, or such other targets that demonstrate how the body is contributing to Scotland achieving its emissions reduction targets.

Name of target	Type of target	Target	Units	Boundary/scope of target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Progress against target	Comments
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3da How will the body align its spending plans and use of resources to contribute to reducing emissions and delivering its emission reduction targets?

Provide any relevant supporting information.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would

3db How will the body publish, or otherwise make available, it's progress towards achieving its emissions reduction targets?

Provide any other relevant supporting information, including links to published reports.

Referencing this report is unnecessary and an inadequate response.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would

Projects and changes

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented for an emissions source, enter "0".
If there is body does not have any information for an emissions source, enter "Unknown".
If the body does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO_2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet transport		
Other (please specify in comments)		
Please select from drop down box		
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Total	-	

3f **Detail the top 10 carbon reduction projects to be carried out by the body in the report year**

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year. Under "First full year of savings" enter the reporting period (i.e.. 2024/25)

Project name	Funding source	First full year of CO_2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO_2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
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3g **Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year**

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction

Emissions source	Total estimated annual emissions (tCO_2e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Total		-	

3h **Anticipated annual carbon savings from all projects implemented by the body in the year ahead**

If no projects are expected to be implemented against an emissions source, enter "0".
If the organisation does not have any information for an emissions source, enter "Unknown".
If the organisation does not include the emissions source in its carbon footprint, enter "N/A".

Emissions source	Total estimated annual carbon savings (tCO_2e)	Comments
Electricity		
Natural gas		
Other heating fuels		
Waste		
Water and sewerage		
Travel		
Fleet Transport		
Other (please specify in comments)		
Please select from drop down box		
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Total	-	

3i **Estimated decrease or increase in emissions from other sources in the year ahead**

If the body's corporate emissions are likely to increase or decrease for any other reason in the year ahead, provide an estimate of the amount and direction.

Emissions source	Total estimated annual emissions (tCO_2e)	Increase or decrease in emissions	Comments
Estate changes		Please select from drop down box	
Service provision		Please select from drop down box	
Staff numbers		Please select from drop down box	
Other (please specify in comments)		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
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Please select from drop down box		Please select from drop down box	
Please select from drop down box		Please select from drop down box	
Total		-	

3j **Total carbon reduction project savings since the start of the year which the body used as a baseline for its carbon footprint**

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total savings	Total estimated emissions savings (tCO_2e)	Comments
Total project savings since baseline year		

Further information

3k **Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to corporate emissions, targets and projects.

PART 4 Adaptation - please do not include information in this part on measures that solely reduce emissions with no implications for climate adaptation. These are climate mitigation measures which should be reported in the Emissions tab.

Assessing and managing risk

4a Has the body assessed current and future climate-related risks?
If yes, provide a reference or link to any such risk assessment(s). **Please report assessments of current risk separate from future risk assessments, where feasible.**

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

4b What arrangements does the body have in place to manage climate-related risks?
Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Taking action

4c What action has the body taken to adapt to climate change?
Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action. The body may wish to make reference to the Scottish Climate Change Adaptation Programme ("the Programme").

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

4d Where applicable, what contribution has the body made to helping deliver the Programme?
Provide any other relevant supporting information

Review, monitoring and evaluation

4e What arrangements does the body have in place to review current and future climate risks?
Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

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4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?
Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Future priorities for adaptation

4g What are the body's top 5 climate change adaptation priorities for the year ahead?
Provide a summary of the areas and activities of focus for the year ahead.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

Further information

4h Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to adaption.

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2025/26

PART 5 Procurement

5a **How have procurement policies contributed to compliance with climate change duties?**

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

5b **How has procurement activity contributed to compliance with climate change duties?**

Provide information relating to how the procurement activity of the body has contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

Further information

5c **Supportive information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

Public Bodies Climate Change Duties Compliance Reporting Financial Year Template 2020/20

PART5 Validation and Declaration

5a **Internal validation process**

Briefly describe the body's internal validation process, if any of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

5b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

5c **External validation process**

Briefly describe the body's external validation process, if any of the data or information contained within this report.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

5d **No Validation Process**

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet vans the responsibilities are limited. We would refer readers to the three constituent authorities.

6 Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	Lee Robb
Body/Authority	Clackmannanshire and Stirling Integration Joint Board
Date	30/09/2020 Date to format (dd/mm/yyyy)

Recommended Reporting: Reporting on Wider Influence

Wider Impact and Influence on GHG Emissions

Q1) Historic Emissions (Local Authorities Only) - Still based on most recently available data from July 2025

Please indicate emissions and unit of measurement (e.g. tCO_2e) and years. Please populate data by selecting from the drop-down lists. Use (1) as the default unless targets and actions relate to (2).

Please note : territorial emissions of carbon dioxide (CO_2), methane (CH_4) and nitrous oxide (N_2O) are provided, but not fluorinated gases, which are included in the UK territorial greenhouse gas emissions statistics. Statistics were provided only for carbon dioxide emissions, prior to publication of the 2005 to 2020 dataset in 2022.

Please note : the UK local authority and regional GHG emissions statistics for 2005–2024 are due in summer 2026 and were not available at the time of this template being issued.

(1) UK local and regional CO2e emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO2e emissions: **full dataset**:

https://www.gov.uk/government/statistics/uk-local-authority-and-regional-greenhouse-gas-emissions-statistics-2005-to-2023

Local Authority:(Please State)	Please select from drop down box
DESNZ Dataset:(full or sub-set)	Please select from drop down box

Source	Sector	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Units	Comments
DESNZ Sectors	Total Emissions	-	-	-	-	-	-	-	-	-	-	-	-	ktCO2e	
	Industry and Commercial													ktCO2e	
	Domestic													ktCO2e	
	Transport total													ktCO2e	
	Per Capita													ktCO2e	
Other Sectors	Please select from drop down box													Please select from drop down box	
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2a) Targets
Please detail any wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target	Target/End year	Saving in latest year measured	Latest Year Measured	Comments
Please select from drop down box		Please select from drop down box		Please select from drop down box		Please select from drop down box		Please select from drop down box	
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2b) Does the body have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond its corporate boundary?

Q3) Policies and Actions to Reduce Emissions
Please detail specific policies and actions underway to achieve emission reduction targets

Sector	Start year for policy/action implementation	Year that the policy/action will be fully implemented	Annual CO_2 saving once fully implemented (tCO_2)	Latest Year measured	Saving in latest year measured (tCO_2)	Status	Metric/indicators for monitoring progress	Delivery Role	During project/policy design and implementation, has ISM or an equivilent behaviour change tool been used?	Please give further details of this behaviour change activity.	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy/Action	Comments
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Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communications and Capacity Building
Please detail climate change partnerships, communications or capacity building initiatives below.

Key Action Type	Description	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments
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Other Notable Reportable Activity

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments
Please select from drop down box		Please select from drop down box		
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Q6) Please provide information on any other climate change-related activity that is not noted elsewhere in the template

Factors by Category

	Category						
Scope	Level 1	Level 2	Level 3	UOM	GHG Conversion Factor 2025 (kgCO2e/unit)	GHG Conversion Factor 2024 (kgCO2e/unit)	Change since 2024
Scope 1	Bioenergy	Biogas	Biogas	kWh	0.00022	0.00023	-4%
Scope 1	Bioenergy	Biogas	Biogas	tonnes	1.24314	1.26431	-2%
Scope 1	Bioenergy	Biogas	Landfill gas	kWh	0.0002	0.0002	0%
Scope 1	Bioenergy	Biomass	Wood chips	kWh	0.01150	0.01132	2%
Scope 1	Bioenergy	Biomass	Wood chips	tonnes	43.43964	42.76487	2%
Scope 1	Bioenergy	Biomass	Wood pellets	kWh	0.01150	0.01132	2%
Scope 1	Bioenergy	Biomass	Wood pellets	tonnes	55.19389	54.33654	2%
Scope 1	Fuels	Liquid fuels	Aviation spirit	kWh	0.24382	0.24382	0%
Scope 1	Fuels	Liquid fuels	Aviation spirit	litres	2.33116	2.33116	0%
Scope 1	Fuels	Liquid fuels	Aviation turbine fuel	kWh	0.24758	0.24758	0%
Scope 1	Fuels	Liquid fuels	Aviation turbine fuel	litres	2.54269	2.54269	0%
Scope 1	Fuels	Liquid fuels	Burning oil (Kerosene)	kWh	0.24677	0.24677	0%
Scope 1	Fuels	Liquid fuels	Burning oil (Kerosene)	litres	2.54016	2.54015	0%
Scope 1	Fuels	Liquid fuels	Burning oil (Kerosene)	tonnes	3165.04181	3165.04181	0%
Scope 1	Fuels	Solid fuels	Coal (industrial)	tonnes	2395.28994	2399.43994	0%
Scope 1	Fuels	Liquid fuels	Diesel (100% mineral diesel)	litres	2.66155	2.66155	0%
Scope 1	Fuels	Liquid fuels	Diesel (average biofuel blend)	litres	2.57082	2.51279	2%
Scope 1	Fuels	Liquid fuels	Fuel oil	kWh	0.26813	0.26814	0%
Scope 1	Fuels	Liquid fuels	Fuel oil	litres	3.17492	3.17493	0%
Scope 1	Fuels	Liquid fuels	Fuel oil	tonnes	3228.89019	3228.89019	0%
Scope 1	Fuels	Liquid fuels	Gas oil	kWh	0.2565	0.2565	0%
Scope 1	Fuels	Liquid fuels	Gas oil	litres	2.75541	2.75541	0%
Scope 1	Fuels	Liquid fuels	Gas oil	tonnes	3226.57859	3226.57859	0%
Scope 1	Fuels	Gaseous fuels	LPG	kWh	0.21450	0.21450	0%
Scope 1	Fuels	Gaseous fuels	LPG	litres	1.55713	1.55713	0%
Scope 1	Fuels	Liquid fuels	Marine fuel oil	litres	3.10202	3.10202	0%
Scope 1	Fuels	Liquid fuels	Marine gas oil	litres	2.77139	2.77139	0%
Scope 1	Fuels	Gaseous fuels	Natural gas	kWh	0.18296	0.18290	0%
Scope 1	Fuels	Liquid fuels	Petrol (100% mineral petrol)	litres	2.33984	2.35372	-1%
Scope 1	Fuels	Liquid fuels	Petrol (average biofuel blend)	litres	2.06916	2.08440	-1%
Scope 1	Fuels	Gaseous fuels	Propane	kWh	0.2141	0.2141	0%
Scope 1	Fuels	Gaseous fuels	Propane	litres	1.54358	1.54357	0%
Scope 1	Fuels	Liquid fuels	Waste oils	kWh	0.25641	0.25641	0%
Scope 1	Fuels	Liquid fuels	Waste oils	litres	2.74924	2.74923	0%
Scope 1	Fuels	Liquid fuels	Waste oils	tonnes	3219.37916	3219.37916	0%
Scope 1	Medical gas (Process)	Other products	Desflurane	kg	2540	2540	0%
Scope 1	Medical gas (Process)	Other products	Sevoflurane	kg	130	130	0%
Scope 1	Medical gas (Process)	Other products	Isoflurane	kg	510	510	0%
Scope 1	Medical gas (Process)	Other products	Anaesthetic Nitrous Oxide	kg	265	298	-11%
Scope 1	Refrigerants	Other products	HFC-134a	kg	1300	1300	0%
Scope 1	Refrigerants	Other products	HFC-32	kg	677	677	0%
Scope 1	Refrigerants	Blends	R404A	kg	3943	3943	0%
Scope 1	Refrigerants	Blends	R407C	kg	1624	1624	0%
Scope 1	Refrigerants	Blends	R410A	kg	1924	1924	0%
Scope 1	Refrigerants	Blends	R422D	kg	2473	2473	0%
Scope 1	Refrigerants	Blends	R422E	kg	2350	2350	0%
Scope 1	Refrigerants	Blends	R423A	kg	2274	2274	0%
Scope 1	Refrigerants	Blends	R424A	kg	2212	2212	0%
Scope 1	Refrigerants	Blends	R425A	kg	1431	1431	0%
Scope 1	Refrigerants	Blends	R426A	kg	1371	1371	0%
Scope 1	Refrigerants	Blends	R427A	kg	2024	2024	0%
Scope 1	Refrigerants	Blends	R428A	kg	3417	3417	0%
Scope 1	Refrigerants	Blends	R429A	kg	15.3	15.3	0%
Scope 1	Refrigerants	Blends	R430A	kg	106	106	0%
Scope 1	Refrigerants	Blends	R431A	kg	40	40	0%
Scope 1	Refrigerants	Blends	R432A	kg	1.8	1.8	0%
Scope 1	Refrigerants	Blends	R433A	kg	0.64	0.64	0%
Scope 1	Refrigerants	Blends	R433B	kg	0.16	0.16	0%
Scope 1	Refrigerants	Blends	R433C	kg	0.55	0.55	0%
Scope 1	Refrigerants	Blends	R434A	kg	3075	3076	0%
Scope 1	Refrigerants	Blends	R435A	kg	28.4	28.4	0%
Scope 1	Refrigerants	Blends	R436A	kg	1.35	1.35	0%
Scope 1	Refrigerants	Blends	R436B	kg	1.47	1.47	0%
Scope 1	Refrigerants	Blends	R437A	kg	1639	1639	0%
Scope 1	Refrigerants	Blends	R438A	kg	2059	2059	0%
Scope 1	Refrigerants	Blends	R439A	kg	1828	1828	0%
Scope 1	Refrigerants	Blends	R440A	kg	156	156	0%
Scope 1	Refrigerants	Blends	R441A	kg	0	0	0%
Scope 1	Refrigerants	Blends	R442A	kg	1754	1754	0%
Scope 1	Refrigerants	Blends	R443A	kg	1	1	0%
Scope 1	Refrigerants	Blends	R444A	kg	89	89	0%
Scope 1	Refrigerants	Blends	R445A	kg	118	118	0%
Scope 1	Refrigerants	Blends	R500	kg	7564	7564	0%
Scope 1	Refrigerants	Blends	R501	kg	3870	3870	0%
Scope 1	Refrigerants	Blends	R502	kg	4786	4786	0%
Scope 1	Refrigerants	Blends	R503	kg	13299	13299	0%
Scope 1	Refrigerants	Blends	R504	kg	4299	4299	0%
Scope 1	Refrigerants	Blends	R505	kg	7956	7956	0%
Scope 1	Refrigerants	Blends	R506	kg	3857	3857	0%
Scope 1	Refrigerants	Blends	R507A	kg	3985	3985	0%
Scope 1	Refrigerants	Blends	R508A	kg	11607	11607	0%
Scope 1	Refrigerants	Blends	R508B	kg	11698	11698	0%
Scope 1	Refrigerants	Blends	R509A	kg	5758	5758	0%
Scope 1	Refrigerants	Blends	R510A	kg	1.24	1.24	0%
Scope 1	Refrigerants	Blends	R511A	kg	7	7	0%
Scope 1	Refrigerants	Blends	R512A	kg	196	196	0%
Scope 1	Refrigerants	Other products	R600 = butane	kg	0.006	0.006	0%
Scope 1	Refrigerants	Other products	R600A = isobutane	kg	3	3	0%
Scope 1	Refrigerants	Other products	R601 = pentane	kg	5	5	0%
Scope 1	Refrigerants	Other products	R601A = isopentane	kg	5	5	0%
Scope 2	Heat and steam	Heat and steam	District heat and steam	kWh	0.17529	0.17965	-2%
Scope 2	Heat and steam	Heat and steam	Onsite heat and steam	kWh	0.17529	0.17965	-2%
Scope 2	Electricity	Electricity generated	Electricity: UK	kWh	0.17700	0.20705	-15%
Scope 2	Renewables	Renewable Elec Purchase Direct Supply	Renewable Elec Purchase Direct Supply	kWh	0	0	
Scope 2	Renewables	Renewable Heat Purchase Direct Supply	Renewable Heat Purchase Direct Supply	kWh	0	0	
Scope 2&3	Transport - car	Cars (by size)	Average business travel car - Battery Electric Vehicle	km	0.04047	0.04745	-100%
Scope 2&3	Transport - car	Cars (by size)	Average business travel car - Battery Electric Vehicle	miles	0.06512	0.07636	-100%
Scope 2&3	Transport - car	Cars (by size)	Average business travel car - Plug-in Hybrid Electric Vehicle	km	0.10461	0.10853	-100%
Scope 2&3	Transport - car	Cars (by size)	Average business travel car - Plug-in Hybrid Electric Vehicle	miles	0.16834	0.17465	-100%
Scope 3	Electricity	T&D- UK electricity	Transmission and distribution - Electricity: UK	kWh	0.01853	0.01830	-100%
Scope 3	Heat and steam	Heat and steam	Transmission and distribution - district heat & steam, 5% loss	kWh	0.00945	0.00946	-100%
Scope 3	Homeworking	Homeworking (office equipment + heating)	Homeworking (office equipment + heating)	FTE Working Hour	0.33378	0.33378	-100%
Scope 3	Hotel stay	Hotel stay	Hotel stay - UK	Room per night	10.4	10.4	-100%
Scope 3	Hotel stay	Hotel stay	Hotel stay - UK (London)	Room per night	11.5	11.5	-100%
Scope 3	Material use	Construction	Aggregates - Primary material production	tonnes	7.79306	7.75127	-100%
Scope 3	Material use	Construction	Aggregates - Recycled source	tonnes	3.21835	3.19485	-100%
Scope 3	Material use	Construction	Aggregates - Re-used	tonnes	2.21	2.21	-100%
Scope 3	Material use	Construction	Asphalt - Primary material production	tonnes	39.21249	39.21249	-100%
Scope 3	Material use	Construction	Asphalt - Recycled source	tonnes	28.67835	28.65485	-100%
Scope 3	Material use	Construction	Asphalt - Re-used	tonnes	1.73826	1.73826	-100%
Scope 3	Material use	Construction	Average construction - Primary material production	tonnes	75.00675	74.88652	-100%
Scope 3	Material use	Electrical items	Batteries - Alkaline - Primary material production	tonnes	4633.47826	4633.47826	-100%
Scope 3	Material use	Electrical items	Batteries - Li ion - Primary material production	tonnes	6308	6308	-100%
Scope 3	Material use	Electrical items	Batteries - NiMh - Primary material production	tonnes	28380	28380	-100%
Scope 3	Material use	Construction	Bricks - Primary material production	tonnes	241.79306	241.75127	-100%
Scope 3	Material use	Other	Clothing - Primary material production	tonnes	22310	22310	-100%
Scope 3	Material use	Other	Clothing - Re-used	tonnes	152.25	152.25	-100%
Scope 3	Material use	Organic	Compost derived from food and garden waste - Primary material production	tonnes	114.90473	114.83347	-100%
Scope 3	Material use	Organic	Compost derived from garden waste - Primary material production	tonnes	112.08811	112.01684	-100%

Scope 3	Material use	Construction	Concrete - Primary material production	tonnes	118.79306	118.75127	-100%
Scope 3	Material use	Construction	Concrete - Recycled source	tonnes	3.21835	3.19485	-100%
Scope 3	Material use	Electrical items	Electrical items - fridges and freezers - Primary material production	tonnes	4363.33333	4363.33333	-100%
Scope 3	Material use	Electrical items	Electrical items - IT - Primary material production	tonnes	24865.47556	24865.47556	-100%
Scope 3	Material use	Electrical items	Electrical items - large - Primary material production	tonnes	3267	3267	-100%
Scope 3	Material use	Electrical items	Electrical items - small - Primary material production	tonnes	5647.94563	5647.94563	-100%
Scope 3	Material use	Other	Food and drink - Primary material production	tonnes	3701.40359	3701.40359	-100%
Scope 3	Material use	Other	Glass - Primary material production	tonnes	1402.76667	1402.76667	-100%
Scope 3	Material use	Other	Glass - Recycled source	tonnes	823.18954	823.18954	-100%
Scope 3	Material use	Construction	Insulation - Primary material production	tonnes	1861.79306	1861.75127	-100%
Scope 3	Material use	Construction	Insulation - Recycled source	tonnes	1852.12293	1852.08114	-100%
Scope 3	Material use	Metal	Metal: aluminium cans and foil (excl. forming) - Primary material production	tonnes	9115.90131	9106.91851	-100%
Scope 3	Material use	Metal	Metal: aluminium cans and foil (excl. forming) - Recycled source	tonnes	995.0779	990.4781	-100%
Scope 3	Material use	Metal	Metal: mixed cans - Primary material production	tonnes	5114.62131	5105.63851	-100%
Scope 3	Material use	Metal	Metal: mixed cans - Recycled source	tonnes	1525.52488	1461.67759	-100%
Scope 3	Material use	Metal	Metal: scrap metal - Primary material production	tonnes	3473.11953	3464.56448	-100%
Scope 3	Material use	Metal	Metal: scrap metal - Recycled source	tonnes	1706.42359	1620.27606	-100%
Scope 3	Material use	Metal	Metal: steel cans - Primary material production	tonnes	2863.90131	2854.91851	-100%
Scope 3	Material use	Metal	Metal: steel cans - Recycled source	tonnes	1823.90131	1726.72731	-100%
Scope 3	Material use	Construction	Metals - Primary material production	tonnes	3824.09335	3815.78473	-100%
Scope 3	Material use	Construction	Metals - Recycled source	tonnes	1638.74406	1630.78661	-100%
Scope 3	Material use	Construction	Mineral oil - Primary material production	tonnes	1401	1401	-100%
Scope 3	Material use	Construction	Mineral oil - Recycled source	tonnes	676	676	-100%
Scope 3	Material use	Paper	Paper and board: board - Primary material production	tonnes	1199.72542	1193.96586	-100%
Scope 3	Material use	Paper	Paper and board: board - Recycled source	tonnes	1098.11442	1092.35486	-100%
Scope 3	Material use	Paper	Paper and board: mixed - Primary material production	tonnes	1288.50358	1282.74402	-100%
Scope 3	Material use	Paper	Paper and board: mixed - Recycled source	tonnes	1068.77475	1063.01519	-100%
Scope 3	Material use	Paper	Paper and board: paper - Primary material production	tonnes	1345.0779	1339.3183	-100%
Scope 3	Material use	Paper	Paper and board: paper - Recycled source	tonnes	1050.0779	1044.3183	-100%
Scope 3	Material use	Construction	Plasterboard - Primary material production	tonnes	120.05	120.05	-100%
Scope 3	Material use	Construction	Plasterboard - Recycled source	tonnes	32.17	32.17	-100%
Scope 3	Material use	Plastic	Plastics: average plastic film - Primary material production	tonnes	2916.50513	2910.46529	-100%
Scope 3	Material use	Plastic	Plastics: average plastic film - Recycled source	tonnes	1103.56537	1094.58257	-100%
Scope 3	Material use	Plastic	Plastics: average plastic rigid - Primary material production	tonnes	3354.28062	3345.30837	-100%
Scope 3	Material use	Plastic	Plastics: average plastic rigid - Recycled source	tonnes	1915.72549	1906.70384	-100%
Scope 3	Material use	Plastic	Plastics: average plastics - Primary material production	tonnes	3172.49932	3164.78049	-100%
Scope 3	Material use	Plastic	Plastics: average plastics - Recycled source	tonnes	1575.39106	1566.38638	-100%
Scope 3	Material use	Plastic	Plastics: HDPE (incl. forming) - Primary material production	tonnes	3095.1552	3086.3904	-100%
Scope 3	Material use	Plastic	Plastics: HDPE (incl. forming) - Recycled source	tonnes	1770.79099	1761.80819	-100%
Scope 3	Material use	Plastic	Plastics: LDPE and LLDPE (incl. forming) - Primary material production	tonnes	2965.07790	2959.31834	-100%
Scope 3	Material use	Plastic	Plastics: LDPE and LLDPE (incl. forming) - Recycled source	tonnes	1097.90131	1088.91851	-100%
Scope 3	Material use	Plastic	Plastics: PET (incl. forming) - Primary material production	tonnes	3863.90131	3854.91851	-100%
Scope 3	Material use	Plastic	Plastics: PET (incl. forming) - Recycled source	tonnes	2213.90131	2204.91851	-100%
Scope 3	Material use	Plastic	Plastics: PP (incl. forming) - Primary material production	tonnes	2577.5717	2568.5889	-100%
Scope 3	Material use	Plastic	Plastics: PP (incl. forming) - Recycled source	tonnes	1312.572	1303.589	-100%
Scope 3	Material use	Plastic	Plastics: PS (incl. forming) - Primary material production	tonnes	4376.80391	4367.44048	-100%
Scope 3	Material use	Plastic	Plastics: PS (incl. forming) - Recycled source	tonnes	2669.76255	2660.39912	-100%
Scope 3	Material use	Plastic	Plastics: PVC (incl. forming) - Primary material production	tonnes	2944.75615	2935.77335	-100%
Scope 3	Material use	Plastic	Plastics: PVC (incl. forming) - Recycled source	tonnes	1847.82267	1838.83987	-100%
Scope 3	Material use	Construction	Soils - Recycled source	tonnes	1.00835	0.98485	-100%
Scope 3	Material use	Construction	Tyres - Primary material production	tonnes	3335.5719	3335.5719	-100%
Scope 3	Material use	Construction	Tyres - Re-used	tonnes	731.21789	731.21789	-100%
Scope 3	Material use	Construction	Wood - Primary material production	tonnes	269.50416	269.50416	-100%
Scope 3	Material use	Construction	Wood - Recycled source	tonnes	no factor this year	no factor this year	
Scope 3	Material use	Construction	Wood - Re-used	tonnes	38.54288	38.54288	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Diesel	km	0.17304	0.16984	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Diesel	miles	0.27849	0.27334	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Hybrid	km	0.12825	0.12607	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Hybrid	miles	0.20639	0.20288	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Petrol	km	0.16272	0.16450	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Petrol	miles	0.26187	0.26473	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Unknown	km	0.16725	0.16691	-100%
Scope 3	Transport - car	Cars (by size)	Average car - Unknown	miles	0.26915	0.26860	-100%
Scope 1	Transport - car	Cars (by size)	Average fleet car - Battery Electric Vehicle	km	0	0	
Scope 1	Transport - car	Cars (by size)	Average fleet car - Battery Electric Vehicle	miles	0	0	
Scope 1	Transport - car	Cars (by size)	Average fleet car - Plug-in Hybrid Electric Vehicle	km	0.09167	0.09360	-100%
Scope 1	Transport - car	Cars (by size)	Average fleet car - Plug-in Hybrid Electric Vehicle	miles	0.14751	0.15062	-100%
Scope 2&3	Transport - car	Cars (by size)	Large business travel car - Battery Electric Vehicle	km	0.04205	0.04925	-100%
Scope 2&3	Transport - car	Cars (by size)	Large business travel car - Battery Electric Vehicle	miles	0.06767	0.07925	-100%
Scope 2&3	Transport - car	Cars (by size)	Large business travel car - Plug-in Hybrid Electric Vehicle	km	0.11430	0.11923	-100%
Scope 2&3	Transport - car	Cars (by size)	Large business travel car - Plug-in Hybrid Electric Vehicle	miles	0.18396	0.19190	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Diesel	km	0.21007	0.20729	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Diesel	miles	0.33808	0.33362	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Hybrid	km	0.15650	0.15486	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Hybrid	miles	0.25184	0.24921	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Petrol	km	0.26828	0.26885	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Petrol	miles	0.43175	0.43267	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Unknown	km	0.22678	0.22472	-100%
Scope 3	Transport - car	Cars (by size)	Large car - Unknown	miles	0.36495	0.36164	-100%
Scope 1	Transport - car	Cars (by size)	Large fleet car - Battery Electric Vehicle	km	0	0	
Scope 1	Transport - car	Cars (by size)	Large fleet car - Battery Electric Vehicle	miles	0	0	
Scope 1	Transport - car	Cars (by size)	Large fleet car - Plug-in Hybrid Electric Vehicle	km	0.10033	0.10306	-100%
Scope 1	Transport - car	Cars (by size)	Large fleet car - Plug-in Hybrid Electric Vehicle	miles	0.16146	0.16587	-100%
Scope 2&3	Transport - car	Cars (by size)	Medium business travel car - Battery Electric Vehicle	km	0.03882	0.04625	-100%
Scope 2&3	Transport - car	Cars (by size)	Medium business travel car - Battery Electric Vehicle	miles	0.06246	0.07443	-100%
Scope 2&3	Transport - car	Cars (by size)	Medium business travel car - Plug-in Hybrid Electric Vehicle	km	0.08820	0.09312	-100%
Scope 2&3	Transport - car	Cars (by size)	Medium business travel car - Plug-in Hybrid Electric Vehicle	miles	0.14193	0.14985	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Diesel	km	0.17174	0.16807	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Diesel	miles	0.27639	0.27050	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Hybrid	km	0.11724	0.11490	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Hybrid	miles	0.18869	0.18492	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Petrol	km	0.17474	0.17726	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Petrol	miles	0.28121	0.28526	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Unknown	km	0.17322	0.17256	-100%
Scope 3	Transport - car	Cars (by size)	Medium car - Unknown	miles	0.27877	0.27771	-100%
Scope 1	Transport - car	Cars (by size)	Medium fleet car - Battery Electric Vehicle	km	0.00000	0.00000	
Scope 1	Transport - car	Cars (by size)	Medium fleet car - Battery Electric Vehicle	miles	0.00000	0.00000	
Scope 1	Transport - car	Cars (by size)	Medium fleet car - Plug-in Hybrid Electric Vehicle	km	0.07789	0.08120	-100%
Scope 1	Transport - car	Cars (by size)	Medium fleet car - Plug-in Hybrid Electric Vehicle	miles	0.12536	0.13066	-100%
Scope 3	Transport - car	Motorbike	Motorbike - Average	km	0.11367	0.11367	-100%
Scope 3	Transport - car	Motorbike	Motorbike - Average	miles	0.18294	0.18293	-100%
Scope 2&3	Transport - car	Cars (by size)	Small business travel car - Battery Electric Vehicle	km	0.03688	0.04284	-100%
Scope 2&3	Transport - car	Cars (by size)	Small business travel car - Battery Electric Vehicle	miles	0.05936	0.06895	-100%
Scope 2&3	Transport - car	Cars (by size)	Small business travel car - Plug-in Hybrid Electric Vehicle	km	0.05669	0.06078	-100%
Scope 2&3	Transport - car	Cars (by size)	Small business travel car - Plug-in Hybrid Electric Vehicle	miles	0.09123	0.09782	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Diesel	km	0.14340	0.13994	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Diesel	miles	0.23078	0.22522	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Hybrid	km	0.11413	0.11274	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Hybrid	miles	0.18368	0.18143	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Petrol	km	0.14308	0.14370	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Petrol	miles	0.23027	0.23126	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Unknown	km	0.14322	0.14262	-100%
Scope 3	Transport - car	Cars (by size)	Small car - Unknown	miles	0.23049	0.22953	-100%
Scope 1	Transport - car	Cars (by size)	Small fleet car - Battery Electric Vehicle	km	0.00000	0.00000	
Scope 1	Transport - car	Cars (by size)	Small fleet car - Battery Electric Vehicle	miles	0.00000	0.00000	
Scope 1	Transport - car	Cars (by size)	Small fleet car - Plug-in Hybrid Electric Vehicle	km	0.03008	0.03012	-100%
Scope 1	Transport - car	Cars (by size)	Small fleet car - Plug-in Hybrid Electric Vehicle	miles	0.04841	0.04848	-100%
Scope 3	Transport - public	Bus	Average local bus	passenger.km	0.10385	0.10846	-100%
Scope 3	Transport - public	Taxis	Black cab	km	0.30604	0.30603	-100%
Scope 3	Transport - public	Taxis	Black cab	passenger.km	0.20402	0.20402	-100%
Scope 3	Transport - public	Bus	Coach	passenger.km	0.02776	0.02717	-100%
Scope 3	Transport - public	Ferry	Ferry - Average (all passenger)	passenger.km	0.11270	0.11270	-100%
Scope 3	Transport - public	Ferry	Ferry - Car passenger	passenger.km	0.12933	0.12933	-100%
Scope 3	Transport - public	Ferry	Ferry - Foot passenger	passenger.km	0.01871	0.01871	-100%
Scope 3	Transport - public	Flights	Flights - Domestic, to/from UK - Average passenger	passenger.km	0.22928	0.27257	-100%
Scope 3	Transport - public	Flights	Flights - International, to/from non-UK - Average passenger	passenger.km	0.14253	0.17580	-100%

Scope 3	Transport - public	Flights	Flights - International, to/from non-UK - Business class	passenger.km	0.31656	0.39044	-100%
Scope 3	Transport - public	Flights	Flights - International, to/from non-UK - Economy class	passenger.km	0.10916	0.13465	-100%
Scope 3	Transport - public	Flights	Flights - International, to/from non-UK - First class	passenger.km	0.43663	0.53854	-100%
Scope 3	Transport - public	Flights	Flights - International, to/from non-UK - Premium economy class	passenger.km	0.17465	0.21542	-100%
Scope 3	Transport - public	Flights	Flights - Long-haul, to/from UK - Average passenger	passenger.km	0.15282	0.26128	-100%
Scope 3	Transport - public	Flights	Flights - Long-haul, to/from UK - Business class	passenger.km	0.33940	0.58028	-100%
Scope 3	Transport - public	Flights	Flights - Long-haul, to/from UK - Economy class	passenger.km	0.11704	0.20011	-100%
Scope 3	Transport - public	Flights	Flights - Long-haul, to/from UK - First class	passenger.km	0.46814	0.80040	-100%
Scope 3	Transport - public	Flights	Flights - Long-haul, to/from UK - Premium economy class	passenger.km	0.18726	0.32015	-100%
Scope 3	Transport - public	Flights	Flights - Short-haul, to/from UK - Average passenger	passenger.km	0.12786	0.18592	-100%
Scope 3	Transport - public	Flights	Flights - Short-haul, to/from UK - Business class	passenger.km	0.18863	0.27430	-100%
Scope 3	Transport - public	Flights	Flights - Short-haul, to/from UK - Economy class	passenger.km	0.12576	0.18287	-100%
Scope 3	Transport - public	Rail	International rail	passenger.km	0.00446	0.00446	-100%
Scope 3	Transport - public	Rail	Light rail and tram	passenger.km	0.02860	0.02860	-100%
Scope 3	Transport - public	Bus	Local bus (not London)	passenger.km	0.12525	0.12999	-100%
Scope 3	Transport - public	Bus	Local London bus	passenger.km	0.06875	0.07447	-100%
Scope 3	Transport - public	Rail	London Underground	passenger.km	0.02780	0.02780	-100%
Scope 3	Transport - public	Rail	National rail	passenger.km	0.03546	0.03546	-100%
Scope 3	Transport - public	Taxis	Regular taxi	km	0.20806	0.20805	-100%
Scope 3	Transport - public	Taxis	Regular taxi	passenger.km	0.14861	0.14861	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Average (up to 3.5 tonnes) - Battery Electric Vehicle	km	0.06976	0.07922	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Average (up to 3.5 tonnes) - Battery Electric Vehicle	miles	0.11228	0.12752	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Class I (up to 1.305 tonnes) - Battery Electric Vehicle	km	0.03798	0.04254	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Class I (up to 1.305 tonnes) - Battery Electric Vehicle	miles	0.06113	0.06847	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Class II (1.305 to 1.74 tonnes) - Battery Electric Vehicle	km	0.05777	0.06556	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Class II (1.305 to 1.74 tonnes) - Battery Electric Vehicle	miles	0.09298	0.10553	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Class III (1.74 to 3.5 tonnes) - Battery Electric Vehicle	km	0.07609	0.08929	-100%
Scope 2&3	Transport - van/HGV	Vans	Business Travel Van - Class III (1.74 to 3.5 tonnes) - Battery Electric Vehicle	miles	0.12246	0.14369	-100%
Scope 1	Transport - van/HGV	Vans	Fleet Van - Average (up to 3.5 tonnes) - Battery Electric Vehicle	km	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Average (up to 3.5 tonnes) - Battery Electric Vehicle	miles	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Class I (up to 1.305 tonnes) - Battery Electric Vehicle	km	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Class I (up to 1.305 tonnes) - Battery Electric Vehicle	miles	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Class II (1.305 to 1.74 tonnes) - Battery Electric Vehicle	km	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Class II (1.305 to 1.74 tonnes) - Battery Electric Vehicle	miles	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Class III (1.74 to 3.5 tonnes) - Battery Electric Vehicle	km	0	0	
Scope 1	Transport - van/HGV	Vans	Fleet Van - Class III (1.74 to 3.5 tonnes) - Battery Electric Vehicle	miles	0	0	
Scope 1	Transport - van/HGV	HGV (all diesel)	HGV (all diesel) - All artics - Average laden	km	0.92854	0.90581	-100%
Scope 1	Transport - van/HGV	HGV (all diesel)	HGV (all diesel) - All artics - Average laden	miles	1.49432	1.45775	-100%
Scope 1	Transport - van/HGV	HGV (all diesel)	HGV (all diesel) - All HGVs - Average laden	km	0.89121	0.87296	-100%
Scope 1	Transport - van/HGV	HGV (all diesel)	HGV (all diesel) - All HGVs - Average laden	miles	1.43425	1.40489	-100%
Scope 1	Transport - van/HGV	HGV (all diesel)	HGV (all diesel) - All rigids - Average laden	km	0.83751	0.82657	-100%
Scope 1	Transport - van/HGV	HGV (all diesel)	HGV (all diesel) - All rigids - Average laden	miles	1.34783	1.33023	-100%
Scope 1	Transport - van/HGV	HGVs refrigerated (all diesel)	HGVs refrigerated (all diesel) - All artics - Average laden	km	1.07395	1.04817	-100%
Scope 1	Transport - van/HGV	HGVs refrigerated (all diesel)	HGVs refrigerated (all diesel) - All artics - Average laden	miles	1.72834	1.68685	-100%
Scope 1	Transport - van/HGV	HGVs refrigerated (all diesel)	HGVs refrigerated (all diesel) - All HGVs - Average laden	km	1.04323	1.02228	-100%
Scope 1	Transport - van/HGV	HGVs refrigerated (all diesel)	HGVs refrigerated (all diesel) - All HGVs - Average laden	miles	1.67891	1.64520	-100%
Scope 1	Transport - van/HGV	HGVs refrigerated (all diesel)	HGVs refrigerated (all diesel) - All rigids - Average laden	km	0.99739	0.98435	-100%
Scope 1	Transport - van/HGV	HGVs refrigerated (all diesel)	HGVs refrigerated (all diesel) - All rigids - Average laden	miles	1.60513	1.58414	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Average (up to 3.5 tonnes) - Diesel	km	0.25561	0.25023	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Average (up to 3.5 tonnes) - Diesel	miles	0.41138	0.40273	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Average (up to 3.5 tonnes) - Petrol	km	0.21335	0.22095	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Average (up to 3.5 tonnes) - Petrol	miles	0.34336	0.35558	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Average (up to 3.5 tonnes) - Unknown	km	0.25430	0.24934	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Average (up to 3.5 tonnes) - Unknown	miles	0.40926	0.40127	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class I (up to 1.305 tonnes) - Diesel	km	0.15738	0.15356	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class I (up to 1.305 tonnes) - Diesel	miles	0.25329	0.24716	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class I (up to 1.305 tonnes) - Petrol	km	0.20188	0.20071	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class I (up to 1.305 tonnes) - Petrol	miles	0.32490	0.32299	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class II (1.305 to 1.74 tonnes) - Diesel	km	0.19260	0.18832	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class II (1.305 to 1.74 tonnes) - Diesel	miles	0.30996	0.30309	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class II (1.305 to 1.74 tonnes) - Petrol	km	0.20874	0.21709	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class II (1.305 to 1.74 tonnes) - Petrol	miles	0.33594	0.34936	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class III (1.74 to 3.5 tonnes) - Diesel	km	0.27878	0.27365	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class III (1.74 to 3.5 tonnes) - Diesel	miles	0.44866	0.44042	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class III (1.74 to 3.5 tonnes) - Petrol	km	0.33845	0.34923	-100%
Scope 1	Transport - van/HGV	Vans	Vans - Class III (1.74 to 3.5 tonnes) - Petrol	miles	0.54468	0.56201	-100%
Scope 3	Waste	Construction	Aggregates - Landfill	tonnes	1.26338	1.23393	-100%
Scope 3	Waste	Construction	Aggregates - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Construction	Asbestos - Landfill	tonnes	5.94160	5.91325	-100%
Scope 3	Waste	Construction	Asphalt - Landfill	tonnes	1.26338	1.23393	-100%
Scope 3	Waste	Construction	Asphalt - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Construction	Average construction - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Average construction - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Electrical items	Batteries - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Electrical items	Batteries - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Other	Books - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Other	Books - Landfill	tonnes	1164.48940	1164.39015	-100%
Scope 3	Waste	Other	Books - Recycled	tonnes	4.6857	6.4106	-100%
Scope 3	Waste	Construction	Bricks - Landfill	tonnes	1.26338	1.23393	-100%
Scope 3	Waste	Clinical	Clinical Waste - Orange Stream	tonnes	273	273	-100%
Scope 3	Waste	Clinical	Clinical Waste - Other	tonnes	1000	1000	-100%
Scope 3	Waste	Clinical	Clinical Waste - Red Stream	tonnes	1000	1000	-100%
Scope 3	Waste	Clinical	Clinical Waste - Yellow Stream	tonnes	297	297	-100%
Scope 3	Waste	Other	Clothing - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Other	Clothing - Landfill	tonnes	496.78228	496.68303	-100%
Scope 3	Waste	Other	Clothing - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Commercial and industrial waste - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Commercial and industrial waste - Landfill	tonnes	520.53270	520.33420	-100%
Scope 3	Waste	Construction	Concrete - Landfill	tonnes	1.26338	1.23393	-100%
Scope 3	Waste	Construction	Concrete - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Other	Glass - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Other	Glass - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Other	Glass - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Household/Municipal/Domestic waste - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Household/Municipal/Domestic waste - Landfill	tonnes	497.24244	497.04416	-100%
Scope 3	Waste	Refuse	Mixed dry recyclates - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Insulation - Landfill	tonnes	1.26338	1.23393	-100%
Scope 3	Waste	Construction	Insulation - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Metal	Metal: aluminium cans and foil (excl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: aluminium cans and foil (excl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Metal	Metal: aluminium cans and foil (excl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: mixed cans - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: mixed cans - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Metal	Metal: mixed cans - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: scrap metal - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: scrap metal - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Metal	Metal: scrap metal - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: steel cans - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Metal	Metal: steel cans - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Metal	Metal: steel cans - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Metals - Landfill	tonnes	1.26435	1.26435	-100%
Scope 3	Waste	Construction	Metals - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Construction	Mineral oil - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Mineral oil - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Organic: food and drink waste - Anaerobic digestion	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Refuse	Organic: food and drink waste - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Organic: food and drink waste - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Refuse	Organic: food and drink waste - Landfill	tonnes	700.30886	700.20961	-100%
Scope 3	Waste	Refuse	Organic: garden waste - Anaerobic digestion	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Refuse	Organic: garden waste - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Organic: garden waste - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Refuse	Organic: garden waste - Landfill	tonnes	646.70557	646.60632	-100%
Scope 3	Waste	Refuse	Organic: mixed food and garden waste - Anaerobic digestion	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Refuse	Organic: mixed food and garden waste - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Refuse	Organic: mixed food and garden waste - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Refuse	Organic: mixed food and garden waste - Landfill	tonnes	656.08614	655.98690	-100%
Scope 3	Waste	Paper	Paper and board: board - Combustion	tonnes	4.68568	6.41061	-100%

Scope 3	Waste	Paper	Paper and board: board - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Paper	Paper and board: board - Landfill	tonnes	1164.48940	1164.39015	-100%
Scope 3	Waste	Paper	Paper and board: board - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Paper	Paper and board: mixed - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Paper	Paper and board: mixed - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Paper	Paper and board: mixed - Landfill	tonnes	1164.48940	1164.39015	-100%
Scope 3	Waste	Paper	Paper and board: mixed - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Paper	Paper and board: paper - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Paper	Paper and board: paper - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Paper	Paper and board: paper - Landfill	tonnes	1164.48940	1164.39015	-100%
Scope 3	Waste	Paper	Paper and board: paper - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Plasterboard - Landfill	tonnes	71.95000	71.95000	-100%
Scope 3	Waste	Construction	Plasterboard - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: average plastic film - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: average plastic film - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: average plastic film - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: average plastic rigid - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: average plastic rigid - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: average plastic rigid - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: average plastics - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: average plastics - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: average plastics - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: HDPE (incl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: HDPE (incl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: HDPE (incl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: LDPE and LLDPE (incl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: LDPE and LLDPE (incl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: LDPE and LLDPE (incl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PET (incl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PET (incl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: PET (incl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PP (incl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PP (incl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: PP (incl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PS (incl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PS (incl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: PS (incl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PVC (incl. forming) - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Plastic	Plastics: PVC (incl. forming) - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Plastic	Plastics: PVC (incl. forming) - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Soils - Landfill	tonnes	19.54671	19.51726	-100%
Scope 3	Waste	Construction	Soils - Recycled	tonnes	1.00835	0.98485	-100%
Scope 3	Waste	Construction	Tyres - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Electrical items	WEEE - fridges and freezers - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Electrical items	WEEE - large - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Electrical items	WEEE - large - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Electrical items	WEEE - mixed - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Electrical items	WEEE - mixed - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Electrical items	WEEE - mixed - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Electrical items	WEEE - small - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Electrical items	WEEE - small - Landfill	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Construction	Wood - Combustion	tonnes	4.68568	6.41061	-100%
Scope 3	Waste	Construction	Wood - Composting	tonnes	8.98311	8.88386	-100%
Scope 3	Waste	Construction	Wood - Landfill	tonnes	925.3435	925.2442	-100%
Scope 3	Waste	Construction	Wood - Recycled	tonnes	4.68568	6.41061	-100%
Scope 3	Water	Water supply	Water supply	cubic metres	0.08	0.08	-100%
Scope 3	Water	Water supply	Water supply	million litres	80.00	80.00	-100%
Scope 3	Water	Water supply	Water treatment	cubic metres	0.17	0.17	-100%
Scope 3	Water	Water supply	Water treatment	million litres	170.00	170.00	-100%
Scope 3	Inhaler Propellant	Inhaler Propellant	Inhaler Propellant - R-134a	kg	1300.00	1300.00	-100%
Scope 3	Inhaler Propellant	Inhaler Propellant	Inhaler Propellant - R-227a	kg	3350	3350	-100%
	END						

Minute of the **Clackmannanshire & Stirling Integration Joint Board**
Finance, Audit and Performance Committee
held on **Wednesday 03 June 2026 2 – 5 pm** in the Boardroom, Carseview House, Stirling and hybrid via Microsoft Teams

Present:

Voting Members:	Councillor Janine Rennie, Clackmannanshire Council (Chair) Councillor Jen Preston, Stirling Council Councillor Martin Earl, Stirling Council Allan Rennie, Non-Executive Board Member Martin Fairbairn, Non-Executive Board Member
Non-Voting Member:	Anthea Coulter, Third Sector Representative, Clackmannanshire
In Attendance:	Dr Jennifer Borthwick, Interim Chief Officer Wendy Forrest, Head of Strategic Planning and Health Improvement Ross Cheape, Interim Director of Mental Health and Learning Disability Services Sandra Comrie, IJB Support Officer (Minute)

1. WELCOME AND APOLOGIES

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

Apologies:
John Stuart, Non-Executive Board Member
Stephen McAllister, Non-Executive Board Member
Councillor Martha Benny, Clackmannanshire Council
Amy McDonald, Chief Finance Officer

2. DECLARATION(S) OF INTEREST

None.

3. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

None.

4. DRAFT MINUTE OF PREVIOUS MEETING HELD ON 18 FEBRUARY 2026

The minute of the meeting held on 18 February 2026 was approved.

5. ACTION LOG OF PREVIOUS MEETING HELD ON 18 FEBRUARY 2026

The action log from 18 February 2026 was approved, subject to the following updates:

One action, relating to clarification of the timescales and process for presenting the long-term care and ordinary residence policies, remained in progress. Ms Forrest confirmed that discussions with colleagues and the Senior Leadership Team (SLT) were ongoing and that the timescale had still to be confirmed. The Committee discussed the underlying issue, including the remit and statutory responsibilities of the Integration Joint Board (IJB) and Stirling and Clackmannanshire Councils, particularly in relation to social work services and the role of the Chief Social Work Officer. It was agreed that further clarity and a formal update were required, and the action was carried forward.

The outstanding actions relating to the Financial Governance, Annual Assurance Statement for the IJB 2025/26 and Workplan for 2026/27 were carried over to the meeting on 02 September 2026.

6. EXTERNAL AUDIT PLANNING REPORT 2025/26

Paper presented by Stuart Kenny, Director, Audit and Assurance, Deloitte LLP.

Mr Kenny presented the external audit plan for 2025-26, highlighting materiality thresholds, a reduction in performance materiality due to prior year audit findings, and the significant audit risk of management override of controls. Mr Kenny explained that the approach included a detailed review of journal entries across the constituent authorities. The audit timeline aims for completion by end of September 2026, with work starting in July, and this is contingent on timely information being received and there being no major issues. Mr Kenny is hopeful that there will not be any delays in the completion of the constituent authority accounts.

The wider scope work included follow-up on Accounts Commission recommendations, particularly those arising from the Section 102 report. Mr Kenny advised that he would report back to the Committee on his review of the recommendations and the IJB's progress against them when presenting the final ISA 260 report. He confirmed that decisions made during the relevant period would be reviewed on a risk-based basis, with the focus expected to be on financial decisions.

The Committee raised concerns about continuing risks relating to leadership capacity and finance staffing, including reliance on a single finance officer and the need for contingency arrangements. Mr Cheape confirmed that leadership capacity had been added as a risk to the Strategic Risk Register. Dr Borthwick advised that a management accountant post was currently vacant and required backfilling, which she would discuss with the CFO on their return to work.

Ms Coulter expressed concern about delays in third sector invoice payments, noting that some had taken up to six months to process due to the CFO's

absence during 2025. Dr Borthwick confirmed that payment arrangements would be closely monitored going forward.

The Committee discussed the risks associated with delays in constituent authority accounts and the impact of the Section 95 Officer's absence in 2025. Mr Kenny confirmed that decisions made during that period would be reviewed on a risk-based basis.

It was agreed that an additional FAP Committee meeting would be arranged before 02 September 2026 to consider the finance papers.

The Finance, Audit and Performance Committee:

1) Considered, discussed and approved the Annual Audit Plan

7. STRATEGIC RISK REGISTER

Paper presented by Ross Cheape, Interim Director of Mental Health and Learning Disability Services.

Mr Cheape provided an update on the Strategic Risk Register (SRR), advising that the IJB had held a risk management development session on 14 May 2026 to begin considering its risk appetite and tolerance. Members agreed that further work was needed to refine the wording of risk appetite and tolerance and to review the risk categories, so they fully reflect the IJB's responsibilities and delegated functions. A short-life working group will be established to progress this work, supported by the Head of Risk Management within NHS Forth Valley and with input from the risk management teams at Stirling Council and Clackmannanshire Council.

Councillor Rennie explained that the working group's outputs were not available when the FAP Committee paper was prepared, as the group had met only once. The paper therefore provided an update on the ongoing development of the SRR. She advised that further consultation, particularly with third sector representatives, was required to ensure appropriate scrutiny before the paper is submitted to a future meeting. The short-life working group is expected to reconvene in June 2026, with its outputs returning to the FAP Committee on 02 September 2026 for review and approval.

The Committee discussed the proposed removal of risks from the SRR, amendments to existing risks and the inclusion of additional risks.

Councillor Earl suggested that, where risks fall outside the direct control of the FAP Committee and IJB, assurance should be provided that they are being managed through the constituent authorities' Strategic Risk Registers. Dr Borthwick agreed that these risks could be reviewed, with Mr Cheape providing assurance to the Committee on how they are being addressed by the constituent authorities. It was also noted that the existing annual review process could be reflected in future updates to the FAP Committee.

The Committee considered whether risks beyond the IJB's direct control, including the integration scheme not being approved by all partners, should remain on the SRR. Members agreed that retaining these risks supported transparency, even where the Committee's ability to influence them was limited. Dr Borthwick emphasised the importance of transparency in maintaining public confidence, while Ms Forrest proposed reframing the integration scheme risk to focus on the IJB's ability to meet its statutory duties while the scheme remains under review. It was agreed that the wording would be revised to reflect the statutory requirement to renew the integration scheme, the risk of it remaining under review, and the need for the register to accurately reflect the Committee's scope and responsibilities.

The Committee agreed that, in the interim, the SRR would be updated to reflect the approved changes and cross-checked against the constituent authorities' risk registers for assurance. The proposed risk removals were partially approved, excluding the integration scheme risk, alongside the scoring amendment for the primary care risk. New risks will be developed further, including controls and mitigations, before being brought back for review.

The Committee noted the need for clear risk categories, appetite and tolerance levels, and agreed that further work was required to finalise the format, including controls and mitigations for new risks. The SRR will be presented to the IJB on 24 June 2026 as a work in progress, with final approval returning to the FAP Committee on 02 September 2026.

The Finance, Audit and Performance Committee:

1) **Noted the alterations to the management of the Strategic Risk Register**
2) **Discussed and agreed the next steps in setting the appetite, tolerance and categorisation of risks.**
3) **Approved the following removals from the SRR:**
    a. **Deactivate C&SSRR 03**
    b. **Deactivate C&SSRR 06**
    c. **Deactivate C&SSRR 07**
    d. **Deactivate C&SSRR 10**
4) **Did not approve the removal of:**
    e. **Deactivate C&SSRR 10**
5) **Approved the following amendments to Risks**
    a. **Increased risk of C&S SRR 09**
6) **Considered, challenged and recommended for further scrutiny at the IJB meeting on 24 June, the new risks noted at:**
    a. **5.1 – Leadership Capacity**
    b. **5.2 – Inter-agency Working Arrangements**
    c. **5.3 – Consistency of Service**
    d. **5.4 – Supporting Infrastructure**

8. ACCOUNTS COMMISSION SECTION 102 REPORT: SECURING A SECTION 95 OFFICER

Paper presented by Jennifer Borthwick, Interim Chief Officer.

Dr Borthwick presented the Accounts Commission Section 102 report, which covered the period from October to December 2025 when the IJB did not have a named Section 95 Officer, also known as the Chief Finance Officer (CFO), in post.

The report identified three key issues: first, that the legal requirement for a named officer responsible for financial administration was not met, as the responsibility was shared among partners without a designated individual, resulting in non-compliance with legislation; second, that despite this, financial administration was maintained through support from partners, although there were challenges with year-end audit timetables and some benefits noted in improved working; and third, that the IJB had experienced significant leadership instability, reflecting a wider national context of recruitment challenges for CFOs and Chief Officers.

Actions taken in response included sharing the report with IJB members and constituent authorities, publishing it on the IJB website, ensuring the IJB standards officer attends all meetings, proposing an amendment to the integration scheme to specify arrangements for temporary vacancies, and holding an in-person meeting with the Accounts Commission, which took place on 12 May 2026.

Dr Borthwick confirmed that the only outstanding action is to improve induction processes for new IJB members to ensure clarity around governance arrangements. The Committee noted that the issues highlighted were systemic across IJBs nationally, particularly regarding leadership and finance officer stability, and accepted the report's conclusions and the actions taken to mitigate the risks identified.

The Finance, Audit and Performance Committee:

1) **Noted the conclusions of the above report.**
2) **Noted the actions taken in response to the above report.**

9. QUARTER FOUR PERFORMANCE REPORT

Paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest presented the Quarter Four Performance Report, noting that it is the final report in its current format, reflecting delivery against the previous strategic commissioning plan and its core objectives. Ms Forrest explained that new key performance indicators (KPIs), approved in March, will be incorporated into future reports starting with quarter one of the new financial year.

The Committee discussed several performance areas, including psychological therapies waiting times. NHS Forth Valley had allocated non-recurring funding of £250,000 to address the longest waits, supported by operational improvements such as enhanced triage and waiting well calls. The report also

highlighted fluctuations in the number of people awaiting adult social care packages, with recent improvements attributed to integrated working and prevention activity.

The Committee requested more meaningful indicators for adaptations and equipment. Ms Forrest confirmed that new metrics would be developed through the Equipment and Adaptations Oversight Board. Discussion also covered psychologically informed support within substance dependence services and the importance of signposting to third sector organisations. Work is ongoing to improve uptake and address gaps identified through the joint inspection improvement plan. The Committee approved the report and executive summary, noting the actions taken to address areas for improvement and requesting that relevant notes be added to the next report.

The Finance, Audit and Performance Committee:

1) **Reviewed the Quarter Four (January to March 2026) Performance Report.**
2) **Noted the areas where actions have been taken to address areas where performance can be improved.**
3) **Approved Quarter Four (January to March 2026) Executive Summary (Appendix 1) & Report (Appendix 2), which will result in a recommendation to the Integration Joint Board to grant their approval.**

10. ANY OTHER COMPETENT BUSINESS

None

11. DATE OF NEXT MEETING

02 September 2026

JOINT STAFF FORUM, CLACKMANNANSHIRE & STIRLING HSCP THURSDAY 14th May 2026 AT 14:30pm via Microsoft Teams

NOTE

Present:

Jennifer Borthwick, Chair, Interim Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership
Abigail Robertson, Vice Chair, Stirling Unison, Stirling Council (AR)
Amie Drysdale, HR Business Partner, Stirling Council (AD)
Amy Bell, RCN Trainee Rep, NHS Forth Valley (AB)
Jake Dunk (Note), PA to Head of Community Health and Care, Clackmannanshire and Stirling HSCP (JD)
Judy Stein, Locality Manager, HSCP (JS)
Karren Morrison, Unison Forth Valley Health Branch, Branch Secretary (KM)
Kelly Higgins, Senior OD Adviser, HSCP (KH)
Kevin McIntyre, UNISON Clackmannanshire, Branch Secretary
Lyndsey Dunn,Head of Community Health and Care, Clackmannanshire and Stirling HSCP
Nicola Brodie, Unison Rep, NHS Forth Valley (NB)
Ross Cheape, Head of Service, MH & LD HSCP (RC)
Sandra Drinkeld, HR Business Partner, NHS Forth Valley (SD)
Stacey Wright, HR Business Partner, Clackmannanshire Council
Terry O'Gorman, Locality Manager, Stirling Council
Tony Caleary, Unison Branch Secretary Stirling Council
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP (WF)

1. Welcome and Introductions

2. Apologies for Absence:

Kenny Hunter, Mental Health Officer
Mental Health Team | Clackmannanshire and Stirling Health & Social Care Partnership
Kirsty Barnes, Service Manager - Inpatient, Unscheduled Care, Perinatal and Forensic Mental Health Services

3. Minute of Meeting November 2025

3.1 Previous meeting note approved as an accurate record with one amendment. JD to amend, AR welcomed all to the last meeting and JMcD was thanked for all her support (previous note amended).

4. Matters Arising:

4.1 Dispute Update

- Jennifer Borthwick advised, work is progressing well and there has been a meeting between the Chief Executives and Chief Finance Officers of NHS Forth Valley, Stirling Council and Clackmannanshire Council to work though the Scheme of Integration. The Risk Share revised proposal is being reviewed by the Chief Executives. Once agreed it will require to be approved by the NHS Board and the councils.

4.2 Quarterly Performance Report **Wendy Forrest**

- **Action**: Quarterly Performance report to be shared by Wendy Forrest.
- Item to be carried forward to the next meeting.

4.3 RWW **Ross Cheape**

- NHS FT Staff now on 36 hour week, introduced on 30th March 2026.
- Implementation has required roster changes.
- The RWW is fully funded, and services have submitted their requests for backfill to replace the hours lost. For part time staff there is the option to retain their previous hours and managers have also been asked to action these requests.

4.4 Recruitment Update

- Jennifer updated that the IJB agreed on 14th May 2026 the plan for recruitment into the substantive Chief Officer post, this will be advertised in the near future.

- Amy McDonald has been appointed as permanent Chief Finance Officer.

- Ross Cheape has been appointed as Interim Director of Mental Health and Learning Disabilities.

- Elaine Brown has been appointed as Interim Head of MH&LD.

- Lyndsey Dunn is the new permanent Head of Community Health & Care.
- Terry O' Gorman updated that David Mann is the new Service Manager for Mental Health & Learning Disabilities Social Work & Social Care.
- Ross Cheape advised that the MH & LD Inpatient Service Manager post has gone to advert.

5. Lone Working & Working at Risk **Abigail Robertson**

5.1 Abigail Robertson advised, there is now a new lone working system in place for Stirling Council (all staff). Feedback she has received indicates that this is a user friendly system and working well.

5.2 Kevin McIntyre updated, Clackmannanshire Council are still having issues with Lone working devices and that this is still a live issue.

6. Complaints/Grievance Procedure **HR Colleagues**

6.1 Kelly Higgins advised that HSCP guidance and principles were to be agreed around staff complaints/ grievance procedures. Kelly advised nothing has as yet been agreed. Amie advised a set of principles were being worked around.

6.2 Karren Morrison advised that the most important thing was keeping staff safe regarding personal wellbeing.

6.3 Abigail advised, the HSCP should have a shared commitment to follow up on complaints and grievances.

6.4 Ross Cheape advised that management should have an operational role in joint complaints/ grievance procedures.

6.5 Terry O'Gorman highlighted the importance of giving staff assurance around grievance procedures.

Action: Amie Drysdale to share complaints/ grievance procedures documents for comment with all Trade Union reps and then bring back to the Joint Staff Forum.

7. OD and Wellbeing - Verbal Update **Kelly Higgins**

7.1 Kelly advised, there has been no Scottish Government guidance provided for the 2026-29 strategic workforce plan and this is still awaited.

8. Service Updates -Verbal Update

a. Stirling Locality (Terry O'Gorman)

- Terry updated that the new lone working app in place (Sky Response) is much better than previous lone working app.

- Terry advised that there have been some challenges across services. He praised OD support regarding the recent non-work-related staff deaths in the service.

- Terry updated, there are issues with staff parking at Teith House including some staff being fined.

  Action: Terry to meet with Abigail and Tony to discuss staff parking at Teith House.

b. Mental Health, Substance Use & Learning Disability (Ross Cheape)

- Ross advised, Substance Use Services continue work on whole system redesign. An update paper will go to the next IJB meeting and will be shared with teams.
- Ross advised that the ongoing anti ligature work is causing additional pressure within Inpatient Mental Health Services. This work requires the temporary closure of 3 beds to carry out works as new windows and doors are being fitted.
- Ross updated, two patients have died around the point of discharge. Both of these will be reviewed via the Significant Adverse Review process.
- Staffing position is challenging although it has so far been possible to ensure safe staffing in the Acute MH unit.
- Ross advised, LD Day opportunities working group continues to meet. Current outputs are guiding towards using services differently. Working group will continue to meet.
- Ross advised that no significant changes are proposed around the Community LD teams at this time.

c. Community Beds & Community Nursing (Judy Stein)

- Judy Stein updated, the bed-based respite paper, which has potential implications for the use of Ludgate House will go to the IJB meeting to be held on 24th June 2026.
- A staff session on 21st April 2026 was held at Ludgate to ensure staff are kept upto date.
- Kelly and Catherine meet with staff at Ludgate on a fortnightly basis for staff to ask any questions and raise any issues.
- Judy updated, CCHC ward 1 sickness levels reached 25% in March 2026. However they are now down to 13% and it is anticipated that by end of May/ June 2026 they will be further reduced.
- Jemma Herron is leading work to review shift patterns within CCHC ward 2 and the Wallace suite. Jemma is working with staff side and awaiting finance information before submitting report
- Bellfield are working with HR staff side to redeploy NHS staff who have been impacted by the closure of Castle Suite.

- District Nursing has been escalated in the risk register due to workforce challenges. Judy and the team are looking at mitigation including workloads, mutual aid from the Falkirk DN Team, potential geographical ways of working. The job evaluation process for this staff group is ongoing.

9. Health & Safety

9.1 Karren Morrison advised that the focus on violence and aggression training is ongoing, as is work to get reports accurate for Health and Safety Committee.

9.2 Abigail asked for the HSCP H&S Committee minutes to come to the JSF meetings.

Action: Terry will ask Melanie Innes to link in with JD re sharing *HSCP H&S Committee minutes.*

10. Frontline Staff working across LA Boundaries **Abigail Robertson**

10.1 Abigail advised that the MHO Stirling Team raised concerns around a member of staff temporarily moving to support the Clackmannanshire MHO Team. There are Trade Union concerns as there is not an agreement in place for staff to move across LA boundaries. Abigail advised that this is about carrying a case load for another authority, we know that MHO's can-do cross boundary work in relation to their caseload for their own employer, the concern is about holding a caseload for a different employer.Tony added that as pay and grading varies across the Local Authorities, this is also an issue for staff working across boundaries. Karren Morrison advised this should be agreed across partnership.

Ross advised that the situation had arisen because due to unanticipated absence there were not enough MHO's to provide statutory duties in Clackmannanshire on a short-term basis. He also advised that the CSWO's of both Stirling & Clackmannanshire Council were cited on this and provided appropriate professional guidance. Nicola Brodie highlighted that MHO colleagues have been impacted by the staffing situation.

11. Any Other Business

11.1 Sandra Drinkeld advised that the recruitment protocol is out for sharing between the 3 organisations.

11.2 Karren highlighted that there are migrant workers in care homes facing sponsorship issues that need to be raised by trade unions. Abigail advised that this was part of ethical commissioning and suggested that Jennifer Baird, Service Manager, Contracts & Commissioning may be able to support. .

Action: Karren Morrison to follow up Sponsorship issues for migrant workers in care homes with Trade Union colleagues.

Date of Next Meeting: 14:30-16:00pm Thursday 9th July 2026

Minute of the **Strategic Planning Group meeting** held on **Wednesday 11 March 2026 in the Boardroom, Carseview House, Stirling and Hybrid via MS Teams**

Name	Position
In Person	
Cllr Scott Farmer	(Chair), Integration Joint Board and Strategic Planning Group
Allan Rennie	(Vice Chair), Integration Joint Board and Strategic Planning Group
Jennifer Borthwick	Interim Chief Officer C&S Health & Social Care Partnership (HSCP)
Wendy Forrest	Head of Strategic Planning and Health Improvement, HSCP
Katy McBride	Housing, Health and Social Work Policy and Research Officer HSCP
Ann Farrell	Principal Information Analyst HSCP
Joanne Osuilleabhain	Principal Public Health Officer/Keep Well Programme Manager
Emma Baird	Public health consultant
Violet Keenan	CEX SDS Forth Valley
Teams	
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Kelly Higgins	Senior OD Adviser, HSCP
Abigail Robertson	Union Representative, Stirling
Joanne O'Suilleabhain	Principal Public Health Officer/Keep Well Programme Manager
Hazel Chalk	Short Breaks Co-Ordinator
Anthea Coulter	CTSI Third Sector Interface, Clackmannanshire
Linda Riley	Service User Representative
Andy Witty	Carer Representative, Clackmannanshire
Amy McDonald	Interim Chief Finance Officer HSCP
Keri Moore	Stirling Carers Centre
Jayne Brown	Forth Valley Sensory Centre
Lyndsey Dunn	Head Of Community Health & Care
In attendance	
Sandra Comrie	Minute Taker
Apologies	
Jennifer Rezendes	Chief Social Work Officer, Stirling Council
Jennifer Baird	Contracts & Commissioning Manager HSCP
Mike Evans	Urban Locality Planning Network Chair

1. Welcome from Chair

Cllr Scott Farmer welcomed all to the Strategic Planning Group (SPG).

2. Draft Minute of the meeting held on – 10 December 2025

The Minute was approved.

3. Action Log and Matters Arising

The action log was approved. Additionally, Anthea Coulter presented an update on the transport related action.

4. Transport Update

Presented by Anthea Coulter, Clackmannanshire Third Sector Interface (CTSI)

Ms Coulter provided an update on the Transport Project in Clackmannanshire, which aims to protect transport provision for disabled people through campaigning, service review and the testing of alternative solutions. Progress under the Voice and Campaign strand included improved engagement with Clackmannanshire Council colleagues, the formal establishment of the Clackmannanshire Access Group, the delivery of a transport engagement event, and continued operation of the Dial-a-Journey service, alongside accessibility improvements to taxis and bus stop infrastructure.

Under Listen and Review, issues relating to transport access to Falkirk were raised by the Older Adults' Forum and the IJB Patient Representative. A Wednesday service was introduced by the Council; however, uptake has been low, highlighting the need to better align transport provision with appointment scheduling and information sharing.

The Test strand focused on alternative transport solutions, including the establishment of a Volunteer Drivers' Scheme through CERT and wider community transport partnership working. The scheme has delivered 447 journeys, reduced social isolation for users, and supported access to both local and regional health services, though sustainability challenges were noted.

Next steps include continued engagement through localities, further evaluation of cost-benefits with NHS partners, and the exploration of new transport trials to improve access to services, education and employment.

Mr Witty announced that he has been appointed by the Minister to the Mobility and Access Committee for Scotland. He and Ms Coulter agreed that it would be beneficial to discuss this matter further in a separate meeting.

5. Refreshed Strategic Commissioning Plan

Presented by Wendy Forrest, Head of Strategic Planning & Health Improvement

Ms Forrest provided an update, covering the progress from 2023 to 2026 and the proposed focus for 2026 to 2030. The update set the context of increasing demand and rising costs, noting that continuing with existing models is not sustainable and that clear prioritisation is required.

Progress was reported across five priorities: strengthening prevention and early intervention; enabling greater choice and control to support independent living; supporting care closer to home; empowering people and communities through local capacity and partnership working; and reducing loneliness and isolation, including collaboration with carers, communities, and the third sector.

Looking ahead, the plan emphasises scaling what works in early intervention, strengthening technology-enabled care, sustaining and improving support for unpaid carers, improving communication and community capacity, and expanding self-management and peer support. Delivery will be underpinned by enabling work on risk management, transformation delivery planning, best value, workforce planning, engagement, ethical commissioning, public protection, and improved data, performance measures, and reporting.

The Review of the Strategic Commissioning Plan 2023 – 2026 will be presented at the Integration Joint Board (IJB) on 25 March 2026 for approval.

Following discussion, the group concluded that it's important to pursue sustainability without reducing operational services. They agreed to focus on strategic priorities and ensure these are delivered effectively within daily operations.

6. Housing Contributions Statement

Presented by Katy McBride, Housing, Health and Social Work Policy and Research Officer

Ms McBride provided a presentation on the development of the Housing Contribution Statement (HCS) 2026/27–2028/29, noting that this is the first joint statement covering both Clackmannanshire and Stirling, replacing the previous separate documents. The HCS is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and forms a discrete part of the Strategic Commissioning Plan, setting out how housing services contribute to the delivery of health and wellbeing outcomes and outlining the housing functions delegated to the IJB.

Ms McBride highlighted the governance arrangements supporting delivery, the achievements of previous housing contribution statements, and housing's role in enabling independent living, supporting hospital discharge, reducing admissions, and preventing inappropriate care home use. Ms McBride

advised that the new HCS has been informed by a shared evidence base including Housing Need and Demand Assessments, Local Housing Strategies, rapid rehousing transition plans, reviews of adaptations and housing support, and extensive stakeholder, tenant and resident engagement.

Eight emerging priorities were outlined, focusing on care closer to home, delivery of specialist and supported housing, prevention of homelessness, timely housing-related interventions such as adaptations, support for people with complex needs, improved access to advice and information, and strengthened joint working.

The next steps include presentation of the HCS to the IJB for Direction on 25 March 2026, with progress monitored through the Specialist Housing Forum over the three-year period from April 2026 to March 2029.

Ms McBride stated that Clackmannanshire Council and Stirling Council are collaborating effectively on this initiative. Additionally, housing associations are participating in these efforts.

7. Quarter 3 Performance Report
Presented by Ann Farrell, Principal Information Analyst

Ms Farrell presented the HSCP Performance Report for Quarter 3 of 2025/26 (October to December 2025) providing assurance on performance against key indicators and strategic priorities.

The report noted a reduction in standard delayed discharges, although associated bed days increased, reflecting longer hospital stays for those affected. Code 9 delays remained unchanged, and performance against the A&E four-hour wait standard continued to be challenging.

Improvements were reported in falls prevention for people aged over 65, alongside continued strong performance in alcohol and drug services, with all referrals accessing treatment within three weeks.

Activity within the Adult Social Care Front Door remained high, supporting early and appropriate interventions. While the number of people waiting to move on from reablement and those awaiting packages of care increased, most waits remained under two weeks.

The report also highlighted an increase in need for social worker guardianships, with a strong performance in digital carer engagement through Mobilise, as well as ongoing partnership working to support carers and communities, with sustained engagement in social prescribing despite reduced referrals.

Ms Robertson noted the report lacks reference to the locality teams' MDT pending list and questioned if numbers are being missed. Ms Dunn responded

that she is aware of the pending list and will consider unmet community needs moving forward.

Councillor Farmer raised concerns regarding the waiting lists for alcohol and drug referrals, noting that extended waiting times may lead to individuals experiencing setbacks in their recovery. Dr Borthwick stated that a dedicated bed has been allocated at Forth Valley Royal Hospital for individuals requiring inpatient detoxification. Although waiting times fluctuate, they are actively managed based on the needs of each patient. Currently, there is no waiting list for longer-term residential rehabilitation.

8. Update on the Delivery Plan

Verbal update by Amy McDonald, Interim Chief Finance Officer

Ms McDonald provided a brief update on the current budget position, noting a forecasted spend of around £15.5 million before use of reserves, with a slight improvement at the end of quarter three.

Savings for the next year have been identified, mainly through business-as-usual processes, and will be presented to the board for consideration. There is ongoing risk as the budget cannot be fully balanced for 2026-27, requiring more transformative changes in 2027-28.

Ms McDonald expressed positivity about the deliverability of the proposed savings, referencing successful approaches in other health and social care partnerships.

The delivery plan will be refreshed to align with the new financial year and the updated budget position, with further details to be discussed at the budget session on 13 March 2026 and at the IJB meeting on 25 March 2026.

Ms Forrest stated that it's important to remember the delivery plan should be updated in the new financial year to reflect the outcomes discussed at the budget session scheduled for Friday 13 March 2026.

9. AOCB

None

10. DATE OF NEXT MEETING

21 October 2026