care inspectorate

Healthcare Improvement Scotland



Joint inspection of adult services

Review of progress in Clackmannanshire and Stirling Health and Social Care Partnership

November 2026

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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.

Ministerial Strategic Group Report

In February 2019, following a review of progress with integration, the Ministerial Strategic Group for Health and Community Care made proposals for improvement. In relation to scrutiny activity, the Ministerial Strategic Group proposed that joint inspections should better reflect integration, and specifically, that the Care Inspectorate and Healthcare Improvement Scotland should ensure that:

- strategic inspections were fundamentally focused on what integrated arrangements are achieving in terms of outcomes for people

- joint strategic inspections examined the performance of the whole partnership – the health board, local authority and integration joint board, and the contribution of non-statutory partners to integrated arrangements, individually and as a partnership.

Inspection programme focus

In response to the Ministerial Strategic Group's 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 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.

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.

Introduction

The inspection in the Clackmannanshire and Stirling Health and Social Care Partnership was completed in November 2024. It 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.

Our inspection concluded that integration of services for people living with mental illness had not effectively progressed since the structures set out below were put in place. We identified 10 priority areas for improvement and committed to undertake a formal progress review. This report highlights the extent to which progress had been achieved in relation to each of those areas for improvement.

The Clackmannanshire and Stirling partnership is between Clackmannanshire Council, NHS Forth Valley, and Stirling Council. It is the only health and social care partnership in Scotland covering two local authority areas. The Integration Joint Board became responsible for the planning and delivery of 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 health and social care partnership took on operational management of Clackmannanshire council social care services in June 2017 and Stirling council social care services in September 2018.

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**, we mean Clackmannanshire and Stirling Health and Social Care Partnership which is 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.

When we refer to **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 1.

PART 2 – A Summary of Our Inspection

Review of progress focus

The progress review focussed on the 10 priority areas for improvement, and outcomes experienced by people and carers. To support this, we developed a proportionate review methodology to assess progress made against these priorities.

Consistent with the 2024 inspection, the review was undertaken through the lens of people aged 18 to 64 years living with mental illness. We used the definition of mental illness set out in 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.”

Review of progress methodology

The methodology for our review of progress included:

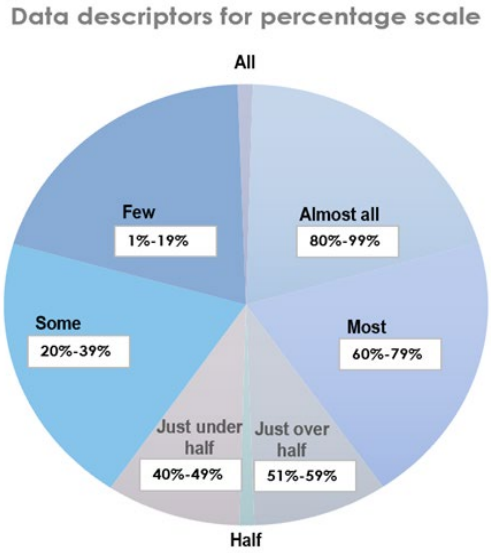
Analysis of supporting documentary evidence and a focussed position statement submitted by the partnership. This evidence related specifically to the areas for improvement identified in the full inspection report.

Scrutiny of health and social work records of adults receiving health and social care services related to their mental illness. We reviewed 30 records and two good practice examples.

Conversations with people, their unpaid carers and the multi-agency team that supports them. We met with six people, six unpaid carers and 24 staff to discuss the care and support received by those people and their unpaid carers.

Staff focus groups. We met with 58 members of staff from Clackmannanshire and Stirling health and social care partnership to discuss progress in relation to the 10 priority areas for improvement. Staff included multi-agency frontline staff, middle managers, and senior and strategic leaders.

Standard terms applied to the sample of records we read.



Progress

Ten priority areas for improvement were identified in the previous inspection. In our determinations we have adopted the principles of a RADAR model (Results, Approach, Deployment, Assessment and Refinement). This supported us to identify how effectively and efficiently the partnership approached its improvement work. What we mean by each progress statement is set out in the key below.

No progress	**There is no improvement.** The partnership's approach to improvement is not evidenced**.** Any deployment or implementation of improvement has not been impactful.
Minimal progress	**Improvement is minimal**. The partnership's approach to improvement is minimal. It is not comprehensive or put into practice. Its deployment and implementation are limited. It has not embedded improvements, or they are still at the planning stage. It does not communicate improvements effectively and they are not well understood by staff. It does not assess and review the effectiveness of its improvement progress.
Some progress	**Evidence of some improvement**. The partnership's approach to improvement is moderate. Its implementation and deployment of improvements are structured. It is beginning to embed improvements in practice. It communicates improvements partially and staff understand them reasonably well. It has limited measures to evaluate and review impact and outcomes for people and carers. It periodically assesses and reviews its improvement methodology.
Significant progress	**Significant improvement**. The partnership's approach to improvement is comprehensive and embedded. Its deployment of improvements is well structured, implemented, and effective. It communicates improvements purposefully, and staff understand them fully. It has effective measures to evaluate and review impact and outcomes for people and carers. It continually assesses and refines its improvement methodology.

PART 3 – Overview of progress made in Clackmannanshire and Stirling

Priority areas for improvement from full inspection published November 2024		Progress review findings in November 2026
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.	**Some progress made**
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.	**Some progress made**
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.	**Minimal progress made**
4	The partnership should develop a more proactive approach to emergency and future care planning.	**Minimal progress made**
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.	**Some progress made**
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.	**Minimal progress made**
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.	**Minimal progress made**
8	The partnership should strengthen its professional governance and assurance framework for social work functions and statutory duties.	**Some progress made**
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.	**Minimal progress made**

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.	**Some progress made**

PART 4 - Progress on priority areas for improvement

Priority area 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.

Summary

The partnership made some progress in developing a process to capture outcomes data related to people using mental health services to inform service planning and improvement. Since 2024, it demonstrated a strategic commitment to the introduction of an outcome-based approach to performance, monitoring, and improvement. This was not fully operational and therefore information was not being used to drive planning or development work. Improvements remained at an early stage.

Findings

The partnership was driving service improvement and informing commissioning decisions by capturing data on some outcomes. The Integrated Performance Framework (June 2024) aligned well with the Strategic Commissioning Plan 2023-2033, and emphasised integration and promoted person centred approaches. It included a structured reporting cycle, national and local performance indicators and allowed for benchmarking. There were clear governance pathways set out to support its implementation. While these key elements were in place, they had not been fully embedded. There was limited evidence of how the partnership used them to capture outcomes consistently in practice to inform planning and improvement. Importantly, there lacked a consistent approach to collecting, analysing, and applying outcome information to inform strategic planning, commissioning, and continuous improvement.

Leaders reported quarterly on a substantial amount of activity and performance information. It primarily focused on output and service activity rather than personal outcomes of people living with mental illness and their carers. The partnership recognised the need to strengthen performance monitoring. In response, it planned to develop new mental health performance indicators and incorporate them into its integrated performance framework.

A small number of services positively demonstrated strong outcome-focused measurement and evidence of impact. That said, these approaches were not embedded within wider performance reporting arrangements.

The partnership acknowledged that assurance arrangements remained underdeveloped. It had not established a framework to audit practice and evaluate outcomes. Continued challenges with social work systems, data extraction, administrative capacity, and reporting functionality restricted its ability to routinely capture and analyse information.

Priority area for 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.

Summary

We found the partnership made some progress with supporting staff to identify and respond to the needs of carers. Since 2024, it has strengthened its strategic direction and approach to supporting carers. The partnership delivered staff training and introduced a single provider for carers centres. These actions provided a solid foundation for improvement. Despite some positive steps, the identification of carers and assessment of their needs, by staff, remained inconsistent. This reduced opportunities for early intervention and preventative support and limited access to statutory entitlements, including adult carer support plans.

Findings

The partnership recently commissioned a single provider to deliver carers centre services across both council areas to replace the previous model of separate services. This created greater consistency and equity of provision. The newly developed Clackmannanshire and Stirling Carers Strategy 2026–2029 aligned with national legislation, policy drivers, and NHS Forth Valley's Population Health and Care Strategy 2025-2035. It set out well-defined priorities, actions and provided a foundation for an integrated approach for staff to support carers.

The Carer Improvement Plan was a dynamic document which turned strategic priorities into well-defined improvement activities. It included measures to effectively monitor progress and evaluate delivery. The partnership identified that recognising carers and ensuring access to appropriate support was a key improvement priority. The Carer Support Framework (2023-2026) provided accessible guidance on eligibility criteria, commissioned and universal support services. This provided a supportive structure to enable staff to offer a more consistent approach to identifying carers, assessing risk, and facilitating access to support.

The partnership undertook other positive activities to support implementation of its strategic priorities. These included staff training across both council areas and community awareness initiatives delivered in partnership with a third sector organisation. Despite these measures, staff understanding of carer support processes remained variable and they had limited confidence in applying them in practice. Staff recognised that they needed additional training to strengthen their ability to identify carers, understand their rights and connect them to available support. Staff routinely involved carers in planning and review processes for the people they supported. Recognition of carers as individuals with their own rights, outcomes and support needs was also less consistent.

Priority area for improvement 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.

Summary

We found there was minimal improvement to systems and processes to support collaboration between health and social care since 2024. Integrated working remained sporadic and lacked consistency and sustainability across the partnership. Some positive collaborative work was evident across agencies but relied on staff using their own initiative to drive joint working rather than the result of planned intentions and direction from leaders.

Findings

The Stirling Integrated Community Mental Health Team recently introduced purposeful multidisciplinary 'length of stay' meetings to review the care and treatment of people who received their support longer term. By involving social work staff in these meetings, the team broadened professional perspectives and supported a more integrated approach to considering a person's needs. Due to the success of this development, the partnership planned to implement this process in the Clackmannanshire Integrated Community Mental Health Team.

The partnership also established and delivered Carers (Scotland) Act 2016 training and Three Acts training to health and social care staff. The three acts training supported staff to understand their roles and responsibilities under three key pieces of Scottish legislation: the Adult Support and Protection (Scotland) Act 2007, the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003. The partnership planned to evaluate the impact of this training on practice and on the development of integrated working. While some promising initiatives were being developed, services mostly continued to identify, assess, and respond to the needs of people living with mental illness within single-agency arrangements. This limited opportunities to fully assess and support people effectively. Additionally, there was a lack of integrated processes and procedures across health and social care to support consistent collaborative practice. The fragmentation of systems and processes continued to inhibit opportunities to undertake integrated assessments, care planning, and service delivery.

More positively, health and social care frontline staff demonstrated strong personal commitments to work collaboratively to achieve positive outcomes for people. Staff used their informal professional relationships and co-location to effectively support joint working. There was evidence of strong effective integrated reviews and risk management plans to support coordinated care for a few people.

Priority area for improvement 4

The partnership should develop a more proactive approach to emergency and future care planning.

Summary

The partnership acknowledged that it had made minimal progress in proactive emergency and future care planning since 2024. While some early improvements were evident in relation to risk assessment and advance statements, these were recently implemented, limited in scope, and had not yet been evaluated for impact. A system wide approach supported by further evaluation was required to determine the extent to which these improvements positively influenced practice.

Findings

The partnership recognised gaps in risk assessment and management arrangements. It took some steps to strengthen these arrangements and improve support for emergency and future care planning. For example, it recently developed and implemented an integrated clinical risk assessment tool. While this had the potential to be a positive improvement, it was too early to assess its effectiveness in practice.

The health recording system was also updated to prompt staff to record whether they had discussed an advance statement with the person they were supporting. This change aimed to encourage staff to engage people in conversations about their wishes and preferences to be recorded in an advance statement. Whilst it was too early to demonstrate impact, the partnership planned to audit use of the prompt to evaluate its effectiveness and inform further improvement activity. A few people had an advance statement describing their wishes and preferences for future care and support. Most of these provided sufficient detail to support person-centred care and were potentially impactful for them.

Most people did not have a future or emergency care plan in place. There continued to be no evidence of emergency or contingency support plans in the event a carer could no longer provide care. Critically, these issues limited the partnership's ability to support people with preplanned and preventative interventions.

The partnership acknowledged ongoing challenges embedding proactive approaches to care planning. Increased demand and complexity of need led the partnership to focus on meeting immediate needs. This reduced its capacity to prioritise future and emergency care planning. This was also reflected in staff feedback. They reported that workload and capacity pressures often required them responding to emerging crisis rather than deliver planned and co-ordinated interventions.

Priority area for improvement 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.

Summary

Overall, since 2024, the partnership demonstrated some improvement in its commitment to involve people and carers to inform partnership developments. We saw evidence people and carers were engaged in strategic planning and governance arrangements. While engagement at a strategic level was improving, there was limited evidence that services were routinely seeking feedback from people and carers about their experiences to inform service improvements.

Findings

The partnership increased its strategic emphasis on participation, co-production, and learning from lived experience at strategic and operational levels. It now actively involved people living with mental illness and carers in planning, developing, and reviewing services. It engaged with people who used services and carers to inform the Forth Valley Mental Health and Wellbeing Strategy 2025-2035 and Clackmannanshire and Stirling Carers Strategy 2026-2029. The partnership also established a lived experience group and increased carer representation within governance structures. These actions positively demonstrated a clear intention to strengthen the strategic involvement of people and carers in service development.

At an operational level, staff supported people living with mental illness to express their views and influence decisions about their own care. Effective use of advocacy was evident, particularly when people required additional support to communicate their preferences and achieve their desired outcomes.

Critically however, services did not routinely invite, collate, and analyse feedback from people or carers to inform service improvement. This undermined the positive engagement work the partnership undertook at a strategic level.

Priority area for improvement 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.

Summary

Since 2024, the partnership made minimal progress in implementing its self-directed support policy and improving outcome-focused assessments. Policy and documentation had been strengthened, support systems improved, and training delivered for staff. However, there was limited evidence of consistent implementation or improved impact on choice and outcomes for people and their carers.

Findings

The partnership implemented their self-directed support policy and introduced revised and improved assessment and support planning documentation. These positive developments intended to strengthen the focus on participation, outcome-focused practice, consideration of all four self-directed support options and better support informed decision making.

The partnership had also progressed self-directed support workforce development. Positively, it had developed and delivered self-directed support refresher training. It had also increased the involvement of a local user-led not-for-profit organisation that provided independent information and support to help people manage their social care packages. In addition, the partnership established a lived experience group, which enabled people with lived experience of self-directed support to contribute to and influence improvement activity. Together, these actions should have provided a solid foundation for improving self-directed support practice.

However, despite these positive initiatives, the impact on staff was limited. Staff showed varying levels of knowledge and understanding of self-directed support legislation, available options, and recording requirements. They did not consistently use the new assessment and support planning documentation to record self-directed support discussions or personal outcomes for people. Nor did they routinely explore self-directed support options with carers. This meant there were missed opportunities to access personalised support, improve outcomes, and promote greater choice and control for people and carers.

The partnership faced further challenges in providing sufficient support options to enable meaningful choice and control. Gaps in commissioned services, particularly for people with complex mental health needs and those living in rural communities, restricted access to appropriate support. As a result, staff could not always translate consideration of all four self-directed support options into realistic and achievable choice and control for people.

Priority area for improvement 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.

Summary

We found the partnership made minimal progress since 2024 in revising NHS assessment templates to support outcome-focused practice across services. Further work was needed to improve assessment documentation and embed a person-centred, outcomes-focused approach in practice.

Findings

The partnership recognised that existing NHS assessment templates did not consistently capture meaningful, person-centred outcomes and required further development. Despite identifying the need for improvement, it had not yet updated documentation to support more consistent outcomes-focused practice. Instead, it prioritised the implementation of self-directed support and other improvement activity to establish a foundation for developing integrated, outcome-focused assessment processes.

There were examples of strong person-centred and outcome-focused practice for a few people. Their reviews and care plans reflected their wishes, needs, changing circumstances, and personal outcomes. Examples we saw were primarily the result of effective multidisciplinary working relationships at an individual practitioner level, rather than being driven by integrated policies, processes, assessment templates, or recording systems.

While there was good evidence of positive person-centred language in NHS mental health records, there were a few examples of less positive terminology. This did not align with expectations for person-centred outcome-focused care and support recording.

Priority area for improvement 8

The partnership should strengthen its professional governance and assurance framework for social work functions and statutory duties.

Summary

Some improvements had been made since 2024 to professional governance and assurance for social work functions and statutory duties. However, long-standing structural barriers between agencies continued to limit progress. As a result, implementation of change remained slow, and opportunities were not taken to support consistent integrated practice going forward.

Findings

The partnership refreshed its Clinical and Care Governance Management Group using an established model from a neighbouring health and social care partnership. The terms of reference described representation from all partner organisations and stipulated the group would include assurance on the quality, safety, and statutory compliance of social work practice. As yet, this approach was not fully embedded. When implemented this will strengthen integrated clinical and care governance, accountability, organisational learning, and oversight to the benefit of social work practice and related core functions.

The revised social work governance arrangements had the potential to provide greater prominence to the Clackmannanshire and Stirling chief social work officers roles. These new arrangements aimed to improve professional assurance, advice, and strategic direction for social work practice. In addition, the partnership planned to establish a professional social work governance group. The group would provide assurance across eight domains of statutory social work practice including implementation of self-directed support and support for carers.

To strengthen professional leadership across the partnership, and improve assurance for senior leaders, a principal social work officer post was planned. Recruitment and appointment to this post was significantly delayed, partly because job-matching processes were required for both council areas.

Positively, the partnership introduced the role of mental health and learning disability social work service manager. This role aimed to improve consistency of service provision across both council areas and strengthen professional support and supervision for social work staff. Examples of quality assurance of statutory responsibilities had commenced. This included an audit of guardianship orders which identified improvements required to statutory oversight and monitoring. The partnership had developed a recovery plan to address the areas that required improvement.

Social work information systems were no longer meeting the needs of the services using them. They were limiting effective quality assurance, performance monitoring, and oversight. Although both council areas were investing in replacement systems, there was no coordinated approach to procurement or commitment to adopting the same system. This was a missed opportunity to align processes, improve consistency across the partnership, and maximise the quality of data collection for analysis and performance reporting.

Priority area for improvement 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.

Summary

The partnership made minimal progress with developing its approach to change management and improvement in the time since 2024. Self-evaluation, including the involvement of staff, was not consistently evident and change management was impacted by interim leadership arrangements and the complexities of working across two council areas, with a shared integration joint board and single NHS board.

Findings

The partnership recognised the need to strengthen its approach to improvement and change management to ensure it included all stakeholders. It used the improvement plan developed following the previous inspection, to support a more coordinated and collaborative approach to service redesign and change management. However, much of this work remained outstanding.

There were instances when the partnership undertook review and improvement activity with staff and other stakeholders. For example, it engaged staff in the options appraisal for the redesign of Bellsdyke Hospital, Larbert and the review of learning disability day services. While this was positive, this approach was not consistently applied. Engagement with partnership staff was not evident in other strategic developments such as the formation of the Clackmannanshire and Stirling Carers Strategy 2026-2029 or Supported Housing Best Value Review 2025. This meant opportunities were missed to draw on staff knowledge, experience and understanding to inform future developments. Staff had limited meaningful opportunities to influence service development.

The integration joint board has appointed numerous chief officers since its introduction. Senior leaders attributed delays in service development to a continued prolonged period of interim arrangements in key leadership roles and the complexity of operating across two council areas. Staff also identified these challenges. They described a stop-start approach to implementing change and frequent shifts in priorities. They highlighted the difficulties of working across council and health and social care boundaries with different systems and not always being able access relevant information. These issues hindered effective collaboration and slowed the pace of improvement.

Priority area for improvement 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.

Summary

Since 2024 the partnership made some progress with their approach to strategic planning arrangements. While this was positive, insufficient focus and priority had been given to implementation that ensured meaningful outcomes for people and carers. The 2018 integration scheme remained outdated and under review. In addition, prolonged interim arrangements in several key leadership roles continued to significantly impact the partnership's ability to progress improvement at an acceptable pace.

Findings

The partnership's integration scheme was last approved by all partners in 2018. The statutory timeframe for routine review of integration schemes is five-yearly. The partnership's scheme was under review at the time of the original inspection and remained so at the time of the progress review. Concluding the revised scheme was an important area of ongoing governance work. A long sequence of temporary leadership posts and changes in personnel exacerbated the challenges faced by the partnership and increased risk to sustainable and effective leadership. Despite this, the partnership's leaders had strengthened aspects of its strategic planning and governance arrangements.

To support the development of integrated services, the integration joint board appointed two third sector interface representatives and a carer to the board. This broadened stakeholder representation and helped ensure a wider range of perspectives informed strategic decision-making.

The partnership developed several key strategic documents to support improvement and future service planning. For example, it led the development of the Forth Valley Mental Health and Wellbeing Strategy 2025-2035 in collaboration with Falkirk Health and Social Care Partnership and NHS Forth Valley. Positively, the partnership engaged a wide range of stakeholders in developing the strategy. It outlined a commitment to collaborative working across partners to improve outcomes for people and communities.

The strategy informed the Supported Housing Best Value Review 2025 and the subsequent development of the refreshed integrated Housing Contribution Statement 2026-2029. The statement set out a clear and robust strategic vision, with agreed priorities and actions for the partnership and its housing partners. It was supported by a comprehensive delivery plan. Effective implementation of this plan should deliver positive outcomes for people and communities.

Building on commissioning arrangements in other service areas, the partnership established a Mental Health Commissioning Consortium. Through this approach, it aimed to identify and address gaps where commissioned services did not fully meet community needs. The consortium remained at an early stage and had not yet demonstrated impact. Staff reinforced this view. They reported limited support and care options for people living with mental illness and insufficient opportunity to influence the development of services. It was too early to determine whether the consortium would improve service availability and outcomes.

Part 5: Summary of progress

The partnership was at various stages of addressing the 10 identified areas for improvement. No areas showed significant improvement since the 2024 inspection. Progress was limited to minimal or some. As a result, there was little or no evidence of positive impact on outcomes for people using services and their carers.

The partnership's integration scheme was overdue for review but it had made some strategic progress. We noted the development of a number of high-level strategies and policies across the 10 areas for improvement. These provided a good foundation for improving engagement with people, carers, and staff, and for supporting a more coherent approach to the planning and delivery of integrated services. This included the Forth Valley Mental Health and Wellbeing Strategy 2025-2035, which was the cornerstone of the partnership's approach to improving the mental health and wellbeing of the people living in its communities.

However, the gaps identified during the 2024 inspection remained evident at the frontline of services. The partnership's ability to deliver integrated services effectively continued to be a significant challenge. Extended periods of interim leadership arrangements and consequent frequent changes in key strategic posts adversely affected continuity, oversight, and pace of improvement. A further factor was the complexity of the health and social care partnership arrangements of two council areas, with a shared integration joint board and single NHS board. Our review highlighted a number of associated challenges, particularly in relation to decision making and timely implementation of improvements.

The lack of a fully functioning oversight structure limited the partnership's ability to monitor and evaluate the effectiveness of integrated services for people living with mental illness. It was not routinely collating, reporting, or analysing outcomes data, nor gathering or evaluating feedback from staff, people using services and carers. As a result, it was unable to demonstrate the extent to which services were achieving intended outcomes or identify where improvement action was required.

Collectively, these factors adversely affected the partnership's ability to drive change and deliver improvement in a timely and effective manner. Overall progress was limited and had not resulted in sufficiently improved outcomes for people using services and their carers. Where positive outcomes were evident, these were often attributable to the commitment and collaborative efforts of individual staff rather than being supported by robust systems, processes, and governance arrangements.

In conclusion, there remained critical gaps across the 10 areas for improvement that needed addressed.

Next steps

Responsibility for addressing the areas for improvement identified in this report rests with the partnership. In recognition of the scale of improvement required, the joint inspection team will engage with the partnership to consider an offer of support through the post-scrutiny response framework. This framework provides a structured and consistent approach to assessing confidence in the partnership's ability to deliver sustainable improvement and determining the appropriate level of support and oversight.

Appendix 1

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. (The equivalent for a young carer is called a young carer's statement). 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.
Care and clinical governance	The process that health and social care services follow to make sure they are providing safe, effective, and person-centred care, support, and treatment.
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.
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 Mental Health Team (CMHT)	The CMHT is a community-based mental health service. The service includes a range of mental health experts who work together to provide assessment and treatment for people with suspected or diagnosed moderate to severe mental illness/ mental disorder.
Coordination	Organising different practitioners or services to work together effectively to meet all of a person's needs.

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.
Emergency planning	These are plans that set out what will be done to maintain the health and wellbeing 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.
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.
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.
Mental Health Officer	A Mental health officer (MHO) is a social worker who has the training, education, experience, and skills to work with people living with mental illness. Some laws in Scotland require that the local council must appoint an MHO to work with those living with mental illness. Their duties include: • protecting health, safety, welfare, finances, and property • safeguarding of rights and freedom • duties to the court • public protection in relation to mentally ill offenders.

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.
Prevention	In health and social care services, prevention is about activities that help to stop people becoming ill or disabled, or to prevent illness or disability becoming worse.
Procurement	The process that health and social care partnerships use to enter into contracts with services to provide care or support to people.
RADAR	RADAR is an acronym used by the European Foundation for Quality Management to describe its assessment framework. The EFQM RADAR logic model is used to assess how well an organisation develops its approaches, deploys them, reviews their effectiveness, and achieves sustainable results.
Self-directed support	A way of providing social care that empowers the person to make choices about how they will receive support to meet their desired outcomes.
Service providers	Organisations that provide services, such as residential care, care at home, day services or activities.
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

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