
Report to: Audit and Scrutiny Committee

Date of Meeting: 27th August 2026

**Subject: HSCP – Clackmannanshire Locality Performance Report
2026/27 Q1 (1st April to 30th June 2026)**

Report by: Head of Strategic Planning and Health Improvement

1.0 Purpose

- 1.1. Highlight the work undertaken by Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) and its impact upon performance for the locality of Clackmannanshire.

2.0 Recommendations

- 2.1. Note this paper and the continuing work being undertaken across Clackmannanshire.
- 2.2. Note the performance of Clackmannanshire locality within the Clackmannanshire and Stirling HSCP.

3.0 Considerations

- 3.1. Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of Health and Social Care services. Relevant targets and measures are aligned to the themes within the [Strategic Commissioning Plan 2023-2033](#). In line with legislative requirements to review the Strategic Commissioning Plan at least every three years, the HSCP recently undertook a review of the Plan. This confirmed that the existing five strategic themes remain appropriate and continue to reflect the priorities of the Partnership and the needs of local communities.
- 3.2. The Scottish Government developed National Health and Wellbeing Outcomes to help Health and Social Care Partnerships better understand to what extent integrated services are meeting the individual outcomes of individuals as well as the wider community. Appendix 1 details the links between the Strategic Themes and the National Health and Wellbeing Outcomes.
- 3.3. Appendix 2 provides a Clackmannanshire quarterly overview for the period 1st April to 30th June 2026.
- 3.4. As part of the recent statutory review of the Strategic Commissioning Plan, the HSCP reflected on the way performance information is presented. While the review confirmed that the existing five strategic themes remain

appropriate, it also provided an opportunity to enhance reporting through increased narrative and context. In response to feedback from members of this Committee and the Integration Joint Board, our revised report seeks to demonstrate not only levels of activity, but also the difference services are making to people's experiences, outcomes and wellbeing.

3.5. The following points have all been considered and should be noted in terms of the presentation of data within the report:

3.5.1. Where numbers are lower than 10 these will be noted as <10, to reduce the risk of identifying an individual.

3.5.2. Where data is not available for the current quarter this will be denoted as "not available" and the latest information available may be included.

3.5.3. Where data is affected by completeness this is denoted with a "p". "Provisional" data indicates when initial data releases are subject to change before final figures are published.

3.6. There are some challenges regarding accessing data which continue to be worked through, with the aim of providing fuller reporting in the future.

4.0 Sustainability Implications

4.1. N/A

5.0 Resource Implications

5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes ☐

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes ☐

5.4. *Staffing*

6.0 Exempt Reports

6.1. Is this report exempt? Yes ☐ (please detail the reasons for exemption below) No ☒

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) Our Priorities

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all ☐

Our families; children and young people will have the best possible start in life ☒

Women and girls will be confident and aspirational, and achieve ☒

their full potential

Our communities will be resilient and empowered so that they can thrive and flourish



(2) **Council Policies**

Complies with relevant Council Policies



8.0 Impact Assessments

8.1 Have you attached the combined equalities impact assessment to ensure compliance with the public sector equality duty and fairer Scotland duty? (All EFSIAs also require to be published on the Council's website) Yes ☐

8.2 If an impact assessment has not been undertaken you should explain why:

This paper is for noting only and does not require an Equality Impact Assessment as it does not propose any changes to policy, practice, or service delivery.

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes ☐

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 - National Health & Wellbeing Outcomes mapped against our 2023-2033 Strategic Plan.

Appendix 2 - Clackmannanshire Locality Performance Report 2025/26 Q4 (1st January to 31st March 2026).

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Jennifer Borthwick	Interim Chief Officer	

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

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

Appendix 2 - HSCP – Clackmannanshire Locality Performance Report 2026/27 Q1 (1st April to 30th June 2026)

Strategic Theme 1 Prevention, early intervention and harm reduction

Clackmannanshire 2026-27 Quarter 1



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

PI Code	Description	Q1 2026/27	2025/26	Latest Note
		Value	Value	
ADC MHO 007	Number of Existing Private and Local Authority Guardianships (Clackmannanshire)	Under Review	Inconclusive due to review	See narrative below
ADC MHO 025	Total number of new Private & Local Authority Guardianship Orders (Clackmannanshire)	Under Review	Inconclusive due to review	See narrative below
Newly Proposed measure	Number of people in Clackmannanshire referred onto specialist drug and alcohol services	Q4 25/26 147	Q3 25/26 124	Due to a data lag in public reporting by Public Health Scotland who collate this data, the most recent data available is from Q4 2025/26.
Newly Proposed measure	Percentage of people in Clackmannanshire waiting under 3 weeks from referral to first treatment	Q4 25/26 100%	Q3 25/26 100%	Due to a data lag in public reporting by Public Health Scotland who collate this data, the most recent data available is from Q4 2025/26.
Newly Proposed measure	Percentage of people in Clackmannanshire discharged before starting treatment	Q4 25/26 29.6%	Q3 25/26 40.7%	Due to a data lag in public reporting by Public Health Scotland who collate this data, the most recent data available is from Q4 2025/26.

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.

Priority 1 Mental Health & Wellbeing

Adults with Incapacity/Guardianship

A review of cases has raised questions around the consistency of applying safeguards to those with Guardianship Orders. The review has been focussed around verifying and validating locally held lists alongside those held by the Office of the Public Guardian. This process has made it clear that a new robust, standardised way of supporting these Orders is needed across Clackmannanshire and Stirling.

A large contributing factor to this has been a lack of capacity within teams. To support recovery, senior leadership and both Chief Social Work Officers have agreed that most Guardianship supervision and reviews can be undertaken by Social Care Officers, who will receive targeted training and operate under the direct oversight of Mental Health Officer Team Managers. The Mental Welfare Commission has indicated support for this approach, which will allow the HSCP to embed a standardised approach across the Partnership areas which will reduce the current backlog while preserving Social Worker capacity for complex statutory work. In Clackmannanshire there are approximately 400 current cases with a projection of 300 cases after review.

Priority 2 Drug and alcohol care and support capacity across communities

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. The latest data suggests an improving position across a number of key measures. Referrals to specialist drug and alcohol services increased from 124 in Q3 to 147 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 reduced from 40.7% in Q3 to 29.6% in Q4. Whilst this measure remains an area for ongoing monitoring, the reduction represents a positive trend. The available data does not identify the reasons for this change, however it may be associated with factors such as improved awareness of referral criteria and pathways among referring agencies. Although based on comparison with the previous quarter only, the available data suggests an improving position within statutory drug and alcohol services in Clackmannanshire during the latest reporting period, and performance will continue to be monitored as further data becomes available.

Strategic Theme 2 Independent living through choice and control

Clackmannanshire 2026-27 Quarter 1

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



PI Code	Description	Q1 2026/27	2025/26	Latest Note
		Value	Value	
ADC ADA 025	Quarterly snapshot number of SDS Option 1 clients (Clackmannanshire)	19	17	
ADC ADA 026	Quarterly snapshot number of SDS Option 2 clients (Clackmannanshire)	<10	<10	
ADC ADA 027	Quarterly snapshot number of SDS Option 3 clients (Clackmannanshire)	2334	2697	
ADC ADA 028	Quarterly snapshot number of SDS Option 4 clients (Clackmannanshire)	39	44	
	New Referrals to SDS FV from Clackmannanshire	12	34	
	No of adults supported by SDS FV from Clackmannanshire	23	(2025/26 Q4) 12	

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

When families are faced with important decisions about support for a loved one with additional support needs, having access to clear, independent information can make all the difference. In this video, Andy and Gina share how support from SDS Forth Valley helped them understand their options, make informed decisions, and identify the support arrangements that would best meet their daughter's needs, aspirations and future goals.

Through access to clear, independent information and guidance, they gained the knowledge and confidence to navigate complex systems, understand the opportunities available through Self-directed Support, and make choices that reflected what mattered most to their daughter and family. Their story highlights the importance of informed choice and decision-making, and how the right information and support can empower families to create personalised arrangements that enable people to live fulfilling, independent lives within their communities.

[Andy & Gina talk about support from SDS Forth Valley.](#)

Appendix 2 - HSCP – Clackmannanshire Locality Performance Report 2026/27 Q1 (1st April to 30th June 2026)

Strategic Theme 3 Achieving care closer to home

Clackmannanshire 2026-27 Quarter 1



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

PI Code	Description	Q1 2026/27	2025/26	Latest Note
		Value	Average Value	
DD.09.CLACK	All Forth Valley Delayed Discharges (Code 9) for Clackmannanshire residents at census point.	14	10.58	
DD.100.CLACK	All Forth Valley Delayed Discharges (Code 100) for Clackmannanshire residents at census point.	0	0	
DD.OBD.CLACK	Occupied Bed Days attributed to standard Delayed Discharges at census point, for Clackmannanshire residents.	106	242.83	
DD.ST.CLACK	All Forth Valley Standard Delayed Discharges (excl Code 9 and Code 100) for Clackmannanshire residents at census point.	<10	<10	
DD.TOT.CLACK	Clackmannanshire Delayed Discharges - Total number of delays (inc Code 9 and Code 100) Census Point	20	19.33	
ADC ADA 01p	% of clients with reduced care hours at the end of local authority reablement period in Clackmannanshire	33%	29%	
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	20.5%	11.8%	May 26: 2 clients required lunch calls added; 1 required tea call added; 1 client required lunch and tuck calls added
ADC ADA 01q	% of clients receiving no care after local authority reablement in Clackmannanshire	18%	27%	

Delayed Discharges

Delayed discharge levels for Clackmannanshire remained relatively stable in Q1 2026/27, with a total of 20 delays recorded at the census point compared with an average of 19.3 during 2025/26. Code 9 delays accounted for 14 of these delays, which is above the previous year's

average of 10.6, while there were no Code 100 delays recorded. Standard delays remained below 10, consistent with the position reported throughout 2025/26.

Despite the stable overall number of delays, occupied bed days attributable to standard delayed discharges reduced significantly to 106, compared with an average of 242.8 in 2025/26. This suggests that delays are being resolved more quickly, supporting improved patient flow and more effective use of hospital capacity. Reducing Code 9 delays will remain a key area of focus to further strengthen performance and sustain progress.

Overall, the data indicates a stable delayed discharge position, with encouraging improvement in occupied bed days. Future monitoring will focus on sustaining reductions in delay duration while addressing the higher-than-average number of Code 9 delays.

In response to these challenges, a range of improvement activity is underway to support more timely transitions from hospital to home. This includes the Discharge to Assess programme, daily oversight of delayed discharge cases, early intervention through length-of-stay triggers, and the development of an Integrated Discharge Service ahead of winter. Collectively, these actions are intended to reduce delays and improve patient flow.

Development of 'Front Door' Response

A gap has been 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, 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 for the Early Intervention Team will be included in future Quarterly Performance Report for Clackmannanshire, once agreed.

Hospital Discharge Team

The Clackmannanshire Hospital Discharge Team reviews 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 small number of completed reviews have identified projected annual efficiencies of 1,196 hours, equivalent to an estimated saving of over £30,000, demonstrating the importance of ensuring finite resources are used effectively while delivering person-centred outcomes. Work is underway to develop clear performance measures for the Hospital Discharge Team, which will be included in future quarterly performance reports for Clackmannanshire.

Priority 6 Workforce capacity and recruitment

Social Work within Clackmannanshire 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 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.

Appendix 2 - HSCP – Clackmannanshire Locality Performance Report 2026/27 Q1 (1st April to 30th June 2026)

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

Clackmannanshire 2026-27 Quarter 1

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

PI Code	Description	Q1 2026/27	2025/26	Latest Note
		Value	Value	
HSC CAR	Number of Adult Carer Support Plans completed by the Carer Centre	38	2025-26 Q1 28	Clackmannanshire & Falkirk Carer Centre Data
HSC CAR	Number of carers accessing individual support through the Carer Centre	231	2025-26 Q1 264	Clackmannanshire & Falkirk Carer Centre Data
HSC CAR	Number of Carers registered and Active with the Carer Centre	899	2025-26 Q1 936	Clackmannanshire & Falkirk Carer Centre Data
ADC ADA 011D	Number of eligible Adult Support plans for Clackmannanshire carers completed by Social Care.	<10	13	

Carer's Centre

During this quarter, Clackmannanshire & Falkirk Carers Centre focused on ensuring a smooth transition for carers as statutory carer support services transferred to Stirling Carers Centre, now operating as Stirling and Clackmannanshire Carers Centre. The transition has been carefully managed to ensure continuity of support. Carers in Clackmannanshire will continue to have access to dedicated local support, with no interruption to the services available to them. This commitment to supporting carers is reflected in experiences such as Jenni's, who accessed support locally in from the Carers Centre during a particularly challenging period while caring for a loved one with significant health needs.

Jenni describes, in the below video, how the service provided understanding, reassurance and practical support, helping her feel heard, valued and supported when she needed it most. Through personalised advice, opportunities to focus on her own wellbeing and access to information and resources, she was able to build resilience and maintain her caring role. Her experience highlights the positive impact that timely and appropriate support can have on carers' wellbeing, confidence and ability to continue caring.

[Jenni talks about support from the Carers Centre](#)

Alongside the transition of statutory services, Clackmannanshire & Falkirk Carers Centre will continue to provide a range of funded supports for local carers until March 2027, including wellbeing activities, short break opportunities and support for parent carers. Discussions are ongoing with Shared Care Scotland regarding the future provision of Respite breaks, helping to ensure carers can continue to access a wide range of support locally.

Care at home reviews

A dedicated Care at Home Review Team has been operating in Stirling since 2024. While recruitment challenges initially limited the ability to replicate this model in Clackmannanshire, the positive outcomes achieved in Stirling have now enabled the establishment of a dedicated review team within Clackmannanshire.

The purpose of the review team is to ensure individuals receive the right support at the right time, with care arrangements that are proportionate to their assessed needs and aligned to their personal outcomes, strengths and aspirations. Through an asset-based approach, reviews focus on maximising independence, choice and control by making greater use of community resources, voluntary sector provision and informal support networks wherever appropriate.

The Clackmannanshire team has begun by analysing information held within the social work recording system to identify individuals whose reviews are overdue or due for completion. Alongside this, the team is strengthening links with third-sector organisations and community support networks to expand the range of non-statutory support options available to individuals following review.

Over the coming months, the focus will be on increasing review activity, ensuring people are receiving support that reflects their current circumstances and outcomes, and evidencing the impact of this approach through the Right Care Right Time performance framework. Key performance indicators relating to Care at Home Reviews will be reported through future quarterly performance reports, providing assurance on progress, outcomes for individuals and the effective use of resources.

Strategic Theme 5 Reducing loneliness and isolation

Clackmannanshire 2026-27 Quarter 1



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

PI Code	Description	Q1 2026/27	2025/26	Latest Note
		Value	Q4 Value	
HSC CLW 001c	Number of social prescribing referrals for Clackmannanshire through Community Link Workers (CLW).	51	47	In 2025/26 the average number of referrals in each quarter was 44. This quarter has shown a increase from 47 in 2025/26 Q4.
HSC CLW 002c	Number of social prescribing encounters for Clackmannanshire through Community Link Workers (CLW).	121	173	In 2025/26 the average number of encounters in each quarter was 136. This quarter has shown a decrease from 173 in 2025/26 Q4.

Priority 11 Reducing levels of loneliness and isolation

Third sector update

The work of Clackmannanshire Third Sector Interface (CTSI) is crucial to tackling loneliness and isolation within our communities, with many group and organisations across the locality providing people with ways to connect and reconnect with their communities. The Community Link Workers (CLW) are supporting people as individuals to participate in community activities, and achieve their goals, whether that be increasing their impedance or being more involved in their community.

For the Community Link Workers, over Quarter 1 their main sources of referrals have been from 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. Whilst referrals increased during the quarter, the number of encounters reduced compared with Q4. This may reflect the nature of cases being supported during the period and will continue to be monitored.

Information regarding local community groups is collated in the Clackmannanshire Third Sector Information directory and there is also information on ALISS, the national directory. Work is underway with partner organisations to better understand how we can best reflect the myriad of work that happens across our communities that support those who are lonely and social isolated.

Inspection of Services

Registered services owned by the Partnership are inspected by the Care Inspectorate. Since 1 April 2018, the new [Health and Social Care Standards](#) have been used across Scotland. In response to these new standards, the Care Inspectorate introduced a [new framework for inspections](#) of care homes for older people.

Whins/Centre Space was last inspected on 8th May 2026. The full report can be found [here](#)

Wellbeing support	Leadership	Staff team	Setting	Care planning
Very Good (5)	Good (4)	Good (4)	Not Assessed	Good (4)