



**Clackmannanshire
Council**

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Comhairle Siorrachd
Chlach Mhanann

Kilncraigs, Greenside Street, Alloa, FK10 1EB (Tel.01259-450000)

Audit and Scrutiny Committee

Thursday 27 August 2026 at 9.30 am

**The meeting will be held in
Council Chambers, Kilncraigs, Alloa**



Audit and Scrutiny Committee

The remit of the Audit and Scrutiny Committee is:

Audit & Finance

- a) Receive, review and consider reports on the Council's finance
- b) Receive, review and consider reports on value for money and best value
- c) Consideration and monitoring of the Council's Annual Governance Statement
- d) Consider internal audit reports and results of internal audit investigations
- e) Consider external audit and resultant action plans
- f) Monitor and review actions taken on internal and external audit recommendations
- g) Consider the effectiveness of the Council's risk management procedures and the control environment
- h) Receive and consider reports on countering fraud and corruption.

Scrutiny

- a) Monitor council services, including the Health and Social Care Partnership (HSCP) against agreed outcomes, standards and targets
- b) Monitor the achievement of organisation-wide agreed outcomes, standards and targets
- c) Monitor the achievement of agreed outcomes, standards and targets by the community planning partnership
- d) Monitor Police and Fire performance against Plans approved by the Council
- e) Scrutiny of Council decision-making, with the ability to call in decisions
- f) Initiate or undertake scrutiny reviews
- g) Deal with matters referred by the Council for scrutiny purposes.

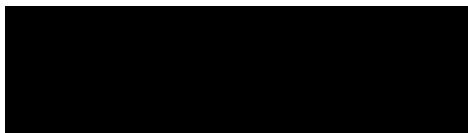
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19 August 2026

A MEETING of the AUDIT AND SCRUTINY COMMITTEE will be held in COUNCIL CHAMBERS, KILNCRAIGS, ALLOA on THURSDAY 27 AUGUST 2026 at 9.30 am.



**Chris Alliston
Head of Corporate Services**

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2.	Declaration of Interests Members should declare any financial or non-financial interests they have in any item on this agenda, identifying the relevant agenda item and the nature of their interest in accordance with the Councillors' Code of Conduct. A Declaration of Interest form should be completed and passed to the Committee Officer.	--
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Audit and Scrutiny Committee – Committee Members (Membership 8 - Quorum 4)

Councillors

Wards

Councillor	Janine Rennie (Chair)	3	Clackmannanshire Central	LABOUR
Councillor	Denis Coyne (Vice Chair)	5	Clackmannanshire East	CONSERVATIVE
Councillor	Phil Fairlie	1	Clackmannanshire West	SNP
Councillor	Martha Benny	2	Clackmannanshire North	CONSERVATIVE
Councillor	William Keogh	2	Clackmannanshire North	LABOUR
Councillor	Kenneth Earle	4	Clackmannanshire South	LABOUR
Councillor	Ellen Forson	4	Clackmannanshire South	SNP
Councillor	Bryan Quinn	4	Clackmannanshire South	SCOTTISH GREEN

Religious Representatives

We must appoint three religious representatives in accordance with Section 124 of the 1973 Act (inserted by Section 31 of the 1994 Act).

Religious representatives only have voting rights on matters relating to the discharge of the authority's function as education authority.

Our representatives are:

Reverend Alison Britchfield – Church of Scotland

Father Michael Carrie – Roman Catholic Church

Pastor Dee Jess – Baptist Church



MINUTES OF MEETING of the AUDIT AND SCRUTINY COMMITTEE held in Council Chambers, Kilncraigs, Alloa on THURSDAY 11 JUNE 2026 at 9.30 AM.

PRESENT

Councillor Janine Rennie (Chair)
Councillor Martha Benny
Councillor Kenneth Earle (via Teams)
Councillor Phil Fairlie (via Teams)
Councillor Scott Harrison (S)

IN ATTENDANCE

Chris Alliston, Head of Corporate Services
Lorraine Sanda, Depute Chief Executive/Director of Wellbeing
Kevin Wells, Director of Place and Economy
Colin Bruce, Head of Wellbeing Service/Chief Education Officer
Sharon Robertson, Head of Wellbeing Service/Chief Social Work Officer
Lindsay Sim, Chief Finance Officer (Corporate Services)
Lee Robertson, Senior Manager, Legal and Governance (Corporate Services)
Alastair Hair, Organisational Development Adviser (Corporate Services)
Sarah Langsford, HR Team Leader (Corporate Services)
Cherie Jarvie, Senior Manager, Partnership and Transformation (Corporate Services)
Stephen Craig, External Auditor, Deloitte (via Teams)
Rebecca McConnachie, External Auditor, Deloitte (via Teams)
Katie Roddie, Team Leader Business Improvement (Place and Economy)
Sarah McPhee, Senior Internal Auditor, Falkirk Council (via Teams)
Derek Barr, Procurement Manager (Corporate Services)
Fi Grinly, Strategy and Performance Adviser (Corporate Services)
Johan Roddie, Senior Manager, Permanence (Wellbeing) (via Teams)
Wendy Forrest, Head of Strategic Planning and Health Improvement (HSCP)
Judi Richardson, Performance and Information Adviser (Corporate Services)
Wendy Robertson, Senior Manager (Transformation & Capital) (Via Teams)
Rona Burns, Solicitor, Legal and Governance (Corporate Services) (Depute Clerk to the Committee)
Melanie Moore, Committee Services, Legal and Governance (Corporate Services) (Minute)
Gillian White, Committee Services, Legal and Governance (Corporate Services)

Before moving to substantive business, the Chair, proposed a change to the order of the agenda items relating to Internal Audit. Having considered the structure and flow of the reports and in discussion with Internal Audit and the Clerk, under Standing Order 10.5 to amend the order as follows:

The revised order would be:

- *Item 9 – Internal Audit Strategy and Internal Audit Charter*
- *Item 8 - Internal Audit Progress Report*
- *Item 7 - Internal Audit Plan*
- *Item 6 - Internal Audit Annual Assurance Report*

The change reflects the nature of the papers. The Strategy and Charter is a standalone report linked to compliance with the Global Internal Audit Standards. The remaining reports then follow a logical sequence, progress to date, forward planning and the annual assurance option.

Reordering the items in this way will provide a clearer narrative for Members and reduce perceived duplication.

AS(26)25 APOLOGIES

Apologies were received from Councillor Coyne, Councillor Forson, Councillor Keogh and Councillor Quinn. Councillor Harrison is in attendance today as a substitute for Councillor Forson.

AS(26)26 DECLARATIONS OF INTEREST

None.

**AS(26)27 MINUTE OF AUDIT AND SCRUTINY COMMITTEE HELD ON
23 APRIL 2026**

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 23 April 2026 were submitted for approval.

Decision

The minutes of the meeting of the Audit and Scrutiny Committee held on Thursday 23 April 2026 were agreed as a correct record by the Committee and signed off by the Chair.

AS(26)27 COUNCIL FINANCIAL PERFORMANCE 2025/26 AS AT MARCH 2026

The report, submitted by the Chief Finance Officer, provided Committee an update on the financial performance for the Council, as at 31 December 2025, in respect of the General Fund (GF) revenue spend and the achievement of savings for the financial year 2025/26, and the Clackmannanshire element of the Stirling and Clackmannanshire Health and Social Care Partnership (H&SCP) revenue spend.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having noted, challenged and comment on the report, the Committee agreed to note:

1. General Fund revenue forecast underspend of £(3.637)m for the year to 31 March 2026;
2. The Clackmannanshire element of the Health and Social Care Partnership (H&SCP) forecast overspend of £6.265m, for the year to 31 March 2026;
3. The balances of earmarked reserves used to date and remaining balances at 31 March 2026;
4. Delivery of £3.231m of the £3.814m approved savings programme, representing a forecasted achievement of 84.7%, as at March 2026: and
5. The General Fund Capital programme forecast underspend of £(9.648)m.

AS(26)28 HRA FINANCIAL PERFORMANCE 2025/26 AS AT MARCH 2026

The report, submitted by the Chief Finance Officer, provided an update on the financial performance, as at 31 March 2026, in respect of the Housing Revenue Account (HRA) revenue and capital spend for the financial year 2025/26.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented on the report, the Committee agreed to note:

1. The HRA revenue surplus of £(6.441)m which is £(1.785)m greater than budgeted for the year to 31 March 2026; and
2. The HRA Capital programme forecast underspend of £(6.347)m;

The next items of business were in the following order, Item 9, Item 8, Item 7 and Item 6.

AS(26)29 INTERNAL AUDIT STRATEGY AND INTERNAL AUDIT CHARTER

This report, submitted by the Internal Audit Manager, sought Audit and Scrutiny Committee's approval of the Internal Audit Strategy and an updated Internal Audit Charter.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

The Committee agreed to:

1. Consider and approve the Internal Audit Strategy attached at Appendix 1;
2. Consider and approve the Internal Audit Charter attached at Appendix 2; and
3. Note that both documents meet the requirements of the Global Internal Audit Standards and their application in the UK Public Sector.

AS(26)30 INTERNAL AUDIT PROGRESS REPORT

The report, submitted by the Head of Corporate Services, provided the Committee with an update on the progress with completion of the 2025/26 Internal Audit Plan.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

The Committee agreed to note:

1. Progress made with the finalisation of the 2025/26 Internal Audit Plan;
2. The carry forward of three audits into the 2026/27 Internal Audit Plan; and
3. The action taken on duplicate payments.

AS(26)31 INTERNAL AUDIT PLAN 2026/27

The report, submitted by the Internal Audit Manager, presented the Committee the 2026/27 Internal Audit Plan for approval.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

The Committee agreed to:

1. Note the resources available to Internal Audit and that the plan is flexible;
2. Approve the Internal Audit Plan for 2026/27; and
3. Note that progress will be reported to the Audit and Scrutiny on an ongoing basis, with any significant changes in-year brought back for approval.

AS(26)32 INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2025/26

The report, submitted by the Internal Audit Manager, provided the Committee an overall assurance on the Council's arrangements for risk management, governance, and control, based on Internal Audit work undertaken during 2025/26. It also sets out how Internal Audit operates in compliance with the Global Internal Audit Standards and provides an update on performance via Key Performance Indicators.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

The Committee agreed to note:

1. Progress with 2025/26 work and that sufficient Internal Audit work was undertaken to support a balanced assurance;
2. Progress with the National Fraud initiative 2024/25 Exercise;
3. The action taken on duplicate creditor payments;
4. Progress with overdue recommendations;

5. Internal Audit, met, and exceeded two of its Key Performance Indicators, however, performance dropped slightly in one of the indicators;
6. Internal Audit can provide **LIMITED** assurance on the Council's arrangements for risk management, governance, and control for the year to 31 March 2026; and
7. In providing this opinion, Internal Audit operated with no real or apparent impairment or restriction to scope / independence / objectivity of internal audit activity during the year.

AS(26)32 INTERNAL AUDIT ACTIONS - PROGRESS REPORT

The report, submitted by the Head of Corporate Services, provided the Committee with an update on the progress against actions arising from Internal Audit reports.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented, the Committee agreed to note the report.

AS(26)33 ANNUAL GOVERNANCE STATEMENT 2024-25: END OF YEAR PROGRESS

The report, submitted by the Strategy and Performance Adviser, provided an end-of-year on progress of actions agreed to address areas for improvement previously identified from the Council's Annual Governance Statement (AGS) self-assessment activity. Progress reflects activity completed or underway up to 31 March 2026.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented, the Committee agreed to note the report.

AS(26)34 CORPORATE RISK REGISTER

The report, submitted by the Senior Manager, Partnership and Transformation, provided the Committee with the 2025/26 Quarter 4 update on Clackmannanshire Council's Corporate Risk Register (Appendix A).

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented, the Committee agreed to note the report.

AS(26)35 EXCEPTIONS FROM THE APPLICATION OF CONTRACT STANDING ORDERS

It is a requirement of Contract Standing Orders that exceptions should be reported to the next available Audit and Scrutiny Committee. The purpose of this paper therefore is to provide detail on any Exceptions to Contract Standing Orders in the previous quarter.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented the report, the Committee agreed to note the report.

AS(26)36 AUDIT AND SCRUTINY COMMITTEE FORWARD PLAN 2026/27

The report, submitted by the Head of Corporate Services, enabled members to review and approve the Audit and Scrutiny Committee forward plan for 2026-2027, agree on the process for completing the Committee self-evaluation to inform its Annual Report, and note the progress of the Committee agreed training plan.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Amendment

The Committee were asked to amend recommendation 2.1.2 as follows:

“To agree that all Committee members complete the online self-evaluation questionnaire, Appendix 2, by 31 July 2026.”

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

The Committee agreed to:

1. Approve the draft forward plan as set out in Appendix 1;
2. Agree that all Committee members complete the online self-evaluation questionnaire, Appendix 2, by 31 July 2026;
3. Agree that all Committee members will meet informally during September 2026 to review the results of the self-evaluation exercise. This will support the preparation of the Committee's Annual Report for consideration at the October 2026 meeting and subsequent submission to Council;

4. Note the progress made in relation to the 2025/26 training plan (as detailed in paragraph 3.6).

AS(26)37 PARTNERSHIP AND PERFORMANCE: 2025/2026 YEAR END BUSINESS PLAN UPDATE

The report, submitted by the Strategic Director, Partnership and Performance, provided a year end update on the 2025/26 Partnership and Performance Business Plan. While a detailed summary is available in Appendix, key highlights and considerations are presented below.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented the report, the Committee agreed to note the report.

AS(26)38 SCOTTISH HOUSING REGULATOR ANNUAL RETURN OF THE CHARTER (ARC)

The report, submitted by the Strategic Director, Place, provided information to the Committee on the Annual Return of Charter (ARC) submitted to the Scottish Housing Regulator (SHR) on 31 May 2026 (Appendix 1). The purpose of this report is to allow Housing Service performance to be scrutinised in a meaningful way.

Motion

That the Committee agrees the recommendation as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

Having challenged and commented the report, the Committee agreed to note the report.

AS(26)39 HSCP – CLACKMANNANSHIRE LOCALITY PERFORMANCE REPORT 2025/26 Q4 (1 JANUARY TO 31 MARCH 2026)

The report, submitted by the Head of Strategic Planning and Health Improvement, highlighted the work undertaken by Clackmannanshire and Stirling Health Care Partnership (HSCP) and its impact upon performance for the locality of Clackmannanshire.

Motion

That the Committee agrees the recommendations as set out in the report.

Moved by Councillor Janine Rennie. Seconded by Councillor Martha Benny.

Decision

The Committee agreed to note:

1. This paper and the continuing work being undertaken across Clackmannanshire;

2. The performance of Clackmannanshire locality within the Clackmannanshire and Stirling HSCP.

Ends 11:43 hrs

Report to: Audit and Scrutiny Committee

Date of Meeting: 27 August 2026

Subject: Exceptions from the Application of Contract Standing Orders

Report by: Head of Corporate Services

1.0 Purpose

- 1.1. It is a requirement of Contract Standing Orders that exceptions should be reported to the next available Audit & Scrutiny Committee. The purpose of this paper therefore is to provide detail on any Exceptions to Contract Standing Orders submitted in the previous quarter.

2.0 Recommendations

- 2.1. The Committee is asked to note the report, commenting and challenging as appropriate.

3.0 Considerations

- 3.1. Contract Standing Orders (CSO's) apply to all contracts entered into by Council officers. In some circumstances however, exceptions may be granted.
- 3.2. The appropriate senior manager must record their reasons in writing in the form of an exception report for a decision, which must be submitted to the Head of Corporate Services, for consideration.

The Head of Corporate Services is required to consult with the Chief Finance Officer (S95) and Procurement Manager before taking any action that binds the Council. It is a requirement that any such exception shall be reported retrospectively in full to the next Audit & Scrutiny Committee, including the reasons that fully justify the exception. A summary of CSO exemptions will also be provided as part of the Annual Procurement report to the Audit & Scrutiny Committee.

3.3. **One (1)** exception has been considered since the last reporting period:

To permit the direct award of a contract to Minerva Associates UK Ltd for the provision of Technical Design Authority Chair and Strategic ICT Governance Services.

- Contract Period: 24 months
- Total Contract Value: £312,000 (excluding VAT)
- CSO Exemption Applied: Contract Standing Orders Section 6(3) – there is a genuinely justifiable case to use an existing contractor/supplier to maintain continuity of supply or site experience.
- Decision: Granted.

3.4 The Council is currently delivering a significant programme of ICT transformation, including cloud migration, infrastructure modernisation, cyber resilience improvements and digital service enhancement. Independent technical governance and architectural oversight are required to support delivery of these programmes and ensure strategic decision-making remains aligned with business priorities.

The supplier was originally appointed through a competitive Request for Quotation process undertaken through Public Contracts Scotland in August 2025 and has since developed detailed knowledge of the Council's ICT estate, transformation programme and governance arrangements.

Retendering at this stage would introduce mobilisation and knowledge-transfer risks, reduce governance effectiveness and potentially delay delivery of critical digital transformation projects.

The exception was approved on the basis that maintaining continuity of the Technical Design Authority function represents best value for money, avoids unnecessary transition costs and mitigates risks associated with programme delivery, cyber resilience and infrastructure stability.

Conditions Attached to Approval

- Procurement Form 2 to be completed and authorised.
- Purchase Order to be raised covering the full contract value of £312,000.
- Transparency / Contract Award Notice to be published where required.
- Contract performance reviews to be undertaken at six-monthly intervals.
- Appropriate contract management arrangements to be maintained throughout the contract period.
- Exception to be reported to Audit & Scrutiny Committee for scrutiny.

4.0 Sustainability Implications

- 4.1. There are no direct sustainability implications arising from the recommendations in this report.

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 – there are no staffing implications arising from this report.*

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)

No ☒

- 8.2 If an impact assessment has not been undertaken you should explain why:
An EQIA is not applicable in this context.

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".

None

11.0 Background Papers

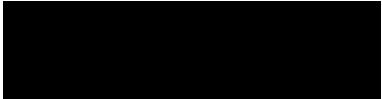
- 11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Derek Barr	Procurement Manager	45 2017

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Report to: Audit and Scrutiny Committee

Date of Meeting: 27 August 2026

Subject: IJB Year End Report

Report by: Chief Finance Officer IJB

1.0 Purpose

- 1.1. The 2025/26 year end for the IJB is presented in draft subject to audit. The paper was presented to IJB members on 24 June 2026. The paper is brought forward for Council Members' information.

2.0 Recommendations

- 2.1. Members are asked to note:

- 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.
- The progress on the 2026/27 budget savings work.

3.0 Considerations

- 3.1. Council members are asked to note:

- The draft 2025/26 year end result is near balanced prior to audit.
- This position is reached following an additional year end contribution from Clackmannanshire Council of £2.444m, already agreed.
- Currently the IJB 2025/26 result is subject to audit.

4.0 Sustainability Implications

- 4.1. None applicable.

5.0 Resource Implications

- 5.1. *Financial Details*

- Financial implications as noted in the paper and at Section 2 above.

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 – not applicable*

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:

An integrated impact assessment will be undertaken for the IJB savings proposals as appropriate

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".

IJB Finance Report from June 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)

NAME	DESIGNATION	TEL NO / EXTENSION
Amy McDonald	Chief Finance Officer	

Approved by

NAME	DESIGNATION	SIGNATURE
Dr Jennifer Borthwick	Interim Chief Officer	

Clackmannanshire & Stirling Integration Joint Board

24 June 2026

Agenda Item 9

Financial Report

For Noting and Decision

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

Directions	
No Direction Required	X
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐
Purpose of Report:	The report provides: The 2025/26 revenue budget draft outcome, prior to audit, for the delivery of the Integrated Joint Board (IJB) responsibilities; and an update on the 2026/27 year budget savings.
Recommendations:	It is recommended that the Integration Joint Board: a) Notes the 2025/26 draft outturn position before partner contribution and use of reserves to address an overspend of £12.827m, the expected draft outcome for the IJB is a deficit of £827k; b) Notes the progress on the 2026/27 budget savings work;
Key issues and risks:	2025/26 year end outturn position is draft subject to audit. If the 2026/27 savings and the recovery plan are not delivered in year this will worsen the financial position of the IJB with the potential for measures which would be required to reduce costs that could directly compromise the care quality, daily treatments and shift the burden of care onto acute hospitals. There may also be a requirement for a risk share contribution from partners and a longer period elapsing prior to the IJB returning to financial balance.

1. Strategic Plan Context

- 1.1. The C&S Health and Social Care Partnership (C&SHSCP) must work to provide statutory services but within the funding provided by the IJB from

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

- 1.2. The 2025/26 budget supported the delivery of the Strategic Commissioning Plan 2023-2033. The Medium Term Financial Forecast, 2026-2029 underpins the Strategic Commissioning Plan demonstrating how financial balance could be achieved over the next 3 years. Work on a more detailed delivery plan will continue to develop to ensure during this same period additional financial demands being placed on partners are minimised while working towards financial sustainability.
- 1.3. The budget set out the actions required being:
 - Delivering savings of 19.673m – with recurring savings of £10.815m to be achieved in 2026/27 and working to address the funding short fall of £8.858m with partners by way of a recovery plan.
 - If the savings and/or the recovery plan does not deliver the required savings there is a potential partners may require to provide further funding to the IJB by way of risk share arrangements.
 - A real focus and commitment by the IJB in driving through the work required to underpin these savings and recovery plan.
 - To run in parallel to the savings workstream, more transformative projects which look to bring greater efficiency to the delivery of health and care services with the ambition to start developing savings for 2027/28 and future years.
- 1.4. The budget for 2026/27 and the following 3 years underpins the delivery of the Strategic Plan 2023-33. The medium-term financial forecast recognises the focus of improving health outcomes in Clackmannanshire and Stirling.
- 1.5. To be successful in this the model of health and care delivery there will require a continued emphasis on prevention with active steps to develop this approach being taken.

2. Summary Key Information

Budget Outturn 2025/26

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

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

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

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

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

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

- The movement on reserves is shown below.

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

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

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

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

2.4. The 2025/26 outturn shows:

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

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

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

Savings delivery 2026/27

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

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

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

3. Financial Risk

- 3.1. **Budget assumptions** are based on estimations which may not reflect future actual events and therefore carry a degree of risk.
- 3.2. **Delivery of savings** – the risk of failing to deliver savings is being managed by the Budget Savings and Oversight Group – this group will drive forward projects overseen by the Finance, Audit and Performance Committee.
- 3.3. **Draft outturn 2025/26** - figures presented are draft pre audit, there is a risk the 2025/26 may be adjusted if a material error is found. The year end outturn for 2025/26 was favourable for the IJB by approximately £1m and therefore there is a little flexibility when emerging budget pressures are fully assessed.
- 3.4. **Commissioned service providers** will experience financial pressure during the year.
- 3.5. **IJB reserves** can be used to manage in year budget fluctuations however they are insufficient to cover the current budget gap.
- 3.6. **Transitions workstream** there is a risk that some young adults transferring to adult care services have packages of care exceeding the additional budget estimated for these care requirements.
- 3.7. **Prescribing costs** have grown in recent years with growth forecast to continue. There is a risk, owing to greater inflation and market volatility, that costs may grow beyond the afforded budget.
- 3.8. **Budget Recovery plan** - over the coming quarter there will be a considerable amount of work required to map out the delivery of in year savings of £10.815m, and to assess the feasibility of delivering further savings which will reduce the amount of additional savings of £8.858m required to balance the budget. This will require close working with partners to understand what this may be mean in reality. Further to the savings budget pressures are likely to emerge, and, as some of these pressures become more evident, additional action will be required to mitigate the risk of these potential costs too.
- 3.9. The Chief Finance Officer will continue to work with the CFO's of partner organisations to develop and implement finance plans and identify how financial balance can be achieved in 2026/27 - this will include review of the recovery plan options, consideration of the use of IJB reserves before any consideration of further partner contribution via recommended risk share arrangements for the 2026/27 year.

Appendices

None.

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
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:	Financial implications are noted throughout the report for the 2025/06 year end outturn and 2026/27 budget. Clackmannanshire Council, Stirling Council and NHS Forth Valley should be aware that there are significant challenges in balancing the budget for the 2026/27 financial year.
Other Resources:	There are no direct implications as a result of this report.
Legal:	The recommendations within this report note that the IJB is required to develop a Recovery Plan to close the £8.858m budget gap, net £7.358m after consideration of the additional contribution to the IJB by Stirling Council of £1.5m. If this gap is not closed the budget will not be balanced in 2026/27. If the 2026/27 savings and the recovery plan are not delivered in year this will worsen the financial position of the IJB with the risk of not providing statutory services as a consequence of budget pressures. This could mean the potential for measures which would be required to reduce costs that directly compromise the care quality, daily treatments and shift the burden of care onto acute hospitals. If this is the case it may also be necessary for the IJB to seek additional partner contributions by way of the risk sharing arrangements compliant with the Clackmannanshire and Stirling Integration Scheme but only after all other options for savings have been exhausted.

Risk & mitigation:	Outlined in the report. Work is ongoing surrounding mitigation risk and will be progressed and brought back to subsequent IJB meetings.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	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.

Report to: Audit & Scrutiny Committee

Date of Meeting: 27 August 2026

Subject: Clackmannanshire and Stirling HSCP Finance Report

Report by: Chief Finance Officer, HSCP

1.0 Purpose

The report provides the current forecast year end outturn position for the C&S HSCP.

2.0 Recommendations

- 2.1. Members are asked to note the financial position of the C&S HSCP. The C&S HSCP is establishing a new Recovery Plan Governance Group to provide a formal mechanism for partner oversight and consultation of the HSCP financial Recovery Plan for 2026/27.
- 2.2. To note the HSCP Recovery Plan Governance Group will not replace the decision making responsibilities of the Integrated Joint Board or the statutory responsibilities of partner bodies.

3.0 Considerations

- 3.1. The latest C&S HSCP forecast reported identifies an in-year budget deficit of £19.7 million. Previously identified savings of £10.8 million have been reforecast to £6.6 million, reflecting slippage and the limited time remaining in the financial year to deliver savings. At this stage, there are no sufficiently developed savings plans in place to support delivery of the original savings requirement. As a consequence, the required recovery plan has increased from £8.9 million to £13.1 million.
- 3.2. This position presents a significant financial risk to the Partnership and to the partner bodies. It is recognised urgent action is required to strengthen financial recovery arrangements, develop a realistic Recovery Plan and, confirm accountable leads for this Plan, prioritise deliverable savings and provide transparent reporting to the IJB and partners.
- 3.3. While officers will continue to pursue all reasonable and lawful actions to reduce the deficit, it must be recognised that closing the financial gap in full during the current financial year will be significant challenge.

4.0 Sustainability Implications

4.1. None applicable..

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* – No direct staffing implications.

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:
Not applicable for this paper.

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".

C&S HSCP Finance Report

11.0 Background Papers

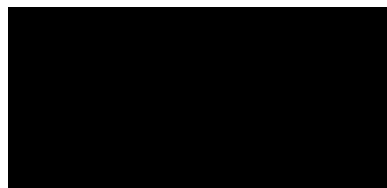
11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Amy McDonald	Chief Finance Officer	

Approved by

NAME	DESIGNATION	SIGNATURE
Jennifer Borthwick	Interim Chief Officer	

Clackmannanshire & Stirling Integration Joint Board

12 August 2026

Agenda Item 4

Finance Report

For Approval 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 an update on the 2026/27 forecast year-end financial position at the end of Quarter 1, the unaudited 2025/26 draft year-end outturn, and the actions required to support financial balance by the end of 2026/27.																						
	The report highlights to the Integration Joint Board (IJB) the scale of the financial challenge as savings have slipped increasing the required Recovery Plan savings.																						
		<table><tr><td></td><td>Presented Mar'26</td><td>Reforec</td></tr><tr><td>IJB savings 2026/27</td><td></td><td></td></tr><tr><td>Budget deficit 2026/27 before saving</td><td></td><td></td></tr><tr><td>Proposed budget savings 202</td><td></td><td></td></tr><tr><td>Budget deficit 2026/2</td><td></td><td></td></tr><tr><td>Required rec</td><td></td><td></td></tr><tr><td>Budg</td><td></td><td></td></tr></table>		Presented Mar'26	Reforec	IJB savings 2026/27			Budget deficit 2026/27 before saving			Proposed budget savings 202			Budget deficit 2026/2			Required rec			Budg		
		Presented Mar'26	Reforec																				
	IJB savings 2026/27																						
	Budget deficit 2026/27 before saving																						
	Proposed budget savings 202																						
	Budget deficit 2026/2																						
	Required rec																						
	Budg																						
Executive summary: The IJB faces a significant 2026/27 financial challenge, with a forecast deficit of £19.7m being originally meet through £10.8m savings and a Recovery Plan of £8.9m with reduced scope to deliver in-year. Delays in achieving savings to date mean the Recovery Plan requirement is now expected to increase to around £13.1m as the level of achievable savings is forecast at £6.6m. Urgent action is required to strengthen financial recovery arrangements, develop a realistic Recovery Plan and, confirm accountable leads for this Plan, prioritise deliverable savings and provide transparent reporting to the IJB and partners. The IJB is asked to note the scale of the financial risk and the requirement for an 8-month turnaround plan.																							
Recommendations:	It is recommended that the Integration Joint Board:																						
	a) Notes the forecast 2026/27 year 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) Approve action to strengthen oversight and reporting of i) savings delivery in 2026/27 and ii) progress towards the Medium Term Financial Forecast (MTFF) 2026/29 including: - Development of an 8-month turnaround plan. - Executive led governance arrangements are in put in place to oversee the financial Recovery Plan. - Finance, Audit and Performance Committee to monitor governance arrangements, delivery of 2026/27 savings, progress on MTFF 2026/29 with overall oversight by IJB. c) Notes the 2025/26 draft year-end outturn position prior to audit.
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 urgent action, the Partnership is unlikely to close the residual gap through savings alone, increasing the likelihood of further cost reduction measures, use of reserves where available, or additional partner financial contributions. This creates risks for service and financial sustainability, partner affordability and financial sustainability and the wider health and social care system. 2025/26 year end outturn position is draft subject to audit which is currently underway.

1. Strategic Plan Context

- 1.1. The Clackmannanshire & Stirling Health and Social Care Partnership (C&S HSCP) must work to provide statutory services but within the funding provided by the IJB from Clackmannanshire Council, Stirling Council and NHS Forth Valley (the partners).
- 1.2. The 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 by which financial balance could be achieved over the next three years.

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. The 2026/27 budget set out the actions required being:

- Delivering approved savings of £10.815m in 2026/27 and progressing a recovery plan to address the remaining funding shortfall of £8.858m, recognising the need for clear delivery plans, accountable leads, timescales and regular reporting to the IJB.
- If approved savings and recovery plan actions do not deliver in year, the IJB may require further mitigating action, including review of reserves and consideration of partner risk-share arrangements, after all feasible savings options have been explored.
- A real focus and commitment by the IJB in driving through the work required to underpin these savings and recovery plan.
- Running transformation workstreams alongside the in-year savings programme to support recurring financial sustainability, reduce future demand pressures and develop savings options for 2027/28 and future years.

1.4. The budget for 2026/27 and the following 3 years underpins the delivery of the Strategic Plan 2023-33. The medium-term financial forecast recognises the focus of improving health outcomes in Clackmannanshire and Stirling.

1.5. Successful delivery of the future model of health and care will require a sustained emphasis on prevention and early intervention. This must be supported by clear actions to develop preventative approaches, reduce avoidable demand on services, and strengthen community-based support. This will be critical to improving outcomes for people who use services and supporting the Partnership's medium-term financial sustainability in the context of continuing high levels of service demand.

2. Summary Key Information

Budget Outturn 2025/26

2.1. The IJB draft year end outturn:

- The 2025/26 draft outturn is a recurring overspend of £14.428m before partner contributions and use of reserves which together bring the year end result into balance. The forecast budget gap for 2026/27 recognises the year end outturn for 2025/26.
- 2025/26 draft outturn currently subject to audit.
- The movement on reserves is shown below:

3. Quarter 1 result

3.1. The table below shows the mainstream funding and expenditure for the IJB in the first quarter of 2026/27:

- 3.2. The 2026/27 Quarter 1 forecast outturn shows a £19.736m overspend before savings, up slightly from the £19.673m forecast in March 2026 when the budget was set.
- 3.3. As was the case in 2025/26 significant overspends are forecast across the same areas in 2026/27;
- Older people/physical disabilities – residential - £3.037m
 - Older people/physical disabilities – non-residential - £6.878m
 - Learning disabilities – non-residential - £4.291m
 - Prescribing - £8.795m

The Real Living Wage funding increase in Clackmannanshire still requires to be allocated across cost centres and therefore the overspends in social care areas will change however the overall overspend position will remain unchanged.

Prescribing is forecast to overspend by £8.795 million. Expenditure in 2025/26 was £39.624 million and, with forecast inflation of 5.5%, costs are projected to rise to £41.803 million in 2026/27. Prescribing efficiencies have been identified, and work is ongoing to make the resources available to deliver these savings during the remainder of the year.

4. Budget update and recovery plan 2026/27

4.1. **Financial Recovery and Savings**

The Partnership is forecasting a £19.7m deficit for 2026/27, creating a significant and unsustainable financial challenge. Although savings areas have been identified, detailed activity-based plans are not yet sufficiently developed due to a longer lead time than anticipated to complete this work and show how savings will be delivered at the pace and scale required.

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.

There are programmes of work related to the delivery of the Strategic Commissioning Plan, the clinical and statutory duties of the HSCT covering safe and effective care and support of people, which will continue whilst not supporting immediate savings – this contributes to ongoing capacity challenges.

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.

It is recommended that the IJB notes the seriousness of the position and agrees that updated fully costed savings delivery plans should be developed at pace, including named leads, milestones, expected benefits, risks, dependencies and clear reporting and escalation arrangements.

- 4.2. An urgent recovery programme is required to turn the position around. The Partnership needs to move from broad savings intentions to a controlled delivery model, with partner oversight as financial exposure sits with all three partner bodies.
- 4.3. Savings achievable have been updated to reflect the reduced time in year within which to make savings.

- 4.4. The £4.19 million reduction in available savings increases the Recovery Plan requirement to £13.111 million for the IJB to break even in 2026/27.

Budget deficit 2026/27 before savings	- 19,673	-19736
Commissioned services	6,422	4,272
Review of day services	640	480
Service efficiency review	2,745	1,369
Reduction in high cost care package	1,008	504
Proposed budget savings 2026/27	10,815	6,625
Budget deficit 2026/27 after savings		- 13,111
Required recovery plan delivery		13,111
Budget position after recovery plan		-

- 4.5. The partnership has continued to progress work during the year covering:
- The model for bed-based respite care being introduced October 2026
 - Achieved reduction in the high-cost care packages
 - Additional staff recruited to support savings delivery in social care
 - Learning disability redesign steering committee established
 - Work around the development and roll out of Eligibility Criteria nearing completion
- 4.6. There are challenges identified across the following areas:
- Leadership capacity – transformational leads are also operational managers

- Financial capacity – recruitment process for additional capacity underway
- Service capacity – continuing service delivery demands continue e.g. Joint Healthcare Improvement Scotland (HIS)/Care Inspectorate review, HIS safe delivery of care action plan, Guardianship improvement plan.
- Project support capacity – unanticipated absence has had impact.

5. Actions Required to Strengthen Financial Recovery Arrangements

Given the scale of the financial challenge and the limited progress to date in developing detailed savings plans, the Partnership requires an immediate strengthening of its financial recovery arrangements. The priority over the next 8 months must be to move from high-level savings assumptions to a structured, deliverable and actively managed Recovery Plan, with clear leadership, partner involvement and IJB oversight.

The following actions are required.

5.1.1 Senior accountability and assurance

The IJB requires assurance that clear executive accountability is in place for delivery of the Recovery Plan. The executive has a clear means of providing this assurance through established senior accountability, monitoring and escalation arrangements, enabling delivery risks, decisions and partner support requirements to be identified and addressed appropriately. The IJB's role is to maintain oversight of the financial recovery position and receive assurance that appropriate executive arrangements are in place, rather than to manage operational delivery.

5.1.2 Activity-based savings plans

Activity-based savings plans provide the executive with a clear means of demonstrating delivery assurance to the IJB. They create a consistent basis for monitoring progress, assessing deliverability, understanding financial impact and escalating risks or decisions where required. This enables the IJB and partners to receive clear assurance on which savings are delivered, on track, at risk or unlikely to be delivered in-year, and on the residual gap requiring further action or partner consideration.

5.1.3 Financial Recovery Programme governance

The IJB requires assurance that an executive-led Financial Recovery Programme governance arrangement is in place to provide senior oversight of delivery, manage risks and ensure appropriate partner involvement. This should include clear arrangements for monitoring progress, identifying barriers, escalating decisions and reporting to the IJB through the agreed financial governance route. The purpose is to give the IJB visibility and assurance over delivery of the Recovery Plan, while operational responsibility remains with executive officers and senior managers.

5.1.4 Strengthen partner involvement in decision-making

Partners should be directly engaged in the Recovery Plan because the financial risk is shared and may affect partner planning and future contributions. This should include joint review of savings options, assessment of deliverability and impact, early sight of savings at risk, shared consideration of service, legal, workforce and financial risks, clear escalation arrangements and transparent reporting on any residual funding gap.

5.1.5 Undertake rapid prioritisation of savings options

The IJB should be provided with a review of all savings options, including the original £10.8m programme, in addition to further options which have been identified across; Technology Enabled Care, Eligibility Criteria, Commissioned Service provision and any additional operational or transformational proposals. Options should be assessed against financial value, deliverability in 2026/27, recurrent impact, timescale, service and workforce implications, legal or statutory constraints, consultation requirements, partner dependencies and overall risk. This will allow the Partnership to focus limited capacity on a smaller number of high-impact, deliverable actions.

5.1.6 Introduce weekly delivery grip and monthly formal reporting

The IJB should receive reports on the weekly meetings taking place to support the delivery of the Recovery Plan focused on progress, barriers, risks and corrective action, supported by formal monthly reporting to the IJB and partners. Reporting should cover savings delivered and forecast, movement against the deficit, schemes on track or at risk, corrective action, decisions required, the residual gap and whether further partner financial support is likely to be required. This will ensure the position is actively managed rather than simply reported.

5.1.7 Be transparent about the residual funding requirement

The Recovery Plan should be clear that, given the reduced time available and the limited progress made to date, it is unlikely that the full financial gap can now be closed through operational savings alone in 2026/27. The Plan should therefore quantify the extent of the residual gap after realistic savings have been identified and should set out the likely requirement for partner financial consideration.

This should be presented as a consequence of the current financial position and the practical limits of in-year delivery, rather than as a replacement for the Partnership's duty to take action. The Partnership must still demonstrate that all reasonable savings options have been assessed and progressed at pace.

Suggested 8-Month Turnaround Plan

Month 1: Stabilise and reset

- Establish Recovery Plan governance arrangements, confirm senior leads and reset project capacity.

- Reassess the £10.8m savings programme and agree which options proceed.

Month 2: Build deliverable plans

- Produce delivery plans with values, timescales, risks and dependencies.
- Identify status of savings, identify quick wins and quantify the residual gap.

Months 3–5: Implement and escalate

- Move approved savings schemes into delivery and report progress monthly.
- Escalate stalled or undeliverable savings schemes and begin partner discussions on residual exposure.

Months 6–8: Consolidate and decide

- Confirm year-end forecast, residual funding requirement and any partner contributions.
- Identify recurrent savings and capture lessons for 2027/28 recovery arrangements.

The immediate priority is to create sufficient grip, pace and transparency around financial recovery. This requires a strengthened leadership structure, detailed activity-based savings plans, more direct partner involvement and regular reporting to the IJB. Given the scale of the deficit and the reduced time now available, it is unlikely that the Partnership will be able to close the full financial gap through savings alone in 2026/27. The Recovery Plan should therefore identify the savings that can realistically be delivered, the actions required to maximise delivery, and any further actions to close the gap, including use of reserve balances and potential application of risk sharing arrangements with partners.

6. Recovery Plan Requirement

The approved 2026/27 budget included £10.8m of planned savings and recognised that a further £8.9m Recovery Plan would be required to support financial balance. However, detailed delivery plans have not yet been sufficiently developed for the further recovery actions required as the lead time to develop plans is longer than anticipated (as discussed in section 4), and therefore the time now available to deliver savings in-year has reduced significantly.

The Integration Scheme requires the Partnership to develop and implement a Recovery Plan where an overspend is forecast. Partners have sought assurance that all reasonable savings options have been identified, assessed and progressed before any further financial contribution is considered.

Based on current progress, savings achievable in 2026/27 are now expected to be significantly lower than originally assumed, potentially around £6.625m. This would increase the Recovery Plan requirement to approximately 13.111m and means that operational savings alone are unlikely to close the full financial

gap this year. There is the possibility of using approximately £6.187m of reserves, after all savings options have been exhausted, to reduce the required Recovery Plan to £6.924m.

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.

It is therefore recommended that the IJB notes the reduced scope for in-year delivery and the likelihood that the Recovery Plan will require both accelerated action by the Partnership and potential use of reserve balances and further consideration of additional partner financial contributions to support financial balance in 2026/27.

7. Financial Risk

- 7.1. The 2026/27 financial position is a material and escalating risk to the IJB and partners. The IJB requires £19.7m of savings to reach financial balance, but limited progress and reduced time for in-year delivery mean the Recovery Plan is likely to leave a residual gap of around £13.1m. Operational savings alone are unlikely to close this gap, and use of reserves and/or further partner financial consideration may be required unless urgent action is taken to strengthen leadership, delivery grip, partner oversight and transparent reporting.
- 7.2. **Budget assumptions** are based on estimations which may not reflect future actual events and therefore carry a degree of risk.
- 7.3. **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.
- 7.4. **Draft outturn 2025/26** - figures presented are draft pre audit, there is a risk the 2025/26 may be adjusted if a material error is found.
- 7.5. **Commissioned service providers** may experience financial pressure during the year.
- 7.6. **IJB reserves** can be used to manage in year budget fluctuations however they are insufficient to cover the current budget gap.
- 7.7. **Transitions workstream** there is a risk that some young adults transferring to adult care services have packages of care exceeding the additional budget estimated for these care requirements.
- 7.8. **Prescribing costs** have grown in recent years with growth forecast to continue. There is a risk, owing to greater inflation and market volatility, that costs may grow beyond the afforded budget however it is felt that recognising

inflationary pressures of 5.5% should ensure forecast overspend is reasonably calculated.

- 7.9. **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.
- 7.10. **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 will be essential during the year. It is noted that governance arrangements required to be strengthened as set out in section 5.1.

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:	Financial implications are noted throughout the report for the 2026/27 financial year, the required Budget Savings and Recovery Plan required to support delivery of 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 potential requirement for further mitigation as it is unlikely the recovery plan will close the residual budget gap.

Other Resources:	The impact requires to be assessed if the recommendation to strengthen financial recovery arrangements is accepted.
Legal:	The recommendations note that the IJB is required to develop a recovery plan to close the budget gap remaining after approved savings have been developed and delivered, currently estimated at up to £13.111 million. If the 2026/27 savings and Recovery Plan are not delivered in-year, the IJB's financial position will worsen and may increase the risk of pressure on statutory service delivery. Further cost reduction measures could affect care quality, daily treatments and demand on acute hospitals. If all other savings options have been exhausted, the IJB may also need to seek additional partner contributions through risk-sharing arrangements compliant with the Clackmannanshire and Stirling Integration Scheme.
Risk & mitigation:	Risks and mitigations are set out in the report. Further work is ongoing to strengthen mitigation planning, and updates will be brought to future IJB meetings. Work is ongoing surrounding mitigation risk and will be progressed and brought back to subsequent IJB meetings.
Equality and Human Rights:	The content of this report 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.

Report to: Audit & Scrutiny Committee

Date of Meeting: 27th August 2026

Subject: Internal Audit Actions – Progress Report

Report by: Head of Corporate Services

1.0 Purpose

- 1.1. The purpose of this report is to provide the Audit & Scrutiny Committee with update on progress against actions arising from Internal Audit reports.

2.0 Recommendations

Committee is asked to:

- 2.1. Note, comment on and challenge the report.

3.0 Considerations

- 3.1. This report provides a consolidated overview of the status of Internal Audit recommendations, following the Committee's agreement to move to a quarterly reporting schedule.
- 3.2. The report highlights progress made since the previous reporting period, identifies areas where implementation remains outstanding and provides analysis of the principal factors affecting delivery
- 3.3. Directorates continue to engage actively in reviewing, updating, and delivering agreed actions. Progress against outstanding recommendations remains a standing item at the Strategic Leadership Group, and Directors are required to ensure that Internal Audit actions are regularly monitored at Senior Management Team meetings.
- 3.4. Appendix 2 demonstrates continued progress across a number of audit reviews since the previous report to Committee. Since June 2026, additional recommendations have been completed within Sundry Debtors (+3 actions), Housing Rent Collection (+1 action), Building Security (+1 action), Community Benefits (+1 action), Asbestos Management Arrangements (+2 actions) and Adult Social Care Purchase Order Arrangements (+6 actions). Several audit reviews have now achieved implementation rates in excess of 90%, with

Building Security, Housing Rent Collection and Leisure Banking Follow Up recording 100% completion

- 3.5. A summary of progress is provided in Appendix 2, highlighting areas of improvement, slippage, or continuing risk exposure. Appendix 1 provides a detailed extract from Pentana, including management commentary on each recommendation. These assessments are management-led; any variances identified by Internal Audit during follow-up or verification work will be reported to Committee.
- 3.6. The overall direction of travel remains positive. A number of recommendations arising from audits previously receiving Limited or No Assurance opinions continue to show improvement in actioning recommendations. Notably, Adult Social Care Purchase Order Arrangements has improved from 4 of 18 actions completed in April 2026 to 10 of 18 actions completed in August 2026, whilst a number of Building Security recommendations have now been fully implemented.
- 3.7. Review of management commentary within Pentana indicates that, whilst a number of recommendations remain outstanding, delays are generally not attributable to a lack of ownership or engagement. Instead, several recurring themes can be identified across services. These include capacity and workload pressures, dependencies on wider programmes of work, resource and staffing, and cross service input.
- 3.8. The Committee's continued scrutiny plays an essential role in supporting improvement and ensuring that appropriate control frameworks are embedded across the Council. Whilst a number of legacy recommendations remain outstanding, the information contained within Appendices 1 and 2 demonstrates continued progress across the majority of audit areas, with most outstanding actions either actively progressing, incorporated within wider improvement programmes or awaiting final approval. Continued oversight from Committee will support the timely completion of these actions and further strengthen the Council's control environment.

4.0 Sustainability Implications

- 4.1. None.

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)

No ☒

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

There are no direct impacts resulting from the contents of this report.

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 – Full List of Internal Audit Actions – Pentana Extract

Appendix 2 - Internal Audit Actions – Progress Summary

11.0 Background Papers

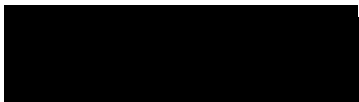
11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Chris Alliston	Head of Corporate Services	2184

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Internal Audit and Fraud Summary of Outstanding Actions (as at 18th August 2026)

APPENDIX ONE

Key to Symbols	Assurance Level		Current Status	
		Substantial Assurance		Completed
		Substantial/Limited Assurance		In Progress, On Track
		Limited Assurance		Check Progress/Unassigned
		No Assurance		Overdue
		Assurance Not Applicable		Cancelled

IAF A04 SDB

Sundry Debtors

Assurance Not Applicable

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF SDB 002	Written procedures should be prepared setting out the process for: • the creation or amendment of debtor accounts; • the raising of a debtor invoice; • cancelling a debtor invoice; and • identifying accounts for write off.	Pending outcome of Recommendation 1. Develop procedures and processes identified.			31-Mar-2018	Action confirmed as complete and implemented.	Revenues Team Leader
IAF SDB 003	The authorisation arrangements when creating or amending debtor accounts, and raising or cancelling a debtor invoice, should be reviewed.	Pending outcome of Recommendation 1. Revenue will consider as part of ongoing engagement work with Services.			31-Mar-2018	Action confirmed as complete and implemented.	Revenues Team Leader
IAF SDB 005	An Authorised Signatory List should be established for requests to cancel sundry debtor invoices	Pending outcome of Recommendation 1. Engage with Procurement Manager to review			31-Dec-2018	Communication for Senior Managers and Team Leaders will be issued regarding process for the authorised signatory list.	Revenues Team Leader

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		current authorised signatory process to accommodate					
IAF SDB 006	Services should be reminded to provide adequate supporting documentation when creating or amending debtor accounts, and raising or cancelling debtor invoices. The functionality within Tech One should be utilised to enable supporting documentation to be stored electronically.	Pending outcome of Recommendation 1. Revenue will consider as part of ongoing engagement work with Services and Tech One team.			31-Mar-2018	Action confirmed as complete and implemented.	Revenues Team Leader

IAF A16 HRC**Housing Rent Collection & Arrears Management****Substantial Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF HRC 003	The Corporate Debt Recovery and Write Off Policy records that Revenues have the 'authority to write-off debts up to the value of £20 "if all avenues for recovery have been exhausted and the debt is more than 2 financial years old'. There are a number of accounts that fall into this category and these should be actioned. In addition, accounts with arrears less than £50 are not passed to the Sheriff Officers for collection. This de minimis level should be included in the Policy (when it is next reviewed) and the procedural instructions	In accordance with the Corporate Debt Recovery and Write Off Policy Revenues will write off debts up to the value of £20. The minimum level of debt on accounts that will be passed to the Sheriff Officers will be included in the next annual update of the Corporate Debt Recovery and Write Off Policy			31-Aug-2020	Action confirmed as complete and implemented.	Revenues Team Leader

IAF A07 CRM**Corporate Risk Management Arrangements****Substantial Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF CRM 005	The Strategic Director - Partnership and Performance should complete a Training Needs Analysis to identify the level and type of risk management training required by each category of staff (and elected Members). Thereafter, a Training Programme should be developed and implemented to satisfy all identified needs. In addition, the content of the online 'Risk Analysis' training module should be reviewed and updated to ensure that there is greater alignment with the Risk Management Strategy (and associated guidance). Thereafter, all staff should be required to complete the module on an annual basis. Finally, the format of the corporate Induction Programme checklist should be amended to mandate the issue of the Risk Management Strategy to, and completion of the 'Risk Analysis' training module by, new starts.	The review of the risk analysis training module on Clacks Academy will take place after the approval of the revised risk strategy.			30-Sep-2023	General risk training is not appropriate for all staff (though key risks are reflected in mandatory programme). Content is defined for target groups (theme leads, managers, etc.) and progress will be made as part of the Corporate Risk Strategy Delivery Plan. Action has been delayed due to limited capacity and competing pressures.	Performance and Information Adviser

IAF A06 FMM**Fleet Management & Monitoring Arrangements****Substantial/Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF FMM 001	The Fleet Asset Management Plan should be reviewed and updated by the Fleet Services Team Leader. Thereafter, the revised plan should be submitted to Committee for approval.	The Fleet Asset Management Plan will be reviewed and updated, and thereafter submitted to Committee for approval. Further discussions are required with senior Officers.			31-Dec-2022	The asset management plan is in progress and will be submitted to the Committee for approval once complete. Uncertainty on the future direction of alternate fuelled vehicles and associated budget requirement has delayed the completion of the document. The document will be complete and submitted 2025.	Roads and Transportation (Team Leader)

IAF A10 SMD**Use & Control of Social Media****Substantial Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF SMD 001	The points relating to the content of the Social Media Policy and Guidelines should be considered when it is next updated.	Policy and Guidelines recognised as requiring revision during review of Communications Strategy. These points will be considered as part of these projects and incorporated if appropriate. Action Due date is as per new Communications Strategy Action Plan.			31-Dec-2022	Whilst a draft social media policy has been developed, finalization of this policy is on hold pending the outcome of the communication and engagement transformation work being undertaken over the Summer 2025. A full review of social media and recommendations is expected to be contained within the final report which will shape the final social media policy.	Communications Team Leader
IAF SMD 002	The content of the social media training module should be revised and updated to reflect the updated Policy and Guidelines.	Need for training to be updated recognised during review of Communications Strategy. Update to be included within new Communications Strategy Action Plan. Action Due date is as per new Communications Strategy Action Plan.			31-Dec-2022	See IAF SMD 001 - A training programme will be identified for employees following the finalisation of the Social Media Policy. Consideration will be given to the development of an in-house Clacks Academy module.	Communications Team Leader

IAF A09 BSC**Building Security****Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF BSC 003	A formal and comprehensive Building Security Incident Policy should be prepared. Once finalised, the Policy should be disseminated to relevant staff, with training provided if required.	A New system has been implemented and staff are being encouraged to log near miss incidents and non compliance issues. A draft Strategy was prepared immediately prior to the Covid-19 pandemic, however, this has not been completed due to staff abstraction. Police Scotland have agreed to assist with a security review, which will input to the draft strategy, which will be considered at the Risk and Integrity Forum in early 2023. It is anticipated that the strategy should be finalised by June 2023. Building Security Risk Assessments are being reviewed by Emergency Planning as part of a larger Scottish Government Initiative			30-Jun-2023	The Corporate Building Security Policy was presented to Council and approved in May 2026.	Emergency Planning Officer

IAF A13 PSA**Physical Income Security Arrangements****Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF PSA 001	Written Cash Handling and Banking procedures should be developed and distributed to all cash handling sites within the Council. These procedures	Cash handling procedures will be issued at a corporate level.	2		30-Sep-2023	Review underway.	Revenues Team Leader

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	should consider the findings and recommendations made within this report and include arrangements for: • Cash Security. • Segregation of duties and management checks. • Cashing up and banking. Written Imprest Procedures should be developed and distributed to all Imprest holders. These Procedures should include: • Roles and responsibilities of Imprest Holders and deputies; • Purpose of Imprest fund and acceptable transaction; • Arrangements for distribution of funds; • Recording Imprest transactions; and • Imprest reconciliation, management checks, replenishment and process for collecting funds. All written premises specific cash handling and Imprest written procedures should be based on the Corporate Procedures and should incorporate the findings and recommendations made in this report. For example, regular checking of cash floats, developing and maintenance of safe logs, and defining Imprest holders and responsible Officers.						

IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes	Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF SSB 002	An Access Control Policy should be developed for TechOne.	Consideration will be given to developing an Access Control Policy.	1		31-Dec-2023	An access control policy has been developed for Tech One and is currently in the draft review stage before issue.	Corporate Accountancy (Team Leader)

IAF A09 LBF**Leisure Banking Follow Up****Assurance Not Applicable**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF LBF 006	The Accountancy Team should consider what action (including formal write off) may be required to clear the long standing balance on the Leisure Suspense Account.	Measures will be put in place to reconcile the income monthly immediately.	1		31-Jan-2024	Monthly reconciliations are taking place. Action to clear the balance can only be taken forward once the police investigation has concluded. Update from Police Scotland as at February 2026 is that the case is still being progressed.	Corporate Accountancy (Team Leader); Chief Finance Officer

IAF A10 APO**Adult Social Care Purchase Order Arrangements****No Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF APO 001	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	Clackmannanshire Council Senior Management agreed that: • Adult Care Purchase Orders should be issued / approved on Techone at the beginning of the year, with a 'call off' arrangement in place for ongoing spend once invoices are received with actual hours. The value of Purchase Orders should be based on: previous annual cost or the actual budget for the type of care; or the care plan annual value; and • Purchase Orders should be raised before any invoices are received and if there is a contract the contract reference should also be noted.	1		31-May-2024	To raise purchase orders for each service user in Techone, match to Care Plans via service user reference. Purchase order being matched to care plan requirement – 4weekly/annual costs on PO.	HSCP

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF APO 002	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	The Health and Social Care Partnership Senior Management stated that: • The approved process within Clackmannanshire Council is to use Techone, however, it is acknowledged that social care purchasing within an integrated partnership involving Stirling Council and NHS Forth Valley requires consideration of a more flexible approach ensuring effective governance and control; and • Consideration be given to the 'pro-forma' process in place which is aligned to industry standard practice based on actual hours delivered on a 4 weekly programme of payments.	1		31-May-2024	Appropriate delegated authorities in place at an appropriate level corporately and tech one build matches the organisational chart	HSCP
IAF APO 003	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	An improvement plan will be agreed by the Health and Social Care Partnership and Clackmannanshire Council Senior Management. The improvement plan will have measurable actions to address the adult social care commissioning and payment processes including the best use of current IT systems and assess further system development requirements to align with process requirements.	1		31-May-2024	Ensure IT process of matching invoice to order is enabled even if this is through an excel macro.	HSCP
IAF APO 004	All Adult Care purchases should have an appropriately authorised Purchase Order raised on Techone by an officer with sufficient delegated authority and sent to the supplier in advance of payment. The Purchase Order should include the financial commitment as detailed in the care plans. Prior to payment, invoices should be received and matched to the Purchase Order.	An improvement plan will be agreed by the Health and Social Care Partnership and Clackmannanshire Council Senior Management. The improvement plan will have measurable actions to address the adult social care commissioning and payment processes including the best use of current IT systems and assess further system development	1		31-May-2024	Ensure IT process of matching invoice to order is enabled even if this is through an excel macro.	HSCP

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		requirements to align with process requirements.					
IAF APO 005	Care Plans should be in place for all adult care packages and should be retained in line with the Council's Retention Policy.	Health and Social Care Partnership Management advised that they are reasonably assured that care plans are routinely implemented on the basis that current systems ought not to permit progression to payment without this. However, a sample audit / data cleanse will be undertaken for assurance purposes. This will be repeated annually. Annual checking will be introduced to ensure that all care plans are in place. Health and Social Care Partnership Management advised that a modernised and fit for purpose Social Work recording system would streamline this process and ensure effective financial management based on individual care packages. A focus on this issue will be built into induction training to ensure processes and systems are understood and implemented properly from the outset of a member of staff's career within the Partnership. Quality Assurance (QA) processes and Key Performance Indicators (KPIs) to be developed and implemented to allow for routine reporting on performance in relation to care plans, work underway to devise KPIs dashboard. This will include "One Sheet" commissioning information.	2		31-May-2024	Understood document retention not responsibility of the HSCP. However necessary document retention periods need to be confirmed and ensure they are part of the Clacks document retention policy. If queries, confirm with CSWO and review Stirling Council document retention policy. Documentation retained by the Council should have a process in place to enable this.	HSCP
IAF APO 007	All care plans should be regularly reviewed, and this should include approval of any ongoing financial commitments in line with the	A review and transformation of Adult Social Care processes is underway and will clarify statutory arrangements for reviews and case	1		31-Jul-2024	Is part of Budget Savings plan delivery for 2026/27.	HSCP

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	approving manager's delegated authority.	file audit, including financial commitments of care plans with the aim of implementing a compliant care plan reviewing process.				For those packages of care not reviewed as part of the budget savings work which have not been reviewed in the last 12 months a plan of action will be required to address outstanding assessment review.	
IAF APO 011	Officers responsible for approving payments on Techone should have sufficient information in order to ensure only valid payments are made. For example, the service or goods have been provided and where appropriate these reconcile to a current contract.	Health and Social Care Partnership Management advised that a Resource Allocation Group (RAG) process for approval of Long Term Care is under development and expected to be implemented by the end of January 2024. This will include the process for budgetary and commissioning consideration. It would not be feasible nor practical to implement a similar process for Care at Home delivery given the volume of work and turnover of clients indicated in this area. Explore ways of getting Manager assurance that appropriate checks had been undertaken. E.g. approval of care plan and actual costs incurred. Health and Social Care Partnership Management advised that there needs to be agreement on an appropriate process for evidence of approval. Business Matching Unit (BMU) will develop a Quality Assurance process for reconciliation purposes.	1		31-May-2024	Payments on Techone should be reviewed against planned care to ensure amounts paid do not exceed approved levels of care.	HSCP
IAF APO 013	Consideration should be given to Adult Care Team Managers having access to real time budget information when approving care plans. Prior to approval of care plans budgets should be checked to ensure they are	Health and Social Care Partnership Management advised that Finance / budget meetings have now been implemented with Locality Managers, however, the finance information available needs to be reviewed to ensure it has appropriate meaning at	2		31-May-2024	Budget reviewed by locality managers on a monthly basis with clear explanation required on reasons for overspend/ underspend of budget. To be reported to the HSCP CFO and monitored by Clacks HSCP accountant.	HSCP

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	sufficient to cover the projected financial costs	team level. Evidence of sufficient budget to enable care commitment will be built into the centralised HSCP resource allocation group (RAG) which is being put in place from January 2024.					

IAF A03 CCD Climate Change Act Public Body Duties

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF CCD 003	The Council Travel Plan should be reviewed and updated as required. It should be approved by Council within an appropriate timeframe.	An appropriate timeframe will be agreed by the service.	3		31-Oct-2025	The Staff Travel Plan has been reviewed and is currently sitting in draft for final edits.	Transportation Team Leader

IAF A10 COB Community Benefits

Limited/No Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF COB 001	The new Procurement Strategy should be completed by the end of the financial year and include a policy statement on the use of community benefits requirements, covering: •What the policy is. •When it is applicable. •The aims and objectives of using Community Benefit requirements. •How the policy will be	Finalise and publish the new Procurement Strategy by year-end, incorporating a comprehensive Community Benefits policy statement as outlined. Contract Standing Orders will also be revised to support consistency in this approach.	1		31-Mar-2026	In draft	Procurement Manager

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	implemented and monitored. •The approach and circumstances where it would not be appropriate to include Community Benefits.						
IAF COB 003	Training should be introduced to educate Contract Responsible Officers on the use of Community Benefits. This could be standalone training or incorporated into pre-existing sessions.	Develop and roll out training for Contract Responsible Officers on Community Benefits, either standalone or signpost to existing sessions by third parties.	2		31-Mar-2026	Proposed agenda complete. Further discussions with Supplier Development Programme to establish extent of input on their part. Internal slideshow prepared and liaison with Procurement colleagues ongoing to finalise invite list. Date of session now expected to be mid-late August 2026.	Policy Officer
IAF COB 011	A procedure should be written for the use of Community Benefit points in Scotland Excel contracts, including record-keeping around their application and reporting of benefits redeemed to senior management.	Develop a procedure for using Community Benefit points in Scotland Excel contracts, including record-keeping and reporting. Scotland Excel inform the Council when points have been accrued re their community benefit system and identify the route to redeem these with the suppliers.	2		31-Mar-2026	A draft procedure has been drafted for Consideration and approval at the next Procurement Matters meeting	Policy Officer

IAF A11 LBF**Leisure Banking Follow-up****Assurance Not Applicable**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF LBF 005	The Finance team should investigate the Leisure Suspense Account to determine the makeup of the persistent debit balance. This exercise would identify: 1. The balance relating to the 2019 potential discrepancy, to be left in the Leisure Suspense	During 2024/25 year-end proceedings, a comprehensive reconciliation will be performed to identify any balances associated with historical/2019 activity, with any remaining recent discrepancies to be further investigated; said	1		31-Oct-2025	Action Complete	Chief Finance Officer

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	account until the conclusion of the Police Scotland investigation; and 2. Any remaining balance, which should be investigated as a reconciling balance each month, and appropriate action taken (which may include write off). Once this has taken place, the Management Accountant responsible for the monthly account reconciliation should be informed of the balance to be held in the Leisure Suspense account. This will enable an effective account reconciliation to be undertaken as discussed at Action 6b.	discrepancies to be investigated on a monthly basis.					

IAF A12 ISG**IT & Information Security Governance****Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF ISG 001	IT and Information Governance roles and inter relationships should be defined in an overarching IT and Information Security Policy.	Whilst a number of related policies on IT Security and Information Security are in place, they require to be updated and refreshed to ensure that they are fit for purpose. An overarching Information Security Policy, however, is required to provide a solid framework for other policies and approaches in place. This has also been identified as an action in the Annual Governance Assurance Statement and will be taken forward in 2024/25.	2		31-Mar-2025	Work is underway to refresh the suite of ICT policies, with an early priority focussed on a refresh of the security policy. In doing so, officers are benchmarking across other Councils and key partners including the DWP to ensure alignment and cohesion. Whilst this remains a key priority for the service, progress has been delayed due to capacity, workload pressures and staff deployed onto significant ICT projects. Work is underway to identify additional resources and capacity to undertake policy development which includes the IT and Information Security Policy.	Senior Manager (Partnership and Transformation)

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF ISG 002	IT and Information Governance roles and inter relationships should be defined in an overarching IT and Information Security Policy.	Whilst a number of related policies on IT Security and Information Security are in place, they require to be updated and refreshed to ensure that they are fit for purpose. An overarching Information Security Policy, however, is required to provide a solid framework for other policies and approaches in place. This has also been identified as an action in the Annual Governance Assurance Statement and will be taken forward in 2024/25.	2		31-Mar-2025	See latest note at ISG 001. Roles and responsibilities including policy owners, alignment with other key information security policies and schedule for monitoring and review will be considered when finalising the ICT Security Policy.	Senior Manager (Legal and Governance)
IAF ISG 003	The Council's governance of cyber security should be formally agreed and documented. A Cyber Security Incident Response Team should be formed, with roles and responsibilities documented. The team remit should also be defined with responsibilities included in a finalised Cyber Security Incident Response Plan.	A draft Cyber Incident Response Plan is in place which follows best practice guidance shared by Scottish Government. This plan also aligns with the Council's Major Emergencies Operational Procedures and Incident Management approaches. An exercise held in April 2024 will be repeated again in late 2024, which will enable local plans to be tested, updated, and then approved. Approval will be sought for the Cyber Incident Response Plan in the Spring of 2025 to allow for exercising and testing to take place.	2		31-Mar-2025	A Cyber Incident Response Plan has been developed and engagement has taken place. Formal sign off will be completed through the IT and Digital Programme Board in December 2025.	Senior Manager (Partnership and Transformation)
IAF ISG 004	The feasibility of Cyber Essentials Certification is formally considered and thereafter a plan for achieving certification is developed.	Following PSN accreditation being completed in 2024, a feasibility exercise will be undertaken to assess the benefits of Cyber Essentials Accreditation. This action is set against a context of likely changes to PSN approaches over the next 12 months, the requirements of which will be kept under review.	2		31-Mar-2025	A feasibility study on cyber essentials accreditation including resources required and costs will be undertaken following PSN accreditation which remains a key priority in 2025.	Senior Manager (Partnership and Transformation)
IAF ISG 005	IT and Information Security policies and standards should be reviewed and made available to employees via	A programme of IT policy refresh will commence in 2024 which will also review associated protocols and	2		31-Dec-2024	See latest note at ISG 001. Operational procedures, guidance and communications materials will be	Senior Manager (Partnership and Transformation)

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	the Council's intranet site. Thereafter, operational procedures are developed to ensure implementation and compliance, and these are available to all relevant staff.	guidance. Communications plans will be developed to ensure that the policies are effectively shared and communicated to all Council employees. A programme of policy refresh takes cognisance of the number of policies which is in excess of 20.				developed as part of the full programme of policy refresh.	
IAF ISG 006	Corporate and Service Business Continuity Plan (BCP) reviews are completed and include loss of IT in the finalised plans.	Whilst work is underway to ensure all BCPs are updated and include complete loss of IT, a formal programme of development will be established and reported to Extended Senior Leadership Group to ensure this work is completed in 2024	2		31-Dec-2024	A full review of Council Business Continuity Plans has been undertaken through the emergency planning team with oversight provided by SLG and the Chief Executive. Guidance and support has been provided to services with this programme of work almost complete. This work was subject to delay due to turnover of key staff within the emergency planning team.	Senior Manager (Partnership and Transformation)
IAF ISG 013	The additional cyber security actions that we have listed should be undertaken.	The actions listed will be taken forward under a programme of PSN requirements (including any successive arrangements) and other IT security improvement activity informed by our programme of annual IT health checks, detailed as follows: • Testing /restoration from backups – Complete and ongoing;	2		31-Oct-2024	A programme of PSN priority actions are being implemented, following the IT health check completed in 2024 with progress managed through the IT and Digital Programme Board. This work remains a high priority for the service with weekly progress meetings ongoing. An ITT has been issued with engagement underway with suppliers to provide network infrastructure improvements required to achieve PSN. In addition scoping work to purchase backup solutions is also being taken forward by the team.	Senior Manager (Partnership and Transformation)
IAF ISG 015	The additional cyber security actions that we have listed should be undertaken.	The actions listed will be taken forward under a programme of PSN requirements (including any successive arrangements) and other	2		31-Jul-2025	An ITT has been issued with engagement underway with suppliers to provide network infrastructure improvements required to achieve PSN;	Senior Manager (Partnership and Transformation)

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		IT security improvement activity informed by our programme of annual IT health checks, detailed as follows: • Enhanced network segmentation controls will be considered for feasibility;				this work will deliver network segregation.	
IAF ISG 016	The additional cyber security actions that we have listed should be undertaken.	The actions listed will be taken forward under a programme of PSN requirements (including any successive arrangements) and other IT security improvement activity informed by our programme of annual IT health checks, detailed as follows: • Explore options for a Security Operation Centre – ongoing discussions with Scotland Excel and Digital Office;	2		31-Jul-2025	A programme of PSN priority actions is being implemented, following the IT health check completed in 2024. Options will be considered on a Security Operation Centre following conclusion of PSN programme of work.	Senior Manager (Partnership and Transformation)

IAF A13 FG1	Follow Up of Grade 1 Recommendations	Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF FG1 001	Management should review actions taken and ensure that all Grade 1 recommendations are implemented as a matter of priority.	The Strategic Director Partnership and Performance will ensure grade 1 recommendations are prioritised and closed in line with the timescales outlined above.	1		31-Dec-2025	Grade 1 actions are being prioritised across services and being closed off as and when the action has been undertaken.	Head of Corporate Services

IAF A15 AMA	Asbestos Management Arrangements	Limited Assurance

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF AMA 004	An overarching Asbestos Management Plan should be developed that sets out how the risks identified from asbestos will be managed across the Council.	An overarching Asbestos Management Plan will be developed by the Asbestos Duty Holder / Health and Safety Manager and formally approved by the Executive Health and Safety Committee.	2		31-Mar-2025	Stuart Graham has confirmed that all actions are complete	Project Co-ordinator
IAF AMA 005	An overarching Asbestos Management Plan should be developed that sets out how the risks identified from asbestos will be managed across the Council.	An overarching Asbestos Management Plan will be developed by the Asbestos Duty Holder / Health and Safety Manager and formally approved by the Executive Health and Safety Committee.	2		31-Mar-2025	Work to complete this is sitting with the Asbestos Duty Holder.	H&S Manager
IAF AMA 007	An Asbestos Incident Operational Contingency Plan should be developed and be included within the Council's emergency planning arrangements.	The risk of asbestos impacting on business operations will be included in existing Business Continuity Plans.	2		31-Mar-2025	Annual business continuity plan reviews have been commenced with a completion date of the end of September. As part of the training for Senior Managers Asbestos will be discussed as part of the Building Loss Actions.	Emergency Planning Officer
IAF AMA 008	An Asbestos Incident Operational Contingency Plan should be developed and be included within the Council's emergency planning arrangements.	The risk of asbestos impacting on business operations will be included in existing Business Continuity Plans.	2		31-Mar-2025	Business Continuity Plans are now in place for all services which cover loss of buildings due to an asbestos incident. Emergency Procedures exist which cover any other arrangements which would need to be in place.	H&S Manager
IAF AMA 009	An Asbestos Incident Operational Contingency Plan should be developed and be included within the Council's emergency planning arrangements.	The risk of asbestos impacting on business operations will be included in existing Business Continuity Plans.	2		31-Mar-2025	Currently in progress.. To be finalised with H&S.	Project Co-ordinator
IAF AMA 014	Ensuring records relating to nominated Premises Duty Holders are up to date and accurate. All Premises Duty Holders should formally accept the role.	A process will be put in place to chase up formal acceptance of Premises Duty Holders and ensure that the list is maintained and reviewed regularly.	2		31-Mar-2025	More updates completed and another reminder sent, but still some people to accept the role formally.	H&S Manager

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF AMA 027	The Premises Duty Holder Guidance (2018) should be reviewed and updated. This update should include removal of the responsibility for carrying out Asbestos Condition Surveys which is being undertaken by the Asbestos Duty Holder.	The Premise Duty Holder Guidance will be included in a review calendar for all Health and Safety documentation.	3		31-Mar-2025	PDH guidance is currently sitting with H&S for document update. I have added a number of comments for addition or removal and await the final draft.	Project Co-ordinator

IAF A10 MWS Medication Within Schools 2025/26

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF MWS 001	Consider revising the Council Policy for the Administration of Prescribed Medicines and Meeting the Health Care Needs of Children and Young People to incorporate the Care Inspectorate guidance.	The Council Policy for the Administration of Prescribed Medicines and Meeting the Health Care Needs of Children and Young People will to be reviewed and amended to take account of best practice from the Care Inspectorate guidance.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 002	Consider revising the Council Policy for the Administration of Prescribed Medicines and Meeting the Health Care Needs of Children and Young People to incorporate the Care Inspectorate guidance. guidance in respect of: A system being put in place to check that the medication has not gone beyond any expiry dates or shelf life. In addition, the checking of expiry dates should be recorded and include specific monthly checks for any emergency kit / medicine held. Defining the frequency for the review of all medication information with	Updated Policy and Procedures will include: Templates for recording and checking of expiry dates, including emergency kits. Frequency for Early Learning Centres monthly and schools every term. Templates for recording the review of consent and medicine requirements. Frequency for Early Learning Centres 3 monthly and schools every term. Templates for recording the cleaning of medical ancillaries. Template for recording the first does of a new medication out with Early Learning Centres. Include in guidance and adapt medication	2		31-Jan-2027		Wellbeing Senior Manager

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	consideration given to review consent and medicine requirements at least every three months. Medical ancillaries being cleaned after each use (in line with manufacturers' guidance) and recorded in a log. Arrangements for identifying and recording the first dose of a new medicine being administered out with education establishments. Arrangements for having a system in place to verbally inform the person collecting the child when and why any medication has been administered that day. The arrangements for medicine to be refrigerated including the daily checking and recording of fridge temperatures. The arrangements for recording and reporting a missed / incorrect / refused dose of medicine should one occur.	record template to record verbal update provided. Provide protocols for fridge checks and templates for recording of these. Adapt medication recording to include and report missed / incorrect / refused dose					
IAF MWS 003	Consider revising the Council Policy for the Administration of Prescribed Medicines and Meeting the Health Care Needs of Children and Young People to incorporate more defined operational processes, including: Specific requirements for demonstrating medical understanding and competency of staff. For example, staff signing as having read and understood the Policy, the Care Plans they are responsible for, and a declaration that all staff noted on the Administration Record Card are competent / comfortable to administer medicines. More detailed requirements for controlled drugs. For example, specific written procedures and forms should be developed for controlled drugs that should include	Provide templates to record: • Reading and understanding of policy, care plans and ability to administer. Create written protocols / procedures and recording templates for controlled drugs. To include: • Signing in / out: • Storage: and • Restricted Access. Create protocols for medicines being received by school and leaving school including disposal by school. Templates for recording 'movement' of medicines to include 2 signatures and parent as appropriate.	2		31-Aug-2027		Wellbeing Senior Manager

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	recording in and out of the school and enhanced access control and storage requirements with access limited to staff responsible for supporting related Care Plans. More detailed requirements to record medicine being received by the school and then being disposed of / leaving the school. This should be evidence by signature of two responsible officers and parents on receiving the medicine for disposal.						
IAF MWS 004	Consider revising the Council Policy for the Administration of Prescribed Medicines and Meeting the Health Care Needs of Children and Young People to incorporate the Care Inspectorate guidance and operational processes.	Implement an ongoing Education quality assurance review of compliance with the Medication Policy from August 2027.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 005	A formal signed record should be retained of medicine leaving the school at the end of the year or for disposal. This should be recorded on a medication returning home form / related Administration Record Cards which should be signed by staff handing over the medicine and by the parent upon receiving the medicine.	A medication returning home template / proforma to be part of operational procedures and include signature from staff and parent.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 006	Medicine expiry dates should be regularly checked and should be recorded on a medicine expiry register / spot check record. In addition, for ease of checking the expiry date of medicine should be noted on the administration record card and this should be double checked prior to administering medicine and signed off by the two responsible officers.	A medicine expiry register and a protocol for spot checking to be included as part of operational procedures. The record card will be amended to include an expiry date check and evidenced by signatures of two responsible officers.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 007	The following actions should be taken to support staff training: For all	Create Record of Training Log including: A template / log for	2		31-Jan-2027		Wellbeing Senior Manager

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
	specialist training a formal record of training content and learning objectives and who delivered the training should be retained along with staff attendance lists; All staff medical training (including specialist training) should be recorded in the Policy Record of Training Log and kept with care plans; and All staff involved in medication management and administration (including visiting staff) are required to sign as having read and understood the Medication Policy.	recording specialist training including a note of the content and learning objectives, who delivered the training and staff who attended; Provision of guidance to ensure the log is stored with Care Plans; and Provision of a template to record and log all staff involved in medication management and administration sign that they have read and understood the Medication Policy.					
IAF MWS 008	All responsible officers (including cover) who are noted as having potential to administer Care Plans should sign off the individuals Care Plan and be specifically designated as named responsibility on the Administration Record Card as evidence that they have read and understood, and are competent for the administration of pupil medicine arrangements.	Adapt current documentation to ensure a record of sign-off of care plans by those responsible for administering medicines.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 009	All medicines returning from school transport / excursions should be signed back into the school and recorded on medication forms.	Introduce a template to record 'movement' of medicines in and out of school via school transport / excursions to include signatures of staff handing over and receiving medicine.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 010	Staff who are administering medicine should be reminded to formally record this by way of an administering signature and a second witness signature on the medicine Administration Record Card.	Staff who are administering medicine will be reminded to formally record this through the signature of the administering officer and a second witness signature on the medicine Administration Record Card. An annual spot check system will be introduced to ensure compliance as part of revised policy.	2		31-Aug-2027		Wellbeing Senior Manager

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF MWS 011	Staff should be reminded that on daily basis to inform parents of ELC children who have received medicine and this should be evidenced by parent signature.	Incorporate 'parent informed section' and space for signature on the medication record within revised policy.	2		31-Jan-2027		Wellbeing Senior Manager
IAF MWS 012	All Education Establishments should develop an Intimate Care Policy and Procedures to ensure that staff are clear about roles in relation to intimate care.	Provide guidance support and template to ensure all establishments have an intimate care policy.	3		31-Aug-2027		Wellbeing Senior Manager
IAF MWS 013	The arrangements for securely storing medicine at the school for pupils returning from respite should be detailed in the Schools Medication Policy and Procedures.	Create protocol for medicine returning to school following respite and include in revised policy.	3		31-Jan-2027		Wellbeing Senior Manager

IAF A10 OPF**Follow Up of 2023/24 Adult Social Care Purchase Order Arrangements 2025/26****No Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF OPF 001	We recommend that a review be undertaken on Pentana users to ensure that the recommendation's responsible officers are included and are in post. In addition, to ensure accountability of progress of actions the responsible officers are recorded as providing updates with progress notes.	A review has been undertaken and, while Council leavers are de-activated on a monthly basis, the current issue relates to a lack of visibility of Health and Social Care Partnership (HSCP) leavers and post changes, and Council post changes. The Pentana site administrator will agree a process for the Health and Social Care Partnership and Council superusers to update user information monthly, and will email Senior Officers to remind them of the need to maintain continuity in action	2		31-Jan-2026		Performance and Information Adviser

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
		ownership alongside staffing changes. Due to licensing restrictions the Pentana update process will be amended to imports instead of direct updates by the superuser. To ensure accountability the correct owner and date will be recorded in a robust audit trail.					

IAF A16 CTR**Council Tax Refunds 2025/26****Limited Assurance**

Code	Finding/Recommendation	Agreed Action	Grading	Status	Due Date	Latest Note	Lead
IAF CTR 002	An Anti-Fraud and Corruption Strategy should be developed, approved, and shared with all employees	The Senior Manager (Legal and Governance) has recently appointed a Corporate Fraud Officer who will be taking forward this action in 2026 (after they start in their post).	2		31-Jul-2026	This action is progressing with the Corporate Fraud Officer for the Council now in post.	Senior Manager (Legal and Governance)

APPENDIX TWO

Internal Audit Outstanding Actions – Progress on Internal Audit Actions Closed

Code	Internal Audit Title	Total Actions Identified	Actions Complete 09/04/26	Actions Complete 11/06/26	Actions Complete 27/08/26	Difference in Completed Actions	Performance Complete
IAF A04 SDB	Sundry Debtors	6	2/6	2/6	5/6	+3	83.3%
IAF A16 HRC	Housing Rent Collection & Arrears Management	3	2/3	2/3	3/3	+1	100%
IAF A07 CRM	Corporate Risk Management Arrangements	8	7/8	7/8	7/8	0	87.5%
IAF A06 FMM	Fleet Management & Monitoring Arrangements	13	12/13	12/13	12/13	0	92.3%
IAF A10 SMD	Use & Control of Social Media	3	1/3	1/3	1/3	0	33.3%
IAF A09 BSC	Building Security	45	42/45	44/45	45/45	+1	100%
IAF A13 PSA	Physical Income Security Arrangements	36	35/36	35/36	35/36	0	97.2%
IAF A16 SSB	Supplier Set Up & Supplier Bank Account Changes	14	13/14	13/14	13/14	0	92.8%
IAF A09 LBF	Leisure Banking Follow Up	10	9/10	9/10	9/10	0	90%
IAF A10 APO	Adult Social Care Purchase Order Arrangements 23/24	18	4/18	4/18	10/18	+6	55.6%
IAF A03 CCD	Climate Change Act Public Duties	6	5/6	5/6	5/6	0	83.3%
IAF A10 COB	Community Benefits 24/25	14	11/14	11/14	12/14	+1	85.7%
IAF A11 LBF	Leisure Banking Follow Up	5	4/5	4/5	5/5	+1	100%
IAF A12 ISG	IT & Information Security Governance	16	7/16	7/16	8/16	+1	50%
IAF A13 FG1	Follow Up of Grade 1 Recommendations	6	5/6	5/6	5/6	0	83.3%
IAF A15 AMA	Asbestos Management Arrangements	27	19/27	20/27	22/27	+2	81.2%
IAF A10 MWS	Medication within Schools	13	-	-	0/13	NEW	0%
IAF A10 OPF	Follow Up of 2023/24 Adult Social Care Purchase Order Arrangements 25/26	1	0/1	0/1	0/1	0	0%
IAF A16 CTR	Council Tax Refunds 25/26	10	9/10	9/10	9/10	0	90%

Report to Audit & Scrutiny Committee

Date of Meeting: 27th August 2026

Subject: Risk Strategy Annual Report

Report by: Senior Manager – Partnership & Transformation

1.0 Purpose

- 1.1. This report provides committee with the 2025/26 update on the Council's Corporate Risk Management Strategy 2023-28. This includes appendices detailing the 2026/27 Risk Appetite Statement, Guidance & Governance Checklist, and Corporate Risk & Integrity Forum Terms of Reference. Progress on the Risk Strategy Delivery Plan is also provided, as is the Corporate Risk Register as at the end of Quarter 1, 2026/27.

2.0 Recommendations

- 2.1. That Committee notes the report, commenting & challenging as appropriate.

3.0 Considerations

3.1. Purpose of Risk Management

- 3.1.1. The Clackmannanshire Alliance has set out key priorities in the Wellbeing Economy Local Outcomes Improvement Plan (LOIP) 2024-34. These are reflected in the Council's annual budget, Be the Future programme and suite of strategies and policies. Plans will only be achievable if, in addition to the aspirational outcomes we want to achieve with and for local communities, they also pragmatically consider the challenges that may hinder progress.
- 3.1.2. On a daily basis, Council officers deal with a wide variety of operational risks to individuals, groups, localities and internal processes. The hierarchy of risk registers for functions, cross-cutting themes and partnerships up to the corporate register should ensure holistic oversight of the issues managed at each level. This must be complemented by a strategic view that assesses wider implications and complex interdependencies, embedding flexibility to manage uncertainty in planning and implementation.
- 3.1.3. An effective risk management approach ensures we are aware of such factors and, where appropriate, take mitigative action to secure the success of our initiatives. It should also enable measured risk-taking to deliver benefits, provided the implications are understood and acceptable, with clear accountabilities. The ongoing impact of national and global issues on local

services and communities has been significant, and risk management remains a critical tool for preventing and reducing harms, ensuring the best possible outcomes are achieved for the area and its people.

3.2. Corporate Risk Management Strategy 2023-28

3.2.1. The [Risk Strategy](#) was approved by Council on 05-Oct-2023, outlining the purpose and benefits of effective risk management. Links to other strategies and frameworks are detailed, as are definitions, roles, responsibilities and governance arrangements. The strategy also includes information on current processes and mechanisms, as well as activities to strengthen supports for raising organisational maturity and evidencing impact. It was agreed that annual reports would be provided on progress in implementation.

3.2.2. The Council's vision for risk management is:

"To promote a culture where awareness of potential threats is embedded in decision-making at all levels, ensuring appropriate ownership and transparent management of risk to support service delivery and continuous improvement."

3.2.3. The Council's key aims in relation to risk management are to be:

Aware of potential risks in the internal and external business environment;
Transparent in using reliable information to manage risks & make decisions;
Consistent in our application of risk management principles;
Collaborative in identifying risks and developing/sharing innovative solutions;
Clear on the type of risks we can and cannot tolerate;
Proportionate in balancing risks and benefits, and not 'over-controlling'; and
Objective in assessing risks using evidence and management information.

3.3. 2025/26 Progress & 2026/27 Planning (Appendices A to D)

3.3.1. The revised Risk Appetite Statement for 2026/27 is presented in Appendix A. In this iteration, the central Cautious rating has been renamed Vigilant to better represent the active ongoing assessment of issues and options that takes place. The categories of Strategy, Information and Reputation have moved up the rating scale to a less risk-averse approach with greater openness to innovation (though this does not change their positioning in the statement in terms of prioritisation). It must also be recognised that, in most categories, we have already investigated and/or implemented many of the less risky mitigation options, further necessitating the identification of creative opportunities with demonstrable benefits for local communities.

3.3.2. The tolerance of Financial risk has reduced slightly (Resistant to Averse) to better reflect regulatory expectations and the local Treasury Management Strategy aims. The other category to reduce in tolerance is Wellbeing, which becomes the first control priority, in alignment with our commitment to always protect health and welfare. While our resistance to Environmental risk has not changed, this now moves above Finance in terms of appetite, and we similarly remain averse to Governance risks despite Wellbeing moving to the position of lowest tolerance. Governance has also been reworded to emphasise assurance and leadership accountability, along with several other wording changes to better reflect core values and evolving priorities.

- 3.3.3. Appendix B provides the Risk Guidance, with the impact scoring table verified via Artificial Intelligence, and only minor wording changes suggested. A diagram has also been added to summarise category dependencies, which will be further refined in a wider guidance review this year. Several changes have been incorporated into the Governance Checklist to emphasise core priorities, with some moving from 'as requirements arise' to the top section, reflecting the set frequencies associated with established processes. 'Learning & development' has also been updated with 2026/27 requirements for the 3-year mandatory training programme. The Guidance should support consistency and compliance, and the Checklist is a consolidated list of governance expectations for staff and leaders.
- 3.3.4. Appendix C provides the Terms of Reference for the Corporate Risk & Integrity Forum. This was amended last year to place greater emphasis on the integration of risk with Annual Governance Statement and internal/external audit processes, reinforcing the group's active role in progressing actions to address concerns in support of Best Value and continuous improvement. There are no substantive changes this year, other than updating service names and job titles as per organisational restructuring.
- 3.3.5. Appendix D presents the Delivery Plan summary of indicators, actions and risks for year 3 of the strategy (2025/26). Positives can be seen in Outcomes & Delivery, with completed actions and improving indicators reducing the risk. Some progress is also evident in Processes (risk static at green) and Handling & Assurance (though this risk increased due to the pace of change). More mixed results are, however, evident in People and limited progress seen in Leadership & Management, and particularly in Strategy & Policy, which remain key concerns alongside workforce capacity challenges.
- 3.3.6. All year 1 strategy actions are now complete following delays in roll-out, and year 2 has moved from 62% to 79% complete, in addition to 90% of year 3 actions being implemented. Of a total 64 actions to date, 53 (83%) have been delivered, and 11 incomplete from previous years will be carried forward into year 4 (including 1 outstanding Internal Audit recommendation).
- 3.3.7. Performance was more than 5% below target in over half of the 16 strategy indicators, but less than a third showed decline, while half improved. The measures are also reviewed annually, with 2 removed in 2024/25 (internal/external risk-related meetings held) due to being of limited value, and mandatory training completion rates were added in 2025/26. There will, however, be a time-lag before strategy implementation is fully reflected in results, partly due to the roll-out issues already mentioned, and also the substantial delay in data availability for Outcomes & Delivery indicators.
- 3.3.8. As highlighted, limited capacity in both central support resource and across services is exacerbating several risks (with implications for the strategy as well as the corporate register, discussed later in this report). Austerity-related staffing decisions to remove multiple roles from the establishment have significantly reduced internal performance- and risk-related skillsets. As the organisation continues to face difficult budget decisions, these disciplines could be providing essential value-add, and the skills deficit is negatively impacting governance assurance in a number of areas. It is, therefore, hoped that transformative planning and collaborative engagement with neighbouring local authorities will take these needs into account.

3.4. Corporate Risk Management Process

- 3.4.1. The corporate risk register is owned by the Senior Leadership Group, and the Head of Corporate Services is responsible for the corporate risk approach. All employees have responsibilities for managing risk, as do Elected Members in their remit of strategic planning, decision-making, resource allocation, scrutiny and challenge. The Council follows a systematic process, reporting corporate and service risks to Committee on a regular basis. The process is assessed via internal and external governance mechanisms, and peer-reviewed by other authorities and partners.
- 3.4.2. Each quarterly review involves 'environmental scanning' of information from internal and external sources to inform discussions with a range of individuals and groups. Issues are considered by the Corporate Risk & Integrity Forum (including risk owners and/or delegated officers) to:
- Review developments in existing corporate and service risks;
 - Assess emerging externally identified risks for potential local relevance, as well as those identified internally (via Internal Audit and self-assessment);
 - Consider significant risks, or those with cross-service implications, for escalation to the corporate level, or demotion if severity has reduced; and
 - Drive forward mitigation actions to reduce the Council's risk profile.
- 3.4.3. It would be impossible to remove all risk from our operations due to external uncertainties, and since most functions have inherent risks, as do most changes. Moreover, not making changes would expose us to other risks, such as failing to comply with new legislation, develop our workforce/ practices, or take advantage of new opportunities, collaborations and innovations. The aim, therefore, is not to be 'risk averse' but 'risk aware', as reflected in several changes to this year's risk appetite.

3.5. Corporate Risk Register Amendments & Current Profile (Appendix E)

- 3.5.1. There are few changes to the register since 2025/26 year-end, apart from the Business Continuity risk being escalated by Corporate Services in light of the Coalsnaughton situation. This may also partially explain the Quarter 1 review only having been completed for a third of risks, however, the previous review was not conducted for a further third, not yet updated this calendar year.
- 3.5.2. Alongside issues with stagnant risk scores (highlighted at previous Committees), this evidences some impacts of the performance & risk management skills deficit already mentioned. While worsening external influences are also relevant, similar concerns around implementing or updating Internal Audit and Annual Governance Statement actions are increasing factors in Major Governance Failure, and several other risks.
- 3.5.3. It is vital that the Council recognises the importance of the continuation of assurance processes, even in times of adversity, due to their key role in ensuring organisational stability to deliver on statutory duties and commitments to local communities. This relates full-circle back to the Risk Appetite Statement, where we have always stated a low tolerance of Governance risks. The Delivery Plan action to fully embed the statement in operational practice, with the support of the Corporate Risk & Integrity Forum, aims to address issues and improve compliance in the future.

4.0 Sustainability Implications

4.1. *No direct sustainability implications arising from this report.*

5.0 Resource Implications

5.1. *Financial Details – No direct financial implications arising from this report.*

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 – No direct staffing implications arising from this report.*

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:

No direct equalities implications arising from this report.

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 A – Risk Appetite Statement 2026/27

Appendix B – Risk Guidance & Governance Checklist 2026/27

Appendix C – Corporate Risk & Integrity Forum Terms of Reference

Appendix D – Risk Strategy Delivery Plan

Appendix E – Corporate Risk Register (Quarter 1, 2026/27)

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)

NAME	DESIGNATION	TEL NO / EXTENSION
Judi Richardson	Performance & Information Adviser	2105

Approved by

NAME	DESIGNATION	SIGNATURE
Chris Alliston	Head of Corporate Services	

Appendix A – Risk Appetite Statement 2026/27



**Clackmannanshire
Council**
www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

Risk appetite (and tolerance) is the level of risk the Council is willing to accept in relation to particular areas of operation. We cannot mitigate all risks but this process should support their prioritisation. A risk appetite statement can assist organisations in more effectively allocating resources and demonstrating consistent and robust decision-making. The categories shown in the table below are defined in the Risk Management Guidance.

The focus moves up the scale from removal of risks (Averse) to balancing control of risk while realising high-value benefits (Vigilant) to placing greater emphasis on creativity, even if activities carry a high residual risk (Eager):

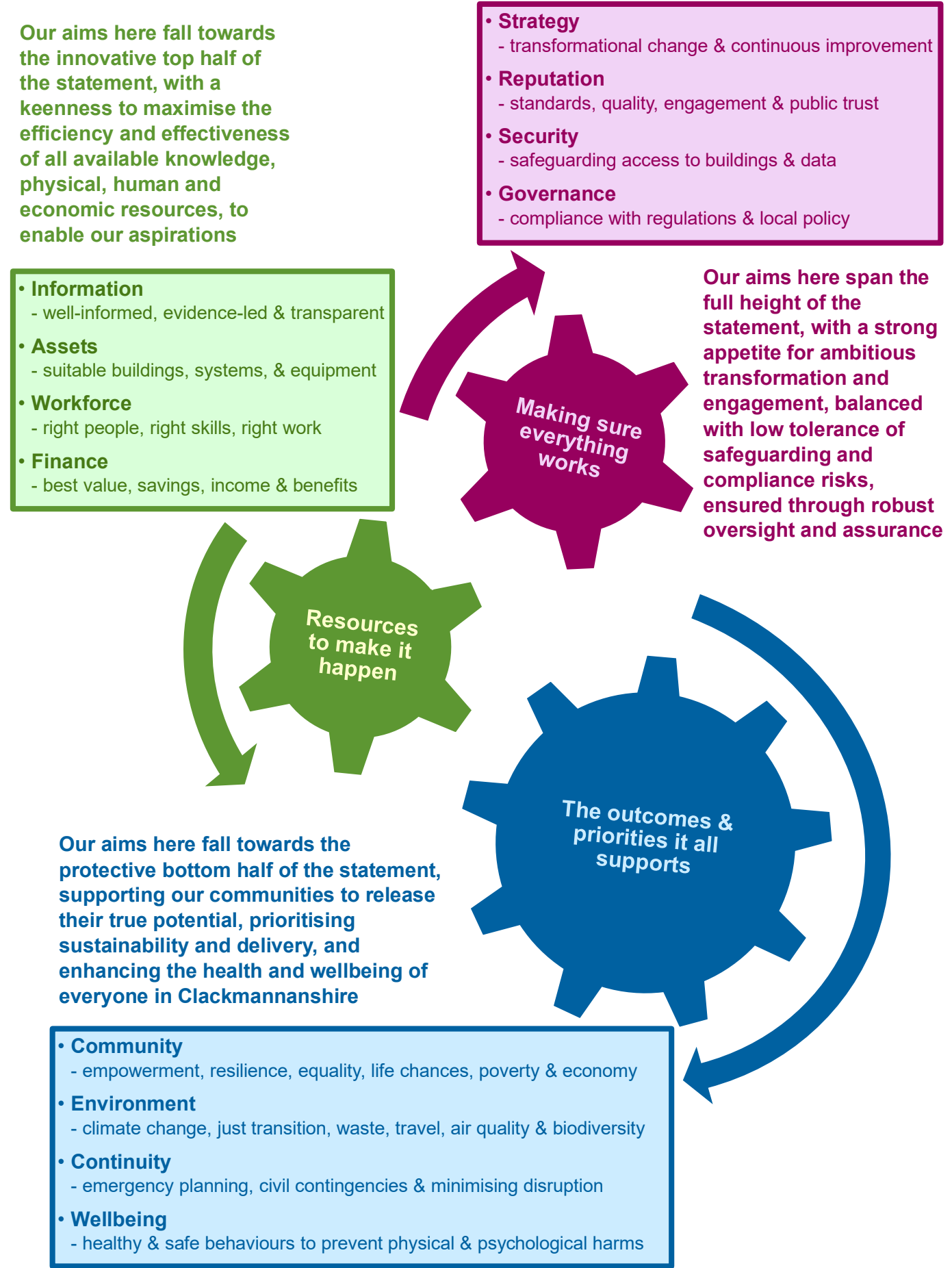
Eager	Keen to be innovative and focus on maximising opportunities and benefits;
Open	Willing to consider options with acceptable benefits;
Vigilant	Preference for safe options with low residual risk, focus on balance;
Resistant	Preference for safe options with low inherent risk (often fast-paced areas where controls can become outdated more quickly);
Averse	Avoidance of uncertainty and prevention of exposure is the key objective.

The Council has agreed the following levels of appetite (revised annually), with **further information to clarify relationships and shading on the following page**. The list is prioritised to show the greatest appetite for innovation at the top, and the least tolerance of uncertainty at the bottom. Statements and ratings outline both appetite and tolerance levels alongside key considerations.

This should guide staff, managers and Elected Members in ensuring opportunities are sought in higher categories, provided risks are minimised or mitigated in those further down. In many cases, this is simply common sense, but an explicit framework should ensure decisions are not made autonomously by individuals. For example, a transformational innovation should not be approved if it breaches regulations (as Governance is below Strategy), or a gas leak in a school may require a temporary closure (as Wellbeing is below Continuity).

Strategy	Eager to apply innovative practice in ambitious transformation and continuous improvement, ensuring delivery of objectives, informed by sound reasoning and with built-in flexibility to manage change
Information	Eager to be well-informed, transparent and collaborative on practice, performance & process, and Open to new solutions, provided sources are robust, trusted, efficient, secure and evidence-based
Reputation	Eager to drive innovation and options that improve engagement and services to citizens, and Open to creativity, provided actions uphold Council and public service values and maintain public trust
Assets	Eager to maximise sustainability, efficiency, effectiveness and benefits for citizens and staff, and Vigilant in applying regulatory standards, meeting statutory obligations, and delivering cost reductions
Workforce	Eager to create a positive, inclusive, sustainable and resilient culture with strong leadership, and Vigilant in ensuring the right people, with the right skills, are doing the right work to deliver outcomes
Community	Eager to adopt creative approaches and partnerships to improve life chances and support, and Vigilant in ensuring equality, resilience, economic opportunity and engagement are the central focus
Environment	Eager to champion climate change adaptation and sustainability, and alleviate food & fuel poverty, but Resistant to an unjust transition or removing options without providing sustainable alternatives
Finance	Eager to maximise income, sustainable efficiencies and benefits for the local economy, and Averse to negative impacts on Best Value principles, service delivery and statutory requirements
Security	Open to new options that improve safeguarding & efficiency (subject to Governance duties), and Resistant to anything that hampers our ability to keep pace with evolving changes or practice
Continuity	Open to new solutions that improve preparedness, resilience, safety and cost impacts, and Resistant to untested or untried options that carry anything but low inherent risk
Governance	Averse to non-compliance with regulatory duties or expectations, good practice or local policies, or actions that do not enhance assurance, oversight, and leadership accountability
Wellbeing	Averse to any actions that endanger health & wellbeing, particularly in vulnerable groups, or expose any individual citizens or staff members to risk of physical or emotional harm

Summary of Risk Appetite & Category Relationships



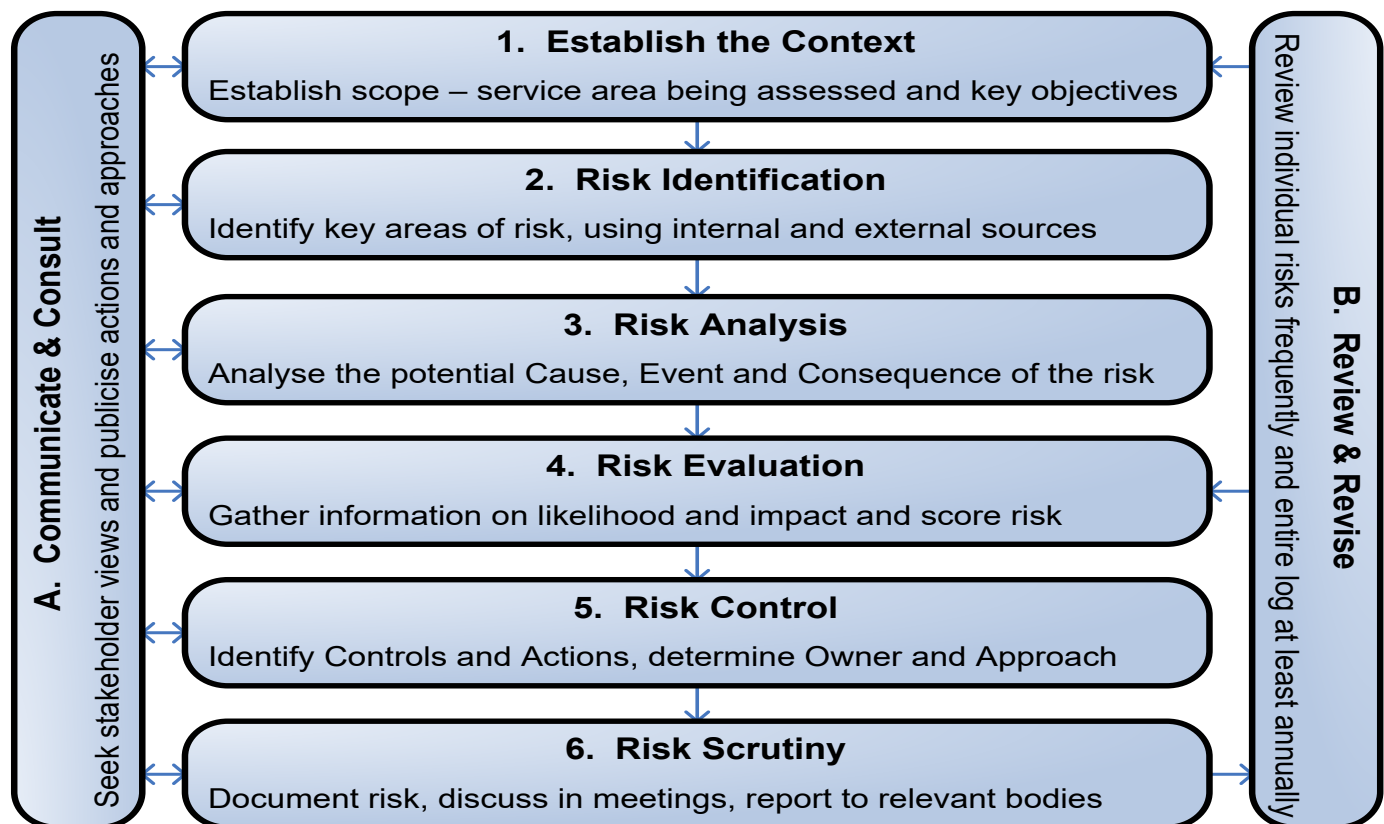
Appendix B – Risk Guidance & Governance Checklist



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Comhairle Siorrachd
Chlach Mhanann

This guidance provides information on key considerations for each step in the Risk Management process:



A. Communicate & Consult

Two-way communication is important to every step in the risk management process to ensure the right information is gathered and people are aware of action to be taken, and why. **Staff members (at all levels), other teams/ services/organisations, members of the public/community groups, elected/board members, senior management and central support teams** can all contribute and/or benefit from others' knowledge. Different groups will have different perspectives and experience of practical, operational and strategic issues.

Different stakeholders can improve efficiency and effectiveness by **providing data, information and knowledge** to clarify areas of uncertainty. Others can provide insight into issues they've **identified** or **dealt with** or **solutions** they've found, and resource requirements can be minimised by **sharing information, experiences and controls**. If procedures are put in place to control risks, it's also highly important to communicate **what they are**, the **reasons** for them being put in place and, therefore, why it's important that they're **adhered to**.

B. Review & Revise

Risk management shouldn't be seen as a one-off, or even an annual task. The nature of risks, progress and the effectiveness of controls can change in a short period of time. It's therefore recommended that **key risks are discussed on a frequent basis** (e.g. in monthly 121s/team meetings), with developments recorded, and the relevant people informed. If risks are reviewed **proactively**, updates are available when required, rather than being rushed as part of the reporting process. As well as focussing on the risks already identified, it's also important to review the entire log, at least annually, and **re-assess whether these are still the key risks**.

1. Establish the Context

There can be a temptation to just list everything that could go wrong, but this can be unproductive. The vital first step is to **clarify the scope** of the exercise - always **focus on objectives**. An organisational model can be a useful tool (templates available from Strategy & Performance). Having a **concise summary** of the team/service will focus discussions and, as no completely systematic process can be used, should ensure all relevant aspects are considered. Risk management can only ever be a **'point in time' assessment** and, though it must involve projection, looking very far into the future can introduce too many uncertainties and be detrimental. It should be kept as **simple as possible** by looking solely at **goals within a set time period** (such as a single year).

2. Risk Identification

Steps 2-4 form the risk assessment, with identification often the most difficult step, partly as there can be **no set process** for this. Often registers (profiles) are developed purely from previous logs – this can be informative, but is unlikely to identify **newly emerging risks**. Logs from other **internal & external sources** can also be useful stimuli but a risk should only be identified as relevant if likely to have a specific impact on local goals.

Many different **methodical** or **ad hoc** processes can be used, e.g. **horizon scanning**, **brainstorming**, **facilitation**, or **self-assessment**. A **PESTELO** analysis assesses the Political, Economic, Social, Technological, Environmental, Legal and Organisational implications of an objective. External sources such as other **Councils**, **partners** and **audit bodies** can also assist in risk identification, or the **categories** (see next page) can be used as prompts.

3. Risk Analysis

Risks are often **underdeveloped** – documented without **details and dependencies** being considered fully. Many 'risks' found in the Identification stage will actually be causes, such as 'demographic changes' or 'lack of resource' but we must focus on how this affects the achievement of goals. The key areas to be developed at this stage are:

Cause	The source or trigger. Risks generally originate from wider issues in the internal or external environment, often outwith our control. Examples are: cost of living, the aging population, or legislative or organisational changes. Note that the cause is not the key focus of the risk .
Event	How the cause specifically affects us. It may be a single point in time, such as staff not delivering services (cause: industrial action), or it may develop more gradually, such as inability to meet increasing demands (cause: reduced budgets). Several events may arise from the same cause (e.g. global geopolitical issues causing supply chain and recruitment difficulties).
Consequence	The result of the event occurring. This should be more specific than 'inability to deliver on objectives' – it needs to consider which objectives – will they not be delivered at all, or less effectively, etc.? As much detail as possible should be given on the stakeholders and services that could be affected, and the potential extent of implications relating to the different categories.

It can be useful to **categorise** risks (next page) to inform and clarify assessments, and support **ownership** and **mitigation** decisions. Sometimes the cause may be in one category, but consequences in another, or multiple. Judgement/support may be required in categorising and applying the risk appetite statement, and should consider whether the 'leading' category (linked to cause/likelihood) or 'lagging' category (linked to impact) is most relevant.

4. Risk Evaluation

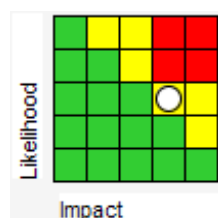
As many elements as possible should be **clarified** and **quantified** to better understand the **nature** and **extent** of the risk. While, again, there are no entirely scientific methods for evaluation and scoring, it should be **evidence-based**, and take into account as much management, organisational and environmental information as possible.

Evaluation should include consideration of:

The past	Has it happened before? Was it managed effectively? What lessons were learnt?
The present	Are similar circumstances developing? How are others managing it?
The future	Do forecasts suggest it will occur/recur in the near future?
Organisational factors	Will changes to leadership, policies, resources or other current projects affect the risk?
External changes	Are there national initiatives/targets/aims? Are there legal factors to consider?
Performance indicators	Is the risk occurring? Are we managing it effectively? What are the projections?

Scoring (rating) quantifies the **likelihood & impact** of a risk occurring, summarising overall **severity**. Likelihood incorporates **proximity** (how soon it may occur) – consider which factor is most relevant when scoring. There is a degree of subjectivity so relative scores should be **compared** and **rationalised** to ensure they 'feel right'.

Likelihood	1. Unlikely/Distant	Little evidence that risk is likely to occur, or likely in over 5 years
(& Proximity)	2. Possible/Long-term	Fairly low chance of risk occurring, or likely in next 3-5 years
Scoring	3. Likely/Medium-term	Reasonable chance of risk occurring, or likely in next 2-3 years
(use most severe)	4. Expected/Short-term	Strong chance risk will occur, already partly occurring, or likely in next year
	5. Certain/Imminent	Fairly evident that risk will occur in next quarter, or has already occurred



The **overall risk score** is likelihood multiplied by impact. Here, likelihood = 3 and impact = 4, so the rating is $3 \times 4 = 12$ and the status is amber. The highest possible rating is $5 \times 5 = 25$.

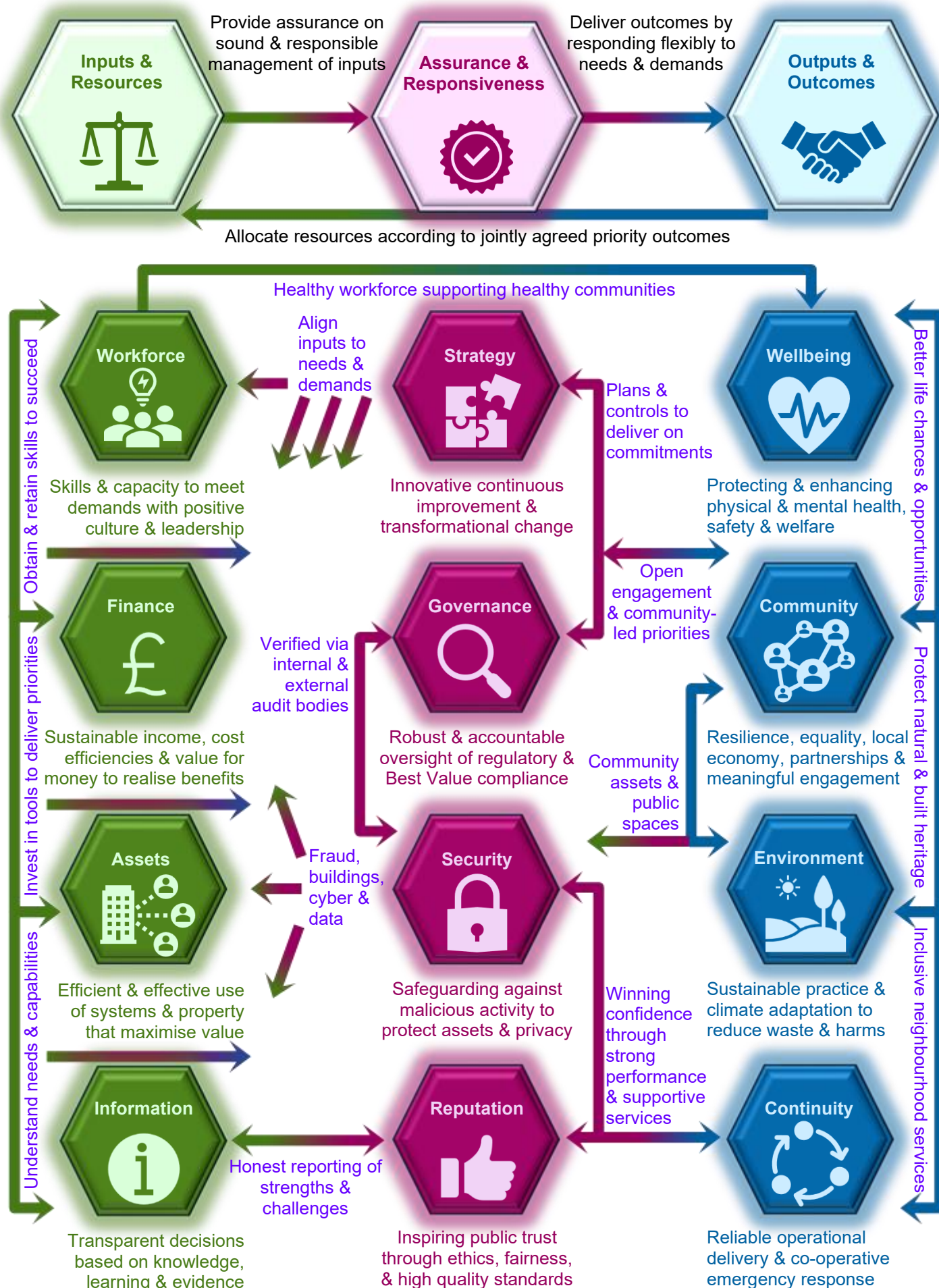
We must focus on **significant risks**, so there's often more ambers and reds. If green, consider whether it's substantial enough to include (or whether we need to **demonstrate** how it's being managed). **Inherent** score shows severity with no controls. **Residual** score includes existing controls/mitigations. **Target** score includes controls and the influence of future actions – but these need to be SMART (Specific, Measurable, Accountable, Realistic & Time-bound).

Impact Scoring & Category Definitions – in order of Risk Appetite (see next page for colour coding)

(Consider the most relevant/severe factors, working up from the bottom of the table where risk tolerance is lowest)

	1 – Slight	2 – Minor	3 – Moderate	4 – Significant	5 – Extensive
Strategy	Pursuing a strategy, project or change that is poorly defined, based on flawed/inaccurate data, or misaligned to delivery of commitments or objectives, possible due to changing macro-environment				
	Issue in single activity/project with flexibility in plans or in early stages	Multiple issues in single activity with flexibility or minor implications	Multiple issues in multiple activities, some flexibility or moderate impact	Multiple/significant issues with little/no change control/contingency plans	Major issues with little/no flexibility/extensive rework/invested resource
Information	Lack of awareness/learning/knowledge, or misinformed decisions due to failure to produce robust or suitable informatics or fully exploit data resources, or failure to share/publish appropriately				
	Slight limitations/concerns around data integrity	Limited use or publication of data/evidence	Lack of awareness of resources/skills in systems/tools	Major barriers to obtaining/using robust informatics	Inability to inform safety-critical decisions robustly
Reputation	Ethical violations, systematic or repeated failure/breach, political conflict, poor quality, customer service or management of relationships/partnerships, or damage to trust and public confidence				
	Managed incident, in public domain	Local media interest/complaint	Regional interest/notable social media negativity/complaints	National interest/significant negativity/complaints	Major national media interest/loss of confidence
Assets	Persisting in use of inadequate, deficient or poorly designed technology, property, facilities, etc. that are unfit for business needs, or otherwise ineffective/inefficient/non-compliant with standards				
	Temporary/partial inadequacy of single asset with alternative/backup	Temporary/partial inadequacy of multiple assets with alternative	Long term inadequacy or sub-optimal/insecure/unsupported alternatives	Permanent loss of single asset with sub-optimal or no alternative/backup	Permanent loss of multiple key assets with no alternatives
Workforce	Suboptimal, inappropriate or ineffective working culture or organisational behaviours, leadership or engagement, insufficient capacity or capability, or non-compliance with policies and procedures				
	Diminished team level engagement/slightly increased absence/turnover	Team delivery disruption related to compliance/capacity/capability	Service/directorate disruption related to compliance/capacity/capability	Major disruption/unmet minimum staffing in key/statutory areas	Damage to work-force cohesion/staffing levels for extended period
Community	Risks regarding resilience, deprivation, inequality or other demographic/socio-economic factors for residents or the area (considered organisational risks as objectives focus on societal outcomes)				
	Limitation to resilience/equality of individual	Limitation to resilience/equality of group/sector	Limitation to vulnerable/multiple groups/sectors	Limitation to wider community/critical sector/infrastructure	Limitation to resilience/equality of entire authority
Environment	Failing to use sustainable materials, technologies or practices, increasing waste or travel/energy requirements, or pollutants that would have an adverse impact on air quality, biodiversity, etc.				
	Reduced ability to meet net zero/climate aims	Limited transition or unrealistic/non-inclusive plans	Continuation of unsustainable practices	Increased waste, emissions, etc. (primarily external)	Major/internal increase in waste, emissions, etc.
Finance	Linked to the management of financial assets/liabilities, or commercial partnerships/supply chains in accordance with constraints and contractual requirements, poor returns/value, inefficiency, etc.				
	Up to £10k	£10k to £50k	£50k to £200k	£200k to £2m	Over £2m
Security	Failure to safeguard against malicious activities (fraud/crime/cyber threat) or unauthorised/inappropriate access to assets, including property, systems and sensitive customer/staff/organisational information				
	Reasonable policy awareness, some non-compliance	Limited training completion/policy adherence	Evidence of more frequent/serious infringements	Significant cyber/data/physical security breach	Prolonged cyber/data/physical security breaches
Continuity	Relating to the disruption of operational service delivery, often linked to Emergency Planning or Civil Contingencies, where lack of staff, facilities, etc. disturbs provision of normal or critical functions				
	Slight disruption to a few services or 1 critical function	Minor disruption or more than one critical service	Moderate disruption or temporary loss of critical service	Major disruption and/or loss of multiple services	Extended loss of multiple functions, including critical
Governance	Unclear plans, authorities or accountabilities, ineffective or disproportionate oversight or decision-making, failure to meet legal or regulatory duties, or audit concerns over performance standards				
	Audit queries or isolated concerns	Negative audit/inspection reports	Follow-up/repeated compliance concerns	Major audit concerns/enforcement action	Regulator legal action/interventions
Wellbeing	Non-compliance or policies with negative impacts on health, safety or wellbeing of individuals/groups, focussing on more direct physical or psychological harm (wider inequality in Workforce or Community)				
	Single minor injury, illness or harm to individual	Multiple minor or single serious injury/illness/harm	Multiple serious injuries, illnesses or harms	Death or significant psychological harm	Multiple deaths or major mental health impacts

Key Category Dependencies & Summary Descriptions



5. Risk Control

Once the risk has been evaluated, existing **Internal Controls** should be assessed. These may be strategies, policies, procedures, processes, arrangements, scrutiny bodies, etc. that mitigate the risk to some extent by reducing either the likelihood of it occurring or the impact if it does occur. We're often only able to influence one or other of these factors but in some cases controls influence both likelihood and impact. As well as existing controls, there may be planned **actions** (new/planned/in progress) that will reduce the risk once implemented. For example:

- Harm to individuals' health & wellbeing – the impact of this could be significant and irreversible in many different respects so our efforts usually focus more on **preventative** actions and controls;
- Loss of public utilities (power, water, etc.) – the cause is outwith our control so the actual risk is failure to prepare or promote resilience, and we can only look at planning to limit the **consequences** if it occurs;
- Health pandemic, Climate change or Strike action – in these situations we can look **both** at preventative actions to reduce the likelihood but also use Business Continuity Plans to reduce the impact.

Once controls and actions are identified, the risk should be assigned an **owner** who can make decisions on **treatment options**, and the **approach** to use. It's important to be risk **aware**, or we could miss opportunities or threats – our Risk Appetite Statement provides guidance on areas of high/low risk tolerance. Though the identified owner is not final (risks can be escalated and demoted), it's important that they have an appropriate **remit, resources and authority** to manage the risk and ensure that treatment actions are completed, where appropriate.

There are 4 **Approaches** for managing risks (mitigations may be a combination and should link to appetite):

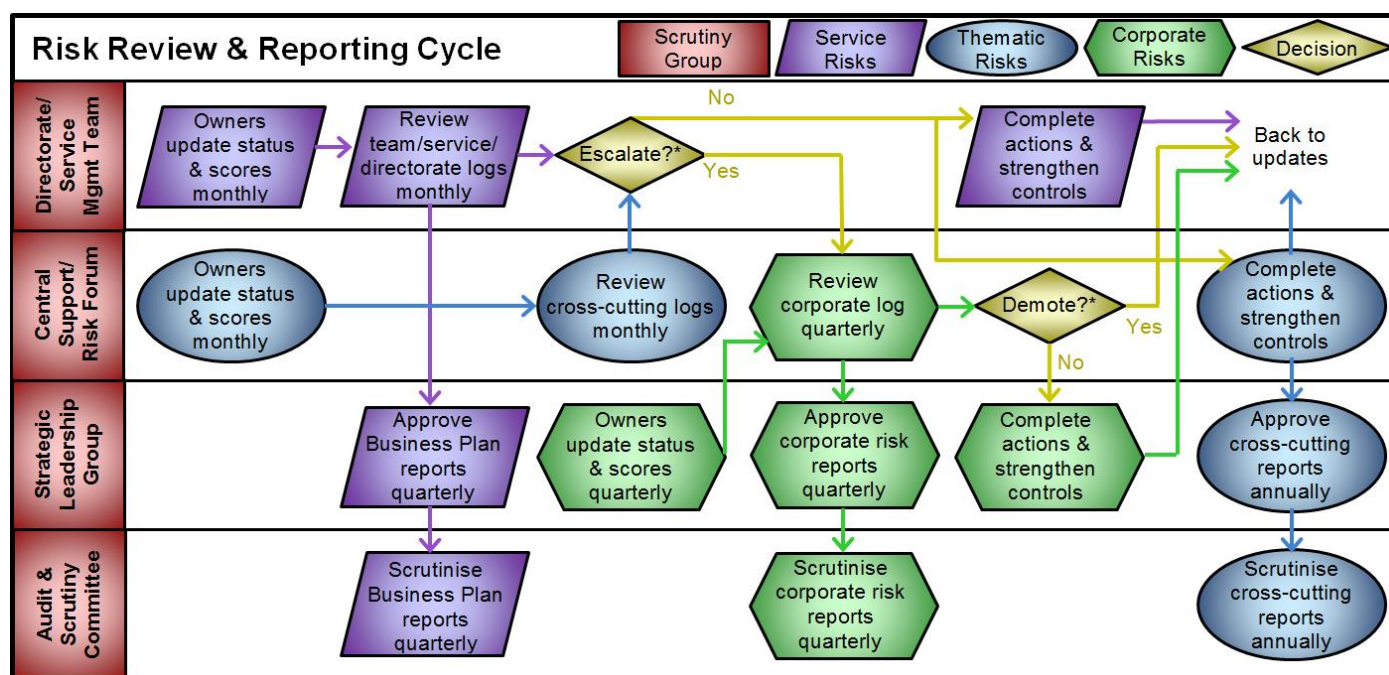
Treat	- take action to reduce the likelihood or impact (most common approach – may treat then tolerate);
Transfer	- pass the risk to another party, such as insurers (however, some duties are non-transferable);
Terminate	- cease the activity that is causing the risk, or do not complete proposed activities;
Tolerate	- continue reviewing plans, etc. once reasonable actions within our control are complete.

Examples where risk appetite and prioritisation must be used:

Financial management	Focus on short term efficiency savings or 'spend to save' investment for the future?
Legislative changes	Resource for training/process/system changes versus cost of regulatory breach?
Statutory vs preventative	Minimum statutory requirements/checks or augmented for proactive early identification?
Procurement	Balance/prioritise best functionality, maintenance, support, customisation, price, etc.?
Balancing rights	Protecting the rights of individuals, or community benefits, or both?
Satisfaction vs efficiency	Offer a range of options to customers or channel shift to the cheapest option for us?

6. Risk Scrutiny

The review and reporting cycle is shown below. Risk logs should be reviewed frequently and the hierarchy used to escalate and demote. This may depend on the owner's ability to manage the risk, or if the nature or understanding of the risk changes. The Risk Management Strategy provides information on responsibilities and governance.



*Does the risk have a corporate impact? Does it affect multiple services? Does it require consistent management across the Council? Is it significant (red) for an individual service? Does the owner lack the authority or resources to manage the risk? If yes, consider escalating to a higher-level log (from team to service, or service to corporate).

7. Risk Recording – Pentana Risk Updates

Go To... 413 Risks 30 Pentana Risk Print Help Judi Richardson

COU CRR 050 Supply Chain & Labour Market Disruptions 1

Current Compare 4 Description

Impact 5 Extensive
Likelihood 4 Likely
Score 20

Assessment 5x4 High Risk
Date Assessed 10 Mar 2022

Next Assessment due 15 Jun 2022

Update 3

2 Key information Risk Tree History Internal Controls 5 Related To More...

Date Assessed	Score	Assessment	Assessed by
10 Mar 2022	20	5x4 High Risk	Richardson, Judi
20 Oct 2021	20	5x4 High Risk	Richardson, Judi

10 March 2022

5x4 High Risk

Impact 5 Extensive
Likelihood 4 Likely
Score 20

Assessed By Richardson, Judi

Notes Showing all Notes...
Richardson, Judi, 10 Mar 2022
While contracts and other mechanisms and monitoring may reduce the impact to a certain extent, we must broadly tolerate this significant external risk. Where possible, mitigations are ... Show more

1. Click to edit Title (short as possible – what could go wrong as well as the area) and Description (more detailed, include Cause & Event***). Don't edit the code or de-activate/delete – other checks/approval may be needed.
2. Click to edit Potential Impact (Profile) – refer to the impact categories (Financial, Security, Wellbeing, etc.)***. Check Approach – if 'Treat' must have related Actions, if 'Tolerate' must have Controls (see step 5). Check Owners in Key Information. Don't edit owners – may need approval, will affect email notifications & reporting.
3. It can be useful to copy the previous note (bottom right of screen shot), before clicking Update/New Assessment, then edit Scores (guidance appears on right) and type/paste/edit Note. If recommending de-activation or moving to another risk log, state this in the note, and why***
4. Check Inherent Score (excluding Actions/Controls, or initial/previous assessment) and Target Score ('tolerance', or realistic reduction by target date). Keep it sensible – if we're 'treating', must be lower than current score!
5. Click to view Actions (still to be done) or Controls (already in place) – stay focussed, ideally 3 of each. Click header then Add to select from list (Business Plan, LOIP, other plans/strategies/processes, etc.), or Remove. Don't click Create or New – should be set up consistently by Superusers. This is the final step – thank you!

***See other sections of Corporate Risk Management Guidance

Check with site administrators or service Superusers about red notes above (changing codes/owners/targets, closing a risk, or if you can't find required actions or controls) – these elements need additional checks or to be done in a managed way (e.g. reporting that a risk is going to be closed before doing so).

8. Governance Checklist

Key duties, documents and actions expected of Clackmannanshire Council staff and managers are listed below. This demonstrates how risk management principles apply in an operational context, and relevant internal controls for specific risk-related areas. The list is revised annually, alongside the Risk Appetite Statement and Delivery Plan.

Annual Planning & Assessments

	Group	Frequency	Primary Category
Assess/improve compliance with UN Convention on Rights of the Child	All services	Annual	Community
Review & update Business Continuity Plans/Impact Assessments	Managers	Annual	Continuity
Engage with CONTEST (counter-terrorism) self-assessment process	Managers	Biennial	
Review/report Climate Emergency Actions & Regional Energy Masterplan	Sustainability	Annual	Environment
Use forecast to manage budget/capital bids as per financial regulations	Managers	Quarterly	Finance
Provide assurance via Annual Governance Statement/other assessments	Team Leads	Annual	Governance
Comply with statutory Public Performance Reporting duties/good practice	Managers	Annual	Information
Submit statutory data returns & publish service-specific statutory reports	Analysts	Varies	
Use data insights, benchmarks, etc. to identify/prioritise improvement action	All services	As published	Strategic
Produce/report on Business Plans including indicators, actions & risks	Directors	Quarterly	
Engage in setting corporate priorities (aligned to budget/performance risks)	Directors	Annual	Wellbeing
Review & update Health & Safety Risk Assessments/Profiles	Managers	Annual	
Complete Induction and Performance Review & Development process	All staff	Once/Annual	Workforce
Update Workforce Plans & engage with Senior/Team Leader Forums	Managers	Annual	

Learning & Development

Complete The Promise & Multi-disciplinary Safeguarding training	Certain roles	Annual	Community
Complete Integrated Emergency Management training (timing varies)	Mgrs/TLs	3-yearly	Continuity
Complete Department for Work & Pensions Data Access/Sharing training	Revenues	Annual	Finance
Ensure staff read & understand updates/changes to Code of Conduct	All staff	Ongoing	Governance
Gain Enterprise Risk Management accreditation	Senior Mgrs	Once	
Ensure relevant staff complete Social Networking online training	Certain roles	Ad hoc	Reputation
Complete Information Security mandatory training on Clacks Academy	All staff*	3-yearly (yr 3)	Security
Complete Electrical Safety mandatory training on Clacks Academy	All staff*	3-yearly (yr 3)	Wellbeing
Complete Slips, Trips & Falls mandatory training on Clacks Academy	All staff*	3-yearly (yr 3)	
Complete IOSH Managing/Directing Safely training (timing varies)	Managers	3-yearly	Workforce
Assess needs/provide service-specific training as legislative changes occur	Managers	As required	
Participate in Leadership Development Programme (content/timing varies)	Managers	Ongoing	
*3-year rolling mandatory training programme of eLearning modules on Clacks Academy (year 3 – 2026/27, shown above) Year 1 (24/25): Counterterrorism (Continuity), Data Protection (Security), Public Protection & Fire Safety (both Wellbeing) Year 2 (25/26): Equality & Diversity (Community), FoI (Information), H&S, First Aid & Display Screen Equipment (all 3 Wellbeing)			

Changes/Projects/Council & Committee Reports/Policies

Assess Equalities/Fairer Scotland Impacts for changes/reports/policies	Authors	All reports	Community
Complete Sustainability Checklist for changes/reports/policies	Authors	If applicable	Environment
Complete Strategic Environmental Assessment for relevant policies	Authors	If applicable	
Assess financial resource implications of changes/reports/policies	Authors	All reports	Finance
Assess legal/governance implications of changes/reports/policies	Authors	All reports	Governance
State background reports & data/evidence to support recommendations	Authors	All reports	Information
State how change/report/policy aligns to Corporate Priorities/Outcomes	Authors	All reports	Strategic
Complete required project documents as outlined by Transformation	Project Mgrs	Ongoing	
Assess workforce resource/training implications of changes/policies	Authors	All reports	Workforce

Proactive or as Requirements/Requests Arise

Refresh/implement asset strategies (Roads, Housing, Public Buildings, etc)	Key services	As required	Assets
Follow TechOne/Procurement processes & budgetary control framework	Relevant	Ongoing	Finance
Follow processes & delegated authorities as per Contract Standing Orders	Relevant	Ongoing	
Respond to Internal Audit queries, implement actions & report on progress	Relevant	On receipt	Governance
Respond to External Audit queries, implement actions & report on progress	Relevant	On receipt	
Engage with Communications on management of positive/negative news	Managers	As required	Reputation
Ensure relevant Data Sharing Agreements in place & regularly reviewed	Certain roles	As required	Security
Consult experts (Legal, Finance, etc.) on decisions in a timely manner	All staff	Ongoing	Strategic
Engage with the principles of the Fair Work framework	Managers	Ongoing	Workforce

Appendix C – Corporate Risk & Integrity Forum Terms of Reference



Clackmannanshire
Council
www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

- Purpose:** Reducing the Council's overall risk profile by sharing information and proactively managing existing and emerging concerns in an efficient, effective, timely and integrated manner.
- Remit:** Providing a governance mechanism for monitoring the fulfilment of statutory duties and policy commitments, discussing strategic and operational progress, and prioritising actions to minimise potential barriers, ensuring the best possible outcomes are achieved.
- Governance:** The Forum provides assurance to the Strategic Leadership Group on the robustness of policies and processes in key risk-related areas, escalating concerns and compliance issues. Attendance is targeted at a relatively senior level and to those who chair/co-ordinate/attend other thematic governance groups to ensure visibility and facilitate information exchange.
- Aim:** To ensure risk owners and senior management are held collectively accountable for the completion of remedial mitigations that support continuous improvement and Best Value.

The specific tasks completed by Forum members are:

- Demonstrating a collective leadership approach to identifying and addressing improvement opportunities with integrity, transparency, and shared accountability;
- Participating in high-level risk reviews, contributing knowledge and identifying new risks via horizon scanning;
- Feeding back on corporate risk strategy, policy & processes, and opportunities for streamlining/consolidation;
- Providing updates on their own corporate risks, and peer-reviewing others' for consistency and integration;
- Providing service updates on: incidents; achievements; new developments/legislation; risks & required action;
- Signposting guidance, support and options for strategy review and/or training via insurance 'risk control days';
- Monitoring the completion of mandatory training and policy adherence across services;
- Communicating and raising awareness of concerns and compliance issues, including prioritising their escalation to the Strategic Leadership Group for maximum impact and benefit.

Chair: The Forum is chaired by the Head of Corporate Services, as owner of the Corporate Risk Management approach. The Head of Service presents an update and issues for escalation to the Strategic Leadership Group after each Forum meeting, and provides reciprocal feedback to the Forum regarding issues of strategic direction and governance.

Membership: Forum attendance is adjusted to reflect the organisation's risk profile, in order to flexibly address the most significant concerns at any given time, with current representatives from:

- Corporate Services – Finance & Revenues (including Chief Accountant & Procurement); HR & Workforce Development (inc. Health & Safety); Legal & Governance (inc. Monitoring Officer, Internal Audit & Information Management); and Partnership & Transformation (inc. Emergency Planning (link to Local Resilience Partnership), Information Technology, Equalities and Strategy, Performance & Risk Management);
- Wellbeing Directorate – Chief Education & Social Work Officers;
- Place & Economy Directorate – Strategic Director; Energy & Sustainability; and Housing;
- Health & Social Care Partnership (Risk Management Lead and/or Chief Finance Officer);
- Clackmannanshire Alliance Community Planning Partnership (board includes 2 Directors & 1 Senior Manager listed above).

Timing: The Forum meets quarterly (May/Aug/Nov/Feb), to inform formal corporate risk register reviews. Updates (item 2 below) are requested 1 month before the meeting, with deadline 1 week before. Corporate risk review deadlines are 15th of following month.

Agenda:

1. Welcome and Introductions	Head of Corporate Services (Chair)
2. Review Service Updates & Mitigation Progress	Forum members submit/present quarterly
3. Verbal updates on Corporate Risk Log	Owners provide /others challenge
4. Prioritisation of Issues for Escalation	All with issues to escalate to SLG
5. Any Other Business	

To ensure focus and limit workload/meeting/document length, item 2 updates should not exceed 1 page. To similarly promote focus and action, no detailed minute is recorded but progress will be driven and reviewed via actions and risk updates.

Appendix D - Risk Strategy Delivery Plan



Clackmannanshire
Council

Comhairle Siorrachd
Chlach Mhanann

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Summary of Strategy Indicators, Actions & Risks

Theme	Actions	Indicators	Risks	Indicators	Risks	Actions	Indicators	Risks	Actions	Indicators	Note
Leadership & Management	2					1	2	1	1	1	Positives are seen in Delivery , with completed actions and improving indicators reducing the risk. Some progress is also evident in Processes (risk static at green) and Assurance (though risk remains red) as well as in Partnerships (though risk increased due to pace). More mixed results are evident in People and limited progress seen in Leadership and particularly in Strategy , which remain key concerns alongside capacity challenges.
Strategy & Policy						3		1			
People	3			2	1	1	1				
Partnership, Shared Risk & Resources	2				1	1					
Processes	2	2	1	1		3					
Risk Handling & Assurance	2	2		2		1		1			
Outcomes & Delivery	5	2		1	1	1					
% (28 Actions, 16 Indicators, 7 Risks)	57.1%	37.5%	14.3%	37.5%	42.9%	39.3%	18.8%	42.9%	3.6%	6.3%	
Overall (Total 51 items in 25/26, 48 in previous years. Blue = unknown/cancelled)	45.1% (25/26) 39.6% (24/25) 60.4% (23/24)			17.6% (25/26) 8.3% (24/25) 10.4% (23/24)		33.3% (25/26) 52.1% (24/25) 29.2% (23/24)			3.9% (25/26) 0.0% (24/25) 0.0% (23/24)		

Action Plans	Owner(s)	Start Date	Due Date	Progress	Note
Internal Audit of Corporate Risk Management Arrangements 20/21	Strategic Director, Partnership & Performance; Senior Manager, Partnership & Transformation	21-May-2021	30-Sep-2023	90%	All year 1 strategy actions are now complete following delays in roll-out. Total of 64 actions to date, of which 53 (83%) are complete. 11 incomplete from previous years will be carried forward into year 4.
Risk Strategy Year 1 Actions (2023/24)	Performance & Information Adviser (lead for all strategy items, unless otherwise stated)	01-Apr-2023	31-Mar-2024	100%	
Risk Strategy Year 2 Actions (2024/25)		01-Apr-2024	31-Mar-2025	79%	
Risk Strategy Year 3 Actions (2025/26)		01-Apr-2025	31-Mar-2026	90%	

Performance Indicator Trends	Note
Improved 8 indicators, 50.0% Static 2 indicators, 12.5% Declined 5 indicators, 31.3% Not available 1 indicator, 6.3%	Status shown above, with performance more than 5% below target in over half of measures, but less than a third showing decline. 2 indicators removed in 24/25 (internal/external meetings held) due to limited value, 1 added in 25/26 (mandatory training completion). There will be a lag before strategy implementation is reflected in outcome-focussed results.
(All targets shown below are for 26/27)	

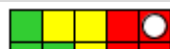
Risks	Change in Scores	Note
	Increased 3 Static 3 Decreased 1 (All target scores below are for 26/27 year-end)	Limited capacity in service & central resource has increased several risks, and prior budget/staffing decisions are negatively impacting governance assurance in a number of areas.

Theme A. Leadership & Management

Local Aim 1: Awareness, Corporate Value 3: Be the Leader

Performance Indicators	23/24	24/25	25/26	Status	Target	Owner(s)	Note
Senior Managers with Enterprise Risk Management accreditation	31.3%	22.6%	16.7%		50.0%	Chief Executive; Directors	15 senior managers accredited in Jan-2020, 1 additional in Nov-2021. Only 5 remain in the organisation and no subsequent uptake of training offered.
Senior managers with up to date portfolio risk register on Pentana	15.6%	12.9%	10.0%		43.3%	As above	1 directorate resumed reporting but 2 not updated on system last year. Major compliance issue with only 3 registers (corporate, 1 directorate, 1 service) being maintained correctly. Target to bring 10 up to standard (chief officer & partial portfolio coverage), but dependent on uptake of facilitation offers.
Elected Members attending internal risk/scrutiny training	61.1%	72.2%	N/A		100.0%	Performance & Information Adviser	Scrutiny, Performance & Risk training was not part of 25/26 programme. Discussions will be held with Learning & Development on future scheduling.

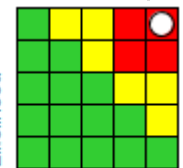
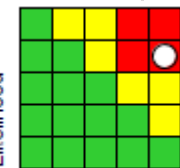
Actions	Status/Progress	Due	Owner(s)	Note
Prioritise services to address gaps in risk logs (senior manager level) and initiate programme of facilitated sessions	 50%	31-Mar-2025	Performance & Information Adviser	Prioritised (based on corporate objectives & quick wins for bringing up to standard) but no further registers developed due to lack of resource for managing performance & risk across all services.
Offer risk accreditation to senior managers & assess options for follow-up refresher training (e.g. Leadership Development Programme)	 100%	31-Mar-2026	As above	Accreditation offered to all senior managers though no uptake as yet. Refresher options will be incorporated into elearning development and future action to review all training provision.
Provide Elected Member training sessions on Scrutiny, Performance & Risk	 Cancelled	31-Mar-2026	As above	This action reflects the dual ownership of risk by Council officers/senior managers and those making/scrutinising/challenging decisions & policy. Scrutiny, Performance & Risk training was not part of 25/26 programme.
Assess potential for 'deep dive' sessions with Elected Members/managers to explore thematic areas in greater detail	 100%	30-Sep-2025	As above	Discussed with Elected Members and there is interest but will need to complement existing briefings (e.g. annual session on housing/homelessness). Year 4 action will take this forward to implementation.

		Leaders Fail to Promote Risk Awareness	Chief Executive	Existing Controls	Current Score	25	Target	20
Risk		Leaders do not see value in risk management and fail to prioritise, exemplify and drive focus on deployment with staff		Corporate Risk & Integrity Forum				
Potential Impact		Poor awareness of key risks and mitigations at multiple levels due to lack of appropriate evaluation/escalation/cascade, with widespread implications for ill-informed decision-making and risk exacerbation through non-compliance		Annual Mandatory Training Programme				
				Hierarchy of Risk Registers				
Note		Progress in strategy deployment slowed in year 2, with knock-on effects in year 3, and evidence of decline in compliance with guidance at senior levels. Central resource is not sufficient to address this without management support. There is reasonable awareness and most plans/reports reference risk, but limited evidence of robust assessments or recording. Actions to embed and integrate continue into 25/26.						

Theme B: Strategy & Policy

Local Aim 2: Transparency, Corporate Value 1: Be the Customer
(No indicators in place, will be added if informative)

Actions	Status/Progress	Due	Owner(s)	Note
Define guidance, process & template for developing strategies	 10%	31-Mar-2025	Performance & Information Adviser	While drafting has begun, it was not possible to deliver within target times, though this is seen as a high priority and was discussed in the Annual Governance Statement review.
Prioritise corporate strategies to address gaps in risk logs and initiate programme of facilitated sessions (or upload to Pentana where they already exist)	 0%	31-Mar-2025	As above	Dependent on development of strategy guidance & template to ensure leads aware of responsibilities. Service logs were considered highest priority but the strategy perspective is important to ensure full coverage of objectives.
Review Business Planning guidance & template	 0%	31-Dec-2025	As above	Several changes have been agreed but guidance not yet reviewed, and clarity around ownership of this action is required, will be carried forward into 2026/27.

		Failure to Develop or Publish Risk Strategy or Registers	Chief Executive	Existing Controls	Current Score	25	Target	20
Risk		Approach & management of specific risks is not summarised publicly due to reluctance to discuss negative factors		Public Performance Reporting				
Potential Impact		Failure to provide scrutiny bodies and the public with appropriate information, decisions made without reference to all relevant facts or potential barriers, failure to challenge/mitigate and/or erosion of trust, affecting reputation		Elected Member Scrutiny & Challenge				
				Corporate & Business Plans				
Note		Most Council work is highly risk-focussed but improvement is required in formal analysis, recording & reporting. While the strategy element of this risk has been fulfilled, little progress is seen in the development or publication of registers. The programme of risk log development and additional guidance aim to reduce the score during 26/27.						

Theme C: People

Local Aim 3: Consistency, Corporate Value 2: Be the Team

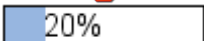
Performance Indicators	23/24	24/25	25/26	Status	Target	Owner(s)	Note ('Internal Meetings Held' discontinued, replaced by 'Mandatory Training')
Employees Completing Mandatory Training by Due Date	50.8%	59.0%	64.5%		100.0%	Head of Corporate Services	While rates have improved slightly they remain well below target, with less than two thirds of staff completing required training, potentially exposing the Council to major compliance risks.
Services adequately represented on Corporate Risk & Integrity Forum	100.0%	100.0%	86.4%		100.0%	Chief Executive; Directors	The Health & Social Care Partnership have nominated a forum member to fill the gap in representation arising from staff turnover (will attend from next meeting onwards).
Services adequately represented by Pentana superusers	36.4%	38.6%	43.2%		50.0%	As above	1 new superuser trained and 3 started training but still substantially below full coverage. Importance of this role is increasing in tandem with governance expectations, need for streamlining & contracting workforce. Greater engagement required to capitalise on system benefits.

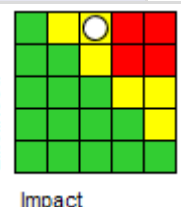
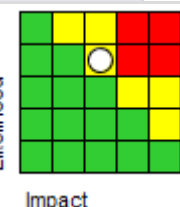
Actions	Status/Progress	Due	Owner(s)	Note
Complete quarterly updates of Connect intranet page for sharing risk guidance, training, events, etc.	 	31-Jan-2026	Performance & Information Adviser	Updates completed and arrangements around migration to new intranet platform will be confirmed in year 4 (this action recurs annually).
Identify candidates for Pentana superuser training with directors/senior managers & provide training/workshops	 	31-Mar-2026	As above	Monthly sessions held with several superusers as well as responding to ad hoc coaching requests, but training is dependent on managers putting forward nominees and much time is currently spent filling gaps in coverage.
Provide information sessions on Pentana content/functionality, identify candidates & provide manager/inputter training/workshops	 	31-Mar-2026	As above	Sessions were held with all directorates (and Health & Social Care Partnership) with varying focus at senior manager, team leader and officer level, as appropriate.
Review risk analysis training module on Clacks Academy after approval of revised risk strategy (outstanding Internal Audit Action)	 	30-Sep-2023	As above	General risk training not appropriate for all staff (though corporate risks reflected in mandatory programme). Content defined for target groups (theme leads, managers, etc.) but workload & service support preventing completion.

		Inconsistent Staff Application of Risk Principles	Performance & Information Adviser	Existing Controls	Current Score	15	Target	12
Risk	Staff do not know or apply the principles in the risk strategy due to lack of communication, training, guidance or support			Pentana Superusers & Site Administration		15		12
Potential Impact	Fragmented approach, failure to prioritise in a robust and consistent manner, lack of internal integration and confusion among those consuming risk information, leading to other noted risks			Risk Training, Facilitation & Guidance				
				HSC Joint Risk Forum				
Note	Capacity and cyclical duties preventing development of training materials and limited uptake of external courses or internal facilitation are increasing this risk. Gaps in superusers, registers and awareness of available guidance mean many risk activities largely undocumented, providing little assurance around consistency. Efforts continue with senior managers, including refocussing the risk forum on mitigation actions but substantial work is still required at lower levels in the structure.							

Theme D: Partnership, Shared Risk & Resources

Local Aim 4: Collaboration, Corporate Value 4: Be the Collaborator
(Indicator on 'External Meetings Held' discontinued, others will be added if informative)

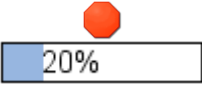
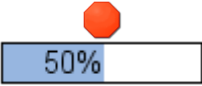
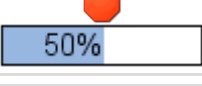
Actions	Status/Progress	Due	Owner(s)	Note
Work with FV Health & Social Care joint risk forum to evaluate & implement whole-system risk sharing options	 	31-Mar-2025	Performance & Information Adviser	Operational requests to support the partnership in managing its risk profile were fulfilled but strategic engagement has stalled due to turnover in HSC risk leads. There are governance concerns around fragmentation of previously aligned strategies and 6-weekly meetings have now been scheduled to address issues. We continue to respond as support needs emerge.
Prioritise key partnerships to address gaps in risk logs and initiate programme of facilitated sessions (or upload to Pentana where they already exist)	 	31-Mar-2025	As above	Joint logs exist for Emergency Planning, Health & Social Care, and Child Protection, and we were consulted on a community group proposal around developing local facilities but further work required to ensure risk mitigation is a clear and explicit focus of major partnerships.
Provide collaborative support to external partners for performance & risk processes, including the Pentana corporate performance management system	 	31-Mar-2026	As above	Responses and collaborative support provided throughout the year, including Health & Care Partnerships, Improvement Service, Association of Local Authority Risk Managers and Scottish Performance Management Forum.

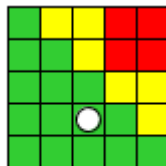
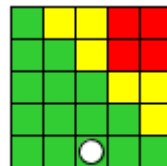
		Inadequate Collaboration with Partners/Experts	Performance & Information Adviser	Existing Controls	Current Score	15	Target	12
Risk		Failure to integrate with partners or capitalise on external knowledge due to an insular view or lack of co-operation		External Audit Assurance & Improvement Plan				
Potential Impact		Unclear, conflicting, resource-intensive partnership processes, inefficiency/duplication, missed opportunities, ill-informed decisions, misaligned priorities and failure to meet governance requirements of respective organisations		HSC Joint Risk Forum				
				External Risk Engagement (Insurers, ALARM & IS)				
Note		Risk forum includes several key partnerships and regular knowledge-sharing conducted with a range of national performance & risk networks. Lack of activity in joint Health & Social Care risk forum in recent years, lack of visibility of registers, and revision of the partnership's risk strategy without consulting local authorities increases inconsistency. It is hoped that collaborative work with neighbouring authorities will include focus on risk management.						

Theme E: Processes

Local Aim 5: Clarity, Corporate Value 5: Be the Innovator

Performance Indicators	23/24	24/25	25/26	Status	Target	Owner(s)	Note
Total insurance claims closed within year (Employers & 3rd Party Liability, Motor, Highways, Property & Injury)	21	31	23	✓	20	Senior Manager - Legal & Governance	Can only be viewed alongside other insurance indicators. While number of claims is outwith our control, they all incur some cost (processing, court proceedings, etc.) aside from impacts on individuals. Total has reduced by a quarter from 24/25, and by two thirds since 19/20 (68 claims).
Insurance claims closed with payment (% of total closed within year)	61.9%	61.3%	73.9%	⚠	67.0%	As above	Number with payment reduced from 19 to 17 but % increased due to reduced total claims. Reasons for claims being upheld are monitored to improve defensibility rate both in court & proactive reduction of internal & public risks.
Value of insurance claims paid ('claims experience')	£5,574	£25,961	£8,598	✓	£8,000	As above	Reduced by two thirds, well below £92k peak in 21/22. Average per claim also reduced by nearly two thirds (£1,366 to £506, an eighth of £4k peak in 21/22).

Actions	Status/Progress	Due	Owner(s)	Note
Prioritise categories/cross-cutting corporate themes to address gaps in risk logs and initiate programme of facilitated sessions (or upload)		31-Mar-2025	Performance & Information Adviser	Not yet started due to delays around service logs but risk forum horizon scanning is developing and will highlight categories/themes lacking sufficient assurance evidence.
Revise committee report template & pilot use of Pentana system to manage approval process		31-Dec-2024	As above	Template revised by Committee Services (Oct 2025) to better reflect Equalities duties but yet to pilot use of Pentana for approval process.
Review risk Guidance, Governance Checklist & Appetite Statement to support prioritisation		28-Aug-2025	As above	Year 3 (25/26) checklist & statement revised at the start of the year as part of annual report preparation.
Provide responsive support for performance & risk processes, including the Pentana system		31-Mar-2026	As above	Provided but volume & urgency unsustainable for single officer, with significant impacts on capacity to implement development and improvement initiatives.
Pilot value assessment to complement risk assessments, based on expressions of interest		31-Dec-2025	As above	Process, matrix & guidance finalised and several service areas have expressed an interest but not yet implemented, aiming to roll out in 2026/27.

		Unclear Processes or Prioritisation Mechanisms	Performance & Information Adviser	Existing Controls	Current Score	6	Target	3
Risk	Staff & Members are unclear on risk management/prioritisation due to failure to define or disseminate suitable processes			Management Team Risk Workshops				
Potential Impact	Uncoordinated/disconnected activities, failing to address strategic priorities, exacerbating issues regarding equalities, deprivation, safeguarding or sustainability, or mismanaging building/data security, health & safety or continuity incidents			Business Continuity Plans				
				Strategic Framework of Plans, Policies & Procedures				
Note	Processes, tools & mechanisms clarified in risk strategy, guidance, governance checklist & appetite statement, highlighted regularly with senior managers and risk forum. Greater levels of management commitment, adherence and meaningful engagement necessary to ensure cascaded and embedded across all areas.							

Theme F: Risk Handling & Assurance

Local Aim 6: Proportionality, Corporate Value 2: Be the Team

Performance Indicators	23/24	24/25	25/26	Status	Target	Owner(s)	Note
Internal Audit assurance level on arrangements for risk, governance and control	2	2	2		3	Chief Executive	Indicator shows assurance level of 1 (No assurance), 2 (Limited assurance) or 3 (Substantial assurance). 7 years' results have been recorded, Substantial until 23/24 when the level reduced to Limited, where it has remained since.
IA draft reports issued within 3 weeks of fieldwork completion	92%	85%	75%		85%	Internal Audit Manager	Actual performance exceeded target for two indicators, however, performance dropped slightly in one of the indicators (due to preparing information for Police Scotland in relation to an ongoing investigation). Internal Audit experienced a delay in receiving requested information as part of one review, while the other reviews experienced delays being undertaken due to Internal Audit's involvement in the preparation of information for Police Scotland for an ongoing investigation.
IA recommendations accepted by management	98%	100%	100%		90%	As above	
Completion of main Internal Audit programme	100%	81%	94%		85%	As above	

Actions	Status/Progress	Due	Owner(s)	Note
Review Annual Governance Statement process with colleagues to improve integration with risk	 	31-Mar-2025	Performance & Information Adviser	AGS themes & actions aligned to risk categories and reviewed as part of risk forum updates, final step is to integrate with risk/indicator committee reporting.
Provide evidence for the Annual Governance Statement, Internal & External Audit	 	31-Mar-2026	As above	Evidence provided and queries answered in relation to performance & risk duties and support of other service/partnership activities.
Support consolidation/streamlining of statutory data returns & reports, including participation in national Local Government Data Platform project	 	31-Mar-2026	As above	Significant work to fulfil statutory duties revised by Accounts Commission on 01-Apr-25. No further information received on LGDP but internal preparation continues, including requesting time with Data & Digital Team.

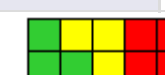
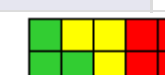
		Disproportionate Risk Handling	Performance & Information Adviser	Existing Controls	Current Score	16	Target	12
Risk	Failure of governance/scrutiny processes leads to the over-/under-control of risks, with lack of balance in appetite, tolerance & control			External Audit Assurance & Improvement Plan				
Potential Impact	Missed opportunities, allowing unfavourable events to occur, or prevention activities causing greater impact than would be incurred should risks materialise, resulting in inappropriate utilisation of workforce, financial resources or other assets			Internal Audit Programme				
				Council/Committee Reports & Procedures				
Note	Local Code of Governance self-assessed & audited annually, identifying areas for improvement, and committee structures/approval processes provide oversight. The risk forum includes challenge on balance and proportionality but appetite statement and governance checklist are not fully embedded. Lack of documented risk assessments or data-led decision-making in some areas means this risk has not reduced.							

Theme G: Outcomes & Delivery

Local Aim 7: Objectivity, Corporate Value 6: Be the Future

Performance Indicators	22/23	23/24	24/25	Status	Target	Owner(s)	Note
Corporate indicators improving since previous year	47.1%	50.5%	51.8%		55.0%	Chief Executive	In available corporate & benchmarked indicators, just over half improved from 23/24 to 24/25, however, this figure is lower for 5-year trends.
Corporate indicators with green target status (met or within 5%)	57.0%	55.1%	66.7%		67.0%	As above	Improved, but targets require scrutiny as there is an over-reliance on Scottish average, which may not be challenging enough to reflect stated local aims.
Corporate indicators above Scottish median (top 2 quartiles)	39.4%	37.6%	54.9%		50.0%	As above	Significant improvement, but benchmarks only currently available for 60% of 24/25 measures. All 3 indicators likely to reduce when figures published.

Actions	Status/Progress	Due	Owner(s)	Note
Prioritise projects/programmes to address gaps in risk logs and initiate programme of facilitated sessions (or upload where they already exist)	 	31-Mar-2025	Performance & Information Adviser	Project risks reviewed by Strategic Oversight Group but better visibility required to ensure compliance with local risk strategy & policy, and use of corporate system required to enable integration with other processes.
Pilot reporting performance indicators to inform corporate risk likelihood/proximity/impact scores	 	31-Mar-2024	As above	Corporate risk indicators identified and piloted with risk forum. Committee reports will be aligned alongside Annual Governance Statement integration.
Locate key corporate strategies, plans & performance reports & ensure accessible to staff	 	30-Sep-2024	As above	Linked via Performance web pages (updated quarterly) and strategy map clarifies hierarchy, relationships & outcomes (expanded on ongoing basis).
Work with Data & Digital Team to improve access, use and impact of tools & mechanisms	 	31-Mar-2026	As above	Benefits realisation support provided, team primarily working on operational tasks but contact ongoing regarding urgent and vital corporate enhancements.
Work with Transformation on project dashboards and minimum project governance requirements	 	31-Mar-2026	As above	Transformation support provided to central team and directorates, including recommendations on programme/project governance and evidencing benefits.
Incorporate identification of indicators/evidence into risk guidance & process (following pilot)	 	30-Sep-2025	As above	Incorporated into risk forum horizon scanning and facilitated risk assessments, will be made more explicit via in-depth review of risk guidance.

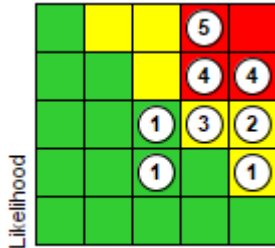
		Failure to Evidence Reduced Risk Profile	Performance & Information Adviser	Existing Controls	Current Score	12	Target	8
Risk	Lack of appropriate data or evidence results in failure to demonstrate improvement in stated key priority outcomes			Pentana Performance Management System		12		8
Potential Impact	Failure to escalate/demote or inability to demonstrate rationale for decisions or integration of initiatives with key deliverables, with possible misuse of resource and strategic misalignment to the detriment of community and governance outcomes			Governance & Audit Processes				
				Corporate Risk Management Strategy & Policy				
Note	Increased use of informatics and broadly positive results for currently available corporate indicators have reduced this risk for the moment, though it may increase when remainder are published (due to nature of those outstanding). The corporate indicator set is revised annually and we are attempting to address timeliness issues. Documented risk assessments to consolidate cause & effect information on both qualitative and quantitative factors will reduce this risk further in future.							

Year 4 & 5 Actions

Will include outstanding from previous years and those repeated annually. Others will be defined based on progress and emerging priorities.

Theme	Action	Desired Outcome	Start	Due
A Leadership & Management	Implement 'deep dive' sessions with Elected Members/managers to explore thematic areas in greater detail (then becomes annual action)	Provide options for exploring indicators, actions, risks and benefits in a more interactive & flexible way than can be provided via static reports	01-Oct-2026	31-Mar-2027
	Prioritise teams to address gaps in risk logs (team leader level) and initiate programme of facilitated sessions	Visibility, consistent recording & regular review of all risk registers via Pentana system to improve awareness & proactive management of risk	01-Oct-2027	31-Mar-2028
	Provide Elected Members with training & access to Pentana system (once information needs assessed & content brought fully up to date)	Provide transparent access to performance & risk information at a time and place that is suitable to Elected Members	01-Jan-2028	31-Mar-2028
B Strategy & Policy	Create live area profile (for corporate strategies & reports) with manual processes replaced with automated updates & reporting	Reduce duplication, ensure strategies use most current data available and improve efficiency of strategy production & provision of updates	01-Jan-2027	31-Mar-2027
	Align Pentana internal controls list to key corporate strategies & policies, and implement document review functionality	Ensure controls list is current and utilise functionality for holding/reviewing documents (including automated reminders)	01-Jul-2027	31-Dec-2027
C People	Work with Corporate Risk & Integrity Forum to fully embed use of Risk Appetite Statement in prioritisation of risks and mitigations	Ensuring levels of appetite agreed corporately are applied operationally and control of low tolerance categories is robust and consistent	01-Jul-2026	31-Dec-2026
	Re-assess training options for Elected Members, managers, superusers & system end-users and expand if appropriate	Ensuring deployment of strategy aims, and raising awareness of principles, processes, responsibilities & good practice	01-Jul-2027	30-Sep-2027
D Partnership, Shared Risk & Resource	Publish performance profiles on cross-cutting partnership themes for signposting and referencing in committee reports	Consolidate data reporting, improve efficiency and embed good practice while reducing length, duplication and contradictions in reports	01-Jul-2026	31-Dec-2026
	Full review of all risk registers in light of new structures arising from collaborative work with neighbouring Councils	Ensure registers aligned to new joint outcomes, priorities, workplans and challenges emerging from early stages of collaborative work	01-Apr-2027	30-Sep-2027
E Processes	Conduct more detailed review of risk guidance in response to feedback from facilitation programme & further consultation	Provide clarity & support for managers with consolidated approach to managing governance expectations & considerations	01-Apr-2026	30-Sep-2026
	Roll out value assessment process to evaluate current/target position in relation to achieving outcomes (to complement risk assessments)	Ensure data & evidence are assessed and realistic targets set to support the delivery of positive outcomes	01-Apr-2027	30-Sep-2027
F Risk Handling & Assurance	Refine Internal Audit dashboards & identify options for further streamlining & automation	Remove single points of dependency and improve efficiency & effectiveness to support management & oversight of IA actions	01-Jul-2026	31-Dec-2026
	Summarise common risks & mitigations in a risk library/menu	Simplify the assessment process, reduce duplication and capitalise on past successes	01-Jul-2027	31-Dec-2027
	Provide External Auditors with access to the Pentana system (once content brought fully up to date)	Transparent access to performance & risk information at time & place suitable to external auditors & improve efficiency of evidence provision	01-Jan-2028	31-Mar-2028
G Outcomes & Delivery	Identify ways to better evidence risk assessment (preventative early warning indicators) & demonstrate impact of mitigation on delivery	Reduce subjectivity in assessment & scoring to support proactive decision-making & positive impact on organisational outcomes	01-Apr-2026	30-Sep-2026
	Restructure suite of Performance web pages to reflect both national reporting themes and local risk categories	Improve transparency & clarity around adherence to statutory reporting duties and evidence success of risk mitigation in improving outcomes	01-Apr-2027	30-Jun-2027

Appendix E - Corporate Risk Register

Summary of Changes	Score Distribution
In quarter 1 2026/27, 1 risk was escalated to the register, bringing the total to 21. The table shows last review, with quarter 1 completed for 6 (plus the escalation). Therefore, details may be out of date for two thirds of corporate risks (with 6 not reviewed this calendar year). Status • 13 risks are red (increase of 1 since previous report (Q4, 2025/26), due to the escalation) • 6 risks are amber (same as previous) • 2 risks are green (same as previous - there are always fewer greens on the corporate register as these are often demoted for scrutiny via other registers) Approach • 15 risks are being Treated (same as previous) • 6 risks must be Tolerated (increase of 1, due to the escalation) Change in Scores Since Last Review • Business Continuity has been escalated by Corporate Services due to the recent incident • There are no other changes in scores and no risks have been removed from the register (*2 risks reduced in previous quarters, already reported to Committee in Feb & Jun) • Target dates for reducing scores have passed for 14 risks (two thirds) and require review	 (RAAC = Reinforced Autoclaved Aerated Concrete, UNCRC = United Nations Convention on the Rights of the Child)

Code	Risk Title	Score	Status	Approach	Change	Review
COU CRR 008	Insufficient Financial Resilience	20		Treat		Q1
COU CRR 033	Major Governance Failure	20		Treat		Q4
COU CRR 055	Lack of Affordable & Suitable Housing Supply	20		Treat		Q4
COU CRR 060	Business Continuity or Resilience Failure	20		Tolerate		Q1
COU CRR 057	Worsening Health Inequalities	20		Treat		Q3
COU CRR 012	Health & Safety Breach	20		Treat		Q1
COU CRR 059	Harm to Staff Through Violence & Aggression	20		Treat		Q1
COU CRR 046	IT System/Cyber Security Failure	20		Treat		Q3
COU CRR 050	Supply Chain & Labour Market Disruption	20		Tolerate		Q1
COU CRR 056	Increasing Levels of Poverty	16		Treat		Q4
COU CRR 047	Inadequate Workforce Planning	16		Treat		Q3
COU CRR 053	School Estate Condition Disrupts Education Provision	16		Treat		Q4
COU CRR 009	Information Not Managed Effectively	16		Treat		Q1
COU CRR 049	Continued Contribution to Climate Change	15		Treat		Q1
COU CRR 040	Failure of Public Utility Supply	15		Tolerate		Q4
COU CRR 054	Limited Assurance Around Management of RAAC	12		Treat		Q4
COU CRR 052	Failure to Comply with UNCRC	12		Treat		Q3
COU CRR 022	Public Health Emergency	12		Tolerate		Q4
COU CRR 031	Failure to Prepare for Severe Weather Events	10		Tolerate		Q4
COU CRR 034	Insufficient Pace & Scale of Organisational Transformation	9		Treat		Q3
COU CRR 023	Industrial Unrest	6		Tolerate		Q3

Category groups (see following pages): [Inputs & Resources](#), [Assurance & Responsiveness](#), [Outputs & Outcomes](#).

Risk Register Guidance

Purpose	Risk is key to planning and involves thinking about what might get in our way and stop us achieving our goals. We all do this every day, probably without thinking about it – checking for cars to cross a road safely, or watching the weather forecast and taking an umbrella.
Aims	We must consider what's likely, but also the worst possible results. We think about how to prevent them or how we'll react if they do happen. Predicting the future can't be exact, but we need to show that we've thought it through, checked the facts, and are aware of the current situation.
Summary	What's changed since the last report and totals for key factors below (the current profile).
Scores	We use guidance to score (on a scale of 1 to 5) how likely the risk is to occur and possible impacts. These are multiplied to give overall severity. If it's very likely, with serious impacts, it's 5 x 5 = 25.
Status	Scores then determine the status:  green, low risk (9 or less),  amber, medium risk (10-15), or  red, high risk (16 or more). This highlights major issues that need dealt with as a priority.
Change	Whether the score's gone up  , down  , or stayed the same  since last time. Ideally, they'll go down, but there's often issues we can't control so, even if we've taken action, it might still increase.
Approach	If we're doing something to prevent the risk or plan how we'll react, the approach is 'Treat'. If we can't prevent it or already have plans, it's 'Tolerate' (though there may be actions to strengthen controls). 'Transfer' (pass to someone else) and 'Terminate' (stop the risky activity), are less common due to laws about Council responsibilities and services we must provide.
Lead Officer	The person with overall responsibility for dealing with the risk and providing updates.
Title	The issue we're worried about – very negative but may never occur because of actions we'll take.
Risk	More detail about what might cause the risk, and the event we need to prevent or react to.
Impact	The worst possible results on the Council or local communities, considering the categories below.
Notes	An update on the current situation, progress with actions, and any data that tells us how likely the risk is to occur, the timing, or the impacts (so that assessments are based on facts, not guesswork).
Controls	Things already in place to prevent the risk, or plans for how we'll respond. These make the risk less likely or the impact less severe, so we think about these when setting the current score.
Actions	Things we're doing just now, or in the future, to reduce the risk more. We think about these when setting the target score to show how the actions will improve our position once complete.
Categories	Areas the Council must manage to ensure things go smoothly (shaded by grouping on next page). Assets Buildings, computer systems and other equipment needed to run our services. Community Helping people to stay strong and happy, and looking after them in difficult times. Continuity Making sure the services people rely on keep running without disruption. Environment Looking after the planet, animals and plants, and reducing pollution and waste. Finance The money we have to run services and keep doing all the other things on this list. Governance Obeying the law and other rules about behaving responsibly and fairly. Information Learning from facts and data we trust, and being honest about how things are going. Reputation How other people see us, and how happy they are with how we do things. Security Making sure only the right people get into buildings/systems, and use them properly. Strategy What we'll do and changes we'll make so that services work better for everyone. Wellbeing Keeping people safe and healthy so they're not hurt in accidents or by other people. Workforce The staff and skills we need to do all of the above to a high standard.
Outcomes	The Council's key priorities, duties and areas where we want to improve things for local people.

Local Outcomes Improvement Plan

Wellbeing

- 1.1 Physical & Mental Health
- 1.2 Outcomes for Young People
- 1.3 Poverty

Economy & Skills

- 2.1 Labour Market & Fair Work
- 2.2 Economic Opportunities

Places

- 3.1 Sustainable Places
- 3.2 Environmental Sustainability

Transformation plan (Be the Future)

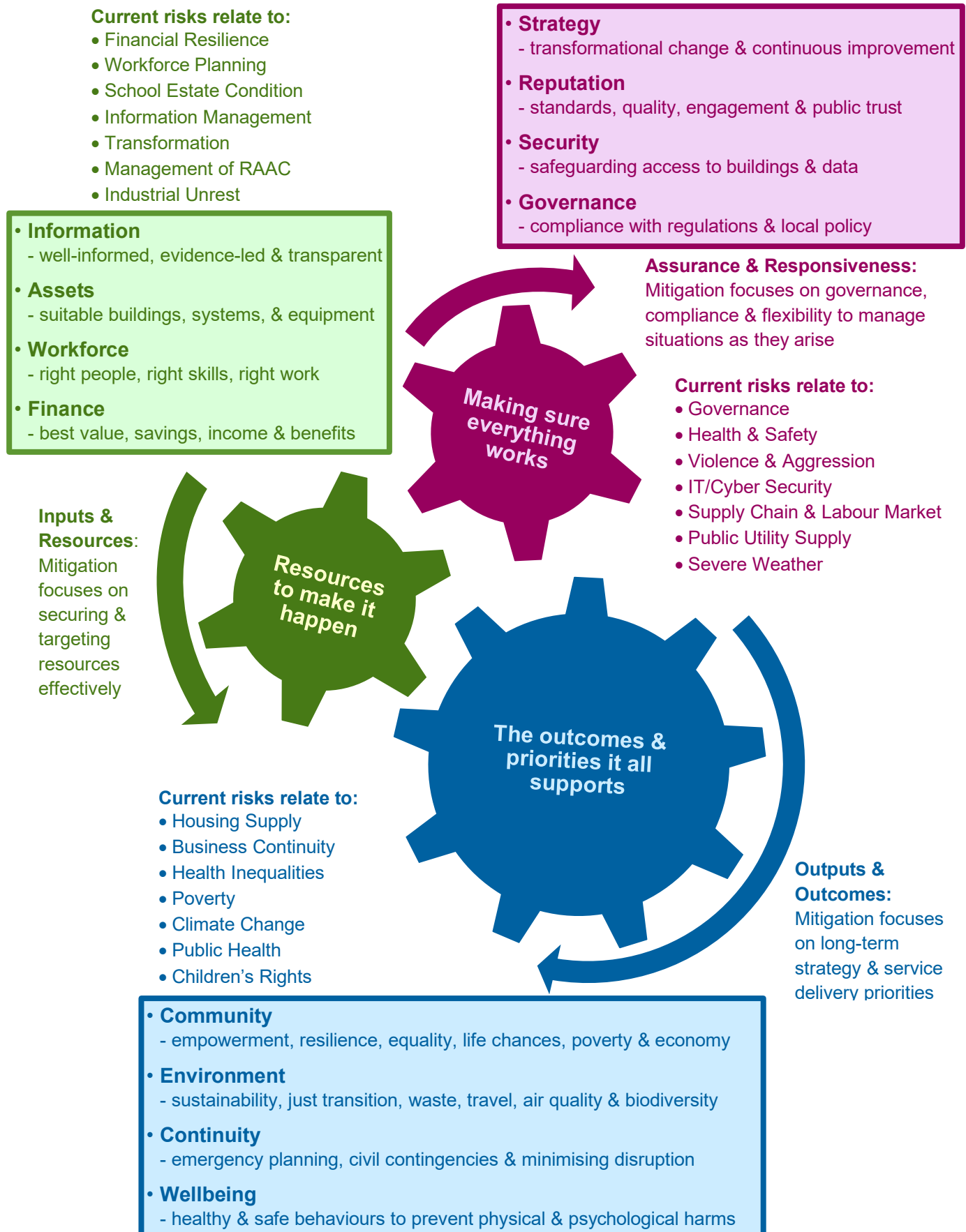
- i Digital & Data Transformation
- ii Asset Strategy
- iii Sustainable Transport
- iv Communication & Engagement Model
- v Tackling Poverty
- vi Investment Strategy
- vii Workforce Strategy
- viii Value-based Leadership/Culture Change
- ix Collaborative Community Models
- x Place Redesign

Best Value Duties

- 1 Balancing the quality of services with cost
- 2 Ensuring services are sustainable
- 3 Promoting equality & diversity
- 4 Being accountable & transparent
- 5 Engaging with local communities

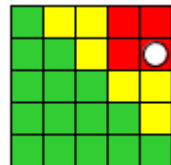
Summary of Corporate Risks by Category Grouping

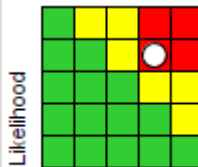
While risks may originate in one category, the focus here is not on causes but solutions, which may lie elsewhere. Please also note that the shading here does not indicate the status of risks.

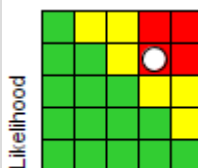


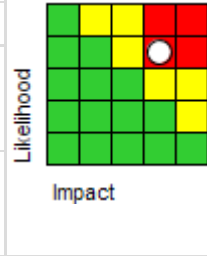
1. Inputs & Resources

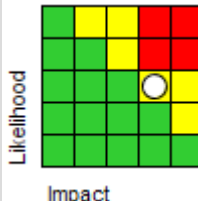
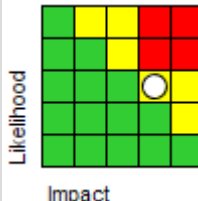
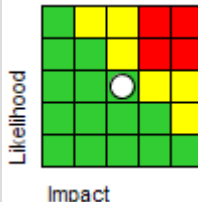
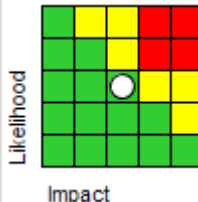
Mitigation focuses on securing & targeting resources effectively

		Insufficient Financial Resilience	Outcome	BV 1.	Balancing the Quality of Services with Cost		 Likelihood Impact		
Lead	Senior Manager Finance & Revenues/Chief Finance Officer		Categories	Finance, Assets, Strategic		Approach		Treat	
Risk	The Council does not have a balanced budget to meet essential service demands, customer needs, or external agendas, or sufficient resilience to reduce the budget gap for future years.								
Potential Impact	Reputational and legal implications and severe, extended loss of service provision. Possibility of Alliance, Health & Social Care and other partners also experiencing budget pressures contributes to potential impact, given the interdependencies.								
Note	The budget for 2026/27 was approved in February reflecting a balanced position and including savings to be achieved during the year. Savings of £3.6m were approved alongside a 5.6% increase in Council Tax and a 4% increase in charges for discretionary services. Due to the use of reserves and cash savings to balance the 26/27 budget, the budget gap for 27/28 has been estimated at £10.1m. Target is set based on gap projections for next 5 years.						Last Review	02-Jul-2026	20
							Last Change	26-Jul-2024	25
							Update Due	15-Sep-2026	
							Target	31-Mar-2029	15
Related Actions	Procurement Strategy Review				AGS 022 003	Existing Controls	Budget Strategy & Monitoring		
	Refine and enhance Budget Papers to include risk mitigation. The Council should set out within its budget papers any other specific risks that impact on the achievement of a balanced financial position and what mitigating action the Council has planned to manage these risks.				AGS 023 015		Financial Regulations		
							Contract Standing Orders		
	External audit recommendation: A medium-term Financial Strategy be developed, with clear actions on how financial sustainability is to be achieved.				AGS 023 017	Relevant Indicators	Achievement of Approved Savings - All Services		
	More work is required to build the detail behind each project and fully align this to the development of a medium-term financial strategy by: a. Adding greater detail about individual projects; b. Setting clear timescales for each project; c. Assessing the resources and support required to deliver these projects (taking into account the resources that are already identified); and d. Developing a benefits realisation tracker to assess whether the Council has achieved its aims.				AGS 023 018		5-year Budget Gap Projections		
							Useable Reserves (% of Budget)		
							Use of Reserves (%)		
							Uncommitted Balance (% of Budget)		
	The council should ensure that the finance team is adequately resourced to prepare a comprehensive set of unaudited accounts and provide the necessary working papers in a timely manner to support the audit process.				AGS 023 024		Cost/Revenue Ratio (General Fund)		
	Create a financial resilience framework to support the medium-term strategy, once approved.				AGS 024 301		Cost/Revenue Ratio (Housing Revenue Account)		
	Review Local Finance Returns process to maximise funding access for the Council.				AGS 024 302				
	Strengthen collaboration and joint working between Finance and other Council services to optimise budget management and financial monitoring.				AGS 024 303				
Explore options for income generation across the Council and assess the feasibility of such options.				AGS 024 304					
Review capital budget setting and monitoring arrangements to set realistic budgets with clear timelines and a clear linkage to Council priorities.				AGS 024 305	Council Tax Collected Within Year (%)				

		Inadequate Workforce Planning	Outcome	BtF vii.	Workforce Strategy			
Lead	Head of Corporate Services	Categories	Workforce, Strategic		Approach	Treat		
Risk	Due to lack of workforce planning the Council fails to ensure sufficient capacity/resource to deliver key services or fails to adequately develop its workforce to ensure that skills, knowledge and structures are appropriate, sustainable financially viable and compatible with our corporate vision.							
Potential Impact	Reduction in sustainable staffing levels and loss of knowledge (such as those identified as single points of dependency, including statutory officers), leading to inability to delivery key functions and lack of adequate professional advice to Council Officers/Elected Members.							
Note	Failure to implement sufficient or proper workforce planning controls (at both service and strategic level) risks loss of key staff from posts identified as single points of dependency, failure to address wider workforce challenges, and failure to upskill current staff to meet current / future demands. Development of a new Strategic Workforce Plan is linked to the Council's Target Operating Model (essential to providing a consistent and clear strategic thread for workforce development / planning - as such, this workforce plan cannot be drafted in full until further developments with the TOM are made), thereby highlighting the risks noted above.				Last Review	05-Jan-2026	16	
					Last Change	18-Dec-2024	12	
					Update Due	15-Mar-2026		
					Target	30-Sep-2026	12	
Related Actions	The council should ensure that the finance team is adequately resourced to prepare a comprehensive set of unaudited accounts and working papers in a timely manner to support the audit process.				AGS 023 024	Existing Controls	Strategic Workforce Plan	
	Deliver outputs from regional collaboration on workforce management.				AGS 024 601	Relevant Indicators	Existing suite (e.g. recruitment retention, training, staff survey etc.) to be reviewed and included in revised strategy	
	Review strategic approach to recruitment approvals amidst budget challenges.				AGS 024 602			
	Review Workforce Strategy.				AGS 024 603			

		School Estate Condition Disrupts Education Provision	Outcome	WELOIP 1.2	Wellbeing - Outcomes for Young People			
Lead	Director of Place & Economy	Categories	Assets, Finance, Wellbeing		Approach	Treat		
Risk	Failure to adequately invest in the school estate results in degradation in the condition of establishments below acceptable standards for continuation of service delivery, requiring displacement into alternative accommodation							
Potential Impact	Health & Safety implications, unusable assets, disruption to learning & attainment, workforce & financial capacity to manage transport & temporary accommodation, reputational & legal implications relating to provision of statutory function							
Note	Five priority primary schools to be refurbished. To minimise disruption works will be scheduled for out of hours/weekends/holidays. We anticipate works starting in the first half of 2026. Project management resource within the Property team is limited and external support has been procured to manage these works, which are extensive. A review of structural and condition reports across the whole estate is underway. This will likely identify further potential works which will require to be addressed. Until this information is received the risk remains high.				Last Review	23-Mar-2026	16	
					Last Change	14-Oct-2025	12	
					Update Due	15-Jun-2026		
					Target	31-Mar-2026	12	
Related Actions	Procure and initiate implementation for a new case management / document management system within Legal Services, in partnership with Falkirk Council.				AGS 023 002	Existing Controls	Asset Management Strategy	
	Seek Council approval to focus investment on the identified schools (graded as “Poor”)				CRR PLC PT1	Relevant Indicators	Buildings Suitable for Use	
	Carry out options appraisal on the full learning estate				CRR PLC PT2		Floor Area Satisfactory Condition	

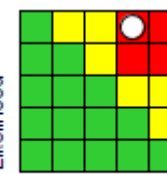
		Information Not Managed Effectively	Outcome	BV 4.	Being Accountable & Transparent			
Lead	Senior Manager - Legal & Governance/Monitoring Officer		Categories	Information, Security, Strategic		Approach Treat		
Risk	Information is not protected, managed or used effectively due to lack of compliance with information sharing, data protection, records management or IT principles/protocols, potentially leading to data breaches, inefficiency/duplication and strategic/performance management decisions based on poor quality/inaccurate business intelligence.							
Potential Impact	Legal/reputational/financial implications from breaches (regulators being the ICO and SIC can impose monetary penalties and enforcement notices), inefficiencies costing time/money, non-completion of (possibly statutory) duties. Loss of productivity, impacting morale, or misinformed decision-making if information not available/used.							
Note	Records management plan accepted by Keeper of Records for Scotland – final update due mid 2026. New retention plan is still in planning. Scottish Information Commissioner has extended intervention until June 26. Final submissions being prepared. Guidance documents continue to be updated and policies for FOI and EIR being prepared. Continual review of privacy notices, data sharing / processing agreements is required. Staff have a better understanding of Data Protection Impact Assessments and they are being completed as required.					Last Review	02-Jun-2026	16
						Last Change	09-Jun-2022	12
						Update Due	15-Sep-2026	
						Target	31-Dec-2026	12
Related Actions	Refresh Communications Strategy and Social Media Policy and Guidelines				AGS 021 009	Existing Controls	Data Sharing Agreements (& Continual Review)	
	Information and knowledge management programme of work will be scoped and capacity, resources and roles and responsibilities identified. Action includes work to review how the Council collects, manages and analyses data to ensure officers and members have the information they require to make decisions - Data Insights Programme (Transformation) and work underway within the Data Governance Team (Legal and Governance).				AGS 022 005		General Data Protection Regulations (GDPR) Guidance & Training	
	To review the Council's Complaints Policy and Procedure and implement training accordingly.				AGS 023 008	Relevant Indicators	Employees Completing Mandatory Training	
	Refresh the Digital Strategy.				AGS 023 021		No. of data breaches reportable to Information Commissioner	
	Develop and implement a new automated system around complaints, comments, concerns and compliments that includes online forms, case management and performance reporting.				AGS 023 023			
	Explore options to streamline and coordinate consultation activity.				AGS 024 401		% Complaints Closed Within Timescale - All Services	
	Initiate work to document key work flows, starting with induction.				AGS 024 402		% Complaints Upheld/Partially - All Services	
	Review how we manage Freedom of Information requests.				AGS 024 403		% Freedom of Information Requests Responded to Within Timescale	
	Actions from Scottish Information Commissioner letter on 06-Dec-24 regarding Freedom of Information intervention				P&P L&G SIC		Others to be developed & included in revised strategies	

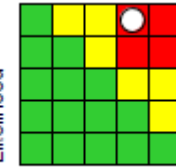
		Limited Assurance Around Management of RAAC	Outcome	WELOIP 3.1	Places - Sustainable Places			
Lead	Director of Place & Economy		Categories	Assets, Community, Reputation		Approach	Treat	
Risk	Potential deterioration of buildings with RAAC (Reinforced Autoclaved Aerated Concrete) into unsafe structures, requiring options appraisal that addresses both strategic implications (financial, assets and duty of care for residents), and the needs of individuals directly affected by uncertainty and other personal impacts, including financial							
Potential Impact	Domestic properties become uninhabitable, increasing voids & pressure demand on housing/homelessness services, with affordable housing already in high demand & short supply (see separate Housing Supply risk). Unbudgeted financial cost to housing services, community impacts and reputational damage through activism & negative media publicity.							
Note	We continue the 'maintain & monitor' regime where Structural Engineers carry out 6 monthly surveys of closes in occupied blocks. Staff also check these blocks and perimeters of vacant blocks on a week to 10 day basis. We have instructed for valuations be carried out of private properties in vacant blocks and have obtained costs from the contractor and provided to owners. This has allowed owners to seek advice and we await a formal decision from a few remaining owners. We now have information from the Structural Engineer in reference to extensive assessments in tenanted blocks and discussions are ongoing to move this forward.					Last Review	23-Mar-2026	12
						Last Change	20-Nov-2023	N
						Update Due	15-Jun-2026	
						Target	31-Mar-2026	8
Related Actions	Following approval of the Asset Strategy, roll out asset plans across portfolios and finalise decisions for the Westhaugh Gypsy Traveller Site and RAAC-related housing stock				AGS 024 502	Existing Controls	Scottish Government RAAC Cross-sector Working Group	
	Focused resource to manage the RAAC survey programme, communications and resident support actions				PLC DRR 003		Housing Needs & Demand Assessment	
	Housing service leads part of Scottish Government RAAC Cross Sector Working Group				PLC DRR 004	Indicators	To be identified (if of value)	
		Insufficient Pace & Scale of Organisational Transformation	Outcome	BV 2.	Ensuring Services are Sustainable			
Lead	Chief Executive (*Reduction already reported in Feb-26)		Categories	Strategic		Approach	Treat	
Risk	The Council fails to proactively drive the fundamental redesign of services and organisational planning/development with the speed required to address the funding gap due to ineffective change management.							
Potential Impact	Failure to maintain the required level of provision for statutory services. The corporate business improvement programme does not establish sustainable service delivery and a sustainable cost base for the future.							
Note	Organisational change is progressing. For the benefits realisation plan, key measures for outcomes at a programme level have been proposed and will be presented to the Directors for approval. The Digital and Data programme have agreed a new 5-year roadmap and is moving at pace. The Communication and Engagement strategy and implementation plan is due to be submitted to the Council by early January. Transformation through Collaboration report was approved at Council in November with Tranche 1 activities agreed. The first meeting of the programme board will take place in mid-January.					Last Review	22-Dec-2025	9
						Last Change	22-Dec-2025	12
						Update Due	15-Mar-2026	
						Target	31-Mar-2026	8
Related Actions	More work is required to build the detail behind each project and fully align this to the development of a medium-term financial strategy by: a. Adding greater detail about individual projects; b. Setting clear timescales for each project; c. Assessing the resources and support required to deliver these projects (taking into account the resources that are already identified); and d. Developing a benefits realisation tracker to assess whether the Council has achieved its aims.				AGS 023 018	Existing Controls	Be the Future Board Digital, IT & Security Programme Board	
						Indicators	To be identified (part of action)	

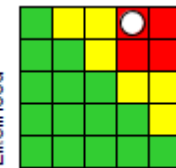
		Industrial Unrest	Outcome	BtF vii.	Workforce Strategy				
Lead	Chief Executive		Categories	Workforce, Continuity		Approach	Tolerate		
Risk	Industrial action by Council staff, partners or suppliers arises, normally in relation to local or national budget-related changes to terms and conditions, or restructuring.								
Potential Impact	Immediate effects on service delivery & those dependent on services, with financial and reputational damage, and residual impact on staff morale & productivity. In case of partners/suppliers may have to support or reduce activity/service delivery.								
Note	A 2 year pay settlement has been agreed and ballots withdrawn by Trade Unions. With no need for pay negotiations for 25/26 this also decreases the risk of imminent industrial unrest. This risk will be reviewed in line with any budget discussions for 26/27. May need to revisit both risk and controls as legislative changes are implemented from Apr-2026 onwards.					Last Review	08-Jan-2026	6	
						Last Change	23-Jul-2025	9	
						Update Due	15-Mar-2026		
						Target	31-Mar-2026	3	
Related Actions	Ongoing strengthening of relationships and consultation with trade unions				CRR P&P HR9	Existing Controls	Business Continuity Plans		
							Trade Union Communications Protocol		
							'Working Together' Group & Agreement		
						Indicators	To be identified (if of value)		

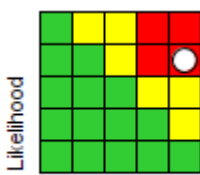
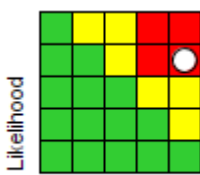
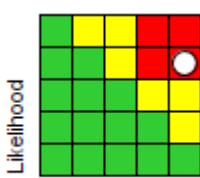
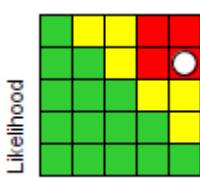
2. Assurance & Responsiveness

Mitigation focuses on governance, compliance & flexibility to manage situations as they arise

		Major Governance Failure	Outcome	BV 4.	Being Accountable & Transparent			 Likelihood Impact		
Lead	Head of Corporate Services		Categories	Governance, Reputation		Approach	Treat			
Risk	A significant failure of compliance with statutory duties through non-adherence to and/or lack of awareness or understanding of law, contract standing orders, scheme of delegation or financial regulations.									
Potential Impact	Significant reputational damage, injury or loss of life, legal action, financial loss or disruption to service delivery and challenge by third parties. Staffing changes and re-design reaffirm need to closely monitor & manage compliance with statutory requirements & good practice.									
Note	The Corporate Risk & Integrity Forum continues to review governance and compliance mitigations on a quarterly basis, ensuring alignment with statutory duties and best practice. The agreed Internal Audit plan provides a structured mechanism to identify and escalate risks relating to legal, financial, and procedural requirements arising from audit review. Given current capacity constraints and workforce challenges within key Council services, particularly vacancies in strategic management roles and reduced supervisory oversight, the risk of governance breaches and non-compliance remains elevated and no change is proposed. This reinforces the need for enhanced monitoring, prioritisation of critical controls, and timely escalation of issues to senior leadership.						Last Review	04-Mar-2026	20	
							Last Change	30-Sep-2025	16	
							Update Due	15-Jun-2026		
							Target	31-Mar-2026	16	
Related Actions	Review the Scheme of Delegation then provide training for staff and elected members.				AGS 021 002a	Existing Controls	Scheme of Delegation			
	Review Council Standing Orders then provide training for staff and elected members.				AGS 021 002b		Committee Structures & Remits			
	Strengthen fraud risk management arrangements.				AGS 021 005		Governance & Audit Processes			
	Clackmannanshire Alliance operating arrangements and structures, including the Memorandum of Understanding, will be refreshed.				AGS 021 007					
	Update and rationalise strategic approaches (policies, plans, strategies & procedures).				AGS 021 019	Relevant Indicators	Overall Internal Audit Opinion			
	Contract Standing Orders Review				AGS 022 002		IA Reports Issued <3 Weeks			
	Contribute to the review and seek approval of the governance for the Integration Joint Board (NHS FV, Clacks and Stirling) Integration Scheme led by the IJB.				AGS 023 001		IA Recommendations Accepted			
	Implement all outstanding Internal Audit recommendations as a matter of priority to address a decreasing number of substantial assurance reports and increasing limited and no assurance opinions.				AGS 023 004		IA Programme Completion			
	Conclude the Target Operating Model review to define structure and direction				AGS 024 101		Instances of Fraud Detected			
	Create standard guidance, process maps and templates for developing or revising strategic approaches, starting with Equalities and Fairer Scotland impact assessments.				AGS 024 102		No. of Insurance Claims Against Council			
	Strengthen business continuity governance and processes corporately and across Council services.				AGS 024 103					
	Strengthen self-assessment and continuous improvement practices and reporting to continue to meet PPR and Best Value statutory requirements.				AGS 024 201		% Insurance Claims With Payment			
	Explore corporate outcomes-based business plans and reporting via revised and Council-approved business planning process and documentation.				AGS 024 202		Value of Insurance Claims Paid			
	Annual Internal Audit & Fraud Programme				COU IAF		Self-assessment Results			
	Consider how the Council's structures & processes can be enhanced to support internal and external transformational joint working and resource-sharing to achieve better outcomes for communities.				PSIF TFN 251		Inspection gradings (in applicable services)			

		Health & Safety Breach	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health	 Likelihood Impact	
Lead	Chief Executive	Categories	Wellbeing, Workforce, Community	Approach	Treat		
Risk	Incident or statutory breach results in injury or death of staff member or customer due to lack of awareness or non-compliance with policies and procedures. Incidents may also arise from third parties actions, outwith Council control.						
Potential Impact	The effects on individuals and their families, financial penalties (including Health & Safety Executive intervention fees), criminal proceedings, adverse publicity, increased insurance or damage to Council assets.						
Note	Progress is being made on ensuring that the basic foundations are in place, but we are still experiencing pockets where there is a fundamental lack of understanding of manager responsibilities which leaves the risk as high. Health, Safety & Wellbeing Strategy 2025-28 agreed at Council in November 2025 and sessions held with SLF/TLF in January 2026, but progress being limited by capacity within H&S team and management.				Last Review	15-Jun-2026	20
					Last Change	24-May-2022	16
					Update Due	15-Sep-2026	
					Target	31-Dec-2026	16
Related Actions	Revised Health & Safety Strategy & Actions Plan			CRR P&P HR1	Existing Controls	H&S Management System H&S Training Programme	
	Governance improvement actions across all services			CRR P&P LG1	Relevant Indicators	Strategy includes extensive suite (training, incidents, type, etc.), regular reports & review	

		Harm to Staff Through Violence & Aggression	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health		 Likelihood Impact	
Lead	Chief Executive	Categories	Workforce, Wellbeing, Governance		Approach	Treat		
Risk	Incidents of violence and aggression towards Council staff result in serious injury and high levels of mental ill-health. Incidents come from a variety of service users and general members of the public.							
Potential Impact	Potential for fatalities and significant ongoing psychological harm, affecting individuals and families. High levels of staff absence, affecting minimum staffing, potential continuity disruption and achievement of service and corporate objectives. Potential for property damage and/or legal action, with associated financial and reputational impacts.							
Note	Training for staff has continued to rollout and work on procuring a lone worker solution is nearing completion, and there are some signs that this may be starting to lower the risk. Greater awareness is increasing the reporting in some areas.					Last Review	30-Jun-2026	20
						Last Change	30-Sep-2025	N
						Update Due	15-Sep-2026	
						Target	31-Mar-2027	16
Related Actions	Review compliance with newly published Scottish Government guidance on violence & aggression				CRR P&P HR6	Existing Controls	Mental Wellbeing Policy	
	Roll out violence & aggression training programme, initially targeting the most vulnerable services				CRR P&P HR7		Personal Safety Policy	
	Ensure measures in place to protect staff via lone working and PVP processes				CRR P&P HR8	Relevant Indicators	Potentially Violent Persons Register	
							Instances & Near Misses (by service & incident type)	

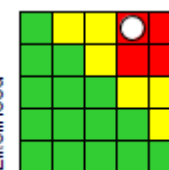
		IT System/Cyber Security Failure	Outcome	BtF i.	Digital & Data Transformation						
Lead	Senior Manager Partnership & Transformation		Categories	Information, Security			Approach	Treat			
Risk	Full or partial loss of network/hardware/software/telecoms (temporary or prolonged) due to cyber attack/other emergency, failure to manage maintenance/contracts, or lack of investment in systems/staff/training (i.e. failure to uphold priorities of Confidentiality, Integrity & Availability).								Likelihood 		
Potential Impact	Financial impact from loss of productivity, service disruption (inc. statutory/vulnerable groups), inability to communicate, harm to staff/customers (access to records/Potentially Violent Persons register) & legal/regulatory/reputational implications.										
Note	A number of recent global issues and cyber incidents means this remains a high risk. Work is ongoing to raise awareness across the workforce of cyber risks and mitigations. The Council is also investing in ICT infrastructure, security and systems resilience as part of its Digital Transformation Strategy & roadmap. This will introduce security policies and monitoring tools, cloud hosted services, retire/replace legacy systems, invest in modern technology including telephony to support delivery, future ways of working & Digital Transformation ambitions. Initial implementation of MS365 is complete and already improving resilience, stability and security of systems. Regular IT health checks are undertaken to provide external assurance of controls.						Last Review				17-Dec-2025
							Last Change		11-Sep-2023	15	
							Update Due		15-Mar-2026		
							Target		31-Mar-2026	15	
Related Actions	The Information and Communication Technology (ICT) Strategy and ICT Asset Management Plans will be finalised.				AGS 021 017	Existing Controls	Incident Response Plans				
Relevant Indicators	Existing suite (e.g. incidents, health checks & compliance, mandatory training completion, asset registers, contract monitoring, etc.) to be developed and included in revised strategy						Business Continuity Plans Service Level Agreements & Contracts				
		Supply Chain & Labour Market Disruption	Outcome	WELOIP 2.1	Economy & Skills - Labour Market & Fair Work						
Lead	Chief Executive		Categories	Continuity, Finance, Workforce			Approach	Tolerate			
Risk	Disruption to UK supply chains & labour markets as a result of EU withdrawal, increasing costs & delays in sourcing goods (particularly in construction), already materialising and could continue for an extended period or escalate								Likelihood 		
Potential Impact	The Council could fail to recruit or retain staff with the required knowledge & experience, and/or be subject to direct or third-party impacts if suppliers are unable to source goods/materials or staff to fulfil contractual obligations										
Note	Impact and Likelihood remain unchanged but trend is potentially upward given the structural nature of IT component shortages and ongoing fiscal/workforce constraints. Due to structural supply constraints in global IT components (especially memory/storage), ongoing inflationary and fiscal pressures on councils and suppliers, regulatory changes in procurement, and persistent shortages in critical local-authority skills, the Council may face extended lead times, price volatility, reduced supplier availability, and delivery slippage across key contracts and digital transformation programmes, resulting in service disruption, higher total cost of ownership, and elevated risk of supplier distress or failure. Global AI-driven memory tightness and 9-month lead times/price spikes; Scottish local government budgets under sustained pressure; consultation on procurement thresholds; persistent workforce shortages in councils and Trading Standards; legacy IT and digital skills gaps constraining transformation.						Last Review				26-May-2026
							Last Change		20-Oct-2021	N	
							Update Due		15-Sep-2026		
							Target		31-Mar-2026	15	
Related Actions	Procurement Strategy Review				AGS 022 003	Existing Controls	Recruitment/Retention Policy				
	Respond to market intelligence as it arises				CRR P&P FR1		Procurement Processes & Procedures				
Relevant Indicators	Procurement strategy includes extensive suite (spend (inc. local & SME), savings, type, etc.), regular reports & review						Service Level Agreements & Contracts				
	Existing Workforce suite (recruitment, retention, training, survey, etc.) to be reviewed and included in revised strategy										

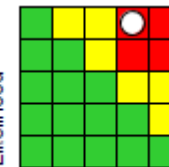
		Failure of Public Utility Supply	Outcome	BtF 2.	Empowering Families & Communities			Likelihood <table><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Impact <table><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
Lead	Head of Corporate Services		Categories	Continuity, Community, Wellbeing		Approach	Tolerate																																									
Risk	Sustained loss of gas, electricity, water and communications over a significant area due to failure of a provider's infrastructure as a result of a local or national event.																																															
Potential Impact	Fatality, injury or health risk, requirement to evacuate & find alternative accommodation, including for vulnerable people. Disruption to businesses, with potentially large costs, and impact on contact with health, care and emergency services.																																															
Note	National Power Outage working group forming led by Scottish Government					Last Review	20-Apr-2026	15																																								
						Last Change	14-Mar-2023	20																																								
						Update Due	15-Jun-2026																																									
						Target	31-Mar-2026	12																																								
Related Actions	Meet SLG to review Major Incident Procedures				CRR P&P BC1	Existing Controls	Business Continuity Plans																																									
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Emergency Response Plan																																									
							Major Incident Procedures																																									
	Participate in national power outage working group and implement recommendations				CRR P&P BC4	Indicators	To be identified (if of value)																																									

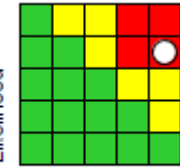
		Failure to Prepare for Severe Weather Events	Outcome	WELOIP 3.1	Places - Sustainable Places			Likelihood <table><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> Impact <table><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
Lead	Director of Place & Economy (*Reduction already reported in Jun-26)		Categories	Environment, Continuity, Wellbeing		Approach	Tolerate																																									
Risk	Inability to respond to severe weather events due to lack of appropriate planning & equipment (e.g. 4x4 vehicles). Most likely flooding from rain/coastal surge, winter weather or heatwave (increasing frequency & severity due to climate change).																																															
Potential Impact	Widespread community dislocation (including possible risk to life), damage to property, businesses, roads & utility infrastructure (inc. telecoms & power), or inability of staff to get to workplace. Impact on delivery, reputation & finances, and increased workload in numerous services to support communities, including clearing roads and core paths (e.g. from fallen trees & other debris).																																															
Note	Reduced Likelihood but increased impact to reflect change in season. As we move out of winter the chances of Severe Weather reduce however the impact increases: Leaves on trees mean strong winds more likely to have branches fall; Drier weather leads to increase risk of flood impact as land dries; Increased temp leads to dry conditions and increased risk of wildfires etc					Last Review	20-Apr-2026	10																																								
						Last Change	20-Apr-2026	12																																								
						Update Due	15-Jun-2026																																									
						Target	31-Mar-2026	9																																								
Related Actions	Meet SLG to review Major Incident Procedures				CRR P&P BC1	Existing Controls	Business Continuity Plans																																									
							Winter & Flood Management Plan																																									
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Forth Valley Local Resilience Partnership																																									
						Indicators	To be identified (if of value)																																									

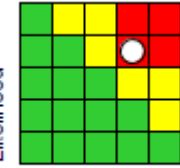
3. Outputs & Outcomes

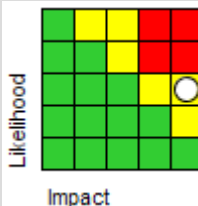
Mitigation focuses on long-term strategy & service delivery priorities

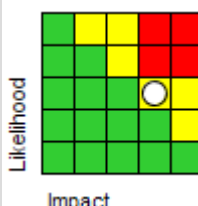
		Lack of Affordable & Suitable Housing Supply	Outcome	WELOIP 3.1	Places - Sustainable Places	 Likelihood Impact			
Lead	Director of Place & Economy		Categories	Community, Finance, Governance		Approach	Treat		
Risk	Increasing demand for mainstream, homeless and care leaver accommodation and decelerating new build programmes mean demand is outstripping supply, resulting in unmet housing need, alongside challenges around cost of living & home energy costs.								
Potential Impact	Diminished capacity to comply with the Housing (Scotland) Act and “The Promise” aspirations, to support applicants into sustainable tenancies, implications for wellbeing (particularly mental health), lack of stability, inclusion and adapted properties, reputational and regulatory impacts.								
Note	Similar issues are being experienced across Scotland, Clackmannanshire Council’s caseload has increased since 2020, despite existing mitigation of increased proportion of lets going to homeless applicants. The service is currently in breach of the Unsuitable Accommodation Order due to utilisation of stock outwith area for extended durations. Global issues creating ongoing uncertainty around markets. There are additional obligations on local authorities as part of the newly passed Scottish Government Housing Bill, with detail on guidance still expected. The Future Homes Board is exploring various interventions to support supply and address some of the pressure points indicated here, such as social bites, Westhough and other structural works within our estate.					Last Review	23-Mar-2026	20	
						Last Change	06-Aug-2025	N	
						Update Due	15-Jun-2026		
						Target	30-Jun-2026	16	
Related Actions	Housing champion for The Promise – this is included within new housing role in HBMT structure				HSG SRM 08a	Existing Controls	Allocations Policy		
	Focused & targeted approach to reducing void property turnaround time and associated void rent loss				HSG SRM 08b		Local Housing Strategy		
Indicators	Extensive suite (e.g. stock, needs & demands, voids, homelessness, etc.) reported regularly with ongoing development					Housing Investment Plan			

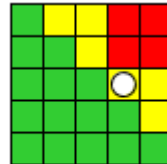
		Business Continuity or Resilience Failure	Outcome	WELOIP 3.1	Places – Sustainable Places	 Likelihood Impact			
Lead	Chief Executive		Categories	Continuity, Wellbeing, Workforce		Approach	Tolerate		
Risk	Significant interruption to delivery of critical functions as a result of major incident, cyber-attack, severe weather, utility failure or loss of critical infrastructure, affecting ability to deliver statutory services, support vulnerable people & communities, and respond & recover effectively.								
Potential Impact	Disruption to critical & statutory delivery; adversity for residents, communities & vulnerable people; increased demands on resources & staff; financial pressure arising from emergency response & recovery, reputational damage and failure to meet statutory & regulatory obligations.								
Note	Incident Management Teams are convened as incidents arise, with substantial review of Business Continuity Plans, response and recovery arrangements as well as testing & debrief activity. The Business Continuity Management Framework is supported by the Local Resilience Partnership, including Major Emergency Operational Plans (MEOPs), Emergency Response arrangements, and established governance protocols, with further ongoing review & exercising. Significant effort is also invested in upgrading systems infrastructure to mitigate or minimise cyber threats. A refreshed programme of resilience training is underway, as well as lessons learned from major incidents, including the Coalsnaughton response & recovery operation, to strengthen organisational resilience.					Last Review	30-Jun-2026	20	
						Last Change	30-Jun-2026	N	
						Update Due	15-Sep-2026		
						Target	31-Jan-2027	8	
Related Actions	Strengthen business continuity governance and processes corporately and across Council services				AGS 024 103	Existing Controls	Business Continuity Plans		
	Meet SLG to review Major Incident Procedures				CRR P&P BC1		Major Incident Procedures		
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Forth Valley Local Resilience Partnership		
Indicators	In development (services with BC plans reviewed in last year, including quality assurance & testing of plans)								

		Worsening Health Inequalities	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health			 Likelihood Impact
Lead	Chief Executive	Categories	Wellbeing, Community, Strategic		Approach	Treat		
Risk	Failure to improve health & wellbeing, particularly in financial/social determinants of physical & mental health, such as community safety, substance use, and domestic abuse results in exacerbation of pre-existing health inequalities.							
Potential Impact	Widened gap in health outcomes, life expectancy, prevalence of chronic conditions, suicides and social isolation, particularly in vulnerable groups, with worsening impacts on economic/employment opportunities and lowered resilience/increased dependence on services & support.							
Note	This theme is central to the Wellbeing Economy Local Outcomes Improvement Plan. This is closely linked to other outcomes on poverty or lack of economic/employment opportunities, and evidence demonstrates that these can be positively influenced by improving physical and mental health & wellbeing. This is, being taken forward with key community planning partners, with actions in progress around promoting mental health and wellbeing supports and services, including preventative resources. Equalities and Fairer Scotland Impact Assessments are integral to decision-making, with templates and guidance recently revised and activities continue around active travel, access to green spaces, safe spaces for women & girls, nutrition and affordable housing & heating.					Last Review	14-Nov-2025	20
						Last Change	05-Aug-2025	20
						Update Due	15-Mar-2026	
						Target	31-Mar-2026	15
Related Actions	Improve the health and wellbeing of women and girls in Clackmannanshire				WEL 244 102	Existing Controls	Sport & Active Living Framework	
	Improve access to whole systems community based mental health support, resources services				WEL 244 103		Violence Against Women & Girls Partnership	
	Simplify and integrate plans and partnerships in place around the theme of wellbeing.				WEL 244 107			
Indicators	Extensive suite (including those listed in note) reported regularly with ongoing development, in partnership with NHS					Alcohol & Drugs Partnership		

		Increasing Levels of Poverty	Outcome	WELOIP 1.3	Wellbeing - Poverty			 Likelihood Impact
Lead	Depute Chief Executive/Director of Wellbeing	Categories	Community, Wellbeing, Strategic		Approach	Treat		
Risk	A lack of suitable supports around employment & financial advice, and barriers to economic activity results in failure to alleviate the increasing cost of living and deprivation in the area, pushing more people, including children, into poverty.							
Potential Impact	Increasingly poor outcomes for individuals, associated with educational, employment & economic potential, health & wellbeing, and other socio-economic factors, with cycles and behaviours continuing and worsening in future generations							
Note	Poverty remains a significant and growing risk, driven by cost of living pressures, worklessness, and barriers to employment and income maximisation. Wider global factors, including economic instability, conflict, and pressures on energy, food supply, and prices, continue to exacerbate local hardship. Although 252 fewer children are living in relative poverty since 2019/20, rates remain above the Scottish average and progress toward 2030 targets is insufficient. Employment levels remain below national figures, while health inequalities persist. Whole Family Support, Family Hubs and multi agency interventions are mitigating impacts, but risks remain high.					Last Review	13-Mar-2026	16
						Last Change	05-Aug-2025	N
						Update Due	15-Jun-2026	
						Target	31-Mar-2026	12
Related Actions	Undertake the Housing Needs and Demand Assessment (HNDA).				AGS 023 011	Existing Controls	Safeguarding Through Rapid Intervention (STRIVE)	
	Prepare Alloa Town Centre Masterplan				AGS 023 012			
Relevant Indicators	Child Poverty Rate; Gross rent arrears (all tenants) as a % of gross; Crisis Grant Timeliness; Community Care Grant Timeliness; Fuel Poverty (CPP Profile); Young People in Most Income Deprived Quintile (0-25); Food Insecurity						Family Wellbeing Partnership Tackling Poverty Partnership	

		Continued Contribution to Climate Change	Outcome	WELOIP 3.2	Places - Environmental Sustainability			
Lead	Director of Place & Economy		Categories	Environment, Wellbeing		Approach	Treat	
Risk	The Council fails to play its part in addressing the climate emergency, such as by not adapting to climate change, reducing waste and travel, making available resources, using/promoting sustainable practices, materials & technologies or failing to act as an ambassador for national & international good practice as it emerges.					Likelihood		
Potential Impact	Worsening environmental impacts including flooding (see Severe Weather risk), impact on health/social well being, increased fuel poverty, missed efficiency savings/economic opportunities and poorer air quality. Reputational impacts of not supporting national/international policy, and legal implications of not meeting targets or demonstrating progress.					Last Review	24-Jun-2026	15
Note						Last Change	16-Dec-2024	10
	Note	Situation: ongoing evidence of extreme weather conditions (rain/flooding/heat). Ongoing challenges are being monitoring. Services are making inroads, however, there is a substantial amount of work to be carried out involving various stakeholders (internal and external). Work in progress with Falkirk and Stirling on the Forth Regional Adaptation Strategy.					Update Due	15-Sep-2026
Target							31-Mar-2026	10
Related Actions	Seek Council approval for & implement new Climate Change Strategy to replace Interim Strategy				AGS 023 010	Existing Controls	Local Biodiversity Action Plan	
	Develop a corporate Asset Strategy.				AGS 023 013		Regional Energy Masterplan	
	To procure and plan a Housing Stock and Assets Condition Survey				AGS 024 501		Sustainable Food Growing Strategy	
	Following approval of the Asset Strategy, roll out asset plans across portfolios and finalise decisions for the Westhaugh Gypsy Traveller Site and RAAC-related housing stock				AGS 024 502			
Indicators	CO2 Emissions (5 indicators); Daily Temperatures (2 indicators); Air Quality; Household Waste Recycled/Composted; Active Travel to School & Work							

		Failure to Comply with UNCRC	Outcome	WELOIP 1.2	Wellbeing - Outcomes for Young People			
Lead	Chief Executive		Categories	Community		Approach	Treat	
Risk	Lack of cross-service action to implement requirements of the UN Convention on the Rights of the Child results in poor staff awareness and/or lack of process review to ensure children’s rights are upheld across all aspects of service delivery					Likelihood		
Potential Impact	Failure to act in a child’s best interests, possibly exacerbating inequalities for vulnerable individuals/groups, or failure to demonstrate corporate commitment, with associated legal, financial & reputational implications of a regulatory breach					Impact		
Note	Section 18 of the UNCRC (Incorporation) Scotland Act 2024 requires each local authority to publish a report every three years. The first UNCRC report to Scottish Government is due 31 March 2026. The reporting period is from 16 July 2024 to 31 March 2026. The Act expects that Scottish public bodies act in a child’s best interests in all matters that affect them, ensuring their voices are heard and that upholding children’s rights is evident. UNCRC "How Ready Are You" audits have been completed across service areas, with high-level reports re-sent to Directorates on 7 November 2025, to review delivery plans, ensuring adherence to legislation. Template for capturing data will be finalised at UNCRC working group on 15 January 2025 to inform report. Working Group members to collate evidence against Pentana RAG status to support input when template shared in preparation for report deadline.					Last Review	17-Dec-2025	12
						Last Change	15-Sep-2025	8
						Update Due	15-Mar-2026	
						Target	31-Mar-2026	8
Related Actions	Carry out ‘How Ready are You?’ audit to check compliance & identify priority actions				CRR COU CR1	Existing Controls	TL/Senior Manager Forum	
	Implement Child Friendly Complaints process (no later than 31-Mar-25)				CRR COU CR2		Youth Voice Forum	
	Communicate UNCRC duties to staff, customers & partners to raise awareness of implications				CRR PPL ED1		Equalities Impact Assessment	
						Indicators	Self-assessment Results	

		Public Health Emergency	Outcome	WELOIP 1.1	Wellbeing - Physical & Mental Health	 Likelihood Impact			
Lead	Chief Executive	Categories	Wellbeing, Continuity		Approach				Tolerate
Risk	Significant numbers of Council staff and customers become ill due to the occurrence of a public health emergency, such as a flu pandemic, with spread potentially exacerbated through failure to vaccinate or follow hygiene protocols.								
Potential Impact	Short- & long-term health implications for public & staff (inc. absence if ill or caring for others). Disruption to support & front-line services, inc. to already vulnerable groups. Consideration required of minimal service provision requirements.								
Note	No change, on going Public COVID Inquiry continuing with lessons being incorporated.				Last Review	20-Apr-2026	12		
					Last Change	26-Jul-2024	20		
					Update Due	15-Jun-2026			
					Target	31-Jan-2027	8		
Related Actions	Meet SLG to review Major Incident Procedures				CRR P&P BC1	Existing Controls	Business Continuity Plans		
	Meet Local Resilience Partnership to review alignment of structures and governance, to trigger reviews of detailed plans				CRR P&P BC2		Major Incident Procedures		
							Pandemic Flu Plan		
	Review outputs and learning from national Covid Enquiry and implement recommendations				CRR P&P BC3	Indicators	Extensive Health & Wellbeing suite, regular reports & review		

Report to Audit & Scrutiny Committee

Date of Meeting: 27th August 2026

Subject: Community Empowerment Act Reporting and Activity

Report by: Director Place & Economy

1.0 Purpose

- 1.1. The purpose of this report is to update Audit & Scrutiny Committee on activity related to the Council's duties under parts 3 and 5 of the Community Empowerment (Scotland) Act 2015.

2.0 Recommendations

- 2.1. That the Committee note, challenge and scrutinises:
- 2.1.1. the summary of activities in regard to fulfilment of the Council's duties under part 3 (Participation Requests) and part 5 (Community Asset Transfer Requests) of the Community Empowerment (Scotland) Act 2015
 - 2.1.2. that Clackmannanshire Council has submitted annual reports to the Scottish Governance in compliance with parts 3 and 5 of the Community Empowerment (Scotland) Act 2015

3.0 Considerations

- 3.1. At the meeting of Audit & Scrutiny Committee on 7th March 2024 Elected Members expressed an interest in the detail of community asset transfers and Participation Request as well as the standard reporting data. This progress report is provided in fulfilment of that interest.
- 3.2. The Council has a duty annually to publish a report on Community Asset Transfers and Participation Requests by the 30th of June. Clackmannanshire Council's annual reports (appended to this report) were published on our website by the deadline.
- 3.3. In addition, Clackmannanshire Council has complied with a request from the Scottish Government for a retrospective report of community asset transfer activity covering Requests processed with and without recourse to the legislation. This report was submitted by the 31st July 2026 deadline.

Participation Requests

- 3.4. Participation Requests (PRs) are requests from community groups to public bodies for dialogue which enables them to participate in an outcome improvement process. In line with the requirements of the Act, the Council publishes information and guidance on making a PR and Services follow a procedure for their completion.
- 3.5. During the period 1 April 2025 to 31 March 2026, the Council received no Participation Requests. No positive or negative meaning can be read into this statistic either on the success of this provision of the Act or on the level of community involvement in achieving outcomes in Clackmannanshire. PRs were introduced to enable dialogue where no mechanism exists or where the mechanism is unknown to the community group.
- 3.6. Many of our Services and their customers / community groups have existing mechanisms for instigating dialogue which informs strategic planning and decision-making. Examples of this include the Family Wellbeing Partnership, the Child Wellbeing Partnership, Tenant Participation and other Service User groups. Where these are in operation, there is no advantage to either party, nor any expectation on the part of the Scottish Government, to have recourse to PRs.
- 3.7. Low uptake of PRs is a statistic that is common across Scottish Local Authorities and, in response to the national figures over time, the Scottish Government conducted a review of this part of the Act to determine if it is meeting its aim and to understand the experience of Local Authorities and community groups alike in regard to their use. The findings of the review have just become available. They propose some changes to the guidance to improve clarity on the purpose of PRs and to help raise awareness of their benefit.

Community Asset Transfer (CAT)

- 3.8. Community Asset Transfer Requests (CATs) empower community groups to request ownership, lease or management of a Council-owned asset if they can demonstrate that they can make better use of it to improve outcomes for our communities. The Council publishes the process for CAT on the website and officers continue to provide information and guidance to potential community transfer bodies who are interested in taking on a Council asset.
- 3.9. There were 2 CAT Requests brought to a conclusion in the year 2025-26. Both entered the process in the previous year. One CAT Requests that began in the reporting year is scheduled for a decision in September 2026.
- 3.10. Clackmannanshire has continued to sustain the various Community Asset Transfers that have been completed since the Act came into force. Community assets once owned and operated by the Council are now thriving focal points within their communities, providing services to communities and fostering an impressive array of self-help and community volunteering.
- 3.11. Officers maintain contact with community transfer bodies who have taken responsibility for community facilities and, where resources allow, continue to provide information, expertise and support to help in the period following transfer.

Expressions of Interest (EOIs)

- 3.12. Expressions of Interest are a mechanism by which a potential community transfer body can make informal enquiries about the likelihood of a Community Asset Transfer Request being approved before undertaking the work required to prepare a formal Request.
- 3.13. As an informal element of the CAT process with no obligation on the potential community transfer body, there is no formal recording and reporting required.
- 3.14. There were 5 Expressions of Interest (EOIs) received in the reporting year that the community group have not followed up with formal Requests. These involve ongoing engagement usually so that the Council can provide them with information about assets to help them decide if the property suits their purposes in the first instance, and if a CAT Request is likely to succeed.
- 3.15. Most EOIs do not progress into a formal CAT Request and, in fact, there is no obligation on an enquirer to confirm or withdraw their interest, or otherwise feedback to officers on what they have decided to do in light of the information about the asset that officers provided. However, some EOIs do result in a lease arrangement for a community facility without recourse to the statutory process.
- 3.16. Despite the usual outcome, there is significant officer time and effort applied to answering EOIs. Officers dedicate time to phone calls, responding to emails, arranging site visits and informal meetings, and providing documentary information on the property in order to ensure the potential applicant chooses the most appropriate next steps.
- 3.17. Although not strictly part of the informal or formal process, some EOIs are made speculatively in the hope that the Council has an asset that will suit the community group in question, the perception being that the Council owns more land and building than it does. Many of these EOIs result in no further action because they were not made for a specific asset, or for other reasons relating to the group's priorities, and because alternatives emerge that suit the group better.

Strategic Developments

- 3.18. The Council's revised Asset Management Strategy will shape the Council's approach to Community Asset Transfer Policy and further enhance its role in Be the Future priorities.
- 3.19. The post created following the 2024-25 budget decision to invest Council's Transformation Fund monies in the development of CAT support has been filled and sits in the Wellbeing Directorate providing a bridge between the skills of officers in all Directorates.
- 3.20. This work is in support of the Council's revised Target Operating Model, ensuring that the Council not only manages its assets in a manner that support our communities, but that Communities are treated as partners and empowered to manage and own local assets as appropriate, in line with our Community Wealth Building principles.

4.0 Sustainability Implications

4.1. This progress report notes no sustainability implications.

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:

In publishing the annual reports, Clackmannanshire Council is fulfilling a statutory duty.

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".

CAT annual report 2025-56 : <https://www.clacks.gov.uk/document/7573.pdf>

PR Annual Report 2025-26: <https://www.clacks.gov.uk/document/7572.pdf>

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)

NAME	DESIGNATION	TEL NO / EXTENSION
Lesley Baillie	Strategy & Performance Adviser	2012

Approved by

NAME	DESIGNATION	SIGNATURE
Kevin Wells	Director: Place & Economy	



**Asset Transfer Request
Reporting Template 2025/26 for Clackmannanshire Council**

Section 95 of the Community Empowerment (Scotland) Act 2015 requires relevant authorities to produce an annual report on Asset Transfer Request activity and publish this no later than 30 June each year.

Section One – Relevant Authority Information

Organisation: Clackmannanshire Council

Address: Kilncraigs, Greenside Street, Alloa

Completed by: Lesley Baillie

Role: Strategy & Performance Adviser

Email: [REDACTED]

Telephone [REDACTED]

Date of completion: 30^h June 2026

Are you the Asset Transfer Lead Contact for the organisation: Yes

Section 2: Asset Transfer Data in 2025/26

2.1

Total Applications Received	Number of successful applications determined	Number of unsuccessful applications determined	Number received and yet to be determined	Number received prior to 2025/26 and yet to be determined
2	2	0	1	0



2.2 Details of Asset Transfer Requests received which resulted in transfer of ownership, lease, or rights from Clackmannanshire Council to a community transfer body in 2025/26:

The following Requests were received / determined in the reporting period:-

Asset	CTB	Type of Transfer	Decision Date
Marshall House (received 2024/25)	Alloa Community Shed	Ownership	1 st May 2025
Clackmannan Town Hall and former CAP	Clackmannan Development Trust	Ownership	28 th October 2025
Ben Cleuch Centre	Ochils Community Trust	Lease	Pending

2.3 Details of Asset Transfer Requests that went to a review or appeal which were concluded in 2025/26:

Name of Community Transfer Body	Was the Asset Transfer Appeal/Review accepted? (Y/N)	Why was the Appeal/Review accepted/refused? <i>Please provide details of the asset transfer request and reasons for your decision.</i>
n/a		

2.4 further comments relating to the above data:

n/a



Section Three – Promotion and Equality

3.1 Please provide information on any action you have taken to promote the benefits of asset transfer or any support provided for communities to engage with the Asset Transfer Request process.

We promote Community Asset Transfer via our website and proactively if a community facility becomes available following the withdrawal of Council services.

We encourage potential applicants to enquire informally in the first instance so that we can discuss possible approaches to community use of the asset in question. We make any information about the property which is held on file readily available to potential applicants. We arrange for site visits for the CTBs to allow them to assess the suitability of the assets and gather information, for example, for a professional survey.

3.2 In particular what action has been taken to support disadvantaged communities to engage with the asset transfer process?

The information we provide on our website encourages dialogue at an early stage and we are available to meet in person to provide dedicated support where needed. We signpost potential applicants to their options for other sources of support which may be more appropriate to their needs.

We circulate, both directly and through community networks, the information we receive from Scottish Government and support organisations with opportunities for learning, support and funding to help communities engage with the asset transfer process.

Section Four – Additional Information

4.1 Please use this space to provide any further feedback not covered in the above sections.

n/a

Participation Requests Annual Report 2025/26 for Clackmannanshire Council

Section 32 of the Community Empowerment (Scotland) Act 2015 requires Public Service Authorities to produce an annual report on Participation Request activity and publish this no later than 30 June each year. This report presents Participation Request data for the period 1 April 2025 to 31 March 2026.

Section One – Public Service Authority Information

Organisation: Clackmannanshire Council

Completed by: Lesley Baillie

Role: Strategy & Performance Adviser

Email: [REDACTED]

Telephone: [REDACTED]

Date of completion: 30/6/26

Are you the Participation Request Lead Contact for the organisation? (Y/N): Yes

Section 2: Participation Request Data for 2025/26

A	B	C	D	E	F	G	H	I
Outstanding applications received prior to 2025/26 and still to be determined at 31 March 2026	Applications received prior to 2025/26 and decided on in 2025/26	Applications received prior to 2025/26 and accepted in 2025/26	Applications received prior to 2025/26 and refused in 2024/25	Total new applications received in 2025/26	Number of applications received in 2025/26 which were decided on in 2025/26	Number of applications received in 2025/26 which were accepted in 2025/26	Number of applications received in 2025/26 which were refused in 2025/26	Number of applications received in 2025/26 which are yet to be decided on
0	0	0	0	0	0	0	0	0

2.1	Where you were unable to accept a Participation Request, how did you address the community group's needs/ support them?
	Not applicable in the reporting year We actively encourage potential applicants to have an informal conversation with us by phone or in person at the outset to support them with a PR and, if relevant, signpost them to a more appropriate route for their contribution if one already exists. We offer to work with them on the wording of their Request before it is formally submitted to help ensure it will be effective and can be dealt with promptly. We advise them of the steps their Request will go through in accordance with the statutory guidance
2.2	Please provide details of participatory activities with community groups you have agreed/ undertaken during 2025/26. This can include Participation Requests and also any informal arrangements you have agreed that doesn't involve using Participation Request legislation that has led to improved local outcomes:
	Participation in decisions through both traditional and innovative approaches is built into Service planning for front-line Services. We continue to involve service users in commissioning community-based services. Our Family Wellbeing Partnership and our Child Wellbeing Partnership continue to work creatively to involve people in improving outcomes for children and families. Our new "Transformation Space" puts local people at the heart of decision-making to solve local problems and enable funding to flow to solutions to homelessness and to mental health matters that mean most to local communities.
2.3	The recent <u>Community Empowerment (Scotland) Act 2015 -Part 3 Participation Requests Findings Report</u> which was published on 31 March 2025 showed that many Public Service Authorities believe that Participation Requests should only be used when informal engagement has failed and therefore do not proactively promote them. In the report some Public Service Authorities highlighted alternative community engagement processes used which avoids the need for a Participation Request. Please provide information on your local community engagement strategies and your approaches to working collaboratively with your communities:

We welcome the clarity that the new overarching principles for PRs bring and we continue see Participation Requests as a useful tool for community groups who do not already have working relationships with Council Services and/or do not know how to make the first approach. Relevant pages of our website prompt the reader to make use of PRs.

A new Communications and Engagement Strategy is being developed based on consultation with key community stakeholders. It aims to set out approaches to participation and engagement with Council Services.

Our Be the Future Target Operating Model and Transformation Programme set out how we continue to support the development of collaborative approaches to improving outcomes in our communities

Completed by: Lesley Baillie

Role: Strategy & Performance Adviser

Email:



Tel:



Date of completion: 30/6/2026

Report to Audit and Scrutiny Committee

Date of Meeting: 27 August 2026

Subject: Community Wellbeing Plan End of Year Report 2025/2026

Report by: Strategic Director, Wellbeing

1.0 Purpose

- 1.1. This report sets out progress against the [People Community Wellbeing Plan 2025-2026 \(One Fund, One Plan, One Report\)](#). While a detailed summary is available in Appendix 1, key highlights and considerations are presented below.

2.0 Recommendations

- 2.1. Committee is asked to note, comment on and challenge the report at Appendix 1, noting the explicit alignment between the Community Wellbeing Plan and the WLOIP Strategic Outcomes and Priority Themes for a Wellbeing Economy.
- 2.2. Note the explicit alignment to the Be the Future Transformation Plan, Best Value Duties and how the improvements demonstrate progress towards the Target Operating Model ambition of intervening earlier, reducing demand on crisis services and improving outcomes through collective action.

3.0 Considerations

- 3.1. The Clackmannanshire Alliance (Community Planning Partnership) and wider partners contribute to the Wellbeing Local Outcomes Improvement Plan (WLOIP) 2024-2034; the overarching strategic plan that binds together all Community Planning Partnership shared priorities and activity within Clackmannanshire.
- 3.2. The full report, available at Appendix 1, evidences how the Community Wellbeing Plan supports delivery of the WLOIP priorities, aligned with national commitments on child poverty, whole family support, economic growth and sustainable public services. It has been approved by the NHS Board. Key highlights and summary of impact are noted at Section 4.

- 3.3. The outcomes being progressed include:
 - 3.4. **Outcome 1** – Our children and young people (including women and girls) have improved life outcomes by growing up loved, safe and respected
 - 3.5. **Outcome 2** – Our empowered communities are well designed, inclusive, sustainable, resilient and safe
 - 3.6. **Outcome 3** – People of all ages are able to successfully contribute to our communities as they are educated, skilled and confident individuals
 - 3.7. **Outcome 4** – Poverty in our communities is reduced by improving outcomes for all
 - 3.8. **Outcome 5** – Our people are healthy and active with improved health and wellbeing
 - 3.9. **Outcome 6** – Our Equality and Human Rights are respected and fulfilled by tackling inequalities across our communities.
 - 3.10. The One Plan incorporates various Plans and includes the People Business Plan 2025-26. More detailed operational plans sit behind the One Page Plans.
 - 3.11. Implementation of the Be the Future Target Operating Model has continued through the One Plan/One Report approach, Whole Family Support, Transformation Space and strengthened partnership delivery. Together these are supporting a shift towards a more outcomes-focused, preventative and collaborative system, reducing fragmentation, strengthening collective accountability and creating the conditions for financially sustainable public services. This reflects the Council's ambition to deliver outcomes through a mixed economy of delivery models, supported by stronger performance management, community empowerment and integrated decision-making.
- 4.0 The report at Appendix 1 reflects tangible progress across key areas

Key Performance Indicators

- 4.1. 2025/26 KPI data demonstrates continued improvement in educational outcomes, attendance, physical and mental wellbeing, early intervention, community safety and health outcomes.
- 4.2. Educational attainment has exceeded stretch aims, with 75.5% of pupils achieving expected Curriculum for Excellence literacy levels and 79% achieving numeracy levels, both above the 2025/26 targets.
- 4.3. School attendance continues to improve, reaching 91.3% overall, while attendance for care experienced children and young people increased to 90.1%, the highest level recorded in recent years.
- 4.4. Children and young people report better mental wellbeing, with the proportion describing their mental health as good or very good increasing from 41% in 2021 to 48% in 2025, demonstrating sustained improvement.

- 4.5. Participation in sport and physical activity continues to grow, increasing from 36% to 48% since 2021, with participation by girls reaching the local target of 50%.
- 4.6. Youth justice and early intervention measures show positive impact, with non-offence referrals to the Children's Reporter reducing from 16.4 to 8.6 per 1,000 children, reflecting fewer children requiring formal intervention.
- 4.7. The number of children subject to compulsory supervision measures has reduced significantly, from 162 in 2021/22 to 90 in 2025/26, indicating continued progress in providing effective support earlier.
- 4.8. Health outcomes for young people continue to improve, with teenage pregnancy rates reducing to 23 per 1,000, below target levels, and drug-related hospital admissions falling to 91.5 per 100,000 population, substantially better than previous years.
- 4.9. Community safety indicators remain positive, with the rate of sexual crimes reducing from 29 to 22 per 10,000 population over the reporting period.
- 4.10. Safeguarding is increasingly operating as a shared, multi-agency responsibility, with STRIVE, Interagency Referral Discussions and coordinated early help enabling earlier, more proportionate responses to risk. This shift towards prevention is evidenced by sustained reductions in Child Protection Register rates and registrations since 2021, fewer children entering care, and greater stability for care experienced children. These improvements demonstrate progress towards the Target Operating Model ambition of intervening earlier, reducing demand on crisis services and improving outcomes through collective action.
- 4.11. Whole Family Support infrastructure is providing families with more accessible, coordinated and integrated support through a "no wrong door" approach. Families are increasingly receiving joined-up support across poverty, health, safeguarding and wellbeing services, reducing fragmentation and helping needs to be addressed before they escalate. This reflects the LOIP commitment to whole-system, community-based support and demonstrates how the One Plan/One Report approach is strengthening collective accountability across partners.
- 4.12. Significant workforce development, including Trauma Knowledge and Skills Framework training, Values Based Leadership, Keeping the Promise activity and UNCRC implementation, add The Promise information is supporting a sustained culture shift across services. Practice is increasingly trauma-informed, relational and rights-based, resulting in more consistent responses for children, young people and families. This represents a key Target Operating Model achievement, moving from service-led interventions to a system that is designed around people, prevention and improved life outcomes.
- 4.13. The Clackmannanshire Transformation Space (CTS) has moved from design into full delivery, creating a new model of community-led decision-making. Through an active Community Voice Panel, local people are directly influencing investment priorities and resource allocation, with significant funding targeted towards mental health, women and girls' safety,

homelessness prevention and employability. This represents a significant shift in power towards communities and supports the Target Operating Model ambition of designing services and investment around local need and prevention. Leveraged CTS investment of £72,667 for Clackmannanshire projects has been secured through the fund manager, Foundation Scotland, drawing on a combination of Foundation Scotland's own resources and contributions from private donors they have identified.

- 4.14. Community empowerment is acting as a driver of prevention and system change, supporting more joined up approaches across wellbeing, poverty, justice, employability and community safety. Stronger partnership working, community-led investment and more integrated approaches are helping to address underlying causes of inequality and demand, supporting longer-term community resilience and sustainability. This reflects the Wellbeing LOIP vision of empowered communities playing a central role in improving outcomes.
- 4.15. There has been significant progress in creating more connected pathways between education, housing, employability, justice and community services. Targeted support has increased participation amongst vulnerable and disadvantaged groups, with barriers such as cost, childcare and access being addressed through coordinated whole-system support. As a result, more people are engaging earlier, progressing more consistently and moving towards sustained positive destinations. This reflects the Target Operating Model ambition of delivering seamless support around people rather than services and is reflecting in the noted progress in our KPIs.
- 4.16. Progress has been sustained in improving attainment and reducing inequality. Clackmannanshire's poverty-related attainment gap in literacy and numeracy remains narrower than the national position, while attainment for learners with Additional Support Needs has improved across most Curriculum for Excellence levels. This reflects the impact of strengthened learning and teaching, targeted support and wider prevention activity linked to wellbeing, poverty reduction and inclusion.
- 4.17. Performance remains strong in supporting young people into education, employment and training, with positive destination rates continuing to exceed the national average and sustained destinations showing continued improvement. Gains for care experienced young people are particularly encouraging, demonstrating the benefits of coordinated support across education, employability, wellbeing and family services. This supports the LOIP ambition of enabling all people to contribute successfully to learning, life and work.
- 4.18. Clackmannanshire continues to strengthen a whole-system approach to poverty reduction, with services increasingly organised around families rather than organisational boundaries. Family Wellbeing Hubs, STRIVE, childcare, employability, income maximisation, housing and wellbeing services are becoming more integrated, enabling earlier intervention, reducing duplication and providing more coordinated support for families with complex needs. This reflects the Target Operating Model ambition of delivering seamless, preventative support through partnership working.

- 4.19. Partnership delivery through the Tackling Poverty Partnership has secured significant financial gains for local residents, including £2.45 million through Citizens Advice Bureau support and targeted crisis assistance for families experiencing hardship. For example, through close partnership working with Aberlour Children's Charity, families supported by FWP services were supported to access a cumulative ££89,785 in crisis financial support through the Aberlour Urgent Assistance Fund between March 2025 and March 2026.
- 4.20. Strengthened referral pathways between Council services, NHS Forth Valley, DWP, Housing, CAB and community partners are enabling earlier identification of financial difficulties and more effective prevention of crisis. Data also indicates a reduction in the number of children living in low-income families locally, demonstrating the impact of coordinated poverty reduction activity.
- 4.21. The FWP and Wellbeing Directorate continue to leverage additional funding and benefits in kind due to the strong vision and integrated approach to improving outcomes and remaining at the forefront of public sector reform and early adopter communities. Leveraged funding in 25/26 includes £300,000 for Fairer Futures Partnership (FWP), £111, 188sportscotland focused local authority (targeted work), £48,000 from Winning Scotland (Planet Youth) and additional funding for a youth worker within The Hive; £TBC sportscotland - New Ideas Fund (Feel good Friday), £TBC, Sporting Memories Scottish Government (SG) £1m Invest to Save Funding for Clackmannanshire Transformation Space, £264,856 SG Child Wellbeing Partnership (Early Adopter Community) capital funding, £2,946,903, Child Wellbeing Partnership (Early Adopter Community) revenue funding.
- 4.22. Leveraged benefits in kind include: 3 gifted Get SET Girls training programmes, Street Soccer project resource, Who Cares? Scotland staffing and training for ELCs and schools, Scottish Women's Budget Group delivery in kind - drawing on national equalities funding, private philanthropic donation for Columba 1400 values based leadership experiences for young people (£35,000).
- 4.23. Children, young people, families and communities are exercising greater influence over services, policies and investment decisions through mechanisms such as Family Voices, Community Panels, the Transformation Space and youth participation structures. This represents a significant shift from consultation to co-production and shared decision-making, ensuring that services are increasingly shaped by lived experience and focused on reducing inequalities.
- 4.24. Partners have strengthened a continuum of mental health and wellbeing support, spanning prevention, early intervention and targeted services. This integrated approach is contributing to improved outcomes for children, young people and families, including a sustained reduction in deaths by probable suicide amongst 11–25 year olds, with zero deaths recorded during 2024/25, alongside a significant reduction in drug-related hospital admissions for young people.
- 4.25. The Wellbeing Hub and Lochies School project has progressed from design into construction and represents a significant investment in integrated, place-based support. The development will bring together health, wellbeing,

education and community services in a single location, creating a long-term system enabler that supports prevention, early intervention and improved community access to services.

- 4.26. Participation in physical activity, wellbeing and community based programmes has increased, particularly amongst groups experiencing inequality. Initiatives such as Active Schools, Fit for Girls, Street Soccer, Dads and Daughters group and targeted outreach programmes are helping to improve physical health, mental wellbeing, confidence and social connection, demonstrating the benefits of coordinated action across health, education and community partners to reduce inequalities and promote wellbeing.
- 4.27. Progress during 2025/26 has strengthened support for women and girls through the Violence Against Women and Girls (VAWG) Partnership, delivering a more preventative and trauma-informed approach. Improved domestic abuse pathways, targeted support and school-based prevention programmes have enhanced safety and access to support. In 2024/25, domestic abuse incidents in Clackmannanshire reduced by 9.2%, with the ranking improving from the fourth to the ninth highest rate in Scotland, demonstrating positive progress in prevention and early intervention.
- 4.28. Significant progress has been made in embedding the principles of the UNCRC and The Promise across policy, practice and service delivery. Preparations for implementation of the UNCRC (Scotland) Act have strengthened governance, workforce awareness and rights-based decision-making, while participation, non-discrimination and children's best interests are increasingly informing how services are designed and delivered. Rights are now influencing resource allocation and service planning rather than being treated as a standalone policy requirement.
- 4.29. The principles of The Promise are increasingly reflected across strategic planning and frontline practice, with a stronger focus on early intervention, family support, relationship-based approaches and keeping children connected to their families, schools and communities wherever possible. Children, young people and families are playing a greater role in shaping services and decisions that affect them, supported by GIRFEC and multi-agency working arrangements. Improvements in inclusion, support for care experienced children and young people, trauma-informed practice and workforce development demonstrate a growing commitment to delivering services that are rights-respecting, responsive and centred on children's wellbeing. Collectively, these developments show that children's rights and The Promise are becoming embedded as core principles underpinning policy, service design and delivery across Clackmannanshire.
- 4.30. Progress has continued in improving inclusive practice and targeting support more effectively for children and young people with additional needs. Strong partnership working across education, health and social care has strengthened early intervention, workforce capability and preventative support, while revised processes are improving access to the right support at the right time. Although demand and capacity pressures remain, particularly for children with complex needs, the overall direction of travel is towards a more coordinated and inclusive system.

- 4.31. The Directorate Risk Register indicates that, whilst significant progress has been achieved across the Community Wellbeing Plan 2025/26, a number of strategic risks remain under active management. The most significant risks relate to increasing demand and resource pressures associated with ASN, workforce recruitment and retention challenges, delivery of the Wellbeing Hub and Lochies School programme and sustaining service quality across education, social work and community services. The positive performance achieved against key outcomes and KPIs demonstrates that current controls and improvement actions are mitigating risk effectively; however, continued focus on workforce capacity, financial sustainability, statutory compliance and increasing levels of complex need will be required to maintain progress and deliver the longer-term ambitions of the Wellbeing LOIP and Target Operating Model.

5.0 Sustainability Implications

- 5.1. Sustainability is integrated into all People Directorate planning.

6.0 Resource Implications

- 6.1. None

7.0 Exempt Reports

Is this report exempt? No ☒

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 ☒

9.0 Declarations

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

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 (Please detail)

Complies with relevant Council policies ☒

10.0 Legality

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

Yes ☒

11.0 Appendices

Appendix 1 - Community Wellbeing Plan Report

Appendix 2 - Pentana Extract

Appendix 3 - Risk Register

Appendix 4 - Equality and Fairer Scotland Impact Assessment (EFSIA)

12.0 Background Papers

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 ☐

Wellbeing LOIP 2024-2034

[Wellbeing Local Outcomes Improvement Plan 2024-2034](#)

Community Wellbeing Plan (incorporating People Business Plan) 2025-2026:

[Community Wellbeing Plan \(incorporating People Business Plan\) 2025-2026](#)

Author(s)

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Community Wellbeing Plan 2025/2026

Year End Report: 01 April 2025 to 31 March 2026

“One Fund, One Plan, One REPORT”

A system-level assessment of progress against the Community Wellbeing Plan 2025/26, focusing on what has changed for people and communities as a result of collective action by Council, Community Planning Partnerships and partners.

*Prepared by Clackmannanshire Council,
Wellbeing Directorate * (April 2026) – fulfilling
multiple statutory and non-statutory duties as an
integrated approach and fulfilling the Wellbeing
Directorate Business Planning Corporate Duty.*

**previously named People Directorate*

*Reviewed and approved by NHS Forth Valley
Children and Families Programme Board - May
2026*



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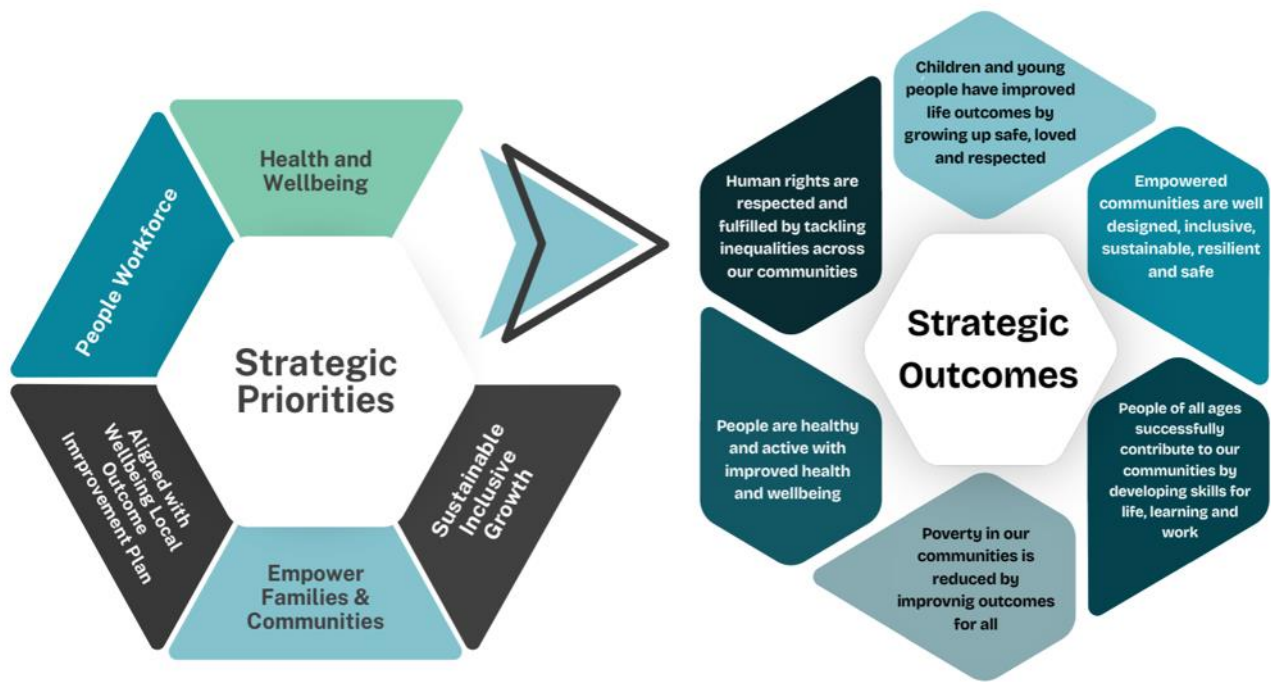
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Introduction

This Year End Report provides a system-level assessment of progress against the Community Wellbeing Plan 2025/26, focusing on what has changed for people and communities as a result of collective action. It brings together **statutory assurance**, **partnership delivery** and **lived experience** within a single integrated narrative, supported by outcome-based evidence from the Outcomes Improvement Framework (OIF). The Wellbeing Directorate One Plan approach was **first approved at Council in August 2024**. Council also endorsed this approach as a future model across Council, whilst signalling to Scottish Government the significance of this approach nationally. This approach was preceded by several years of setting the conditions for change, through the Family Wellbeing Partnership. This One Plan approach is supported by a commitment to One Report, reducing duplication and providing a coherent narrative of system level progress. The One Plan 25/26 includes the following plans and partnership plans and explicitly aligns to the Wellbeing Local Outcome IOIP, Be the Future Transformation priorities and Best Value Duties. Statutory assurance, including delivery of Child Poverty duties with NHS Forth Valley, is threaded throughout and summarised in the Statutory Assurance section. This report includes the Wellbeing Directorate and partners contributions to the **United Nations Convention on the Rights of the Child (UNCRC)**, incorporated into Scots Law in July 2024. Reporting on this duty, as required, is backdated to July 2024. This report informs the statutory corporate UNCRC report.

Delivery Plans	Approval Date	Statutory / Strategic Status
Children's Services Plan 2024–2026	August 2025	Statutory
Local Child Poverty Action Plan 2024–2030	August 2025	Statutory
Community Justice Plan 2023–2028	August 2025	Statutory
National Improvement Framework 2024–2027	August 2025	Strategic
Violence Against Women and Girls Plan 2023–2026	August 2025	Strategic and Statutory Equality Duty
Family Wellbeing Partnership Plan 2024–2026	October 2025	Strategic Priority/System Enabler
Libraries Plan 2024–2027	August 2025	Strategic
Community Learning and Development Plan 2024–2027	August 2025	Statutory
The Promise Plan 2023–2026	August 2025	National Reform Programme
Sport and Active Living Framework 2024–2028	August 2025	Strategic

People Community Wellbeing Plan 2025/26: Strategic Priorities and Strategic Outcomes



Agreed at Council on 21 August 2025

People Community Wellbeing Plan 2025/26: Strategic Actions aligned to Strategic Outcomes	
OUTCOME 1: Children and young people have improved life outcomes by growing up loved, safe and respected.	
ACTION 101	Coordinate safeguarding efforts across sectors to deliver proactive and responsive support
ACTION 102	Ensure women and girls feel safe at home, work, and in the community
ACTION 103	Support children, young people, and families early through integrated services
ACTION 104	Deliver local accommodation and support for care experienced young people in partnership
ACTION 105	Enhance workforce and caregiver skills in line with Trauma Knowledge and Skills Framework
OUTCOME 2: Empowered communities are well designed, inclusive, sustainable, resilient and safe.	
ACTION 201	Implement Clackmannanshire Transformation Space and Invest to Save fund, guided by the Citizens Panel, building on FWP approaches
ACTION 202	Leverage data and voice insights to drive impactful decision making
ACTION 203	Strengthen and deploy Community Justice Partnership resources
ACTION 204	Develop sustainable transport solutions, including active travel options, in collaboration with key partners
OUTCOME 3: People of all ages successfully contribute to our communities by developing skills for learning life and work	
ACTION 301	Deliver targeted initiatives for vulnerable and disadvantaged groups, removing engagement barriers
ACTION 302	Promote desistance from offending and diversion from the justice service
ACTION 303	Improve attainment in Literacy and Numeracy with a focus on the poverty related attainment gap
ACTION 304	Implement learning, teaching and assessment guidance alongside new Raising Attainment Strategy
ACTION 305	Strengthen Workforce Development with a specific focus on improving follow up leaver destinations
OUTCOME 4: Poverty in our communities is reduced by improving outcomes for all.	
ACTION 401	Encourage voice-led transformation across services supporting families in or at risk of poverty
ACTION 402	Develop Whole Family Support (WFS) approaches tailored to community needs
ACTION 403	Optimise income maximisation opportunities and referral pathways
ACTION 404	Establish specialist employability support for those with criminal justice experience, including employer engagement
OUTCOME 5: People are healthy and active with improved health and wellbeing.	
ACTION 501	Ensure access to continuum of mental health and wellbeing services for children, young people and families and prioritise prevention - focused mental health and wellbeing initiatives
ACTION 502	Progress the Wellbeing hub and Lochies School project through design to construction
ACTION 503	Increase opportunities for healthier behaviours, focusing on those facing inequality
ACTION 504	Develop shared measures and targets to improve community health and wellbeing
OUTCOME 6: Human Rights are respected and fulfilled by tackling inequalities across our communities.	
ACTION 601	Champion UNCRC and the Promise across all policies and services
ACTION 602	Direct support and resources to improve experiences for children with disabilities
ACTION 603	Support learning potential by targeting Additional support for Learning resources effectively
ACTION 604	Facilitate reintegration of offenders into the community
ACTION 605	Embed voice and co-design in all policy and service development

Executive Summary

This report reflects the second full year of operating as One Plan, One Report; where prevention, early intervention and rights based practice are increasingly embedded across services and partnerships. The report highlights areas of strong progress and where continued focus is required to sustain impact under increasing demand. The purpose of this report is to assess what has changed for people and communities, what evidence tells us about impact, what the system is learning about this integrated way of learning and what this means for future priorities.

What has changed for people and communities?

- Children are safer and supported earlier.
- Sustained reductions in care entry and improved safeguarding coordination indicate earlier, more proportionate responses
- Families are receiving help earlier

Whole Family Support and Family Wellbeing Hubs are reducing crisis escalation and improving coordination.

- Mental health outcomes are improving at population level
- A sustained reduction in suicide rates, including zero deaths among young people to March 2026, alongside increased access to early intervention
- More people are engaging in learning, work and community activity

Participation and attainment are improving, particularly where barriers (cost, childcare) are removed.

- Financial hardship is being identified earlier and mitigated
- Over £2.4m secured in income maximisation, with earlier system identification of vulnerability
- Communities are influencing decisions and investment

Transformation Space has shifted power towards community-led priorities and prevention.

What is stronger in the system?

- A coordinated, whole-system approach is now established (One Plan / One Report) and influencing Council's Target Operating Model
- Early intervention and prevention are increasingly embedded across all outcomes
- Data, investment and decision-making are better aligned
- Workforce, including Council and partners capability in trauma-informed and relational practice has significantly improved
- Community voice is shaping decision making, resource allocation, not just service design

Where more focus is required (key pressures)

- Rising demand across early help, disability services and justice pathways
- Capacity constraints impacting sustainability (particularly workforce and specialist provision)
- Ongoing challenges in transitions (especially to adulthood)
- Structural barriers such as transport, poverty and inequality
- Need to strengthen consistency and scalability of Whole Family Support

Priorities for 2026/27

- Sustain and scale early intervention across all services
- Strengthen capacity in high-pressure areas (disability, justice, mental health)
- Embed Whole Family Support as the default delivery model
- Expand community-led investment and participation
- Improve system-wide use of data and performance for decision-making

Highlights 2025/26

During 2025/26, strong collaborative progress has been made across the Community Wellbeing Plan 2025/26. Progress continues in delivering a more preventative, integrated and outcomes focused system, with clear evidence of improved coordination across services and partners. In 2025/26 and building on the [interim report](#), delivery of the Community Wellbeing Plan has continued to embed an increasingly coordinated, preventative and outcomes focused system, with stronger evidence of integration across services and partners.

The Family Wellbeing Partnership (FWP) is making a tangible difference by reducing social isolation , boosting confidence in accessing services , improving wellbeing and supporting parents into employment, education, or training .

COSLA Chairperson, November 2025

Highlights include:

Strategic infrastructure is strengthening system accountability

- By approving the One Plan/One Report model in August 2024, Council set the conditions for a step change in how the system works, enabling deeper integration, stronger collaboration both locally and nationally, leading to improved outcomes for families and communities.
- This approach continues to contribute to and learn from Scottish Government's Public Sector Reform, Fairer Futures Partnership, Whole Family Support Early Adopter Community and All Age Childcare Early Adopter Community and to influence the Council [Target Operating Model](#) and Community Planning Partnership structure
- The Outcomes Improvement Framework is now in active use across all outcomes
- Stronger alignment between data, investment and decision making is evident
- Improved ability to evidence collective impact for statutory duties (including LCPAR and Children's Services)

Reimagining Social Care is beginning to shift how the system manages demand

- Work has progressed from design into implementation and operational use
- Early evidence of improved workflow, access to services and referral pathways
- Increasing focus on directing people to early help and community-based support

Whole Family Support is now a shared partnership delivery model

- Community Planning Partnership (Alliance) is operating more cohesively and a restructure including a Whole Family support (WFS) Accountability and Reporting Group has been approved
- Stronger alignment between early help, poverty, health and safeguarding services

- Families increasingly experiencing coordinated, wraparound support rather than fragmented services

Clackmannanshire Transformation Space is now influencing real investment decisions

- Moved from establishment to active deployment of funding and decision making
- Community voice is now informing resource allocation, not just service design
- Investment is increasingly aligned to prevention and community priorities

I see everything from all walks of life...employment issues, physical illness, mental illness, addiction, justice system issues, autism support even veteran support...This could all be prevented for the most part if people were asked what they truly need in their community...it is a huge deal to be recognised and listened to.

Transformation Space, Community Voice Panel member

Early intervention and prevention approaches are now more embedded

- STRIVE (Safeguarding through Rapid Intervention), diversion activity and youth provision are now operating at greater scale and consistency
- Increased evidence of earlier identification of risk and need, including financial hardship and vulnerability
- Prevention activity (including Planet Youth and youth provision) is contributing to stronger protective factors

Pathways for children, young people and families are becoming more connected

- Strong outcomes in attendance, attainment and destinations are now being supported by better system alignment
- Increased participation is translating into clearer pathways between education, employability and justice
- Whole-system focus on “distance travelled” and sustained progress

Positive wellbeing outcomes are beginning to emerge at population level

- Continued strong performance in mental health (under 26) and early intervention services
- Reduction in suicide rates, including zero deaths among young people, indicates potential system-level impact
- Increased participation in physical activity and youth provision is supporting longer term wellbeing outcomes

Tackling poverty is increasingly integrated across all services

- Income maximisation, childcare and family support are now more clearly aligned within WFS pathways
- Financial hardship is being identified earlier through wider system touchpoints (e.g. STRIVE, education, health)
- Expanded capacity for provision for babies and toddlers, supported by All Age Childcare Early Adopter Communities Capital and Revenue funding



Rights based and trauma-informed practice is now more consistently embedded

- The Promise and UNCRC are increasingly informing policy, decision making and service delivery
- Workforce development (including Values Based Leadership) is supporting cultural and practice change
- Participation, co-design and community decision making is now more embedded across services and partnerships

Recognition of the impact of this system change was recognised at LGC and COSLA Awards:

- COSLA Awards –The Family Wellbeing Partnership and partners were shortlisted in the Strengthening Communities Category, and were awarded the COSLA Chairperson's Award 2025 in recognition of Family Wellbeing Partnership, place – based whole family approach
- [Council Teams Named Winners in COSLA's Local Government Excellence Awards | COSLA](#)

LGC Awards 2026 – Category Winner: Community Involvement

Clackmannanshire Council has demonstrated how sustained commitment and trusted community relationships can deliver truly transformational change. By reshaping engagement with those facing the greatest need, this initiative has driven meaningful participation, measurable outcomes, and evidence-led impact. What makes this work exceptional is its depth - showing how a deprived area can buck the trend of poverty - while influencing policy at government level and setting a powerful benchmark for community-driven change.

Judges comment – May 2026

Outcome 1: Children and young people have improved life outcomes by growing up loved, safe and respected

Code	Strategic Action	RAG Status
101	Coordinate safeguarding efforts across sectors to deliver proactive and responsive support	● Green
102	Ensure women and girls feel safe at home, work, and in the community	● Green
103	Support children, young people, and families early through integrated services	● Green
104	Deliver local accommodation and support for care experienced young people in partnership	● Green
105	Enhance workforce and caregiver skills in line with Trauma Knowledge and Skills Framework	● Green

Progress during 2025/26 reflects a maturing, preventative safeguarding system, with stronger coordination across children's services, health, justice, education and the third sector. Activity has increasingly shifted upstream, supported by shared thresholds, multi-agency decision making and improved access to early help.

Coordinate safeguarding efforts across sectors - Action 101

Progress in 2025/26 has been strong and accelerating. Safeguarding is increasingly delivered as a shared, multi-agency responsibility rather than a single service function. Collaboration through STRIVE and Initial Referral Discussions (IRD) has strengthened joint ownership of risk and public protection planning, enabling earlier, more timely and proportionate responses.

Senior leaders report increased confidence that safeguarding responses are timely, coordinated, and proportionate. Multi-agency audit activity, supported by the Care Inspectorate, has validated improvements in pre-birth and early intervention practice. Workforce feedback highlights stronger shared understanding of thresholds and improved professional dialogue across services.

Figure 1: Clackmannanshire - Rate per 1000 Children on the Child Protection Register since 2021

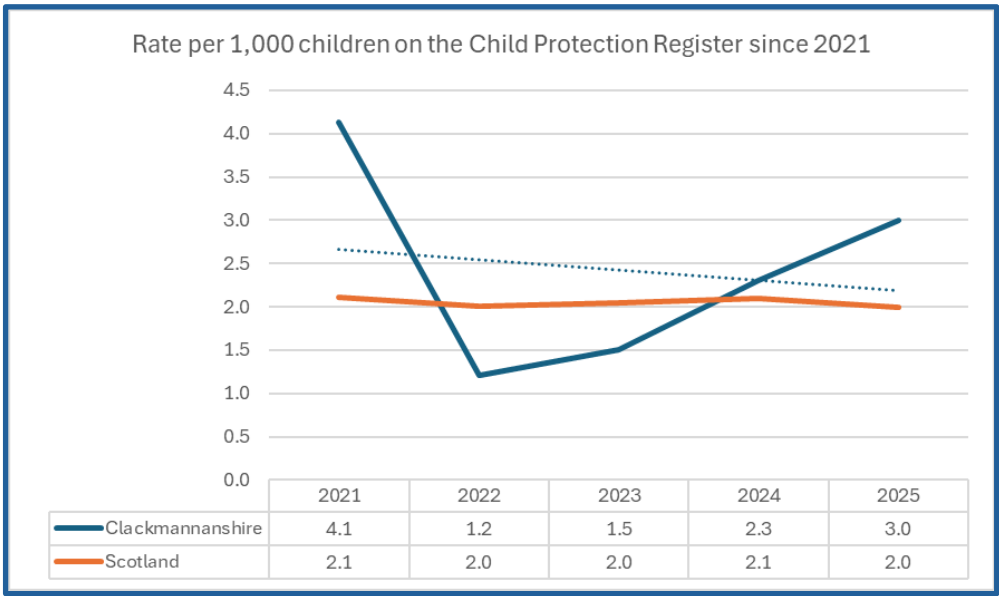
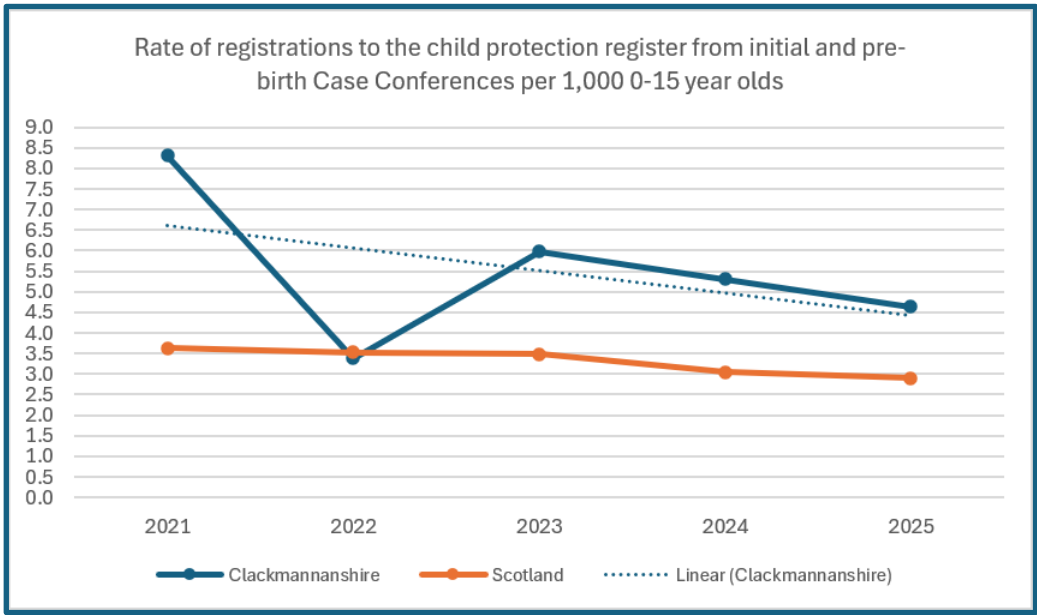


Figure 2: Clackmannanshire - Rate of registrations to the Child Protection Register since 2021 [from initial and pre-birth Case Conferences per 1,000 0–15-year-olds]



The rate of children on the Child Protection Register reports a yearly increase to 3.0 per 1,000, (July 2025 compared to 2024), despite the increase, this is a reduction of 27% since July 2021. Similarly, the trend in the rate of registrations indicated in Figure 5 remains downward. Together, these trends show proactive, coordinated safeguarding that is child-centred and timely, validated by recent multi-agency audit activity supported by the Care Inspectorate (pre-birth Interagency Referral Discussions).

The combination of earlier help, trauma-informed practice and strengthened community-based supports is reflected in improved system indicators and qualitative evidence of increased safety, stability and wellbeing for children, young people and families.

Key evidence of progress

- Sustained reductions in Child Protection Register rates and registrations since 2021
- Continued decline in care entry, reflecting effective early help and diversion
- Improved stability for care experienced children, with fewer experiencing multiple placements
- STRIVE is demonstrating high system reach and resilience, with significant increases in referrals and throughput without loss of quality.

Progress in coordinating safeguarding efforts across sectors has been enabled by a combination of contributory actions, aligned with the strategic focus set out in Action 101 for coordinated safeguarding:

- **Action 102 (Women and girls' safety)** Strengthening safeguarding through improved domestic abuse pathways, school-based prevention, and the integration of "no crime" domestic incidents into STRIVE decision-making
- **Action 103 (Early, integrated family support)** strengthened the early, preventative work through Early Help Team, Family Wellbeing Hubs, Child Wellbeing Partnership and whole family support pathways, reducing escalation by addressing multiple needs early
- **Action 105 (Trauma Knowledge and Skills Framework)** increased workforce confidence and consistency, enabling practitioners across services to identify risk earlier and respond in ways that build trust and reduce re-traumatisation.
- **Outcome 4 (poverty reduction)** reduced stressors that often underpin safeguarding concerns, with income maximisation, childcare and housing stability acting as protective interventions.
- **Outcome 5 actions (Mental Health and Wellbeing)** strengthening protective factors and access to support for children and families, particularly through counselling, therapeutic and digital supports that stabilise situations before crisis thresholds are reached.

Together, these actions have shifted safeguarding from reactive intervention towards a more preventative, relational and whole system approach.

Ensure women and girls feel safe - Action 102

Progress in 2025/26 has been strong and increasingly preventative, with a clear shift from awareness-raising towards earlier intervention, strengthened safeguarding pathways and

improved system responses to domestic abuse and gender-based violence (GBV), supported through the **Violence Against Women and Girls Partnership** and integrated across all delivery plans including Children's Services Plan, Local Child Poverty Action Plan, Education Services National Improvement Plan.

Targeted support for vulnerable women, particularly through integrated early intervention models such as the Young Parents' Project, has contributed to improved safety and stability. Prevention activity in schools and communities has expanded, with reinvigorated Mentors in Violence Prevention and Get SET Girls strengthening awareness. The school curriculum is complimented with targeted inputs from positive influencers. Work is progressing, informed by the Scottish Violence Reduction Unit and other research to support boys and men and to reframe positive masculinity. This includes early years prevention activity, such as the 'Think Equal' programme in Early Learning Centres, which supports the development of empathy, respect and positive relationships from an early age.

System responses to domestic abuse have also improved, with closer alignment between STRIVE, justice services and specialist providers enabling earlier identification, coordinated safety planning and improved access to support resulting in a fall in domestic abuse incidents in 2024/25.

Progress in ensuring women and girls feel safe has been enabled through coordinated activity across Outcome 1 and wider system actions:

- **Action 101 (Coordinated safeguarding)** strengthened multi-agency responses to domestic abuse, particularly through Interagency Referral Discussions and STRIVE, ensuring consistent and timely decision making
- **Action 103 (Early, integrated family support)** improved access to safe spaces, childcare and community-based provision, reducing isolation and enabling women to engage with support services
- **Action 105 (Trauma-informed workforce)** building practitioner confidence to identify, respond to and support women affected by trauma and abuse
- **Outcome 2 (Community voice and prevention)** through culture change approaches, including White Ribbon activity, youth-led prevention work and community led investment
- **Outcome 4 (Poverty reduction)** Enhancing safety through financial stabilisation, housing support, and income maximisation, addressing key drivers of vulnerability

Collectively, these actions have enabled a more connected, preventative, and trauma-informed approach to women and girls' safety.

Support children, young people and families early through integrated services - *Action 103*

Progress has been strong and system wide, with evidence of a more accessible, integrated, and preventative early help offer.

Family Wellbeing Hubs and the broader Family Wellbeing Partnership infrastructure have strengthened “no wrong door” access to support, enabling families to receive timely, coordinated responses to multiple and complex needs. Engagement levels have increased, with families accessing support earlier and for a wider range of issues, including mental health, financial hardship and housing.

Targeted interventions have improved timeliness and coordination, while expanded parenting support and evidence-based programmes are strengthening family resilience and reducing escalation to statutory intervention.

Progress in supporting children, young people and families early through integrated services has been enabled through alignment with key contributory actions:

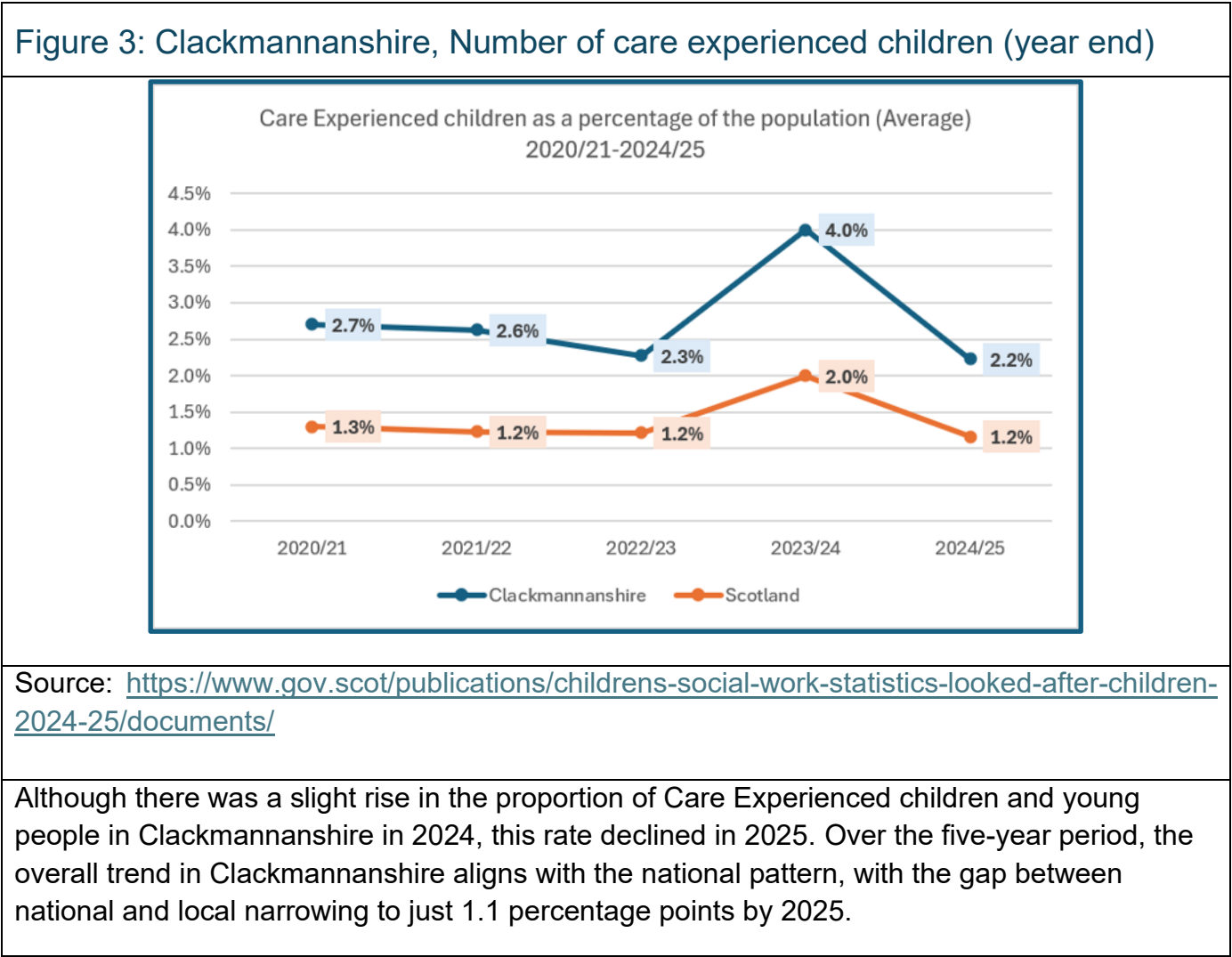
- **Action 101 (Safeguarding coordination)** ensuring early help is directly connected to risk assessment and protective planning
- **Action 102 (Women and girls’ safety)** providing targeted pathways and support for vulnerable women, including childcare-enabled engagement with services
- **Action 104 (Care experienced support)** strengthening continuity of support for vulnerable young people and families
- **Outcome 4 (Income maximisation and whole family support)** reducing financial stressors that drive demand for crisis intervention
- **Outcome 5 (Mental health and wellbeing)** expanding access to counselling, therapeutic and digital supports, addressing key presenting needs in early help pathways

Collectively, this alignment has positioned early help as a core preventative mechanism within the safeguarding system, rather than a parallel offer

Deliver local accommodation and support for care experienced young people - *Action 104*

Progress has been strong, with evidence of improved stability, enhanced local support and strengthened pathways into accommodation, education and wellbeing support for care experienced young people. Delivery has resulted in increased access to local accommodation,

including first tenancies for vulnerable young people, supported by integrated housing and social work approaches. Educational and therapeutic supports have been strengthened and targeted provision, improving engagement and outcomes for care experienced young people. System improvements in throughcare and transition planning are progressing, with earlier intervention and more relational approaches supporting better outcomes over time.



Progress in delivering local accommodation and support for care experienced young people has been enabled through an integrated, cross-system approach:

- **Action 101 (Safeguarding coordination)** ensuring consistent multi-agency planning for care-experienced young people
- **Action 103 (Integrated early support)** reducing escalation and supporting stability for families and young people
- **Action 105 (Trauma-informed workforce)** improving the quality of care and consistency of support across placements and services
- **Outcome 3 (Education and skills pathways)** strengthening engagement, attainment and positive destinations

- **Outcome 4 (Housing and financial support)** supporting tenancy sustainment and reducing risk of homelessness

Collectively, these actions demonstrate that improved outcomes for care experienced young people depend on coordinated, cross-system support rather than single-service interventions.

Enhance workforce and caregiver skills in line with Trauma Knowledge and Skills Framework – Action 105

Progress has been strong and increasingly embedded, with evidence of a system-wide shift towards trauma-informed, relational practice. Workforce development has moved beyond one-off training to a more sustained model of professional learning, leadership development and shared practice frameworks. Large-scale staff development opportunities have strengthened knowledge and confidence across education, social work and partner services, contributing to more consistent and effective responses to children, young people and families.

Training aligned to the Trauma Knowledge and Skills Framework, alongside initiatives such as the Keeping the Promise Award and Safe and Together model, has supported a shared language and approach across services. This continues to be complemented by a range of Values Based leadership opportunities across Council staff, partners, young people and communities.

Progress in enhancing workforce and caregiver skills in line with the Trauma Knowledge and Skills Framework has been enabled through aligned contributory actions:

- **Action 101 (Safeguarding coordination)** providing real time application of learning through multi-agency decision-making
- **Action 102 (VAWG work)** strengthening workforce understanding of trauma in the context of domestic abuse and gender based violence
- **Action 103 (Early help services)** offering practical contexts for applying trauma-informed approaches within community-based support
- **Outcome 6 (UNCRC and The Promise)** embedding rights based and relational practice across policy and services

Together, these integrated actions have enabled workforce development to move from training delivery to embedded system practice.

Overall, progress under **Outcome 1** has been reinforced by community-led prevention (Outcome 2), poverty reduction (Outcome 4) and expanded wellbeing support (Outcome 5). This alignment has reduced duplication, strengthened protective factors and improved the system's ability to respond early and proportionately to risk.

Key Outcome Insights

- Safeguarding outcomes improve most where early help, mental health and poverty interventions are integrated, reinforcing that risk reduction depends on addressing underlying causes, not isolated action.
- Multiagency coordination is strengthening proportional decision-making, but requires continued alignment of thresholds, capacity and professional understanding.
- Demand is increasing but presenting earlier, reflecting improved access and trust in services, creating benefits for prevention but pressure on system capacity.

Looking ahead

The next phase of delivery will focus on consolidating and sustaining an integrated safeguarding system, ensuring that progress across Actions 101–105 continues to deliver improved outcomes under conditions of increasing demand. Key priorities will include:

- **Strengthening whole-family approaches across the system**, ensuring consistent alignment between children's services, adult services, health, justice and community provision.
- **Sustaining and scaling early intervention**, building on the Family Wellbeing Partnership and hub model to ensure accessible, coordinated support remains available at the earliest point of need.
- **Embedding trauma-informed practice across all services**, with a continued focus on workforce development, supervision and leadership to ensure consistency and quality.
- **Further developing prevention activity**, particularly in relation to gender-based violence, mental health and youth wellbeing, to strengthen protective factors across communities.
- **Managing demand and system capacity**, ensuring multi-agency processes such as STRIVE and IRD remain effective, timely and proportionate as referrals increase.
- **Strengthening the use of data, audit and lived experience**, ensuring that safeguarding practice continues to be evidence led and responsive to emerging need.

Through these priorities, the system will continue to strengthen its ability to identify risk earlier, respond proportionately and improve outcomes for children, young people and families, in line with the ambitions of the One Plan.

Outcome 2: Empowered communities are well designed, inclusive, sustainable, resilient and safe

Code	Strategic Action	RAG Status
201	Implement Clackmannanshire Transformation Space and Invest to Save fund, guided by the Citizens Panel, building on FWP approaches	● Green
202	Leverage data and voice insights to drive impactful decision making	● Green
203	Strengthen and deploy Community Justice Partnership resources	● Amber
204	Develop sustainable transport solutions, including active travel options, in collaboration with key partners	● Amber

Implement Clackmannanshire Transformation Space and Invest to Save fund, guided by the Citizens Panel, building on FWP approaches - Action 201

Progress has been strong, with the Transformation Space moving from design into full delivery and demonstrating clear early impact as a community led, preventative investment model. A Community Voice Panel of around 60 members is now actively involved in shaping funding priorities and decision making. Investment has been directed towards locally identified priorities including mental health, women and girls' safety, homelessness prevention and employability, with over £500,000 allocated to third sector delivery.

This represents a significant shift towards community-led decision making and system change" with early evidence that community voice has been mobilised at scale, significant funding has been distributed aligned to local need, collaboration has been strengthened across sectors and that confidence, agency and capacity has been built within communities", as detailed in [report to Council](#) and accompanying appendix "The Transformation Space: Learning from Year 0, the first year of operations", produced by Animate, Learning Partner.

Heather...discovered that her lived experience could help shape decisions and influence change. The confidence she gained has since enabled her to support others and develop new community initiatives.

"I started out wondering what I had to offer. Now I know that my questions, honesty and lived experience are valuable, and that speaking up can make a real difference."

Community Member (Make it Happen Fund and Transformation Space): Read [Heather's story](#)

Following completion of THRIVE (2026a) men's cohort, participants continued to meet with the aim of establishing a peer-support group, becoming ambassadors for mental wellbeing and encouraging positive conversations within their communities.

Progress has been enabled through key contributory actions supporting the Clackmannanshire Transformation Space:

- **Action 202:** Evidence-led data and insights providing robust evidence to inform community priorities and funding decisions
- **Action 401:** strengthened participation infrastructure and lived experience influence
- **Outcome 4:** Investment aligned to poverty and inequality drivers
- **Outcome 5:** shaping priorities around prevention, particularly mental health and youth wellbeing

Together, these contributions have enabled the Transformation Space to function as a core system enabler linking investment, community voice and prevention.

Leverage data and voice insights - Action 202

Strong progress has been made in embedding data informed and voice-led decision making across the system. There is increasing evidence that both quantitative data and lived experience are shaping priorities, service design and investment decisions.

The use of Planet Youth data, service level insight and community feedback has strengthened understanding of need, particularly in relation to young people's wellbeing, women and girls' safety and poverty related issues. Feedback loops are now more established, supporting continuous improvement and more responsive service delivery.

- Voice mechanisms such as Family Voices, Community Voice Panels and What Matters To You (WM2U) are increasingly influencing resource allocation as well as service design, marking a shift from consultation to co-production. Clackmannanshire has benefited from external funding leveraged through FWP for example WM2U were funded through the Hunter Foundation, BBC Children in Need, The Robertson Trust, and The William Grant Foundation and £43,500 has now been allocated to grassroots organisations throughout Clackmannanshire. Additionally, through the Transformation Space, investments have been made by the panel to **Homelessness Prevention (£297,406)**, **Mental Health-under 25s (£96,080)**, **Support for Women and Girls: £105,000** and **Employability (£321,160)**.

Progress in leveraging data and voice insights has been enabled through aligned contributory actions:

- **Action 101 (Safeguarding coordination)** using shared data and insight to inform risk assessment and planning

- **Action 201 (Transformation Space)** embedding voice in funding decisions and governance
- **Outcome 3 (Education and participation data)** strengthening understanding of engagement, attainment and progression
- **Outcome 6 (UNCRC and co-design)** embedding participation as a rights-based principle

This alignment has enabled a shift towards evidence led, community informed system change.

Strengthen Community Justice Partnership resources - *Action 203*

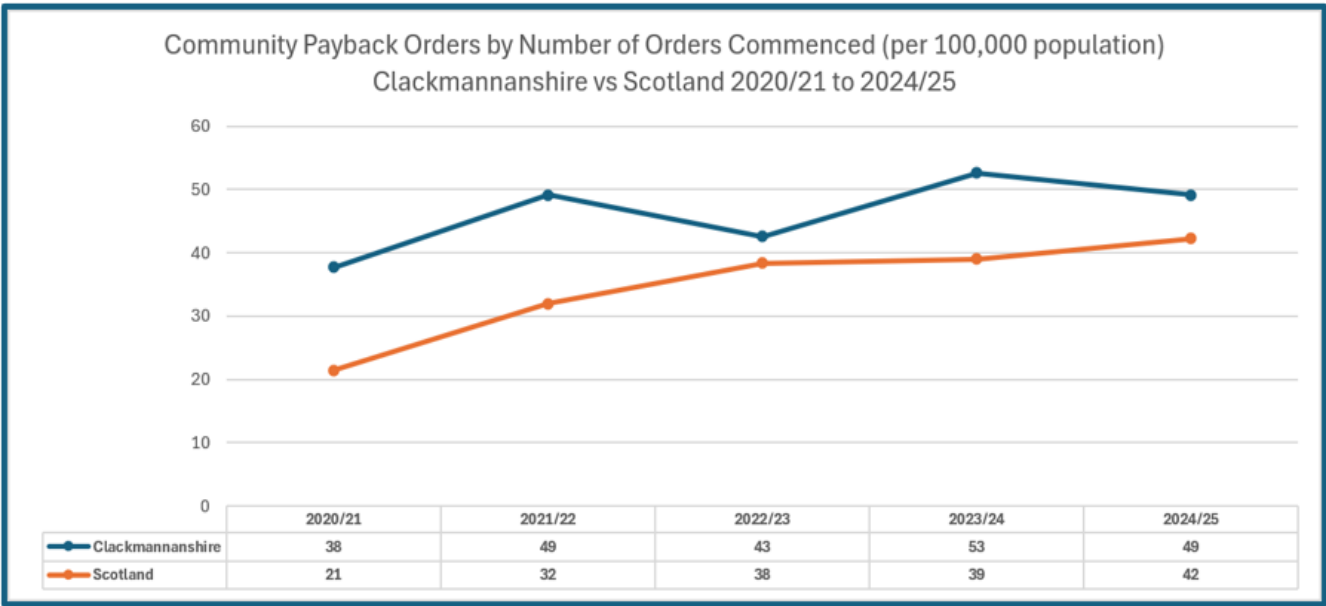
Progress has been positive, with stronger alignment of community justice resources and increased integration with wider system priorities, although capacity and demand pressures remain. Co-funded roles, such as the Addiction Recovery Worker, demonstrate a maturing whole-system approach, improving continuity of care and strengthening partnership working across justice, housing and health.

Progress on strengthening community justice partnership resources has been enabled through aligned contributory actions:

- **Action 101 (Safeguarding coordination)** strengthening responses to domestic abuse and vulnerability through STRIVE
- **Action 302 (Desistance and diversion)** aligning justice activity with prevention and employability pathways
- **Outcome 4 (Poverty and employability)** addressing underlying drivers of offending such as financial hardship and exclusion
- **Outcome 6 (Human rights)** reinforcing a rights-based approach to justice and reintegration

Taken together, these connections highlight that community justice outcomes are increasingly dependent on whole-system alignment rather than standalone services.

Figure 4: Community Payback Orders by Number of Orders Commenced (per 100,000 population) Clackmannanshire vs Scotland 2020/21 to 2024/25



Source: <https://scotland.shinyapps.io/sg-criminal-disposals-dashboard/>

Lived experience is increasingly embedded through the Community Justice Panel, contributing directly to service improvement and policy development. Improvements in transition support, unpaid work redesign and diversion pathways reflect a more preventative and rehabilitative approach to justice.

Over the past five years , the number of Community Payback Orders commenced has increased (which includes unpaid work orders). This brings benefits such as more visible community improvements, stronger accountability through “paying back,” and greater use of community-based sentences instead of custody, supporting rehabilitation.

Develop sustainable transport solutions - Action 204

Progress has been steady, with important foundations in place for a more sustainable and inclusive transport system, although delivery remains at an earlier stage compared to other actions. The Wellbeing Economy Transport Action Plan provides a clear strategic framework, linking transport to access to services, employment and wellbeing. Pilot activity, including the Volunteer Driver Scheme, has demonstrated positive impact in improving access to healthcare and reducing isolation.

Investment in active travel, infrastructure improvements and demand responsive transport is progressing, supported by strengthened governance and partnership working.

Progress on developing sustainable transport solutions has been enabled through aligned contributory actions:

- **Outcome 3 (Skills and employability)** highlighting transport as a barrier to participation
- **Outcome 4 (Poverty reduction)** identifying transport costs and access as key inequality drivers
- **Outcome 5 (Health and wellbeing)** linking transport to access to services and physical activity
- **Action 202 (Data and insight)** providing evidence of geographic and access barriers

This reinforces that transport is a critical enabler across multiple outcomes, rather than a standalone

Key Outcome Insights

Progress across Outcome 2 demonstrates that empowered communities are central to delivering prevention and system change, rather than an additional or parallel priority. Outcome 2 acted as a connector across Outcomes 1, 3, 4 and 5, supporting prevention, employability and wellbeing. Key learning includes:

Community voice improves both decision making and outcomes when it is linked to real influence, particularly in areas such as funding, service design and priority setting. The Transformation Space demonstrates that shifting power to communities leads to more relevant and preventative investment.

Data and lived experience together provide the strongest understanding of need and most effective targeting of prevention

Prevention requires alignment of resources across the system, including justice, employability, wellbeing and poverty reduction. Where this alignment is strongest, there is evidence of reduced duplication and improved outcomes.

Whole-system approaches to community justice are more effective than isolated interventions, particularly when linked to employability, housing and wellbeing pathways.

Structural barriers, such as transport and access to services, continue to impact participation and equity, particularly for rural communities and those experiencing poverty. Addressing these barriers is essential to achieving sustainable outcomes.

Overall, learning indicates that community empowerment is a key enabler of early intervention and system sustainability, but requires continued investment in infrastructure, facilitation and governance.

Looking ahead

The next phase will focus on deepening and sustaining community led system change, ensuring that progress under Outcome 2 continues to strengthen prevention, equity and long-term outcomes.

Key priorities include:

- **Scaling and embedding the Transformation Space**, ensuring that community voice continues to shape investment and that early impact is translated into long term system change.
- **Strengthening the use of data and insight**, particularly through the Outcomes Improvement Framework and Planet Youth, to support consistent, evidence led decision making across all services and partners.
- **Further integrating community justice within wider system approaches**, strengthening links to employability, housing, wellbeing and prevention.
- **Addressing structural barriers to participation**, including transport, digital exclusion and access to services, with a focus on those experiencing inequality.
- **Expanding youth participation and leadership**, ensuring children and young people play a central role in shaping services and community priorities.
- **Strengthening governance and learning structures**, ensuring that community led approaches remain consistent, accountable and sustainable as they scale.

Through these priorities, Outcome 2 will continue to support a preventative, community-led system where resources, decisions and services are aligned to improving outcomes for all.

Outcome 3: People of all ages successfully contribute by developing skills for learning, life and work

Strategic Action	Title	RAG Status
301	Targeted initiatives for vulnerable and disadvantaged groups	 Green
302	Promote desistance and diversion from justice	 Amber
303	Improve attainment in Literacy and Numeracy (poverty gap focus)	 Green
304	Implement learning, teaching and assessment guidance	 Green
305	Strengthen workforce development (leaver destinations)	 Green

Progress across Outcome 3 reflects a more coordinated system for learning, life and work, with stronger alignment between education, employability, justice and community-based services. Delivery is increasingly moving from isolated programmes towards connected pathways that support individuals from initial engagement through to sustained positive destinations.

This has been enabled by improved integration between targeted provision (Action 301), attainment and learning systems (Actions 303–304), justice pathways (Action 302) and employability support (Action 305), alongside wider contributions from wellbeing and poverty

reduction activity. As a result, more individuals, particularly those facing disadvantage, are engaging earlier, progressing more consistently and experiencing improved outcomes over time.

Deliver targeted initiatives for vulnerable and disadvantaged groups, removing engagement barriers - *Action 301*

Progress has been strong and demonstrably impactful, with clear evidence of increased participation, reduced barriers and improved progression outcomes amongst vulnerable and disadvantaged groups.

Targeted provision has expanded significantly, particularly through community-based activity such as Community Around the School and family support programmes, with substantial growth in both adult and young people's engagement. The removal of cost, childcare and practical barriers has enabled greater inclusion, particularly for those most affected by poverty and social isolation.

Tailored interventions, including the Young Parents' Project, supported employment, and Skills Academies, have strengthened pathways into education, training and employment, with growing evidence of movement towards sustained positive destinations. Programmes designed for care experienced and disengaged young people are successfully re-engaging individuals who are furthest from opportunity.

This reflects a shift towards a place-based, whole-system model of engagement, where barriers such as cost, childcare and access are addressed alongside skills development. As a result, participation is no longer dependent on single services, but on aligned support across education, community learning, employability, and wellbeing pathways.

Progress on delivering targeted initiatives for vulnerable and disadvantaged groups and removing engagement barriers has been enabled through aligned contributory actions

- **Action 201 (Transformation Space)** supporting targeted community led investment and targeted outreach
- **Action 303 (Attainment and skills)** improving educational outcomes and readiness for progression
- **Action 305 (Workforce and destinations)** strengthening transition pathways into employment, education and training
- **Outcome 4 (Poverty reduction)** addressing financial barriers that prevent engagement.
- **Outcome 5 (Wellbeing support)** improving confidence, mental health and readiness to participate

This integrated approach demonstrates that effective engagement relies on coordinated action across education, wellbeing, and poverty, rather than isolated interventions.

Promote desistance from offending and diversion from the justice system - *Action 302*

Progress has been positive and strengthening, with clear evidence of a shift towards early intervention, diversion and person-centred approaches to desistance.

Multi-agency arrangements such as the Early and Effective Intervention (EEI) forum are well established, supporting earlier identification of risk and providing alternatives to formal justice processes. Expanded diversionary activity, including bail supervision and partnership programmes, is enabling individuals to engage in positive pathways away from offending.

The redesign of unpaid work and strengthened links to employability and training demonstrate a developing focus on rehabilitation, skills development and long-term outcomes, rather than compliance driven approaches. Schools have supplemented the curriculum with inputs from positive speakers such as Graeme Armstrong supporting young people to reflect on choices, consequences, and pathways away from offending.

This represents a broader system shift from reactive justice responses towards preventative, rehabilitative pathways, where individuals are supported through coordinated engagement with employability, wellbeing and community services to reduce reoffending and support long-term progression.

Progress in promoting desistance from offending and diversion from the justice system has been enabled through aligned contributory actions:

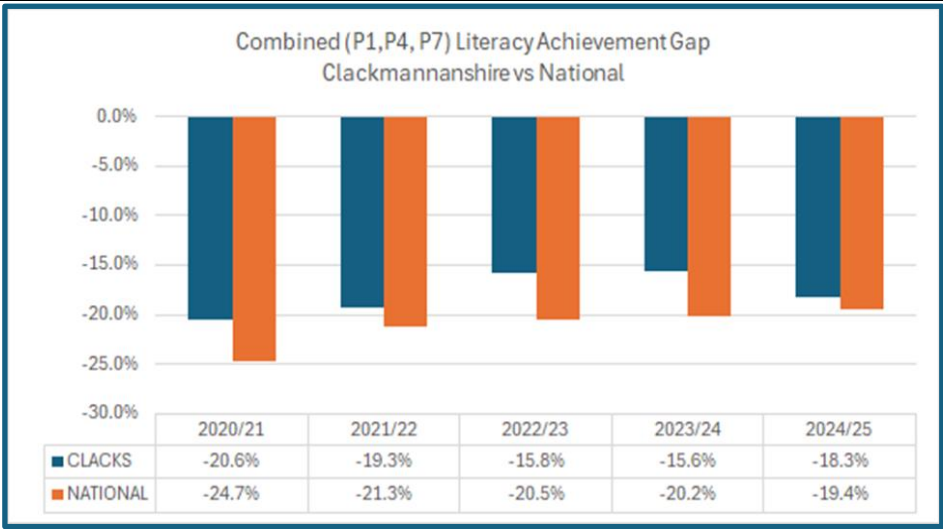
- **Action 101 (Safeguarding)** enabling earlier identification of risk through multi-agency processes
- **Action 203 (Community Justice Partnership)** strengthening integrated justice responses and shared resource
- **Action 301 (Targeted engagement)** providing alternative pathways for young people and vulnerable groups
- **Outcome 4 (Employability and poverty)** addressing underlying drivers of offending.
- **Outcome 5 (Wellbeing)** supporting behavioural change and resilience.

These links reinforce that desistance is most effective when aligned with wider social, economic and wellbeing support systems.

Improve attainment in Literacy and Numeracy with a focus on the poverty related attainment gap - *Action 303*

Progress has been strong and sustained, with evidence of improving attainment and progress towards narrowing the poverty related attainment gap, although some variability remains at specific stages. Targeted interventions, including the Virtual Headteacher programmes and structured literacy initiatives, have delivered particularly strong outcomes for vulnerable learners

Figure 5 Clackmannanshire - Combined P1, P4 P7 Literacy Achievement Gap



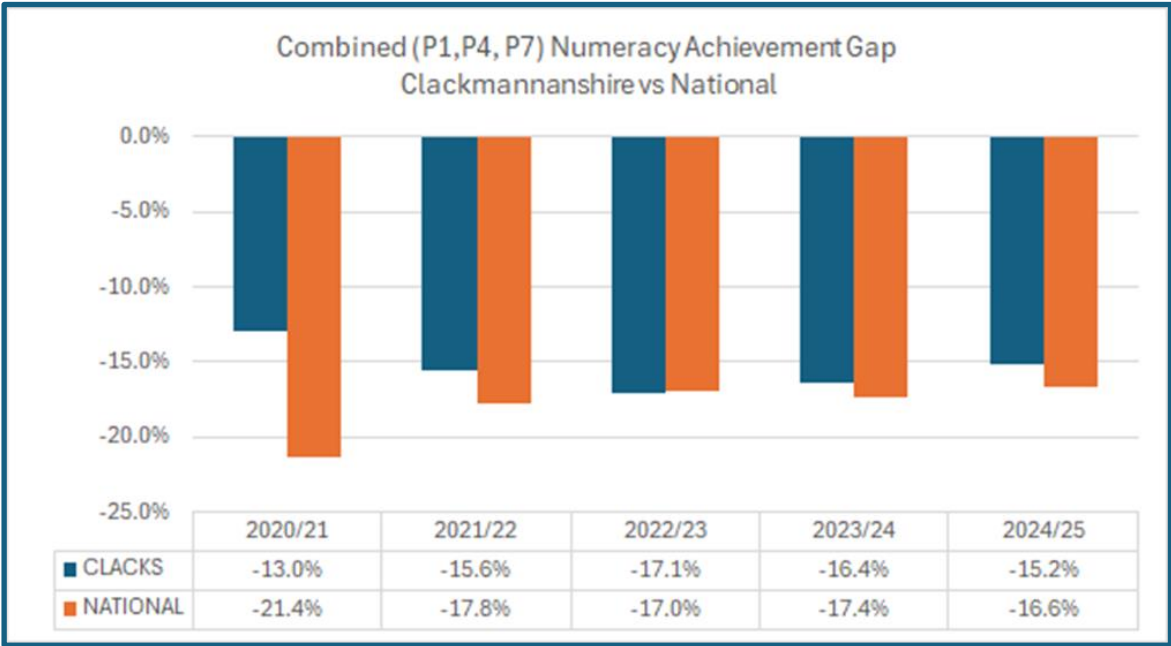
Source: <https://www.gov.scot/publications/achievement-of-curriculum-for-excellence-cfe-levels-2024-25/>

In Clackmannanshire, the poverty-related attainment gap at primary stage is narrower than the national position in both literacy and numeracy (figures 5 and 6).

While local attainment fell in 2024/25, the poverty related achievement gap in Numeracy narrowed and both the Literacy and Numeracy gap remain smaller than the gap nationally.

Despite overall improvement, the poverty-related attainment gap in primary remains substantial. At national level, the gap between pupils living in the most deprived areas (SIMD Quintile 1) and the least deprived areas (SIMD Quintile 5) for combined literacy reduced from 24.7 percentage points in 2020/21 to 19.4 percentage points in 2024/25. While this represents sustained national progress, the gap remains large. For combined numeracy, the national gap reduced from 21.4 percentage points in 2020/21 to 16.6 percentage points in 2024/25.

Figure 6 Clackmannanshire - Combined P1, P4 P7 Numeracy Achievement Gap



Source: <https://www.gov.scot/publications/achievement-of-curriculum-for-excellence-cfe-levels-2024-25/>

Attainment for learners with Additional Support Needs (ASN) shows a positive trajectory across most Curriculum for Excellence levels over the past five years. Improvements are evident in early level literacy (+5%) and numeracy (+2.1%), first level literacy (+5.2%) and numeracy (+10.9%), and second level literacy (+14%). These gains have been achieved within the context of a significant and increasing ASN cohort, reflecting strengthened inclusive practice and system response. However, attainment gaps between learners with and without ASN persist and, in some areas, are widening. Second level numeracy has remained broadly static (-0.8%), reinforcing the need for continued targeted intervention and support at key stages. The classification of ASN used in this context varies widely.

Early years provision has strengthened, with improved developmental outcomes and increased practitioner confidence. While some recent data shows slight fluctuations, overall trends demonstrate a positive trajectory supported by both universal and targeted approaches. Overall, improvement in attainment reflects not only strengthened learning and teaching, but also better alignment with early years provision, targeted support, and wider socio-economic interventions. This includes the implementation of the ‘Think Equal’ programme across Early Learning Centres, supporting children’s social and emotional development alongside early learning, and strengthening readiness for learning through improved empathy, resilience and communication skills. This reinforces that sustained improvement in attainment is dependent on whole-system conditions, including wellbeing, poverty reduction, and inclusion.

Progress in improving attainment in literacy and numeracy, with a focus on reducing the poverty-related attainment gap, has been enabled through aligned contributory actions:

- **Action 104 (Support for care experienced learners)** strengthening targeted educational pathways
- **Action 301 (Targeted initiatives)** supporting engagement of disadvantaged learners
- **Action 304 (Learning and teaching strategy)** improving consistency and quality of learning environments
- **Outcome 4 (Poverty reduction)** addressing wider barriers to attainment
- **Outcome 5 (Health and wellbeing)** supporting attendance, engagement and readiness to learn

Implement learning, teaching and assessment guidance alongside new Raising Attainment Strategy - *Action 304*

Progress has been good and increasingly embedded, with evidence of improved practitioner confidence, strengthened leadership and more consistent approaches to learning, teaching and assessment.

Implementation of national and local guidance is progressing well, supported by professional learning programmes, leadership development and collaborative working across establishments. Inspection evidence indicates strong foundations, with positive relationships, inclusive environments and effective leadership supporting high-quality learning.

Developments in early literacy, communication and speech and language support are contributing to improved learning environments, while leadership programmes are strengthening the system's ability to sustain improvement over time.

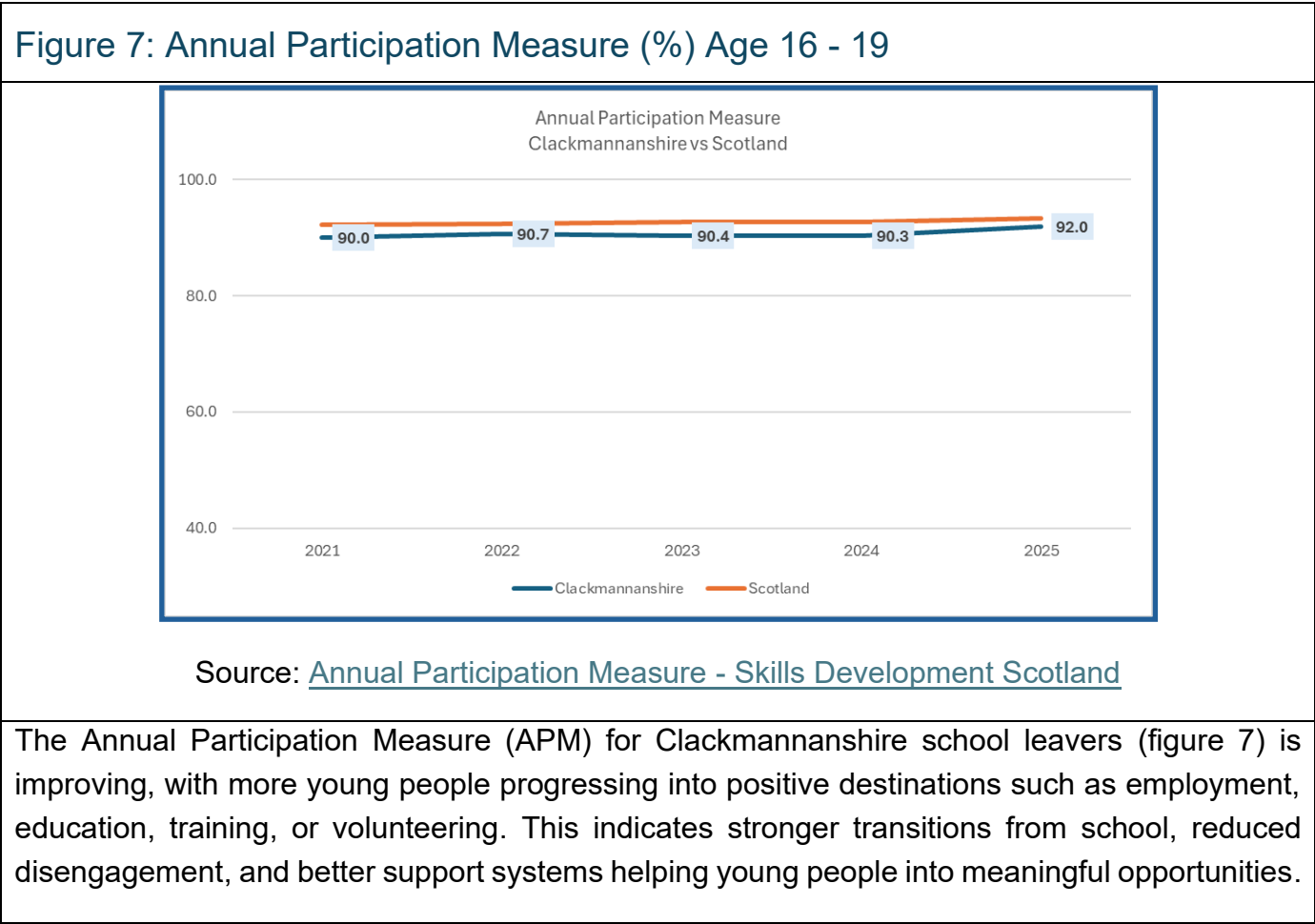
Progress in implementing learning, teaching and assessment guidance alongside the new Raising Attainment Strategy has been enabled through aligned contributory actions:

- **Action 105 (Workforce development)** Strengthening practitioner skills, confidence, and consistency in delivery
- **Action 303 (Attainment focus)** Providing clear outcomes and priorities to guide improvement
- **Outcome 5 (Wellbeing)** Supporting the conditions necessary for engagement, participation, and learning
- **Outcome 6 (Rights and inclusion)** reinforcing inclusive and learner centred approaches

This integrated approach reinforces that high-quality learning and teaching rely on coordinated system-wide support.

Strengthen Workforce Development with a specific focus on improving follow up leaver destinations Strengthen workforce development and leaver destinations – Action 305

Progress is emerging and positive, with early evidence of improved engagement, skills development and movement towards positive destinations, particularly for those furthest from the labour market. Targeted support programmes, including those linked to the wider employability initiatives, are engaging individuals with complex needs and supporting progression into education, training and employment. Early outcomes demonstrate movement along the employability pathway, with sustained destination outcomes improving.



Clackmannanshire continues to demonstrate strong performance in **Initial Leaver Destinations (ILD)**, with 96.8% of school leavers in a positive destination three months after leaving school (24/25). This remains above the national average of 95.7% for 2024/25. Notably, local performance has improved again this year (25/26), while the national rate has remained unchanged since 2023/24, reinforcing Clackmannanshire’s consistently strong position relative to the national picture. Performance in ILD has been consistently above the national average over recent years, reflecting sustained effectiveness in supporting young people into positive post-school pathways. Local intelligence also indicates that this upward trajectory is continuing. Initial leaver destination rate for **Care Experienced school leavers** is reporting a yearly increase from 78.6% to 86.7% in

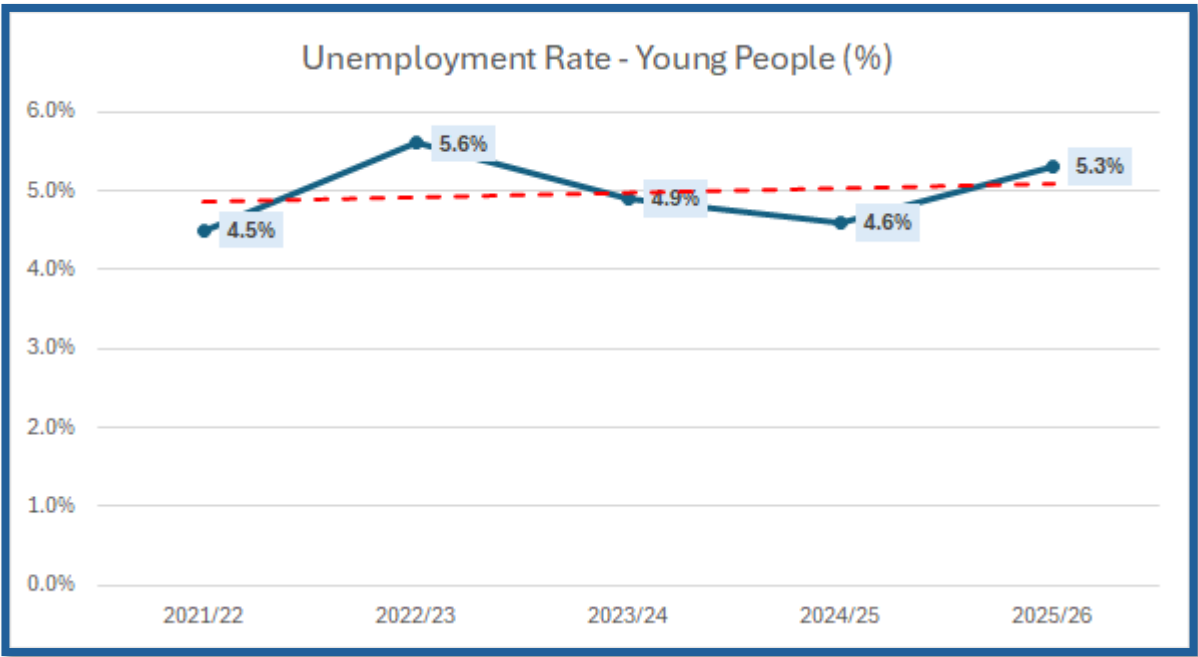
2024/25, an improvement of 8.1pp given the cohort over the past two years is similar in size. The CE destination rate is similar to the national rate (86.8%) whereas in 2023/24 it was lower.

The **Sustained Destinations** measure (nine months after leaving school), which has now been published for 2024/25, shows further improvement. Clackmannanshire has reached 92.6%, an increase from 92.0% in the previous year. This continues a positive trend evident since 2021/22, representing a total increase of 4.8 percentage points over this period

The approach reflects a longer-term, staged model of progression, focusing on confidence, skills development and readiness for employment.

While outcomes remain at an early stage, this work represents a shift towards a whole-system employability pathway, where individuals are supported through staged progression across education, justice, wellbeing and financial inclusion rather than through isolated interventions. This approach recognises that movement towards sustained employment is non-linear and requires coordinated, long-term support across multiple services. The five year average in Clackmannanshire unemployment rate is 5%, this represents an increase in 2025/26 for young people across Clackmannanshire (Figure 8). This remains a focus for the partnerships.

Figure 8: Clackmannanshire Unemployment Rate – Young People (%)



Source: Pentana: DVM ECD F3c: ONS NOMIS Data Portal

Progress in strengthening workforce development and improving follow-up leaver destinations has been enabled through aligned contributory actions:

- **Action 202 (Data and insight)** improving identification of need and targeting of services

- **Action 301 (Targeted engagement)** increasing participation and reducing barriers to entry
- **Action 302 (Desistance)** supporting individuals with justice experience into positive pathways
- **Outcome 4 (Employability and income maximisation)** strengthening financial stability and support
- **Outcome 5 (Wellbeing)** supporting confidence and readiness for progression

Key outcome insights

Learning across Outcome 3 confirms that outcomes for learning, life and work are strongest where services operate as a coordinated system rather than discrete programmes. Key learning includes:

Barrier removal is fundamental to engagement, particularly for those experiencing poverty, caring responsibilities or disadvantage. Access to childcare, financial support and local provision is enabling earlier and more sustained participation.

Progression is most effective when pathways are connected, linking education, employability, justice and wellbeing support. Individuals are more likely to achieve positive destinations where support is continuous rather than fragmented.

Attainment and employability outcomes are interdependent, with wellbeing, poverty and family circumstances significantly influencing engagement, achievement and progression.

Early intervention is improving long-term outcomes, with increased engagement in community-based and targeted provision contributing to confidence, skills development and readiness for transition.

A “distance travelled” approach is required, particularly for those furthest from opportunity, recognising that progression is incremental and requires sustained, multi-agency support.

Overall, learning indicates that improving outcomes in this area depends on the system’s ability to operate as an integrated pathway from early engagement through to sustained destination, rather than focusing on individual stages in isolation.

Looking ahead

The next phase will focus on strengthening and sustaining a whole-system approach to learning, life and work, ensuring that progress across Outcome 3 translates into consistent and long term improvements in participation, attainment and positive destinations.

Key priorities include:

- **Further strengthening integrated pathways**, ensuring individuals experience seamless transitions between education, employability, justice and community services.
- **Continuing to remove structural barriers to participation**, particularly childcare, transport and financial obstacles, to ensure equitable access to opportunities.

- **Improving progression into sustained positive destinations**, with a continued focus on those most at risk of disengagement and those with complex needs.
- **Strengthening alignment between education, skills and labour market demand**, including deeper employer engagement and more flexible pathways into employment.
- **Embedding a consistent “distance travelled” approach**, recognising incremental progress and supporting long term engagement and progression.
- **Enhancing the use of data and insight**, ensuring both attainment and destination outcomes are tracked and used to inform continuous improvement.

Through these priorities, Outcome 3 will continue to develop as a coherent system of support that enables people of all ages to engage, progress and contribute to their communities.

Outcome 4: Poverty in our communities is reduced by improving outcomes for all

Code	Strategic Action	RAG Status
401	Encourage voice-led transformation across services supporting families in or at risk of poverty	 Green
402	Develop Whole Family Support (WFS) approaches tailored to community needs	 Amber
403	Optimise income maximisation opportunities and referral pathways	 Green
404	Establish specialist employability support for those with criminal justice experience, including employer engagement	 Amber

Encourage voice-led transformation across services supporting families in or at risk of poverty - Action 401

Progress has been strengthened through a more integrated employability, childcare, and family support pathway, reducing barriers to work and enabling more sustainable routes out of poverty. Targeted employability interventions, including sector-based courses such as hospitality pathways, are achieving strong conversion rates, with several cohorts reaching or approaching full progression into employment.

This reflects the Whole Family Support approach in practice, with childcare, employability, youth work, and income support coordinated around families rather than delivered in isolation. As a result, families are accessing support earlier, experiencing more connected pathways, and are better supported to progress towards employment, education, and financial stability.

"Going to work allows me to continue to be me and not just a carer"

Parent receiving childcare, from Putting children and Families First Impact Story, Animate
March 2026

Community voice is now embedded across key decision-making structures, including the Transformation Space, Family Support Collaborative, and Local Employability Partnership. Mechanisms such as Family Voices, Community Panels, and What Matters to You (WM2U) are enabling children, families, and communities experiencing poverty to shape priorities, funding decisions, and service delivery.

Family Voices continues to inform the Family Support Collaborative and Family Wellbeing Hubs, supported by Community Connectors who are strengthening engagement. The Transformation Space Community Voice Panel (over 60 members) brings lived experience into service design across council services, with Housing, Educational Psychology, Family Wellbeing Partnership, and Employability contributing funding to support community-led decisions. There is committed continued investment into 2026/27. The Local Employability Partnership Community Leadership Panel embeds lived experience within employability system design, while Housing has further strengthened tenant voice through enhanced participation and co-produced policy development.

This represents a significant shift aligned to Local Child Poverty Action Report (LCPAR) duties, with partners including NHS Forth Valley contributing to a model where lived experience informs both strategic and operational delivery. Engagement is increasingly focused on those least likely to participate, using relational, community-based approaches to reach families experiencing the greatest disadvantage.

Progress in encouraging voice-led transformation has been enabled through aligned contributory actions:

- **Action 201 (Transformation Space)** embedding and community led investment decisions
- **Action 202 (Data and insight)** integrating lived experience with quantitative data
- **Outcome 1 (Whole family support and early help)** building trusted relationships that enable meaningful engagement
- **Outcome 5 (Wellbeing)** providing safe, accessible spaces for participation
- **Outcome 6 (UNCRC and co-design)** reinforcing participation as a rights-based duty

This integrated approach has shifted participation from consultation to co-production, strengthening the system's ability to target resources effectively and deliver impact on poverty.

**Develop Whole Family Support (WFS) approaches tailored to community needs –
Action 402**

Progress in developing Whole Family Support (WFS) approaches tailored to community needs is evolving but remains strategically significant, with WFS increasingly embedded as the core delivery model for tackling poverty in Clackmannanshire.

Through the Tackling Poverty Partnership and wider Community Planning Partnership structures, services are increasingly organised around families rather than organisational boundaries. Delivery through Family Wellbeing Hubs, STRIVE, THRIVE for Wellbeing and targeted family support programmes has strengthened integrated pathways across social services, income maximisation, childcare, mental health, housing, and employability.

As a Scottish Government WFS early adopter area, Clackmannanshire continues to inform national WFS development, with local learning and the Outcomes Improvement Framework (which underpins the One Plan approach) contributing to the **Scottish Government's WFS Outcomes framework** and approach. NHS Forth Valley and Council work closely on this agenda. This reflects a **maturing system where early intervention, prevention, and relational practice are replacing fragmented, service-led responses**.

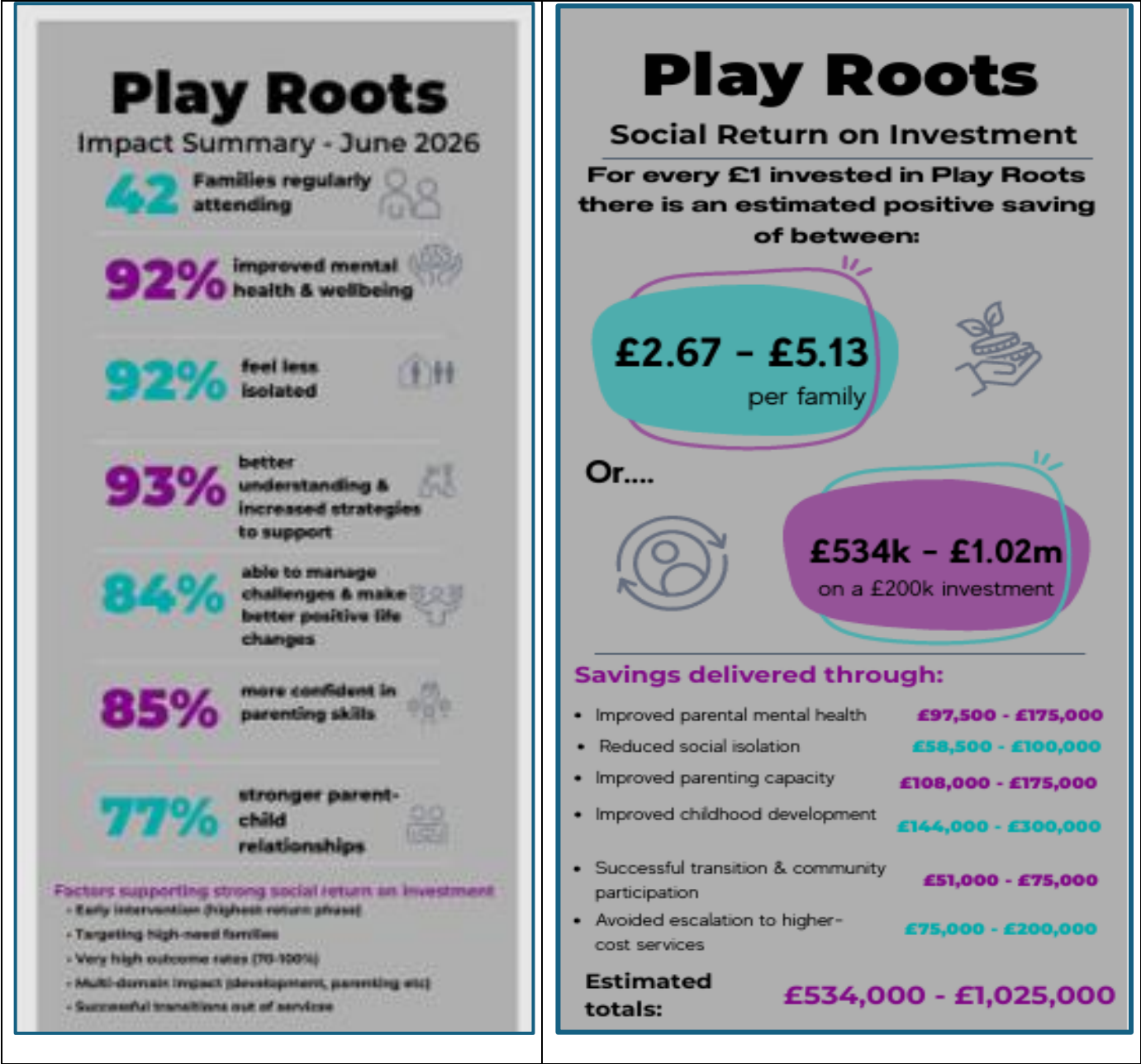
As part of our commitment to offering high-quality wrap-around support with a whole-family approach, the THRIVE team have begun working in close partnership with the STRIVE team to identify and respond to wider support needs.

The THRIVE programme is mapped below to WFS Outcomes demonstrates one element of WFS in action.

Wellbeing Outcome: People are healthy and active with improved health and wellbeing		
Whole Family Support Outcomes: The mental health of children, young people and families is improved; Holistic wellbeing (as understood through GIRFEC) is improved		
THRIVE Objective	2026a Outcome	
	% of participants recording improvement	Average % improvement on baseline score (where applicable)
Improved knowledge and management of day-to-day stress and anxiety	100%	124%
Improved self-esteem and confidence	Self-esteem: 100% Confidence: 100%	Self-esteem: 174% Confidence: 76%
Uptake of NHS Keep Well health assessments	91%	N/A
Wellbeing Outcome: Children and young people have improved life outcomes by growing up safe, loved and respected		
Whole Family Support Outcomes: Holistic wellbeing (as understood through GIRFEC) is improved; All children grow up feeling loved, safe and respected to realise their full potential		
Improved parental capacity and family relationships	71%	39%
Improved involvement in children's learning, development and attainment	86%	N/A
Wellbeing Outcome: People of all ages successfully contribute to our communities by developing the skills for learning, life and work		
Whole Family Support Outcomes: People enter, sustain and progress in fair work opportunities; Income is maximised		
Improved confidence and motivation to further employability skills	Motivation – 82% Employability Skills - 55%	Motivation – 111% Employability Skills - 50%
Participants exhibit health behaviour change through sustaining motivational goal-setting techniques	100%	N/A
Improved access to community-based supports and opportunities	100%	N/A
Wellbeing Outcome: Poverty in our communities is reduced by improving outcomes for all		
Whole Family Support Outcomes: Income is maximised; Increased financial security		
Improved financial health	55%	56%
Improved housing satisfaction	36%	31%

While impact is still emerging, early evidence indicates improved engagement, reduced duplication, and stronger coordination of support, particularly for families with complex and multiple needs.

Play Roots, one of many stands of the Child Wellbeing Partnership is a key example of families, practitioners and professionals working together to improve outcomes for families . This is funded through Scottish Government, Age Childcare



“It’s completely life changing for us... it’s truly a lifeline.”

Parent of a child with additional support needs (accessing childcare through the Child Wellbeing Partnership), Scottish Government funded All Age Childcare Early Adopter Community)

Progress in developing Whole Family Support approaches tailored to community needs has been enabled through aligned contributory actions:

- **Action 103 (Early help and integrated services)** Providing the operational infrastructure for WFS delivery
- **Action 202 (Data and insight)** Strengthening targeting, coordination and service integration
- **Action 401 (Voice-led transformation)** Ensuring services are shaped by lived experience
- **Action 403 (Income maximisation)** Embedding financial support within family pathways
- **Outcome 5 (Mental health and wellbeing)** Addressing key drivers of family need

This demonstrates that Whole Family Support is not a standalone intervention, but a system-wide delivery model linking multiple actions across third sector and public service partners. Reflecting this shared commitment, the Clackmannanshire Alliance has approved a restructure which includes a new **Whole Family Support Accountability and Reporting Group**.

Optimise income maximisation and referral pathways – Action 403

Progress has been strong and evidence rich, with clear and measurable impact on household income, financial stability and crisis prevention.

Delivery through the Tackling Poverty Partnership has resulted in significant financial gains for households, including:

- £2.45 million secured through Citizens Advice Bureau support
- £94,690 in crisis support through Aberlour, supporting 343 individuals (195 children)
- Direct financial gains through targeted programmes such as the Young Parents' Project

Referral pathways have strengthened significantly, with improved coordination between Department for Work & Pensions (DWP), Citizens Advice Bureau (CAB), Clacks Works, Housing Services and NHS Forth Valley partners. Income maximisation support is now increasingly embedded in universal and targeted services, including Family Wellbeing Hubs, health settings and community provision.

Figure 9: Percentage of Children (Aged under 16) living in Relative Low Income Families AFTER Housing Costs (2024 – 2025) - Clackmannanshire

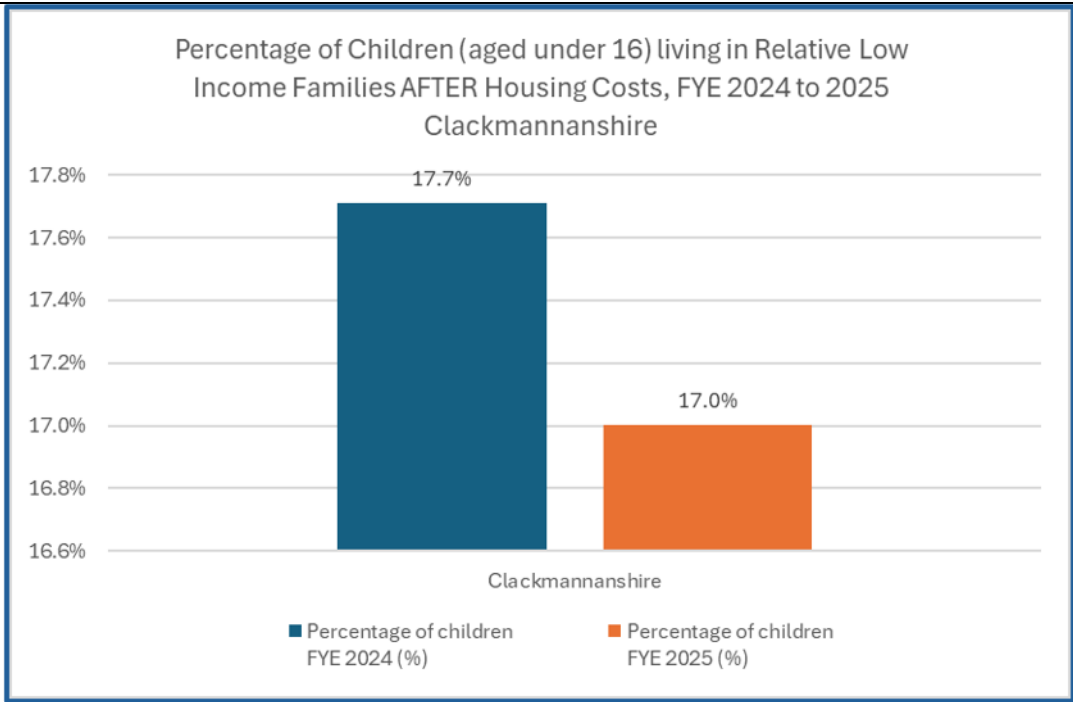


Figure 9 illustrates the fall in poverty rates for children living in low income families. This data now includes DWP data which provides a more accurate reflection of the local poverty rates. In just a year Clackmannanshire has reported a fall in poverty rates which equates to 84 less children living in poverty.

Source <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2022-to-2025/children-in-low-income-families-local-area-statistics-financial-year-ending-2025#at-a-local-authority-level>

FYE (For year-end) = January to December

As part of this integrated approach, childcare has played a critical enabling role. The childcare Single Point of Contact (SPOC) works closely with the Child Wellbeing Partnership and Clackmannanshire Works to promote childcare as a route into employment. Outreach activity across Jobcentre settings, community hubs and schools has increased awareness of childcare support and improved access for parents who would otherwise face barriers to work or training.

Regular presence at the One Stop Shop at The Hive, alongside youth work colleagues, has supported connected engagement with parents and young people. This has led to direct referrals and follow-up support, including additional outreach at Sauchie Resource Centre and Action for Children in Tullibody.

This partnership-based outreach model is now operating across most areas of the county, strengthening access to childcare, employability and wider family support. This integrated approach is contributing to positive employment outcomes. Throughout 2025/26, a consistent proportion of Universal Credit customers moved into work each month, with stronger outcomes evident when excluding health-journey customers.

For customers with Limited Capability for Work and Work-Related Activity (LCWRA), progress is measured through **distance travelled**, rather than immediate job outcomes.

Through dedicated Pathways Work Coaches, customers are receiving tailored, trauma-informed support that is enabling meaningful progress — including engagement with education, confidence-building, CV development and early job search activity. These steps represent significant change for individuals who were previously disengaged due to health or wellbeing challenges and form a critical part of long-term poverty reduction.

STRIVE has enhanced early identification of financial hardship, with increased referrals relating to financial insecurity and high rates of successful onward referral to specialist support. This demonstrates a system that is increasingly able to intervene early to prevent escalation into crisis.

Through embedded STRIVE assessments within THRIVE, participants were connected to housing support, income maximisation and disability benefit advice. Three participants received financial support linked to Adult Disability Payment and housing issues were resolved for several families, removing barriers to wellbeing and progression.

Progress in income maximisation has been enabled through aligned contributory actions:

- **Action 402 (Whole Family Support)** integrating financial support into family-centred pathways
- **Outcome 1 (Safeguarding)** identifying financial stress as a key risk factor
- **Outcome 3 (Employability and skills)** improving longer term income potential
- **Outcome 5 (Wellbeing)** supporting engagement with advice and support services
- **Housing and prevention activity** reducing risk of eviction and homelessness

This alignment demonstrates that income maximisation is most effective when delivered as part of a coordinated, preventative system rather than a standalone service.

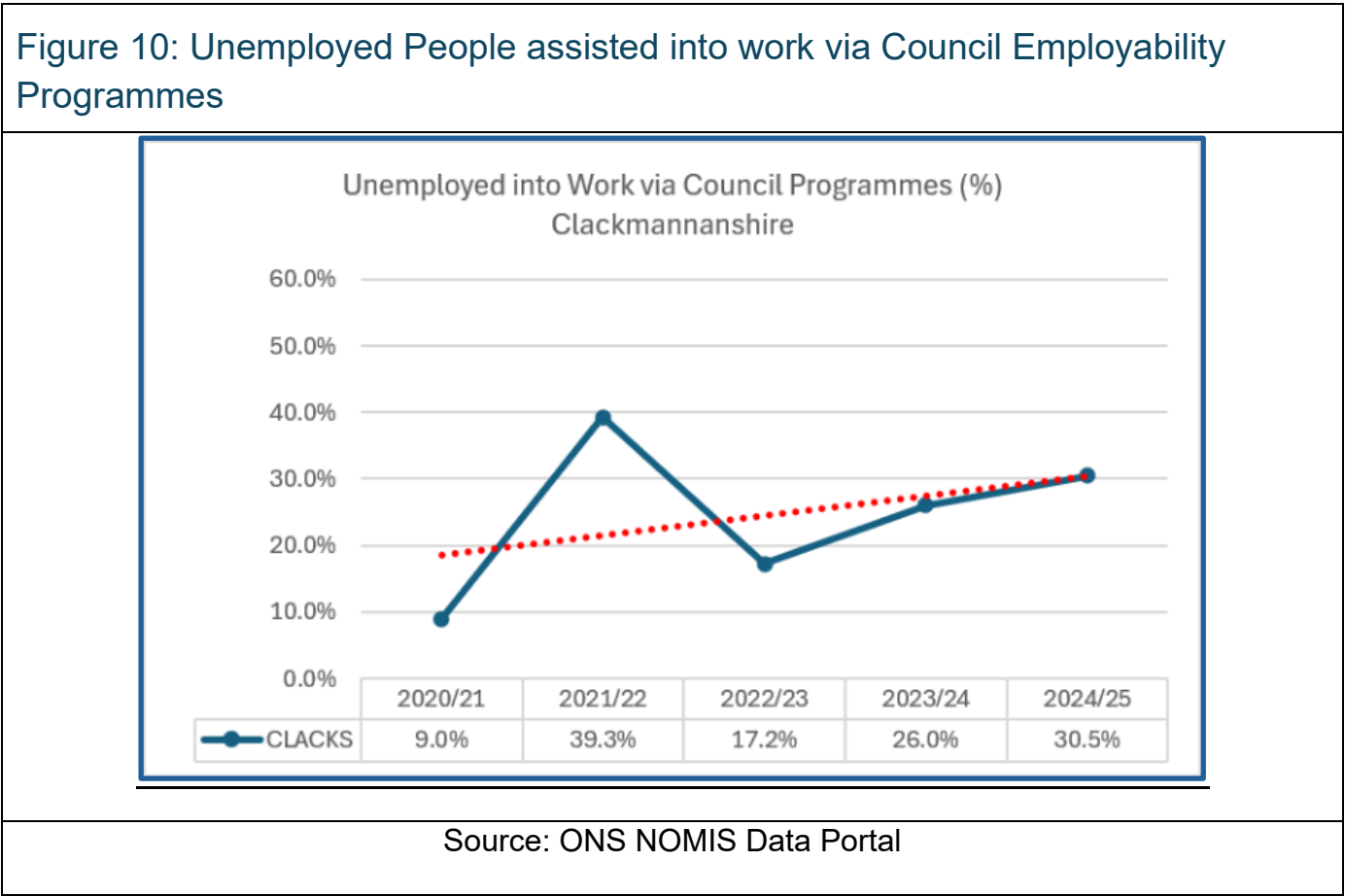
Establish specialist employability support for those with criminal justice experience, including employer engagement - *Action 404*

Progress is developing but strategically important, with early evidence of improved coordination between justice services, employability provision and wider poverty reduction activity.

Through the Tackling Poverty Partnership and Community Justice Partnership, employability support is increasingly aligned with income maximisation, financial inclusion and early intervention models such as STRIVE. This is enabling individuals with justice experience to access more holistic, person-centred pathways into employment and training.

While provision remains at an early stage, emerging activity reflects a system shift towards inclusive employability, recognising the link between justice involvement, poverty and long-term disadvantage.

Figure 10 shows that more unemployed people, supported by Employability Programmes by Clackmannanshire Council, are being assisted into work; an increase of 21.5 percentage points since 2020-21.



Progress in providing employability support for those with justice experience (Action 404) has been enabled through aligned contributory actions:

- **Action 203 (Community justice partnership)** strengthening coordinated justice pathways
- **Action 302 (Desistance)** linking justice to employability outcomes
- **Action 403 (Income maximisation)** addressing financial barriers
- **Outcome 2 (Transformation Space)** supporting funding for targeted interventions
- **Outcome 3 (Skills and pathways)** providing progression routes

This demonstrates that employability for this group depends on integrated support across justice, poverty and skills systems.

What we are learning

Learning across Outcome 4 confirms that tackling poverty requires coordinated, multi-agency system delivery, rather than isolated programmes or services. Key learning includes:

- **Financial gains are significant and impactful**, but sustainable poverty reduction requires alignment with employability, housing, childcare and wellbeing support.
- **Whole Family Support is a critical delivery model**, enabling services to respond to multiple and interconnected needs in a coordinated way. Early evidence shows improved engagement and reduced duplication where this approach is embedded.
- **Voice-led approaches improve targeting and effectiveness**, particularly when families experiencing poverty influence both design and resource allocation.
- **Early identification of financial hardship is improving**, particularly through STRIVE, health services and community based provision, enabling more preventative responses.
- **Partnership delivery is essential**, with the Tackling Poverty Partnership (including NHS Forth Valley) providing a critical mechanism for aligning resources, data and delivery.
- **Structural economic factors continue to influence outcomes**, meaning local interventions must be sustained, targeted and preventative to mitigate wider pressures.
- **System impact** – a maturing system where barriers to employment, including childcare, confidence and access to opportunities, are being addressed in a coordinated way, services are aligned around shared outcomes rather than operating in isolation and families are supported through connected pathways, rather than navigating multiple services

This integrated model is strengthening the system's ability to support individuals and families to move out of poverty and towards more stable, sustainable futures.

Overall, learning indicates that progress is strongest where the system operates as a **coordinated poverty reduction model**, combining income maximisation, early intervention and whole-family support.

Looking Ahead

The next phase will focus on strengthening the system-wide delivery of the Local Child Poverty Action Plan 2026/27, ensuring continued alignment across Council services, NHS Forth Valley and wider partners through the Tackling Poverty Partnership.

Key priorities will include:

Further embedding Whole Family Support across all partnerships, through the WFS Accountability and Reporting Group, ensuring consistent, preventative and coordinated support across all services and communities.

Strengthening early identification of financial vulnerability, with enhanced pathways from health, education and community services into money advice and income maximisation support, reducing escalation into crisis.

Sustaining and increasing income maximisation activity, including social security uptake and benefits in kind, while improving access through digital platforms and self-referral routes.

Reducing cost-of-living pressures, with a strengthened partnership approach to tackling debt, fuel poverty and food insecurity, alongside improved understanding of impacts across priority and equality groups.

Improving employability pathways for priority groups, including those with justice experience and families at risk of poverty, through a more integrated, person-centred employability system and stronger engagement with local employers to support fair work and progression.

Strengthening integration between financial inclusion, childcare, housing and wellbeing services, ensuring coordinated, whole-family support that addresses the underlying drivers of poverty.

Enhancing partner accountability and performance reporting, ensuring contributions to delivery are clearly evidenced across all partners, supported by strengthened use of data and lived experience.

Outcome 5: People are healthy and active with improved health and wellbeing

Code	Strategic Action	RAG Status
501	Ensure access to continuum of mental health and wellbeing services for children, young people and families and prioritise prevention - focused mental health and wellbeing initiatives	● Green
502	Progress the Wellbeing hub and Lochies School project through design to construction	● Green
503	Increase opportunities for healthier behaviours, focusing on those facing inequality	● Green
504	Develop shared measures and targets to improve community health and wellbeing	● Green

Ensure access to continuum of mental health and wellbeing services for children, young people and families and prioritise prevention - focused mental health and wellbeing initiatives – *Action 501*

Progress has been strong and increasingly embedded, with clear evidence of a whole-system approach to mental health and wellbeing, spanning prevention, early intervention and targeted support.

Delivery across partners, has strengthened a continuum of support, ensuring that children, young people and families can access the right support at the right time. This includes community-based prevention, school-based provision, targeted therapeutic interventions and digital mental health supports.

There is robust evidence of early intervention and preventative activity having a measurable impact. The Counselling in Schools Service continues to demonstrate strong outcomes, with high referral levels and a majority of young people showing improvement. Complementary services, including digital platforms and community-based interventions, are expanding reach and reducing barriers to support.

THRIVE participants demonstrated strong progression outcomes, with 100% sustaining activity towards personal goals, 55% engaging in wider community opportunities, 45% applying to volunteer and 18% progressing into employability support. Additionally,

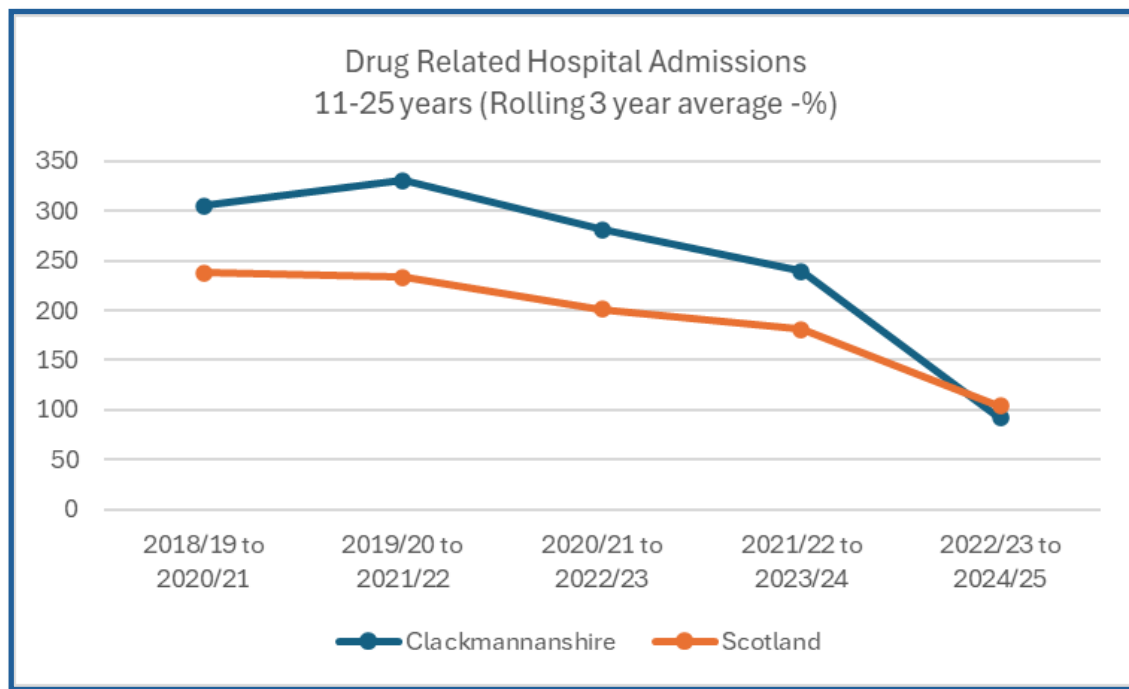


Importantly, population level indicators show significant improvement in mental health outcomes, most notably:

- **A sustained reduction in deaths by probable suicide among 11–25 year olds**
- **A zero death rate recorded in 2024/25, unique across Scotland**

A fall of more than **62%** in the number of **drug related hospital admissions for young people (11-25 years)** – Figure 11.

Figure 11: Drug related Hospital Admissions (Young People 11-25 years)



Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Progress in ensuring access to a continuum of mental health and wellbeing services for children, young people and families, with a focus on prevention (Action 501), has been enabled through strong system-wide alignment, including:

- **Action 103 (Early help and family support)** ensuring timely access to mental health and wellbeing services
- **Action 105 (Trauma-informed workforce)** improving quality and consistency of responses
- **Action 201 (Transformation Space)** enabling investment in community based mental health provision
- **Action 503 (Healthy behaviours)** strengthening physical health, confidence and social connection
- **Outcome 4 (Poverty reduction)** addressing key drivers of poor mental health

NHS Forth Valley has played a central role in leading and coordinating elements of this work, particularly in ensuring clinical pathways, early intervention models and population health approaches are aligned with community based delivery.

Together, these contributions demonstrate a whole-system approach to mental health, rather than a reliance on specialist services alone.

Progress the Wellbeing hub and Lochies School project through design to construction – *Action 502*

Progress is strong and on track, with the Wellbeing Hub and Lochies School project advancing through design and into construction, representing a major long-term investment in preventative infrastructure.

The project is progressing in line with programme and budget, with key construction milestones achieved and strong governance in place. Partnerships with NHS, education, third sector and community organisations are being formalised, with Memoranda of Understanding supporting future integrated service delivery.

Critically, the Hub represents a system enabler rather than a standalone facility, bringing together health, wellbeing, education and community services in a single location. Co-design activity, including engagement with lived experience groups, is ensuring that services will be responsive, accessible and aligned to community need.

While impact will be realised over the longer term, early progress demonstrates strong alignment with prevention, integration and place-based delivery principles.

Progress in advancing the Wellbeing Hub and Lochies School project from design through to construction, with a focus on prevention, integration, and place-based delivery, has been enabled through aligned contributory actions:

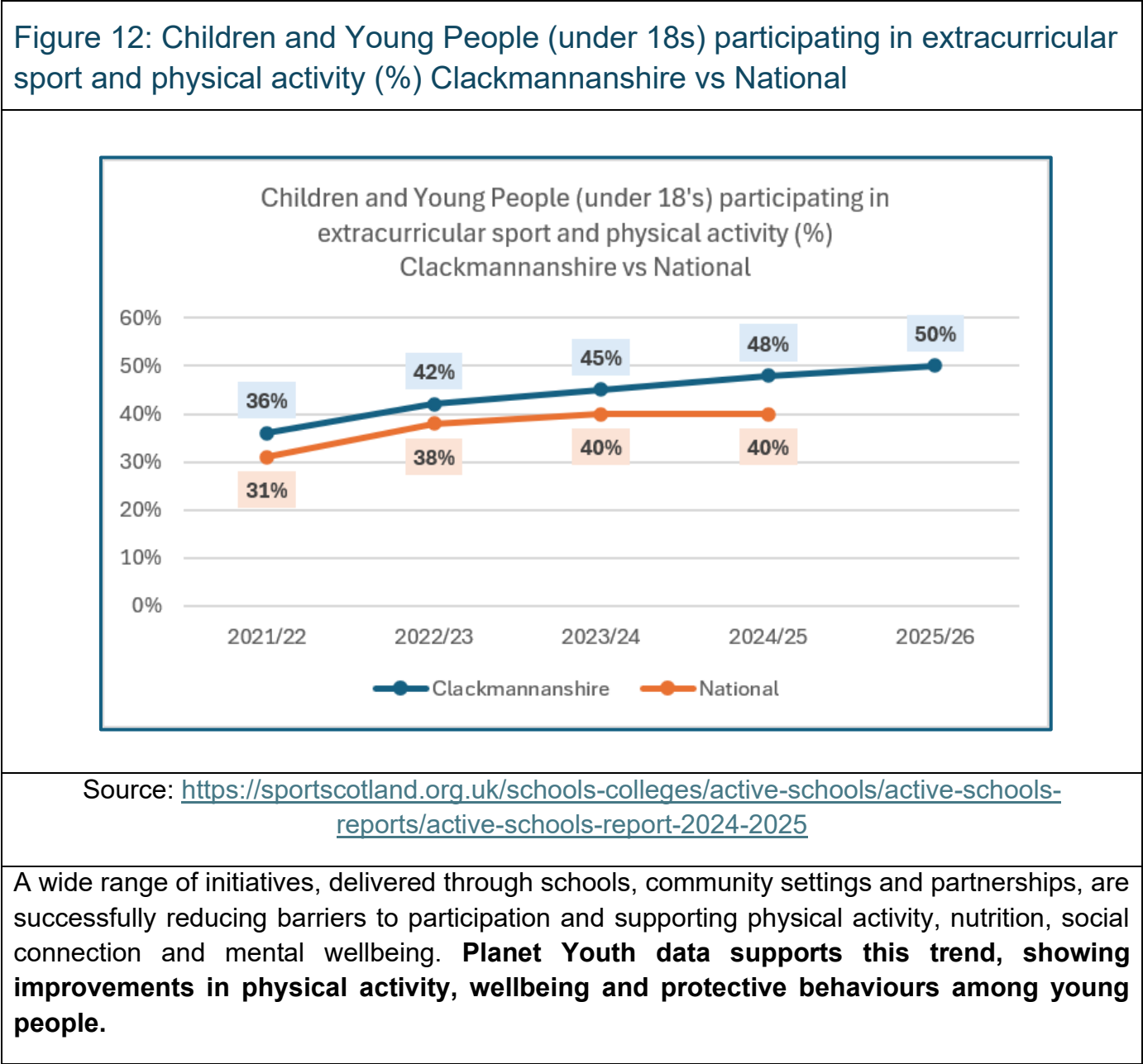
- **Action 103 (Early help)** aligning services around families and communities
- **Action 501 (Mental health continuum)** shaping the design of integrated wellbeing services
- **Outcome 2 (Community voice and transformation)** ensuring co-design and community influence
- **Outcome 4 (Poverty and inequality)** targeting areas of greatest need

This demonstrates that the Hub is being developed as part of a whole-system approach to wellbeing, inclusion and prevention, rather than a capital project in isolation.

Increase opportunities for healthier behaviours, focusing on those facing inequality - *Action 503*

Progress has been very strong, with clear evidence of increased participation in healthier behaviours and improved outcomes for those experiencing inequality. Clackmannanshire's Active School Participation Rate has continued to increase from 2021/2022 data to 2025/2026 9sourced

from Source: https://scotland.shinyapps.io/ScotPHO_profiles_tool/ and remains above the national rate. Likewise the number of under 18s participating in extracurricular sport and physical activity continues to increase and based on last national published data, remains above the national rate (see Figure 12).



Evidence of impact includes:

- Increased participation in school and community physical activity programmes, including strong engagement from priority groups.
- Sustained growth in initiatives such as Active Schools and targeted programmes for girls and vulnerable groups.

- Measurable improvements in confidence, wellbeing and social connection, supported by qualitative and participation data.
- Initiatives such as Fit for Girls, cash first leisure access scheme and targeted outreach programmes are contributing to cultural change as well as behaviour change, supporting longer-term health outcomes

Progress in increasing opportunities for healthier behaviours, with a focus on those experiencing inequality, has been enabled through aligned contributory actions:

- **Action 301 (Targeted initiatives)** engaging disadvantaged groups
- **Action 501 (Mental health and wellbeing)** linking physical activity to emotional wellbeing
- **Outcome 2 (Community empowerment)** supporting community-led activity and engagement
- **Outcome 4 (Poverty reduction)** removing financial barriers to participation

This demonstrates that improvements in healthier behaviours are driven by **coordinated action across health, education and community systems**.

Develop shared measures and targets to improve community health and wellbeing
- *Action 504*

Progress has been strong, with the Outcomes Improvement Framework (OIF) now fully established as a core system enabler for measuring, assuring and improving outcomes across the entire Community Wellbeing Plan.

The OIF provides a single, integrated framework that links activity, investment and outcomes across all six strategic outcomes, supporting a One Plan, One Report approach. It enables partners, including Clackmannanshire Council, NHS Forth Valley and wider community planning partners, to assess whether collective action is delivering meaningful change for children, families and communities.

The framework supports a structured and balanced approach to performance, incorporating:

Core indicators – measuring progress against outcomes

Contextual indicators – providing insight into wider economic and social factors

Supplementary indicators – including service activity, case studies and lived experience

This approach ensures that performance is interpreted in context and supports continuous improvement, rather than isolated reporting of outputs. The OIF is now being used to inform:

- strategic decision-making and resource allocation

- partnership governance and scrutiny
- statutory assurance requirements
- system-wide learning and evaluation

Importantly, the framework shifts the focus from measuring activity to understanding impact, providing clearer line of sight between what the system delivers and what changes for people.

Progress in developing shared measures and targets to improve community health and wellbeing has been enabled through aligned contributory actions:

- **Action 202 (Data and insight)** strengthening availability and quality of data
- **All strategic outcomes (1–5)** contributing data, evidence and learning into a shared framework
- **Outcome 2 (Transformation Space and governance)** linking performance information to decision making and investment
- **Outcome 6 (Rights, participation and accountability)** reinforcing transparency and scrutiny

This demonstrates that the OIF operates as a whole-system infrastructure—supporting integration, accountability, and continuous improvement rather than being owned by a single service or outcome.

Key outcome insights

Learning across Outcome 5 confirms that improving health and wellbeing outcomes requires a preventative, whole-system approach, rather than reliance on specialist or clinical services alone. Key learning includes:

Early intervention and prevention are having a measurable impact, particularly where mental health support is accessible, community based and integrated with wider services.

Mental health outcomes are improving where a full continuum of support is in place, combining universal, targeted and specialist provision with strong referral pathways.

Population-level indicators, including reductions in suicide, suggest positive system impact, although continued monitoring is required given small numbers and external factors.

Physical activity and healthier behaviours are closely linked to mental wellbeing, highlighting the importance of integrated approaches across health, education and community services.

Partnership leadership is critical, with NHS Forth Valley playing a key role in aligning clinical pathways with community based and preventative provision.

Infrastructure and system enablers, such as the OIF and Wellbeing Hub, are essential to sustaining long term improvement, supporting coordination, learning and accountability.

Overall, learning indicates that improvement is strongest where the system operates as a coordinated health and wellbeing model, focusing on prevention, early intervention and reducing inequalities.

Looking ahead

The next phase will focus on sustaining and scaling a preventative, whole-system approach to health and wellbeing, ensuring continued improvement in outcomes and reduction in inequalities.

Key priorities include:

- **Strengthening the mental health continuum**, ensuring consistent access to prevention, early intervention and specialist support
- **Building on progress in reducing suicide and improving mental health outcomes**, maintaining focus on early identification, community support and partnership working
- **Maximising the impact of the Wellbeing Hub**, ensuring integrated, place-based service delivery aligned to community need
- **Further increasing participation in healthier behaviours**, particularly for those experiencing inequality
- **Strengthening partnership delivery and accountability**, with NHS Forth Valley continuing to play a central leadership role
- **Enhancing use of data and evaluation through the OIF**, ensuring continuous learning and improvement

Through these priorities, Outcome 5 will continue to deliver a coordinated, preventative health and wellbeing system, supporting improved outcomes for individuals, families and communities across Clackmannanshire.

Outcome 6 - Human rights are respected and fulfilled by tackling inequalities across our communities

Code	Strategic Action	RAG Status
601	Champion UNCRC and The Promise across policies and services	 Green
602	Improve experiences for children with disabilities	 Amber
603	Support learning potential by targeting Additional support for Learning resources effectively	 Amber
604	Facilitate reintegration of offenders into the community	 Amber
605	Embed voice and co-design in policy and service development	 Green

Outcome 6 reflects the Council and its partners' commitment to human rights, participation and tackling inequalities as core principles underpinning all activity within the Community Wellbeing Plan.

This includes delivery of statutory duties arising from the United Nations Convention on the Rights of the Child (UNCRC) (Scotland) Act, which came into force during the reporting period, **with provisions applied from July 2024**.

While this report covers the period 1 April 2025 to 31 March 2026, it also **incorporates relevant backdated activity from July 2024 onwards, reflecting the contribution of the Wellbeing Directorate to the new statutory duty**. This will inform the corporate UNCRC report, which will be submitted separately.

Outcome 6 is therefore cross-cutting, demonstrating how rights-based approaches, participation and tackling inequalities are embedded across all outcomes, services and partnerships.

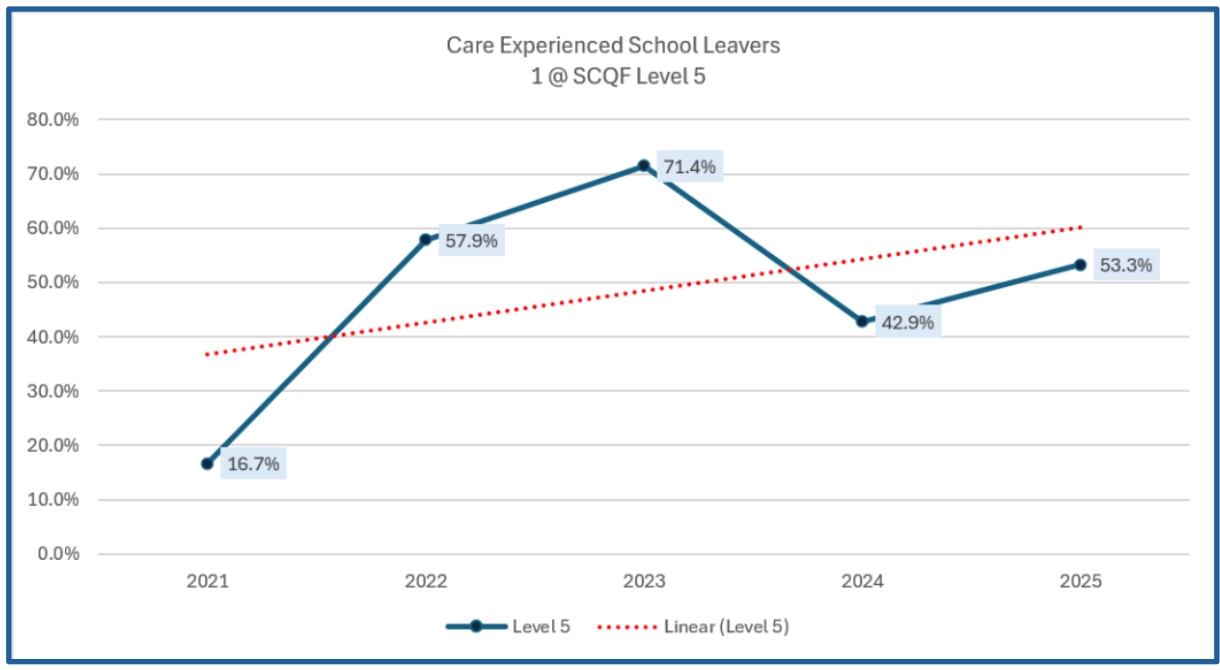
Champion UNCRC and the Promise across all policies and services - Action 601

Progress has been strong and system-wide, with clear evidence that UNCRC principles and The Promise are increasingly embedded in policy, practice and service delivery across the Wellbeing Directorate and partner organisations.

Significant progress has been made in preparing for, and implementing, the statutory duties under the UNCRC (Scotland) Act, including the development of governance structures, workforce awareness and alignment of policies and processes. A cross Council working group has supported implementation, with a particular focus on ensuring children’s rights are understood and applied consistently across services.

Education settings continue to demonstrate strong rights-based practice, with full participation in the Rights Respecting Schools programme and strengthened internal capacity through trained assessors and shared learning. Across services, the principles of participation, non-discrimination and best interests of the child are increasingly evident in decision-making.

Figure 13: Care Experienced School Leavers Attainment (1 @ SCQF Level 5)



Source: Insight, Scottish Government Benchmarking Tool

Delivery of The Promise remains a key driver of system change, with progress in trauma-informed practice, care experienced support and relational approaches. Workforce training and engagement activity has strengthened shared understanding across partners, contributing to a more consistent, rights-based culture. Attainment for Care Experienced School Leavers at SCQF Level 5 (Figure 13)

is on an upward trend with an increase of 37 percentage points since 2021 (Figure13). Importantly, rights are increasingly being operationalised rather than referenced, with evidence that they are shaping service design, resource allocation and practice.

Progress in championing UNCRC and The Promise across all policies and services has been enabled through aligned contributory actions:

- **Action 105 (Trauma-informed workforce)** Supporting relational and rights-based practice
- **Outcome 1 (Safeguarding)** Embedding children's rights within protection and care systems
- **Outcome 2 (Voice and participation)** Strengthening mechanisms for children and young people to influence decisions
- **Outcome 4 (Poverty reduction)** Addressing inequalities in line with UNCRC principles
- **Outcome 5 (Wellbeing)** Supporting the right to health and wellbeing

This demonstrates that delivery of UNCRC is dependent on **whole-system alignment across all outcomes**, rather than a single programme of work. Reflecting this approach, UNCRC will be embedded across all actions within the Community Wellbeing Plan 2026/27, rather than positioned as a standalone strategic action.

Direct support and resources to improve experiences for children with disabilities – *Action 602*

Progress is developing, with meaningful improvements in **early intervention, partnership working and workforce capacity**, alongside recognition of ongoing pressures relating to demand and system capacity.

Specialist provision, co-designed and funded through the Child Wellbeing Partnership (Scottish Government All Age Childcare), including Play Alloa SAC, Wee Play Alloa and ASN-specific childcare, continues to play a critical role in enabling children with additional support needs to access equitable opportunities for play, learning and social development. These services remain an important preventative resource for families and contribute positively to inclusion and wellbeing.

“They gave me confidence as a parent. They gave advice on co-regulation and helping to de-escalate situations.” – Child Wellbeing Partnership, Play Roots parent

Partnership working with Speech and Language Therapy (SLT) has delivered particularly strong impact through a preventative, system-focused model of practice. Caseloads remain well below pre-pandemic levels, reflecting effective early help conversations and capacity building approaches, with 84% of early contacts supporting education staff to continue meeting children's needs without escalation to formal referrals. Responsiveness remains a key strength, with 83% of first contacts made within four weeks and 98% within twelve weeks, alongside immediate advice through helplines and in-placement consultations. A comprehensive workforce development programme has strengthened universal provision, delivering 46 training sessions across 26 establishments to over 500 staff. This has been reinforced through in-context coaching and modelling, contributing to sustained improvement in communication-friendly environments, evidenced by multiple Gold and Diamond Communication Environment Awards across early years,

primary and secondary settings. Collectively, this work demonstrates effective demand management, improved practitioner confidence and stronger early intervention across the system.

At a regional level, the Paediatric Neurodiversity Improvement Collaborative continues to provide a valuable forum for shared learning and system development across Forth Valley. Progress has been made in developing focused workstreams, including assessment pathways and engagement, while partners continue to recognise and articulate the need for national level change on issues such as the purpose and function of diagnosis. This reflects mature, realistic joint working within the limits of local influence.

Demand for Children with Disability services has continued to rise, consistent with earlier identification of needs in Early Learning and Childcare (ELC) settings and schools. Despite this sustained pressure, and ongoing workforce challenges, particularly within social work and Occupational Therapy (OT), the service has maintained delivery through targeted use of agency staff and partial OT cover. This has enabled continued progress with assessments and care packages, alongside market shaping activity that has expanded the provider landscape through the introduction of five new providers.

However, significant pressures remain. Persistent gaps are evident in meeting the needs of children with complex autism, and transitions to adult services continue to be an area of heightened risk. Some children remain on waiting lists for appropriate support packages, and capacity constraints within adult services have impacted negatively on transition planning, placing strain on families. These challenges are recognised and being actively addressed through service development and commissioning activity.

In response, the service has piloted new autism support in partnership with Scottish Autism and Alloa Family Centre and strengthened joint working with Education and Educational Psychology. These initiatives are informing a wider commissioning exercise aimed at addressing unmet need and improving the coherence of autism support.

Encouragingly, by March 2026 the waiting list for Children with Disability Team assessments had begun to reduce through targeted deployment of agency staff, and occupational therapy capacity improved following a successful capital bid that enabled progress on outstanding aids and adaptations. This demonstrates effective use of short-term resource to stabilise pressures while longer-term solutions are developed.

Strategic focus is now appropriately shifting toward sustainability and improved lived experience. Planned developments include expanded group and outreach provision for children with autism, strengthened partnership commissioning from 2026 onwards, and closer joint governance with Health and Social Care Partnership colleagues to improve transitions to adulthood. This integrated approach across Children's, Education and Adult Services is critical to improving continuity, reducing family distress and achieving better long-term outcomes.

Overall, progress against this strategic action reflects strong preventative practice, effective partnership working and targeted mitigation of system pressures, alongside a clear and realistic understanding of remaining gaps. The emphasis on sustainability, integration and commissioning

reform positions the service well to improve experiences for children with disabilities and their families over the next phase. Specialist services and targeted provision continue to support children with complex needs, with expansion of provider capacity and new service developments, particularly in relation to autism support. Early evidence shows improvements in responsiveness and reductions in waiting lists through targeted interventions.

However, challenges remain in meeting demand, particularly for children with complex needs and during transitions to adult services. This highlights the need for continued system development and commissioning approaches to improve long-term sustainability and outcomes.

Progress in directing support and resources to improve experiences for children with disabilities has been enabled through aligned contributory actions:

- **Action 603 (ASL resources)** Strengthening inclusive practice within education
- **Outcome 1 (Safeguarding and early help)** Enabling earlier identification of need
- **Outcome 4 (Whole Family Support)** Addressing wider family needs
- **Outcome 5 (Health partnerships, including NHS Forth Valley)** Supporting integrated clinical and community pathways

This demonstrates that improving experiences for children with disabilities requires coordinated delivery across education, health and social care systems.

Support learning potential by targeting Additional support for Learning resources effectively - *Action 603*

Progress has been good, with evidence of improved targeting of resources, strengthened professional learning and more consistent decision making across the system. This is against a backdrop of increasing numbers of children and young people with Additional Support Needs (ASN as indicated in Figures 14 and 15).

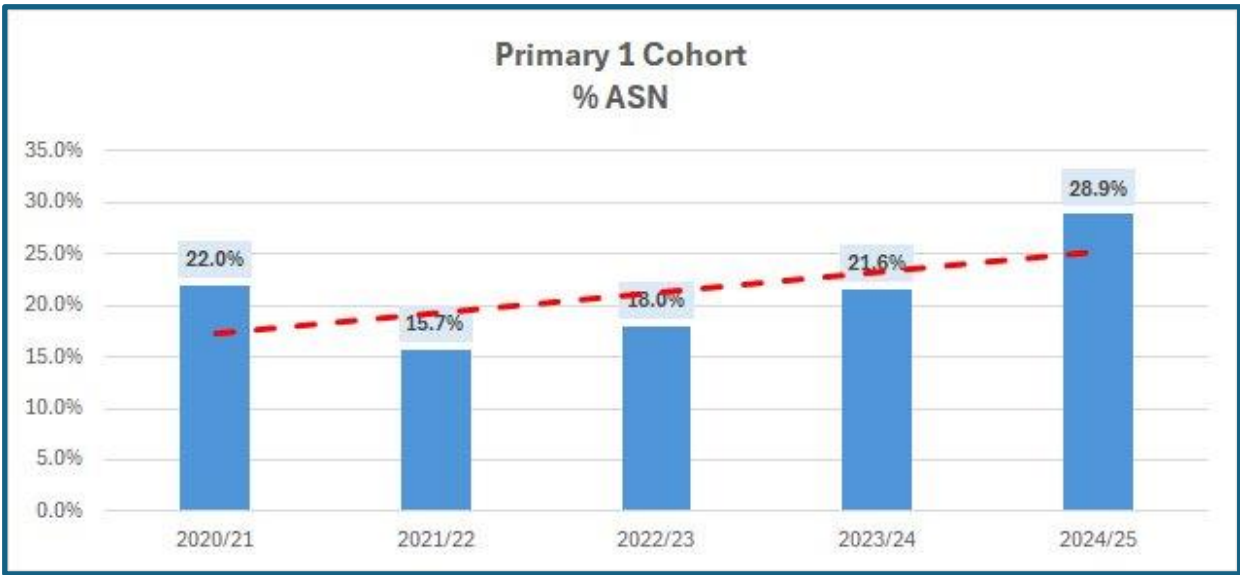
Revised guidance and strengthened processes, including Internal Resource Groups, are supporting earlier and more proportionate decision making, reducing inappropriate referrals and reinforcing inclusive practice within mainstream settings.

Workforce development remains a key strength, with targeted training for learning assistants and practitioners improving confidence and capability. Collaboration with partners has strengthened rights-based approaches, including improved mechanisms for capturing and responding to children's views.

Figure 14: Clackmannanshire - % Additional Support Needs (ASN) Overall Cohort 2020/21 to 2024/25



Figure 15: Clackmannanshire - % Additional Support Needs (ASN) Primary 1 Cohort 2020/21 to 2024/25



Source – [SEEMiS Group LLP](#)

The Educational Psychology Service continues to provide a valued, relational model of support, although capacity pressures remain. Work is underway to adapt delivery models to maintain impact and respond to demand.

Overall, progress reflects a system that is increasingly able to balance inclusive practice with targeted support, ensuring resources are used effectively to improve outcomes for children and young people.

Progress on supporting learning potential by effectively targeting Additional Support for Learning (ASL) resources has been strengthened through alignment with several key actions and outcomes across the system:

- **Action 105 (Workforce development)** improving practitioner capability
- **Action 304 (Learning and teaching)** strengthening system consistency
- **Outcome 6 (UNCRC)** reinforcing participation and inclusion
- **Outcome 5 (Wellbeing)** supporting engagement and readiness to learn

This demonstrates that effective ASL delivery depends on alignment between workforce, policy and inclusive practice across the system.

Facilitate reintegration of offenders into the community-Action 604

Progress has been positive, with strengthened approaches to reintegration, early intervention and coordinated support for individuals involved in the justice system. Partnership working across justice, housing, employability and health services has improved the continuity of support for individuals at key transition points, particularly liberation from custody. Early engagement, supported through STRIVE and community justice pathways, is reducing immediate risk and improving access to housing, financial support and employability services.

Preventative activity, including strengthened pathways into employability and support for underlying needs such as substance use and mental health, is contributing to improved outcomes and reducing the risk of re-offending.

While challenges remain, particularly in relation to accommodation and long-term employment, progress demonstrates a shift towards a more coordinated, rights-based and rehabilitative system of support.

Facilitating reintegration of offenders into the community has been enabled through alignment with key system actions and outcomes:

- **Action 302 (Desistance and diversion)** Strengthening preventative justice approaches and earlier intervention
- **Action 404 (Employability and poverty)** Improved access to progression pathways, including education, training, and employment opportunities

- **Outcome 4 (Income maximisation)** Enhanced financial stability, supporting individuals to sustain reintegration
- **Outcome 5 (Mental health)** Supporting underlying needs

This demonstrates that reintegration is most effective when delivered through a whole-system approach addressing social, economic and health factors.

Embed voice and co-design-Action 605

Progress has been strong and increasingly embedded, with clear evidence that participation and co-design are shaping services, policy and resource allocation across the system.

Mechanisms such as Family Voices, Community Panels, Transformation Space and youth participation structures are enabling children, young people and communities to influence decision-making in meaningful ways. This includes involvement in funding decisions, service design and strategic planning.

Participation is increasingly focused on reaching those experiencing inequality and disadvantage, with relational and community-based approaches strengthening engagement with groups traditionally under-represented in decision-making.

This reflects a shift from consultation to shared decision-making and co-production, aligned with UNCRC principles and wider system objectives.

Contributory actions that enabled progress on Action 605.

Progress has been enabled by:

- **Outcome 2 (Community empowerment and Transformation Space)** embedding voice in governance
- **Action 202 (Data and insight)** linking voice with evidence
- **Outcome 1 (Family and early support)** building trusted relationships
- **Outcome 4 (Tackling poverty)** ensuring inclusion of those experiencing hardship

This demonstrates that meaningful participation is now a core system function, rather than an additional activity.

Key outcome insights

Learning across Outcome 6 confirms that human rights, meaningful participation and tackling inequalities are fundamental to achieving all other outcomes, rather than separate priorities. Key learning includes:

- **Embedding UNCRC requires system-wide change**, including workforce development, governance and policy alignment, rather than standalone initiatives.
- **Participation improves outcomes when linked to influence**, particularly where children, young people and communities shape decisions about services and resources.
- **Rights-based approaches strengthen prevention**, ensuring that services respond earlier and more appropriately to need.
- **Inequalities remain a key determinant of outcomes**, particularly for children with disabilities, those experiencing poverty and those involved in the justice system.
- **Partnership working is critical to delivering statutory duties**, including UNCRC, with contributions required from all partners, including NHS Forth Valley.

Overall, learning indicates that progress is strongest where human rights are embedded as a core operating principle across the entire system, influencing all aspects of planning and delivery.

Looking Ahead

The next phase will focus on embedding UNCRC duties and strengthening a rights-based approach across all services and partnerships, ensuring sustained delivery and continued improvement in outcomes. Key priorities include:

Supporting delivery of the first statutory UNCRC corporate report, with continued contribution from the Wellbeing Directorate.

Further embedding children's rights within all policies, services and decision-making processes, ensuring consistency across the Council and partners.

Strengthening participation and co-design, particularly for children and young people experiencing inequality.

Improving outcomes for children with disabilities, through continued system development and partnership working.

Strengthening workforce confidence in rights-based practice, supported by training and leadership.

Enhancing performance and accountability, ensuring progress against UNCRC and equality duties is clearly evidenced and monitored.

Progress: Strategic Priorities – aligned to Wellbeing Local Outcomes Improvement Plan

During 2025/26, the Wellbeing Directorate has delivered the Community Wellbeing Plan as a single, integrated system, aligning services, partnerships and statutory duties to the four Strategic Priorities set out in the Wellbeing Local Outcomes Improvement Plan (WLOIP) and in line with Council Best Value Duties and Be the Future Transformation themes.

Rather than being delivered through separate plans and programmes, these priorities are progressed through coordinated system action across all six strategic outcomes, ensuring shared accountability and alignment across partners.

This reflects the Council's Target Operating Model (TOM), which places outcomes, integration and partnership delivery at the centre of service design, with leadership accountability focused on improving outcomes rather than managing individual services.

Evidence from the Outcomes Improvement Framework (OIF), together with qualitative learning and lived experience, demonstrates that this approach is supporting a shift towards prevention, early intervention and reduced inequality, with tangible improvements emerging across the system.

Health and Wellbeing

Progress against the **Health and Wellbeing priority** reflects a **whole system shift towards prevention, with increasing integration** across safeguarding, mental health, poverty and community-based wellbeing services.

A whole system mental health continuum is now in operation, linking community, education and clinical support and improving access to early help.

Early intervention models (including STRIVE and Family Wellbeing Hubs) are enabling earlier identification of need and more proportionate responses.

OIF indicators show positive trends in wellbeing, including increased physical activity and improved self-reported health.

A sustained reduction in suicide, including zero deaths among 11–25 year olds, indicates strengthening protective factors across the system.

Integration between health, poverty and wellbeing interventions is improving the system's ability to address the underlying determinants of poor health.

Overall, the system is moving from reactive service provision towards a preventative, community based wellbeing model, with improved coordination across partners.

This **reflects the LOIP focus on improving population wellbeing and reducing inequality** and aligns with the **TOM ambition to deliver outcomes through integrated, preventative and partnership based approaches**.

Empowering Families and Communities

Empowering Families and Communities has functioned as a **core system enabler**, strengthening how the system responds to need through participation, codesign and place based delivery. Community voice mechanisms, including Transformation Space and Family Wellbeing Partnership structures, are increasingly influencing both service delivery and investment decisions. Families and communities are playing a more active role in shaping priorities, supporting more responsive and locally relevant solutions. Delivery is becoming more place based and relational, particularly

through hubs and community settings. Increased integration between services is reducing duplication and improving access for families.

Evidence indicates that where community voice is embedded, delivery becomes more preventative, better targeted and more effective in addressing underlying causes of inequality.

This supports the LOIP ambition for empowered, resilient communities and aligns with the TOM emphasis on community led delivery and collaboration as the default approach.

Sustainable, Inclusive Growth

Progress against Sustainable, Inclusive Growth demonstrates a **shift towards integrated pathways into employment and economic participation, aligned with a wellbeing economy approach**. Employability, skills, childcare and family support are increasingly delivered through coordinated pathways, reducing barriers for those facing disadvantage. Targeted programmes and employer engagement are supporting movement into work and training opportunities

A “distance travelled” approach is supporting progression for those furthest from the labour market. Stronger links between local labour market intelligence and delivery are improving alignment between opportunity and need. This approach ensures that economic participation is not treated in isolation but is connected to poverty reduction, wellbeing and community stability.

It **reflects the LOIP ambition for a strong, inclusive economy** and aligns with the TOM focus on fair work, skills and partnership led delivery models.

People Workforce

The People Workforce priority underpins delivery across all outcomes, enabling the system to operate in a more integrated, outcomes focused way. Workforce development is increasingly aligned to system priorities, including trauma informed practice, relational approaches and values based leadership. Improved multi agency working is supporting more consistent and coordinated responses across services. Staff are increasingly working across organisational boundaries, contributing to a shared understanding of outcomes and responsibilities. Professional confidence and consistency of practice are improving, particularly in early intervention and prevention contexts. This **reflects the TOM requirement for a workforce capable of delivering collaborative, outcomes led services**, rather than operating within traditional service silos.

Workforce development is therefore functioning as a **key enabler of system change**, supporting improved outcomes through integrated practice.

System Enablers and Reform Infrastructure

Delivery of the Strategic Priorities has been supported by a strengthening set of system enablers aligned with the Target Operating Model, including:

- the One Plan as an overarching outcome led framework
- the Outcomes Improvement Framework approach as a shared evidence base

- the Family Wellbeing Partnership and Transformation Space
- integrated governance and partnership working arrangements

These enablers provide a clear line of sight between strategy, delivery and impact, reduce duplication, and support the shift towards whole system, partnership-based delivery.

Statutory assurance, governance and future planning

This section provides statutory assurance to Council, Community Planning Partners that legal duties relating to children's services, child poverty, community justice and human rights have been discharged during 2025/26. The Community Wellbeing Plan operates as the primary mechanism through which Clackmannanshire Council and Community Planning Partners, including NHS Forth Valley, discharge their collective statutory duties.

Building on the detailed position set out in the 2023/24 and 2024/25 report, this report adopts a streamlined assurance approach, avoiding duplication while maintaining clear accountability across all relevant legislation, including Children's Services, The Promise and the Child Poverty (Scotland) Act.

In particular, Child Poverty duties are delivered jointly with NHS Forth Valley through the Local Child Poverty Action Plan and wider Tackling Poverty Partnership. This is evidenced through:

- the Whole Family Support model as the core delivery approach
- integrated pathways across health, early years, education, employability and income maximisation
- earlier identification and intervention through universal and targeted services

NHS Forth Valley's role as a statutory and system partner is central, particularly in addressing health inequalities and supporting place-based, preventative delivery.

This integrated approach ensures statutory duties are met through increasingly aligned planning, shared outcomes and collective accountability with the Outcomes Improvement Framework providing the basis for assurance and impact (for the LCPAR -for example).

Assurance is provided through alignment with:

- the WLOIP
- Best Value duties
- national policy expectations

Supported by the Outcomes Improvement Framework and integrated governance arrangements, this provides a clear, outcomes led line of sight across strategy, delivery, performance and assurance, consistent with the Target Operating Model. **Crucially, outcomes for people and communities are improving; with consistent and important shifts in Key Performance Indicators.**

Whole-System Priorities 2026/27

The priorities for 2026/27 reflect a system that has made strong progress in prevention, integration and outcomes, but is now operating under increasing demand and capacity pressure. The next phase requires a focus on sustaining what is working, scaling early intervention, and strengthening capacity in key areas, while continuing to embed a whole-system, partnership-led approach.

Sustain and Scale Early Intervention and Prevention

Continue to embed early intervention as the default system response, ensuring that risk and need are identified and addressed at the earliest possible stage across all services.

Key actions:

- Sustain and expand Family Wellbeing Hubs and early help pathways
- Strengthen integration between safeguarding, mental health, poverty and employability services
- Expand community-based prevention, including youth provision, wellbeing and gender-based violence prevention
- Ensure consistent “no wrong door” access across all services

Strengthen Capacity

Target system capacity where demand is increasing most and risks to outcomes are highest.

Priority areas include:

- Children with disabilities and additional support needs, including transitions to adulthood
- Mental health services, particularly early intervention and community provision
- Community justice pathways, including diversion, reintegration and unpaid work capacity
- Early help and whole-family support services, where demand is rising

Key actions:

- Expand workforce and service capacity through targeted investment and commissioning
- Strengthen partnership delivery with NHS Forth Valley and third sector providers
- Improve demand management through earlier identification and triage

Embed Whole Family Support (WFS) as the Core Delivery Model

Consolidate WFS as the primary way services are designed and delivered, ensuring families experience coordinated, relational and consistent support.

Key actions:

- Scale WFS consistently across all services and communities
- Strengthen alignment between income maximisation, childcare, health, education and employability
- Embed WFS governance through the Accountability and Reporting Group
- Improve outcome tracking and evaluation of WFS impact

Address Structural Barriers to Participation and Equality

Reduce barriers that limit access to services, opportunities and wellbeing, particularly for those experiencing poverty and inequality.

Priority barriers include:

- Transport and access to services
- Financial constraints and cost of living pressures
- Digital exclusion
- Childcare availability

Key actions:

- Progress the Wellbeing Economy Transport Action Plan and demand-responsive transport models
- Strengthen income maximisation, debt support and financial inclusion
- Expand accessible childcare and community-based provision
- Improve outreach and engagement for underserved groups

Expand Community-Led Decision Making and Participation

Build on progress in participation to ensure communities and lived experience continue to shape priorities, investment and service design.

Key actions:

- Scale and embed the Transformation Space as a core system function
- Strengthen participation through Family Voices, Community Panels and youth leadership structures
- Ensure participation reflects those most affected by inequality and poverty
- Increase transparency and feedback loops between communities and decision-makers

Strengthen the system's ability to use data, insight and lived experience to drive continuous improvement and resource allocation.

Key actions:

- Further embed the **Outcomes Improvement Framework (OIF)** across all services and partners
- Improve real-time data use for **decision making, performance and demand management**
- Strengthen integration of **quantitative data and lived experience**
- Address data gaps and ensure timely access to key indicators

Strengthen Workforce Capability and Sustainability

Ensure the workforce is equipped and supported to deliver a relational, trauma-informed and collaborative system.

Key actions:

- Continue to embed trauma-informed practice and values-based leadership
- Strengthen workforce capacity and resilience in high-demand services
- Improve recruitment, retention and wellbeing, particularly in specialist roles
- Support multi-agency working and shared professional learning

Strengthen System Governance, Accountability and Integration

Continue to align governance, planning and delivery to support a **single, integrated system approach**.

Key actions:

Implement the **One Plan on a Page (2026/27)** approach

- Strengthen partnership accountability through the Community Wellbeing Partnership
- Align statutory duties, performance reporting and decision-making processes
- Ensure continued alignment with the Target Operating Model and LOIP priorities

Conclusion

The priorities for 2026/27 build on a system that is increasingly **preventative, coordinated and outcomes-focused**.

The key challenge for the next phase is to **sustain momentum while managing rising demand**, ensuring that early intervention, whole-family support and community-led approaches continue to deliver improved outcomes for children, families and communities across Clackmannanshire.

Strategic Key Performance Indicators [2025/26 Plan]

The Community Wellbeing Plan – strategic One Plan and all **associated delivery plans (Plans on a Page)**, approved at Council in August 2025, are linked to the **Overarching Key Performance Indicators (KPIs)**, detailed below and also have Plan specific Management KPIs.

Overarching Key Performance Indicators, Updated 29/07/2026		KEY: AY – Academic Year (01 Aug – 31 July) CY – Calendar Year (01 Jan – 31 Dec) FY – Financial Year (01 April – 31 March) * Anticipated publication date				Target 2025/26	Actual 2025/26	Diff. - last 2 data sets
 Reduced  Increased  Consistent								
Child Poverty Rate (0 -15 years Clackmannanshire) – relative poverty after housing costs. Source: https://endchildpoverty.org.uk/child-poverty-2025/		FY 2021/22 28.3%	FY 2022/23 29.2%	FY 2023/24 28.5%	FY 2024/25 N/A	24%	Now an Archived Data Set	
Percentage of children (aged under 16) living in Relative low income families, after Housing Costs Source: https://www.gov.scot/publications/poverty-and-income-inequality-in-scotland-2022-25/		No data	No data	FY 2023/24 17.7%	FY 2024/25 17%	NEW data Set- No previous target set	March 2027	
Percentage of children with one or more developmental concerns at 27-30 month reviews Source: https://publichealthscotland.scot/publications/early-child-development/early-child-development-statistics-scotland-2023-to-2024		FY 2020/21 21.3%%	FY 2021/22 20.1%	FY 2022/23 17.7%	FY 2023/24 17.6%%	17.5%	*Apr 2027	
Reduction in the number of children who require statutory measures of intervention Source: SCRA CSO Number of Children subject to CSO at year end		FY 2021/22 162	FY 2022/23 146	FY 2023/24 113	FY 2024/25 119	107	FY 2025/26 90	
Number of children referred to Children's Reporter (non-offences only) – rates per 1000 children Source: https://www.scra.gov.uk/resources/articles/category/official-statistics/ [SCRA Dashboard]		FY 2021/22 16.4	FY 2022/23 11.3	FY 2023/24 11.4	FY 2024/25 12.1	9.5	FY 2025/26 8.6	

Overarching Key Performance Indicators, Updated 29/07/2026  Reduced  Increased  Consistent	KEY: AY – Academic Year (01 Aug – 31 July) CY – Calendar Year (01 Jan – 31 Dec) FY – Financial Year (01 April – 31 March) <i>*Anticipated publication date</i>				Target 2025/26	Actual 2025/26	Diff. - last 2 data sets
Number of children referred to Children's Reporter (offences only) – rates per 1000 children Source: https://www.scra.gov.uk/resources/articles/category/official-statistics/ [SCRA Dashboard]	FY 2021/22 5.8	FY 2022/23 10.5	FY 2023/24 13	FY 2024/25 9.4	4.0	FY 2025/26 7.8	
Number and percentage of children in the care system living within the community (not including residential care) Source:- Pentana [CHC LAC B3a: https://www.gov.scot/publications/childrens-social-work-statistics-looked-after-children-2023-24/documents/	Aug 2021 to July 2022 94.9% (250)	Aug 2022 to July 2023 94.7% (213)	Aug 2023 to July 2024 93.7% (199)	Aug 2024 to July 2025 93% (205)	94%	*April 2027	
Number of children (0-17 years) entering the 'care system' during the year [August – July] Source: https://www.gov.scot/publications/childrens-social-work-statistics-looked-after-children-2023-24/documents/ [Additional Tables]	Aug 2021 to July 2022 61	Aug 2022 to July 2023 44	Aug 2023 to July 2024 68	Aug 2024 to July 2025 69	70	*April 2027	
Attendance Rate – all (taken from stretch aims) Source: https://www.gov.scot/publications/school-attendance-and-absence-statistics/	AY 2021/22 90.3%	AY 2022/23 90.7%	AY 2023/24 90.1%	AY 2024/25 91.2%	94%	AY 2025/26 91.3% (unpublished)	
Attendance Rate – Care Experienced (taken from stretch aims) Source: https://www.gov.scot/collections/childrens-social-work/Educational Outcomes for Looked After Children – Table 4.4	AY 2021/22 89.5%	AY 2022/23 86.1%	AY 2023/24 85.6%	AY 2024/25 89.9%	94%	AY 2025/26 90.1% (unpublished)	

Overarching Key Performance Indicators, Updated 29/07/2026		KEY: AY – Academic Year (01 Aug – 31 July) CY – Calendar Year (01 Jan – 31 Dec) FY – Financial Year (01 April – 31 March) <i>*Anticipated publication date</i>				Target 2025/26	Actual 2025/26	Diff. - last 2 data sets
	Reduced		Increased		Consistent			
Active Travel to School Source: Pentana: SAP PHO T01 - ScotPHO tool: care and wellbeing dashboard - PHS Planning Tools - Resources and tools - Public Health Scotland		AY 2021/22 66.1%	AY 2022/23 65.3%	AY 2023/24 62.2%	AY 2024/25 62.5%	64%	*June 2026 overdue	
Percentage of Children and Young People who describe their mental health as good or very good Source: Planet Youth Survey Biannual 2021, 2023, 2025		2021 41%	2023 41%		2025 48%	2027 53% target	2027 Survey TBC	
Proportion of adolescents who have consumed alcohol in last 30 days Source: Planet Youth Survey Biannual 2021, 2023, 2025		2021 36%	2023 28%		2025 29%	2027 target 14%	2027 Survey TBC	
Percentage of Children and Young People (under 18's) participating in extracurricular school sport and physical activity Source: https://sportscotland.org.uk/schools-colleges/active-schools/active-schools-reports/active-schools-report-2024-2025		AY 2021/22 36%	AY 2022/23 42%	AY 2023/24 45%	AY 2024/25 48%	50%	AY 2025/26 50%	
% of Girls in Clackmannanshire participating in recreational activity Source: Internal Data – Sport and Leisure Team		No data			AY 2024/25 50%	52%	AY 2025/26 51%	
Percentage of P1, P4 and P7 pupils combined achieving expected CfE Level in Literacy (taken from stretch aims) Source: Achievement of Curriculum for Excellence (CfE) Levels 2024-25 - gov.scot		AY 2021/22 63.3%	AY 2022/23 69.6%	AY 2023/24 74%	AY 2024/25 72.2%	75%	AY 2025/26 75.5% (unpublished)	

Overarching Key Performance Indicators, Updated 29/07/2026	KEY:				Target 2025/26	Actual 2025/26	Diff. - last 2 data sets
	AY – Academic Year (01 Aug – 31 July) CY – Calendar Year (01 Jan – 31 Dec) FY – Financial Year (01 April – 31 March) <i>*Anticipated publication date</i>						
↓ Reduced ↑ Increased □ Consistent							
Percentage of P1, P4 and P7 pupils combined achieving expected CfE Level in Numeracy (taken from stretch aims) Source: https://www.gov.scot/publications/achievement-of-curriculum-for-excellence-cfe-levels-2024-25/	AY 2021/22 71.7%	AY 2022/23 72.4%	AY 2023/24 77.3%	AY 2024/25 75.3%	78%	AY 2025/26 79% (unpublished)	↑
Attainment gap at Senior Phase - SCQF Level 5 (percentage points) Source: Scotxed, INSIGHT	AY 2021/22 10.4	AY 2022/23 9.2	AY 2023/24 21	AY 2024/25 11.1	6	*Aug. 2026	↓
Percentage of School Leavers achieving at SCQF Levels in Literacy and Numeracy (Levels 4, 5 & 6) Source: Scotxed, INSIGHT	AY 2021/22 54.5%	AY 2022/23 53.7%	AY 2023/24 63.8%	AY 2024/25 58.5%	60.1% (national)	*Feb 2027	↓
Percentage of Care Experienced School Leavers achieving at SCQF Levels in Literacy & Numeracy (Levels 4, 5 & 6) Source: Scotxed, INSIGHT	AY 2021/22 26.3%	AY 2022/23 30.2%	AY 2023/24 28.6%	AY 2024/25 30.6%	(Virtual Comparator) 38.7%	*Feb 2027	↑
Number of diversions from prosecution successfully completed Source: https://www.gov.scot/publications/justice-social-work-statistics-additional-time-series-tables/	FY 2021/22 28	FY 2022/23 13	FY 2023/24 32	FY 2024/25 33	35	*Feb 2027	↑
Drug-related Hospital Admissions – Young People (11-25 years , per 100,000 population) - 3 year average Source: Pentana: SAP ADP D04ScotPHO ScotPHO tool: care and wellbeing dashboard - PHS Planning Tools - Resources and tools - Public Health Scotland	2019/20- 2021/22 150	2020/21- 2022/23 134	2021/22- 2023/24 133.2	Target 24/25: 111 *Apr. 26 Overdue	115	2022/23- 2024/25 91.5	↓

Overarching Key Performance Indicators, Updated 29/07/2026	KEY:				Target 2025/26	Actual 2025/26	Diff. - last 2 data sets
	AY – Academic Year (01 Aug – 31 July) CY – Calendar Year (01 Jan – 31 Dec) FY – Financial Year (01 April – 31 March) *Anticipated publication date						
 Reduced	 Increased	 Consistent					
Deaths from suicides – Young People (11-25 years) 5 year average – per 100,000 population Source: Pentana: SAP PHO O04 - ScotPHO tool: care and wellbeing dashboard - PHS Planning Tools - Resources and tools - Public Health Scotland	2017-2021 9.5	2018-2022 4.8	2019-2023 2.4	2020-2024 0	0	*Sep. 2026	
Teenage pregnancy (ending in a delivery or termination) by local authority of residence and year of conception (under 20 years) Rate per 1000 women (annual yearly rate – January to December) Source: https://publichealthscotland.scot/publications/teenage-pregnancies/teenage-pregnancies-year-of-conception-ending-31-december-2023/	CY 2021 29.0	CY 2022 33.0	CY 2023 23.6	CY 2024 42.8	<22	*July 2027	
Unemployment Rate Young People (aged 16-24 years) Source: Pentana: DVM ECD F3c: ONS NOMIS Data Portal	FY 2021/22 4.5%	FY 2022/23 5.6%	FY 2023/24 4.9%	FY 2024/25 4.6%	3.3%	FY 2025/26 5.3%	
Domestic Abuse Incidents (rate per 10,000 population)- Clackmannanshire Source: https://www.gov.scot/publications/domestic-abuse-statistics-recorded-police-scotland-2023-24/pages/incidents-of-domestic-abuse/	FY 2021/22 146	FY 2022/23 127	FY 2023/24 141	FY 2024/25 128	116	*June 2027	
Number of all sexual crimes (includes rape & attempted rape and sexual assault) per 10,000 population	FY 2021/22 29	FY 2022/23 23	FY 2023/24 25	FY 2024/25 24	22	*June 2026 Overdue	

Overarching Key Performance Indicators, Updated 29/07/2026		KEY: AY – Academic Year (01 Aug – 31 July) CY – Calendar Year (01 Jan – 31 Dec) FY – Financial Year (01 April – 31 March) <i>*Anticipated publication date</i>				Target 2025/26	Actual 2025/26	Diff. - last 2 data sets
	Reduced		Increased		Consistent			
Source: https://www.gov.scot/publications/recorded-crime-scotland-2024-25/documents/								

The Council Wellbeing Directorate also measure the following corporate KPIs.

Wellbeing Directorate: Common Business Plan Indicators							
		Reduced		Increased		Consistent	
Corporate Indicator	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	Target 2025/ 2026	Actual 2025/ 2026	Diff. latest two data sets
Average FTE working days lost through sickness absence PPL AB1 GOV	11.9	12.3	14.02	13.16	12	12.9	
% of Freedom of Information requests dealt with within timescale PPL FOI GOV	90%	92%	86%	78.9%	100%	94.2%	
% of Councillor Enquiries dealt with within timescale PPL CNQ BUS	91%	93%	96%	96.8%	100%	87.5%	
% of MP/MSP enquiries dealt with within timescale PPL MPQ BUS*	76%	86%	83%	89.5%	100%	98.3%	
% formal complaints closed within timescale (stages 1 and 2) PPL C02 CUS	55%	80%	96%	91.7%	100%	77.2%	
% formal complaints dealt with that were upheld/partially upheld PPL C04 CUS	23%	49%	37.3%	20.8%	35%	38%	Monitor Only
% of employees who have completed mandatory training by the due date	No data	10.3%	58%	63.32%	100%	71%	
I feel valued for the work I do PPL S12 HWD	23%	49%	37.3%	TBC	100%	Nil	Outdated
I feel that I am treated with dignity and respect within my team PPL S17 HWD	75%	N/A	74%	TBC	100%	Nil	Outdated

Wellbeing Directorate: Common Business Plan Indicators

	Reduced		Increased		Consistent

Corporate Indicator	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	Target 2025/ 2026	Actual 2025/ 2026	Diff. latest two data sets
I am clear about how I contribute to the organisation's goals PPL S21 HWD	74%	N/A	69%	TBC	100%	Nil	Outdated
Survey response rate. PPL S26 HWD	23%	N/A	31%	TBC	100%	Nil	Outdated
No staff survey was undertaken in 2025/26, hence there is a 'Nil' return							

Wellbeing Directorate: Financial Results

KPI	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	2025/ 2026	Progress Update at June 2026
	Value	Value	Value	Value	Target	
Percentage of People budget savings achieved	83%	92.15	87.65%	82.07%	100%	100%
Outturn variance based on budget – People £'000		(£2.898 m)	(£551k)	(£1.607m)	0	TBC
Lead – Strategic Director of Wellbeing						

Appendix 2 - People Directorate Progress Report: Community Wellbeing Plan 2025/26

Action Symbols

Status	 Completed	 In Progress, On Track	 Check Progress/Unassigned	 Overdue	 Cancelled
Expected Outcome	 Already Complete	 Complete Within Target	 Complete Outwith Target	 Fail to Complete	 Cancelled

Priority shows 'golden thread' links to Wellbeing Economy Local Outcomes Improvement Plan (WELOIP), Be the Future Transformation (BtF) and Best Value Duties (BV)

Plan Summary

	PPL CWP 256 People Directorate Business Plan 2025/26				Overall Progress	99%
Lead	Depute Chief Executive/Director of Wellbeing		Portfolio Owners	Head of Service (Wellbeing)/Chief Education Officer; Head of Service (Wellbeing)/Chief Social Work Officer		
Outcomes			Expected Outcome	Due By	Completed	Progress
	CWP 256 100	Children and young people have improved life outcomes by growing up loved, safe and respected		31-Mar-2026	25-Jun-2026	100%
	CWP 256 200	Empowered communities are well designed, inclusive, sustainable, resilient and safe		31-Mar-2026		98%
	CWP 256 300	People of all ages successfully contribute to our communities by developing skills for learning life & work		31-Mar-2026		99%
	CWP 256 400	Poverty in our communities is reduced by improving outcomes for all		31-Mar-2026		99%
	CWP 256 500	People are healthy and active with improved health and wellbeing		31-Mar-2026	25-Jun-2026	100%
	CWP 256 600	Human Rights are respected and fulfilled by tackling inequalities across our communities		31-Mar-2026		98%

Outcome Summary

	Children and young people have improved life outcomes by growing up loved, safe and respected						Overall	100%
High-level Action Areas			Lead Service Area	Expected Outcome	Due By	Completed	Progress	
	CWP 256 101	Coordinate Proactive & Responsive Safeguarding	Children's Social Work		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 102	Ensure Women & Girls Feel Safe	Justice Services		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 103	Provide Early & Integrated Support	Early Intervention		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 104	Support Care Experienced Young People	Permanence		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 105	Enhance Workforce & Caregiver Skills	Wellbeing Directorate		31-Mar-2026	25-Jun-2026	100%	
	Empowered communities are well designed, inclusive, sustainable, resilient and safe						Overall	98%
High-level Action Areas			Lead Service Area	Expected Outcome	Due By	Completed	Progress	
	CWP 256 201	Implement Transformation Space & Invest to Save	Wellbeing - Transformation		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 202	Leverage Data & Voice Insights	Wellbeing - Transformation		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 203	Strengthen & Deploy Justice Resources	Justice Services		31-Mar-2026		97%	
	CWP 256 204	Develop Sustainable Transport Solutions	Wellbeing - Transformation		31-Mar-2026		95%	
	People of all ages successfully contribute to our communities by developing skills for learning life & work						Overall	99%
High-level Action Areas			Lead Service Area	Expected Outcome	Due By	Completed	Progress	
	CWP 256 301	Remove Barriers for Vulnerable Groups	Justice Services		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 302	Promote Desistance & Diversion from Offending	Justice Services		31-Mar-2026		95%	
	CWP 256 303	Improve Attainment & Reduce Poverty Gap	Early Learning, Primary Education & Libraries		31-Mar-2026	25-Jun-2026	100%	
	CWP 256 304	Implement Guidance & Raising Attainment Strategy	Early Learning, Primary Education & Libraries		31-Mar-2026	25-Jun-2026	100%	

✓	CWP 256 305	Strengthen Workforce Development	Education	✓	31-Mar-2026	25-Jun-2026	100%

⚠️ Poverty in our communities is reduced by improving outcomes for all Overall **99%**

High-level Action Areas			Lead Service Area	Expected Outcome	Due By	Completed	Progress
✔️	CWP 256 401	Encourage Voice-led Transformation	Education	✔️	31-Mar-2026	25-Jun-2026	100%
✔️	CWP 256 402	Develop Whole Family Support Approaches	Education	✔️	31-Mar-2026	06-Jul-2026	100%
✔️	CWP 256 403	Optimise Income Maximisation & Referral Pathways	Education	✔️	31-Mar-2026	25-Jun-2026	100%
⚠️	CWP 256 404	Establish Justice Employability Support	Education	⚠️	31-Mar-2026		98%

✓ People are healthy and active with improved health and wellbeing Overall **100%**

High-level Action Areas			Lead Service Area	Expected Outcome	Due By	Completed	Progress
✔	CWP 256 501	Ensure Access to Mental Wellbeing Services	Psychological Services	✔	31-Mar-2026	25-Jun-2026	100%
✔	CWP 256 502	Progress Wellbeing Hub & Lochies School Project	Sport & Leisure	✔	31-Mar-2026	25-Jun-2026	100%
✔	CWP 256 503	Increase Opportunities for Healthier Behaviours	Sport & Leisure	✔	31-Mar-2026	25-Jun-2026	100%
✔	CWP 256 504	Develop Health & Wellbeing Measures & Targets	Wellbeing Directorate	✔	31-Mar-2026	25-Jun-2026	100%

⚠️ Human Rights are respected and fulfilled by tackling inequalities across our communities Overall **98%**

High-level Action Areas			Lead Service Area	Expected Outcome	Due By	Completed	Progress
✔️	CWP 256 601	Champion UNCRC & The Promise	Inclusion & Partnerships	✔️	31-Mar-2026	25-Jun-2026	100%
⚠️	CWP 256 602	Improve Experiences for Children with Disabilities	Inclusion & Partnerships	⚠️	31-Mar-2026		98%
✔️	CWP 256 603	Target Additional Support for Learning Resources	Inclusion & Partnerships	✔️	31-Mar-2026	06-Jul-2026	100%
⚠️	CWP 256 604	Facilitate Offender Reintegration	Justice Services	⚠️	31-Mar-2026		95%
✔️	CWP 256 605	Embed Voice & Co-design	Wellbeing - Transformation	✔️	31-Mar-2026	25-Jun-2026	100%

Summary of High-level Action Areas

Children and young people have improved life outcomes by growing up loved, safe and respected

	Coordinate Proactive & Responsive Safeguarding	Coordinate safeguarding efforts across sectors to deliver proactive and responsive support				
Lead	Service Manager - Child Protection	Progress	100%	Expected Outcome		Priority WELOIP 1.2 Wellbeing - Outcomes for Young People CWP 256 101
Safeguarding arrangements are increasingly proactive, trauma-informed and coordinated across partners, with earlier identification of risk and more consistent multi-agency decision-making. The IRD process and expansion of STRIVE have strengthened joint responses, with increased referrals managed alongside improved throughput and outcomes. Implementation of the Scottish Child Interview Model and development of Bairns' Hoose are improving child-centred and trauma-responsive practice. Wellbeing services are demonstrating positive impact, supporting emotional resilience, engagement and protective factors. Overall, the system is shifting from crisis response to earlier intervention, though sustained focus on capacity and timeliness is required to respond to continued increases in demand.						
	Ensure Women & Girls Feel Safe	Ensure women and girls feel safe at home, work, and in the community				
Lead	Senior Manager (Justice Services)	Progress	100%	Expected Outcome		Priority WELOIP 1.1 Wellbeing - Physical & Mental Health CWP 256 102
Progress reflects a strengthened, preventative and trauma-informed response to violence against women and girls. Early intervention is delivering tangible improvements in safety, stability and financial security, particularly for vulnerable women. Domestic abuse pathways have been enhanced through STRIVE, improving early identification, safety planning and access to specialist support. Prevention activity is expanding across schools and communities, supported by workforce development and increased confidence in responding to VAWG. Lived experience is increasingly informing system design and improvement. Continued focus is required to sustain capacity, respond to rising demand and further strengthen primary prevention and early intervention.						
	Provide Early & Integrated Support	Support children, young people, and families early through integrated services				
Lead	Service Manager (Early Intervention)	Progress	100%	Expected Outcome		Priority WELOIP 1.3 Wellbeing - Poverty CWP 256 103
Early help services are becoming more integrated, accessible and preventative. Family Wellbeing Hubs and "no wrong door" approaches are enabling earlier engagement and coordinated responses to complex needs. Families are increasingly accessing support before escalation, with improved multi-agency working and clearer pathways across services. Parenting support, mental health provision and targeted interventions are strengthening outcomes and reducing demand on statutory services. Links between early help and safeguarding continue to improve through STRIVE and partnership working. Sustaining consistency and capacity as demand grows remains a key priority.						
	Support Care Experienced Young People	Deliver local accommodation and support for care experienced young people in partnership				
Lead	Senior Manager (Permanence)	Progress	100%	Expected Outcome		Priority WELOIP 1.3 Wellbeing - Poverty CWP 256 104

Partnership working is strengthening local accommodation and support for care experienced young people. There is evidence of improved access to first tenancies and support to sustain them, alongside enhanced education pathways and therapeutic provision. The Virtual Headteacher model and targeted programmes are improving engagement and attainment. Strengthened throughcare arrangements and development of the 15+ planning framework are supporting improved transitions to adulthood. While progress is strong, several developments remain at implementation stage and require further evaluation to evidence long-term outcomes, particularly around tenancy sustainment and stability.

		Enhance Workforce & Caregiver Skills		Enhance workforce and caregiver skills in line with Trauma Knowledge and Skills Framework			
Lead	Depute Chief Executive/Director of Wellbeing	Progress	100%	Expected Outcome		Priority	BtF vii. Workforce Strategy CWP 256 105
A strong system-wide approach to workforce development is embedding trauma-informed practice across services. Large-scale training aligned to the Trauma Knowledge and Skills Framework has improved staff confidence, consistency and relational approaches. Professional learning, leadership development and shared frameworks are strengthening the quality of engagement with children, young people and families. This is contributing to improved experiences and outcomes. Ongoing rollout, supported by train-the-trainer models, is supporting sustainability. Continued focus is required to ensure consistent application across all services and respond to emerging development needs.							

Empowered communities are well designed, inclusive, sustainable, resilient and safe

		Implement Transformation Space & Invest to Save		Implement the Clackmannanshire Transformation Space (CTS) and Invest to Save (ItS) fund, guided by the Citizens Panel and building on FWP approaches			
Lead	Strategic Lead (Community Collaboration & Redesign)	Progress	100%	Expected Outcome		Priority	BV 4. Being Accountable & Transparent CWP 256 201
Transformation Space is now established with strong governance, community participation and aligned investment processes. The Community Voice Panel is actively shaping funding decisions, representing a significant shift towards community-led approaches. Investment has been directed towards preventative activity aligned to local priorities, achieving strong early reach and engagement. Delivery has been adaptive, with continuous improvement based on feedback and learning. Confidence and participation from the third sector continues to grow. The programme provides a strong foundation for scaling impact and supporting longer-term system change.							

		Leverage Data & Voice Insights		Leverage data and voice insights to drive impactful decision making			
Lead	Strategic Lead (Community Collaboration & Redesign)	Progress	100%	Expected Outcome		Priority	BtF ix. Collaborative Community Models CWP 256 202
Significant progress has been made in integrating data, insight and lived experience into decision-making. Service-level data, population insight and community voice are being used collectively to shape priorities, allocate resources and improve service delivery. Feedback loops are more consistently embedded, ensuring learning informs planning and continuous improvement. Participation structures such as Family Voices and the Community Voice Panel are strengthening the quality, relevance and legitimacy of decisions. The system is increasingly evidence-led and responsive to need.							



Strengthen & Deploy Justice Resources

Strengthen and deploy Community Justice Partnership resources

Lead	Senior Manager (Justice Services)	Progress	97%	Expected Outcome		Priority	BV 3.	Promoting Equality & Diversity	CWP 256 203

The Community Justice Partnership has strengthened the deployment of resources through effective multi-agency collaboration and increased use of lived experience. Progress includes improved diversion pathways, enhanced recovery support and strengthened transition arrangements for individuals leaving custody. Preventative, person-centred approaches are increasingly embedded across services. Collaborative working with housing, health and justice partners is improving coordination. While progress is positive, further work is required to consistently evidence outcomes and strengthen performance reporting.



Develop Sustainable Transport Solutions

Develop sustainable transport solutions, including active travel options, in collaboration with key partners

Lead	Strategic Lead (Community Collaboration & Redesign)	Progress	95%	Expected Outcome		Priority	BtF iii.	Sustainable Transport	CWP 256 204

The Wellbeing Economy Transport Action Plan provides a clear and strategic framework for improving access to sustainable and inclusive transport. Progress includes pilot initiatives, improved partnership governance and development of demand-responsive and active travel options. Some initiatives have demonstrated strong impact, while others require further evaluation. Transport remains a key barrier to access for some communities, and continued effort is required to develop scalable, equitable solutions that support participation in services and opportunities.

People of all ages successfully contribute to our communities by developing skills for learning life & work



Remove Barriers for Vulnerable Groups

Deliver targeted initiatives for vulnerable and disadvantaged groups, removing engagement barriers

Lead	Senior Manager (Justice Services)	Progress	100%	Expected Outcome		Priority	WELOIP 2.2	Economy & Skills - Economic Opportunities	CWP 256 301

Targeted initiatives are improving engagement and progression for vulnerable and disadvantaged groups. Provision has expanded across community settings, with removal of financial and practical barriers increasing participation. Integrated childcare, employability pathways and tailored interventions are supporting individuals to progress into education, training and employment. There is clear evidence of improved wellbeing, confidence and inclusion. Partnership working is strong, supporting a more coordinated and preventative system. Continued focus is required to address persistent structural barriers.



Promote Desistance & Diversion from Offending

Promote desistance from offending and diversion from the justice service

Lead	Senior Manager (Justice Services)	Progress	95%	Expected Outcome		Priority	WELOIP 2.2	Economy & Skills - Economic Opportunities	CWP 256 302

Progress is evident in strengthening diversion from the justice system and supporting desistance through coordinated, multi-agency approaches. Early and Effective Intervention is established and increasingly aligned with whole-family support. Programmes are supporting individuals to engage in positive pathways and reduce reoffending risk. Redesign of unpaid work is strengthening its rehabilitative value. Further development is required to strengthen earlier preventive intervention before offending occurs and to evidence long-term outcomes.



Improve Attainment & Reduce Poverty Gap

Improve attainment in Literacy and Numeracy with a focus on the poverty related attainment gap

Lead	Improving Outcomes Team Leader	Progress	100%	Expected Outcome		Priority	WELOIP 1.2	Wellbeing - Outcomes for Young People	CWP 256 303

Attainment in literacy and numeracy continues to improve, with measurable progress across key stages. Primary attainment has increased, alongside improvements in senior phase literacy. Through targeted interventions and early years investment, outcomes for learners in disadvantaged areas now exceed pre-pandemic levels, indicating meaningful equity progress. Early years numeracy has also improved, supported by enhanced practitioner confidence and planning tools. Overall, impacts include raised attainment, reduced inequity, improved learner engagement and stronger early intervention. Continued focus on sustaining gains and improving progressions at higher levels is required.



Implement Guidance & Raising Attainment Strategy

Implement learning, teaching and assessment guidance alongside new Raising Attainment Strategy

Lead	Improving Outcomes Team Leader	Progress	100%	Expected Outcome		Priority	WELOIP 1.2	Wellbeing - Outcomes for Young People	CWP 256 304

Implementation of learning, teaching and assessment guidance is progressing well, supported by strengthened leadership and professional learning. Improvements are evident in early literacy, communication and learning environments. Inspection evidence is positive overall, though greater consistency is required in pace, challenge and assessment practice. Continued focus is needed to embed high-quality practice across all settings.



Strengthen Workforce Development

Strengthen Workforce Development with a specific focus on improving follow up leaver destinations

Lead	Head of Service (Wellbeing)/Chief Education Officer	Progress	100%	Expected Outcome		Priority	BtF vii.	Workforce Strategy	CWP 256 305

Progress is emerging in improving follow-up destinations for young people facing significant barriers. Targeted programmes are supporting re-engagement, skill development and progression into education, training and employment. Outcomes reflect a “distance travelled” approach, though progression into sustained employment remains limited. Ongoing support is required to strengthen pathways and improve long-term outcomes.

Poverty in our communities is reduced by improving outcomes for all



Encourage Voice-led Transformation

Encourage voice-led transformation across services supporting families in or at risk of poverty

Lead	Senior Manager Inclusion & Partnerships	Progress	100%	Expected Outcome		Priority	WELOIP 1.3	Wellbeing - Poverty	CWP 256 401

Voice-led approaches are embedded across services, with increasing evidence of co-production informing service design and investment decisions. Participation structures are strengthening engagement and ensuring services reflect lived experience. This is contributing to more responsive and preventative approaches. Continued focus is required to ensure inclusion of the most marginalised groups.



Develop Whole Family Support Approaches

Develop Whole Family Support (WFS) approaches tailored to community needs

Lead	Senior Manager Inclusion & Partnerships	Progress	100%	Expected Outcome	✓	Priority	BtF ix.	Collaborative Community Models	CWP 256 402

Whole Family Support is progressing through improved integration, earlier intervention and strengthened partnership working. Services are increasingly aligned around family-centred approaches, with improved coordination and flexibility. Implementation remains variable and further work is required to embed consistency and demonstrate long-term impact.

✓ **Optimise Income Maximisation & Referral Pathways** Optimise income maximisation opportunities and referral pathways

Lead	Senior Manager Inclusion & Partnerships	Progress	100%	Expected Outcome	✓	Priority	WELOIP 1.3	Wellbeing - Poverty	CWP 256 403

Strong progress is evident in income maximisation, with significant financial gains and improved household stability. Integrated referral pathways, early identification and proactive support are reducing financial hardship and preventing escalation to crisis. Partnership working is contributing to a more coherent and preventative system.

⚠ **Establish Justice Employability Support** Establish specialist employability support for those with criminal justice experience, including employer engagement

Lead	Senior Manager Inclusion & Partnerships	Progress	98%	Expected Outcome	⚠	Priority	WELOIP 2.1	Economy & Skills - Labour Market & Fair Work	CWP 256 404

Foundations are in place to support employability for individuals with criminal justice experience, with improved integration across services. Progress includes better identification of need and more coordinated support. Further work is required to scale provision and strengthen employer engagement to support sustained outcomes.

People are healthy and active with improved health and wellbeing

✓ **Ensure Access to Mental Wellbeing Services** Ensure access to continuum of mental health and wellbeing services for children, young people and families and prioritise prevention - focused mental health and wellbeing initiatives

Lead	Senior Manager (Secondary Education & Communities)	Progress	100%	Expected Outcome	✓	Priority	WELOIP 1.1	Wellbeing - Physical & Mental Health	CWP 256 501

Progress to ensure access to a continuum of mental health and wellbeing services and prioritise prevention is strong with a clear and strengthening focus on early intervention, integrated support, and improved accessibility being demonstrated. A wide range of preventative, partnership-led initiatives across health, education and the third sector are increasingly embedded, supporting children, young people and families at varying levels of need. Targeted programmes and school-based and digital supports show strong engagement and positive outcomes, particularly in emotional wellbeing, resilience and participation. Investment in community and third sector provision, alongside leadership development, is contributing to a more proactive, cohesive system aligned to prevention. While demand and capacity pressures remain, with some challenges in referral pathways and specialist access, overall progress is positive and developing. These efforts are contributing meaningfully to the strategic outcome of improving health and wellbeing and supporting people to be healthier and more active.

✓ **Progress Wellbeing Hub & Lochies School Project** Progress the Wellbeing hub and Lochies School project through design to construction

Lead	Senior Manager (Sport & Leisure)	Progress	100%	Expected Outcome	✓	Priority	WELOIP 3.1	Places - Sustainable Places	CWP 256 502

The Wellbeing Hub and Lochies School project is progressing well, with delivery firmly on track and key milestones achieved. The project has successfully moved through design stages to a fixed-price Design and Build contract, providing financial certainty and enabling transition into construction. Build progress is substantial and remains on schedule, despite external challenges, with major structural elements in place and clear timelines towards completion. Robust financial management has maintained the project within budget, while partnership development and service planning are advancing well, supporting future integrated delivery. Community engagement and co-design activity further strengthen inclusivity and local ownership. Overall, the project is progressing very well and is expected to deliver high-quality, integrated facilities that will enhance preventative services and contribute significantly to improved health and wellbeing outcomes for local communities.

✓	Increase Opportunities for Healthier Behaviours		Increase opportunities for healthier behaviours, focusing on those facing inequality						
Lead	Senior Manager (Sport & Leisure)	Progress	100%	Expected Outcome	✓	Priority	WELOIP 1.3	Wellbeing - Poverty	CWP 256 503

A wide range of inclusive and accessible initiatives are increasing participation across priority groups and supporting healthier behaviours particularly amongst those facing inequalities. Targeted programmes such as Feel Good Friday and the Family Leisure Pass are effectively reducing financial and social barriers, supporting sustained engagement, confidence and wellbeing among older adults and families. School and community-based interventions, including Active Schools and Riding Beyond Limits, demonstrate high participation and strong impact, particularly for disadvantaged groups and those with additional support needs. Preventative approaches are well embedded through youth, library and nutrition programmes, promoting early behaviour change and social connection. Work to address gender inequality and wider system indicators, such as improved school attendance, further highlight positive outcomes. Overall, progress is delivering meaningful improvements in participation and wellbeing, contributing strongly to reduced inequalities and improved health.

✓	Develop Health & Wellbeing Measures & Targets		Develop shared measures and targets to improve community health and wellbeing						
Lead	Depute Chief Executive/Director of Wellbeing	Progress	100%	Expected Outcome	✓	Priority	WELOIP 1.3	Wellbeing - Poverty	CWP 256 504

Progress against the strategic action to develop shared measures and targets to improve community health and wellbeing is strong, with a comprehensive Outcomes Improvement Framework (OIF) now established. This provides a structured, evidence-based approach to measuring impact, linking activities and resources to outcomes, and strengthening accountability, transparency and continuous improvement. The framework integrates core, contextual and supplementary indicators, enabling a more balanced and nuanced understanding of progress across the strategic outcomes. The OIF is further strengthened through alignment with national developments, including contribution to the Scottish Government's Whole Family Support Framework. The introduction of the Transformation Space and citizen panel also supports shared measurement by embedding community voice in decision-making and resource allocation. While challenges remain around data consistency and reporting timelines, overall progress is positive, providing a robust foundation for informed decision-making and improved health and wellbeing outcomes.

Human Rights are respected and fulfilled by tackling inequalities across our communities

✓	Champion UNCRC & The Promise		Champion UNCRC and the Promise across all policies and services						
Lead	Senior Manager (Secondary	Progress	100%	Expected Outcome	✓	Priority	BV 3.	Promoting Equality & Diversity	CWP 256 601

Education & Communities)							
Clackmannanshire is making strong progress in embedding UNCRC and The Promise through a coherent, whole-system rights-based approach. Services increasingly reflect GIRFEC principles, with preventative, family-centred support such as the Young Parents' Project demonstrating a commitment to early intervention and family stability. Implementation of the UNCRC Act is advancing across Directorates, supported by governance structures, improved child-friendly complaints processes and preparation for statutory reporting. Education continues to lead a strong rights culture with full engagement in Rights Respecting Schools. Children's rights are promoted through events and ensuring meaningful involvement in decision-making. National leadership is evident through full engagement in Keeping the Promise Awards and training. Partnerships and targeted initiatives are improving outcomes for care-experienced young people, alongside growing opportunities for young people to influence resource allocation and future priorities.							
 Improve Experiences for Children with Disabilities Direct support and resources to improve experiences for children with disabilities							
Lead	Senior Manager (Secondary Education & Communities)	Progress	98%	Expected Outcome		Priority	BV 3. Promoting Equality & Diversity CWP 256 602
Clackmannanshire has made meaningful progress in improving experiences for children with disabilities, with stronger early intervention, partnership working and workforce development. Specialist services such as Play Alloa and ASN childcare continue to support inclusion, wellbeing and access to play and learning. Partnership with Speech and Language Therapy has had significant impact, reducing demand for specialist referrals through early support and building staff confidence via training and coaching. Despite rising demand and workforce pressures, services have been sustained through targeted resources and expanded provision, including new providers and autism support initiatives. Waiting lists have begun to reduce, supported by short-term capacity measures. Challenges remain in meeting complex needs and supporting transitions to adulthood, with a growing strategic focus on sustainability, commissioning and integrated service delivery to improve long-term outcomes.							
 Target Additional Support for Learning Resources Support learning potential by targeting Additional support for Learning resources effectively							
Lead	Senior Manager (Secondary Education & Communities)	Progress	100%	Expected Outcome		Priority	BV 2. Ensuring Services are Sustainable CWP 256 603
Good progress has been made in improving how ASL resources are targeted, with clearer guidance, stronger early intervention and increased professional confidence across schools and ELCs. The refinement of IRG processes has reduced inappropriate specialist placements and strengthened inclusive, solution-focused practice. New guidance, including the ASL Professional Learning Framework, has improved clarity and consistency, supported by ongoing consultation and review. Strategic developments, including an ASN Review Group and a new specialist team (from August 2026), are strengthening capacity to meet complex needs. Workforce development has been a key strength, particularly for learning assistants, alongside rights-based training with Enquire. Educational Psychology Service support is highly valued and has resultant positive impact. Overall, more effective and sustainable targeting of ASL resources is emerging. Whilst these developments are improving the system's ability to respond to need, demand continues to grow, with increasing numbers of children and young people requiring support, greater complexity of presentation, and ongoing pressures on staffing and specialist services which will require continued strategic investment and careful prioritisation of resources.							
 Facilitate Offender Reintegration Facilitate reintegration of offenders into the community							
Lead	Senior Manager (Justice Services)	Progress	95%	Expected Outcome		Priority	BV 3. Promoting Equality & Diversity CWP 256 604
Positive progress has been made in strengthening reintegration pathways, with earlier engagement, improved continuity of support and stronger partnership working. Unpaid							

work is increasingly recognised as a rehabilitative and community-focused intervention, with growing confidence in its impact. Expanded employability support, including a new pilot funded through the Local Employability Partnership, targets key transition points such as pre-release and completion of unpaid work. Earlier engagement with all individuals appearing in court has increased access to preventative support. The introduction of the national Upside Service has enhanced throughcare for short-term prisoners, supporting earlier planning and improved release readiness. Multi-agency collaboration continues to address housing, health, employability and wellbeing needs. Overall, a more preventative, inclusive and coordinated approach is improving reintegration outcomes and community safety.

		Embed Voice & Co-design		Embed voice and co-design in all policy and service development			
Lead	Strategic Lead (Community Collaboration & Redesign)	Progress	100%	Expected Outcome		Priority	BV 5. Engaging with Local Communities CWP 256 605
Positive and sustained progress has been made in embedding voice and co-design, with children, young people and families increasingly shaping services in meaningful ways. Practice is becoming more person-centred and responsive, as seen in the Young Parents' Project, where support is tailored to individual needs and experiences. Co-design is well established in youth justice transformation, ensuring young people's voices influence policy and service design. Tangible outputs include child-friendly materials and digital tools developed directly with young people, improving accessibility and understanding. Participation is increasingly structured and joined-up across key groups, strengthening consistency and influence. Family voice is also embedded through the Family Voices group, informing system change. There is clear cultural shift from consultation to co-production, with voice driving more inclusive, rights-based and responsive services.							

Appendix 3

Directorate of Wellbeing Risk Register

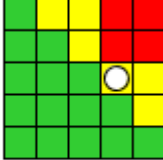
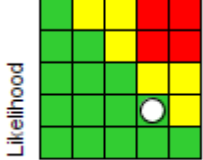
Community Wellbeing Plan End of Year Report 2025-2026

Risk Register Summary

In addition to those below, the People Directorate also leads work on Corporate Risks including those regarding Poverty Levels and Compliance with the UN Convention on the Rights of the Child (UNCRC), as well as being directly involved in the risk regarding Condition of the School Estate. The detail of these can be found in quarterly Corporate Risk reports to Audit & Scrutiny Committee.

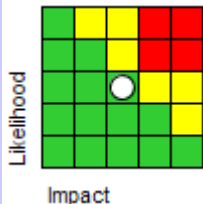
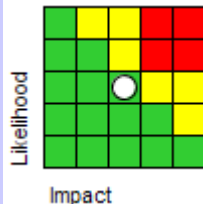
Register	Score Distribution	Code	Title	Score	Status	Approach	Change	Owner
PPL DRR People Directorate Risk Register		PPL DRR 001	Grading of below 'Good' in Early Learning and Childcare establishment gradings	12		Treat		Senior Manager, ELCs & Primaries
		PPL DRR 002	Harm to Children	6		Treat		Senior Manager, Care & Protection
		PPL DRR 003	Failure to recruit Primary Leadership positions	9		Treat		Chief Education Officer
		PPL DRR 004	Failure to close the attainment gap	8		Treat		Chief Education Officer
		PPL DRR 005	Inability to recruit & retain qualified Social Work staff	12		Treat		Chief Social Work Officer
		PPL DRR 006	Lack of investment in Library Service improvement	12		Treat		Senior Manager, ELCs & Primaries
		PPL DRR 007	Insufficient resources to meet learners' needs	15		Treat		Senior Manager, Additional Support Needs
		PPL DRR 008	Failure to meet timeline of Wellbeing Hub and Lochies School	12		Treat		Senior Manager, Sport & Leisure
		PPL DRR 009	Failure to meet national expectations regarding staffing (teachers)	9		Treat		Chief Education Officer

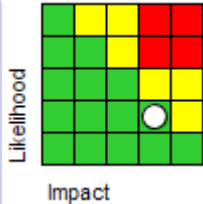
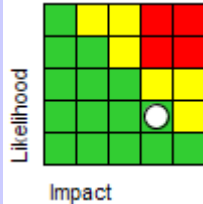
Directorate of Wellbeing Risk Register

		Grading of below 'Good' in Early Learning and Childcare establishment gradings	Senior Manager, ELCs & Primaries	Current Score 12	Target Score 8
Risk	Risk of ELC establishments not achieving gradings of 'Good' or above through inspection by the Care Inspectorate and the reputational damage this would bring to the Council.				
Potential Impact	All ELCs are expected to meet the national standard of Good or above in each area of a Care Inspectorate Inspection. There is a risk that if ELCs do not achieve this, there would be serious reputational damage to the Council and a requirement for the ELC concerned to be placed on a Service Improvement Plan and monitored, also leading to potential workforce harm.				
Note	Care Inspectorate Inspections provide written reports and gradings and are conducted at regular intervals. Post Covid, Early Learning and Childcare settings (ELCs) were prioritised for inspection according to the risk they presented e.g. parental complaints, number of incidents and near misses. Whilst an element of prioritising remains, inspections have now mainly returned to a 2-3 year cycle. A new national framework for inspection was launched in September 2025. This is used by both HMIE and the Care Inspectorate. Clackmannanshire has 14 Local Authority ELCs; 10 classes and 4 extended year standalone ELCs. In addition, we have 5 partner ELC providers and 17 childminders. Our current partner contracts expire on 31 July 2026 with procurement in progress. There is potential for new partnerships following the outcome of the procurement process. Current controls have supported an increase in the number of ELCs graded as good or above by the Care Inspectorate with a return to the top quintile within the LGBF, however due to potential changes ahead risks remain.				
Related Actions	Increased level of Quality Assurance and implementation of key networks across the sector to mitigate against the risk of below Good gradings. Deliver targeted initiatives for vulnerable and disadvantaged groups, removing barriers to engagement. Enhance workforce and caregiver skills in line with the Trauma Knowledge and Skills Framework. Consistent focus on early intervention, inclusion and family wellbeing. Support children, young people and families early through integrated services.		Existing Controls	- Local Outcomes Improvement Plan Community Wellbeing Plan - Validated Self Evaluation Visits - Audit & Scrutiny Committee	

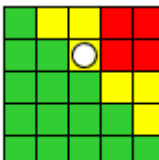
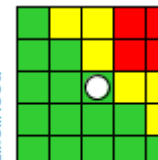
		Inability to Recruit & Retain Qualified Social Work Staff	Chief Social Work Officer	Current Score	12	Target Score	9
Risk		Current labour market challenges, particularly in the Social Work field, result in inability to recruit and retain qualified staff.					
Potential Impact		Difficulty in attracting and retaining qualified social work professionals may lead to increased workloads/caseload ratios, reduced service quality and insufficient staff to meet statutory responsibilities, possible impacts on individuals & communities, with associated legal & reputational implications.					
Note		The social work sector is experiencing high demand for qualified professionals, but the supply of social workers is not keeping pace. There is a challenge in attracting and retaining qualified staff in a sector facing increased demand and limited resources, making it difficult to fill vacant positions.					
Related Actions		Several initiatives are in place, including flexible working and an enhanced induction programme, strategic workforce planning, investment in professional development and support to gain additional qualifications. There is ongoing monitoring of vacancy rates and staff turnover. Recruitment of statutory posts is prioritised, as is statutory training.		Existing Controls	- Social Services Supervision policy - Staff induction and Development - Strategic Workforce Plan		

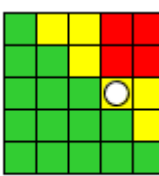
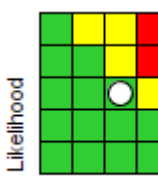
		Harm to Children	Senior Manager, Care & Protection	Current Score	6	Target Score	3
Risk		A lack of capacity, stability or skillset in key roles limits the Council's ability to fulfil statutory requirements and intervene to identify and reduce risk of serious harm to a child/children.					
Potential Impact		Effects of injury or death on individual, family, friends & staff, reputational & legal implications, with associated costs, as well as impact of reputational damage & negative publicity on morale, workforce development and sustainability.					
Note		The e-IRD system enables real time response to children at risk of harm for assessments and interventions. The Scottish Child Interview Model team is fully embedded, undertaking 100% of joint interviews. Whilst the risk continues to reduce, its significance means it is appropriate for constant review of this register.					
Related Actions		Clackmannanshire's Promise Plan 2023-26, Child Protection Committee Risk Register - ongoing review & mitigations, Children's Services Plan 2024-26.		Existing Controls	Child Protection Procedures Child Protection Committee Public Protection Chief Officers Group Local Outcomes Improvement Plan		

		Failure to recruit Primary Leadership positions	Chief Education Officer	Current Score	9	Target Score	8
Risk	The Service may struggle to recruit and retain senior leaders within primary schools due to the national shortage of people willing to undertake such roles, posing a risk to Strategy, Workforce, Governance and Reputation.						
Potential Impact	Changes in leadership and /or acting positions can lead to periods of uncertainty for staff, families and communities, whilst failure to recruit and retain senior leaders puts the council at risk of reputational damage and low morale amongst the existing workforce. Such change and uncertainty may interrupt improvement, slow down progress and may be evident in inspection gradings as part of external scrutiny, with resultant possible impacts on individuals & communities and associated legal & reputational implications.						
Note	Over the past year, we have strengthened workforce capacity through targeted professional learning opportunities and enhanced support for school leaders. There has been a strong uptake in leadership development, with several staff applying for and successfully completing the Into Headship professional learning programme. In addition, we continue to see healthy engagement from leaders across Education (including ELC) participating in the Columba 1400 Leadership Academies. We have also successfully recruited to a number of Head of Establishment and Depute Head of Establishment posts over the past year, which has significantly helped to build leadership capacity and resilience within the system.						
Related Actions	Strengthen Workforce Development and address any issues. Continued collaboration and partnerships to develop a coherent and whole systems approach and whole family approaches to tackling local and national priorities. Scottish Government has acknowledged the challenges in recruitment and has established a Headteacher Recruitment and Retention Working Group to address these issues.				Existing Controls	- Recruitment & Retention Policy - Staff Induction Programmes - Professional Learning Opportunities	

		Failure to close the attainment gap	Chief Education Officer	Current Score	8	Target Score	8
Risk	There is a risk to the Council's reputation if there is failure to close the poverty related attainment gap between young people from more and less deprived areas due to financial pressures, workforce issues or wider economic, demographic and poverty-related issues.						
Potential Impact	The risk of not closing the attainment gap could harm the Council's reputation, as young people would fail to reach their potential because of socio-economic disadvantage. This could have longer term impacts on social mobility, poverty, life chances and economic growth, plus implications for inspection gradings and funding.						
Note	In primary schools, attainment has improved for learners in both Quintile 5 (Q5) and Quintile 1 (Q1). However, while progress has been positive for learners in Q1, it has not been at the same rate as Q5, resulting in the attainment gap remaining despite overall improvements.						

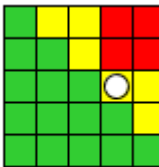
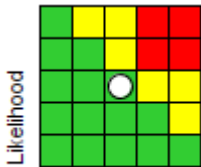
Related Actions	In secondary schools, attainment continues to present challenges. Since the COVID period, a higher proportion of S4 learners from areas of poverty have chosen college or employment pathways rather than remaining within the senior phase of school. While these are positive and appropriate destinations for many young people, this shift has impacted on traditional attainment measures and contributes to the ongoing challenge of closing some gaps. Importantly, tracking data indicates that for learners who remain in the senior phase, performance has improved. Attainment for both Q1 and Q5 learners currently in S4–S6 is stronger than pre-COVID levels, suggesting that targeted support, improved tracking, and curriculum adaptation are having a positive impact for those learners. This improvement is evident across a range of measures and demonstrates increased resilience and engagement among senior phase learners who remain in school. Schools continue to work closely with Education Scotland to strengthen curriculum offers, widen and improve pathways, and ensure targeted support for learners affected by poverty. Closing the attainment gap remains a priority, with a continued focus on both attainment and wider achievement, alongside recognising and valuing positive post-school destinations for all learners.			
	Deliver targeted initiatives for vulnerable and disadvantaged groups, removing barriers to engagement. Improve attainment in Literacy and Numeracy, with a focus on the poverty related attainment gap. Implement learning, teaching and assessment guidance as part of the development of a new Raising Attainment Strategy. Strengthen workforce development with a specific focus on improving follow-up leaver destinations so that initial destinations are sustained. Support learning potential by targeting Additional Support for Learning resources.		Existing Controls	Education Senior Management Team Strategic Equity Funding National Improvement Framework Validated Self Evaluation Visits

		Inability to Recruit & Retain Qualified Social Work Staff	Chief Social Work Officer	Current Score	12	Target Score	9
Risk	Current labour market challenges, particularly in the Social Work field, result in inability to recruit and retain qualified staff.			Likelihood  Impact	Likelihood  Impact		
Potential Impact	Difficulty in attracting and retaining qualified social work professionals may lead to increased workloads/caseload ratios, reduced service quality and insufficient staff to meet statutory responsibilities, possible impacts on individuals & communities, with associated legal & reputational implications.						
Note	The social work sector is experiencing high demand for qualified professionals, but the supply of social workers is not keeping pace. There is a challenge in attracting and retaining qualified staff in a sector facing increased demand and limited resources, making it difficult to fill vacant positions.						
Related Actions	Several initiatives are in place, including flexible working and an enhanced induction programme, strategic workforce planning, investment in professional development and support to gain additional qualifications. There is ongoing monitoring of vacancy rates and staff turnover. Recruitment of statutory posts is prioritised, as is statutory training.			Existing Controls	- Social Services Supervision policy - Staff induction and Development - Strategic Workforce Plan		

		Lack of investment in Library Service improvement	Senior Manager, ELCs & Primaries	Current Score	12	Target Score	9
Risk	Lack of investment in library service improvement resulting in community spaces being devalued.			Likelihood  Impact Likelihood  Impact			
Potential Impact	Following a re-design, Clackmannanshire's main Library located in the Speirs Centre and new community based library service delivery model is at the earliest stages of implementation. The new delivery model will develop over the next 12 months. Due to staffing changes, recruitment provides a further opportunity to shape the service, however there is some potential threat to recruitment due to recent re-design and branch closures resulting in a perception that the service could be at risk This could lead to harming the Council's reputation whilst having a detrimental impact on individuals and/or communities.						
Note	Our cost per visit 2024/25 is in line with our family group median and the Scottish average. The last customer satisfaction survey conducted by SLIC in 2023 stated: 84.9% of responders said that the library service was very important to them, whilst 93.5% either agreed or strongly agreed that the library service improved their quality of life. Local consultation through Citizen Space in 2025 identified 85.36% of responders said the library service was very important to them, whilst 81.7% either agreed or strongly agreed that the library service improved their quality of life.						
Related Actions	Maintain a focus on collaboration and co-design, leading to service improvement so that our library service will be valued by communities, served by a skilled workforce supporting the needs of our communities. A consultation for improvement conducted in 2025 informed plans for improvement, with the initial implementation of the new service delivery model on track for April 2026. Implement the Clackmannanshire Transformation Space and Invest to Save fund, guided by the Citizens' Panel and building on Family Wellbeing Partnership approaches. Embed voice and co-design in all policy and service development			Existing Controls	- Library Services Plan - Local Outcomes Improvement Plan		

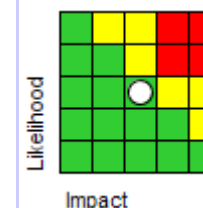
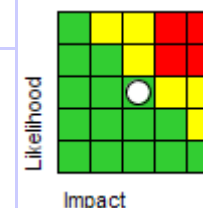
		Insufficient resources to meet learners' needs	Senior Manager, Additional Support Needs (ASN)	Current Score	15	Target Score	12
Risk	Increased cases of children and young people with Neurodevelopmental Disorders (NDD) is putting a strain on resources to deliver Section 15 of the Standards in Scotland's Schools etc. Act 2000, which introduced a 'presumption of mainstreaming' for children and young people with Additional Support Needs (ASN).			Likelihood Impact Impact			
Potential Impact	If the Council is unable to fully meet the needs of all learners, there is a risk of failure to adhere to the legislative duties outlined in Section 15 of the Standards in Scotland's Schools Act 2000, namely that children and young people should learn in a mainstream environment except in particular circumstances. Additionally, this could harm the wellbeing, achievement and life chances of individuals and the reputation of the Council.						
Note	Demand for Additional Support for Learning (ASL) continues to increase in scale and complexity both nationally and locally. The Final Progress Report of the National Additional Support for Learning Review (March 2026) concludes that, while Scotland has a strong legislative framework and progress has been made against the Morgan Review recommendations, delivery remains inconsistent and under sustained pressure, with support not always available at the right time and systems struggling to keep pace with levels and complexity of need that have evolved faster than the infrastructure designed to support them. In						

Related Actions	Clackmannanshire, these national pressures are intensified by consistently higher levels of identified ASN than the national average across all deprivation quintiles, an 84% increase in recorded ASN between 2014 and 2023, and a 61% increase in Educational Psychology referrals since 2019, with growing prevalence of complex neurodevelopmental need, particularly autism spectrum conditions. This has significantly increased reliance on staffing-intensive and individualised support within mainstream settings. While the Council remains committed to inclusive education and the presumption of mainstreaming, the pace, scale and complexity of ASN demand are now placing sustained pressure on financial sustainability, workforce resilience and service capacity. There is an increasing strategic risk that the Council's ability to deliver timely, equitable and sustainable support, in line with statutory duties, may be compromised. This risk is heightened by the UNCRC (Incorporation) (Scotland) Act 2024 and the conclusions of the ASN Review Final Progress Report, which together reinforce expectations around children's rights to have their voices heard, to access proportionate support without delay and to experience consistent delivery within available public resources.				
	The ASN Review Group and the Wellbeing and Inclusion Empowerment Group, have considered feedback from parents/carers, children, young people and staff, examining what the data shows regarding this increase in numbers. This has resulted in the establishment of a Flexible Learning Outreach Team, creating diversity in our current offer for children and young people with complex NDD profiles, whilst retaining and extending expertise within local authority staffing, working in partnership with others, as well as minimising the risk of placement breakdowns, and avoiding costly placements outwith Clackmannanshire, offer significant positive benefits to our children and their families.		Existing Controls	- Local Outcomes Improvement Plan - Community Wellbeing Plan - Additional Support for Learning Strategy - Validated Self Evaluation Visits	

		Failure to meet timeline of Wellbeing Hub and Lochies School	Senior Manager, Sport & Leisure	Current Score	12	Target Score	9
Risk	Delay to the construction, completion and handover of the Wellbeing Hub and Lochies School and the resultant implications.			 Likelihood Impact	 Likelihood Impact		
Potential Impact	Delay to the operation of the Wellbeing Hub could potentially result in loss of revenue and reputational damage. Additionally, a delay to migration of Lochies in time for October term could lead to the risk of harm not only to the reputation of the Council but to the families, individuals and communities affected.						
Note	Contract signed in September 2025 with a revised completion date of September 2027. The Construction programme is currently on schedule however, there is very limited flexibility in the programme to adjust to any delays caused by severe weather, delivery issues etc. Complexity and volume of operational preparations (recruiting, training a full complement of staff to coincide with handover, operational documentation etc.) could place significant pressure in the coming year.						
Related Actions	Fully costed and timetable construction schedule: - RCCE, Hubco and T&A has finalised programme. Currently in Steel frame phase – on schedule. Should walls and roof be completed on schedule, poor winter weather should be largely mitigated. Procurement for loose Equipment, LMS, Fitness provider (rental), Marketing all commenced. Recruitment requires input from across the council. Training and recruitment plan being established with input from partners. Contingency plans addressing delays: Contingency for Lochies, staff			Existing Controls	- Project Board Oversight of project timetable and comms plan - External scrutiny on Construction and technicals (Hubco and T&A)		

training/utilisation and comms plan for public awareness to be considered.			- Capitalise resources to establish work strategies

✓	—	Failure to meet national expectations regarding staffing (teachers)	Chief Education Officer	Current Score	9	Target Score	9
Risk		The impact of national discussions on proposed reduction in class contact time for teaching staff and the implications for the local authority.					
Potential Impact		Non contact time for teachers is in the Scottish Government Manifesto from 2021, reducing contact time by 90 minutes per week, from 22.5 to 21 hours. There has been a delay in decision making at national level on implementation, however when it is actioned, we would potentially require additional staffing in secondary establishments and recruiting such staff, particularly in shortage subjects, would prove difficult. Schools would have to reduce the curricular offer, thereby disadvantaging our young people who want to pursue particular pathways. Potential industrial action if COSLA and the Scottish Government can't reach an agreement. Risk Categories: Governance, Wellbeing, Workforce, Continuity.					
Note		Staffing levels have been maintained in line with Scottish Government expectations. While, as a council, we had previously agreed to make some reductions in teacher numbers in response to falling school rolls, this position has now changed. We are no longer planning to implement these reductions. This is primarily due to the need to plan for new national expectations around reductions in teachers' class contact time (non-contact time). Once these changes are fully implemented, additional teacher capacity will be required to ensure schools can continue to operate effectively while meeting contractual and professional requirements. As a result, workforce planning is now focused on maintaining, and, where necessary, increasing, teacher numbers to meet these new expectations, rather than reducing staffing levels. The risk scores remain the same for staffing, due to the demands ahead to support the reduction in class contact. It will require further recruitment and retention to meet this new demand.					
Related Actions		Stay informed with developments at national level between Scottish Government and COSLA. Attendance at Association of Directors of Education in Scotland (ADES meetings).		Existing Controls		- ADES - COSLA - Bi-partite	





Equality and Fairer Scotland Impact Assessment (EFSIA) Summary of Assessment

Title: Community Wellbeing Plan 2025-2026 Year End Report

Key findings from this assessment (or reason why an EFSIA is not required):

The Community Wellbeing Plan year-end report delivers positive impacts across equality groups, with a strong focus on reducing inequalities, improving access to early help, and embedding a rights-based, inclusive approach. Evidence shows improved outcomes for vulnerable children and families, increased participation in learning and employment, enhanced mental health and wellbeing, and more coordinated support through Whole Family Support and partnership delivery.

Summary of actions taken because of this assessment:

Actions taken as a result of this assessment include strengthening and embedding a whole-system, rights-based approach to service delivery, ensuring equality and inclusion are integral to all planning and decision-making. This has involved scaling early intervention and Whole Family Support, improving access to coordinated services through hubs and partnership working, and targeting resources towards vulnerable and disadvantaged groups to reduce inequalities. Community voice have been further embedded to ensure services reflect lived experience, while data and insight are being used more effectively to monitor impact and inform resource allocation. In addition, steps have been taken to address identified pressures by enhancing workforce capacity, improving access to mental health and wellbeing support, and tackling structural barriers such as poverty, transport and access to services.

Ongoing actions beyond implementation of the proposal include:

Refined Strategic Outcomes and revised Strategic Actions for 26/27 will be integrated into the Wellbeing Directorate, Community Wellbeing Plan 26/27

Lead person(s) for this assessment:

Judith Morrison, Improving Outcomes Engagement Officer

Senior officer approval of assessment:

Catriona Scott and Veronica Cully, Senior Managers

Date: 30th June 2026

Equality and Fairer Scotland Impact Assessment (EFSIA)

An Equality and Fairer Scotland Impact Assessment (EFSIA) must be completed in relation to any decisions, activities, policies, strategies or proposals of the Council (referred to as 'proposal' in this document). The first stage of the assessment process will determine the level of impact assessment required.

This form should be completed using the guidance contained in the document: ['NAME']. Please read the guidance before completing this form.

The aim of this assessment is to allow you to critically assess:

- the impact of the proposal on those with protected characteristics and, where relevant, affected by socio-economic disadvantage (referred to as 'equality groups' in this document);
- whether the Council is meeting its legal requirements in terms of Public Sector Equality Duty and the Fairer Scotland Duty;
- whether any measures need to be put in place to ensure any negative impacts are eliminated or minimised.

The Fairer Scotland Duty requires public authorities to pay 'due regard' to how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making **strategic decisions**. Strategic decisions are key, high-level decisions such as decisions about setting priorities, allocating resources, delivery or implementation and commissioning services and all decisions that go to Council or committee for approval.

Step A – Confirm the details of your proposal

1. Describe the aims, objectives and purpose of the proposal.

The purpose of this proposal is to present the Community Wellbeing Plan 2025/26 Year End Report. The report provides a retrospective assessment of progress against the approved Community Wellbeing Plan 2025/26 and does not establish new policy, allocate resources, alter service provision or introduce new strategic priorities.

2. Why is the proposal required?

The report is required to provide performance monitoring, accountability and assurance regarding delivery of the approved Community Wellbeing Plan 2025/26 and statutory duties. The report itself does not create new impacts; rather, it reports on impacts arising from implementation of existing plans and activities during 2025/26.

3. Who is affected by the proposal?

Publication of the Year End Report does not directly affect any individual or group. However, the report describes outcomes experienced by a wide range of population groups and this assessment considers whether the evidence presented demonstrates differential impacts for equality groups, communities and people experiencing socio-economic disadvantage.

4. What other Council policies or activities may be related to this proposal? The EFSIAs for related policies might help you understand potential impacts.

- Wellbeing Local Outcomes Improvement Plan (WLOIP) 2024-2034
- Poverty Action Plan 2025–2030
- Children's Services Plan 2025-2026
- The Promise Plan 2025-2026
- National Improvement Framework 2024-2027 (incorporating the Scottish Equity Fund Plan)

- Violence Against Women and Girls' Strategy 2023-2026
- Community Justice Plan 2023-2028
- Community Learning and Development Plan 2024-2027
- Sport and Active Living Framework 2024-2028
- Family Wellbeing Partnership Plan 2024-2026
- Library Service Plan 2024-27
- Educational Psychology Service 2025-2026
- Children and Young People's Strategic Partnership
- Tackling Poverty Partnership
- Child Protection Committee
- Community Justice Partnership
- Violence Against Women and Girls Partnership
- Clackmannanshire and Stirling Alcohol and Drug Partnership
- Local Employability Partnership
- Family Wellbeing Partnership
- Digital Learning Strategy 2022-2025
- Additional Support for Learning Strategy 2024-2027
- Strategic Equity Fund Plan 2023-2024
- Health and Wellbeing Strategy
- Learning, Teaching and Assessment Strategy
- Numeracy Strategy 2022-2026
- Literacy Strategy 2022 - 2026
- Parental Involvement and Engagement Strategy
- Learning Estate Strategy, 2019-2040
- Community Learning and Development Partnership Plan, 2024-2027
- Forth Valley Inter Agency Child Protection Guidance 2023
- Clackmannanshire Transitions Policy for young people with additional support needs to adulthood
- Forth Valley GIRFEC Guidance
- Forth Valley Guidance Getting our Priorities Right for Children and Families affected by Parental Alcohol and Drug Use (2019)

5. Is the proposal a strategic decision? If so, please complete the steps below in relation to socio-economic disadvantage. If not, please state why it is not a strategic decision:

No. This assessment relates to a retrospective performance and assurance report and does not constitute a new strategic decision. The report does not approve policy changes, allocate resources, commission services or alter strategic priorities. However, this assessment has been completed voluntarily as good practice due to the report's focus on outcomes, inequalities and community wellbeing.

Step B – Consider the level of EFSIA required

You should consider the available evidence and data relevant to your proposal. You should gather information in order to:

- *help you to understand the importance of your proposal for those from equality groups,*
- *inform the depth of EFSIA you need to do (this should be proportionate to the potential impact), and*
- *provide justification for the outcome, including where it is agreed an EFSIA is not required.*

6. What information is available about the experience of those with protected characteristics in relation to this proposal? Does the proposal relate to an area where there are already known inequalities? Refer to the guidance for sources of evidence and complete the table below.

Equality Group	Evidence source (e.g. online resources, report, survey, consultation exercise already carried out)	What does the evidence tell you about the experiences of this group in relation to the proposal? NB Lack of evidence may suggest a gap in knowledge/ need for consultation (Step C).
Age	Community Wellbeing Plan 2025/26 Year End Report. Outcomes Improvement Framework. Administrative data and service data. Partnership data from Council services, NHS Forth Valley and third sector organisation. Lived experience and community feedback (e.g. Family Voices, community panels and engagement activity)	The evidence indicates that this group is experiencing improved access to early, coordinated support, leading to better outcomes. For children and young people, there are clear improvements in safety, safeguarding, education and mental health, reflecting the positive impact of early intervention and integrated services. Young people are also benefiting from increased opportunities to engage in education, training and employment, with smoother transitions into positive destinations and reduced barriers to participation. For adults and families, the experience shows greater access to employability support, financial advice and whole-family services, helping to improve financial stability and reduce poverty-related pressure. Overall, the evidence suggests that the proposal is improving outcomes and reducing inequalities, with services becoming more accessible, preventative and better coordinated for people across different age groups
Disability	As above	Evidence suggests that people with disabilities are more likely to experience poverty and poorer outcomes. Families supporting children and young people with additional support needs may face multiple and overlapping barriers relating to income, participation and access to services. The Report addresses Additional Support Needs (ASN), promotes inclusive education and ensures access to mental health and wellbeing services. The report provides substantial and detailed evidence in relation to disability (particularly children and young people with additional support needs or complex disabilities). Overall, it shows progress in early intervention and inclusion but also highlights significant ongoing challenges and inequalities. There is clear evidence of improved early intervention, especially through: Targeted ASN support Early Learning and Childcare (ELC) settings e.g. Play Roots

Equality Group	Evidence source (e.g. online resources, report, survey, consultation exercise already carried out)	What does the evidence tell you about the experiences of this group in relation to the proposal? NB Lack of evidence may suggest a gap in knowledge/ need for consultation (Step C).
		Integrated family support and safeguarding systems
Race	As above	The report focuses strongly on inequality, disadvantage and vulnerability, mainly framed around poverty, disability, justice involvement, age, and gender (particularly women and girls). rather than race. However, all work to address poverty (e.g. Tackling Poverty Partnership plan, Family Wellbeing Partnership and Child Wellbeing Partnership (All Age Childcare) and takes cognisance that to tackle child poverty successfully, actions deliver for the families at greatest risk of poverty, which includes priority families (including minority ethnic families).
Sex		Women experiencing poverty, caring responsibilities or domestic abuse may experience multiple and overlapping disadvantages which can impact wellbeing, financial security and participation. Analysis suggests the Plan is having a positive and increasingly preventative impact, particularly for women. Progress in 2025/26 shows a clear shift towards early intervention and strengthened system responses, especially in relation to domestic abuse and gender-based violence (GBV). This includes improved safeguarding pathways and coordinated action through partnerships such as the Violence Against Women and Girls Partnership, alongside integration across wider plans. There is targeted support for vulnerable women, with integrated early intervention models (e.g. the Young Parents' Project) contributing to greater safety, stability, and improved outcomes. Prevention activity has also expanded across schools and communities, including programmes such as Mentors in Violence Prevention and Get SET Girls, which build awareness, confidence, and support early identification of risk. In addition, early years prevention approaches, such as the 'Think Equal' programme, are helping to promote empathy, respect, and healthy relationships from a young age, supporting longer-term cultural change.
Gender Reassignment		Plan supports inclusive environments and services for LGBTQ+ youth, including co-design and participation.

Equality Group	Evidence source (e.g. online resources, report, survey, consultation exercise already carried out)	What does the evidence tell you about the experiences of this group in relation to the proposal? NB Lack of evidence may suggest a gap in knowledge/ need for consultation (Step C).
		There is no detailed data on the experiences and needs of LGBTQ+ individuals, especially adults within the report.
Sexual orientation		The Report emphasises Human rights and tackling inequalities (Outcome 6) and participation, inclusion, and voice across communities It uses a whole-population / whole-system approach rather than focusing on specific equality groups.
Religion or Belief		The Plan supports inclusive service design and community engagement that respects cultural and religious diversity. Data on how religious or belief-based needs are being met is not within the scope of the report.
Pregnancy or maternity		Report indicates a clear and positive impact on people experiencing pregnancy and maternity, particularly through early intervention, targeted support, and preventative approaches.
Marriage or civil partnership (only the first aim of the Duty is relevant to this protected characteristic and only in relation to work matters)		The Report does not contain specific provisions or impacts related to marital or civil partnership status.
Socio economic disadvantage (if required)		Evidence indicates that socio-economic disadvantage often overlaps with other protected characteristics, particularly disability, age, caring responsibilities and gender. Individuals and families experiencing multiple forms of disadvantage may face additional barriers to participation, employment, education, health and wellbeing, and are therefore a key focus of preventative and targeted support. The Report shows a strong and positive impact on people experiencing socio-economic disadvantage and directly targets poverty and inequality, with support such as income maximisation, employability, and financial inclusion. There has been a clear shift towards early intervention and prevention, helping people access support sooner and avoid crisis.

Equality Group	Evidence source (e.g. online resources, report, survey, consultation exercise already carried out)	What does the evidence tell you about the experiences of this group in relation to the proposal? NB Lack of evidence may suggest a gap in knowledge/ need for consultation (Step C).
		Whole Family Support and integrated services have improved access, reduced complexity, and provided more coordinated care. Actions to reduce barriers (e.g. cost, transport, childcare) have made services more accessible. Increased community involvement and community decision making has helped ensure services better meet local needs. The Report delivers a significant positive impact, improving access, stability, and outcomes for disadvantaged individuals and families.

7. Based on the evidence above, is there relevance to some or all of the equality groups? Y/ N/ unclear

If yes or unclear, proceed to further steps and complete full EFSIA

Yes

If no, explain why below and then proceed to Step E:

Step C – Stakeholder engagement

This step will help you to address any gaps in evidence identified in Step B. Engagement with people who may be affected by a proposal can help clarify the impact it will have on different equality groups. Sufficient evidence is required for you to show 'due regard' to the likely or actual impact of your proposal on equality groups.

- 8. Based on the outcome of your assessment of the evidence under Step B, please detail the groups you intend to engage with or any further research that is required in order to allow you to fully assess the impact of the proposal on these groups. If you decide not to engage with stakeholders, please state why not:**

Engagement will continue through established participation and co-design arrangements including Clackmannanshire Transformation Space Community Voice Panel, Family Voices, Youth Forum and wider partnership engagement activity. Particular attention will be given to ensuring the voices of people experiencing inequalities and socio-economic disadvantage are represented in decision-making and service improvement. Ongoing engagement with children and young people, families, adults, older people and people with protected characteristics will support understanding of impacts across equality groups. Performance information, service data, lived experience and community feedback will be used to monitor impact, identify emerging inequalities and inform future planning and resource allocation. No additional formal consultation is required specifically for this retrospective year-end report; however, continuous engagement and monitoring arrangements will remain in place to ensure equality and socio-economic impacts are understood and addressed.

- 9. Please detail the outcome of any further engagement, consultation and/or research carried out:**

Engagement has been undertaken through established participation and co-design arrangements, including Community Voice Panels, Family Voices etc. These approaches bring together lived experience, community insight, service intelligence and performance data to inform ongoing improvement and future priorities. Evidence from the Transformation Space demonstrates increasing community participation, strengthened representation of people with lived experience, and a growing focus on equity, inclusion and community-led decision making. No additional formal consultation was required specifically for this report, as it reflects ongoing delivery and performance. However, continuous engagement, learning and monitoring arrangements remain in place to ensure emerging issues, inequalities and community priorities are identified and addressed.

Step D - Impact on equality groups and steps to address this

10. Consider the impact of the proposal in relation to each protected characteristic under each aim of the general duty:

- Is there potential for discrimination, victimisation, harassment or other unlawful conduct that is prohibited under the Equality Act 2010? How will this be mitigated?
- Is there potential to advance equality of opportunity between people who share a characteristic and those who do not? How can this be achieved?
- Is there potential for developing good relations between people who share a relevant protected characteristic and those who do not? How can this be achieved?

If relevant, consider socio-economic impact.

Age	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			Partnership working and collaboration.
potential to advance equality of opportunity	x			Continued delivery of early intervention, Whole Family Support and participation opportunities will help improve outcomes and reduce inequalities across age groups.

Disability	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			
potential to advance equality of opportunity	x			Inclusive approaches, ASN support and coordinated family services will continue to improve access, participation and outcomes for people with disabilities. No significant negative impacts relating to disability have been identified, this will remain a key area of focus given the increasing demand for services and the complexity of needs identified across the system

Race	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			
potential to advance equality of opportunity	x			Whilst direct race-related evidence is limited, available evidence suggests that anti-poverty and inclusion activity is likely to benefit minority ethnic families.

Sex	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			
potential to advance equality of opportunity	x			The Plan advances equality of opportunity between sexes by prioritising the safety and wellbeing of women and girls, improving access to services through childcare, Whole Family Support and targeted interventions, and removing barriers to participation, employment and community engagement. It strengthens prevention of gender-based violence, promotes participation in health and community activities, and embeds lived experience in service design and delivery. Support for boys and men is also available through wider wellbeing and prevention approaches. Overall, the focus is on sustaining and scaling existing preventative and targeted activity to improve outcomes and reduce inequalities.

Gender Reassignment	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			Partnership working and collaborative efforts to achieve outcomes.
potential to advance equality of opportunity	x			Evidence relating specifically to gender reassignment is limited; however, inclusive and rights-based approaches support equitable access and participation.
Sexual Orientation	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			Partnership working and collaborative efforts to achieve outcomes.
potential to advance equality of opportunity	x			Evidence relating specifically to sexual orientation is limited; however, available evidence suggests that inclusion, participation and human rights approaches support positive outcomes.

Religion or Belief	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			Partnership working and collaborative efforts to achieve outcomes.
potential to advance equality of opportunity	x			Services will continue to be delivered in a culturally sensitive and inclusive way that respects different faiths, beliefs and backgrounds
Pregnancy/maternity	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination			x	
potential for developing good relations	x			Partnership working and collaborative efforts to achieve outcomes.
potential to advance equality of opportunity	x			

Marriage/civil partnership	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Positive impacts	Negative impacts	No impact	
risk of discrimination (only the first aim of the Duty is relevant to this protected characteristic and only in relation to work matters)			x	No specific impacts identified.

Socio-economic disadvantage	Place 'X' in the relevant box(es)			Describe any actions you plan to take, eg. to mitigate any impact, maximise positive impact, or record your justification to not make changes
	Yes	No	No impact	
(If required) Will the proposal reduce inequalities of outcome caused by socio-economic disadvantage?	x			The Plan will continue to support improved outcomes for people experiencing disadvantage through preventative, inclusive and coordinated approaches that help reduce inequalities and improve access to opportunities and support

11. Describe how the assessment might affect the proposal or project timeline?

Examples of the items you should consider here include, but are not limited to:

- **Communication plan:** do you need to communicate with people affected by proposal in a specific format (e.g. audio, subtitled video, different languages) or do you need help from other organisations to reach certain groups?
- **Cost:** do you propose any actions because of this assessment which will incur additional cost?
- **Resources:** do the actions you propose require additional or specialist resource to deliver them?

- **Timing:** will you need to build more time into the project plan to undertake research, consult or to complete any actions identified in this assessment?

The assessment should not affect the proposal or project timeline. The Community Wellbeing Plan 2025/2026 and approaches align with the Clackmannanshire 'Be the Future' Programme, the WLOIP, Community Wealth Building and the Wellbeing Economy. The Plan sets out targeted priorities, outcomes and actions for 2025-2026. It focuses on collaboration and intelligence gathered from across the system; particularly, stakeholders' needs.

12. **Having considered the potential or actual impacts of your proposal, you should now record the outcome of this assessment.** Choose from one of the following:

Please select (X)	Implications for the proposal
X	No major change Your assessment demonstrates that the proposal shows no risk of unlawful discrimination and that you have taken all opportunities to advance equality of opportunity and foster good relations, subject to continuing monitoring and review.
	Adjust the proposal and/or implement mitigations You have identified ways of modifying the proposal to avoid discrimination or to better advance equality of opportunity or foster good relations. In addition, or alternatively, you will introduce measures to mitigate any negative impacts. Adjustments and mitigations should be recorded in the tables under Step D above and summarised in the summary sheet at the front of the document.
	Continue the proposal with adverse impact The proposal will continue despite the potential for adverse impact. Any proposal which results in direct discrimination is likely to be unlawful and should be stopped and advice taken. Any proposal which results in indirect discrimination should be objectively justified and the basis for this set out in the tables under Step D above and summarised in the summary sheet at the front of the document. If objective justification is not possible, the proposal should be stopped whilst advice is taken.
	Stop the proposal The proposal will not be implemented due to adverse effects that are not justified and cannot be mitigated.

Step E - Discuss and review the assessment with decision-makers

13. **You must discuss the findings of this assessment at each stage with senior decision makers during the lifetime of the proposal and before you finalise the assessment. Record details of these discussions and decisions taken below:**

Ongoing discussion and review of the community Wellbeing Plan as part of the Wellbeing SMT discussions and at associated partnership and Community Planning Partnership forums (e.g. Tackling Poverty Partnership).

Step F – Post-implementation actions and monitoring impact

It is important to continue to monitor the impact of your proposal on equality groups to ensure that your actual or likely impacts are those you recorded. This will also highlight any unforeseen impacts.

14. Record any post-implementation actions required.

No post-implementation actions are required as a result of publication of this report. This report informs the refreshed Community Wellbeing Plan 26/27. Equality, human rights and socio-economic outcomes will continue to be monitored through the Community Wellbeing Plan performance framework, Outcomes Improvement Framework and bi-annual reporting arrangements.

15. Note here how you intend to monitor the impact of this proposal on equality groups.

No post-implementation actions are required as a result of publication of this report. This report informs the refreshed Community Wellbeing Plan 26/27. Equality, human rights and socio-economic outcomes will continue to be monitored through the Community Wellbeing Plan performance framework, Outcomes Improvement Framework and bi-annual reporting arrangements.

16. Note here when the EFSIA will be reviewed as part of the post-implementation review of the proposal:

On the development of the Community Wellbeing Plan 2026/2027.

Step G – Assessment sign off and approval

Lead person(s) for this assessment:

Signed: **Judith Morrison, Improving Outcomes Engagement Officer**

Date: 10 July 2026

Senior officer approval of assessment:

Signed: **Catriona Scott**

Date: 10 July 2026

All full EFSIAs must be published on the Council's website as soon as possible after the decision is made to implement the proposal.

Report to: Audit and Scrutiny Committee

Date of Meeting: 27 August 2026

**Subject: Health and Care (Staffing) (Scotland) Act 2019 – Statutory
Annual Report 2025/26**

Report by: Chief Social Work Officer

1.0 Purpose

- 1.1. To present the second statutory annual report produced under Section 3(6) of the Health and Care (Staffing) (Scotland) Act 2019, attached as Appendix 1.

2.0 Recommendation

- 2.1. It is recommended that committee note and challenge the report as appropriate.
- 2.2. The content of this report is relevant to the functions of the Clackmannanshire & Stirling Integration Joint Board (IJB) and will be reviewed at its meeting.
- 2.3. Note the findings of the 2025/26 provider assurance exercise, including evidence of strong compliance with the Act amongst respondents and the actions being taken to address identified workforce and sustainability risks.

3.0 Considerations

3.1 Legislative Context

The Health and Care (Staffing) (Scotland) Act 2019 establishes a statutory framework to support safe and high-quality health and social care services through appropriate staffing arrangements. The Act places duties on local authorities and integration authorities when planning or securing care services from third-party providers.

Section 3(2) requires local authorities and integration authorities to have regard to:

- The guiding principles for health and care staffing;
- Provider duties relating to appropriate staffing;
- Provider duties relating to staff training;

- Relevant Scottish Government guidance; and
- Duties contained within the Public Services Reform (Scotland) Act 2010.

Section 3(6) requires annual publication of information on the steps taken to comply with these duties and any risks affecting compliance.

3.2 Compliance Activity During 2025/26

The Council, working in partnership with Clackmannanshire and Stirling HSCP and Stirling Council, has continued to implement measures to support compliance with the Act.

Key actions undertaken during the reporting period include:

- Ongoing promotion and awareness raising of the Act through provider forums, meetings and communications.
- Engagement with Care Inspectorate representatives and dissemination of good practice guidance.
- Incorporation of Act-related requirements into contract documentation and commissioning processes.
- Inclusion of compliance checks within due diligence arrangements for commissioned services.
- Development and pilot implementation of enhanced contract monitoring processes which include consideration of staffing requirements under the Act.
- Continued use of an annual provider survey to gather assurance regarding compliance and identify emerging risks.

3.3 Provider Assurance Findings

A survey was issued to 153 Care Inspectorate-registered providers across Clackmannanshire, Stirling Council and the HSCP, receiving 63 responses, representing a 41.2% response rate.

For Clackmannanshire:

- All respondents reported compliance with the Health and Care (Staffing) (Scotland) Act 2019.
- Providers demonstrated strong awareness of the guiding principles of the Act.
- Evidence was provided of regular staffing review processes linked to assessed need and risk.
- Providers reported established arrangements for staff training, supervision, professional development and workforce planning.
- Strong emphasis was evident on person-centred care, staff wellbeing, multi-disciplinary working and quality assurance.

Overall, the returns indicate a high level of compliance amongst responding providers and no significant gaps or concerns were identified.

3.3.1 Stakeholder Feedback Summary

Feedback gathered through the annual provider survey highlighted a number of common themes regarding implementation of the Health and Care (Staffing) (Scotland) Act 2019. Overall, providers demonstrated a strong commitment to delivering safe, effective and person-centred care and reported positive engagement with the principles of the Act.

Key themes identified from stakeholder feedback included:

- Recruitment and retention challenges remain a significant concern across the sector, with providers reporting difficulties attracting and retaining suitably qualified staff in a competitive labour market. Pay levels and workforce shortages were frequently cited as contributing factors.
- Financial pressures continue to impact providers, with increased costs associated with staffing, utilities, food and transport creating concerns regarding long-term sustainability and service capacity. Providers noted that funding uplifts have not always kept pace with rising costs.
- Rising complexity and demand for services was highlighted by a number of respondents, with providers reporting increasing levels of need amongst the people they support and greater demand on service capacity.
- Providers consistently emphasised the importance of continuity and quality of care, recognising the benefits of stable staffing arrangements and expressing concern that workforce shortages or reliance on agency staffing can affect outcomes for people using services.
- There was strong evidence of investment in training, learning and development, with providers identifying staff development, supervision and wellbeing support as essential components of maintaining service quality and compliance with the Act.
- Respondents reported a strong commitment to person-centred practice, involvement of service users and families in care planning, and collaborative working with health, social work, education and other partners.

The feedback provides assurance that providers understand and are actively applying the principles of the Act. However, it also highlights continuing workforce and financial pressures which require ongoing monitoring through commissioning, contract management and provider engagement arrangements.

3.4 Emerging Risks

While the overall assurance position remains positive, the annual report identifies a number of ongoing risks that may affect future compliance:

- Workforce Recruitment and Retention

Providers continue to experience challenges attracting and retaining appropriately qualified staff. Recruitment difficulties are linked to competition within the labour market, pay pressures and workforce shortages.

- **Financial Sustainability**
Many providers reported concerns regarding increasing operational costs and pressures on funding levels. These pressures have implications for workforce capacity, staff development opportunities and long-term service sustainability.
- **Increasing Complexity of Need**
Providers highlighted increasingly complex presenting needs requiring higher levels of staffing capacity and specialist skills. This creates additional workforce planning pressures.
- **Training and Skills Development**
Although providers generally reported positive arrangements for workforce development, ongoing challenges remain in ensuring all staff can access appropriate training and qualifications within a constrained labour market.
- **Consistency of National Reporting**
The report notes continued challenges associated with obtaining consistent information from providers operating across multiple local authority areas, together with wider challenges regarding staffing measurement and workforce data.

3.5 Next Steps

During 2026/27 the Council and HSCP will:

- Continue annual provider assurance surveys.
- Expand routine contract monitoring arrangements across adult social care services.
- Engage with providers who have not yet submitted returns.
- Seek additional assurance where providers indicate potential compliance concerns.
- Monitor recruitment, retention and workforce sustainability risks through commissioning and contract management arrangements.

4.0 Sustainability Implications

4.1. None identified.

5.0 Resource Implications

5.1. *Financial Details*

5.2. There are no direct financial implications arising from this report.

6.0 Exempt Reports

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

7.0 Declarations

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

(1) **Our Priorities** (Please double click on the check box ☒)

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	X
Women and girls will be confident and aspirational, and achieve their full potential	X
Our communities will be resilient and empowered so that they can thrive and flourish	X

(2) **Council Policies** (Please detail)

The report supports the Council's statutory duties in relation to commissioning and securing regulated care services.

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes ☐ No ☒

This report is for information and does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no Equalities Impact Assessment is required.

9.0 Legality

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

10.0 Appendices

10.1 Appendix 1: Health and Care (Staffing) (Scotland) Act 2019 – Statutory Annual Report 2025/26.

11.0 Background Papers

11.1 Health and Care (Staffing) (Scotland) Act 2019 Statutory Guidance.

[Health and Care \(Staffing\) \(Scotland\) Act 2019](#)

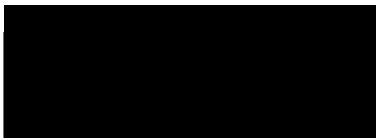
Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No **X**

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Sharon Robertson	Chief Social Work Officer	01259 225184

Approved by

NAME	DESIGNATION	SIGNATURE
Jennifer Borthwick	Interim Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership	

Health and Care (Staffing) (Scotland) Act 2019: Annual Report

Under section 3(2) of the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (“the Act”), every local authority and integration authority must have regard to a number of listed factors when planning or securing the provision of a care service from a third party:

- the guiding principles in the Act (section 1 of the Act);
- the requirement on care service providers to have regard to the guiding principles (section 3(1) of the Act);
- the duty on care service providers to ensure appropriate staffing (section 7 of the Act);
- the requirement on care service providers with regard to training of staff (section 8 of the Act);
- the requirement on care service providers to have regard to guidance issued by the Scottish Ministers (section 10 of the Act);
- the duties on care service providers under [Chapter 3 of Part 5 of the Public Services Reform \(Scotland\) Act 2010](#), for example with regard to registration of care services; and
- the duties on care service providers under Chapter 3A of Part 5 of the Public Services Reform (Scotland) Act 2010, for example with regard to the use of any prescribed staffing methods or staffing tools. Note that the [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) inserted chapter 3A into the Public Services Reform (Scotland) Act.

Section 3(6) of the Act states that relevant organisations must publish information annually on the steps they have taken to comply with the requirement in section 3(2) regarding the planning and securing of care services and any ongoing risks that may affect their ability to comply with this requirement.

This template should be used by local authorities and integration authorities to publish the information required and should be read in conjunction with the statutory guidance that accompanies the Act, specifically chapter 15.

The information in this template should relate to the financial year, i.e. 01 April to 31 March. All reports must be published by 30 June at the latest each year.

In order to collate the information published, the Scottish Government also requests that you send the completed template to hcsa@gov.scot.

Declaration

Name of local authority / integration authority: Clackmannanshire Council

Report authorised by:

Name: Sharon Robertson

*Designation: Chief Social Work Officer / Head of Service, Wellbeing Directorate
(Children's and Justice Services)*

Date: 04 June 2026

Please mark all relevant boxes to show which services have been taken account in this report:

x	Support services
x	Care home services
x	School care accommodation services
	Nurse agencies
x	Child care agencies
	Secure accommodation services
	Offender accommodation services
	Adoption services
	Fostering services
	Adult placement services
	Child minding
	Day care of children
x	Housing support service

Details of where the report will be published: [\(insert link to publication\)](#)

Information Required

1. Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:
3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—
(a) the guiding principles for health and care staffing, and
(b) the duties relating to staffing imposed on persons who provide care services—
(i) by virtue of subsection (1) and sections 7 to 10, and
(ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.

Preparation and Promotion

In the lead-up to the Health and Care (Staffing) (Scotland) Act 2019 coming into effect, we took a proactive approach to promoting the Act through close collaboration between the Local Authority and the HSCP. This work included inviting Care Inspectorate staff to presentations, meetings, and provider forums across Adult, Children and Education Services. Additionally, we shared presentations, updates and links to best practices with providers. We have also continued to provide reminders about the requirements of the Act during meetings and through ongoing communications for this reporting period.

Contract Terms and Due Diligence Checks

A commissioning team supports work across the Clackmannanshire and Stirling HSCP and with social care in both Local Authorities. In the course of negotiating new contracts with providers that are Care Inspectorate registered, we have amended our Terms and Conditions in Stirling to explicitly reference the Act. These terms have also been drafted for future Clackmannanshire contracts should they wish to be used there. Where adults use providers to deliver their care or support under Self-Directed Support Option 2, we have integrated a systematic check on compliance with the staffing provisions of the Act as part of our standard due diligence procedures.

Contract Monitoring

A commissioning team supports work across the Clackmannanshire and Stirling HSCP. Standard contract monitoring continues to be piloted with adult care and support providers. This includes specific questions in relation to the Act so Commissioners can monitor compliance and emerging issues on a routine basis. This will be rolled out across all adult social care services in Clackmannanshire and Stirling 2026/27. This model of contract monitoring can also be considered for other services.

Survey

Like last year we have used a provider survey to give additional assurance for compliance with the Act. The survey has been designed for annual use, with the intention that it will be issued to all new and existing providers each year.

The survey was carried out across Clackmannanshire Council, Stirling Council and the Clackmannanshire and Stirling Health and Social Care Partnership. The survey was sent to 153 new and existing providers with 63 responses (41.2%). This is a comparable response rate to last year.

The results noted below show high levels of compliance. A summary of the types of services that replied is shown in figure 1 below. The survey included questions directed to providers regarding the guiding principles of the Act, as well as inquiries about staffing. This type of survey will continue to be used with any potential new providers as part of ongoing due diligence checks before contracting.

We will continue to engage with providers who have not yet completed the survey, and we will seek clarification and assurance from those who have indicated that they may not yet be fully compliant with the Act or specific elements of it.

Although we did not commission any new care homes for adults in the last financial year, this situation may change. Before contracting, we must consider the Act, especially since there is currently no guidance related to the Act for this part of sector. If there is potential to commission any new adult care homes in future years,

we would need to use existing dependency tools, such as an augmented Indicator of Relevant Need (IRN).

Clackmannanshire Survey Data:

- Clackmannanshire Council, Stirling Council and the HSCP collectively surveyed 153 services with 63 responses recorded across the three organisations. This is a 41.2% response rate.
- A new Adult Care and Support contract was issued in May 2026 for Clackmannanshire after the year end. These providers will be captured in next year's return. Many exiting providers submitted a voluntary return this year.
- 100% of respondents for Clackmannanshire indicated they were compliant with the Act. (Fig 2)

A summary of responses is provided below with additional detail on the questions around staffing given separately:

Most respondents highlighted ongoing challenges with staff recruitment and retention, citing difficulties in attracting and keeping qualified staff as a concern across a wide range of services. This is often linked to pay rates, with several comments noting that current funding does not allow for competitive wages, making it hard to compete with other sectors or agencies.

Funding pressures were a recurring theme, with many services expressing concern about the sustainability of current funding levels and the impact on service quality and capacity. Several noted that increased costs (including energy, food, and transport) are not being matched by uplifts in funding, leading to difficult choices about staffing and service provision.

Demand for services is rising, with some providers noting more complex needs being presented by those seeking support. Some respondents commented that they are unable to take on new referrals or must prioritise crisis cases due to limited resources.

There is a strong emphasis on the importance of continuity and quality of care, with concerns that high staff turnover and use of agency staff can negatively affect

service users. Several services stressed the need for investment in training and development to maintain standards and support staff wellbeing.

Some respondents mentioned regulatory and administrative burdens as a challenge, particularly for smaller providers, and called for more streamlined processes.

A few highlighted positive outcomes and the dedication of their teams despite the challenges.

Are you compliant with the Health and Care (Staffing) (Scotland) Act 2019?

Most respondents emphasised compliance with the Health and Care (Staffing) (Scotland) Act 2019, with a strong focus on maintaining safe, effective, and person-centred staffing arrangements. Regular review and planning of staffing levels based on assessed needs, risk, and service demand were consistently highlighted. Many services use dependency tools, audits, and quality assurance frameworks to monitor and adjust staffing.

Staff training, supervision, and ongoing development are widely embedded, with mandatory induction and regular updates to ensure staff are competent and confident in their roles. Providers do report a wide range of intervals of support and supervision from 6 weeks to 6 months. Several responses noted the importance of a suitable skill mix and the use of safer recruitment practices.

Providers noted involving service users, families, and staff in care planning, reviews, and feedback processes to ensure services remain responsive and person-centred. Some providers also noted feedback is gathered through reviews, surveys, meetings, and direct engagement, and is used to inform service improvements.

Staff wellbeing is a recurring priority, with many services offering, wellbeing initiatives, flexible working, and access to support resources. Some organisations provide additional benefits such as private health schemes or wellbeing days. Openness and transparency about staffing decisions, including clear communication with staff and service users, are commonly cited. Efficient and effective allocation of staff, including the use of rotas, bank/agency staff, and proactive recruitment, is also frequently mentioned.

Multi-disciplinary and collaborative working with other agencies (e.g. health, education, social work) is a strong theme, ensuring holistic and coordinated support for service users.

Respect for dignity, rights, and individual needs is embedded in practice, with rights-based and trauma-informed approaches frequently referenced.

Services in Clackmannanshire demonstrate strong compliance with the Health and Care (Staffing) (Scotland) Act 2019. There is a clear emphasis on multi-disciplinary working, person-centred care, staff wellbeing, and open communication. There is an ongoing focus on maintaining quality, with routine monitoring and review supporting continued improvement in practice. No significant gaps or concerns are evident from the responses reviewed.

Do you have appropriate staffing?

Most respondents emphasised that staffing levels and skill mix are determined by the assessed needs, care plans, and risk assessments of service users, with regular reviews and adjustments to ensure safe, high-quality, and person-centred care. Contingency planning for staff absence or increased need is common, with many services using flexible rotas, bank staff, or internal redeployment rather than agency staff, to maintain continuity and quality. Safe recruitment practices, including PVG checks, SSSC registration, and robust induction processes, are widely reported.

Ongoing training, supervision, and competency reviews are standard, with several providers highlighting shadowing, mentoring, and opportunities for continuous professional development. Some services use digital tools or dependency tools to monitor and plan staffing. Staff wellbeing is frequently mentioned as a priority, with measures such as flexible rotas, wellbeing champions, regular supervision, and open-door management policies.

Several responses note that staff wellbeing is directly linked to the quality and safety of care. A number of providers describe regular management oversight, audits, and quality assurance processes to monitor compliance and drive improvement. Some also mention involving service users and families in recruitment or care planning. Where recruitment challenges exist, providers report using agency staff as a last

resort, or management covering shifts to maintain safe staffing. Several highlight proactive recruitment and maintaining a pipeline of staff.

Do staff have appropriate qualifications and training for their role?

The majority of respondents emphasised robust recruitment processes, ensuring staff are appropriately qualified, and compliance with SSSC registration and qualification requirements. Induction programmes, often including shadowing and competency assessments, are standard practice before staff work independently. Ongoing mandatory training and refresher courses are widely provided, covering areas such as safeguarding, medication, health and safety, infection control, and person-centred care.

Supervision, appraisal, and regular performance reviews are commonly used to monitor staff competence and identify training needs. Many organisations have dedicated training teams, e-learning platforms, or use external providers to deliver both mandatory and specialist training, including for complex needs such as autism, epilepsy, and trauma-informed practice.

There is a focus on supporting staff to achieve SVQ qualifications, with many organisations funding or facilitating these and monitoring progress to ensure compliance with SSSC timescales. Some organisations have their own SQA-accredited centres or partnerships with universities for advanced qualifications.

Several responses highlighted the use of training matrices, learning management systems, and digital tools (e.g. Power BI) to track training compliance and plan staff development. Staff are encouraged to pursue additional training for personal development and to meet the changing needs of service users.

Many organisations also referenced regular checks of Scottish Social Services Council (SSSC)/ Nursing and Midwifery Council (NMC) registration status and support for revalidation. Staff wellbeing, open-door management policies, and opportunities for career progression were also noted as important for maintaining high standards and staff retention.

Fig1

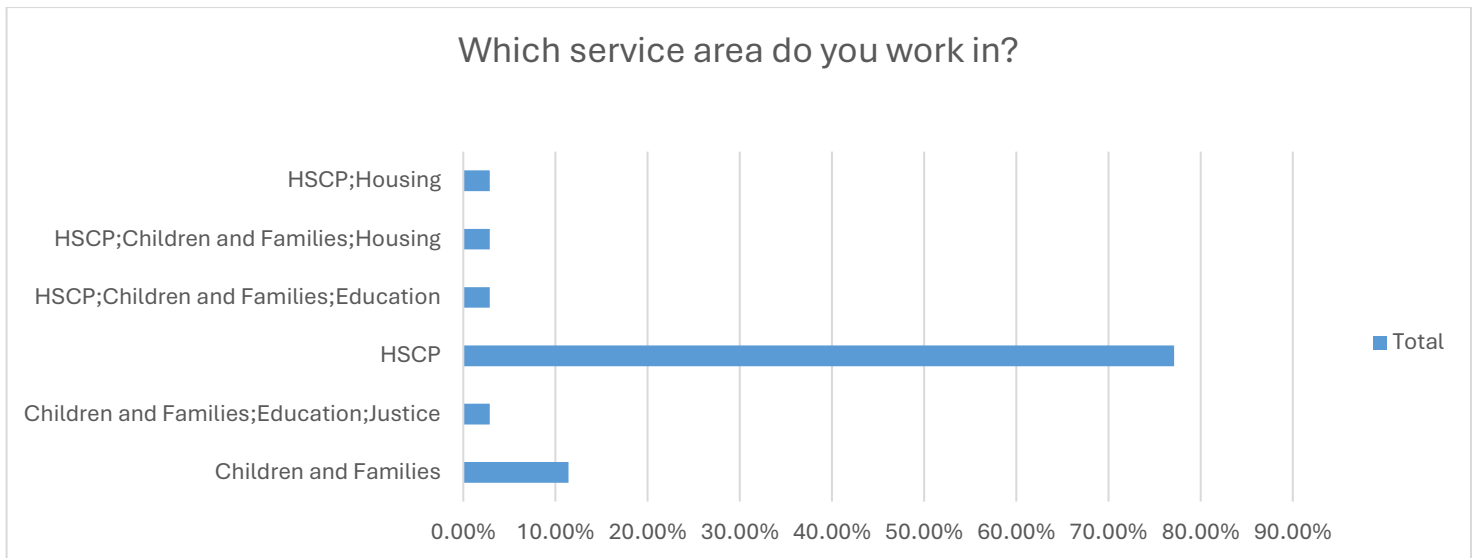
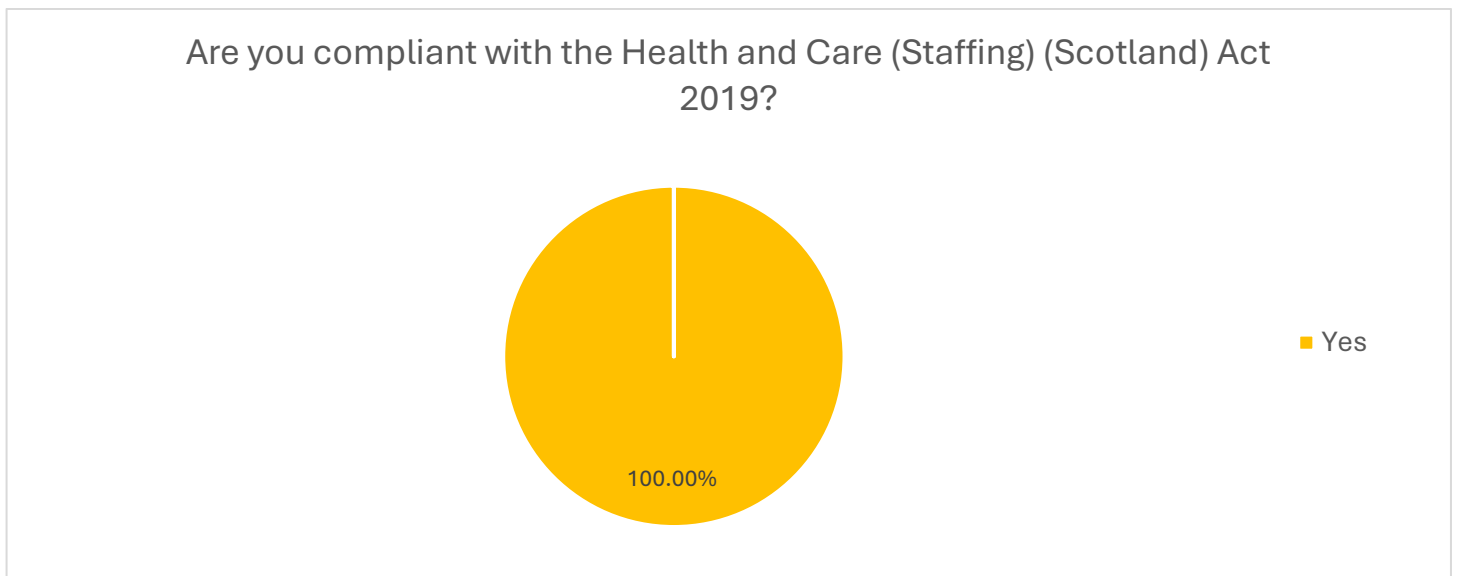


Fig 2



2. Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

Within Clackmannanshire the risks identified are:

National Providers Submitting different information in each area.

National providers will be asked to submit different information for different Councils/Integration Boards and there will not be consistency across the country. Data and measurement remain a challenge, with inconsistent tools and approaches used to assess staffing needs across services. There are difficulties in aligning data on workload, acuity, and dependency, and collecting and analysing this information can create an additional administrative burden for services.

Non- Engagement from Some Providers

We have had good engagement from providers. All of the newly commissioned providers have submitted a return and we have also had voluntary submissions from existing providers.

We developed a survey for our current and newly commissioned Care Inspectorate registered providers, which showed high levels of compliance. The survey included questions about the guiding principles of the Act and staffing. It was designed to extend beyond newly commissioned providers and will continue to be used with potential new providers as part of due diligence checks before contracting. This survey is incorporated into our ongoing contract monitoring with existing providers. We will engage with providers who have not yet completed the survey, seeking clarification and assurance from those who may not be fully compliant with the Act.

Training

Like last year, feedback from respondents was largely positive but highlighted some concerns and potential risks about inadequate staffing levels, which they believe could compromise the quality of care and safety. Financial pressures, workforce shortages, and gaps in training and skill mix present ongoing challenges for services.

Providers report limited budgets make it difficult to recruit and retain sufficient staff, while persistent vacancies can affect continuity and capacity. At the same time, ensuring staff have the appropriate skills and qualifications, and achieving the right balance of roles within teams, can be difficult in a constrained labour market.

Recruitment

Staffing shortages and recruitment challenges were the most frequently raised issues, with several respondents highlighting ongoing difficulties in attracting and retaining qualified staff. These shortages are leading to increased workloads for existing staff, higher stress levels, and concerns about maintaining safe staffing levels and quality of care. Several responses mentioned the impact of limited funding and budget constraints, which restrict the ability to offer competitive pay or invest in staff development. This was linked to difficulties in both recruitment and retention.

A number of respondents commented on the increasing complexity of service users' needs, requiring more skilled or specialised staff and further exacerbating staffing pressures. Persistent staffing shortages, funding limitations, and increasing complexity of care needs were common themes, with knock-on effects on staff morale, service quality, and safety. These issues could pose potential risks for compliance, along with the ongoing financial pressures on both providers and local authorities/integration joint boards. We will continue to monitor this topic through routine contract monitoring.

For further discussion on the content of this report please contact, Report Author: Stuart Fairlie, Planning and Commissioning Officer, Stirling Council |Teith House | Stirling | FK7 7QA| T: 01786 404040| E: fairlies@stirling.gov.uk

Report to: Audit and Scrutiny Committee

Date of Meeting: 27th August 2026

Subject: HSCP – Joint Inspection Report Update

**Report by: Dr Jennifer Borthwick, Interim Chief Officer,
Clackmannanshire & Stirling HSCP**

**Ms Jennifer Baird, Service Manager,
Clackmannanshire & Stirling HSCP**

1.0 Purpose

- 1.1. To update the Audit & Scrutiny Committee on the progress with improvement actions arising from the Joint Healthcare Improvement Scotland/Care Inspectorate Inspection of Adult Services: Integration and Outcomes – Focus on People Living with Mental Illness, Clackmannanshire & Stirling Health and Social Care Partnership.
- 1.2. To advise the Audit & Scrutiny Committee of the ongoing follow-up inspection, and update as to progress and anticipated reporting timelines.

2.0 Recommendations

- 2.1. Note the progress to date with the Joint Inspection action plan, and the ongoing work to address areas of challenge.
- 2.2. Note the live follow-up inspection, and the anticipated reporting timeline for this.

3.0 Considerations

Inspection & Associated Action Plan

- 3.1. Over a period of several months in 2024, Health Improvement Scotland and the Care Inspectorate carried out a Joint Inspection of Adult Services in Clackmannanshire & Stirling Health and Social Care Partnership. The inspection was around integration and its impact on outcomes for people, with a focus on people living with mental illness.
- 3.2. The final report was published in November 2024 (attached as Appendix 1) and highlighted key strengths as well as areas for improvement.

3.3. The following key strengths were identified:

3.3.1. Staff across the partnership were working hard to support people living with mental illness in Clackmannanshire and Stirling. Their care and compassion contributed to good outcomes for some people and improved their quality of life.

3.3.2. The introduction of community link workers and primary care mental health nurses had strengthened early intervention and prevention support for people living with a mental illness. People who had accessed these services reported positive experiences.

3.3.3. The partnership was developing an innovative collaborative approach to implementing its commissioning priorities through commissioning consortia that involved people, carers and third and independent sector providers. It planned to use this approach to progress improvements in mental health provision in the future.

3.4. Ten priority areas for improvement were also identified, and an action plan was developed to address these. Progress to date against each priority area is outlined below:

Action	<i>The partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.</i>
Progress	Since the 2024 inspection, the C&SHSCP has made significant progress in strengthening its approach to performance, outcomes and improvement measurement across mental health services. An agreed improvement programme has been established through the Joint Inspection Improvement Plan, with a specific focus on embedding the C&SHSCP's Integrated Performance Framework to ensure that we are capable of routinely monitoring outcomes, service performance and emerging national quality standards. The C&SHSCP has recognised that meaningful improvement requires a shift beyond activity and waiting-time measures towards a broader understanding of outcomes sought by supported individuals and their unpaid carers. Work has progressed to integrate mental health performance reporting within the wider HSCP Integrated Performance Framework, including the development of a suite of mental health key performance indicators and outcome measures. Reporting arrangements have been strengthened through the use of NHS mental health dashboards and routine performance oversight processes, creating improved visibility of service performance and emerging trends. Dedicated work is underway to align local reporting arrangements with national developments, including the Core Mental Health Standards and other national policy drivers. The C&SHSCP has also taken steps to strengthen the capture of outcomes at an individual level through the development and testing of revised Self-Directed Support (SDS) assessment and support planning arrangements. These redesigned approaches place greater emphasis on personalised outcomes, strengths-based assessment

	and recording the impact of services on people's lives. The new arrangements provide an opportunity to collect information that has not previously been available consistently across the C&SHSCP, including people's experiences of services, achievement of agreed outcomes, and the extent to which choice and control have informed support planning. Progress has also been made in relation to unpaid carers. A Short Breaks Services Statement has been approved and published, a new Carers Strategy was co-produced with carers and approved at IJB in June 2026, mental health representation has been strengthened within the Carers Planning Group, and robust contract monitoring arrangements are now in place across commissioned carers' services. These developments provide improved opportunities to gather information about carers' experiences and outcomes and use this intelligence to inform future service planning and commissioning. While recognising that the development of a comprehensive outcomes framework remains a work in progress, the C&SHSCP is now in a substantially stronger position than at the time of inspection. Systems, governance arrangements and performance infrastructure are in place to support the routine collection, analysis and use of outcome information to inform planning, commissioning and continuous improvement.
Action	<i>The partnership should support staff across all mental health services to identify and respond to the needs of unpaid carers of people living with mental illness.</i>
Progress	In order to ensure that staff are fully supported to respond to the needs of people living with mental illness and their unpaid carers, our training framework has been updated to include training on the Carers' (Scotland) Act 2016 and the statutory duties which the Act imposes. Given the unique pressures faced by unpaid carers supporting adults with fluctuating needs, particularly in relation to mental health conditions, this training is being rolled out amongst the mental health and learning disability workforce as a priority. Key areas of education include: • The Intersection of Mental Illness and Caring. • Adult Carer Support Plans (ACSPs) • Equal Partners in Care • Pathway Navigation The Carers Act training includes the self-directed support (SDS) process in the context of local delivery for supported people and their carers, empowering choice and control over their support packages. However, as noted at Section 6 below, there is also specific SDS training being rolled out across the workforce to ensure that staff are fully supported to respond to the needs of people living with mental illness and their unpaid carers. Given that we have a number of commissioned services in place to support unpaid carers. We continue to monitor outcomes to ensure a good standard of regulatory compliance and alignment with the

	HSCP's overarching strategic goals through evidence-based practice and service user and carer feedback. At the heart of the service is a strengths-based conversation with each carer, creating an opportunity to understand what matters most to them and to identify personalised solutions that support their health, wellbeing and caring role. This approach enables support to be tailored to individual circumstances while generating valuable insight into the impact and effectiveness of the service. Furthermore, following the recent award of a single regional contract for the delivery of Carers Centre services across Clackmannanshire and Stirling, which commenced on 1 July 2026, the C&SHSCP is now well placed to provide a more consistent and equitable service offering for unpaid carers across both local authority areas. This commissioning approach addresses previous variation arising from separate contractual arrangements and supports the delivery of a coherent regional model of support. The Carers Centre will play a pivotal role in providing early intervention, preventative support, information, advocacy and signposting, ensuring carers are able to access the right support at the right time and helping to sustain caring relationships while improving outcomes for carers and those they support.
Action	<i>The partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff.</i>
Progress	The operating environment has been shaped by ongoing workforce challenges, financial pressures and changes in leadership, all of which have influenced the pace at which some strategic priorities have progressed. Recruitment and retention difficulties continue to be particularly challenging within some social work and social care services. Within the C&SHSCP's unique operating model, differences in employment arrangements, terms and conditions and workforce structures across employing organisations can present additional challenges in creating a fully flexible and integrated workforce. Variations in staffing levels across services can also impact resilience, workloads, opportunities for leave and wider staff wellbeing. Together, these factors influence workforce stability and can affect both recruitment and retention. Despite these challenges, there have been positive developments since the Inspection, including the successful appointment of the Clackmannanshire Locality Manager, Stirling Locality Manager and Mental Health and Learning Disability Service Manager (Social Work) posts. For the first time in a number of years, all three posts are held by leaders with a social work background, strengthening professional leadership, improving management capacity and providing greater stability across services. Work is continuing to strengthen approaches that promote prevention, self-management and community-based support, enabling people to

	access the right support at the right time and maintain independence for as long as possible. However, achieving this ambition requires sufficient workforce capacity to balance immediate operational demands with longer-term service development and improvement activity. The C&SHSCP has prioritised improving integrated assessment, care planning and treatment arrangements since the 2024 inspection. This work has been supported by strengthened governance arrangements, increased stability within operational leadership structures, and a renewed focus on integrated models of care across mental health, social work and social care services. The C&SHSCP has also undertaken work to review assessment processes and templates used across services, recognising the need to improve consistency and support information sharing across organisational boundaries. Activity has included consideration of integrated assessment approaches, review of assessment documentation, and mapping of professional processes to identify opportunities for greater alignment between health and social care teams. In addition, work is underway to clarify governance routes, operating models and professional responsibilities across mental health services. Process mapping exercises have been initiated to improve understanding of assessment pathways, care planning arrangements and decision-making structures between social work, social care and NHS mental health services. This is supporting the development of clearer integrated processes and improved professional collaboration. The C&SHSCP has strengthened the foundations for integrated working through continued development of community-based multidisciplinary models, refreshed clinical and professional governance arrangements, and the appointment of dedicated leadership roles within Mental Health and Learning Disabilities. These developments have improved opportunities for joint working, shared decision-making and collaborative service improvement. Although further work remains, particularly in relation to information systems and the implementation of revised assessment arrangements across all services, the C&SHSCP considers that substantial progress has been made since the inspection. The focus has shifted from operating largely through separate organisational processes towards seeking to develop shared approaches to assessment, care planning and treatment, where possible and clinically appropriate, which support more coordinated, person-centred and integrated care. Looking ahead, workforce sustainability remains one of the C&SHSCP's most significant priorities. Addressing recruitment and retention challenges, improving workforce resilience and creating the conditions for staff to thrive will be critical to ensuring that services can deliver both statutory responsibilities and the strategic ambitions set out within the Strategic Commissioning Plan. Alongside this, progress continues towards the implementation of new social work recording systems across the C&SHSCP. This represents a significant investment in the future delivery of social work services and will

	support improvements in recording, information sharing, performance reporting and service planning.
Action	<i>The partnership should develop a more proactive approach to emergency and future care planning.</i>
Progress	Since the 2024 inspection, the C&SHSCP has strengthened its approach to emergency and future care planning through a programme of work focused on integrated risk management, business continuity, future planning and improving how information is shared across services. This work has been progressed through the Joint Inspection Improvement Plan and is closely linked to wider developments in integrated assessment, care planning and governance arrangements. A particular area where progress has been challenging is the development of more consistent approaches to risk assessment and future planning across mental health services. The C&SHSCP has recognised the importance of planning proactively with individuals and carers, particularly where there is a risk of deterioration in mental health, changes in support needs or the potential for crisis. Work has therefore focused on reviewing the clinical risk assessment processes to provide narrative-based assessments which are more readily adaptable. We have continued to raise awareness and actively encourage the use of Advanced Statements. The C&SHSCP has also strengthened organisational resilience through the completion of Business Continuity Plans across mental health and social care services. Governance arrangements have been established to provide oversight of business continuity, health and safety and clinical risk matters, helping ensure services are better prepared to respond to operational pressures while maintaining continuity of care for people who use services and their carers. Alongside this, the C&SHSCP has continued to develop integrated working arrangements between health and social care teams. Improvements to assessment, care planning and outcomes-focused practice are supporting a more coordinated approach to identifying risk, planning for future needs and ensuring that information relevant to ongoing care is captured consistently. Work to modernise social work recording systems and improve information-sharing processes will further support the C&SHSCP's ability to deliver joined-up care planning across organisational boundaries. The C&SHSCP recognises that future care planning remains an area requiring continued development. However, compared with the position at the time of inspection, there is now greater organisational focus, clearer governance arrangements and a stronger infrastructure to support proactive planning, risk management and coordinated responses across services. The next phase of improvement will focus on embedding these arrangements into routine practice, increasing the use of Advance Statements and ensuring that future care planning is consistently reflected within assessment and support planning processes.

Action	<i>The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use.</i>
Progress	The C&SHSCP is committed to ensuring that supported individuals and unpaid carers have meaningful opportunities to contribute to, influence and shape the services they use. Engagement takes place across a range of fora and mechanisms, spanning frontline service delivery through to strategic planning and governance. Commissioned carer support services are contractually required to demonstrate how they engage with unpaid carers and incorporate their views into not only their own service development and improvement but also that of the HSCP. For example, the Carers Centre has established Carers Voice Groups across both urban and rural Stirling, providing structured opportunities for carers to share their experiences and influence service planning. Through the new contractual arrangements, this model will be extended into Clackmannanshire, further strengthening local engagement opportunities. Feedback gathered through these groups informs discussions at the Carers Planning Group, ensuring that carers' perspectives contribute directly to strategic planning. In addition, opportunities for unpaid carers to participate are regularly promoted through the Clackmannanshire and Stirling HSCP website, including invitations to attend the quarterly Carers Planning Group. This strategic forum is responsible for overseeing the planning, delivery and monitoring of outcomes within the local Carers Strategy, as approved by the IJB. The C&SHSCP also provides a range of other opportunities for people with lived and living experience to influence service design and development, including through the Lived Experience Panels and Commissioning Consortium meetings. Recognising that not all supported individuals and unpaid carers may feel comfortable sharing personal experiences in larger or public forums, the C&SHSCP supports a variety of engagement routes. This includes participation through representative roles drawn from established groups and networks, enabling a broader range of voices to be heard within governance and decision-making structures. Examples include carer representation on the Strategic Planning Group and as members of the IJB. Currently, there are two Carers' Representatives for Clackmannanshire and Stirling with different types of caring experience on these groups. Recent national changes mean that both of these representatives will have voting rights on the IJB from September, enhancing their ability to influence local strategic direction. Embedding lived and living experience is a key principle that extends beyond governance and planning into the commissioning process itself. Ethical commissioning, undertaken in a participative, transparent and outcome-focused manner, is a founding principle of the Commissioning Consortium.

	This approach has been demonstrated through the commissioning of the current suite of contracts for unpaid carer support and Alcohol and Drug Partnership (ADP) services, and will continue to underpin the forthcoming commissioning programme for Mental Health services which commenced in Autumn 2025. Through this approach, the C&SHSCP seeks to ensure that services are informed by the experiences, priorities and aspirations of the people and communities they support.
Action	<i>The partnership should progress plans to implement its new Self-Directed Support (SDS) policy and improve outcome-focused assessments. All options should be offered to people, with the necessary support systems in place, to allow them to exercise their rights.</i>
Progress	The C&SHSCP recognises the importance of Self-directed Support (SDS) in ensuring individuals are supported to exercise choice and control over how their assessed needs are met. SDS requires a person-centred, strengths-based and outcomes-focused approach to assessment, support planning and decision-making. The C&SHSCP has accepted the inspection recommendation and prioritised improvement activity to strengthen both SDS implementation and outcome-focused practice. Progress has taken place within a context of organisational change and workforce pressures, including changes in senior leadership arrangements and periods where key operational management posts were vacant or affected by unplanned absence. Despite these challenges, SDS improvement activity has continued and the C&SHSCP now benefits from increased stability within operational leadership arrangements to support the next phase of implementation. The IJB approved the C&SHSCP's SDS Policy in June 2024 and has continued to progress improvement activity to strengthen implementation of SDS principles in practice. A Self-directed Support Strategic Priorities Framework has been developed to provide a clear direction of travel across five key areas: SDS options, co-production and lived experience, workforce development, governance and assurance, embedding SDS within key programmes and transformation activity. Alongside this, revised assessment and support planning documentation has been developed to support more meaningful, strengths-based and outcomes-focused conversations, improve consistency in practice, and strengthen alignment with SDS principles. Support guidance, governance arrangements, standard operating procedures and an equivalency-based budget tool have also been developed to support implementation. Practitioners were involved in testing the revised assessment and support planning documentation during its development. Feedback from this testing informed further refinement of the documentation and

	helped ensure it was practical to use within day-to-day assessment and support planning practice. The C&SHSCP has also strengthened participation arrangements through the establishment of a Self-directed Support Lived Experience Group, providing opportunities for supported people, unpaid carers and personal assistants to influence ongoing SDS development and improvement activity. To support implementation, the C&SHSCP has developed a detailed Assessment and Support Planning Implementation Plan. The plan includes governance arrangements, locality implementation routes, workforce development activity and ongoing quality assurance arrangements. A structured workforce development programme is also being progressed. This includes awareness sessions, practice-based learning, implementation support, guidance and practical resources designed to build staff confidence in delivering relationship-based, strengths-based and outcomes-focused SDS practice. The C&SHSCP has recognised the need to strengthen understanding of SDS option uptake and informed choice. Current data indicates that Option 3 remains the predominant option across services; however, existing information does not provide assurance regarding the extent to which individuals are aware of all available options or whether they have been able to access their preferred option. To address this, revised assessment and support planning documentation includes additional questions to support greater understanding of SDS discussions, informed decision-making and access to chosen SDS options. The C&SHSCP recognises that implementing new documentation alone will not improve outcomes. Therefore, a significant focus on the current programme is on embedding practice, supporting workforce confidence and strengthening assurance arrangements. From a commissioned perspective, a refreshed regional advocacy contract was let in 2025 which refreshed the delivery parameters to ensure as wide a basis for delivery as possible. This has resulted in stronger partnership working with the Provider's staff to help supported individuals to navigate complex systems, ensuring their rights are respected and increasing their scope to participate in decisions about their care throughout their interaction with health and social care services.
Action	<i>The partnership should review the assessment templates in use across NHS services for people living with mental illness to support a greater focus on outcome.</i>
Progress	Since the 2024 inspection, the C&SHSCP has undertaken a programme of work across the integrated service to strengthen outcomes-focused practice across mental health services and to review the tools, documentation and processes used to support assessment and care planning. Whilst continuing to concentrate on

	working in an integrated way the C&SHSCP has taken a broader approach to considering our assessment and care planning documentation and initial work has centred on SDS and outcomes-focused assessments and support planning, before moving on to considering the interface specifically with NHS MH assessment documentation. This work has been undertaken alongside wider developments relating to Self-Directed Support (SDS), integrated working, governance and quality improvement, recognising that assessment documentation should support meaningful conversations about outcomes, strengths, recovery and personal goals rather than primarily recording needs and service activity. The C&SHSCP has reviewed existing assessment and support planning approaches and has developed revised outcomes-focused assessment and support planning documentation as part of its SDS improvement programme. The redesigned documentation places greater emphasis on personalised outcomes, strengths-based practice, informed choice, independence, recovery and the identification of what matters most to individuals and their unpaid carers. The revised approach is intended to improve consistency across services, support more meaningful care planning, and strengthen the ability of practitioners to evidence progress towards agreed outcomes. Development of the revised documentation has been informed by practitioner testing and engagement activity. Feedback from frontline staff has supported refinement of the assessment approach to ensure that it is practical, proportionate and capable of supporting high-quality assessment and care planning conversations. Work has also been undertaken to consider how assessment information can be shared more effectively across organisational boundaries and used to support integrated working between health, social work and social care services. While recognising that different professional groups continue to utilise specialist assessment tools relevant to their statutory and clinical responsibilities, the C&SHSCP has established a clear direction of travel towards more consistent and outcomes-focused assessment practice. The implementation of revised assessment and support planning arrangements, supported by workforce development, audit and quality assurance activity, will provide increased assurance that assessment processes are contributing to improved outcomes for people living with mental illness and their unpaid carers.
Action	<i>The partnership should strengthen its professional governance and assurance framework for social work functions and statutory duties.</i>
Progress	Since the last inspection, the HSCP has undertaken a significant programme of improvement to strengthen its professional governance and assurance framework for social work functions and statutory duties. A key development has been the successful recruitment of a Service Manager for Mental Health and Learning Disabilities (Social

	Work), who is also a qualified Mental Health Officer. The postholder has responsibility for services across both Clackmannanshire and Stirling Councils, providing enhanced professional leadership, oversight, and accountability. In May, the Service Manager commissioned an internal audit of all Private and Chief Social Work Officer Guardianship Orders across both local authority areas. The findings were reviewed and reconciled against records held by the Office of the Public Guardian. While the audit identified issues relating to the recording and reporting of guardianship orders, the resulting improvement and recovery plan has already led to significant improvements in data accuracy, governance, and oversight. The improvement programme has also included the recruitment of additional staff to strengthen capacity and reduce the risk of similar issues arising in the future. In addition, a bi-annual audit and quality assurance process has been introduced to provide ongoing scrutiny of guardianship records and assurance that statutory duties are being fulfilled appropriately, consistently, and in accordance with legislative requirements. The HSCP has undertaken a programme of work to strengthen governance and oversight arrangements in relation to Social Circumstance Reports prepared under the Mental Health (Care and Treatment) (Scotland) Act 2003 and decision-making under Section 13ZA of the Social Work (Scotland) Act 1968. A review of existing processes identified variations in practice, quality assurance arrangements, and performance monitoring. In response, a targeted improvement programme has been implemented to enhance consistency, strengthen compliance with statutory requirements, and improve management oversight. This has included enhanced performance monitoring arrangements and the introduction of regular audits to assess the quality and timeliness of reports. Management oversight has been strengthened through improved reporting mechanisms, providing greater assurance that reports are completed to the required standard and within agreed timescales. To further support good practice and statutory compliance, the HSCP is developing comprehensive operational guidance and training on the Adults with Incapacity (Scotland) Act 2000 for all relevant staff. This will complement the existing learning and development programme covering Section 13ZA of the Social Work (Scotland) Act 1968 and Section 47 of the Adults with Incapacity (Scotland) Act 2000. In addition, the HSCP has undertaken a comprehensive redesign of its Three Acts training programme, encompassing the Adults with Incapacity (Scotland) Act 2000, the Mental Health (Care and Treatment) (Scotland) Act 2003, and the Adult Support and Protection (Scotland) Act 2007. The revised programme is intended to strengthen staff knowledge and understanding of the interface between these legislative frameworks, promote lawful and rights-based practice, and support confident, person-centred decision-making. Collectively, these developments have strengthened the HSCP's professional governance and assurance framework through enhanced

	leadership, improved audit and quality assurance arrangements, strengthened performance monitoring, and increased workforce capability. They provide greater oversight, accountability, and assurance that social work functions and statutory duties are being carried out effectively, consistently, and in accordance with legislative requirements, professional standards, and best practice.
Action	<i>Senior leaders should continue to develop their approach to managing change across the partnership. Frontline staff should be fully involved in designing and implementing improvements identified from self-evaluation activities.</i>
Progress	Since the 2024 inspection, the C&SHSCP has strengthened its approach to leading and managing change through a combination of enhanced governance arrangements, increased leadership capacity, structured improvement programmes and a greater emphasis on co-production with staff, people with lived experience and unpaid carers. The C&SHSCP has recognised that achieving meaningful integration requires sustainable cultural and organisational change, supported by clear leadership, strong governance and active engagement with those delivering and receiving services. A significant development has been the establishment and strengthening of governance structures to oversee improvement activity, including the Joint Inspection Improvement Plan, refreshed professional governance arrangements, Professional Advisory Group and enhanced clinical and care governance oversight. These arrangements have improved accountability for change programmes and strengthened assurance regarding the implementation of improvement activity across the C&SHSCP. The C&SHSCP has also invested in leadership and service redesign capacity. The appointment of a permanent Head of Mental Health and Learning Disabilities has strengthened strategic and operational leadership, providing additional capacity to progress integration, transformation and service improvement activity across community mental health services, social work, social care, Mental Health Officer services and specialist services. This has improved the C&SHSCP's ability to coordinate and sustain change programmes across organisational boundaries. Frontline staff have played an important role in shaping improvement activity. Staff from a range of professional backgrounds have contributed to the development of revised assessment and support planning arrangements, service redesign initiatives and implementation planning linked to Self-Directed Support and integrated working. Testing and refinement of new approaches has been informed by practitioner experience, ensuring that changes are grounded in operational realities and support effective implementation in practice.

	The C&SHSCP has also sought to strengthen participation in improvement activity through engagement with lived experience groups, carers, third-sector partners and staff. The development of Mental Health and Wellbeing strategic planning arrangements, Self-Directed Support improvement activity, community conversations and lived experience forums has supported a more collaborative approach to identifying priorities and designing services. These arrangements have enabled feedback from supported people, carers and staff to inform both strategic planning and operational improvement work. While the C&SHSCP recognises that transformational change remains ongoing, there is evidence of a more structured and coordinated approach to improvement than was in place at the time of inspection. Leadership arrangements are stronger, governance routes are clearer and there is increasing involvement of practitioners and people with lived experience in the design and implementation of service improvements. This provides a stronger foundation for sustaining improvement and supporting the continued development of integrated services across Clackmannanshire and Stirling.
Action	<i>The partnership should review the existing evidence and its wider approach to strategic planning at the earliest opportunity. Leaders should ensure that any initiatives that could rapidly improve outcomes for people living with mental illness and their unpaid carers are identified and implemented.</i>
Progress	Robust strategic planning arrangements unlock scale and consistency benefits for residents across Forth Valley as well as business efficiencies in relation to transparent finance, robust clinical & care governance, and a single-system performance and engagement approach. Since the inspection, the <i>Forth Valley Mental Health & Wellbeing Strategic Plan 2025–2035</i> has been published. The Plan's overarching strategic aim is: <i>“To promote positive mental health and wellbeing for everyone and to improve outcomes for people with long-term mental health conditions, enabling every person to live well in Forth Valley.”</i> To support delivery of the Strategy, two significant pieces of strategic planning work have been progressed to accelerate improvements in outcomes for people living with mental illness and their unpaid carers: 1. Undertaking a Best Value Review of specialist supported housing across the Clackmannanshire and Stirling area 2. Establishing a Mental Health Commissioning Consortium. 1. Best Value Review of Specialist Housing A key area of focus for the C&SHSCP has been the recruitment of a Housing, Health and Social Work Research and Policy Officer to work collaboratively with housing colleagues across the HSCP and local

authority partners. The initial focus of this role was to undertake a Best Value Review of specialist supported housing provision and support the development of sustainable housing options for individuals with support needs over the medium to long term.

Since taking up post, the Policy Officer has led a comprehensive review of existing specialist housing provision across the Clackmannanshire and Stirling HSCP areas. This work informed the refresh of the HSCP Housing Contribution Statement, which was approved at the March 2026 IJB, and strengthened strategic relationships between HSCP and Local Authority Housing services. Regular engagement arrangements, including the bi-monthly Specialist Housing Forum, are established to take forward the Housing Contribution Statement Delivery Plan and support joint planning, improve intelligence sharing, and enable proactive discussions regarding future housing demand and service requirements.

By addressing the wider social determinants of health and embedding a human rights-based approach, Clackmannanshire and Stirling HSCP aims to ensure that future housing provision is appropriately planned and responsive to increasing levels of demand, complexity of need, and changing population requirements. This work will help create a more sustainable and integrated housing system that supports positive outcomes, independence, and wellbeing for individuals requiring specialist accommodation and support.

An example of this multi-disciplinary approach to supported accommodation provision is the recent development of a core and cluster accommodation provision for individuals with mental illness at Raploch, Stirling.

2. Establishment of Mental Health Commissioning Consortium

C&SHSCP began a Commissioning Consortium process in October 2025 for Mental Health Services. This process was designed to generate recommendations to the IJB on how services can be commissioned to best support people's recovery and uphold their human rights, the two framings endorsed by a wide range of community stakeholders and HSCP colleagues in Commissioning Consortium meetings to date.

A range of Mental Health services are hosted by Clackmannanshire and Stirling IJB, while we continue to work with Falkirk colleagues to navigate the direction of travel. The intention of the Mental Health Commissioning Consortium is to develop a flexible approach to managing governance of commissioning and procurement activity which can support IJB decision-making and the full integration of mental health services in each area.

Lived experience reflection and strategic drivers consistently emphasise that mental health and wellbeing support is most beneficial when delivered in an integrated, person-centred way. Both HSCPs already enjoy collaborative working arrangements on a range of activity, which can ensure the most effective and efficient approach to commissioning which can uphold people's individual rights.

	Clackmannanshire and Stirling HSCP is leading Commissioning Consortium activity focused on Mental Health and Wellbeing, to build a system of care which upholds people's human rights and supports their recovery. This also aligns with the objectives of the Forth Valley Mental Health and Wellbeing Plan. At two meetings in late 2025, we discussed what helps keep people well, what these framings mean, and how we might approach this work. We proposed a tiered framework for thinking about Mental Health and Wellbeing systems, and some high-level information about how our public systems currently operate. We have heard lived and living experience reflection that lack of low-intensity support and accessible support to uphold people's social health can prolong the effects of crises in people's lives. We also understand that there appear to be limited funded opportunities for people to exit specialist care, which may impact their long-term recovery prospects and place sustained demands on their families and loved ones, who may not always have access to the support they need. We are committed to implementing rights-based approaches that strengthen routes of recovery, as well as supports that strengthen early intervention and prevention, and to ensuring that future provision is co-produced in the most effective way to meet the outcomes of supported individuals and their unpaid carers.

Inspection Progress Review

- 3.5. The Clackmannanshire and Stirling HSCP received notification from Healthcare Improvement Scotland / Care Inspectorate on Monday 22nd June 2026 of a progress review in relation to the 2024 Mental Health Inspection.
- 3.6. Inspectors are specifically looking at progress against the ten priority actions identified from the previous inspection, and will provide a Red/Amber/Green rating against each.
- 3.7. The progress review has commenced, with a Position Statement and Good Practice Examples already submitted. File reading will be carried out both electronically and in person during week commencing 10th August 2026.
- 3.8. Staff across all levels have been invited to meet with Inspectors to give their views. Inspectors will also meet with a range of supported people, their carers and their support teams in the week commencing 24th August 2026. Arrangements are currently being made for these meetings.
- 3.9. Initial feedback is expected on Wednesday 16th September 2026, with a draft report being expected on 12th October 2026. There will be a short period for identification of any factual inaccuracies, with the final embargoed report issued on 27th October 2026 and subsequent publication on Tuesday 3rd November 2026.

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.

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

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

- 10.1 Appendix 1 – Joint Inspection of Adult Services (November 2024)

11.0 Background Papers

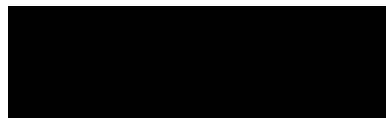
- 11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes ☐ (please list the documents below) No ☒

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Approved by

NAME	DESIGNATION	SIGNATURE
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Joint inspection of adult services

Integration and outcomes – focus on people living with mental illness.

Clackmannanshire and Stirling Health and Social Care Partnership

November 2024

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PART 1 – About Our Inspection

Background

The Care Inspectorate and Healthcare Improvement Scotland share a common aim that the people of Scotland should experience the best quality health and social care. We work together to deliver programmes of scrutiny and assurance activity that look at the quality of integrated health and social care services and how well those services are delivered. We provide assurance that gives people confidence in services. Where we find that improvement is needed, we support services to make positive changes.

Legislative Context

The Public Services Reform (Scotland) Act 2010 places a duty on a range of scrutiny bodies to cooperate and coordinate their activities, and to work together to improve the efficiency, effectiveness, and economy of their scrutiny of public services in Scotland. Healthcare Improvement Scotland and the Care Inspectorate have been working in partnership under the direction of Scottish Ministers to deliver joint inspections of services for adults since 2013.

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legislative framework for integrating adult health and social care. The aim of integration is to ensure that people and carers have access to good quality health and care services that are delivered seamlessly and contribute to good outcomes. This is particularly important for the increasing numbers of people with multiple, complex, and long-term conditions. The Care Inspectorate and Healthcare Improvement Scotland have joint statutory responsibility to inspect and support improvement in the strategic planning and delivery of health and social care services by integration authorities under Sections 54 and 55 of the Act.

Ministerial Strategic Group Report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group (MSG) for Health and Community Care made proposals for improvement. In relation to scrutiny activity, the MSG proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- Strategic inspections are fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people.
- Joint strategic inspections examine the performance of the whole partnership – the health board, local authority, and integration joint board (IJB), and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection Focus

In response to the MSG recommendations, the Care Inspectorate and Healthcare Improvement Scotland have set out our planned approach to joint inspections. Our inspections seek to address the following question:

“How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”

In order to address the question over the broad spectrum of adult health and social care services, we are conducting a rolling programme of themed inspections. These look at how integration of services positively supports people’s experiences and outcomes. These thematic inspections do not consider the quality of specialist care for the specific care group. They are simply a means of identifying groups of people with similar or shared experiences through which to understand if health and social care integration arrangements are resulting in good outcomes. We will examine integration through the lens of different care groups which, taken together, will allow us to build a picture of what is happening more broadly in health and social care integration and how this supports good experiences and outcomes for people.

The inspection in the Clackmannanshire and Stirling Health and Social Care Partnership was the fifth in the series of inspections, and the second to consider the inspection question through the lens of people living with mental illness. We are using the definition of mental illness from the National Mental Health and Wellbeing Strategy, 2023:

“Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong.”

National issues and context

During the pandemic, there were extreme and unprecedented impacts on service delivery and staffing across health and care services. The Care Inspectorate and Healthcare Improvement Scotland recognise that all health and social care partnerships still face significant challenges. Our inspections are not focused on examining partnerships’ responses to or recovery from the pandemic, but we will make every effort to understand and account for its impact on partnerships, providers, people, and carers.

Some of the issues and challenges highlighted for the Clackmannanshire and Stirling partnership in this report are national issues that are being faced by many other partnerships.

Several reports^{1,2,3,4,5} and our own recent inspections have highlighted that across the country:

- Demand for health and social care is increasing.
- The health and social care sector face ongoing challenges with recruitment and retention. This places considerable pressure on the capacity, sustainability, and quality of care services.

Developing systems which support staff to work in a more integrated way is another area where there is a national challenge. This includes sharing information across and between agencies, an issue that has been highlighted and addressed in Scotland's digital health care strategy produced by the Scottish Government and COSLA in October 2021.

Explanation of terms used in this report.

When we refer to **people**, we mean adults between 18 and 64 years old who are living with mental illness.

When we refer to **carers**, we mean the friends and family members who provide care for people and are not paid for providing that care.

When we refer to **the health and social care partnership**, or **the partnership**, or **the Clackmannanshire and Stirling partnership**, we mean Clackmannanshire and Stirling Health and Social Care Partnership who are responsible for planning and delivering health and social care services to adults who live in Clackmannanshire and Stirling.

When we refer to **staff** or **workers**, we mean the people who are employed in health and social care services in Clackmannanshire and Stirling, who may work for the council, the NHS board, or for third sector or independent sector organisations.

¹ Audit Scotland, Social Care Briefing, January 2022 (<https://www.audit-scotland.gov.uk/publications/social-care-briefing>)

² Audit Scotland, NHS in Scotland 2023, February 2024 (<https://audit.scot/publications/nhs-in-scotland-2023>)

³ Audit Scotland, Integration Joint Boards' Finance and performance 2024 (<https://audit.scot/publications/integration-joint-boards-finance-and-performance-2024>)

⁴ Social Care Benchmarking Report 2022. July 2023. University of Strathclyde, CCPS, HR Voluntary Sector Forum (<https://www.ccpscotland.org/ccps-news/media-release-report-reveals-reality-of-staffing-crisis-in-social-care-with-more-than-half-of-those-moving-jobs-last-year-leaving-the-sector-2/>)

⁵ Health, Social Care and Sport Committee's scrutiny of the NHS at 75 – what are some of the key issues in 2023? June 2023, The Scottish Parliament (<https://spice-spotlight.scot/2023/06/29/health-social-care-and-sport-committees-scrutiny-of-the-nhs-at-75-what-are-some-of-the-key-issues-in-2023/>)

When we refer to **senior leaders**, or **the leadership team**, we mean the most senior managers who are ultimately responsible for the operation of the health and social care partnership.

There is an explanation of other terms used in this report at appendix two.

PART 2 – A Summary of Our Inspection

The Partnership Area

The Clackmannanshire and Stirling partnership is between Clackmannanshire Council, NHS Forth Valley, and Stirling Council. It is the only HSCP in Scotland covering two local authority areas. Clackmannanshire and Stirling Councils had a shared service agreement for social work services which reverted to social work departments in the two respective councils in September 2015. The Senior Leadership Team (SLT) for the partnership manages a budget of £257.384m managed by three SLT members with support from the Chief Finance Officer (CFO).

The Integration Authority, and the governing Integration Joint Board became responsible for oversight of delivery of community-based health and social care services to adults over 18 years of age on 1 April 2016. This includes strategic planning and commissioning of provision by direction to deliver the strategic plan. The HSCP took on operational management of Clackmannanshire Council social care services in June 2017 and Stirling Council social care services in September 2018.

The HSCP is served by one acute hospital, Forth Valley Royal Hospital, Larbert (FVRH). The HSCP also manages the community hospital in Clackmannanshire and some services at the Health and Care Village in Stirling, where there is a minor injuries unit on the site. The Acute Mental Health in-patient unit is within FVRH. The community mental health teams are based in the Livilands resource Centre, Stirling, and in the Mental Health Resource Centre at Clackmannanshire Community Healthcare Centre (CCHC). There are also in-patient mental health services in Bellsdyke Hospital, Larbert, and community-based mental health services provided from a range of community locations across Forth Valley. Clackmannanshire and Stirling is a HSCP of approximately 145,730 people across three localities covering a large rural area in Stirling, which covers 2,187 square kilometres in total. Over half of Clackmannanshire residents live in the 20% most deprived data zones in Scotland with a lower job density rate than Stirling and Scotland.

The partnership has a range of community assets and services, such as The Bellfield Centre at Stirling Health and Care Village; district nursing; mobile emergency care service and technology enabled care and care at home providers to support the citizens of the communities they serve. The age profile of the population is similar to that of Scotland as a whole - with growing numbers of older people.

Figure A – Map of Clackmannanshire & Stirling



The associated needs of the populations within the three localities are different and some challenges are noted from the Strategic Needs Assessment (SNA), SNA focussed update and Locality Profiles:

- The overall population of Clackmannanshire is set to fall between now and 2039 by around 3%, while the proportion of older people will rise. During this period, the number of people of working age is expected to fall. This will present some specific challenges in terms of both meeting growing levels of health and care needs and the availability of a skilled local work force to deliver services.
- Clackmannanshire has some of the most deprived areas in Scotland with associated challenges resulting from inequalities.

- Stirling covers 2,187 square kilometres, with one of the smallest populations per kilometre in Scotland presenting both opportunity and challenge for delivery of services.
- Stirling has areas of marked contrast in terms of inequalities with some of the least deprived areas in Scotland sitting alongside some of the most deprived, for example, Kings Park and Raploch.
- Both Clackmannanshire and Stirling have an ageing population. By 2041, the number of people of pensionable age and over is expected to increase by 27.5% in Clackmannanshire and 29.3% in Stirling. In addition, the population of people aged 75 and over is expected to increase by 99.5%. This will impact significantly on demand in the years ahead.
- In line with the national picture, it is projected that more people living in Clackmannanshire and Stirling will have long term health conditions, multiple conditions, and complex needs. Developing new care pathways and guidelines away from current disease specific models towards a greater focus on the holistic needs of people will be needed. Early intervention and community-based services will help to ease the growing pressure on acute unscheduled care services.
- To help keep people living independently in the community for longer there will be an increasing need for unpaid carers, therefore supporting unpaid carers is a priority.
- Reducing risky behaviours such as smoking, consuming alcohol, drugs and poor diet remain public health priorities and are of relevance in some areas of the HSCP.

Summary of our Inspection Findings

The joint inspection of Clackmannanshire and Stirling health and social care partnership took place between April 2024 and September 2024.

In our discussions with people and carers, we spoke to 35 people and six carers through conversation and focus groups.

In our engagement with staff from the health and social care partnership, we received 175 completed staff surveys, spoke to 86 members of staff, and undertook four professional discussions sessions with the leadership team.

We reviewed evidence provided by the partnership to understand their vision, aims, strategic planning and improvement activities.

Key Strengths

- Staff across the partnership were working hard to support people living with mental illness in Clackmannanshire and Stirling. Their care and compassion contributed to good outcomes for some people and improved their quality of life.
- The introduction of community link workers and primary care mental health nurses had strengthened early intervention and prevention support for people living with a mental illness. People who had accessed these services reported positive experiences.
- The partnership was developing an innovative collaborative approach to implementing its commissioning priorities through commissioning consortia that involved people, carers and third and independent sector providers. It planned to use this approach to progress improvements in mental health provision in the future.

Priority areas for improvement

1. The partnership should develop processes for capturing robust data on outcomes for people using mental health services and their unpaid carers to inform service planning and ongoing improvement.
2. The partnership should support staff across all mental health services to identify and respond to the needs of unpaid carers of people living with mental illness.
3. The partnership should improve its integrated processes for assessment, care planning and treatment to support more effective collaboration between health and social care staff.
4. The partnership should develop a more proactive approach to emergency and future care planning.
5. The partnership should provide people living with mental illness and their unpaid carers meaningful and accessible opportunities to share their views and contribute to plans for the services they use.
6. The partnership should progress plans to implement its new Self-Directed Support (SDS) policy and improve outcome-focused assessments. All options should be offered to people, with the necessary support systems in place, to allow them to exercise their rights.
7. The partnership should review the assessment templates in use across NHS services for people living with mental illness to support a greater focus on outcomes.
8. The partnership should strengthen its professional governance and assurance framework for social work functions and statutory duties.
9. Senior leaders should continue to develop their approach to managing change across the partnership. Frontline staff should be fully involved in designing and implementing improvements identified from self-evaluation activities.
10. The partnership should review the existing evidence and its wider approach to strategic planning at the earliest opportunity. Leaders should ensure that any initiatives that could rapidly improve outcomes for people living with mental illness and their unpaid carers are identified and implemented.

Evaluations

The following evaluations have been applied to the key areas inspected. Further information on the six-point scale used to evaluate the key areas can be found in Appendix 3.

Key Quality Indicators Inspected		
Key Area	Quality Indicator	Evaluation
1 - Key performance outcomes	1.2 People and carers have good health and wellbeing outcomes	Adequate
2 - Experience of people who use our services	2.1 People and carers have good experiences of integrated and person-centred health and social care	Adequate
	2.2 People's and carers' experience of prevention and early intervention	
	2.3 People's and carers' experience of information and decision-making in health and social care services	
5 - Delivery of key processes	5.1 Processes are in place to support early intervention and prevention	Weak
	5.2 Processes are in place for integrated assessment, planning and delivering health and care	
	5.4 Involvement of people and carers in making decisions about their health and social care support	
6 - Strategic planning, policy, quality, and improvement	6.5 Commissioning arrangements	Adequate
9 - Leadership and direction	9.3 Leadership of people across the partnership	Weak
	9.4 Leadership of change and improvement	

PART 3 – What We Found During Our Inspection

Key Area 1 - Key performance outcomes

What key outcomes have integrated services achieved for people and carers who use services in Clackmannanshire and Stirling?

Key Messages

- The partnership was delivering positive health and wellbeing outcomes for people experiencing mental illness in most cases.
- Unpaid carers of people living with mental illness were not routinely supported to look after their own health and wellbeing or to manage their caring role.
- Performance and outcomes data were not being routinely collated and analysed to understand what was important to people and unpaid carers and to inform service planning.

People and carers supported by integrated health and social care have good health and wellbeing outcomes.

Public Health Scotland publishes an annual core suite of integration performance indicators for every health and social care partnership in Scotland. The indicators describe what people can expect from integrated health and social care. They measure progress around the national health and wellbeing outcomes set out in legislation. Overall, Clackmannanshire and Stirling health and social care partnership's performance against the most recent core integration performance indicators was broadly in line with the national averages. People's positive experiences of care provided by general practice was higher than the Scotland average. The partnership had also improved on its own performance in this area compared to the last Public Health Scotland indicators report from 2022.

The partnership was generally delivering positive outcomes for people against the national health and wellbeing outcomes. However, weaknesses in the partnership's integrated processes meant that opportunities to deliver better outcomes were missed. In addition, there was no systematic approach in place to identify carers and understand their needs. This meant that unpaid carers of people living with mental illness were not routinely supported to look after their own health and wellbeing or to manage their caring role.

The partnership's information systems did not support routine collection and collation of performance data. This meant that there was limited information about outcomes for people living with mental illness and unpaid carers available to inform service planning or improvement. This had been identified as a risk. The partnership intended to develop a more efficient system that would provide a better understanding of what was important to people. As this was work in progress it was too early to evaluate the impact of the approach during the inspection.

From conversations with people and carers engaged with mental health services, and from reviewing their records, we found that:

National Health and Wellbeing Outcomes:

National health and wellbeing outcome	Inspection Finding
1	Most people were supported to look after their health and wellbeing as much as possible.
2	Just over half of people were supported to live as independently as possible.
3	Just over half of people experiencing care felt they were treated with dignity and respect.
4	Most people had a better quality of life because of the health and social care services they received.
6	Most carers did not feel supported to continue caring and look after their own health and wellbeing.
7	Most people experiencing mental illness were kept safe from harm.

* Outcome 5 not evaluated due to lack of national data to benchmark against.

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Most people were supported to look after their health and wellbeing as much as possible. Staff across the partnership worked well within their respective roles to support people living with mental illness and deliver positive outcomes. Community and third sector services had a positive impact on people in supporting them to look after their health and wellbeing. However, care, treatment and support were often delivered as single agency inputs rather than through integrated working. This meant that people were not always supported to receive the right level of help at the right time in the right setting.

Outcome 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.

Just over half of people living with mental illness felt the support they received helped them to connect or remain connected with the local community and wider social networks. Some people reported positive experiences for example, being supported to take up volunteering and other social activities within their communities. However, a few people felt lonely and isolated due to services not supporting them to stay connected to their local community. The partnership's performance against the core integration performance indicator for people feeling they were supported to live as independently as possible was below the Scottish average.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Just over half of people felt that health and social care staff respected their rights and treated them with dignity. People were positive about the care and support provided by general practice. Clackmannanshire and Stirling's integration indicator for people with positive experiences of the care provided by their general practice was higher than the Scottish average. Feedback relating to community link workers and third sector services was particularly positive. However, some people who could have benefited from accessing those services had not been supported to do so. Additionally, people's experiences of using services across the partnership's mental health system were more mixed. For some people opportunities to experience more positive outcomes were missed. Greater collaboration between health and social care services could have enhanced people's experiences of those services.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Clackmannanshire and Stirling's integration indicator for people agreeing that services had an impact on maintaining or improving their quality of life was in line with the Scottish average. In most cases, health and social care services supported an improved quality of life for people living with mental illness. However, delays in accessing some services impacted on the quality of life for a few people. From our engagement activities, some people expressed difficulties accessing the neurodevelopmental care pathway and psychological services. Long waits for support and treatment had a negative impact on their health and wellbeing.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

Clackmannanshire and Stirling's integration indicator for carers feeling supported to continue in their caring role was just above the Scottish average. Outcomes for unpaid carers of people living with mental illness were less positive. Most unpaid carers did not feel that health and social care staff understood and acknowledged the role of family and friends in providing care. They did not feel that staff supported them to share their views about what mattered to them.

Most unpaid carers spoke positively about the support they received from the Carers' Centres. However, not all carers who may have benefitted from this service had been supported to access it. Adult carer support plans (ACSPs) were not routinely offered or completed. Some carers could have experienced improved outcomes through the timely offer and completion of an ACSP and provision of appropriate supports.

Outcome 7: People who use health and social care services are safe from harm.

Clackmannanshire and Stirling's integration indicator for people supported at home feeling safe was below the Scottish average. However, amongst people living with mental illness, most felt safer in their home and in the community due to the health and care support they received.

Evaluation**Adequate**

Key Area 2 - Experience of people and carers

What impact have integrated service approaches had on the lives of people who use services and on other stakeholders in Clackmannanshire and Stirling

Key Messages

- Most people felt that services working with them supported them to be independent and focused on things they could improve on their own.
- People had mixed experiences of being able to share their views and make decisions regarding their care treatment and support.
- Unpaid carers were often not identified. Most people and their unpaid carers did not receive complete information about self-directed support and the options available to them.
- A few people and some unpaid carers felt that they could have benefited from earlier support and treatment.
- Independent advocacy services were not widely used to provide the appropriate support for some people and unpaid carers.

People and carers have good experiences of integrated and person-centred health and social care.

Most people living with mental illness were involved in discussions concerning their care, treatment and support on a day-to-day basis. However, people's experiences of planning and reviewing their health and social care supports to address more long-term needs were less positive.

Just over half of the people living with mental illness felt staff treated them with dignity and respect. They felt that professionals who worked with them valued their views and respected their decisions. Significantly, not all people and unpaid carers shared this positive experience, and some were unsure.

The introduction of community link workers and primary care mental health nurses in general practices across the partnership was positive. People living with mental illness who had accessed these services reported good experiences.

One person commented “I feel very strongly that the link worker works as part of a team and is a key resource in making things happen in a joined-up way.”

Approaches to deliver integrated care, treatment and support were inconsistent across the partnership. This meant that people's overall experiences of integrated health and social care services were mixed. Across the partnership's two local

authorities, exactly half of the people living with mental illness reported positive experiences of health and social care services. Significantly, half of the people and almost all carers we engaged with expressed a negative experience of services.

Just under half of the people were confident that the staff supporting them worked as a team. Some people said that they often had to repeat information about their lives to the professionals from different agencies who were involved in their care. Sometimes this was the case even when staff were based in the same building.

A person told us: “services do not work together as a team” and that this had adversely impacted on their health, home environment, ability to parent to the best of their ability and to participate in the community.

Just over half of people did not feel they had been involved with reviewing their health and social care supports. Opportunities to understand what was important to people and capitalise on the strengths of different care partners to respond to their needs were missed. A more coordinated approach that included people and unpaid carers at the centre would have provided consistency and resulted in more positive experiences of care and treatment reviews.

A few unpaid carers who had accessed the Carers’ Centres spoke positively about the support they received. However, experiences of unpaid carers accessing support across the partnership’s health and social care services were less positive. Almost all carers expressed negative experiences of the support they had received. In addition, only half of the people who were supported by services felt that their unpaid carers were included as part of the team providing their support. Most unpaid carers did not feel that their rights as partners in care were always recognised. They reported difficulty accessing services at the right time, delays in self-directed support (SDS) payments and lack of respite opportunities as particularly challenging. Only half of unpaid carers were offered an adult carer support plan, and none had an emergency carer support plan in place.

Good practice example

A partnership between psychological therapies and lived experience of recovery in substance use services

Psychological services, within the alcohol and drugs partnership, worked with Recovery Scotland to develop a service to support people to build social networks. The service was developed in line with Medication Assisted Treatment (MAT) standard 6.

The two recovery development workers had lived experience of both trauma and substance use and were employed by NHS Forth Valley Substance Use Psychology Team on a part time basis. These workers had training and experience in motivational interviewing and basic cognitive behavioural therapy (CBT) informed psycho-social interventions. Their role was to support people who received psychological therapy to practice their new skills in the community, and to achieve their psychological goals. The recovery workers supported the implementation of a shared care plan informed by psychological assessment, formulation, and goal planning. The approach aimed to maximise improved outcomes by applying both psychological and lived experience support. Supervision and support were provided to the lived experience recovery workers by the psychologist.

A comprehensive evaluation of the service was carried out. It evidenced improved outcomes for people. It demonstrated the benefits of the involvement of the lived experience recovery workers in enhancing the experience and outcomes for people. This was an excellent example of the added value of integrated working to improve outcomes for people.

People's and carers' experience of prevention and early intervention

Staff demonstrated care and compassion towards people living with mental illness. Most people felt that services working with them focussed on what they could do for themselves and on what they could improve on their own. Just over half of people told us the support they received helped them to connect or remain connected with their local community and wider social network.

'Staff help me stay in contact with my brother in America through zoom.'

'I have a busy social life and go to cafes and a group in Alloa. I have the choice of a member of staff going with me if I want.'

People did not feel that that they had experienced any form of early intervention or prevention activities. A few people felt they would have benefited from earlier support and treatment. In addition, almost all carers felt they had not received the advice and support that they needed to keep well. However, there was evidence of early intervention and prevention activities for people living with mental illness in just over half of the records we reviewed. Activities identified included physical health checks from health maintenance clinics, harm reduction work and group support therapies. It may be that these interventions were not recognised as early intervention and prevention by the people using services.

People were not routinely supported to consider their future care needs and plan for any changes in circumstances. A few unpaid carers expressed concern about what would happen to the person they cared for if something happened to them or if there was a crisis. A more proactive approach to emergency and future care planning might have provided some reassurance.

People's and carers' experience of information and decision-making in health and social care services.

People and carers had mixed experiences of receiving timely, relevant, and accessible information about their health and social care support options. Most people and their unpaid carers were positive that they could ask their health and care workers questions and would receive the information they needed. There were positive examples where people felt that care staff had effectively supported them to understand their illness and medication management. However, for some people information was not always provided in an accessible way. This was particularly the case for individuals who were newly diagnosed with a neurodevelopmental condition or a hoarding disorder. They found being signposted to online resources difficult and overwhelming.

There was limited evidence about how people were supported to make decisions and choices about their own lives. Most people and carers had not received complete information about self-directed support (SDS) and the options available to them. This meant people and carers were not always fully informed of their statutory rights in relation to their care and support. Almost all people living with mental illness were supported using SDS option 3 and there was little evidence that other options had been fully explored. Some carers had been offered an adult carer support plan. However, not all people who identified as carers were recognised by services as fulfilling this role. None of the carers we met were receiving SDS. The partnership recognised this as an area for improvement and steps were being taken to develop a more consistent approach.

People's experiences of being able to share their views about their care and support were mixed. Some people felt that they were fully involved in planning and reviewing their health and social care in a way that made them feel their views were important. On a few occasions, people were fully involved in major decisions relating to their care, for example, changing support providers and accommodation options. However, this was not everyone's experience.

Some people and carers found multi-disciplinary reviews intimidating. They found it difficult to articulate their views in a room full of professionals and some chose not to participate. The use of advocacy may have been a positive addition to care and support in these instances, but this was not always facilitated by staff. From our review of records, advocacy services were used more consistently when adults were subject to mental health legislation.

Similarly, where adults were subject to mental health legislation the care programme approach (CPA) was used effectively to plan and manage their care in most cases. However, for people living with mental illness who were not subject to statutory measures the approach to reviews was inconsistent. Most reviews were done by third sector organisations on a single agency basis. This was not usually viewed as an omission by the people receiving services. However, opportunities to enhance the experiences of people living with mental illness were missed. An integrated approach to care planning and reviews that capitalised on the skills of all multi-agency staff who were involved in their care would have enhanced people's experiences.

Evaluation

Adequate

Key Area 5 - Delivery of Key Processes

How far is the delivery of key processes in the Clackmannanshire and Stirling partnership integrated and effective?

Key Messages

- The partnership had two Integrated community mental health teams. Multi-disciplinary staff in these teams had largely positive relationships with the people they supported.
- Integrated Community Mental Health Teams (ICMHT) were proactively supporting people with self-management, health advice and support through the health maintenance clinics and day units.
- Co-location and shared access to the care partner recording system supported joint working amongst ICMHT staff. However, NHS and social work staff did not work in an integrated way and information sharing with staff in the locality teams was inconsistent.
- Staff who worked in secondary care and inpatient services had limited awareness of the resources available to people living with mental illness in their communities. This limited their ability to link people to the appropriate supports in the communities where they lived.
- Processes for assessment, care management and reviews were inconsistent. There was little evidence of proactive planning, so support tended to be day-to-day rather than working toward longer term agreed outcomes.
- There were limited processes or systems in place to support people and unpaid carers to provide feedback on the services they used. Very few people and no carers had experience of involvement in planning and contributing to the development of services in their area.

Processes to support early intervention and prevention

The partnership had a range of services that were supporting the delivery of positive mental health outcomes. Across primary care services, community link workers were involved in mapping local initiatives that could support positive mental health for people in their communities. Within secondary care, day units in the two Integrated Community Mental Health Teams (ICMHTs) in Clackmannanshire and Stirling helped people develop skills to manage their mental health. The ICMHTs hosted health maintenance clinics which provided annual health checks, screening, and health promotion activities. Staff from the ICMHT and third sector providers were proactive in supporting people to attend the clinics. This was a targeted approach to tackling health inequalities that helped people to maintain good health and wellbeing.

The day units in both ICMHTs were well used and there was a 16-week waiting list for groups. However, links to third sector and other community-based services were underdeveloped. Staff in secondary care services had limited awareness of community-based resources. This meant opportunities to signpost people to the appropriate supports in their own communities were missed.

There was not a systematic, integrated approach to early intervention and prevention supported by clear processes. This meant that service delivery was inconsistent across the partnership. This created an inequality of access to services and resources. There was useful information available to people on the HSCP and NHS Forth Valley websites. However, the quality and availability of online self-management resources across the two local authority websites was variable.

The Clackmannanshire ICMHT had a community access team which supported people who had been acutely ill to rebuild social and activity networks. This was a positive addition to the team. It had the added advantage of providing information about community resources to staff within the wider ICMHT. Clackmannanshire Council had also commissioned counselling services to support positive mental health in its communities. The Stirling ICMHT hosted a Mental Health Money and Benefits Advice Project, provided by the Citizens Advice Bureau. This was a targeted service for people with long term mental health problems. It aimed to reduce the effect of financial stressors and promote financial inclusion. Evaluation of this service showed a valuable impact on outcomes for people and reducing demand.

There was some evidence of staff completing safety plans with people they were supporting. Where these were in place, they helped people to manage their wellbeing and could provide early indications of deteriorating mental health. However, there was no process in place to support a consistent and proactive approach to emergency and future care planning.

NHS Forth Valley was working on developing Early Intervention in Psychosis and Distress Brief Intervention (DBI) services. Delivering DBI across two partnerships was reported to have been challenging which had caused some delay. This was a missed opportunity to intervene early to support people's mental health and wellbeing. Arrangements to begin implementation across NHS Forth Valley were put in place during the inspection, but progress was slow.

The partnership had recently developed a new carers' information pack and implemented 'Mobilise,' an online resource for carers. These initiatives had the potential to provide early support for people living with mental illness and their unpaid carers, but it was too early to identify their impact. There were no processes in place to support staff to consistently identify people who provided unpaid care for people living with mental illness. This meant some unpaid carers were not signposted to the appropriate resources. This was important because people did not always identify as unpaid carers and needed support from staff to help them consider this. This meant in some cases, carers' wellbeing and their ability to continue caring was at risk.

Good Practice Example

The Mental Health Money and Benefits Advice Project was established in 2022. It was jointly funded by the HSCP and The Robertson Trust and delivered through the Citizens Advice Bureau. The Citizens Advice Bureau worked in partnership with Action in Mind and NHS Forth Valley to provide this essential service for people who use mental health services. It provided targeted advice and ongoing support to vulnerable people experiencing long term mental illness. It was based in the Stirling ICMHT, Action in Mind in the Stirling area and in Adult Mental Health Inpatient services across Forth Valley.

The project has evidenced significant impact against its outcomes of improving access, reducing the demand on mental health services, and improving outcomes for people engaged in treatment for long term or episodic mental illness. An evaluation of the project found that between April 2023 to January 2024, it assisted 221 people who were engaged in treatment for long term mental health problems and provided significant financial gain for those using the service. This project was a proactive and targeted intervention to tackle health inequalities and improve outcomes for people with mental illness.

Processes are in place for integrated assessment, planning and delivering health and care

There was a coherent NHS system for supporting people living with mental illness. This incorporated primary and secondary care mental health services, in-patient provision and community emergency and out of hours support through the Mental Health Acute Assessment and Treatment Service (MHAATS).

The two integrated community mental health teams (ICMHTs) had the same standard operating procedures and shared a recently implemented protocol for joint working with substance use services. They incorporated nursing, occupational therapy, medical and social work staff who were based in the same building. Nursing staff across both services were managed by a single manager and there was a single service manager who had oversight of both health and social work functions across the two sites. However, the two teams operated separately and apart from the psychiatrists managing their capacity across both ICMHTs, there were limited examples of resources being shared.

There was a single pathway for referrals to the ICMHTs from GPs, primary care mental health nurses, or MHAATS. Positively, services had successfully delivered assessments against the target timescale of 12 weeks. However, once people were discharged from the ICMHT, the partnership did not have a process in place for direct re-referral to the ICMHT and specialist mental health support. If a person became unwell again, they had to be re-referred via their GP. This caused delays

which sometimes resulted in crisis and poor outcomes for people and their unpaid carers. Also, third sector and housing providers were left managing people who were becoming acutely unwell, without recourse to specialist mental health support.

The partnership had not yet taken the opportunity to establish clear integrated processes and procedures that supported health and social care staff to deliver seamless support. Collaborative working depended more on informal relationships and communication than clear integrated processes. Systems and processes for identifying and responding to people living with mental illness and their unpaid carers were largely single agency. While many people were supported effectively on a day-to-day basis, services did not work together to develop coordinated plans for care treatment and support. As a result, services had not made the best use of available resources to support people to achieve what was important to them. More integrated processes and consistent collaborative practice had potential to support improved outcomes.

Multi-disciplinary team meetings in ICMHTs were used to discuss referrals, allocations, reviews, ongoing cases and overall caseload management. However, social work and occupational therapist attendance was sporadic. Therefore, they did not consistently benefit from the full range of professional perspectives. For people on statutory orders and people with complex support needs the Care Programme Approach (CPA) was the key framework for providing integrated and coordinated care. Use of CPA meant all services participated in regular shared assessment, planning and review meetings. However, CPA was not available for everyone who needed their care co-ordinated. There were few examples of alternative integrated processes when CPA was not in place. There was no CPA co-ordinator in post at the time of the inspection and the lack of administrative support for the approach limited its use.

Across all services, approaches to assessment, care planning and reviews were inconsistent. Recording templates were brief or incomplete and failed to capture the person's perspective. Although both health and social care staff were trained in "good conversations," there was limited evidence that staff spoke with people about the outcomes they wanted. Apart from CPA, there were often no formal reviews recorded beyond individual notes on single agency systems following a multi-disciplinary team meeting (MDT) or professional meeting.

Across the partnership, staff were working across different business systems. There were two different social work case recording systems which were old and inefficient. This was identified as a risk by the partnership and improvements were being considered along with a review of NHS Forth Valley's reporting and recording systems to ensure they were fit for purpose.

The social work teams in both ICMHTs had similar staff complements which comprised mental health officers (MHOs) and social workers. The Stirling ICMHT had an additional social work assistant. Social workers were not included in the assessment rotas for new clients, nor did they fulfil the key worker role. Mental health officers undertook care management for people subject to statutory measures in addition to their statutory responsibilities. Across both services, capacity was

stretched. The waiting time for some areas of work such as private guardianships was four to six months. For people not subject to statutory measures, locality social workers mainly undertook care management. The absence of shared recording systems and the benefits provided by services being co-located created barriers to effective communication between the ICMHT and locality teams.

The partnership's strategic commissioning plan identified significant health inequalities in some communities. The partnership had taken positive steps to implement a new protocol to support effective mental health care and treatment for people with co-existing substance use issues. The money advice project in Stirling ICMHT had had some impact in addressing financial exclusion. However, processes to enhance access to mental health services in areas of higher deprivation had not been developed. Additionally, there was no evidence of targeted support for people with higher risk of poor outcomes, for example, people living with learning disabilities or people experiencing homelessness.

Involvement of people and carers in making decisions about their health and social care support

There was limited evidence that targeted information was routinely provided to support people with decision-making. Relatives were not always provided with information they needed about mental health legislation, guardianship and power of attorney. In addition, independent advocacy was not widely used.

Some tools and processes that could help to ensure people's full involvement in decisions and plans were not used to their best effect. Relevant assessments and reports were not always shared with all the professionals who were involved with the person. This meant that decisions about treatment and care were not always made based on a full understanding of people's circumstances. Health and social care reviews did not always involve people and their unpaid carers which meant some key decisions were made without consultation with the person. There was some evidence of people being referred to advocacy, but no information about the outcomes of referrals.

Some people had named persons and advance statements, but there was limited evidence that these were routinely discussed with people as a way of ensuring that their voice was heard in decision-making processes. Letters were routinely sent out asking people if they wanted to make an advance statement. This process was ineffective, especially without more direct support and discussion with the person. There was no evidence of future care plans in place, even where people's current living circumstances were uncertain, for example, people who were receiving substantial care from aging parents.

Staff identified that there were fewer resources available to support people in their local communities than before the Covid-19 pandemic. Forums that used to support people living with mental illness to share their views had lapsed to a significant extent. Klacksun and the Stirling Mental Health Users Network were no longer operating in a meaningful way. NHS Forth Valley attempts to set up a mental health and learning disability patients' participation group were ineffective. Care Opinion

was used in the partnership, but this was not always an appropriate option for people living with mental illness. To ensure that people living with mental illness and their unpaid carers were able to provide meaningful feedback and contribute to plans for the services they use. Managers recognised that there was a need to review the systems and processes in place at the time of inspection.

Evaluation

Weak

Key Area 6 – Strategic planning, policy, quality and improvement

How good are commissioning arrangements in the Clackmannanshire and Stirling partnership?

Key Messages

- The health and social care partnership was in the process of re-establishing an integrated approach to strategic commissioning. Mental health was a strategic priority for the partnership.
- The partnership had agreed to lead the development of a Forth Valley wide mental health strategy, due to be finalised in March 2025 but progress to improve mental health services was slow.
- The partnership had successfully established an integrated planning and commissioning team. This was a good example of the partnership investing in an integrated approach.
- Outcome focused commissioning for people living with mental illness was still to be developed.

Commissioning arrangements

The Integration Joint Board (IJB) had clearly set out wide-ranging commissioning priorities, including priorities for mental health, in its strategic commissioning plan 2023 - 2033. These focused on how high-quality services would deliver positive outcomes for people in a way that is consistent with the national Health and Social Care Standards.

The Covid-19 pandemic significantly disrupted strategic commissioning activities and locality planning until the current strategic plan began to be developed in 2022. Development of the strategic plan represented a positive effort to begin to re-establish an integrated approach. The plan was based on a robust and detailed up-to-date strategic needs assessment and engagement with a range of stakeholders including people and their unpaid carers. Locality planning groups in each of the partnership's three localities were redeveloped and a locality plan was developed for each.

There was little evidence that the partnership had a track record of successfully implementing its strategic priorities. Mental health was also a priority in the partnership's previous commissioning plan 2016 – 2019. The partnership's annual performance report 2022/2023 highlighted successful developments, including expansion of the primary care mental health nursing team, development of rural homecare, and support for carers. However, these actions were more driven by Scottish Government policy or immediate operational pressures rather than effective strategic planning and commissioning.

The commissioning intentions in the current strategic plan were integrated and applied to the health and social care functions that the IJB had responsibility for. The plan highlighted that a range of more detailed plans would support the delivery of each of the broad commissioning priorities. These included plans related to groups such as people living with mental health difficulties, learning disabilities and

plans for supporting more activities such as health improvement, transforming care, finance and workforce.

The partnership had agreed timescales for a mental health strategy to be completed by March 2025. The strategy would cover all of NHS Forth Valley area.

Unfortunately, this meant that it would be more than two years after the adoption of the strategic commissioning plan before actions to improve outcomes for people living with mental illness would begin to be implemented.

A range of services and initiatives focused on early intervention and prevention had been developed. These included the Mental Health Group, the Family Well-Being Partnership and Family Support Collaborative. It was not clear that these were part of a developed strategic approach, seeking to maximise outcomes across the whole partnership. Some developments had been commissioned in Clackmannanshire in response to local need but without being integrated into the partnership's wider commissioning discussions or processes. These included Safeguarding Through Rapid Intervention (STRIVE) which provided a multi-agency approach to alleviating poverty, and Kooth and Qwell for mental health and wellbeing support. As a result, there was a risk that the partnership was missing opportunities to ensure a consistent response to needs.

The partnership had taken positive steps to improve its implementation of the priorities in its current strategic commissioning plan 2023 – 2033 by developing a commissioning consortium approach. This was based on an agreement with the third sector and represented an innovative and collaborative approach to strategic commissioning. It included open commissioning consortium meetings with supported people and their representatives and current and future providers. The partnership had successfully initiated commissioning consortia in relation to its alcohol and drugs partnership, carers support and dementia. There were plans to develop further consortia for mental health services, learning disability and palliative and end-of-life care.

The conclusions of the partnership's evaluation of commissioning consortia highlighted that feedback from people, carers and providers was positive. It also suggested that the approach was resource intensive, required collaborative leadership through the strategic planning group and a slower pace to commissioning. Senior leaders recognised that combining effective collaboration with a faster pace of change presented a further challenge that required consideration.

The partnership had successfully put in place an integrated planning and commissioning team delivering a wide range of commissioning activities from developing the strategic commissioning plan, to contributing to commissioning consortia and commissioning social care services from the third and independent sector. This team was a good example of the partnership investing in an integrated approach.

For the most part, the team had positive relationships with third and independent sector providers. However, commissioning of support for people living with mental illness was previously undertaken directly by services. This meant work to progress

outcome focused commissioning approaches for people living with mental illness was still developing. The absence of a collaborative culture between the mental health services delivered by NHS and social work and third and independent sector providers, also limited the team's effectiveness.

Both NHS and social work staff identified that there were fewer resources available to support people in their local communities than before the Covid-19 pandemic. Many felt that the pandemic continued to have a significant impact on the availability of support. However, without a detailed analysis and strategy it was difficult to be certain if this perception was accurate or reflected a gap in awareness and integrated working.

Overall Clackmannanshire and Stirling's commissioning arrangements were in a period of transition. This involved moving from a minimal approach to integration to a clearer focus on improving outcomes through collaboration with people and carers and the third and independent sector. This transition was still to extend to people living with mental illness. Learning from the other areas where the partnership has already begun implementing this approach suggests that progress in improving outcomes for people may take considerable time.

Evaluation

Adequate

Key Area 9 – Leadership and direction

How has leadership in the Clackmannanshire and Stirling partnership contributed to good outcomes for people and their carers?

Key findings

- Specialist mental health services were only delegated to the health and social care partnership in January 2023. This facilitated the commencement of whole systems planning across the partnership's mental health services.
- The partnership had made progress in addressing workforce challenges and developed a comprehensive workforce plan which supported an integrated approach to workforce management.
- The partnership's senior leadership team had increased focus in the past year to develop a more collaborative culture across health and social care services.
- Integration arrangements prior to 2024 meant that the Integration Joint Board (IJB) was limited in its ability to fulfil its responsibilities for the effective delivery of services.
- The pace of developing integrated mental health services that were seamless from the point of view of the people who used them was slow.
- The development of the Integrated Clinical and Professional Governance Group was a positive step, but the professional governance of social work functions needed to be strengthened.

Leadership of people across the partnership

The partnership's vision for the effective delivery of health and social care services and its priorities for mental health were clearly laid out in the 10-year strategic plan. Most staff felt that this vision was clear, and their line managers encouraged them to work collaboratively. They were confident that they had the appropriate knowledge and experience to provide care, treatment and support for people living with mental illness.

Within the last two years the partnership had faced significant challenges. NHS Forth Valley was receiving senior external support and monitoring to address weaknesses in governance, leadership, and culture. This had an impact on the functioning and performance of integration arrangements across the health and social care partnership. Alongside this, historical challenges in the integration arrangements between the NHS board and the two local authorities meant that integration had not progressed adequately. Lack of pace in the delegation of operational management of services meant that the integration joint board was limited in its ability to fulfil its responsibilities for the effective delivery of services.

The partnership faced significant challenges with recruitment and retention of staff at all levels and across all sectors. There had been significant changes in the senior leadership team since the inception of the health and social care partnership.

Progress had been made to address recruitment challenges. Key appointments to executive leadership positions within the NHS board and both councils had been made. Alongside this, recruitments to senior manager posts across adult mental health services were beginning to bring some stability to the workforce. The partnership had invested in dedicated lead roles to support improvement coordination and implementation in specific priority areas. This included self-directed support, carers and health improvement. A new housing policy officer was recruited to support greater collaboration with that sector. In some cases, these developments were beginning to have a positive impact.

There was a clear sentiment amongst all staff that mental health services in Clackmannanshire and Stirling were not yet operating in a fully integrated way. Staff acknowledged that there was an increased focus in the past year to foster a more collaborative culture. Senior leaders recognised that empowering staff at all levels was crucial if they were to achieve their vision for integrated services. The interim chief officer prioritised staff development to support better integration.

The partnership developed a comprehensive workforce plan that included all staff, including those from the third and independent sectors. Leaders recognised third and independent sector staff as integral members of the partnership's workforce. There were several examples of promoting integration with staff from these groups and involving them in service planning at a strategic level. However, we identified important gaps and missed opportunities to capitalise on cross-sector relationships and promote greater collaboration amongst staff who worked in frontline services.

Commitment to the partnership's current make-up of two local authorities being integrated with one NHS board was uncertain. As late as December 2023 senior leaders in both Council's elected member groups were still considering exploring alternative partnership arrangements. This had the potential to further derail progress and impact on service delivery.

Leadership of change and improvement

A new senior leadership team structure had been implemented across mental health and learning disability services. The partnership had also recently developed an Integrated Clinical and Professional Governance Group (ICPGG). The role of the ICPGG was to provide assurance to the IJB, agree governance priorities, give direction and monitor progress of change.

Specialist mental health services were only delegated to the health and social care partnership in January 2023. The delay in delegating these functions meant that the partnership was limited in its ability to develop a whole systems approach to planning and delivering its mental health services. Overall progress toward delivering integrated mental health services that were seamless from the point of view of the people who used them was slow.

Most improvement focused on collaborative leadership, integrated finances, strategic planning, governance, and engagement. At the time of our inspection, staff did not feel that senior leaders were visible. Leaders were working to address this across all

sectors. Current efforts were focused on building foundations to support greater collaboration. There were a few examples where integrated teams and single management structures had been successfully implemented. However, there were still differing approaches to service delivery and implementation of change across Clackmannanshire and Stirling.

The partnership faced further challenge to address areas of improvement in the context of current significant pressure on public sector finances. Over the past year, the partnership had completed the expansion of its primary care mental health service. This was beginning to have a positive impact on reducing pressure on general practices. A dedicated Transformation and Savings Progress Group had been established to drive forward transformation and health and social care modernisation across the partnership's delegated services and monitor progress. There was limited evidence of impact at the time of our inspection.

The partnership revised its directions policy in March 2024 to make the process more efficient. Senior managers were currently progressing work to implement a new self-directed support policy across Clackmannanshire and Stirling. This was signed off by the IJB in June 2024. Alongside this, a direction was issued to both councils to require and support their staff to implement the self-directed support legislation in full. The policy aimed to address the improvements identified following an independent audit of the delivery of self-directed support in Stirling Council. This was positive and it demonstrated the partnership's commitment to a "once for Clackmannanshire and Stirling" approach to the delivery of services.

The partnership's overall approach to managing change required further development. Systems for capturing performance information were underdeveloped. This meant that senior leaders had limited reliable data available to support them to identify priorities and evaluate plans to improve outcomes effectively. Frontline staff and team leaders had limited awareness of improvement developments. Most local authority staff did not have confidence that senior leaders managed change effectively. Senior managers and other staff described the partnership's previous approaches as singular and involving minimal integration which minimised their impact on existing services and organisations.

The new senior leadership team had the potential to more effectively coordinate and direct clinical and social care governance within the partnership and drive forward improvement. The new arrangements aligned with established NHS Forth Valley wide clinical governance groups and there were clear lines of reporting in place to provide assurance to the IJB. However, there was still a gap in social work governance across both local authorities. The partnership was in the process of developing a new framework to address this but in the interim a lack of oversight over professional social work functions presented a risk that required monitoring.

Evaluation

Weak

Conclusions

Clackmannanshire and Stirling health and social care partnership is the only partnership in Scotland where two local authorities were integrated with an NHS board. This arrangement presented unique challenges that affected the quality of support that the partnership could deliver for people living with mental illness and their unpaid carers. Integration had not progressed at the same pace as other partnerships in Scotland and most services were delivered on a single agency basis.

Staff across the partnership were working hard to deliver positive outcomes for people that were broadly in line with other partnerships across Scotland. People living with mental illness had mixed experiences of the support that they received from health and social care services. They felt that staff valued their views and respected their decisions. Unpaid carers of people living with mental illness had negative experiences of the support they received from services. Unpaid carers did not feel that their role was recognised, and it was difficult for them to access services at the right time.

Multi-disciplinary staff across the two integrated community mental health teams (ICMHT) had positive relationships with the people they supported. Co-location and shared access to the care partner recording system supported joint working amongst ICMHT staff. However, there was a lack of integrated processes. This limited collaboration between staff within the ICMHTs as well as staff across the partnership's wider mental health system. There was no systematic approach to providing care, treatment, and support. This meant that staff were not able to capitalise on the strengths of integration partners to deliver services that were seamless from the point of view of people who used them.

Over the past year, there had been an increased focus to develop a more collaborative culture across all sectors in the health and social care partnership. The partnership had successfully established an integrated planning and commissioning team and revised its integration arrangements to ensure that they were more aligned with the principles of the Public Bodies (Joint Working) (Scotland) Act 2014.

Progress had been made to strengthen the workforce and clinical and care governance. However, these improvements were developing from a low base and overall progress to improve mental health services was slow. The new senior leadership team had the potential to build on the momentum built over the past year to address immediate areas of improvement. Success will require strengthening the partnership's outcome-focused commissioning approaches for people living with mental illness. This should be considered in the partnerships ongoing work to develop a Forth Valley wide mental health strategy, due to be finalised in March 2025.

We met with the partnership on 6 November 2024 to discuss strengths and areas for improvement. We requested a joint improvement plan that clearly details how the partnership will address the key improvement areas identified by the inspection. Progress on implementing this plan and improvement achieved will be monitored in the short term through established link inspector arrangements. We will also arrange a formal follow up review at an appropriate stage beyond the next 12 months.

Appendix 1

Inspection Methodology

The inspection methodology included the key stages of:

- Information gathering
- Scoping
- Scrutiny
- Reporting

During these stages, key information was collected and analysed through:

- Discussions with service users and their carers
- Staff survey
- Submitted evidence from partnership.
- Case file reading
- Discussions with frontline staff and managers
- Professional discussions with the partnership

The underpinning Quality Improvement Framework was updated to reflect the shift in focus from strategic planning and commissioning to include more of a focus on peoples' experiences and outcomes.

Quality Improvement Framework and Engagement Framework

Our quality improvement framework describes the Care Inspectorate and Healthcare Improvement Scotland's expectations of the quality of integrated services. The framework is built on the following:

- The National Health and Wellbeing Outcomes Framework. These outcomes are specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe what integrated health and social care should achieve. They aim to improve the quality and consistency of outcomes across Scotland and to enable service users and carers to have a clear understanding of what they can expect.
- The Integration Planning and Delivery Principles. These are also specified by the Public Bodies (Joint Working) Scotland Act 2014 to describe how integrated services should be planned and delivered.
- Health and Social Care Standards. These seek to improve services by ensuring that the people who use them are treated with respect and dignity and that their human rights are respected and promoted. They apply to all health and social care services whether they are delivered by the NHS, Councils or third and independent sector organisations.

The quality improvement framework also takes account of the MSG's proposals in relation to collaborative leadership, working with the third and independent sector, strategic planning and commissioning, clinical governance and engaging people, carers and the wider public.

Quality Indicators

We have selected a set number of quality indicators from our full quality improvement framework. The indicators relating to people and carer's outcomes and experiences are central to the framework. Other indicators consider the outcomes and experiences that integrated health and social care achieve.

The framework sets out key factors for each indicator and describes how they can be demonstrated. It also provides quality illustrations of good and weak performance. The indicators that will be inspected against are:

1.2	People and carers have good health and wellbeing outcomes
2.1	People and carers have good experiences of integrated and person-centred health and social care
2.2	People's and carer's experience of prevention and early intervention
2.3	People's and carer's experience of information and decision-making in health and social care services
5.1	Processes are in place to support early intervention and prevention
5.2	Processes are in place for integrated assessment, planning and delivering health and care
5.4	Involvement of people and carers in making decisions about their health and social care support
6.5	Commissioning arrangements
9.3	Leadership of people across the partnership
9.4	Leadership of change and improvement

Engagement framework

Our engagement framework underpins how the Care Inspectorate and Healthcare Improvement Scotland will undertake and report on engagement with people using services and their carers.

The framework consists of 12 personal “I” statements, which focus on the experience and outcomes of people using services and their carers.

The 12 statements are:

1. From the point of first needing support from health and social care services, I have been given the right information at the right time, in a format I can understand.
2. I am supported to share my views, about what I need and what matters to me, and my views are always valued and respected.
3. People working with me focus on what I can do for myself, and on the things I can or could do to improve my own life and wellbeing.
4. I am always fully involved in planning and reviewing my health and social care and support in a way that makes me feel that my views are important.
5. Professionals support me to make my own decisions about my health and social care and support, and always respect the decisions that I make.
6. I get the advice, support, treatment and care that I need, when I need it, which helps me to become and stay as well as possible for as long as possible.
7. The health and social care and support that I receive, help me to connect or remain connected with my local community and other social networks.
8. Health and social care staff understand and acknowledge the role of my family and friends in providing me with care and support. Services work together to ensure that as far as possible, my family and friends are able to provide support at a level that feels right for them.
9. People working with me always treat me with dignity, respect my rights and show me care and kindness.
10. My carers and I can easily and meaningfully be involved in how health and care services are planned and delivered in our area, including a chance to say what is and is not working, and how things could be better.
11. I am confident that all the people supporting me work with me as a team. We all know what the plan is and work together to get the best outcomes for me.
12. The health and social care and support I receive makes life better for me.

Appendix 2

Term	Meaning
Adult carer support plan	Under the Carers (Scotland) Act, every carer has a right to a personal plan that identifies what is important to them and how they can be supported to continue caring and look after their own health. This is called an adult carer support plan. Adult carer support plans are required to include plans for how the cared for person's needs will be met in the future, including when the carer is no longer able to provide support.
Advance statement	This is a written statement, drawn up and signed when the person is well, which sets out how they would prefer to be treated (or not treated) if they were to become ill in the future. It must be witnessed and dated.
Advocacy (services)	Advocacy services support people to express their views and wishes and help them to stand up for their rights. Someone who helps in this way is called an advocate.
Anticipatory care plan	See Future Care Plan.
Capacity	Capacity is the maximum amount of care, support or treatment that a day service or individual member of staff can provide.
Care Programme Approach	A process that enables effective multi-disciplinary working to support people living with mental illness and associated complex health and social care needs to receive on-going care support and supervision throughout their detention in hospital and rehabilitation into the community.
Carers' centre	Carers' centres are independent charities that provide information and practical support to unpaid carers. These are people who, without payment, provide help and support to a relative, friend or neighbour who cannot manage without that help. Carers' centres are sometimes funded by health and social care partnerships to provide support.
Cognitive behavioural therapy	Cognitive behavioural therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave.

Collaborative commissioning consortium	A commissioning consortium enables a partnership approach to health and social care delivery. All strategic partners (including third and independent sector), partner authorities and citizens, particularly those with lived experience, work together to develop improved services based on need and resources. It offers a robust framework with clear roles, responsibilities, and processes.
Commissioning	Commissioning is the process by which health and social care services are planned, put in place, paid for and monitored to ensure they are delivering what they are expected to.
Community link workers	An early intervention service which offers support to people who attend their GP and sometimes require support with social or other issues. It supports people to improve their health and wellbeing and enable people to self-manage health conditions by providing information, support, and signposting to appropriate services.
Complex needs	People have complex needs if they require a high level of support with many aspects of their daily lives and rely on a range of health and social care services.
Core Suite of integration performance indicators	These are indicators, published by Public Health Scotland to measure what health and social care integration is delivering.
Distress brief intervention	This programme is being rolled out to improve the response to people in distress. It is a non-clinical intervention enabling first response personnel to have a compassionate and connected approach. Followed by the opportunity for onward referrals for continued support from local services to develop community-based solutions, wellness and distress management planning.
Early intervention	Early intervention is about doing something that aims to stop the development of a problem or difficulty that is beginning to emerge before it gets worse.
Eligibility criteria	Eligibility criteria are used by social work to determine whether a person has needs that require a social care service to be provided.
Emergency planning	These are plans that set out what will be done to maintain the health and well-being of people who need support when their normal support cannot be provided because of some kind of emergency, for example if an unpaid carer falls ill.

Future care plan	Unique and personal plans that people prepare together with their doctor, nurse, social worker or care worker about what matters most to them about their future care. This was previously called an anticipatory care plan.
Good conversations	This training supports staff to develop skills in adopting a personal outcomes approach with service users. It enables staff to improve assessment and planning of care support and rehabilitation by supporting a focus on wellbeing, prevention, anticipatory care and self-management.
Governance	The process that health and social care services follow to make sure they are providing good quality and safe care, support and treatment.
Health and Social Care Integration	Health and social care integration is the Scottish Government's approach to improving care and support for people by making health and social care services work together so that they are seamless from the point of view of the people who use them.
Health and Social Care Partnership	Health and social care partnerships are set up to deliver the integration of health and social care in Scotland. They are made up of integration authorities, local councils, local NHS boards and third and independent sector organisations.
Health Promotion	The process of enabling people to improve and increase control over their own health.
Independent sector	Non statutory organisations providing services that may or may not be for profit.
Integrated services	Services that work together in a joined-up way, resulting in a seamless experience for people who use them.
Integration Joint Board (IJB)	A statutory body made up of members of the health board and local authority, along with other designated members. It is responsible for the planning and delivery of health and social care services.
Kooth and Qwell	Digital mental health platforms which provide free and anonymous online counselling and mental health support.
Localities	Agreed sub-areas within a health and social care partnership area. The partnership should make sure it understands and responds to the diverse needs of people in different localities.

Medication Assisted Treatment Standards: access choice support	Evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. Standard 6: Psychological Support: This standard focuses on the key role that positive relationships and social connection play in people's recovery. Services recognise that for many people, substances have been used to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping.
Mental Health (Care and Treatment) (Scotland) Act (2003)	Legislation that applies to people who have a "mental disorder" - this is defined under the Act and includes any mental illness, personality disorder or learning disability.
Mental Health Acute Assessment and Treatment Service	A 24-hour a day service offering emergency mental health assessment, liaison psychiatry, supported discharge, intensive home treatment and crisis intervention.
Named person	Someone who can look after your interests if you are cared for or treated under mental health legislation.
National health and wellbeing outcomes	Standards set out in Scottish legislation that explain what people should expect to get from health and social care integration.
National Performance Indicators	Measures that are used to evaluate how well organisations are doing in relation to a particular target or objective. For example, the Scottish Government uses national performance indicators to understand how well health and social care partnerships are achieving good health and wellbeing outcomes for people.
NHS Scotland support and intervention framework	Scottish Government framework for monitoring performance and managing risk across the NHS in Scotland. The framework provides five stages of a 'ladder of escalation' that provides a model for support and intervention by the Scottish Government. Stage four means senior external support and monitoring. The onus remains on the NHS board to deliver the required improvements

Organisational development	A way of using strategies, structures and processes to improve how an organisation performs.
Outcomes	The difference that is made in the end by an activity or action. In health and social care terms, the difference that a service or activity makes to someone's life.
Person-centred	This means putting the person at the centre of a situation so that their circumstances and wishes are what determines how they are helped.
Public Health Scotland	A national organisation with responsibility for protecting and improving the health of the people of Scotland.
Providers	Organisations from which the health and social care partnership purchases care to meet the needs of people who need support. Services, such as residential care, care at home, day services or activities.
Quality indicators	Measures that are used to evaluate how good a process is – how efficient and effective a process is in achieving the results that it should.
Residential care	Care homes – places where people live and receive 24-hour care.
Respite care	Temporary care that is provided for someone with health and social care needs, usually to provide a break for the person or their carer. Respite care is often provided in a residential setting but can also be provided via short breaks for the person and/or their unpaid carers.
Scoping	The process of examining information or evidence to understand what it means.
Scrutiny	The process of carefully examining something (for example a process, policy, or service) to gather information about it.
Seamless services	Services that are smooth, consistent and streamlined, without gaps or delays.
Self-directed support	A way of providing social care that allows the person to make choices about how they will receive support to meet their desired outcomes.
Statutory orders	Powers applied under legislation. This may be restrictions on liberty or decision making under the Mental Health (Care and Treatment) (Scotland) Act (2003).

Strategic needs assessment	A process to assess the current and future health, care and wellbeing needs of the community to inform planning and decision making.
Third sector	Organisations providing services that are not private or statutory. The term is often used to refer to voluntary organisations but can also refer to community organisations or social enterprise organisations
Workforce plan	A plan that sets out the current and future needs for staff in the organisation, and how those needs will be met.

Appendix 3

Six-Point Evaluation Scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

Excellent	Outstanding or sector leading
Very Good	Major strengths
Good	Important strengths, with some areas for improvement
Adequate	Strengths just outweigh weaknesses
Weak	Important weaknesses – priority action required
Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. Whilst opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance, which is evaluated as adequate, may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements

must be made by building on strengths whilst addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 4

The National Health & Wellbeing Outcomes

- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- **Outcome 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.
- **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- **Outcome 5.** Health and social care services contribute to reducing health inequalities.
- **Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- **Outcome 7.** People using health and social care services are safe from harm.
- **Outcome 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.
- **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

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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)

NAME	DESIGNATION	TEL NO / EXTENSION
Wendy Forrest	Head of Strategic Planning and Health Improvement	

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)