



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 30 SEPTEMBER 2026 AT 1.00 PM
THIS WILL BE A HYBRID MEETING AND JOINING
INSTRUCTIONS ARE INCLUDED IN THE APPOINTMENT
Participants Are Asked to Join Ten Minutes
Ahead of the Scheduled Start Time**

AGENDA

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11	MINUTES OF GOVERNANCE COMMITTEES / ITEMS TO BE HIGHLIGHTED Audit & Assurance Committee Confirmed Minute from 26 June 2026 Strategic Planning Group Confirmed Minute from 1 July 2026 Quality & Communities Committee Confirmed Minute from 8 July 2026 Finance, Performance & Scrutiny Committee Confirmed Minute from 21 July 2026	D Dempsey A Morris R Liewald D Alexander	261-264 265-271 272-280 281-287
12	AOCB	ALL	Verbal
DATE OF NEXT MEETINGS EXTRAORDINARY INTEGRATION JOINT BOARD Friday 9 October, 14:00 – 15:30 (Fife House / MS Teams) IJB DEVELOPMENT SESSION (Unscheduled & Primary Care) Wednesday 28 October 2026, 09:30 – 12:30 (Lynebank Hospital) INTEGRATION JOINT BOARD – Wednesday 25 November 2026, 10:00-13:00 (Fife House / MS Teams)			
BREAK			
PRIVATE SESSION			
1	Strategy & Estates Update	K Marwick	-

Lynne Garvey
Director of Health & Social Care

Copies of papers are available in alternative formats on request from Derek McEwan, Head of Corporate Governance, 6th Floor, Fife House – email Derek.McEwan@fife.gov.uk



**UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD (IJB)**

WEDNESDAY 29 JULY 2026 AT 10:00am

Present:	David Ross (DR) Chair Alistair Morris (AM) Vice-Chair Amanda Wong (AW), Associate Director, AHPs Prof Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary Paul Dundas (PD), Independent Sector Lead Vicki Bennett (VB), Staff Representative, NHS Fife Kenny McCallum (KMc), Staff Representative, Fife Council Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Rosemary Liewald (RLie), Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Colin Grieve (CG), Gillian McAuley (GMcA), Jo Bennett (JB), Craig MacDonald (CMacD)
Professional Advisers:	Lynne Garvey (LG), Director of Health & Social Care/Chief Officer Dr Aylene Kelman (AK), Deputy Medical Director Tracy Hogg (TH), Chief Finance Officer
Attending:	Caroline Cherry (CCh), Principal Social Work Officer Clare Buchanan (CB), Local Democracy Reporter Jill Nowell (JN), Director of Pharmacy & Medicines Karen Marwick (KM), Head of Complex & Critical Care Services Lesley Gauld (LGau), Team Manager Lisa Cooper (LC), Head of Primary & Preventative Care Services Ronan Burke (RB), Public Protection Service Manager Roy Lawrence (RLaw), Head of Culture, Engagement & Communities Scott Fissenden, Change & Improvement Manager Vanessa Salmond (VS), Head of Corporate Services, IJB Secretary & Head of Strategic Planning & Performance Gemma Reid (GR), H&SC Co-ordinator (Minute)
Apologies:	Chris Conroy (CC), Head of Community Care Services Joy Tomlinson (JT), Director of Public Health Lynn Barker (LB), Director of Nursing Lynne Parsons (LP), Employee Director, NHS Fife Kenny Murphy (KM), Third Sector Lead James Ross, (JR), Head of Service, Children and Families and Justice Social Work Services & Chief Social Work Officer Patrick Browne (PB), Fife Council John Kemp (JK), NHS Non-Executive Member Fiona Henderson (FH), GP Representative Susannah Mitchell (SM), GP Representative

		Morna Fleming (MF), Carers Representative Ken Fraser (KF), Public Representative
No.	AGENDA ITEM	ACTION
1	CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES David Ross, Chair of the Integration Joint Board (IJB), opened the meeting by welcoming all attendees and noted apologies as above. Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible. David advised members that the meeting would be recorded to assist with Minute taking and the media have been invited to listen in to proceedings.	
2	DECLARATION OF MEMBERS' INTERESTS David Ross asked members if there were any declarations of interest to be highlighted. Alistair Morris declared an interest in relation to Item 6.5 (Carers Strategy), advising that his wife is the Chief Executive of Fife Carers.	
3	MINUTE OF PREVIOUS MEETING AND ACTION NOTE 27 MAY 2026 Vanessa Salmond noted feedback received regarding attendee list on the minute and confirmed future minutes would be explicit of roles. The Minute and Action Note from the meeting held on 27 May 2026 were then both approved as an accurate record.	
4	CHIEF OFFICER UPDATE Lynne Garvey, Chief Officer of the IJB highlighted the briefing distributed the previous day and noted the range of activity being delivered across the Partnership. Lynne gave her personal thanks to staff, partners, carers, volunteers and communities for their continued commitment in managing ongoing system pressures while progressing service transformation and improvement. Lynne shared some key achievements: • Progress within the Community Hospitals Transformation Programme, including the successful relocation of patients to the refurbished Ward 2 at Glenrothes Hospital. • Positive outcomes from the iMatter survey, with the Employee Engagement Index matching the highest score achieved in the last five years despite a lower response rate. • Ongoing partnership working, including the Meet the Providers event and Shared Lives Week, which reinforced the importance of collaboration and person-centred support. • Continued support for unpaid carers, highlighted through engagement at the recent carers' wellbeing event. • Preparations for the launch of the Urgent Care Walk-In Service pilot in	

	Buckhaven, aimed at improving access to care closer to home. Lynne concluded by acknowledging the significant progress being made across the Partnership and the continued focus on improving outcomes for the people and communities of Fife. <u>Discussion</u> Eugene Clarke noted that iMatter response rates were down by 11.2% and queried if there are steps being taken to improve this. Lynne confirmed that a more targeted approach would be adopted next year, highlighting the importance of managers having a stronger visibility through outreach activities to support teams. While acknowledging that response rates were consistent with those seen across Scotland, she provided assurance that she would work with Roy Lawrence to improve compliance in the coming year. Lynne also noted that, despite the response rate challenges, the index score was the highest achieved in the last five years.	
5	COMMITTEE CHAIR ASSURANCE REPORTS Agreement on the principles of these reports was discussed at the Audit & Assurance Committee on 26th June 2026, the Strategic Planning Group on 1st July 2026, the Quality & Communities Committee on 8th July 2026, and the Finance, Performance & Scrutiny Committee on 21st July 2026. Vanessa Salmond introduced the reports and confirmed that all statements had been signed off by current Chairs. Vanessa advised that the reports were presented to provide the Board with a consolidated overview of committee activity, performance against workplans, levels of assurance, and any risks requiring escalation, strengthening links between committee scrutiny and Board decision-making. Vanessa confirmed that there were no areas of concern or escalation from a governance perspective. David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members. Dave Dempsey, Chair of the Audit and Assurance Committee, highlighted the Review of Terms of Reference on page 19, noting that confirmation had been provided after the circulation of papers. He acknowledged that a broader review of committee structures is planned. Tracy Hogg, Depute Chair of the Strategic Planning Committee noted nothing to escalate from the group. Sam Steele, Depute Chair of the Qualities and Communities Committee confirmed there were no areas of concern to escalate and confirmed that Committee had taken assurance from all reports. David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee noted a positive meeting. <u>Decision</u> The Board was assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.	
6	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS 6.1 Commissioning Strategy	

	David advised that this report was discussed at the Strategic Planning Group on 1st July 2026 and the Finance, Performance and Scrutiny Committee on 21st July 2026 and invited Tracy Hogg to present the report. Tracy presented the final progress report on the Commissioning Strategy 2023–26 and noted that the strategy had been substantially delivered over the three-year period. Assurance was provided regarding implementation, including the development of collaborative commissioning arrangements with providers, increased local commissioning, and progress in embedding ethical and sustainable commissioning practices. Tracy noted ongoing challenges relating to workforce sustainability, financial pressures, and increasing demand, and welcomed the strong foundation established to support delivery of the Strategic Plan 2026–29. David then invited Tracy, in her capacity as Depute Chair of the Strategic Planning Group and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committee before opening to questions from Board members. Tracy noted nothing of concern to escalate from the Strategic Planning Group. David noted no comments from the Finance, Performance and Scrutiny Committee. <u>Member discussion</u> Vicki Bennett sought clarification on the extent of Staffside and Trade Union involvement in the development of the Commissioning Strategy. In response, Tracy advised that the new strategy will be developed collaboratively with Staffside representatives and Trade Unions to ensure their views are reflected throughout the process. Paul Dundas welcomed the proposed approach, noting his involvement with commissioning and procurement colleagues and expressing his commitment to working collaboratively in the development of the new strategy. <u>Decision</u> The Board was assured that the Commissioning Strategy 2023-26 has been effectively delivered in line with the Commissioning Strategy Vision and Principles.	
	6.2 Mainstreaming the Equality Duty David advised that this report was discussed at the Finance, Performance and Scrutiny Committee on 21st July 2026 and invited Tracy Hogg to present the report. Tracy noted the report was presented to the Board for assurance and decision to approve. Members were asked to consider the Mainstreaming the Equality Duty and Equality Outcomes Progress Report 2026 and approve its submission to ensure compliance with the Equality Act 2010. Tracy noted the progress made in mainstreaming equality and delivering the five equality outcomes published in 2023, with all actions within the 2023–2026 action plan now complete. It was noted that development of the equality outcomes had been aligned with the Strategic Plan, supported through engagement with the Equality and Human Rights Commission and the IJB Equality Peer Support Network to ensure continued compliance. Members also noted improvements to the Equality	

	Impact Assessment process, progress through the Strategic Planning Group and Performance Reporting Framework, and the development of new equality outcomes and a supporting action plan for 2026–2029, approved in March 2026, to align with the refreshed Strategic Plan 2026–2029. David then invited David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committee before opening to questions from Board members. David advised that there was nothing to escalate from the Finance, Performance and Scrutiny Committee. <u>Member discussion</u> Jo Bennett queried what data source we are using to confirm compliance with the Equality Act. Tracy advised that she would pick this up with Jo offline. <u>Decision</u> The Board approved the Mainstreaming the Equality Duty and Equality Outcomes Progress Report 2026.	TH
	6.3 Home First Strategy Final Report David advised that this report was discussed at the Strategic Planning Group on 1st July 2026, the Quality and Communities Committee on 8th July 2026 and the Finance, Performance and Scrutiny Committee on 21st July 2026, and invited Lynne Garvey to present the report. The Integration Joint Board considered the final report on the Home First Strategy 2023-2026, which summarised progress over the previous three years and outlined how learning from the Strategy will inform the next phase of the Fife HSCP Strategic Plan. Lynne Garvey highlighted the significant shift achieved towards prevention, early intervention, and supporting people to remain at home or in a homely setting wherever possible, while recognising that further progress is required to fully realise the Home First ambition. Lynne noted progress in strengthening discharge pathways, reducing reliance on bed-based care through greater community provision, and embedding more integrated ways of working across health and social care services. Key programmes, including Single Handed Care and Community Hospitals Transformation, were noted as being well established and contributing to more personalised care, improved flow, and greater system resilience. The Board heard that the Strategy had delivered recurring savings of £4.75 million, with the majority of planned savings achieved while maintaining safe, person-centred care. Lynne noted that challenges remain in relation to changing demand and digital enablers. Learning from these areas has informed development of the HSCP's overarching strategy and future priorities. It was noted that a strong foundation has been established, with Home First principles embedded in day-to-day practice and ongoing programmes of work continuing to support delivery. The outcomes and learning from the Strategy will directly inform priorities for 2026-2029, particularly around prevention, digital transformation and further strengthening integration across the health and	

	social care system. David then invited Tracy Hogg, Depute Chair of the Strategic Planning Group, Sam Steele, Depute Chair of the Quality and Communities Committee and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committees before opening to questions from Board members. Tracy advised there was nothing to escalate from the Strategic Planning Group. Sam noted nothing to escalate from the Quality and Communities Committee. David shared that there had been positive discussions at the Finance, Performance and Scrutiny Committee. <u>Member discussion</u> Paul Dundas acknowledged the significant work undertaken throughout delivery of the Home First Strategy, recognising both the challenges encountered and the more positive position now reflected in the report. Jo Bennett noted the strong links between the Home First agenda and the Care Home Collaborative programme and sought clarification on the anticipated timescales for implementing a single point of access approach. In response, Lynne Garvey advised that work is progressing towards a single point of access model and highlighted ongoing national developments around the establishment of Flow and Navigation Hubs. It was noted that these hubs are intended to act as a single point of coordination across all pathways, including mental health, social care and social work services. Lynne advised that development of the coordinated hub is progressing at pace in response to new national direction and expectations. Rosemary acknowledged the positive progress demonstrated within the report, particularly in relation to pathway development and associated outcomes. She highlighted the case study on page 135, presented by Laura, as particularly impactful and noted the importance of continuing to meet the expectations of local residents through service delivery and transformation. <u>Decision</u> The Board was assured that the Strategy has delivered a sustained system-wide shift towards prevention, early intervention and community-based care, supporting people to remain at home or in a homely setting wherever possible.	
	6.4 Public Protection Annual Report David advised that this report was discussed at the Quality and Communities Committee on 8th July 2026 and invited Caroline Cherry and Ronan Burke to present the report. Caroline Cherry introduced the report, providing an overview of public protection arrangements across Fife and noted the positive impact of the appointment of a Public Protection Manager and welcomed Ronan Burke, Public Protection Service Manager, the first role of its kind in Fife. It was noted that public protection activity remains subject to Care Inspectorate scrutiny, with a future Public Protection Inspection anticipated. Members also noted the establishment of a Public Protection Oversight Group to strengthen governance and scrutiny arrangements. Ronan Burke outlined the current public protection landscape within a national	

	context and highlighted progress towards a more integrated, multi-agency approach, including the establishment of a Public Protection Leadership Group bringing together partner agencies. The Board heard that Fife is well positioned nationally, supported by the creation of the Public Protection Manager role. However, increasing demand and complexity continue to present challenges. Members noted the implementation of a "No Wrong Door" approach and other initiatives to improve access to support and respond to rising demand. Ronan highlighted ongoing improvement activity, including quality assurance and evaluation processes to ensure learning is identified, shared and embedded in practice. The importance of co-production with service users was also emphasised. Ronan noted the continued increase in the number and complexity of individuals managed through Multi-Agency Public Protection Arrangements (MAPPA), placing additional pressure on housing and support services, and heard that strong partnership working remains essential to effective risk management. In relation to child protection, neglect was identified as a continuing area of significant concern. Ronan shared that demand across public protection services remains high and increasingly complex, reinforcing the importance of prevention and early intervention. Lynne Garvey highlighted Health's commitment to fund two Adult Support and Protection posts. Members noted that these posts, alongside existing NHS resources, will support the development of a dedicated Public Protection Team in Fife. David then invited Sam Steele, Depute Chair of the Quality and Communities Committee to comment on discussions at Committees before opening to questions from Board members. Sam advised that there were no issues requiring escalation from the Committee and welcomed both the report and the appointment of Ronan Burke, noting the report provided a comprehensive overview of activity and progress across public protection services. <u>Member Discussion</u> Rosemary Liewald gave thanks for the report and welcomed Ronan Burke to his new role. She raised concerns regarding the prevalence of self-neglect and hoarding, noting that there had been several severe cases within her ward. Rosemary highlighted the importance of understanding what community support networks are available to support individuals experiencing these issues and indicated that she would welcome further discussion out with the meeting. Paul Dundas welcomed the establishment of the Public Protection Service Manager post and expressed confidence that the additional capacity and leadership would strengthen Fife's ability to meet its public protection responsibilities. He commented that the role would add significant value in supporting vulnerable individuals and welcomed the report. Eugene Clarke noted that public protection activity is often centred on individuals and queried whether consideration is given to an individual's own perception of risk and danger when assessing and managing concerns. In response, Caroline Cherry noted the links between public protection and the work of the Community Safety Partnership, noting the importance of balancing	
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	risk management with avoiding the creation of a culture of fear within communities. Jo Bennett welcomed the establishment of the Public Protection Oversight Group, commenting that it would strengthen governance and oversight arrangements. She also raised the issue of information sharing, highlighting potential vulnerabilities where individuals are experiencing a crisis and timely information exchange is critical. Ronan Burke advised that information sharing in relation to Adult Support and Protection is built into the legislation under Section 5. He noted that, from a broader public protection perspective, discussions are ongoing with the Data Protection Officer to consider information sharing arrangements across services, particularly in relation to 16 to 17-year-olds where there can be overlap between different legislative frameworks. Members heard that these arrangements continue to be monitored to ensure information is shared appropriately and under the correct legislative provisions. <u>Decision</u> The Board was assured of Public Protection arrangements in place.	
	6.5 Carers Strategy in Fife David advised that this report was discussed at the Strategic Planning Group on 1st July 2026, the Quality and Communities Committee on 8th July 2026, and the Finance, Performance and Scrutiny Committee on 21st July 2026, and invited Roy Lawrence to present the report. Roy presented the Carers' Strategy for Fife 2026-2029 for approval and noted the significant contribution made by unpaid carers across Fife and the vital role they play in supporting individuals, communities, and the wider health and social care system. Roy shared that the strategy was informed by extensive engagement with carers, partners, communities and staff, with strong support for retaining the five existing strategic outcomes. The strategy reflects carers' priorities, including improved information, more coordinated support, earlier intervention, greater access to short breaks, and enhanced support for young carers. Members were advised that the strategy meets statutory duties under the Carers (Scotland) Act, aligns with the Fife HSCP Strategic Plan, and supports preparation for future national developments through Care Reform. Roy noted the establishment of a national leadership forum, jointly led with the Director of Carers Trust Scotland, bringing together representatives from Shared Care Scotland, Scottish Government, local authorities and HSCPs to strengthen support for unpaid carers, share learning and influence future policy and practice. It was highlighted that Fife is well placed to both contribute to and benefit from this collaborative work. Roy acknowledged the ongoing challenges of increasing demand and financial pressures. However, the strategy was noted to provide a framework for improving quality, strengthening partnership working, reviewing commissioning arrangements and ensuring carers' experiences and outcomes remain central to service planning and delivery. Roy expressed his thanks to adult and young carers across Fife, HSCP staff, third sector partners and members of the Joint Carers Strategy Group for their contribution to the development of the strategy and welcomed the framework for	

	improving outcomes for carers over the period 2026-2029. David then invited Tracy Hogg, Depute Chair of the Strategic Planning Group, Sam Steele, Depute Chair of the Quality and Communities Committee and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committees before opening to questions from Board members. Tracy noted nothing to escalate from the Strategic Planning Group. Sam advised there were no issues raised at the Quality and Communities Committee. David noted nothing to escalate from the Finance, Performance and Scrutiny Committee. <u>Member Discussion</u> Lynn Mowatt thanked officers for the report, highlighting the strong engagement undertaken with carers and partner organisations and the clear focus on improving support for carers. She expressed her appreciation to all those involved in developing the strategy. Lynn also sought assurance on measures being taken to recruit and retain staff as part of the workforce strategy. In response, Roy highlighted a number of initiatives to support workforce recruitment and retention, including the appointment of Purdie Plenderleith, who replaced Dafydd McIntosh as Workforce Development Lead, and the team's recent recognition at the Palace through work with the King's Trust. Members heard of ongoing collaboration with sustainable medical and nursing workforce groups, equality, diversity and inclusion initiatives to support a more inclusive workforce, and opportunities to support care-experienced individuals to transfer their skills into paid employment. Rosemary Liewald commended the excellent work of Fife Young Carers and sought assurance that support for young carers would continue, particularly through partnership working between Fife Young Carers and Education Services. She referred to information packages developed for schools and asked for an update on progress and feedback received. Roy advised that Fife Young Carers remains the key delivery partner for support to young carers and highlighted the provision of funded tutorial support for young people whose education has been impacted by their caring responsibilities. Roy noted the continued focus on supporting young carers through both educational and wider support services. <u>Decision</u> • The Board was assured that the Strategy is aligned with national legislation, strategies and policies, national carer organisations, and the views of carers and the public in Fife. • The Board approved the Carers' Strategy for Fife 2026 – 2029.	
	6.6 NHS Fife Child Protection Annual Report 2025/26 David advised that this report was discussed at the Quality and Communities Committee on 8th July 2026 and invited Gillian McAuley, Executive Nurse Director to present the report. Gillian McAuley presented the report, highlighting the ongoing commitment to safeguarding children and young people and supporting their wellbeing. She noted the continued collaborative approach across services to implement	

	national child protection guidance and respond to evolving national priorities and frameworks. Thanks were extended to the Child Protection Team, colleagues and partners across Fife for their dedication and commitment. The report provided a comprehensive review of the previous year, identifying both achievements and challenges. It demonstrated continuing strengths in governance, workforce development and safeguarding arrangements, aligned to Public Protection accountability and assurance frameworks. Robust governance structures, regular oversight, scrutiny and performance assurance processes were noted, alongside a strong culture of learning and continuous improvement. Gillian advised that the increasingly complex operating landscape continued to present challenges in responding to demand, requiring an ongoing focus on team resilience and service sustainability. The report confirmed that assurances had been achieved against all eight quality standards and provided moderate assurance, supported by evidence of strengthened governance and enhanced multi-agency working. Examples of good practice included the Child Protection Newsletter, the introduction of the Neglect Hub, reflecting the most common child protection concern in Fife, and the provision of multi-agency training resources for staff. Gillian also acknowledged and thanked Dougie Dunlop for his contribution as Independent Chair and welcomed Maria Lloyd, who would assume the role following her tenure as Head of Education in Fife. David then invited Sam Steele, Depute Chair of the Quality and Communities Committee to comment on discussions at Committee before opening to questions from Board members. Sam advised that the Committee had been assured by the report. <u>Member Discussion</u> Jo Bennett thanked officers for the report and welcomed the positive performance against standards and improvements in access to advice and support. She sought an update on timescales for introducing electronic IRDs. Lisa Cooper advised that opportunities to collaborate and share solutions with other agencies are being explored, although data protection considerations have limited some options. Progress is being made towards an electronic IRD solution, however no implementation timescale is currently available. Rosemary Liewald welcomed the report and highlighted the progress made through the Bairns' Hoose project, noting that Fife is in a stronger position than previously. She emphasised the importance of continuing to support and sustain the workforce. Eugene Clarke suggested future reports include more consistent "so what" and "what next" sections, together with clearer information on areas where progress has been limited. Gillian agreed to incorporate this feedback in future reporting. David Ross noted the significant increase in referrals and enquiries and queried whether this reflected improved awareness among practitioners. Gillian advised that enhanced training and awareness had increased recognition and reporting of concerns, which demonstrated the value of the training programme. She added that workload levels continue to be monitored to ensure staff are appropriately supported. <u>Decision</u>	
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	The Board was assured on the governance and effectiveness of safeguarding arrangements across NHS Fife and the Fife Health and Social Care Partnership.	
7	LIVED EXPERIENCE & WELLBEING 7.1 Lived Experience – Carers Act David Ross welcomed Roy Lawrence, who introduced the item and presented a short video highlighting the experiences of unpaid carers across Fife. Members viewed the video, which showcased the lived experiences of carers and the impact of caring responsibilities on individuals and families. Roy noted that the insights shared had helped shape the priorities, actions and commitments within the Carers' Strategy and reinforced the importance of continuing to improve support and outcomes for carers across Fife. Roy expressed his appreciation to those involved in the video. David Ross commented that the video effectively brought to life the realities of caring and the experiences of carers across Fife.	
8	INTEGRATED PERFORMANCE & QUALITY 8.1 Performance Report – May 2026 David Ross advised that this report was discussed at the Quality and Communities Committee on 8th July 2026 and the Finance, Performance and Scrutiny Committee on 21st July 2026 and invited Vanessa Salmond to present the report. Vanessa Salmond presented the abridged Performance Report for May 2026, noting that it had been intentionally prepared as a high-level summary. Members heard that the full report had been scrutinised through the relevant governance routes. The report focussed on key issues, areas of assurance, improvement activity and matters requiring escalation. Vanessa noted that the overall assessment provided moderate assurance and demonstrated a positive direction of travel. Performance management arrangements continue to mature, supported by ongoing improvement activity and strengthened governance arrangements. Members heard of continued improvement in system flow and strong performance within CAMHS. Areas identified for enhanced oversight included psychological therapies, childhood immunisations, complaints handling, staff absence and smoking cessation. It was noted that each area is subject to escalation arrangements and associated improvement plans, with progress currently on track. Vanessa advised that, while several indicators remain under escalation, the report provides assurance of overall improvement in performance management as at May 2026. Lynne Garvey highlighted the robustness of governance arrangements, noting that performance is regularly scrutinised by SLT through dedicated improvement sessions focussed on key performance indicators. She advised that this approach is strengthening accountability across portfolios and supporting continuous improvement. Lynne noted that smoking cessation performance has improved since the introduction of the improvement process and is now just below target. In relation	

	to complaints, targeted professional leadership, enhanced direction and increased scrutiny have been implemented to improve compliance and performance. David Ross then invited Sam Steele, Depute Chair of the Quality and Communities Committee and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committee before opening to questions from Board members. Sam advised that the Quality and Communities Committee had received assurance from the report and supported the proposed changes to the key performance indicators. David commented on the level of detail contained within the report, noting that while the comprehensive information was appropriate and valuable for Committee scrutiny, a more concise summary format was preferable for Integration Joint Board reporting. <u>Member discussion</u> Rosemary Liewald thanked officers for the detailed report and raised concerns regarding lower-than-expected immunisation uptake. She queried what further action could be taken at a locality level, including the use of educational materials and engagement through early years settings and parent and toddler groups. Lisa Cooper outlined ongoing improvement actions, including involvement of Health Visiting teams, targeted engagement with families choosing not to immunise, home visits, and increased visibility of Immunisation Service Team Leaders within localities to promote uptake and better understand barriers. Lisa confirmed that a universal approach is in place across Fife, complemented by targeted interventions in localities and areas of deprivation. Eugene Clarke sought further detail on the SMART improvement activities referenced within the report. Lisa advised that future reports would provide greater detail as performance reporting arrangements continue to mature. Vanessa Salmond highlighted that further detail on the performance management approach had been considered at a recent development session and noted that, while Board reports have been streamlined, they are supported by robust governance and scrutiny processes. Gillian McAuley provided an update on complaints performance and advised that significant improvement work has been underway since January. Gillian noted that Stage 2 complaints performance had improved from 2% in January to 58% in June, exceeding the planned trajectory of 40%, with a target of 70% by April 2027. The number of complaints within the system has also reduced by half. Sam Steele queried whether there was an opportunity to promote immunisation through antenatal services. Lisa agreed to explore links with community midwifery colleagues. Jo Bennett welcomed the reduction in patients waiting for care home services and asked whether waiting-time data was available. Lynne Garvey confirmed that this information is reported monthly to the Scottish Government. Jo also sought assurance that improvement actions relating to psychological therapies would reduce the current escalation status. Lynne advised that, given ongoing demand pressures, significant assurance could not yet be provided, although discussions with the new Director had provided confidence that	LC
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	appropriate improvement actions were being progressed and closely monitored. Chris McKenna advised that psychological therapies performance continues to receive detailed scrutiny at NHS Committee level. Members heard that a significant mismatch between demand and capacity had been identified, with further work required to understand whether improvements should focus on reducing demand, increasing capacity, or both. Current resources are insufficient to fully meet demand. Colin Grieve queried whether more recent data was available for the information presented on pages 243-244. Vanessa Salmond confirmed that the data included in the report was incorrect and would be updated. <u>Decision</u> The Board was assured regarding the progress of key HSCP performance metrics.	VS
	8.2 Annual Performance Report 2025-26 David Ross advised that this report was discussed at the Strategic Planning Group on 1st July 2026, the Quality and Communities Committee on 8th July 2026 and the Finance, Performance & Scrutiny Committee on 21st July 2026, and invited Vanessa Salmond to present the report. Vanessa Salmond presented the Annual Performance Report for final approval, noting that it is a statutory requirement and provides an assessment of performance against the nine National Health and Wellbeing Outcomes. Vanessa recorded her thanks to staff, partners and the Strategic Planning Team for their contribution to the report. Vanessa noted that the report had been strengthened following Committee scrutiny, with minor amendments incorporated. The report highlights achievements, challenges, areas of innovation and service improvement over the past year and marks the final year of the current Strategic Plan. Key achievements included increased numbers of people being supported to live independently at home, significant expansion of Community Led Support, development of preventative mental health initiatives, and improved Care Inspectorate gradings. The Board also noted areas of ongoing challenge, including emergency admissions, falls, carers' outcomes and care experience survey results. Members heard that the year-end financial position reflected an overspend of £9.5 million. The report recognised both the achievements and challenges experienced during the year and acknowledged the contribution of staff, partners, carers and local communities. The Board was invited to approve the report for publication. David Ross then invited Tracy Hogg, Depute Chair of the Strategic Planning Group, Sam Steele, Depute Chair of the Quality and Communities Committee and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committees before opening to questions from Board members. Tracy noted nothing of concern to escalate from the Strategic Planning Group. Sam reported no comments from the Quality and Communities Committee. David advised there was nothing to raise from the Finance, Performance and	

	Scrutiny Committee. <u>Member discussion</u> Dave Dempsey noted that two versions of the report had been presented: the statutory report for the Scottish Government and an Easy Read version. He queried whether there was a public-facing summary report that provided a level of detail between the two formats. Vanessa Salmond advised that the full report is the statutory submission required by the Scottish Government and confirmed that consideration would be given to the format of future reports. She noted that the Easy Read version had been produced in line with guidance to improve accessibility for specific groups. Lesley Gauld advised that a summary version of the report had been produced in SWAY format and shared the relevant link in the meeting chat. Jo Bennett sought clarification on emergency admission rates and whether analysis of this data could help inform future unscheduled care planning. In response, Lynne Garvey noted that Fife performs well against the Scottish average for emergency admissions. She highlighted that the Strategic Needs Assessment provides a more detailed understanding of trends within local communities and helps inform how the workforce can be deployed differently to meet changing needs. <u>Decision</u> The Board: - - Reviewed the draft Annual Performance Report 2025-2026 and provided final approval for publication and circulation to partner agencies (Scottish Government, Fife Council and NHS Fife). - Was assured that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.	
	8.3 Finance Update – Month 2 David Ross advised that this report was discussed at the Finance, Performance and Scrutiny Committee on 21st July 2026 and invited Tracy Hogg to present the report. The Board considered the Month 2 Finance Report, outlining a projected breakeven position at year end, with a small forecast underspend of £24k against a budget of £791m. Tracy noted changes to the budget since April and the associated Directions. It was highlighted that the process for approving in-year Directions is under review, as allocations received from the Scottish Government can result in expenditure being incurred before formal IJB approval is sought. Tracy shared that prescribing costs and Service Level Agreements (SLAs) remain areas of financial risk and will continue to be closely monitored. Forecast expenditure within Community Care and Complex and Critical Care services also remains sensitive to changes in demand and workforce availability, with ongoing review and escalation to partners where required. Tracy noted that the HSCP is required to deliver savings of £23.5m in 2026/27. Weekly savings monitoring meetings remain in place following their success in	

	supporting delivery during the previous financial year. Work is also ongoing through SLT to identify £3m of management savings within the savings programme, with officers confident this remains achievable. In addition, opportunities are being explored to bring forward savings planned for 2027/28. Tracy noted the reserves position, with £2.878m brought forward from 2025/26, including funding earmarked for unscheduled care. Of this, £1.5m has been drawn into the service position at Month 2, leaving a balance of £1.288m, which remains committed for use during 2026/27. Tracy gave assurance that demand-led pressures across services will continue to be closely scrutinised in partnership with NHS Fife and Fife Council, with recovery actions implemented if required. David Ross then invited David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committee before opening to questions from Board members. David commented that there had been positive feedback from the Finance, Performance and Scrutiny Committee. <u>Member discussion</u> Dave Dempsey queried whether approval of Directions could be deferred until there is assurance that additional allocations are being used in the most effective manner and queried whether such allocations are binding on the IJB. Tracy advised that the allocations and associated Directions are determined by the Scottish Government. Vanessa Salmond proposed taking the matter forward through the IJB Governance Group within Scottish Government. Sam Steele referred to GLP-1 prescribing and asked whether information was being gathered to support future monitoring, noting that some individuals currently access these treatments privately. Lisa Cooper advised that GLP-1 prescribing is not currently being enabled in Fife. A prescribing pathway is being developed and progressing through the appropriate governance processes for approval. Lisa advised that while funding has been identified within the budget, implementation will need to align with available resources and service capacity. <u>Decision</u> The Board: - • Noted the content of the report including the provisional outturn position for delegated services for 2026-27 financial year as at May 2026 as outlined in Appendices 1-3 of the report; • Was assured that there is robust financial monitoring in place; • Approved the Directions to NHS Fife and Fife Council for additional allocations in year.	VS
9	GOVERNANCE & OUTCOMES 9.1 Review of IJB Strategic Risk Register David Ross advised that this report was discussed at the Audit and Assurance Committee on 26th June 2026, the Quality and Communities Committee on 8th July 2026 and the Finance, Performance and Scrutiny Committee on 21st July	

	2026 and invited Tracy Hogg to present the report. The Board considered the revised Strategic Risk Register, developed following approval of the Strategic Plan 2026-2029. Tracy noted that the IJB is required, under the Integration Scheme and Risk Management Policy and Strategy, to maintain a Strategic Risk Register identifying the key risks to delivery of the Strategic Plan. All risks continue to be managed by the Senior Leadership Team and overseen by the relevant Governance Committees. It was noted that a review of the register had been undertaken following a risk deep dive in March 2026 and subsequent discussions at SLT and the IJB Development Session. This included consideration of emerging risks arising from the refreshed Strategic Plan and opportunities to streamline existing risks. Tracy noted the proposed creation of a new Strategic Plan Delivery risk, combining the previous Demographics/Changing Landscapes, Transformation and Strategic Planning risks. A new Focus on Prevention risk has also been developed to reflect the increased emphasis on prevention and communities within the Strategic Plan. The Board heard that the existing Information Governance risk has been revised to place a greater focus on digital transformation. It was also proposed that the Primary Care Services risk be removed from the IJB register to avoid duplication with NHS Fife's Corporate Risk Register, while assurance reporting will continue through existing governance arrangements. In addition, the Clinical and Care Governance risk is proposed for closure, having reached its target risk score with all improvement actions completed. Tracy noted a number of minor amendments to the wording of other risks and advised that the revised Risk Register and Risk Matrix was included within the report appendices. David Ross then invited Dave Dempsey, Chair of the Audit and Assurance Committee, Sam Steele, Depute Chair of the Quality and Communities Committee and David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee to comment on discussions at Committees before opening to questions from Board members. Dave Dempsey expressed concern that a number of risks previously identified for close monitoring had not reduced as expected, with target dates continuing to be extended. He questioned how risks would be reduced to their target levels and whether the risk deep-dive process is delivering the intended improvements. Sam Steele advised that the matter had been discussed in detail at the Quality and Communities Committee and that the Risk Register had been updated following that discussion. Dave also queried why the governance-related risk was not overseen by the Committee responsible for governance matters. Tracy Hogg confirmed that oversight of this risk sits with the Finance, Performance and Scrutiny Committee. David Alexander noted that the Committee had received assurance regarding the revised Risk Register and was content for the report to progress to the Integration Joint Board for approval. <u>Decision</u> The Board approved the refreshed IJB Strategic Risk Register.	
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	9.2 Governance Manual Update David Ross advised that this report was discussed at the Audit & Assurance Committee on 26th June 2026 and invited Vanessa Salmond to present the report. Vanessa Salmond presented the report outlining the outcome of the review of the IJB Governance Framework, which completes an outstanding audit action carried forward from 2024/25. Members heard that the review sought to provide clearer distinction between the Code of Corporate Governance and the Governance Manual. The revised Governance Manual has been developed as a practical and accessible guide to support understanding of governance processes, roles and responsibilities. It was noted that the revised Manual was developed with input and support from the Audit and Assurance Committee and forms part of a suite of governance documents that will continue to evolve and be updated as required. Vanessa advised that supporting governance documents are subject to ongoing review and refresh, including the Standing Orders, Financial Regulations, Scheme of Delegation and Fife Integration Scheme, to further strengthen governance arrangements across the Partnership. David Ross invited Dave Dempsey, Chair of the Audit and Assurance Committee to comment on discussions at Committee before opening to questions from Board members. Dave noted that committee were assured by the report. <u>Decision</u> The Board endorsed the revised approach as a more robust and effective basis for governance, assurance, and continuous improvement.	
	9.3 IJB Workplan 2026-27 David Ross advised that the IJB Workplans were available within the meeting pack for member information.	
10	OPERATIONAL UPDATE 10.1 Urgent Care Walk-In Service David Ross advised that this report was discussed at the Quality and Communities Committee on 8th July 2026 and invited Lisa Cooper to present the report. Lisa advised that the report was presented to inform members and provide moderate assurance regarding planning for delivery of the first pilot within Fife. Members noted that, following national policy direction, all Boards are required to pilot the model across Scotland. Lisa highlighted that the paper outlined plans to deliver the model at the Randolph Wemyss Memorial Hospital within 100 days, in line with Scottish Government direction. Planning is at an advanced stage, with both operational and strategic oversight groups established. It was noted that whilst this is a Fife-wide model, the initial launch in the Levenmouth area will be tested alongside an agreed workforce model to ensure safety. Lisa noted the risks identified within the report and the actions being taken to mitigate these. Lisa highlighted that three appendices had been included for	

	information. A communications plan has been developed to support public understanding of the model, including how to access the service and when it is appropriate to attend. Lisa also noted the draft Direction to NHS Fife to commission delivery of the model. Lisa invited Dr Aylene Kelman, Deputy Medical Director to provide an update. Dr Kelman reported positive engagement, particularly within the Levenmouth cluster, and advised that active work is ongoing to finalise staffing rotas, with encouraging indications that workforce requirements can be met. Work also continues on the development of clinical pathways, with engagement at a national level and learning being shared from other areas to identify effective approaches. Dr Kelman further reported on a positive meeting with Healthcare Improvement Scotland, which is supporting the learning and evaluation process. David Ross invited Sam Steele, Depute Chair of the Quality and Communities Committee to comment on discussions at Committee before opening to questions from Board members. Sam noted no areas of concern to escalate from committee. <u>Member discussion</u> Eugene queried how the pilot would be evaluated, who would undertake the evaluation, and the criteria that would be used. Lisa advised that a national evaluation framework is currently being developed. Locally, the Performance and Planning and Participation and Engagement Teams are supporting the work, informed by learning and data from other Boards. In response to a further question, Lisa noted that no timescale for the national evaluation framework is currently available. Professor Chris McKenna, Medical Director, advised that Healthcare Improvement Scotland will lead the national evaluation, alongside local assessment arrangements, although no timescales have yet been confirmed. Eugene expressed concern that public funding is being committed without a clearly defined evaluation process. Chris reiterated that national evaluation arrangements are being developed and that local measures of success have been identified. Dave Dempsey sought clarification on whether the service would be available to all Fife registered patients and noted that he was not assured by the pilot due to his concerns around the level of uncertainty surrounding the pilot. Lisa confirmed that the model is commissioned for the whole of Fife, however the Test of Change currently focuses on the Levenmouth locality to ensure safe implementation. Chris clarified that access to the service will be based on defined eligibility criteria, which will be clearly communicated. He commended the work of the Primary Care and Urgent Care teams, as well as colleagues involved in the development of the model, and provided assurance that every effort would be made to ensure its success. Rosemary welcomed the progress made and thanked Lisa and the wider teams for their work, highlighting the need for the service and expressing confidence that it would be successful and capable of future expansion. In response to further questions on measures of success, Lynne advised that the Medical Director had provided assurance regarding safe access arrangements. She commended Lisa, Dr Kelman and their teams for their work	
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	and noted that Public Health Scotland, Healthcare Improvement Scotland and NHS 24 are contributing to the development of evaluation measures and key performance indicators. Members were assured that the IJB would continue to receive updates on the performance and success of the service. David Alexander referred to recent media reporting on the evaluation of earlier pilots and noted the significant potential and anticipated benefits of the service. <u>Decision</u> The Board was moderately assured given the risks described and the operational delivery considerations articulated, with assurance that an operational group and oversight group are now convened.	
11	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED The minutes of the following Governance Committees were provided for information: • Quality & Communities Committee - Confirmed Minute of 22 April 2026 • Strategic Planning Group – Confirmed Minute of 5 May 2026 • Audit & Assurance Committee – Confirmed Minute of 8 May 2026 • Local Partnership Forum - Confirmed Minute of 13 May 2026 • Finance, Performance & Scrutiny Committee - Confirmed Minute of 15 May 2026 David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.	
12	AOCB • Mental Health Response Car Dave Dempsey requested an update on the Mental Health Response Car, noting that an evaluation report had been anticipated earlier in the year. Lynne Garvey reported positive progress and advised that the service is now in a position to undertake further testing and evaluation within the Levenmouth, Kirkcaldy and Cowdenbeath areas. Karen Marwick confirmed that recruitment for nursing staff is ongoing and that discussions are underway with the Scottish Ambulance Service regarding the recruitment of a paramedic. Members were advised that a further update report will be presented to the IJB in September. Eugene welcomed the progress reported. Dave Dempsey sought clarification on whether the service remained a pilot or had become a permanent provision. Lynne confirmed that dedicated Levenmouth funding had now ceased and that the service is currently being supported through Fife Council and delegated IJB budgets on a temporary basis. Lynne remained hopeful that ongoing funding requirements will be considered as part of future financial planning for the next financial year.	

DATE OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – Wednesday 26 August 2026 (Kirkcaldy Town House)

INTEGRATION JOINT BOARD – Wednesday 30 September 2026, 13:00 – 16:00 (Fife House / MS Teams)

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 29 JULY 2026

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	IJB 290726, Item 8.1 Performance Report – May 2026 Colin Grieve queried whether more recent data was available for the information presented on pages 243-244. Vanessa Salmond confirmed that the data included in the report was incorrect and would be updated	VS	Post-meeting	VS currently in dialogue with Fiffe Council HR. Work is progressing for Performance Team to access more timely data.
2	IJB 290726, Item 8.1 – Finance Update Dave Dempsey queried whether approval of Directions could be deferred until there is assurance that additional allocations are being used in the most effective manner and queried whether such allocations are binding on the IJB. Tracy advised that the allocations and associated Directions are determined by the Scottish Government. Vanessa Salmond proposed taking the matter forward through the IJB Governance Group within Scottish Government.	TH/VS	Post-meeting	Awaiting a response from SG on requirement for Directions being issued for additional funding received in-year. DM chased – awaiting further info.

COMPLETED ACTIONS

IJB 290726, Item 8.1 Performance Report – May 2026 Sam Steele queried whether there was an opportunity to promote immunisation through antenatal services. Lisa agreed to explore links with community midwifery colleagues.	LC	Post-meeting	14.09.26: LC advised action closed as part of delivery planning.
IJB 290726, Item 6.2 - Mainstreaming the Equality Duty Jo Bennett queried what data source we are using to confirm compliance with the Equality Act. Tracy advised that she would pick this up with Jo offline.	TH	Post-meeting	12.08.26 – Action closed – TH discussed with JB offline.
IJB 270526, Item 8.1 - Delivering Improvements in Unscheduled Care Unscheduled Care to be the focus of discussion at an upcoming IJB Development Session, led by CC & GMcA.	CC / GMcA.	Aug 2026	Unscheduled care scheduled for August Development Session – CC to share program and source supporting presenters.
IJB 270526, Item 6.1 - Workforce Action Plan 2026/27 R/Law/DMc to update Workforce Plan wording to better reflect the role of carers as raised by MF.	RLaw / DMc	Following meeting	22.07.26 – Plan updated and info sent to MF.
IJB 270526, Item 6.2 - Locality Planning Report 2024/25 JS to share evaluation data from NE Fife Loneliness ToC with MF.	JS	Following meeting	22.07.26 – Requested info shared with MF
IJB 270526, Item 6.2 - Locality Planning Report 2024/25 RLaw/JS to extend meeting invitations to all elected members.	RLaw /JS	Following meeting	Action complete – meeting dates shared.
IJB 25.03.26, Item 8.3 Winter Vaccine Uptake Morna Fleming highlighted an issue within the table on p.157 – CC advised table would be updated to make cohorts clearer.	Chris Conroy	Post-meeting	Action closed – table updates as requested.
IJB 25.03.26, Item 9.4 Performance Report Dave Dempsey noted p.246 – columns misaligned and entries within table do not correspond to explanation provided above.	Vanessa Salmond	Post-meeting	Action closed 31.03.26 – misalignment corrected within paper.
IJB 25.03.26, Item 9.2 Revenue Budget & MTFS	Tracy Hogg	Post-meeting	Action closed 03.04.26: TH met with KM

TH to pick up discussion with Kenny Murphy re additional uplift funding figures.			
IJB 28.01.26 10.4 Fife Dental & Oral Health Improvement Annual Report 2025 LC to share list of dentists taking on new patients to enable Councillors to share with constituents.	Lisa Cooper	Following meeting	09/03/26 – List of practices taking on NHS patients shared with IJB members.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title:	Chairs Assurance Report – Strategic Planning Group		
Agenda Item No:	5.1		
Committee Chair:	Alistair Morris		
Responsible Owner:	Vanessa Salmond, Head of Strategic Planning and Performance		
Report Author:	Derek McEwan, Head of Governance and IJB Secretary		

Executive Summary

- This report provides assurance that the Strategic Planning Group is operating in line with its Terms of Reference and statutory responsibilities.
- The Group demonstrated effective oversight across strategic planning, transformation, and delivery activity, with evidence of constructive scrutiny and challenge.
- A moderate level of assurance is provided, reflecting solid progress across key areas with some risks and dependencies requiring ongoing monitoring.
- There are no significant issues requiring escalation to the Integration Joint Board at this time.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	Members are assured that the Strategic Planning Group are discharging their responsibilities effectively as per the Terms of Reference.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

This Assurance Report from the Chair of the Strategic Planning Group is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Strategic Planning Group continues to operate against an agreed workplan with a comprehensive range of strategic, governance, and performance reports considered.

At the meeting on 2nd September the following was discussed: -

- **Regular Business:** Minutes of previous meeting; Action Log; Committee Workplan
- **Strategic Planning:** Strategic Plan - Delivery Plan
- **Annual Reports:** Alcohol and Drug Partnership Annual Report 2025/26
- **Governance:** Transformation and Change Portfolio/PMO Update Report

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Strategic Planning Group Delivery Plan** – SPG supported the proposed Delivery Planning approach and endorsed progression to the Integration Joint Board.
- **Alcohol and Drug Partnership Annual Report 2025/26** - Assurance was taken that the annual report details the progress and hard work undertaken within the ADP. Members endorsed progression to the Integration Joint Board.
- **Transformation and Change Portfolio/PMO Update Report:** Moderate assurance was received that the portfolio is being appropriately governed, monitored and escalated where appropriate. SLT are currently considering future alignment of PMO resource to Strategic Priorities.

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title: Mah	Chairs Assurance Report – Quality and Communities Committee		
Agenda Item No:	5.2		
Committee Chair:	Sam Steele (Depute)		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer IJB		
Report Author:	Derek McEwan, Head of Corporate Governance and IJB Secretary		

Executive Summary

- This report provides assurance that the Quality and Communities Committee continues to operate in line with its Terms of Reference and statutory responsibilities.
- The Committee considered a range of governance, performance and strategic reports, demonstrating strong oversight of quality, clinical and care governance, and locality delivery.
- The Committee endorsed key reports, providing confidence in delivery, performance and compliance.

Recommendations

This paper is presented to:		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	Members are assured that the Quality and Communities Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

This Assurance Report from the Depute Chair of the Quality and Communities Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Committee received and considered a comprehensive range of reports aligned to its approved workplan.

At the meeting on 9 September the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action Log.
- **Governance & Outcomes:** Clinical and Care Governance Assurance Report; Review of IJB Strategic Risk Register; Deep Dive Risk review - Focus on Prevention; Deep Dive Risk Review - Strategic Plan Delivery.
- **Strategic Planning & Delivery:** Strategic Plan 2026-2029 Delivery Plan; Winter COVID-19 and Flu Vaccine Delivery Campaign 2026/27
- **Legislative Requirements & Annual Reports:** IJB/HSCP Resilience Assurance Annual Report; Primary Care Improvement Plan; ADP Annual Report 2026/27; Community Led Support Annual Report 2025/2026

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Clinical and Care Governance Assurance Report:** Emerging complaint themes include adult ADHD assessments and the neurodevelopmental pathway. Skin surveillance is being undertaken, but consistent monitoring and governance arrangements are required. Assurance was taken that effective governance, quality and safety arrangements are in place across the HSCP.
- **IJB Quality and Communities Strategic Risk Register:** The impact of service limitations on carers and service users should be more clearly reflected in the risk register. The Committee noted the position and accepted the assurances provided.
- **Deep Dive Risk review - Focus on Prevention:** The Committee welcomed the deep dive's focus on factors within the Partnership's control, noting that addressing these is essential to influencing the wider social determinants of health. The review was welcomed and noted.
- **Deep Dive Risk Review - Strategic Plan Delivery:** The Committee took assurance from the report.
- **IJB / HSCP Resilience Assurance Annual Report:** The Committee took assurance from the report.
- **Primary Care Improvement Plan (MoU2) Annual Progress Report:** The Committee discussed national funding and workforce constraints affecting primary care. The Committee took assurance from the report.
- **ADP Annual Report 2026/27:** Members praised the report and the significant improvements in outcomes, including fewer drug-related deaths, strong treatment waiting times and reduced non-attendance. The Committee took assurance from this report.
- **Strategic Plan 2026-2029 Delivery Plan:** Members welcomed the strategic quality dashboard seeking greater clarity on equity of access, geographical variation and how performance outcomes will be measured. The Committee agreed to support the implementation proposal and planning approach.
- **Winter COVID-19 and Flu Vaccine Delivery Campaign 2026/27:** Members welcomed the vaccination report and emphasised the importance of clear communication and collaborative promotion to encourage vaccine uptake. The committee approved extending the programme to November 2026 and supported the additional workforce capacity required for delivery.

Members acknowledged the associated workforce challenges and thanked officers for the paper.

- **Community Led Support Annual Report 2025/2026:** Members welcomed the report, noting the strong evidence, positive referral outcomes and lived-experience stories demonstrating the impact of community services. The committee noted its assurance.

Escalations/Highlights to the IJB

There were no items for escalation to the IJB.

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title:	Chair's Assurance Report: Audit and Assurance Committee		
Agenda Item No:	5.3		
Committee Chair:	Dave Dempsey		
Responsible Owner:	Tracy Hogg, Chief Finance Officer		
Report Author:	Derek McEwan, Head of Corporate Governance		

Executive Summary

- This report provides assurance that the Audit and Assurance Committee continues to operate in line with its Terms of Reference and statutory responsibilities.
- The Committee received moderate to reasonable assurance across internal audit activity, performance reporting, and risk management arrangements, with no significant control weaknesses identified.
- Members were positively assured regarding the progress of internal audit plans, completion of outstanding actions, and strengthening of governance and performance frameworks.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	Members as assured that the Audit and Assurance Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

This Assurance Report from the Chair of the Audit and Assurance Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

Members noted a potential risk arising from the reduced number of NHS Fife Non-Executive Directors represented on this Committee, which may impact the ability to consistently achieve quorum. It was agreed that this matter should be highlighted to the NHS Fife Board for awareness and consideration. This risk may be mitigated if approval is granted for the proposed amalgamation of the existing Finance,

Performance and Scrutiny and Audit and Assurance Committees into a single “Finance, Performance and Assurance Committee”, as outlined in the report scheduled for consideration by the IJB on 30 September 2026 (agenda Item 10.5).

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Audit and Assurance Committee has an approved annual workplan and continued to progress key audit, governance and risk management business. No items were identified as requiring escalation to IJB.

At the meeting on 11th September the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action log; A&AC Workplan 2026-27
- **Annual Accounts/Best Value:** Annual Audited Accounts & Financial Statement
- **Items related to Audit:** Draft Internal Audit Plan; Internal Audit – Follow Up Report on Audit Recommendations; and Annual Audit Report (inc. IJB Annual Assurance Statement)
- **Risk:** Review of the IJB Strategic Risk Register
- **Governance:** Horizon Scanning (verbal); and NHS Fife Annual Governance Statement

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Fife IJB Audited Annual Accounts:** Members were significantly assured on the content of the Internal Audit Annual Report for 2025/26

Decision

- **Draft Internal Audit Plan and Internal Audit:** Members were assured that audit work was complete.
- **Review of the IJB Strategic Risk Register:** Members considered the refreshed IJB Strategic Risk Register and endorsed submission to the Integration Joint Board for final approval.
- **Horizon Scanning:** Continue monitoring potential risks arising from national policy and legislative changes and consider whether these require future inclusion or enhancement within the strategic risk register.
- **NHS Fife Annual Governance Statement:** Members were assured by the statement.

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title:	Chairs Assurance Report – Finance, Performance and Scrutiny Committee		
Agenda Item No:	5.4		
Committee Chair:	David Alexander (Interim Chair)		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Tracy Hogg, Chief Finance Officer		
Report Author:	Derek McEwan, Head of Corporate Governance and IJB Secretary		

Executive Summary

- This report provides assurance that the Finance, Performance and Scrutiny Committee is operating in line with its Terms of Reference and statutory responsibilities.
- The Committee has considered key areas of financial management, performance, governance, transformation and monitoring of Directions, providing appropriate scrutiny and challenge.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	Members as assured that the Finance, Performance and Scrutiny Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

This Assurance Report from the Interim Chair of the Finance, Performance and Scrutiny Committee is intended to provide the Integration Joint Board (IJB) with assurance regarding the risks, and key issues and delivery of the workplan that the Committee has considered in line with its Terms of Reference.

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

The Committee continues to operate in line with its approved Annual Workplan, with all scheduled items presented and considered.

At the meeting on 18th September the following was discussed:-

- **Regular Business:** Minutes of previous meeting and Action Log; FP&S Workplan 2026-27
- **Finance:** Finance Update – Month 4; Deep Dive Review – Strategic Plan Delivery; Deep Dive Review – Focus on Prevention; Finance, Performance and Scrutiny Strategic Risk Register
- **Performance:** Monitoring Progress of Directions
- **Transformation:** Transformation and PMO Report.
- **Annual Reports:** Fife Alcohol and Drug Partnership Annual Report 2026/27
- **Strategies:** Strategic Plan – Delivery Plan

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Finance:** Finance Update – Month 4, the report details the financial position (projected outturn) of the delegated and managed services. The projected outturn for Fife Health & Social Care Partnership at 31 July 2026 is an overspend of £4.923m, this is a movement of £4.946m from the M2 position.
- **Deep Dive Review – Strategic Plan Delivery:** Committee were assured by this paper.
- **Deep Dive Review – Focus on Prevention:** Committee were assured by this paper.
- **Performance – Monitoring Progress of Directions:** Assurance was taken regarding progress of IJB Directions.
- **Transformation - Transformation and PMO Report:** Committee were assured by this paper.
- **Annual Reports - Fife Alcohol and Drug Partnership Annual Report 2026/27:** Committee discussed this report and emphasised the strong and positive work being undertaken. Assurance was taken from the report.
- **Strategies: Strategic Plan – Delivery Plan:** Committee were assured by the plan and approved it progressing to IJB

Decisions

- **Finance Update:** Members noted the content of the report and endorsed its submission to the IJB.
- **Review of Finance, Performance and Scrutiny Risk Register:** Members considered the Risk Register and endorsed approval to IJB.
- **Annual Reports - Fife Alcohol and Drug Partnership Annual Report 2026/27:** Members reviewed the draft Annual Performance Report and endorsed progression to the IJB for final approval.

Assurance Levels	
Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 th September 2026
Report Title:	Strategic Plan – Delivery Plan		
Agenda Item No:	6.1		
Responsible Owner:	Vanessa Salmond, Head of Strategic Planning and Performance		
Report Author:	Vanessa Salmond, Head of Strategic Planning and Performance		

Executive Summary

- The Strategic Delivery Plan (2026-2029) provides a clear three-year framework for delivering the ambitions, priorities and outcomes set out within the Strategic Plan, supported by Annual Delivery Plans and a Monitoring & Evaluation Framework.
- The proposed approach establishes a strategic direction whilst enabling Annual Delivery Plans to remain responsive to emerging needs, policy developments, financial pressures and service priorities.
- The Strategic Delivery Plan provides the bridge between the Strategic Plan and annual delivery activity.
- Reporting is aligned with partner requirements reducing duplication and increasing consistency.
- Establishes a clear line of sight between strategic priorities, delivery activities and measurable outcomes.
- Proposed 3-tier performance framework combines population-level outcome indicators, strategic measures of success and operational delivery monitoring to demonstrate progress and contribution towards improved outcomes for the people of Fife.
- The framework establishes a single integrated approach to planning, performance, evaluation and improvement.
- The approach strengthens accountability, assurance and oversight through clear governance arrangements.
- Implementation will be phased, with reporting and outcome measurement continuing to mature during 2026/27.
- The Strategic Delivery Planning approach has been developed through an iterative process and has evolved following consideration by the Strategic Planning Group, Quality & Communities Committee and Finance, Performance & Scrutiny Committee. The accompanying documents and SBAR have been amended and strengthened in response to member feedback and discussion, supported by presentations from William Penrice on the proposed approach, delivery framework and monitoring arrangements

Recommendations

This paper is presented to: -		The Integration Joint Board is asked to: -
Seek a Decision	☒	• Approve the Strategic Delivery Planning Framework comprising the Strategic Delivery Plan 2026-2029, Annual Delivery Plans and Monitoring & Evaluation Framework. • Approve the proposed three-tier performance and outcomes framework. • Note that reporting and evaluation arrangements will continue to mature during 2026/27 as implementation progresses.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

The Strategic Plan 2026-2029 establishes the Partnership's long-term vision, outcomes and strategic priorities of Prevention, Communities and Digital. To ensure delivery of these ambitions, Fife HSCP has developed a complementary Strategic Delivery Plan (SDP) covering the full three-year lifecycle of the Strategic Plan, supported by a series of Annual Delivery Plans (ADPs) which identify the specific actions, milestones and deliverables to be achieved each year.

The Strategic Delivery Plan should not be viewed as a separate plan. It represents the delivery framework through which the ambitions and priorities of the Strategic Plan will be implemented, monitored and evaluated over the three-year period

The planning framework consists of four interconnected components:

- **Strategic Plan 2026-2029:** - Defines vision, strategic priorities and intended outcomes.
- **Strategic Delivery Plan 2026-2029:** - Provides the stable three-year delivery framework, priority areas, key activities and evidence of success.
- **Annual Delivery Plan:** - Sets out annual deliverables, SMART actions, milestones, leads and resource requirements.
- **Monitoring & Evaluation Framework:-** Provides governance, reporting, assurance and evaluation arrangements.

The framework recognises that many population-level outcomes are influenced by wider system factors and therefore focuses on demonstrating Fife Health and Social Care Partnership's contribution towards improved outcomes rather than claiming direct attribution.

Members are asked to note how components work together, what the Annual Delivery Plan is currently demonstrating, and agree that this represents an effective approach to strategic delivery and performance management.

Assessment (Key Points/Issues and Risks)

The Strategic Delivery Plan provides the critical link between the ambitions set out within the Strategic Plan 2026-2029 and the practical delivery of change across the Partnership. Rather than acting as a detailed action plan, it establishes a stable three-year framework that identifies the Strategic Priority Areas, associated workstreams and the evidence that would demonstrate success. This creates clarity about what the Partnership is seeking to achieve over the lifetime of the Strategic Plan whilst avoiding the need to continually revise strategic priorities in response to changing circumstances.

Delivery is then operationalised through Annual Delivery Plans which are refreshed each year. These translate the Strategic Delivery Plan into specific strategic deliverables, SMART actions, milestones, named leads, timescales and resource considerations. This approach enables the Partnership to maintain a consistent strategic direction over the three-year period whilst retaining sufficient flexibility to respond to emerging needs, learning, financial pressures, policy developments and service priorities. The Annual Delivery Plans are also aligned to our partners reporting requirements, reducing duplication whilst increasing consistency.

For example, under the Strategic Priority of Prevention, the Strategic Delivery Plan identifies Priority Area PPC1, focused on providing targeted information and supporting conversations that improve physical and mental wellbeing. Within the 2026-27 Annual Delivery Plan this is translated into a series of tangible deliverables, including weight management programmes, diabetes prevention initiatives, smoking cessation activity, vaccination outreach and heart health improvement programmes. These are then supported through specific actions and milestones which can be monitored and reported throughout the year.

Delivery accountability will principally be managed through the Annual Delivery Plans, which provide the detailed actions, milestones, leads and reporting arrangements required to evidence progress.

The Annual Delivery Plan therefore demonstrates how the Partnership is translating strategic intent into practical programmes of work. More importantly, it illustrates that delivery is being embedded within existing service portfolios and programmes rather than being treated as a series of separate projects. Collectively, the Annual Delivery Plan shows that the three strategic priorities of Prevention, Communities and Digital are being progressed through identifiable workstreams that combine transformational change with continuous improvement of existing services.

The framework provides strong accountability for delivery activity, governance, evaluation and evidence gathering. It also includes a number of strategic measures and indicators of success within the Strategic Delivery Plan which are used to assess progress across individual Priority Areas and Strategic Workstreams.

A three-tier performance and outcomes model will be adopted which complements the emphasis on contribution, learning and continuous improvement by providing greater visibility of both delivery and population-level outcomes. This approach recognises that health and social care outcomes are influenced by many factors and that the Partnership's role is to demonstrate contribution towards improvements rather than direct attribution.

Tier 1: Strategic Outcome Indicators

A small suite of Partnership-level outcome indicators will be reported annually to the Strategic Planning Group and Integration Joint Board. These measures will provide a strategic assessment of whether the Partnership is making progress towards the longer-term ambitions of the Strategic Plan and help answer the fundamental question:

"How will we know by 2029 that the Strategic Plan has made a difference for the people of Fife?"

The proposed headline indicators include:

Prevention

- Percentage of Population Living Independently at Home
- Emergency Admission Rate
- Permanent Care Home Admissions
- Smoking Cessation rates
- Childhood Immunisation Rates

Communities

- Delayed Discharge Bed Days
- Demand for Care at Home Services
- Average waiting time for assessment of need
- Carer Wellbeing

Digital

- Technology Enable Care, total number provided
- As a new priority, further measures will be developed to include
 - Digital Inclusion
 - Availability of Digital Resources

These outcome indicators will provide a high-level view of progress against the strategic priorities of Prevention, Communities and Digital whilst recognising that movement in many of these measures will be influenced by wider system factors, national policy, demographic trends and the contribution of partners across Fife.

Tier 2: Strategic Delivery Plan Evidence of Success

The Strategic Delivery Plan will continue to provide the medium-term measures of success associated with each Strategic Priority Area and Strategic Workstream. These measures provide the critical bridge between population-level outcomes and delivery activity and describe the changes that the Partnership expects to see if delivery is progressing as intended. Examples include improved uptake of preventative services, improved access to rehabilitation and reablement, reduced delayed discharge, improved outcomes for carers, increased participation and engagement, strengthened community support and improved access to digital and technology-enabled care.

These measures remain an important component of the framework because they help demonstrate whether delivery activity is contributing towards the intended outcomes before changes in the headline strategic indicators become evident.

Tier 3: Annual Delivery Plan Measures

The Annual Delivery Plan will continue to contain the detailed SMART actions, milestones, deliverables and operational measures required to monitor implementation throughout the year. These measures focus on whether agreed actions are being delivered successfully and provide the operational evidence underpinning progress within individual workstreams and priority areas.

Taken together, this three-tier framework creates a clear line of sight from strategic outcomes through to delivery activity:

Tier 1: Are outcomes for people in Fife improving?

Tier 2: Are our strategic workstreams producing the changes we expected to see?

Tier 3: Are we delivering the actions and milestones we committed to?

This approach provides assurance not only that the Partnership is delivering what it said it would deliver, but also that those collective efforts are contributing towards improved outcomes for the people of Fife.

Whilst the introduction of headline strategic outcome indicators strengthens the framework, care should be taken not to create a parallel performance management system or place disproportionate emphasis on measures that are influenced by wider system factors. The strategic outcome indicators should therefore complement, rather than replace, the existing Strategic Delivery Plan evidence of success measures and Annual Delivery Plan reporting arrangements. Together, the three tiers provide a balanced approach that combines population outcomes, strategic delivery and operational performance within a single integrated framework.

The first Annual Delivery Plan demonstrates that delivery is already underway across all three Strategic Plan priorities. Activities include preventative health programmes, strengthening primary care, rehabilitation and reablement, mental health and wellbeing, alcohol and drug recovery, carers support, participation and engagement, technology enabled care and digital transformation. The Quarter 1 report evidences substantial delivery activity across the majority of Strategic Priority Areas, providing assurance that the Strategic Plan is being translated into tangible programmes of work across the Partnership.

The Quarter 1 Annual Delivery Plan demonstrates that the majority of Strategic Priority Areas are progressing as planned, with delivery activity established across Prevention, Communities and Digital priorities. Reporting includes progress, confidence, risks, learning and evidence of impact, enabling governance groups to move beyond activity reporting towards a more comprehensive assessment of delivery and outcomes.

Members should note that the framework is being introduced on a phased basis. Whilst core planning, governance and reporting arrangements are now established, outcomes mapping, evaluation approaches and evidence collection processes will continue to mature throughout 2026/27. Early confidence assessments should therefore be interpreted as a measure of evidence maturity rather than organisational performance.

Related Documents/Appendices

[Strategic Plan Delivery Plan and Appendices](#)

- Appendix 1: Strategic Delivery Plan 2026-2029
- Appendix 2: Annual Delivery Plan
- Appendix 3: Strategic Performance Indicators
- Appendix 4: Monitoring & Evaluation Framework

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	24/08/26	☐	☐	
Strategic Planning Group (SPG)	☒	☐	02/09/26	☒	☐	• Strengthened narrative to recognise the importance of pharmacist prescribers within community pharmacy services, the role of carers, and the impact that service delays can have on unpaid carers. • Updated reporting and oversight arrangements to reflect ongoing work to improve waiting time data, support transparency, and ensure carer-related feedback is considered through relevant governance and engagement mechanisms.
Quality & Communities (QCC)	☒	☐	09/09/26	☒	☐	
Finance, Performance & Scrutiny (FP&S)	☒	☐	18/09/26	☐	☒	• SBAR updated to better reflect the iterative development and strengthening of the framework through review by SPG, QCC and FP&S. Additional narrative included to explain the phased implementation approach and that confidence assessments reflect the maturity of evidence and evaluation arrangements, which

						will continue to develop during 2026-27.
Integration Joint Board (IJB)		☒	30/09/26			

Implications/Impacts				
Description of any +/- implications/impacts and any suggested actions arising				
Service Users/Carers	☒	The approach strengthens accountability for delivery, supports continuous improvement in the quality and accessibility of services, and provides greater transparency regarding progress and outcomes. Intended to have a positive impact on carers, services and local communities		
Localities/Communities	☒			
Workforce	☒	The Strategic Delivery Plan does not in itself create additional workforce commitments.		
Financial	☒	The Strategic Delivery Plan does not in itself create additional financial commitments.		
Performance	☒	Aligned with current Performance Framework		
Risk & Mitigation	☒	The proposed three-tier performance framework mitigates the risk that strategic priorities become disconnected from operational delivery and provides assurance that progress towards outcomes can be monitored, evidenced and evaluated.		
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title:	Winter COVID-19 and Flu Vaccine Delivery Campaign 2026/27		
Agenda Item No:	6.2		
Responsible Owner:	Lisa Cooper, Head of Service, Primary and Preventative Care		
Report Author:	Karen Nolan, Clinical Services Manager, Community Immunisation Service		

Executive Summary

- The NHS Fife Winter COVID-19 and Flu Vaccination Campaign 2026/27 has begun. As of 21 September, 6,665 vaccinations have been administered. Campaign plans are being delivered, with arrangements developed across the full range of eligible cohorts and delivery settings to support a comprehensive and accessible vaccination offer.
- The total winter vaccination cohort is approximately 193,000. The planned delivery model includes school and pre-school vaccination, care homes, housebound vaccination, community clinics, inpatient and opportunistic vaccination, health and social care worker vaccination and community pharmacy provision. This provides multiple routes to vaccination and is intended to maximise the opportunity for eligible citizens of Fife to receive their vaccination.
- Specific planning has been undertaken to increase uptake across cohorts where there is an opportunity for improvement. This includes expanded use of drop-in and mop-up clinics, Comms campaigns both national and local, bespoke housebound delivery, community pharmacy provision and a strengthened Staff Flu Peer Vaccination Programme delivery.
- Delivery has been planned in line with national guidance, with the aim of offering all eligible cohorts an appointment by the 11th December 2026 and continuing mop-up activity thereafter. Weekly monitoring of uptake and programme delivery will enable the service to identify areas requiring additional intervention and adjust activity throughout the campaign.
- This programme forms part of the wider year-round Community Immunisation Programme and builds on established governance, operational learning and partnership arrangements across NHS Fife. Community pharmacy capacity, additional hours, bank staffing and partner-service support have been incorporated into the overall delivery plan to support programme resilience.
- The Board is asked to note the comprehensive planning and delivery arrangements in place to support safe implementation and increased uptake in key priority areas for this winter programme. Also to consider the proposed extension of delivery to 11th December 2026 and the associated workforce support requirements. There is a deficit of 5.2 WTE registrants however mitigation is in place in the form of additional hours, bank staff and CTAC support. Despite these challenges CIS is optimistic on successful programme delivery.

Recommendations		
This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Seek a Decision	☒	Approve extension of programme delivery to 11 th December 2026 and support the additional workforce capacity required for safe delivery.
Provide Assurance	☒	Take assurance from the planning, delivery controls, monitoring and escalation arrangements described in this report.
For Discussion	☒	Discuss the remaining workforce, delivery-window and uptake risks.

Directions	
No Direction Required	☒

Situation/Background (Purpose of Report)
Purpose To provide an update on planning and readiness for the NHS Fife Winter COVID-19 and Flu Vaccination Campaign 2026/27, and to seek decisions on workforce support and the proposed delivery end date. Background The Winter COVID-19 and Flu Vaccination Campaign forms part of a significantly larger year-round Community Immunisation Programme. Across 2026, NHS Fife is responsible for the delivery of multiple national vaccination programmes including Preschool and School Flu, COVID-19, RSV, Shingles, Pneumococcal, HPV, MenACWY, Td/IPV and selected immunisation activity. These programmes collectively represent delivery to many tens of thousands of eligible citizens across a range of settings including schools, community clinics, GP practices, care homes, patients' own homes and outreach locations. The programme requires complex workforce planning, clinical governance, pharmacy support, communications, digital infrastructure, scheduling and performance monitoring to ensure safe and effective delivery throughout the year The winter programme sits within this wider delivery framework and must be planned alongside existing vaccination commitments, workforce availability and competing service pressures. Consequently, workforce capacity secured for winter delivery provides benefits beyond the seasonal campaign by supporting sustainability and resilience across the wider immunisation programme. Delivery of winter vaccination is therefore not solely a seasonal operational exercise but a critical component of the broader NHS Fife prevention and population health agenda. Successful delivery contributes to reducing avoidable hospital admissions, protecting vulnerable populations, improving workforce resilience during periods of peak demand and addressing health inequalities through targeted outreach and flexible delivery models. The programme is supported by established governance arrangements through the Community Immunisation Service Programme Board, monitored weekly via the national online management information system (Discovery) and actioned accordingly via the service.

Assessment (Key Points/Issues and Risks)

Programme scale and delivery model

The total winter vaccination cohort is approximately 193,000. Delivery will use community venues across Fife, schools and pre-school settings, care-home visits, housebound visits, inpatient and opportunistic vaccination, staff peer vaccination, community pharmacy clinics and targeted outreach.

Children's flu delivery is planned from September to November 2026. Care-home and housebound delivery will commence in October. Community clinics will support over-75 co-administration and wider eligible cohorts, with drop-in and mop-up options thereafter. There are no National Targets this year apart from WHO guidance of a national uptake of 70% for those aged 65 and above. Local aspirations are being set in full conjunction with the IC Coordinator Dr Esther Curnock. There is national recognition that maintaining uptake should not be seen as a failure in view of the waning vaccination sentiment across the nation this is reflected in vaccination uptake. Fife will be looking to increase uptake across all cohorts. Workforce is a risk and will remain in place throughout the programme.

The Staff Flu Peer Vaccination Programme remains a key component of the NHS Fife staff vaccination strategy. The programme seeks to improve vaccination accessibility and uptake by enabling trained peer vaccinators to promote and administer flu vaccinations within their own teams, wards and departments. Peer vaccinators have been identified across inpatient and community settings and will be supported through a dedicated short-life working group to coordinate implementation, governance arrangements, training, stock management and communications.

The peer vaccination model supports equitable access by reducing barriers associated with attendance at fixed clinics, provides greater flexibility for frontline staff working varied shifts, and enables vaccination activity to be undertaken within normal operational environments. Evidence from previous campaigns demonstrates that local promotion by trusted colleagues can positively influence vaccine confidence and uptake, particularly amongst staff groups that may be less likely to attend traditional clinic-based models.

The staff flu campaign will commence on the 14 September 2026, with peer vaccinators supporting vaccine delivery within teams before the end of October to maximise protection ahead of peak winter pressures.

Community Pharmacy

Fifty-five participating community pharmacies are planned to provide 882 four-hour flu-only clinic sessions for the 65 to 74 cohort between 28 September and 14 November 2026. Planned capacity is approximately 35,000 vaccinations. This model has been fully supported by the Community Immunisation Programme Board

Workforce

Delivery requires registered nurse capacity above the normal in-year establishment of 38 WTE. Vacancies, maternity leave, long-term sickness and flexible working arrangements are contributing to the pressure. As of 21 September, the programme has a deficit of 5.2 WTE registered nurses. Mitigation includes additional hours, bank staff, CTAC support and Care Home Liaison Team support in 24 of 75 care homes across Glenrothes and North-East Fife. This deficit in the Workforce does not come without its challenges to the delivery of the programme and it will be necessary to allow flex within the service, and a prioritisation of clinical work.

Key risks and controls

There is a risk that all eligible people may not be offered an appointment by 7 December 2026. Delivery, workforce, uptake, finance, and operational risks will be monitored weekly and escalated through established CIS governance. Community pharmacy provision, bank usage, and additional hours are included within the planned budget.

Quality, inequalities, and engagement

Uptake of winter flu & COVID vaccinations at both a Fife and Scotland level has demonstrated persistent inequalities by deprivation status, geography and ethnicity over recent years. Previous uptake trends along with data monitored throughout the programme are used to inform decisions regarding locations for outreach clinics supported by the Scottish Ambulance Services and also guide targeted public communications and engagement. The community pharmacy flu vaccination offer provides additional local provision, and home visits are arranged for those who face any access challenges.

Arrangements are in place for pupils who miss school delivery sessions to enable subsequent opportunities for vaccination, including community based and home visits if required. As per the CMO direction, this is particularly important for children at clinical risk.

Cohorts with lower uptake for the winter vaccinations mirror inequalities seen in wider adult and children vaccination programmes, and improvement work takes place throughout the year to address the underlying challenges that drive these. Following a refresh of the Fife Immunisation Strategic Framework in 2024, the inclusion group was replaced by the Immunisation Transformation Oversight Group (ITOG), to provide oversight for quality improvement and inclusion activities and to support the framework's underlying strategic aims to maximise uptake and reduce inequalities.

Related Documents/Appendices

Appendix 1: Winter 2026/27 Delivery Plan

Completed Equality Impact Assessment, held by the Inclusivity Group and available on request

Chief Medical Officer final version SGHD CMO (2026) 05 - Seasonal Influenza annual CMO letter winter 2026-27 - March 2026

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Follow in	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	09/09/26	☐	☐	
Local Partnership Forum (LPF)	☒	☐	16/09/26	☐	☐	
Quality & Communities (QCC)	☒	☐	09/09/26	☐	☐	
Integration Joint Board (IJB)		☒	30/09/26			
NHS Fife						
Executive Leadership Team (ELT)	☐	☒	15/10/26	☐	☐	
Other: CIS Programme Board	☒					

Implications/Impacts		
Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	☒	Improved access to timely winter vaccination, with home-visit and drop-in options supporting people unable to use standard appointments.
Localities/Communities	☒	Delivery across Fife includes rural communities and targeted support in areas of deprivation.
Quality of Care	☒	Clinical oversight, accurate vaccination recording and weekly monitoring support safe and effective delivery.
Workforce	☒	Additional registered nurse capacity, extra hours, bank staff and partner-service support are required. A 10 WTE registered nurse deficit remains as at 7 September.
Legal	☒	No specific legal impact identified in the source SBAR. Delivery will continue within established clinical and governance requirements.
Financial	☒	Community pharmacy cost is anticipated at £340,452. Additional hours and bank usage are included in budget monitoring arrangements.
Performance	☒	Risk remains to offering all eligible cohorts an appointment by 7 December 2026. Delivery and uptake will be monitored weekly.
Communication and Engagement	☒	National toolkits will be adapted locally, using established communication channels and learning from previous campaigns.
Risk & Mitigation	☒	Key risks relate to workforce capacity, delivery timescales, uptake and operational readiness. Controls include weekly monitoring, escalation, bank staff, additional hours, pharmacy capacity and partner support.
Equalities and Human Rights, including children's rights and health inequalities	☒	Full EQIA has been completed and is available on request

Key Decision	What are the risks if we do not take this decision?	What are the risks to taking this decision?	What impact do these risks have for the IJB?*		Corresponding risk appetite**	What benefits are envisaged from taking this decision?	Can we take or accept those risks associated with taking this decision in line with our Risk Appetite?
Approve extension of delivery to 11 December 2026 and support additional workforce capacity.	Reduced ability to deliver safely and offer all eligible cohorts timely vaccination; increased pressure on the substantive workforce; potential impact on uptake and winter resilience.	Additional financial expenditure and dependency on temporary staffing and partner capacity.		☒ Strategic Objectives ☒ Quality of Care ☒ Resources ☒ Reputation	Open / Cautious-Open	Safer and more deliverable programme; improved capacity; reduced risk of missed or delayed vaccination; support for equitable access.	☒ Yes ☐ No ☐ N/A

*Key Risk Impacts	**Risk Appetite	Comments
Impact on the Delivery of Strategic Objectives	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Compliance with legislation	Averse/Minimalist	We will not break the law but may take some small, considered risks in the application of untested legislation.
Impacts on Governance arrangements	Cautious/Open	We may take some risks in relation to our internal governance arrangements if this will provide a benefit.
Impacts on Quality of Care	Cautious/Open	We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.
Impacts on resources, including financial and workforce resources	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Reputation	Cautious/Open	We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain.

Appendix 1: Table 1: Winter 2026/27 Delivery Plan

Cohort	Size	Delivery Dates	Workforce	Scheduling
75+ (Co Admin)	39,000	27 September - 7 December	As part of overall winter plan, 3 vaccinators per venue, on days clinics are open would undertake additional hours, including staff in CTAC, and usage of bank staff resource will supplement normal staffing.	For winter 2026, around 32k will be offered timed appointments. Around 7k will be sent a prompt to self book. Those appointed are those who are new to cohort or have had either their flu or any covid vaccination in 2024 or 2025. For those unable to attend a clinic, there is a safety net provision that provides for offering a home visit.
12-74 WIS (Co Admin) (12-17 Flu at school)	10,000	3 November - 7 December	As part of overall winter plan, 3 vaccinators per venue, on days clinics are open would undertake additional hours, including staff in CTAC, and usage of bank staff resource will supplement normal staffing.	For winter 2025, around 6k will be offered timed appointments. Around 4k will be sent a prompt to self book. Those appointed are those who are new to cohort or have had either their flu or any covid vaccination in 2024 or 2025. For those unable to attend a clinic, there is a safety net provision that provides for offering a home visit.
Care Homes	2,500	6 Oct (4 Weeks)	Support from CHLN this Winter as well as 2 care homes teams from the service Administrator also supporting delivery by ensuring early contact with homes and ensuring all paperwork in place prior to	6-week plan, inclusive of mop up activity.

Cohort	Size	Delivery Dates	Workforce	Scheduling
			visits	
Home Visits	2,700	12 October - 7 December	Appointments and delivery will be very much driven by staffing availability.	Home Visits run throughout the programme, starting 12 October. Lists are derived from GP housebound lists, with safety net triage processes in place for those who are appointed to clinics, but may require a home visit.
<11 WIS	TBC	Late November	Most likely to utilise workforce trained in infant immunisations, supported by other registrants	Local lettering preferred to offer wider patient choice. Patients will be offered appointments at local infant clinics and/or community clinics
Pre School Flu	9,000	03/09/26-30/11/2026	Ample registrants available at this point in the winter programme, with little competing demands.	Local lettering approach. All preschool flu will be offered direct access opportunities, as well as attending a local SAS unit, with alternative options detailed in the appointment letter, including "speak to a nurse" patient focused options.
Primary School Flu	28,000	10/09/26-30/11/26	Sufficient registered nurses to support primary school programme, however when adult clinics and care homes commence, there is a greater impact on staffing resource. Additional workforce is being allocated to primary schools in 2026 following local feedback from staff in	4 week plan. CMO letter and SG policy indicated child flu should start 1st week in September however failure to secure vaccine at a national level, to allow commencement, has necessitated a local delay in starting in primary schools and pre-school programmes.

Cohort	Size	Delivery Dates	Workforce	Scheduling
			previous years, alongside a lower-than-average uptake versus national figures.	
Secondary School Flu	26,000	27 October - 7 December	Overall, there is elevated risk to Winter 2026 delivery due to recent vacancies and anticipated longer term absence issues relating to maternity and long-term sickness. VMFs are in the approval process. As part of normal winter resourcing, all staff have been asked if they would undertake additional hours, including staff in CTAC, and usage of bank staff resource will supplement normal staffing.	Discussion on appointing and calling of pupils, ongoing, benchmarking against other HB approaches. Engagement with education leads ongoing to ensure support for any change in approach is in place. Packs are arriving late July, unsealed, to allow for local letters to be added to consent packs.
65-74 Flu Only	45,000	28/09/26	CP for 65-74yrs	mixture of appointment and prompts
18 – 64 At Risk Flu Only	55,000	9 November 2026	CIS workforce	mixture of appointment and prompts



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30/09/2026
Report Title:	IJB/HSCP Resilience Assurance Group Annual Report		
Agenda Item No:	7.1		
Responsible Owner:	Chris Conroy, Head of Community Care Services		
Report Author:	Lorraine Cooper-King, Business Manager, Community Care Services Avril Sweeney, Risk Compliance Manager, HSCP		

Executive Summary

- Annual report for the period 2028/26, to provide assurance to IJB in relation to statutory role as a Category 1 responder
- Resilience Assurance Group (RAG) continues to meet throughout the year as the conduit for governance, oversight and progression of resilience activities and priorities
- Closure of the resilience risk on the IJB strategic risk register following a deep-dive review which confirmed all SMART actions were complete, the risk score had reduced to target level, and substantial assurance remains in place
- Business Continuity plans and annual review arrangements remain in place across the HSCP, and monitored also via NHS Fife Resilience for health plans
- Focus for 2026/27 will be on strengthening resilience capability including loggist capacity, relaunching the HSCP Resilience Framework and awareness resource, fuel shortage discussions, community-based scenario discussions, and the role and involvement of HSCP RAG within the area of Care for People.

Recommendations

This paper is presented to: -	Clearly outline below what the Board/Committee are being asked to do: -	
Provide Assurance	☒	Update and assurance on work undertaken within / via the HSCP Resilience Assurance Group and wider Resilience activities

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

In March 2021, the Civil Contingencies Act 2004 (CCA) was amended to include Integration Joint Boards as a category 1 responder under the Act. The CCA now lists Integration Joint Boards, NHS Boards and Local Authorities as Category 1 responders, amongst others, and places specific duties on these organisations.

The Health and Social Care Partnership (HSCP) Resilience Assurance Group was set up with the aim of ensuring, through the principles of Integrated Emergency Management, that the Health and Social Care Partnership supports compliance with the duties of the CCA for the IJB, NHS Fife and Fife Council and seeks and provides assurance that the Partnership effectively prepares for, responds to and recovers from, civil emergencies and business continuity disruptions impacting on Fife's Communities and the delivery of Health and Social Care Services.

The Partnership's key priorities are to ensure that critical services delegated to the IJB are maintained to ensure the safety and well-being of patients and service users and the wider Fife community. It is essential that decisions taken are co-ordinated and well thought through to minimise impacts across the system. The work of the HSCP Resilience Assurance Group ensures the duties of the IJB are being met.

The Group is led by the Head of Community Care Services, as Senior Leadership Team (SLT) Lead for Resilience within the Partnership.

This annual report covers the period September 2025-August 2026.

Assessment (Key Points/Issues and Risks)

Resilience Assurance Group Meetings

The Resilience Assurance Group have met three times since the last annual report, in October 2025, February 2026 and May 2026. SBAR updates to SLT have been provided following each of these meetings.

Business Continuity

Across the Health and Social Care Partnership, 72 service areas currently have Business Continuity Plans in place. This comprises 68 NHS service areas and four Fife Council services identified as critical. Plans are subject to review on a rolling 12-month basis. Although maintaining annual review timescales continues to be impacted by service demand and staffing pressures, assurance can be provided that all relevant service areas have operationally workable BCPs available for activation if required.

Risk

Following a deep dive review, the risk relating to resilience (governance) on the IJB Risk Register was closed in September 2025. This risk was in relation to the IJB being unable to fulfil its statutory role as a Category 1 responder under the Civil Contingencies Act 2004.

As part of a deep dive into this risk, there was confidence that there was a substantial level of assurance that work was ongoing to support the management of this risk, and all SMART actions had been completed. As such, the current risk score was reduced to the target level, and it was recommended that the risk be closed. Work will, however, remain as business as usual. A closure SBAR was presented to the Quality & Communities Committee in September 2025, where the recommendation to close the risk was agreed.

Resilience Assurance Framework

Fife HSCP Resilience Framework was first approved in November 2023. During the period 2025-2026 work has been ongoing to review and update, where necessary, the Resilience Framework, and to ensure it is in line with partner guidance, policies and procedures, as well as wider national resilience guidance. The update of this document remains ongoing with the aim to present to IJB in due course.

Local and Multi-Agency Exercises and Workshops

HSCP has been represented at a number of multi-agency exercises during this reporting period. Further details can be found in the attached report.

Resilience Assurance Group Workplan

The Resilience Assurance Group Workplan is an ongoing, rolling document providing focus and assurance against key areas including governance, risk, business continuity and awareness.

Focus for 2026/27

- Loggists
- Relaunch of HSCP Resilience Framework and Resilience Awareness Resource
- Action cards / scenario flowcharts
- Assurance of BCP annual reviews
- Fuel shortage considerations, including inclusion within BCPs
- Programme of community-based scenario discussions
- Care for People

Related Documents/Appendices

- Appendix 1: Fife HSCP Resilience Assurance Group Annual Report 2025-2026 (linked below)
[fife-hscp-resilience-assurance-group-annual-report-2025-2026.pdf](#)

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	24/08/2026	☐	☒	
Local Partnership Forum (LPF)	☐	☒	16/09/2026	☐	☒	
Quality & Communities (QCC)	☐	☒	09/09/2026	☐	☒	
Integration Joint Board (IJB)		☒	30/09/2026			

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising

Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>
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Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Avril Sweeney	Risk Compliance Manager	14/08/2026
Chris Conroy	Head of Service, Community Care Services	17/08/2026

Confirmation

- ☒ The content of this report has been reviewed by the officers listed above.
- ☒ The Responsible Owner confirms that the information contained within this report is accurate and complete.
- ☒ Any required financial, workforce, legal, governance, equalities and risk implications have been considered and reflected within the report



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 th September 2026
Report Title:	Local Partnership Forum Annual Report 2025-26		
Agenda Item No:	7.2		
Responsible Owner:	Roy Lawrence, Head of Culture, Engagement & Communities (on behalf of LPF Co-Chairs)		
Report Author:	Roy Lawrence, Head of Culture, Engagement & Communities / Hazel Williamson, Internal Communications Advisor		

Executive Summary

The Local Partnership Forum (LPF) continues to provide a strong, mature partnership between management, Trade Unions and Staff-side colleagues across NHS Fife and Fife Council services. It plays a critical role in ensuring staff voice informs decision-making while providing governance, assurance and oversight of key workforce issues.

- **Key Achievements 2025–26**

- ✓ Strengthened partnership working through open dialogue, constructive challenge and shared problem-solving.
- ✓ Improved workforce governance and assurance, tracking of actions and accountability.
- ✓ Shift to more supportive attendance management, focusing on early intervention and wellbeing.
- ✓ Stronger focus on health, safety and wellbeing, including learning from incidents and improving support for the workforce in addressing mandatory training compliance.
- ✓ Greater visibility of workforce pressures, including financial constraints, and their impact on staff and service delivery.

- **Impact:**

- ✓ Workforce decisions increasingly informed by lived staff experience.
- ✓ Working with operational services to ensure earlier, compassionate interventions supporting staff wellbeing and attendance.
- ✓ Improved transparency, engagement and trust across services.
- ✓ Continued support for safe, sustainable service delivery despite significant system pressures.

- **Key Priorities 2026–27:**

- ✓ Embed supportive attendance management approaches
- ✓ Support delivery of the HSCP Workforce Action Plan
- ✓ Strengthen recruitment pipelines and workforce capacity

- ✓ Improve mandatory training compliance and wider employer conversations
- ✓ Enhance staff voice and partnership engagement
- ✓ Support staff wellbeing and organisational learning
- ✓ Maintain focus on workforce impact of financial challenges

- **Overall Assurance:**

The LPF provides assurance to the Integration Joint Board and senior leaders that workforce risks are being actively managed through a partnership approach, with clear alignment to the FHSCP Strategic Plan and national drivers. The LPF continues to demonstrate that effective partnership working is a key enabler of workforce sustainability, staff wellbeing and service improvement, providing confidence that workforce challenges are being addressed transparently, collaboratively and with clear accountability. This assessment reflects the maturity of partnership working and workforce governance arrangements, while recognising ongoing challenges relating to workforce capacity, recruitment pressures, sickness absence, financial constraints and variability in mandatory training compliance.

Recommendations

This paper is presented to: -		Clearly outline below what the IJB are being asked to do: -
Provide Assurance	☒	The paper seeks to provide assurance that the LPF continues to provide effective workforce governance, staff advocacy and partnership oversight across the health and social care system.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

The Local Partnership Forum (LPF) operates as a key governance and engagement mechanism within Fife Health and Social Care Partnership, bringing together senior leaders, HR, Trade Unions and Staff-side representatives to ensure workforce issues are managed collaboratively and transparently.

During 2025–26, the organisation has continued to operate within a highly challenging context, including sustained financial pressures, increasing service demand and ongoing workforce capacity challenges impacting both health and social care services.

In response, the LPF has provided a structured forum for partnership working, enabling:

- Joint oversight of workforce risks and performance
- Early identification and escalation of emerging pressures
- Shared problem-solving across organisational boundaries

The Forum's role has become increasingly important in ensuring that:

- Staff voice and lived experience inform decisions on service change and workforce policy
- There is clear assurance and accountability for workforce-related decisions reported to the Integration Joint Board

Overall, the LPF provides the governance, challenge and partnership approach required to balance workforce wellbeing, service delivery and financial sustainability in a complex and evolving system.

Assessment (Key Points/Issues and Risks)

The LPF demonstrated active governance throughout 2025-26, providing regular scrutiny, constructive challenge and follow-up of workforce issues, ensuring agreed actions were monitored and progressed. There are some key areas that the LPF provides trade union oversight for that affect our workforce:

1. Sustained Workforce Pressure and Capacity Risk

Ongoing vacancies, recruitment challenges and increasing demand continue to place pressure on existing staff, impacting workload, morale and service resilience. While recruitment oversight has improved, workforce gaps remain a key operational risk requiring continued focus.

2. Attendance and Wellbeing Challenges

Levels of sickness absence—particularly linked to stress and long-term conditions—highlight underlying pressures within the system. Although progress has been made towards earlier, more supportive interventions, embedding consistency across services remains a challenge.

3. Impact of Financial Constraints on Workforce

The financial background presents a risk to workforce stability, including potential impacts on staffing levels, workload and wellbeing. LPF recognises the need to maintain a careful balance between financial sustainability and safe, person-centred service delivery.

4. Variability in Compliance and Systems (e.g. Mandatory Training)

While there has been progress, inconsistent compliance with mandatory training and system/process barriers continue to affect workforce readiness and safety assurance. Further improvement in access, uptake and system usability has been discussed through our LPF Development Work.

5. Maintaining Meaningful Staff Engagement at Scale

Ensuring consistent and meaningful staff voice across a large and complex system remains a challenge. The LPF provide support to ensure engagement is timely, inclusive and genuinely influences decision-making, particularly during periods of change.

Evidence throughout 2025-26 demonstrates that LPF discussions have translated into tangible workforce improvements, including more supportive attendance management approaches, strengthened recruitment oversight, enhanced workforce wellbeing discussions and improved scrutiny of health and safety and training compliance. The Forum has also provided an important mechanism for staff voice and Trade Union engagement, ensuring workforce impacts are considered in decision-making and that agreed actions are actively monitored and progressed.

Related Documents/Appendices

Appendix 1: LPF Annual Report 2025-26 (linked below)

[Local Partnership Forum annual report 2025-26](#)

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	29/6/26	☐	☐	No changes requested.
Local Partnership Forum (LPF)	☒	☐	16/9/26	☐	☐	No changes requested.
Integration Joint Board (IJB)		☒	30/9/26			
Other (please specify):						
NHS Area Partnership Forum	☐	☒	TBC	☐	☐	

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	☒	Workforce pressures and recruitment gaps have the potential to impact continuity, responsiveness and overall experience for service users and carers. Partnership-led workforce planning and wellbeing support aim to mitigate these risks and maintain safe, person-centred care. Workforce pressures and service demand can impact the experience of unpaid carers—including staff who have caring responsibilities—affecting continuity, responsiveness and access to support. A partnership-led approach aims to recognise and support carers' needs, helping sustain both staff wellbeing and high-quality, person-centred care.	
Localities/Communities	☒	Variation in workforce capacity across services can create uneven access and pressure within localities, particularly in high-demand areas. The LPF supports a coordinated, system-wide approach to ensure more equitable service delivery across communities.	
Quality of Care	☒	Sustained workforce pressures and capacity challenges present a risk to maintaining consistent quality and safety standards. Strengthened oversight of wellbeing, training and safety through the LPF supports continuous improvement and learning.	
Workforce	☒	Staff continue to experience pressure related to workload, absence and system change, impacting wellbeing and engagement. The LPF's focus on supportive attendance management, staff voice and partnership working is helping to create a more consistent and compassionate workforce experience.	
Legal	☒	Effective partnership working and staff governance through the LPF support compliance with workforce-related legislation, policies and national guidance. Transparent processes and engagement with Trade Unions reduce the risk of challenge and support fair, consistent decision-making.	
Financial	☒	Financial constraints continue to drive workforce-related decisions, with potential impacts on staffing levels and service delivery. The LPF provides oversight to ensure workforce implications are fully considered and balanced against the need for financial recovery.	
Performance	☒	Workforce capacity, absence and recruitment challenges directly influence organisational performance and delivery against key targets. Improved data, monitoring and partnership oversight through the LPF support more proactive performance management.	
Climate	☒	Workforce planning and service delivery changes provide opportunities to align with Climate Fife priorities, including more sustainable ways of working and resource use. The LPF supports consideration of environmental impact within workforce and service decisions where relevant.	
Communication and Engagement	☒	Maintaining clear, consistent and timely communication remains critical in a complex and changing environment. The LPF strengthens engagement by ensuring staff voice is represented and that workforce impacts are considered in decision-making.	
Risk & Mitigation	☒	Key risks relate to workforce capacity, wellbeing, financial pressures and variability in implementation across services. These are actively mitigated through strengthened governance, partnership working, early intervention approaches and ongoing monitoring via the LPF.	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title:	Whistleblowing Annual Report 2025-26		
Agenda Item No:	7.3		
Responsible Owner:	Roy Lawrence, Head of Culture, Engagement & Communities		
Report Author:	Roy Lawrence, Head of Culture, Engagement & Communities Pamela Redpath, Service Manager - Audit & Risk Management Services, Fife Council Jill Dawson-Allan, Corporate Fraud Lead Officer, Fife Council Debbie McGirr, Speak Up / Whistleblowing Co-ordinator, NHS Fife Alan Adamson, Service Manager (Quality Assurance)		

Executive Summary

- The Fife HSCP Whistleblowing Annual Report 2025–26 provides assurance that NHS Fife, Fife Council and Trade Union partners are working collaboratively to meet the requirements of Part 8 of the National Whistleblowing Standards.
- A mature, multi-agency Whistleblowing Group continues to oversee activity, strengthen alignment between employer approaches where possible and support a consistent, integrated response to concerns raised across the Partnership.
- The report demonstrates ongoing improvement in shared learning and system-wide understanding of whistleblowing practice, despite the complexity of a two employer model.
- The report includes some strong assurance indicators:
 - ✓ 87% of NHS Fife staff have completed whistleblowing awareness training.
 - ✓ 83.5% of HSCP-based Fife Council staff have completed the mandatory Corporate Fraud and Whistleblowing module.These figures provide tangible evidence that awareness activity is reaching the workforce.
- Key priorities for 2026–27 include extending the approach to commissioned services, strengthening awareness and accessibility for staff, and further aligning practice across partners.
- Overall, the report provides moderate assurance that arrangements are in place to support staff to raise concerns safely and that these are acted upon to improve quality and safety. This assessment reflects the maturity of existing governance arrangements and collaborative partnership working, while recognising ongoing risks relating to workforce awareness, differing employer processes and the need to strengthen oversight of commissioned services.

Recommendations

This paper is presented to: -

Clearly outline below what the IJB are being asked to do: -

Provide Assurance



The paper seeks to provide assurance to the Board that effective arrangements are in place to support staff to raise concerns safely, that concerns are appropriately acted upon, and that learning is used to improve quality, safety and organisational culture.

Directions

No Direction Required



Situation/Background (Purpose of Report)

Whistleblowing within health and social care is underpinned by a clear legislative and regulatory framework designed to ensure workers can raise concerns safely and that organisations respond appropriately. The Public Interest Disclosure Act 1998 (PIDA) provides statutory protection for workers who make a “protected disclosure”, safeguarding them from detriment or unfair treatment when raising concerns in the public interest.

Within Scotland, the National Whistleblowing Standards (introduced April 2021), and specifically Part 8: Information for Health and Social Care Partnerships, set out explicit expectations for Integration Joint Boards to ensure effective, transparent and accessible whistleblowing arrangements across integrated services.

A key principle of Part 8 is that the two-employer model (NHS and Fife Council) must not act as a barrier to staff raising concerns or to those concerns being heard, investigated and acted upon appropriately. In response, Fife HSCP established a multi-agency Whistleblowing Group in 2022, bringing together NHS Fife, Fife Council, Trade Union representatives and governance leads to develop a coordinated, system-wide approach.

This group has driven a programme of work to:

- Build shared understanding of different employer policies and procedures
- Address the practical complexities of whistleblowing in integrated teams
- Strengthen governance, oversight and reporting to SLT, LPF, and the IJB
- Produce co-authored annual reporting to support system-wide assurance

Over the past year, partners have continued to invest in strengthening arrangements, including:

- Changes to NHS whistleblowing infrastructure and leadership
- Enhanced cross-partner dialogue and a development session to support shared learning
- Early consideration of how whistleblowing arrangements extend into commissioned and third-sector services, recognising the broader system context for the IJB

The report highlights that whistleblowing is being supported not only through policies and governance arrangements, but through wider cultural improvement work across the Partnership. Continued investment in inclusive leadership, reverse mentoring and staff engagement is helping to strengthen psychological safety and support a culture where raising concerns is recognised as a positive contribution to quality, safety and continuous improvement.

Overall, within Fife, whistleblowing is increasingly positioned not only as a compliance requirement but as a critical component of organisational culture, safety and continuous improvement across integrated services. The work of the Whistleblowing Group has sought guidance from, and ensured the support of, Trade Union and Staff Side colleagues for the work done as part of the Group.

Assessment (Key Points/Issues and Risks)

The 2025–26 Annual Report demonstrates that Fife HSCP has continued to make steady progress in developing a more coherent and collaborative approach to whistleblowing with employer partners. A clear strength is the maturity of the Whistleblowing Group, which is now functioning as the main forum for shared oversight, challenge and learning across NHS Fife, Fife Council, HSCP and Trade Union partners.

There is increasing evidence that partners are not only confident in their own organisational arrangements but are also actively working to understand and bridge differences between systems, which is essential within an integrated care context. A development session and ongoing meetings have helped build stronger relationships, greater openness and a more consistent understanding of how concerns are managed across services.

However, the report also highlights that the inherent complexity of having two different employers retains an inherent risk. Differences in policy, process and accountability between NHS and Council systems can still create variability in staff experience and in how concerns are handled within integrated teams where lines of responsibility might not always be immediately clear.

A further issue is the need to ensure consistent awareness, accessibility and confidence across the workforce. While collaborative working is growing, there remains a risk highlighted by Trade Union and Staff Side colleagues that not all staff, particularly those working across organisational boundaries or in less desk-based settings, fully understand how to raise concerns or feel confident doing so. This creates potential for under-reporting and missed opportunities for early intervention and learning.

The report also identifies an important next phase of development in extending whistleblowing oversight into commissioned, third sector and independent services. While work so far has focused on the statutory partners, within Fife a significant proportion of care is delivered through commissioned arrangements, and consistency of approach across the whole system needs further exploration.

From a Fife perspective, there is also a broader cultural consideration. The continued focus is not only on ensuring compliance with standards, but on embedding a culture where speaking up is normalised, supported and seen as a positive contribution to service improvement. This aligns with wider workforce and organisational development priorities and is critical to sustaining safe, high-quality care.

Whistleblowing concerns continued to be raised across both NHS Fife and Fife Council during 2025-26, covering issues including patient safety, workforce culture, governance, safeguarding and fraud. Investigations resulted in service improvements, management action and organisational learning. The report includes positive feedback from staff who reported concerns, noting they felt listened to, respected and supported.

Finally, external factors remain relevant, and the national context means that local arrangements will need to remain adaptable and responsive to future policy direction from Government and the Independent National Whistleblowing Officer (INWO).

Related Documents/Appendices

Appendix 1: Whistleblowing Annual Report 2025-26 (linked below)
[HSCP Whistleblowing Annual Report 2025-26](#)

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	29/6/26	☐	☐	Wording related to how anonymous concerns are responded to within NHS Fife has been amended in collaboration with the Whistleblowing / Speak Up Coordinator.
Local Partnership Forum (LPF)	☒	☐	16/9/26	☐	☐	No further changes.
Integration Joint Board (IJB)		☒	30/9/26			
NHS Area Partnership Forum	☐	☒	TBC	☐	☐	

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising

Service Users/Carers	☒	A safe and effective whistleblowing culture supports early identification of poor practice, improving safety and experience for service users and unpaid carers, including staff with caring responsibilities.	
Localities/Communities	☒	Consistent whistleblowing arrangements across services support equitable identification and resolution of issues across localities.	
Quality of Care	☒	Whistleblowing is a key mechanism for identifying risk and learning, contributing directly to safer, higher-quality care.	
Workforce	☒	Staff confidence in raising concerns is critical; a supportive culture strengthens engagement, wellbeing and organisational learning.	
Legal	☒	The work done across the HSCP supports compliance with Public Interest Disclosure Act 1998 (PIDA) and national whistleblowing standards.	
Financial	☒	No direct financial impact identified; however, effective whistleblowing can prevent escalation of risks and associated costs.	
Performance	☒	Strengthened reporting and oversight improve governance, transparency and organisational performance.	
Climate	☒	No direct impact.	
Communication and Engagement	☒	Ongoing communication and training are essential to ensure staff awareness and confidence in using whistleblowing routes.	
Risk & Mitigation	☒	Key Risks • Inconsistent approaches across employers • Lack of staff awareness or confidence • Complexity in integrated accountability • Limited visibility in commissioned services Mitigation • Continued development of the multi-agency Whistleblowing Group • Ongoing communication, engagement and training activity • Strengthening alignment of policies and practice across partners • Extension of oversight to commissioned and third-sector providers • Regular reporting to SLT, LPF, IJB	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30/09/2026
Report Title:	Community Led Support Annual Report 25/26		
Agenda Item No:	7.4		
Responsible Owner:	Roy Lawrence, Head of Culture, Engagement & Communities		
Report Author:	Jacquie Stringer, Service Manager (Localities/Community Led Support) Rebecca Simpson, Senior Community Led Support Officer		

Executive Summary

- Community Led Support (CLS) continues to provide integrated, person-centred, non-medical support across Fife through The Well, Link Life Fife and Improving the Cancer Journey. Through early intervention, prevention and strengths-based support, CLS helps people address wider social, practical and wellbeing concerns, access the right support at the right time, and maintain independence through community-based solutions.
- Community Led Support (CLS) continued to expand its reach and impact during 2025/26, supporting 5,795 people across Fife and receiving 6,074 referrals, a 24% increase from the previous year.
- Significant progress was made against the 2025/26 priorities of Integrated Service Delivery, Strengthened Partnerships, and Data-Informed Improvement.
- Workforce capacity temporary increased throughout 25/26 by targeted fixed term investment, enabling improved support for people living with long-term conditions, localised delivery and individuals at risk of homelessness.
- Stronger partnerships across primary care, social work, secondary care and the third sector contributed to increased referrals and improved access to preventative support.
- Priorities for 2026/27 will focus- on supporting people with long-term conditions, strengthening a unified CLS model, improving equity of access, developing partnerships, and ensuring long-term sustainability.
- Moderate assurance reflects the strong performance, growing reach and positive outcomes delivered by Community Led Support during 2025/26, while recognising ongoing risks relating to increasing demand, workforce capacity, reliance on temporary funding streams and the long-term sustainability of some service elements.

Recommendations		
This paper is presented to:		Clearly outline below what the IJB are being asked to do: -
Provide Assurance	☒	Provide assurance on the performance, impact, outcomes and strategic contribution of Community Led Support to prevention, early intervention, reducing inequalities and supporting sustainable health and social care services across Fife, underpinning the ambitions of the HSCP Strategic Plan.

Directions	
No Direction Required	☒

Situation/Background (Purpose of Report)
Community Led Support (CLS) supports the Fife Health and Social Care Partnership's vision of helping people live independent and healthier lives. Through integrated, community-based support and early intervention, CLS enables people to access the right support at the right time, improve wellbeing, strengthen community connections, and achieve outcomes that matter to them. In 2025/26, CLS received 6,074 referrals, a 24% increase on the previous year, with 76% of referred individuals engaging with the service (Appendix 1). Through partnership working with Citizens Advice Rights Fife (CARF), people accessing The Well and Improving the Cancer Journey (ICJ) secured over £1.45 million in financial gains, helping them maximise income and access available financial entitlements. During the year, CLS strengthened referral pathways, expanded workforce capacity, increased support for people living with long-term conditions, and progressed the development of a more integrated service model. As demand continues to increase and temporary funding arrangements approach their end, CLS remains focused on embedding a unified service model, improving equitable access, and planning for long-term sustainability. This report provides assurance on the performance, impact and outcomes delivered by CLS during 2025/26 and highlights key priorities and sustainability considerations for the year ahead.

Assessment (Key Points/Issues and Risks)
1. Increased Reach and Demand CLS experienced significant growth during 2025/26, with referral numbers increasing by 24% compared to 2024/25. Increased demand was evident across all service areas, demonstrating the value of accessible preventative support and growing recognition of the role of CLS within the wider system. Impact - Increased reach across communities. - More people accessing support earlier. - Greater contribution to prevention and supporting statutory services. 2. Integrated Service Delivery Significant progress has been made in developing a more integrated model of support through a Test of Change across Link Life Fife and Improving the Cancer Journey. This has supported the development of a

more flexible generalist Link Worker approach and strengthened the use of Good Conversations across services.

Impact

- Improved consistency of support.
- Greater flexibility in responding to need.
- Strong foundations for a unified CLS model.

3. Strengthened Partnerships and Pathways

Partnership working continued to strengthen across primary care, secondary care, social work and third-sector organisations. SCI Gateway referrals from GPs increased from 603 to 935 (55% increase) and referrals from the Social Work Contact Centre to The Well increased by 40%, demonstrating growing confidence in CLS services.

Impact

- Improved access to support.
- Stronger system-wide collaboration.
- Enhanced referral pathways and earlier intervention.

4. Data-Informed Improvement

Data and insight have been used to improve equitable access and target areas of low referral activity. The Embedding of CollaboRATE has strengthened evaluation and quality improvement activity, with average scores of 25/27 demonstrating high levels of involvement in decision-making.

Impact

- Improved understanding of service reach.
- More targeted service development.
- Strengthened evidence of outcomes and service quality.

5. Sustainability and Future Challenges

While the annual report highlights significant achievements, the service faces future challenges relating to sustainability. Several posts remain dependent on temporary funding streams, and consideration is required regarding the future model for Improving the Cancer Journey and ongoing service capacity.

Risks

- Reduced workforce capacity if temporary funding ceases.
- Increased demand continuing to outpace available resources.
- Risk to maintaining preventative interventions and equitable access.
- Potential impact on the sustainability of current delivery models

Summary

The 2025/26 report demonstrates that Community Led Support (CLS) continues to make a significant contribution to prevention, early intervention and community wellbeing across Fife. Through accessible, non-medical support and strong partnership pathways, CLS helps people address wider social and practical issues, access support earlier, and reduce reliance on more intensive statutory services.

Strong performance, increasing demand and improved integration provide assurance that the service is delivering against strategic priorities. However, with several posts reliant on temporary funding, continued focus is required to ensure sustainability, maintain equitable access and avoid longer waiting times that could impact timely access to preventative support.

Related Documents/Appendices

Appendix 1 - Community Led Support Service Annual Report 2025/26 (linked below)
[Community Led Support Annual Report 2025-26](#)

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

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	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	10/08/2026	☐	☐	No amendments were requested. The paper is endorsed to proceed to QCC and IJB.
Quality & Communities (QCC)	☒	☐	09/09/2026	☐	☐	No amendments were requested. The paper is endorsed to proceed to IJB.
Integration Joint Board (IJB)		☐	30/09/2026			

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	☒	Positive- - Increased access to preventative, person-centred support, with 5,795 people supported during 2025/26. - Earlier intervention through strengthened referral pathways and integrated support across The Well, Link Life Fife and Improving the Cancer Journey. - Improved support for carers, helping them access information, practical assistance, community resources and wellbeing support to sustain their caring role and reduce the risk of crisis. - Improved involvement in decisions about care and support, evidenced through high CollaboRATE scores. Suggested action- - Continue to use feedback and outcome data to shape service improvement, ensuring people and unpaid carers can access timely, person-centred support that helps them maintain wellbeing and prevent crisis.
Localities/Communities	☒	Positive- - Community-based support available across all Fife localities. - Increased partnership working with locality planning groups has strengthened community pathways and access to support. - Targeted work has improved access for vulnerable groups, including people at risk of homelessness and those living with cancer Suggested action- - Continue using data to identify areas of low referral activity and target engagement within underrepresented communities - Continue to have CLS representation at locality planning meetings
Quality of Care	☒	Positive- - Continued embedding of Good Conversations and strengths-based practice. - Development of a more integrated and consistent service model. - Strong feedback demonstrates individuals feel heard, involved and supported (CollaboRATE) Suggested action- - Continue to monitor quality measures and embed learning from feedback to drive continuous improvement.
Workforce	☒	Positive- - Increased workforce capacity through targeted investment, including support for people living with long-term conditions and those at risk of homelessness. - Ongoing development of a generalist Link Worker approach to improve flexibility and resilience. Challenge- - Future workforce sustainability may be affected by the ending of temporary funding streams Suggested action- - Continue workforce development and planning to support sustainability and future service delivery
Financial	☒	Positive- - Investment has supported increased capacity and service development. - Preventative support contributes to reducing future demand on statutory services.

		Challenge- - Future sustainability may be impacted by the ending of temporary funding arrangements and the need to consider future models of delivery. Suggested action- - Continue to use outcome data and service evidence to inform future investment and sustainability planning.
Performance	☒	Positive- - Referrals increased by 24% compared to 2024/25. - Significant increases seen across key referral pathways including SCI Gateway and Social Work Contact Centre referrals. - Progress achieved against all key priorities identified for 2025/26 Suggested action- - Continue to strengthen performance reporting, outcomes measurement and equitable access monitoring
Communication and Engagement	☒	Positive- - Strengthened relationships with primary care, social work, secondary care and third-sector partners. - Increased awareness and confidence in CLS services demonstrated through growing referral activity. - Ongoing engagement has supported pathway development and service improvement. Suggested action- - Continue engagement with communities, the Public and Carers Forum, lived experience groups and partners to maintain awareness, improve access and inform ongoing service development and improvement.
Risk & Mitigation	☒	Risks- - Increasing demand for support. - Continued reliance on temporary funding streams. - Potential reduction in capacity linked to future funding decisions and the future direction of Improving the Cancer Journey and The Well Mitigation- - Development of a unified Community Led Support model. - Continued use of data to inform service planning and prioritisation. - Workforce development and sustainability planning. - Strengthened partnership working to maximise resources and improve outcomes
Equalities and Human Rights, including children's rights and health inequalities	☒	Full EQIA has been completed and is available on request <i>Community Led Support is aligned to and supports delivery of the Fife HSCP Strategic Plan and associated Strategic EqIA. Service development is informed by population need, local intelligence and stakeholder feedback. Individual EqIAs will be completed where required for specific projects, service developments or proposed changes.</i>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 th September 2026
Report Title:	Alcohol and Drug Partnership Annual Report 2025/26		
Agenda Item No:	7.5		
Responsible Owner:	Karen Marwick, Head of Complex and Critical Care		
Report Author:	Elizabeth Butters, ADP Service Manager		

Executive Summary

The 2025/26 Annual Report demonstrates that Fife ADP continues to deliver meaningful progress against the priorities set out in the Fife ADP Strategy 2024-27. Significant advances have been made in targeted prevention, improving access to treatment, strengthening harm reduction, supporting recovery and embedding a rights-based system of care, despite operating within a complex environment influenced by poverty, deprivation, rapidly changing drug trends caused by an evolving market and levels of alcohol consumption above recommended limits.

Key points:

- Fife ADP have completed and fully embedded Medication Assisted Treatment (MAT) Standards, providing experiential and numerical evidence to Public Health Scotland (PHS) across all of the standards.
- For prevention the Alcohol Brief Intervention target has been maintained for three years and Take-Home Naloxone has exceeded the local target
- Performance against national targets was strong. Treatment waiting times exceeded expectations throughout the year, with over 95% of people being seen within three weeks
- Engagement with treatment also improved, with lower non-attendance rates. In total, more than 3,200 referrals were received, demonstrating substantial demand and continued reach across Fife particularly in SIMD1 & 2 areas.
- 608 people (an increase of 7.5%) exited the treatment system with treatment complete and recovery goals achieved, with many more maintained and progressing.
- Residential rehabilitation placement completions have increased by 32% from the previous year. 12% have sustained long term abstinence.
- Lived experience surveys (75 people interviewed) indicate improvements in treatment access, consistency of support and quality of mental health support offered within ADP services.
- Drug-related deaths fell from 73 in 2023 to 69 in 2024 and since 2014 – 2018 remain below the Scottish average.

- Significant reduction in women's deaths and in the 15-24 age range reflect additional improvement work focused on these groups. Early indications from **suspected** drug death data indicate a possible stabilisation or further reduction for 2025. National Records Scotland will publish official DRD figures for 2025 on 23rd September.
- Alcohol-specific deaths also reduced by 5% during the year, while wholly attributable alcohol hospital admissions declined modestly.
- For 2025/26, the ADP delivered a balanced budget.
- Consolidation and recommissioning of 3rd sector delivery - for harm reduction, assertive outreach and recovery services - has released capacity in the system and development of a more focused and agile locality model.
- Significant challenges remain: Alcohol-related harms continue to exceed the Scottish average, inequalities remain in areas of deprivation though these are lower or in line with the Scottish average, and drug-related hospital admissions remain higher than national rates. The latter has prompted a review of the ADP hospital liaison service to commence in 2026/27.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
For Discussion	☒	Fife Health and Social Care Partnership Integration Joint Board is asked to discuss and endorse the Alcohol and Drug Partnership (ADP) Annual Report 2025/26.

Directions

No Direction Required	☒
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Situation/Background (Purpose of Report)

Fife Alcohol and Drug Partnership (ADP) is a strategic partner within the Health and Social Care Partnership with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. Representation is drawn from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP lived experience panel. ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs income and Health and Social Care Partnership contribution.

Fife ADP has completed its second year of the Fife ADP Strategic Plan 2024-2027, and the Annual Report fulfils two functions. Firstly, acting as a summary, assessment and review of the year's Delivery Plan and the progress made towards achieving shared strategic goals, impact on reducing harm and improving opportunity for recovery. Secondly, as an analysis of the current harm and identification of further improvements needed to protect and support people affected by substance use in Fife, thus, the Annual Report will inform the third Delivery Plan for the final year of the Strategic Plan.

Fife ADP has delivered increased activity and deliverable within prevention and early intervention, strong treatment access, improved recovery outcomes, achieved excellent MAT Standards performance and demonstrated early success in reducing drug-related deaths with the commencement of downward trend

and significant decreases amongst young people and women. However, alcohol-related harm, increasing stimulant use, health inequalities and emerging drug trends remain significant strategic challenges requiring sustained partnership leadership and investment

Assessment (Key Points/Issues and Risks)

The ADP has delivered the following against its five strategic themes:

WELLBEING: Prevention and Early Intervention

1) Alcohol Brief Interventions

- 6,021 ABIs delivered.
- Performance remained substantially above the local target of 4,187.
- Increased delivery in Primary Care (+12%).

2) Take Home Naloxone

- 1,463 kits distributed.
- Naloxone became more embedded within Emergency Department pathways.
- 75% of Victoria Hospital ED staff were trained to supply naloxone directly.

3) Drug & Alcohol Education

- Expansion of Barnardo's drug education programme moving out of the school environment to children and young people most at risk.
- Education and skills training offered to parents and carers to support raising awareness and harm reduction
- Continued delivery of the "Think Again!" campaign focusing on ketamine and emerging drug harms in residential units.
- Harm reduction resources developed specifically for young people.

4) Hospital Liaison Pathway

- New pathway supporting under-18s attending hospital due to substance use with 24 to 48 hour follow up community response.
- Over 80% engagement following referral.
- Strong partnership working between hospital, school and 3rd sector community services.
- Reduction of 73% for drug related deaths in 15-24 from 2023 to 2024

5) Whole Population Approach for Alcohol

- Health campaigns as part of alcohol awareness week and also alcohol harm contributions to mental health and other wellbeing campaigns
- Supporting Licensing Board decisions in the provision of data on alcohol harm in communities linked to alcohol availability

Key prevention issues include, increasing substance-related harm among young people from most used substances alcohol and cannabis but also from more harmful substances such as ketamine and cocaine. Supply routes involving direct social media marketing and instability in the national and local drug

market also increase the risks of harm. Capacity not keeping pace with demand and represents missed opportunities to work intensively and on a long-term basis with children and young people. This is particularly needed in communities where early on set substance use and wider disadvantage including poverty remain prevalent. Fife ADP aim to continue to contribute to health inequalities work including the production of a Children's Poverty Strategy for Fife.

LOCAL: Risk is reduced for people who take harmful Substances

The ADP Early Warning and Alert System have provided some key strengths and challenges for reducing risks:

- The information and up to date harm reduction messaging capability has improved and is supported by engagement with PHS and Scottish Ambulance Service contributing to the ADP's public health surveillance aim
- Strong local partnership and collaboration between partners and wider stakeholders and people with lived/living experience, has contributed to efficient dissemination of alerts through established work based and community networks
- Timely responses ensure communication of harm is provided directly to the service user and their workers within a short timeframe.
- Further outcome measures are required to demonstrate its direct impact on reducing substance-related harm and deaths and the ADP intends to review its alerts with people with lived and living experience and the ADP outreach workforce to improve the reach and quality of the alerts.

INTEGRATION: Treatment and recovery services are easily accessible and high quality

The ADP has achieved the following over 2025/26:

1) MAT Standards

- Fife achieved its strongest performance to date in the last year of the 5 year programme.
- Achieved the highest level of external validation from Public Health Scotland across the MAT Standards programme.
- Demonstrated sustained improvement over the five-year implementation period.

2) Treatment Access

- Treatment waiting times exceeded Scottish Government targets throughout the year.
- Over 96% of people were seen within 21 days.
- Overall treatment engagement remained high.

3) Recovery and Treatment Outcomes

- 3,228 referrals received by Tier 3 services.
- 68% completed assessment.
- 97% of assessed individuals commenced treatment.
- 608 people achieved recovery goals and completed all their treatment programme, an increase of 7.5% on the previous year.
- Residential rehabilitation placements have increased by 32% and 12% of those completing demonstrate abstinence post placement

4) Alcohol-Related Harm

- Fife recorded 87 alcohol-specific deaths in 2024.
- Alcohol-related hospital admissions reduced slightly but remain above the Scottish average.

- Significant inequalities remain, with people in the most deprived communities far more likely to experience alcohol-related harm.
- Increasing concern about alcohol-related harm among women and older adults.

5) Drug-Related Harm

- Drug-related deaths reduced to 69 deaths in 2024, commencing a gradual downward trend. National Records Scotland is yet to publish its report for 2025
- Fife continues to perform better than the Scottish average.

Despite strong performance across the system of care, Fife ADP continues to face significant challenges relating to alcohol-related harm and deaths, emerging drug trends such as cocaine and ketamine use, persistent unmet need and coordination of systems of care to ensure support is effective and impactful for those with multiple complex needs that require intensive, frequent and persistent support across a number of domains. Issues driving harm for people of Fife sit beyond the remit and direct control of the ADP such as impact of poverty, deprivation, trauma, poor mental health and homelessness though ADP services work in partnership at locality levels via one stop shops and recovery networks and to alleviate these whilst the ADP builds strategic alliances, pathways, protocols and agreements to develop system solutions, some of which are outlined in the Annual Report.

OUTCOMES: Quality of life is improved to address multiple disadvantages

Within this strategic theme, the ADP aims to provide additional support to targeted populations at higher risk of harm in prioritised – based on needs - spaces and localities.

1) Hospital Navigator Service

- 646 people supported.
- 158 tenancies sustained or secured.
- 87% connected to required services.
- Reduced homelessness and repeat crisis presentations.

2) Independent Advocacy

- 394 people supported through Circles Network by people with lived and living experience.
- High levels of reported empowerment and reduced stigma.

3) Recommissioning of Tier 2 Harm Reduction, Assertive Outreach and Recovery Communities

- A service consolidation approach has allowed the ADP to streamline provision making care and support clearer and simpler for service users, families, referrers and stakeholders
- It has also sustained and improved delivery by reducing non-operational costs and prioritising front line delivery in a challenging financial climate, thus achieving ADP and HSCP goals of best value
- A locality based and agile service responding to emergent risk and needs across the population has now been established

4) Getting Liberation Right Group is focused on supporting people liberated from prison – who are at higher risk of harm - prior, during and after their return to Fife. The group has many strengths

- Multi-agency coordination, person centred approach and strong links to many prisons with the network
- In-reach capability and use of peer mentors ensuring early and reliable engagement in the prison and at prison gate pick-ups.
- Action focused on a range of holistic issues including house, health care and income.

- With the commencement of an evaluation, the group aims to develop a clearer performance measures and outcome reporting to evidence the difference the group is making to recovery, health, housing stability and reduced harm following liberation including impacts on the system(s)

SUSTAINABLE: Children, families and communities affected by substance use are supported

Enhanced School Transition Project

The Clued Up P7-S1 whole family support transition programme commissioned by the ADP:

- Supported 24 children affected by parental substance use in the Levenmouth area.
- 70% achieved a positive school transition.
- Improved attendance, engagement and resilience of the children and young people as they commenced their education in secondary school.

The ADP has maintained its Recovery Communities

- Maintained its investment in outdoor activity programmes and recovery communities.
- Positive impacts on confidence, wellbeing and social connectedness.

The ADP One Stop Shops have built a strong locality based assertive outreach and recovery model into SIMD 1 areas within Fife with the following benefits:

- High levels of engagement and membership, demonstrating continued demand for recovery-focused community activities.
- Supports social inclusion, reducing isolation and helping individuals develop positive recovery networks.
- Provides opportunity for people seeking recovery to see what is available to them without a formal referral and allows for a slower more paced level of engagement and relationship building whilst still protecting people from harm
- Flexible local presence, enabling support to be delivered within communities where people live and becomes a focal point for recovery for the community, families and people contemplating support and recovery.

Priorities for 2026-2027 Delivery Plan

The final year of the current strategy has focused on these local priorities cognisant of the new national strategy and Public Health Scotland Drug Summit priorities:

- Maintaining and sustaining a high level of performance for MAT Standards and mainstreaming this learning for people affected by alcohol use and poly drug use including cocaine
- Embedding the Charter of Rights across services and into non-ADP systems of care as a mechanism for addressing individual and institutional stigma.
- Expanding residential rehabilitation pathways and lowering thresholds within the national placement system and local delivery.
- Further implementing the Ketamine Action Plan for Young People.
- Further implementation of the consolidation of the Tier 2 services.
- Increasing alcohol prevention and early intervention including whole population approaches.
- Further work to address health inequalities with a particular focus on housing, mental health needs and the impact of deprivation and poverty
- Review and assessment of the ADP function including the performance framework, governance structure workforce capacity and capability, accountability and partnership relationships to respond to unmet need using the National Partnership Delivery Framework 2026.

Related Documents/Appendices

Related Documents:

1. [Fife Alcohol & Drug Partnership Strategic Plan 2024 - 2027](#)

Appendices

[fife-alcohol-drug-partnership-annual-report-2025-26.pdf](#)

1. Fife ADP Annual Report 2025/26

2. Fife ADP Annual Report Appendices 2025/26

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	10/08/2026	☐	☒	
Strategic Planning Group (SPG)	☒	☐	02/09/2026	☐	☒	
Quality & Communities (QCC)	☒	☐	09/09/2026	☐	☒	
Finance, Performance & Scrutiny (FP&S)	☒	☐	18/09/2026	☐	☒	
Integration Joint Board (IJB)		☐	30/09/2026			
NHS Fife						
Public Health Committee	☒	☐	07/09/2026	☐	☒	

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising

Service Users/Carers	☒	The Annual Report reflects the availability, accessibility and quality of support and care provided by the ADP to all people across Fife affected by alcohol and drug use. This has an impact on health, wellbeing and recovery outcomes	
Localities/Communities	☒	The Annual Report reflects the provision of support for prevention, early intervention and recovery across Fife with prioritisation on areas of high deprivation, increased harm and low engagement.	
Quality of Care	☒	The Annual Report presents evidence through its Performance Framework this includes compliance with MAT Standards, treatment quality and access, delivery of prevention and harm reduction interventions and support for children, families and communities affected by substances.	
Financial	☒	The Annual reports provides evidence of maintaining within budgeted framework	
Communication and Engagement	☒	The ADP Strategy 2024 - 27 development was supported by a HSCP full Participation and Engagement process and yearly delivery plans and subsequent Annual Reports are informed by this. The ADP has its own Lived Experience Panel with representation at the ADP Committee and some of the subgroups particularly Residential Rehabilitation. The ADP works closely with Scottish Drugs Forum's living experience group and a management group meets quarterly to consider feedback and improvement recommendations from this group. The ADP has commissioned Scottish Drugs Forum to employ people with lived experience to gather experiential data from people using services and their family members in Fife. This is part of the assessment of the impact of the MAT Standards implementation and contributes to the Public Health Scotland RAG assessment for 2025/26. The Living Experience Group was fully involved in the development of the MAT Standards plan for 2025/26 and has contributed to the delivery plan for 2026/27 and agreed to the priorities in primary care and mental health. The ADP Communication plan has involved the THINK again campaign to address harm impacting young people from their own drug use. Other comms activity in year has involved drug alerts responding to increasing risks from substance use in the community by raising awareness with the workforce and with the care group directly	
Risk & Mitigation	☒	The ADP has a current Risk Register which is targeted and reflective of the ADP Strategic aims and linked to the performance framework. This includes funding risks and compliance with national datasets measuring harm and targets for national outcomes outlined in Scottish Government Strategy. The risks are outlined clearly with mitigating and contingency actions identified and recorded. The ADP Committee reviews the risk on a quarterly basis with support from HSCP risk compliance team. The risk for substance related deaths is also indicated in the NHS Fife corporate risk register and includes a full system response to the risk of not providing timely and appropriate care to people at high risk of deaths and harm as a result of substance use.	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>



Fife Health & Social Care Partnership

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Meeting:	Integration Joint Board	Date:	30.09.2026
Report Title:	Finance Update – Budget Direction		
Agenda Item No:	9.1		
Responsible Owner:	Lynne Garvey, Director of Health & Social Care		
Report Author:	Tracy Hogg, Chief Finance Officer		

Executive Summary

- The budget was agreed by the IJB in March 2026
- The budget direction was provided at portfolio level
- This paper supersedes Direction to NHS Fife 2026.003 & Direction to Fife Council 2026.004 and provides greater detail

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
For Noting	☒	

Directions

Fife Council	☒
NHS Fife	☒

Situation/Background (Purpose of Report)

The budget paper approved in March included Direction to NHS Fife 2026.003 and Fife Council 2026.004, this paper supersedes these Directions and provides more detail

Assessment (Key Points/Issues and Risks)

Direction to NHS Fife 2026.003 is superseded by 2026.005

Direction to Fife Council 2026.004 is superseded by 2026.006

2026.003 and 2026.004 are closed off as a result of being superseded

Related Documents/Appendices

Appendix 1a – Direction to NHS Fife

Appendix 2a – Direction to Fife Council

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

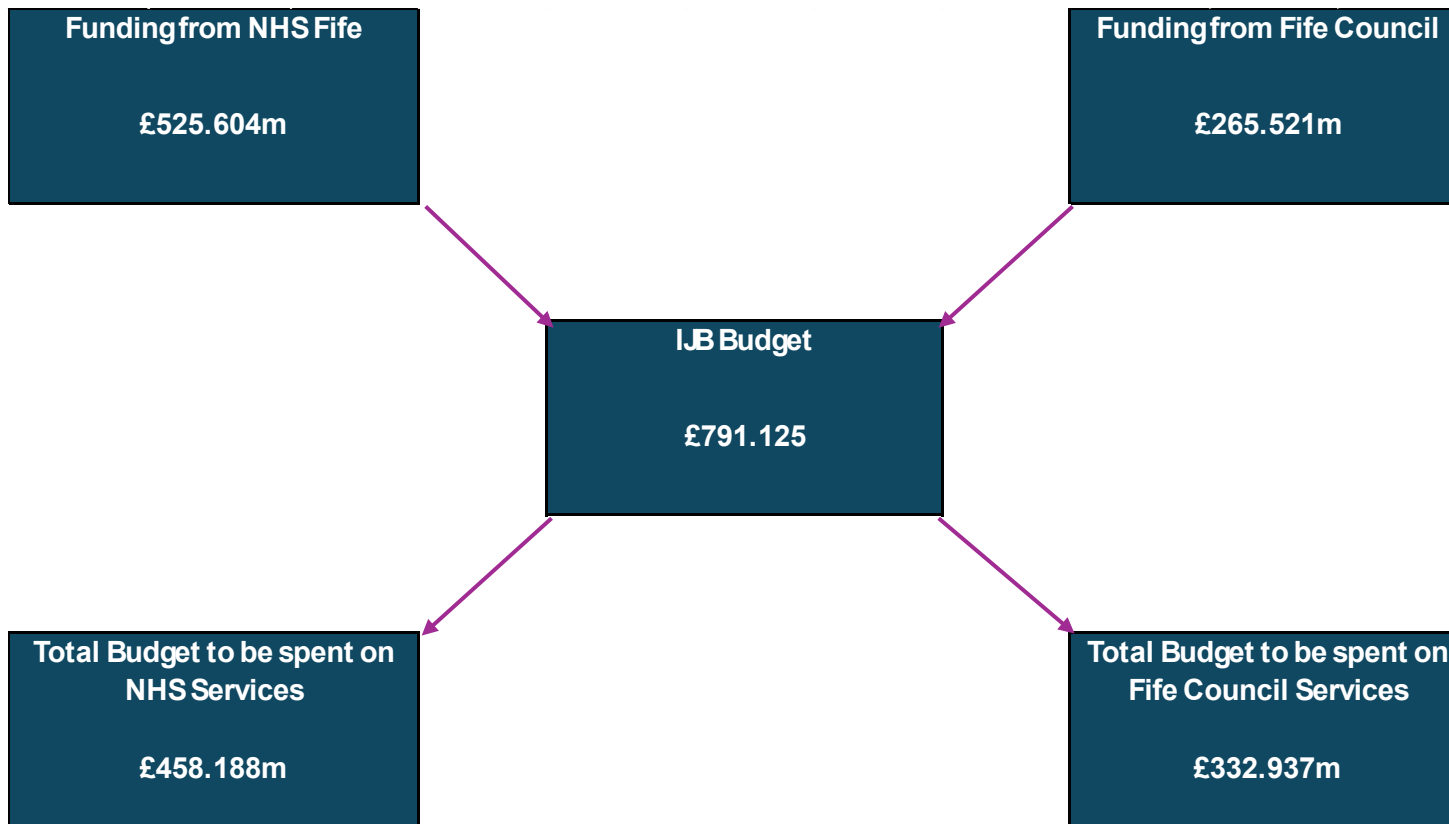
This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Finance, Performance & Scrutiny (FP&S)	☒	☐	21.07.2026	☐	☐	
Integration Joint Board (IJB)		☐	30.09.2026			

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2026.005
2	Report Title	Revenue Budget 2026-27
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	29 July 2026
4	Date Direction Takes Effect	29 July 2026
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	Yes – 2026.003 Updated detail provided Additional £5.6m contribution included as budget and not offsetting expenditure
7	Functions Covered by Direction	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	In line with the current Scheme of Integration, NHS Fife will continue to deliver delegated services within existing budgets and in accordance with statutory and regulatory requirements, policies, and procedures. In doing so, NHS Fife will deliver Strategic Plan 2026–2029 objectives, ensuring service activity and performance are aligned to the outcomes and priorities set out within the Plan as detailed within annual delivery plans.

9	Budget Allocated by IJB to carry out Direction	For the financial year 2026-2027, Fife IJB has allocated a budget of £458.188 million to NHS Fife.
10	Performance Monitoring Arrangements	Regular oversight of the financial position will be undertaken throughout 2026–27 to ensure that services are delivered within the allocated resources and that progress is maintained against the strategic objectives set out in the Annual Delivery Plan.
11	Date Direction will be reviewed	30th September 2026



	458.188	Total Budget to be spent on NHS Services
Portfolio/ Service	Budget £M	Narrative
Primary Care & Preventative	271.270	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.
Child Health	20.909	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Vaccination + Immunisation Ser	7.827	The Immunisation Service helps to protect the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity and live healthier lives.
Sexual Health	5.195	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Rheumatology	5.666	
Fife Public Dental Service	7.398	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain treatment from a general dental practice, may have additional needs or require specialised services.
Health Promotion + Improving Health	2.636	The Health Promotion Service leads on approaches and services which maintain and improve health and wellbeing, helping to reduce health inequalities. This covers the life course from early years and children to adults and older adults. We provide training, a range of services and information and resources. We lead on and work in partnership on projects and campaigns and activities aimed directly at communities.
Advanced Health PR actioner Services Fife-wide	18.562	AHP Services Fife-wide provides services covering Nutrition & Dietetics, Physiotherapy, Podiatry, Occupational therapy and Speech & Language Therapy, these services all contribute and are critical to supporting early intervention and prevention activities to promote health and wellbeing ensuring a life course approach.
Urgent Care Service Fife (UCSF)	8.367	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	0.719	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	0.090	Divisional Management + Admin support to Primary Care & Preventative Teams
GP Prescribing	84.874	GP Prescribing covers expenditure relating to drugs prescribed by GP practices.
Family Health Services	109.027	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	73.933	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting

Care Of The Elderly Inpatients	20.168	Covers the strategic and operational management of medicine of the elderly wards (including GP-led wards) across Fife - St Andrews Community Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and Queen Margaret Hospital. This includes the provision and development of what is a complex and evolving model across health and social care.
Icass Division	12.894	Integrated Community Assessment and Support Service (ICASS) is multiple services which aims to improve the health and wellbeing of people in Fife by enabling individuals to stay independent in their own home or in their community wherever possible. The ICASS services and functions are as follows - Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team). Assessment and Rehabilitation Centres - Developing into Community Frailty Team The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment, and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife. Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided. Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation. Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis, but intensive therapy is not provided. Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment

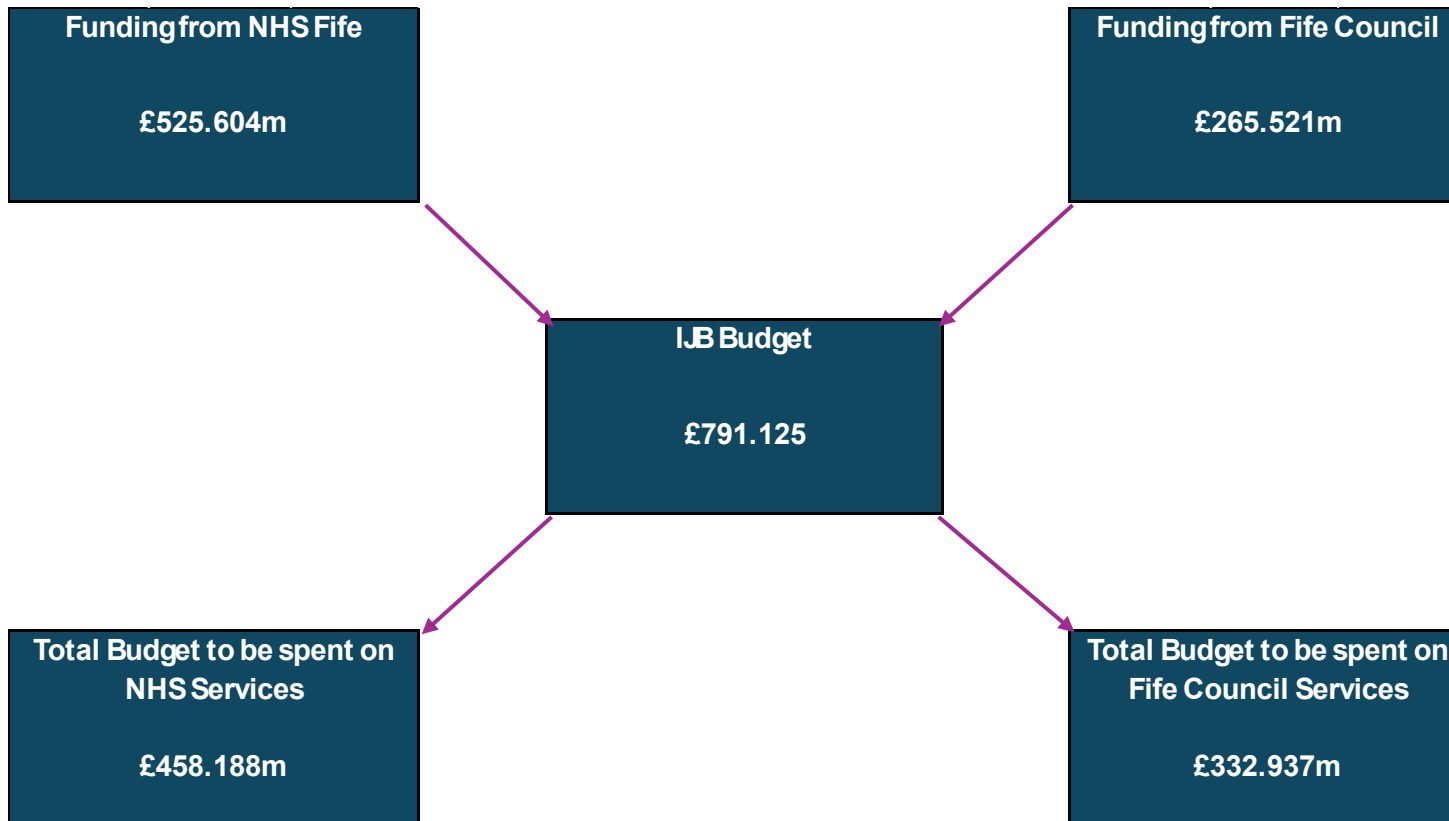
		where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.
Community Nursing Services	17.785	Specialist Community Services include the Cardiac Rehabilitation & Heart Failure Service, Diabetes Service, Respiratory Service, Complex Care Service, Managed Clinical Network Team, Diabetic Eye Screening Service, ME Service, and the Tissue Viability Service. All of these specialised community services ensure that complex care is delivered safely in the community to decrease unnecessary admissions and assist in early discharges from acute settings.
Specialist Inpats + Outreach	12.091	Specialist In-patients and Out-Reach Services encompasses the following services: Fife Specialist Palliative Care - specialist in-patient hospice, community out-reach service, SPOA (Single point of access - professional to professional line), children's and families service, adult counselling services and the acute hospital support team. Stroke rehabilitation services are provided from Letham Ward, Cameron Hospital and Queen Margaret Hospital Ward 6. The Fife Rehabilitation Service consists of the Sir George Sharp Unit at Cameron Hospital which delivers neurorehabilitation and multi-disciplinary out-reach services
Divisional Management + Admin	6.276	Management + Admin support to Integrated Community Care Teams
Community Equipment	1.078	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Patient Flow and Ltc	3.641	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay
Integrated Complex & Critical Care	73.756	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	57.431	Mental Health Services provides a portfolio of services including the following. Drug & Alcohol Addiction Services, Child & Adolescent Mental Health Services to the Community. Community and In-Patient Adult and Older Adult Mental Health Services, Community and In-Patient Rehab Services, Community and In-Patient Forensic Mental Health Services. Mental Health Occupational Therapy and Physiotherapy Services. Admin support to Mental health services.
Learning Disability Services	9.067	Learning Disability provides Community and In-Patient Learning Disability services. Forensic Learning Disability services to in-patients, including the Regional Learning Disability Unit, Daleview Ward. Epilepsy Nursing service. Occupational Therapy services
Psychology Service	7.258	Psychology Service provides a range of psychological interventions and therapy services to meet mental health needs across the lifespan as well as specific services in the following areas - physical health settings, learning disabilities, maternity,

		neonatal and perinatal care, paediatrics, physical rehabilitation, psychiatric rehabilitation, addictions, forensic, staff support and services for military veterans
Prof & Business Enabling	3.705	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
Other	35.524	HSCP allocations awaiting distribution & Board Vol Orgs

DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2026.006
2	Report Title	Revenue Budget 2026-27
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	29 July 2026
4	Date Direction Takes Effect	29 July 2026
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	Yes – 2026.004 Updated detail provided Additional £5.6m contribution included as budget and not offsetting expenditure
7	Functions Covered by Direction	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1A and 1B of Annex 1 (available here: www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022)
8	Full Text of Direction	In line with the current Scheme of Integration, Fife Council will continue to deliver delegated services within existing budgets and in accordance with statutory and regulatory requirements, policies, and procedures. In doing so, Fife Council will deliver Strategic Plan 2026–2029 objectives, ensuring service activity and performance are aligned to the outcomes and priorities set out within the Plan as detailed within annual delivery plans.

9	Budget Allocated by IJB to carry out Direction	For the financial year 2026-2027, Fife IJB has allocated a budget of £332.937m million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.
10	Performance Monitoring Arrangements	Regular oversight of the financial position will be undertaken throughout 2026–27 to ensure that services are delivered within the allocated resources and that progress is maintained against the strategic objectives set out in the IJB Annual Delivery Plan.
11	Date Direction will be reviewed	30 September 2026



	332.937	Total Budget to be spent on Fife Council Services
Portfolio/ Service	Budget £M	Narrative
Integrated Community Care	176.634	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Homecare Services	76.387	The Care at Home Service has 850 staff providing care and support within the homes of 1100 of some of the most vulnerable people within Fife. There are a range of models of care (enablement, end of life support, ongoing maintenance of critical care and support), situated across the whole of Fife for all ages. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement. The service also operates as a key service within the H&SCP with a focus on improving the wellbeing of people who use health and social care services. In particular the National Health and Wellbeing Outcomes sets out clear the expectations that: 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". 7. "People who use health and social care services are safe from harm" 8. "People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide". 9. "Resources are used effectively and efficiently in the provision of health and social care services". Linked closely to the National and Regulatory expectations of service delivery, is the H&SCP strategic ambition to achieve the best outcomes for the people of Fife using a whole systems approach
OP Nursing & Residential	70.141	This budget funds Nursing & Residential external care packages for Older People over 65 through Nursing and Residential Placements and provides Direct Payments to Service Users to allow them to purchase their own services. It also funds assessment beds to allow for discharge from hospital
OP Residential & Daycare	20.877	OP Residential provides care for people aged 65 and over in 8 Partnership Care Homes across Fife. The service supports hospital discharge through providing Assessment beds for those where Long-Term Care is a likely plan and Interim Beds for those who are medically fit for discharge and awaiting a package of care at home. Long Term Care beds and planned respite beds are provided across all 8 Care Homes. Three of the 60 bed Care Homes provide 32 Short Term Assessment and Review (STAR) beds for those requiring a multi-disciplinary approach to assessing and supporting a service user to develop independent living skills to enable a safe return home with a package of care commensurate to their needs. Daycare Services are now being progressed by external organisation providing Daycare on our behalf from the Partnership Homes. There is currently a review of the STAR bed model to support whole system approach. The staffing establishment is being reviewed with a focus in improving retention, staff wellbeing and reducing reliance on agency.

OP Fife wide	1.357	OP Hospital Discharge Services works with multidisciplinary teams to support people to move from hospital to more appropriate settings. Supporting East Fife Community Hospitals and when required service to Fife Residents in Ninewells and PRI. West covers Victoria and QM Hospitals and Fife Residents in Forth Valley and Clackmannanshire.
Community Occupational Therapy	7.871	The Community Occupational Therapy Service work with adults within their home environments. The team's remit is to identify both what is preventing or limiting individuals in carrying out essential daily living tasks and what assets are available to overcome these. Intervention will vary from alternative techniques, coping strategies, moving and handling techniques. assistive equipment and adaptations to the home environment. They also provide postural management support if someone has a complex postural management need that impacts upon their ability to support themselves in a sitting or lying position.
Integrated Complex & Critical Care	158.592	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adults Fife Wide	13.487	Adults Fife Wide Service provides Grants to Voluntary Organisations, the Adult Protection Committee and funds the running costs for the Complex and Critical service management.
Adult Supported Living	32.098	Adult Resources provides Accommodation with Care and Support by internal teams either in group settings or single tenancies. Adult Services Resources also provide a Respite and Outreach services. Appropriate Adults provide communication support to vulnerable people (people accused or suspected of committing an offence, a victim or witness) during police procedures. Local authorities are responsible for the provision of Appropriate Adults under the Criminal Justice (Scotland) Act 2016 (Support for Vulnerable Persons) Regulations 2019, and the Scottish Ministers are responsible for providing guidance to local authorities on this responsibility under the Criminal Justice (Scotland) Act 2016. The Deaf Communication Service, whilst it is a small service with 4 staff members, covers the whole of Fife delivering support on a duty basis, as well as through organised clinics, delivering training and assessments. The Service provides a plethora of services including Hearing Screening within our Older People residential homes, awareness raising events, BSL training, assessments for equipment and advice on hearing aid maintenance. The service also provides Interpreting, Text Phone and Lip-Reading services to support peoples access to services. Deaf Communication Services is the lead agency for the local BSL plan and works in partnership with 22 other local agencies, as well as involvement in National groups/forums. Adult Services Resources Accommodation with Care and Support and Housing Support has 670 staff providing care and support over 88 settings on an Outreach, 24/7 or Respite basis to 281 of the Partnerships most vulnerable service users. There are a range of models of care, situated across Fife and all are regulated and must meet the National Care standards and contribute to the National Wellbeing Outcomes for staff and service users. The Service operates within a formal statutory, regulatory and policy environment. This includes the Care Inspectorate, the Scottish Social Services Council, HMO Licencing, Mental Welfare Commission, Health and Safety and we are required to demonstrate compliance, strong governance arrangements and continuous service improvement.

		Fife Community Support Service (FCSS) has 178 staff delivering services to 182 service users. This can be on a 1:1 basis or as a group. The Service provides a flexible community-based service, for adults aged 16 to 65+ years old, with a range of disabilities, including learning disabilities, physical disabilities, sensory impairments, autistic spectrum disorders and other related issues to lead full and meaningful lives. FCSS support is provided during the daytime, evenings and weekends to suit the identified needs of individuals Fife-Wide. Shared Lives Fife was set up in 1987 and is now established throughout Fife. There are 56 households offering care and support for the Shared Lives Fife service across the region. The service is supported by a team of five social workers and two social work assistants.
Social Care Fieldwork Teams	20.567	Social Work Locality Teams, MHO Service, Social Work Contact Centre and Compass Team ensure that the local authority discharges its legal duties associated with the various legislation underpinning social work services. Local Authorities are required to publish and apply eligibility criteria, in line with national government criteria and apply this when discharging their duty to assess needs. Additionally Social Work Locality Teams undertake investigations with and without powers in discharging their statutory function associated with the Adult Support and Protection Scotland Act.
Adult Placements	92.441	Adult Placements supports arrangements for external care packages for adults under 65, following social work assessment, who meet the critical criteria. Support services include Long Term Care, Supported Living and Respite. It also provides Direct Payments to Service Users under SDS option 1 to allow them to purchase their own services, where the critical criteria are met and where the adult makes the choice to manage their own care provision.
Prof & Business Enabling/ Other	4.587	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
Other	(6.876)	Income budgets

	£m 327.337	Fife Council
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Primary & Preventative Care Services	0.223	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife
Complex & Critical Care Services	158.592	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Community Care Services	165.434	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting
Professional & Business Enabling	4.587	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.
Other	-1.499	HSCP allocations awaiting distribution, budgets that are held centrally but will be allocated to other areas during the financial year



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30.09.2026
Report Title:	Finance Update – Month 4		
Agenda Item No:	9.2		
Responsible Owner:	Lynne Garvey, Director of Health & Social Care		
Report Author:	Tracy Hogg, Chief Finance Officer		

Executive Summary
• The projected outturn as at July 2026 is an overspend of £4.923m projected on a budget of £828.275m • Delivery of the approved savings programme of £23.539m remains a key priority. The Chief Officer, supported by the Senior Leadership Team, will continue to monitor, scrutinise and drive delivery of agreed savings through the PRU process • Reserves balances are £0.991m at July • Given the financial challenges facing the IJB, regular engagement with partners, the Chair and Vice Chair will continue. • A recovery plan is required per Section 8 of the Integration Scheme

Recommendations		
This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
For Noting	☒	Note the content of the report including the projected outturn position for delegated services for 2026-27 financial year as at July 2026 as outlined in Appendices 1-3 of the report and Note that a recovery plan will be presented to IJB per the Integration Scheme

Directions	
Fife Council	☒
NHS Fife	☒

Situation/Background (Purpose of Report)
The report details the financial position (projected outturn) of the delegated and managed services. The projected outturn for Fife Health & Social Care Partnership at 31 July 2026 is an overspend of £4.923m, this is a movement of £4.946m from the M2 position.

Assessment (Key Points/Issues and Risks)
As at 31 July 2026 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn of breakeven. This includes areas of overspends and underspends across portfolios. The key areas of overspend are: – • Primary Medical Services • Service Level Agreements • Adults Packages • Care at Home • External Nursing & Residential Care These overspends are partially offset by underspends in:- • Supported Living & Community Support • Learning Disabilities • Primary & Preventative care • Community care There is also an update in relation to savings which were approved by the IJB in March 2026 and use of Reserves brought forward from March 2026

Related Documents/Appendices
Appendix 1 – Finance Report at July 2026 Appendix 2 – Direction to NHS Fife Appendix 2a – Direction to Fife Council Appendix 3 - Approved 2026-27 Savings Tracker

Assurance Levels	
Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting						
This report was <i>previously</i> considered by the following Groups/Committees <i>on route</i> to this meeting and <i>will be considered</i> by the following Groups/Committees <i>following</i> this meeting.						
	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Local Partnership Forum (LPF)	☒	☐	16.09.2026	☐	☐	
Finance, Performance & Scrutiny (FP&S)	☒	☐	18.09.2026	☐	☐	
Integration Joint Board (IJB)		☒	30.09.2026			

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Quality of Care	☒	Quality and customer care is a priority for the IJB and work will continue to ensure high-quality services are delivered to the people of Fife	
Workforce	☒	For all Change & Transformation Plans we will support our workforce with a focus on communication, fairness, consistency, training and health and safety	
Financial	☒	There will be financial implications for NHS Fife and Fife Council should the Partnership exceed its budget, necessitating the requirement for the Risk Share Agreement	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>



Finance Report

Projected Outturn as at 31st July 2026

FINANCIAL MONITORING

PROJECTED OUTTURN AS AT JULY 2026

1. Introduction

The resources available to the Health and Social Care Partnership (H&SCP) comprise two categories:

- a) payments for the delegated in-scope functions; and
- b) resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

A three-year revenue budget for delegated and managed services was approved at the IJB meeting on 31 March 2026. A budget of £791.125m was set for 2026-27, including delivery of savings of £23.539m as part of the approved budget position.

A revenue budget of £65.297m for acute set-aside was also set for 2026-27.

2. Financial Reporting

This report provides an update on the projected financial position of the Health and Social Care Partnership as at July 2026. A summary of the projected outturn is set out in Table 2, with supporting variance analysis provided in Section 5.1.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £37.001m since May (£37.150m since April). This is shown in table 1 below:

Directions are detailed in Appendix 2

Budget at April	791.125
Movements April to May	0.149
Budget at May	791.274
Family Health Services budget allocation	36.797
Band 5 to Band 6	0.137
Primary Care GP Fellowship	0.102
Other misc funding	0.100
World Cup Public Holiday	0.111
Hosp at Home to Pharmacy	(0.077)
SG GMS Allocation to IJB Non-Delegated	(0.316)
Transfer GP Appraiser budget to Medical Directorate	(0.375)
ADP - Allocated Needle Exchange to Pharmacy	(0.084)
Wellbeing Funding from C&F	0.500
Adp Funded posts from Housing	0.106
Budget at July	828.275

4. Directions

When the budget was approved in March 2026 the direction to both partners included a transfer of funding from one organisation to the other to ensure financial balance was reflected across the IJB in totality. This transfer equates to £15.402m from NHS Fife to Fife Council.

Directions will be issued throughout 2026-27 whereby any additional funding made available by partners will require a formal direction from the IJB.

5. Financial Performance Analysis of Projected Outturn as at 31st July 2026

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of an overspend of £4.923m, this is a moment of £4.946m since the May projected position. This is shown in Table 2 below

	Budget May	Budget July		Forecast Outturn May	Forecast Outturn July		Variance as at May	Variance as at July	Movement in Variance
	£m	£m		£m	£m		£m	£m	£m
Community Services	181.627	179.974		180.692	180.331		(0.935)	0.357	1.292
Hospitals and Long-Term Care	74.819	74.341		74.039	72.698		(0.780)	(1.643)	(0.863)
GP Prescribing	84.874	84.874		86.740	88.806		1.866	3.932	2.066
Family Health Services	109.345	147.829		109.824	148.317		0.479	0.488	0.009
Children's Services	21.611	21.648		21.022	20.878		(0.589)	(0.770)	(0.181)
Child OT	0.223	0.223		0.223	0.223		0.000	0.000	0.000
Homecare Services	80.259	80.259		80.833	82.342		0.573	2.083	1.509
Older People Nursing and Residential	64.867	64.867		64.942	65.994		0.075	1.127	1.051
Older People Residential and Day Care	19.392	19.392		19.562	19.538		0.170	0.145	(0.025)
Older People Fife Wide/ Hospital Discharge	1.387	1.387		1.330	1.343		(0.057)	(0.043)	0.014
Occupational Therapy & ICASS	7.696	7.696		7.990	7.809		0.295	0.113	(0.182)
Adults Fife Wide	12.637	2.499		12.589	2.401		(0.048)	(0.098)	(0.050)
Adult Supported Living	33.547	33.559		30.741	31.895		(2.806)	(1.664)	1.141
Social Care Fieldwork Teams	18.131	16.934		17.715	16.252		(0.416)	(0.682)	(0.266)
Adult Placements	88.696	90.085		90.850	92.119		2.155	2.035	(0.120)
Social Care Other	(15.402)	(15.402)		(16.709)	(15.479)		(1.307)	(0.077)	1.230
Business Enabling / Professional	5.920	16.464		7.221	16.084		1.300	(0.379)	(1.680)
Housing	1.646	1.646		1.646	1.646		0.000	0.000	0.000
Total Health & Social Care	791.274	828.275		791.251	833.197		(0.023)	4.923	4.946

This information is also presented by portfolio level in Table 3 below.

	Budget May	Forecast Outturn May	Variance as at May	Budget July	Forecast Outturn July	Variance as at July	Movement in Variance
	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	279.087	279.087	0.000	317.899	319.774	1.875	1.875
Complex & Critical Care	237.720	237.026	(0.694)	226.851	225.691	(1.159)	(0.465)
Community Care	250.894	250.250	(0.644)	249.959	252.024	2.065	2.709
Professional & Business Enabling	11.292	12.811	1.518	20.464	20.098	(0.365)	(1.884)
Other	12.280	12.077	(0.204)	13.103	15.610	2.507	2.711
Total HSCP	791.274	791.251	(0.023)	828.275	833.197	4.923	4.946

5.1 Financial Analysis

The combined Health and Social Care Partnership delegated and managed services is currently reporting a projected an outturn which is an overspend position of £4.923m. An analysis of the position is noted below;

Primary & Preventative Care - £1.875m overspend

Primary and Preventative Care is forecasting an overspend position of £1.875m at July. This reflects several offsetting pressures and underspends across the portfolio.

GP Prescribing is currently forecasting an overspend of £3.932m and will remain under scrutiny during the year. At M4 two months of 2026-27 data are available and volume data is tracking 2.4% higher than at June last year (including estimated 11% increase in June), informing the projected overspend position.

Primary Medical Services is forecasting an overspend of £0.488m, mainly due to increasing premises costs, sickness, GP superannuation pressures and locum expenditure required to maintain GP practice cover.

These pressures are currently offset by a forecast underspend of £2.545m across other Primary and Preventative Care services. This reflects a combination of vacancy management, posts awaiting newly qualified staff, recruitment challenges in nationally difficult-to-fill posts and favourable vaccination prices. These underspends are partly offset by pressures in rheumatology, driven by rising patient numbers, increasing case complexity and higher-cost biologic therapies.

The movement from M2 is an adverse variance of £1.875m, this is due to the updated information on prescribing and the subsequent movement in the projected expenditure.

Complex and Critical Care Services – underspend £1.159m

Complex and Critical Care Services is forecasting an underspend of £1.159m at July.

Mental Health and Psychology services include pressures within CAMHS, Addictions services and use of locums. These areas will continue to be closely monitored due to the ongoing workforce and demand-related pressures.

Learning Disabilities is forecasting an underspend primarily due to vacancies. Recruitment remains challenging, reflecting wider national difficulties in attracting Learning Disability nursing staff.

Adult Social Care is forecasting an underspend however this includes a combination of demand-led pressures and offsetting underspends across teams. Overspends are mainly linked to adult care packages and associated transport costs. These are currently more than offset by vacancy-related underspends and recruitment challenges across adult social care services. This position will be kept under review as vacancies are recruited to and as demand for care packages changes during the year.

Overall, the portfolio is reporting an underspend at this stage; however, the position remains sensitive to changes in demand, workforce availability and the cost of commissioned packages of care.

The movement of £0.465m is a further underspend mainly due to vacant posts.

Community Care Services - overspend £2.065m

Community Care Services is forecasting an overspend of £2.065m at July. This reflects a number of demand-led pressures across older people's services and care at home, which are offset by vacancy-related underspends across inpatient, community and support services.

Medicine of the Elderly is forecasting an overspend of £1.111m, mainly due to continued use of bank and agency staffing and surge bed capacity. This area remains sensitive to hospital discharge pressures, workforce availability and ongoing demand for intermediate and community-based care.

These pressures are offset by underspends totalling £2.470m across specialist inpatient services, community nursing, administration and ICASS. These underspends are mainly vacancy-related and will require close monitoring as recruitment progresses and as assumptions around vacancy levels are updated during the year.

Care at Home is forecasting an overspend of £2.083m, mainly due to demand from hospital flow and community for care at home packages, the cost of wraparound care provision, and fleet costs.

Social Care is forecasting overspends across Older People Nursing & Residential of £1.127m due to continued demand for nursing care. Overspends are also forecast for residential care due to the use of agency staffing and occupational therapy adaptations and equipment linked to demand and rising equipment costs.

Overall, the Community Care position is an adverse movement of £2.709m from the reported M2 position and will remain sensitive to changes in hospital discharge activity, care at home demand, surge capacity and recruitment progress.

Professional, Business Enabling & Other - £2.141m overspend

Professional, Business Enabling and Other services are forecasting a combined overspend of £2.141m at July.

The main pressure relates to Service Level Agreements and out of area treatments, which are forecasting a year-end overspend of £2.548m. This is due to high-cost care for patients placed or treated out with Fife and includes three months of delayed discharge surcharges for one patient, who returned to Fife at the end of June.

This area remains subject to changes in individual patient circumstances, the availability of suitable in-area provision and the timing of repatriation or discharge arrangements. Continued scrutiny will therefore be required to ensure that out of area costs, SLA commitments and any associated delayed discharge charges are actively monitored and challenged.

6. Savings

Savings approved by the IJB for 2026-27 total £23.539m, as set out in the table below. The Health and Social Care Partnership aims to maximise recurring savings, with £18.8m of the total savings requirement identified as recurring.

The weekly PRU process continues to provide scrutiny, challenge and escalation. Based on current monitoring, officers are assured that the full savings requirement remains deliverable in year, including savings brought forward from 2025-26. The Senior Leadership Team meets regularly to review the management actions required in year, and any emerging areas of overspend or savings slippage will continue to be scrutinised through the PRU process.

Appendix 3 includes additional narrative captured through the PRU process, providing further assurance on progress against delivery.

	£m
Unachieved brought forward at budget setting	6.544
Increases to previously agreed savings	6.006
New savings for 2026-27	7.798
Management actions	3.022
Total savings per budget	23.370
Additional unachieved at year end	0.169
Total Savings to be delivered in 2026-27	23.539

7. Reserves

Reserves brought forward to April 2026 were £2.878m. These reserves are earmarked or committed for specific purposes and are expected to be utilised in year. There are no uncommitted reserves currently available to support emerging in-year financial pressures. Reserves of £1.590m have already been drawn in year, leaving a balance of £1.288m.

Reserves	Opening Balance April 2026	Additions in Year	Allocated in Year	Current Balance 2026-27
	£m	£m	£m	£m
Mental Health R&R	0.522			0.522
Anti-Poverty	0.068			0.068
Unscheduled care	1.071		(1.071)	0
Long Covid	0.307		(0.307)	0
Psychology	0.186		(0.186)	0
Hospital @ Home	0.026		(0.026)	0
Earmarked Balance	2.180	0.000	(1.590)	0.590
Community Alarms - Analogue to Digital	0.401			0.401
Housing - adaptations	0.297		(0.297)	0
Committed Balance	0.698	0.000	(0.297)	0.401
Total Reserves	2.878	0.000	(1.887)	0.991

8. Recovery Actions

We will continue to ensure robust scrutiny of expenditure and commitments throughout the financial year to support effective financial management of the resources available to the IJB.

The Integration Scheme sets out the process for resolving in-year budget variances, including forecast overspends:

8.2.1 The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

As an overspend is now projected a formal recovery plan is required. This is under development and will be presented to the IJB for approval in the coming weeks.

9. Risks

There is a risk of slippage in the delivery of agreed savings. The weekly PRU process will continue to provide scrutiny, challenge and escalation, with substitute in-year savings identified where required.

Demand-led pressures continue across care packages, placements, care at home and surge bed use. These areas remain volatile and will be kept under close review through financial monitoring and the escalation process.

Prescribing remains a significant area of financial risk. Prescribing data is provided with a two-month lag, and further detail on GPL1 prescribing is being scrutinised. There is a risk that both demand and cost may increase during the year.

Workforce availability remains a key risk, particularly where services continue to rely on bank, agency and locum staffing. Recruitment challenges may affect both service delivery and the forecast financial position.

A number of forecast underspends are linked to vacancies. There is a risk that the overall position may change as recruitment progresses and vacancy assumptions are updated during the year.

10. Key Actions / Next Steps

The projected overspend position is supported by active financial management, ongoing scrutiny of expenditure and clear governance arrangements for savings delivery and escalation.

The projected outturn position will continue to be closely monitored throughout 2026-27.

Delivery of the approved savings programme remains a key priority. The Chief Officer, supported by the Senior Leadership Team, will continue to monitor, scrutinise and drive delivery of agreed savings through the PRU process. Any emerging slippage will be escalated, with substitute in-year savings identified where required.

Vacant posts will continue to be reviewed through the fortnightly recruitment panel to ensure that workforce decisions are managed in line with service priorities, financial sustainability and the forecast financial position.

A weekly escalation tool will be used to monitor demand across services and to support escalation to partners where required.

Given the financial challenges facing the IJB, regular engagement with partners, the Chair and Vice Chair will continue. This will support shared oversight of the financial position, delivery of savings and the actions required to maintain financial sustainability.

Tracy Hogg
Chief Finance Officer
18 September 2026



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2026.010
2	Report Title	Additional Funding 2026-27
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	30 September 2026
4	Date Direction Takes Effect	30 September 2026
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions as detailed within the table below delegated to NHS Fife by Fife Integration Joint Board
8	Full Text of Direction	NHS Fife will utilise funding as allocated in table below relevant to each of the services as allocated.
9	Budget Allocated by IJB to carry out Direction	For the financial year 2026-27, additional funding of £36.390m is allocated by Fife IJB to NHS Fife as detailed in the table below
10	Performance Monitoring Arrangements	Regular monitoring of the financial position will take place during 2026-27 to ensure services are delivered within the resource envelope
11	Date Direction will be reviewed	31 December 2026

	36.390	Total Budget to be spent on NHS Services
Portfolio/ Service	Budget £M	Narrative
Primary Care & Preventative	38.812	A resilient and thriving primary care is at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.
Child Health	0.038	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Vaccination + Immunisation Ser	0.004	The Immunisation Service helps to protect the whole population of Fife by vaccinating against infectious disease and viruses; vaccines are given at different times and at different ages to protect children and adults, supporting them to build immunity and live healthier lives.
Sexual Health	0.001	Sexual Health provides services covering ACoRN, STIs, Contraception, HIV, HEP C, Gender based violence and pregnancy. Our Rheumatology Service is delivered by the Fife Rheumatic Diseases Unit. The Rheumatology service is made up of a team of medical, nursing, physiotherapy, clinical psychology, occupational therapy and pharmacy professionals.
Fife Public Dental Service	(0.026)	Our Public Dental Service provides access to routine and specialist NHS dental care across Fife. This may include patients who cannot obtain treatment from a general dental practice, may have additional needs or require specialised services.
Allied Health Practitioner Services Fife-wide	0.095	AHP Services Fife-wide provides services covering Nutrition & Dietetics, Physiotherapy, Podiatry, Occupational therapy and Speech & Language Therapy, these services all contribute and are critical to supporting early intervention and prevention activities to promote health and wellbeing ensuring a life course approach.
Urgent Care Service Fife (UCSF)	0.094	The Urgent Care Service Fife (UCSF) formerly known as the Primary Care Emergency Service and is sometimes referred to as the GP Out of hours service. Urgent care is provided by a multidisciplinary team of healthcare professionals. UCSF is accessible to anyone requiring urgent clinical care that cannot wait until their GP surgery re-opens. The service aims to ensure that members of the public can access urgent care during the out of hours period when surgeries are closed, via telephone advice, a treatment centre appointment or, where appropriate, a home visit.
GP Associated services	0.141	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Primary Care Management + Admin	(0.018)	Divisional Management + Admin support to Primary Care & Preventative Teams
Family Health Services	38.484	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	(0.935)	Community Care Services includes a range of services across Care Homes and People's own homes, promoting independence and enabling people to stay well at home and in a homely setting

Medicine Of the Elderly Inpatients	(1.023)	Covers the strategic and operational management of medicine of the elderly wards (including GP-led wards) across Fife - St Andrews Community Hospital, Adamson Hospital, Cameron Hospital, Glenrothes Hospital and Queen Margaret Hospital. This includes the provision and development of what is a complex and evolving model across health and social care.
Icass Division	2.105	Integrated Community Assessment and Support Service (ICASS) is multiple services which aims to improve the health and wellbeing of people in Fife by enabling individuals to stay independent in their own home or in their community wherever possible. The ICASS services and functions are as follows - Intermediate Care Teams The Intermediate Care Teams have several strands to their function. These include daily rehabilitation to facilitate early discharges from hospital and prevention of hospital admission, community rehabilitation, inpatient rehabilitation and Assessment and Rehabilitation Centre therapy (developing into Community Frailty Team). Assessment and Rehabilitation Centres - Developing into Community Frailty Team The Assessment and Rehabilitation Centres deliver rapid assessment, investigation, diagnostic and rehabilitation service for older people who are living with frailty. The multidisciplinary service including medical, nursing and therapy (OT and PT) come together to triage patients and discuss complexity to enable treatment, and input is tailored to individual needs. The development of the Community Frailty Team will facilitate an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife. Community Rehabilitation This service comprises of Occupational Therapy, Physiotherapy and Support Workers. The main functions of the team are short term rehabilitation, pulmonary rehabilitation and major trauma coordination service support. The therapy is delivered on an individually assessed basis, often daily but intensive therapy is not provided. Daily Rehabilitation This is a short-term service comprising of Rehabilitation Support Workers, Physiotherapy, Occupational Therapy and Nurses. They provide up to a maximum of 4 visits per day, 7 days per week to support recovery activity and prevention of admission. They also facilitate early supported discharge to continue rehabilitation. Inpatient Rehabilitation This service includes Physiotherapy and Occupational Therapy. The service provides rehabilitation, a therapeutic MDT approach and provides support with assessment and complex discharge planning. They also assist with vascular, major trauma and over 65 stroke pathways. The therapy is delivered on an individually assessed basis but intensive therapy is not provided.

		Hospital at Home The role of the Hospital at Home team is to treat patients at home or in a care home by providing the same level of care that would be expected should you be admitted to hospital. The team also facilitate earlier discharge for ongoing treatment where it is safe to do so. The team is led by a medical consultant and includes a skill mix of nursing staff including advanced practitioners and pharmacy services.
Community Nursing Services	(0.121)	Specialist Community Services include the Cardiac Rehabilitation & Heart Failure Service, Diabetes Service, Respiratory Service, Complex Care Service, Managed Clinical Network Team, Diabetic Eye Screening Service, ME Service, and the Tissue Viability Service. All of these specialised community services ensure that complex care is delivered safely in the community to decrease unnecessary admissions and assist in early discharges from acute settings.
Specialist Inpats + Outreach	0.006	Specialist In-patients and Out-Reach Services encompasses the following services: Fife Specialist Palliative Care - specialist in-patient hospice, community out-reach service, SPOA (Single point of access - professional to professional line), children's and families service, adult counselling services and the acute hospital support team. Stroke rehabilitation services are provided from Letham Ward, Cameron Hospital and Queen Margaret Hospital Ward 6. The Fife Rehabilitation Service consists of the Sir George Sharp Unit at Cameron Hospital which delivers neurorehabilitation and multi-disciplinary out-reach services
Divisional Management + Admin	(2.168)	Management + Admin support to Integrated Community Care Teams
Community Equipment	0.019	Fife Equipment Loan Store (FELS) provides equipment to help support individuals to live as independently as possible in their own home or homely setting. Over 700 prescribers across Fife H&SCP and Education access FELS including OTs, PTs, Community Nurses and Social Care workers. Equipment such as beds, hoists, bathroom equipment and specialist children's equipment support access to education, timely discharge from hospital and prevention of admission into hospital or long-term care.
Patient Flow and Ltc	0.247	The Hub enhances the patients journey through their hospital stay by identifying and planning their discharge pathway from the point of admission. We are a 7-day integrated service with a new Front Door Assessment Team that focuses on early assessment and prevention of admission. Discharge Pathway Planning commences before medical treatment in line with our Planned Day of Discharge (PDD) Initiative as part of Discharge Without Delay (DWD). Time created to plan and implement complex long-term solutions (housing adaptations). Solutions will be in place for patients clinically fit reducing average LOS & number of patients in delay

Integrated Complex & Critical Care	(0.937)	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Mental Health Services	(0.845)	Mental Health Services provides a portfolio of services including the following. Drug & Alcohol Addiction Services, Child & Adolescent Mental Health Services to the Community. Community and In-Patient Adult and Older Adult Mental Health Services, Community and In-Patient Rehab Services, Community and In-Patient Forensic Mental Health Services. Mental Health Occupational Therapy and Physiotherapy Services. Admin support to Mental health services.
Learning Disability Services	(0.018)	Learning Disability provides Community and In-Patient Learning Disability services. Forensic Learning Disability services to in-patients, including the Regional Learning Disability Unit, Daleview Ward. Epilepsy Nursing service. Occupational Therapy services
Psychology Service	(0.074)	Psychology Service provides a range of psychological interventions and therapy services to meet mental health needs across the lifespan as well as specific services in the following areas - physical health settings, learning disabilities, maternity, neonatal and perinatal care, paediatrics, physical rehabilitation, psychiatric rehabilitation, addictions, forensic, staff support and services for military veterans
Prof & Business Enabling/Other	(0.550)	Prof & Business Enabling is the integrated professional leadership team along with the Business Enabling teams delivering Finance, Strategic Planning, Performance, Commissioning and Organisational Development & Culture.



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2026.011
2	Report Title	Additional Funding 2026-27
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	30 September 2026
4	Date Direction Takes Effect	30 September 2026
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions as detailed within the table below delegated to Fife Council by Fife Integration Joint Board
8	Full Text of Direction	Fife Council will utilise funding as allocated in table below relevant to each of the services as allocated.
9	Budget Allocated by IJB to carry out Direction	For the financial year 2026-27, additional income of £0.611m is allocated by Fife IJB to Fife Council as detailed in the table below
10	Performance Monitoring Arrangements	Regular monitoring of the financial position will take place during 2026-27 to ensure services are delivered within the resource envelope.
11	Date Direction will be reviewed	31 December 2026

	0.611	Total Budget to be spent on Fife Council Services
Portfolio/ Service	Budget £M	Narrative
Integrated Complex & Critical Care	0.611	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Adult Placements	0.611	Adult Placements supports arrangements for external care packages for adults under 65, following social work assessment, who meet the critical criteria. Support services include Long Term Care, Supported Living and Respite. It also provides Direct Payments to Service Users under SDS option 1 to allow them to purchase their own services, where the critical criteria is met and where the adult makes the choice to manage their own care provision.

APPENDIX 3	2026-27				
OPPORTUNITIES	Total savings to be delivered	Projected to be delivered	Projected non achieved	Status from PRU	Narrative - Update from PRU
Mental Health Redesign	2.992	2.992		Amber	Mental Health Redesign is progressing well, programme of works underway, shifting the balance of care to community base
Reprovision of out of area care packages	1.967	1.967		Amber	Progressing well, moves that were delayed in 2025-26 have now taken place and work continues to find a suitable package of care in Fife for one patient.
Complex & Critical Care	1.000	1.000		Amber	Clinical service review and redesign underway, current focus on unscheduled care, rehabilitation and older adult services
Voluntary Organisation Saving	0.423	0.423		Amber	Review of expenditure in line with priorities of new strategic plan and locality needs assessments
Transforming Overnight Care	2.440	2.440		Amber	Was paused due to staffing pressures, however is now back on track
Reducing Locum Spend	0.600	0.600		Amber	Recruitment into speciality posts is progressing well
Community Rehabilitation & Care	1.685	1.685		Green	FYE of repurposing of 2 wards which was finalised late in 2025-26
Transforming Business Administration Project	0.300	0.300		Amber	Full review to be undertaken, digital to be advanced, working with NHS colleagues
Integrated Management Teams	0.250	0.250		Amber	SLWG set up to identify areas where further integration will be valuable
Strategic Planning and Performance Workforce	0.060	0.060		Green	Redesign of team underway
Medicines Efficiencies	2.228	2.228		Green	Programme agreed for 26/27-on track
Supplementary Staffing	1.000	1.000		Green	Agency only to be used in exceptional circumstances from 7th July, further scrutiny on use of bank staff due to newly qualified staff placements
Sustainable Care Pathways	0.800	0.800		Green	Progressing well, impact from Short Stay Bed Model to be realised
PPC - Vacancy factor	0.500	0.500		Green	Non-recurring
Transport Review	1.229	1.229		Amber	SLWG set up, review of all spend on transport underway, including staff use of taxis
MOW/Comm Alarms/ Rents/ Financial Assessment	1.110	1.110		Green	Increases agreed per Council Cabinet
Fife Council Mobile phones	0.010	0.010		Green	Unused phone contracts ended
Bladder & Bowel Service	0.180	0.180		Amber	This saving requires further work to allow delivery/ or substitution
Fife Equipment Loan Store	0.500	0.500		Amber	Some challenges with rising costs of equipment, but regular reviews in place
PPC - Immunising	0.400	0.400		Green	Non-recurring
PPC - PCDF	0.100	0.100		Green	Non-recurring
PPC - Vaccines	0.200	0.200		Green	Non-recurring
WFW funding	0.500	0.500		Green	Non-recurring - confirmed funding will be received
Other management actions in year	3.022	3.022		Amber	Will be included in recovery plan
Group Homes	0.043	0.043		Green	On track

Total	23.539	23.539	0	100%	
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Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30.09.2026
Report Title:	Fife HSCP Audited Annual Accounts for the Financial Year to March 2026		
Agenda Item No:			
Responsible Owner:	Tracy Hogg, Fife HSCP Chief Finance Officer		
Report Author:	Tracy Hogg, Fife HSCP Chief Finance Officer		

Executive Summary

- The attached report details the audited annual accounts to financial year end 31 March 2026
- The 2025-26 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS).
- The audited annual accounts are provided at Appendix 1

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Seek a Decision	☒	Approve and sign the Annual Accounts
Risk Appetite Section MUST be completed		
Provide Assurance	☐	
For Discussion	☐	
For Noting	☐	

Directions

No Direction Required	☒
Fife Council	☐
NHS Fife	☐

Situation/Background (Purpose of Report)

The attached report is the audited annual accounts to financial year end 31st March 2026.

The 2025-26 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information. The Annual Accounts provides an overview of financial performance in 2025-26 for the IJB.

Assessment (Key Points/Issues and Risks)

The attached document provides the provisional outturn, of the delegated and managed services of Health & Social Care Partnership.

For 2025-26, the IJB reported a total budgeted income of £887.411m:

- £819.937m from the integrated budget
- £67.474m from set aside funding

Total expenditure for the year was £886.245m, broken down as follows:

- £818.771m on integrated services
- £67.474m on set aside services

The Acute Set Aside services budget was delegated to the IJB but remains operationally managed by NHS Fife. Although there was an overspend of £4.562m on these services, the additional cost was absorbed by the Health Board. As a result, the IJB's financial responsibility remained at the budgeted £67.474m, achieving a break-even position for set aside services.

There was an overspend at year end of £9.515m and this was funded by our partners on a risk share basis; this additional funding is included in the budget figures shown above. The surplus variance of £1.166m is consistent with our Comprehensive Income & Expenditure Statement, and the increased reserves balances shown in the Movement in Reserves Statement

The overspend is primarily driven by:

- Mental Health
- Care of Elderly and Specialist Inpatients due to use of surge and agency staff
- Adult and older people's social care, including Care at Home, Care Homes, Adult Placements
- SLA's and Out of Area Treatment

This overspend was partially funded through the planned use of reserves, with the remaining balance apportioned between partners in line with the Integration Scheme: 62% NHS Fife and 38% Fife Council. An Annual Governance statement is included within the Draft Annual Accounts.

The Accounts have been Audited by Azets. There have been slight changes to the presentation of debtors and creditors balances which are not material. No other changes have been made to the accounts from the draft version presented in June

Related Documents/Appendices

The audited annual accounts are provided at Appendix 1
The Azets external audit report is provided at Appendix 2
The Letter of Representation at Appendix 3

Assurance Levels

Level:	Descriptor:
Significant ☐	The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position.
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.
Limited ☐	The controls, actions and assurances provide limited assurance in relation to management of this risk. There are significant concerns over the adequacy and effectiveness of controls and actions in proportion to the risk and assurances are limited
None ☐	There is insufficient information at present to judge the adequacy and effectiveness of controls and actions.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☐	☐		☐	☐	
Local Partnership Forum (LPF)	☐	☐		☐	☐	
Strategic Planning Group (SPG)	☐	☐		☐	☐	
Audit & Assurance (A&A)	☒	☐	11.09.2026	☐	☐	

Quality & Communities (QCC)	☐	☐		☐	☐	
Finance, Performance & Scrutiny (FP&S)	☐	☐		☐	☐	
Integration Joint Board (IJB)		☒				
Fife Council						
Council Executive Team (CET)	☐	☐		☐	☐	
People & Communities Scrutiny	☐	☐		☐	☐	
Cabinet	☐	☐		☐	☐	
NHS Fife						
Executive Leadership Team (ELT)	☐	☐		☐	☐	
Public Health & Wellbeing Committee	☐	☐		☐	☐	
NHS Board	☐	☐		☐	☐	
Other (please specify):						
	☐	☐		☐	☐	
	☐	☐		☐	☐	

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	☐		
Localities/Communities	☐		
Quality of Care	☐		
Workforce	☐		
Legal	☐		
Financial	☒	As there was a provisional overspend at the end of the financial year there is a requirement to implement the risk share agreement, this will impact on the financial position of NHS Fife and Fife Council	
Performance	☐		
Climate Climate Fife 2024 Strategy and Action Plan If you are reporting Climate Change impacts, please complete the Fife Environmental Assessment Tool (FEAT) and add as an appendix (Available via FOI.IJB@fife.gov.uk)	☐		
Communication and Engagement	☐		
Risk & Mitigation	☐		
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>
	☐	Age	
	☐	Disability	
	☐	Gender Reassignment	
	☐	Marriage/Civil Partnership	
	☐	Pregnancy/Maternity	

	☐	Race	
	☐	Religion	
	☐	Sex	
	☐	Sexual Orientation	
	☐	Full EQIA has been completed and is available on request	



Fife Integration Joint Board Audited Annual Accounts

For the Financial Year to 31 March 2026

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Management Commentary

Introduction

Welcome to the financial statements for Fife Integration Joint Board (IJB) for the year ended 31 March 2026. The statements have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (the Code) and explain how resources have been used to deliver health and social care services across Fife.

This has been another exceptionally challenging year. Like the rest of Scotland, Fife continues to experience sustained and increasing demand for health and social care services, with more people living longer, often with multiple and complex needs. At the same time, the cost of delivering care continues to rise, and available funding has not kept pace with these pressures.

Despite this, Fife Health and Social Care Partnership (Fife HSCP) has continued to deliver essential services, strengthen financial oversight and progress key areas of transformation, working closely with NHS Fife, Fife Council, care providers and our communities.

Role, Purpose and Responsibilities

Fife IJB was established under the Public Bodies (Joint Working) (Scotland) Act 2014 and is responsible for planning, resourcing and overseeing integrated health and social care services in Fife.

The IJB is the decision-making body that sets the strategic direction for services, agrees how resources are allocated, and ensures that national Health and Wellbeing Outcomes are delivered locally. Services are delivered by Fife HSCP through Directions issued to NHS Fife and Fife Council, setting out what is to be delivered, the resources available and how performance will be monitored.

Our purpose remains to improve outcomes for people, particularly those with the most complex needs, by providing coordinated, person-centred care that supports independence, dignity and participation in communities.

The nine national outcomes are:

Healthier Living People are able to look after and improve their own health and wellbeing and live in good health for longer.	Independent Living 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.	Positive Experiences and Outcomes People who use health and social care services have positive experiences of those services, and have their dignity respected
Quality of Life Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Reduce Health Inequalities Health and social care services contribute to reducing health inequalities.	Carers are Supported 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.
People are Safe People using health and social care services are safe from harm.	Engaged Workforce 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.	Resources are used Efficiently and Effectively Resources are used effectively and efficiently in the provision of health and social care services.

Strategic Direction and Priorities

2025–26 marks the final year of the Strategic Plan 2023–2026. Across this three-year period, Fife HSCP has made good progress against its strategic priorities despite sustained system pressure and increasing financial challenge.

The five priorities from the 2023-2026 strategic plan were:



The Year 3 Annual Report confirms that 43 of 61 planned actions for 2025–26 were completed, with a further 16 actions carried forward into the next planning cycle. Key areas of progress include strengthening support for carers, advancing our approach to commissioning, and developing targeted responses to emerging public health challenges.

Key achievements over the last year include:

- Delivery of the final year of the Fife Suicide Prevention Action Plan, with an evaluation report progressing through governance and informing the next phase.
- Streamlining the Adult Carer Support Plan from nine sections to three, integrating the updated eligibility framework and improving the experience for carers and staff.
- Completion of a deep dive on cocaine and crack cocaine harms across Fife and developed an action plan aligned to the FAIR Model and MAT Standards; the KY Club in Cowdenbeath has since been relocated and refocused to address local polysubstance issues.
- Developed a strengthened Advocacy Logic Model, aligning national and local advocacy outcomes to ensure personal outcomes remain central.
- Undertook a Commissioning Consultation with staff and third/independent sector partners, with 82% of respondents aware of Fife HSCP's commissioning strategy and principles.

The Strategic Plan (2023-26), the Delivery Plans and the Annual Reports are available on our website here: www.fifehealthandsocialcare.org/about-us/publications/

The Year 3 Annual Report and refreshed Strategic Plan 2026-29 are also available via the same link.

Looking ahead, a refreshed Strategic Plan for 2026–2029 has been developed alongside the Medium-Term Financial Strategy (MTFS). This sets a clear direction for Fife HSCP, focused on three core priorities:

- **Prevention** – supporting people earlier to reduce future demand
- **Communities** – strengthening local capacity and support closer to home
- **Digital** – improving access, productivity and service delivery through technology

An Investment Framework is now being co-designed with the Strategic Planning Group to ensure that future investment, disinvestment and transformation decisions are clearly aligned to these priorities, deliver measurable outcomes and support long-term sustainability.

Operational Performance 2025–26

Operational performance during 2025–26 demonstrates resilience within a system under sustained pressure, with high demand, increasing complexity of need, workforce constraints and continued reliance on commissioned care.

In response, Fife HSCP has strengthened its approach to operational and financial management. This has included:

- Improved data and performance dashboards, providing greater visibility of key drivers such as care home utilisation, home care capacity and delayed discharges
- Enhanced scrutiny through regular engagement between the Chief Finance Officer, NHS Fife Director of Finance and Fife Council Section 95 Officer
- Increased frequency of tripartite meetings, bringing together senior clinical, social work and finance leaders to support whole system oversight
- A strengthened Progress Review Update (PRU) process, providing greater accountability and focus on delivery of savings and financial recovery actions

These arrangements have improved transparency, strengthened governance and supported earlier identification of emerging risks and pressures. While a range of management actions were taken, including vacancy controls, targeted recruitment and tighter control of discretionary spend, demand-led pressures continued to impact performance. Overall, Fife HSCP has maintained safe and effective services while strengthening its ability to manage performance and respond to risk.

Performance is monitored through a combination of national indicators, including those aligned to the Ministerial Strategic Group (MSG) and Local Government Benchmarking Framework (LGBF), alongside locally developed measures. These support delivery of the National Health and Wellbeing Outcomes and are reported regularly to the IJB.

Key Performance Themes

Unscheduled Care and System Flow - Demand for unscheduled care remains high, reflecting national trends and continued pressure across acute services. Encouragingly, unscheduled bed days have improved compared to the previous year, and reductions in average bed days lost within community hospitals highlight positive progress in patient flow and discharge processes. While delayed discharge continues to present a system challenge, there is clear evidence of targeted improvement activity, with ongoing focus on further strengthening flow across the whole system, however Fife continues to perform as the best in Scotland for delayed discharge.

Community Services and Delayed Discharge - There has been positive progress in reducing length of stay within assessment beds, reflecting strengthened discharge planning and improved step-down arrangements. Demand for care at home services continues to rise, demonstrating both growing need and the increasing complexity of care within community settings. Fife HSCP is actively responding to this through prioritised expansion of care at home provision and the use of interim care solutions, supporting more timely discharge and care closer to home.

Mental Health Services - Performance within Child and Adolescent Mental Health Services (CAMHS) remains a clear strength, with national waiting time standards consistently exceeded. At March 2026, 98.9% of patients commenced treatment within 18 weeks, reflecting sustained high-quality delivery. Psychological therapies have also shown improvement over the year. While further progress is required to fully meet national standards, ongoing service redesign and targeted improvement activity are in place to address capacity and demand.

Prevention and Early Intervention - Performance across prevention indicators presents a mixed picture. While some areas, such as smoking cessation and childhood immunisation uptake (6-in-1), demonstrate positive progress, other indicators, including MMR uptake and infant feeding, have declined and remain below target levels. These trends highlight the ongoing impact of wider system pressures and inequalities, and the need for sustained focus on early intervention and prevention activity.

Quality and Safety - Quality and safety remain central to service delivery, with comprehensive governance and assurance arrangements in place. While some indicators, including falls with harm and incidents within mental health settings, have shown variation over the reporting period, these are subject to active monitoring and improvement action. Performance against statutory complaint response times continues to be a focus for improvement, particularly within NHS services, supported by strengthened oversight and accountability.

Workforce - Workforce capacity remains a key enabler of performance. Absence rates, while still above target, have shown early signs of improvement across both NHS and Local Authority services. Targeted actions to support workforce wellbeing, recruitment, and retention are ongoing and are critical to sustaining service delivery, particularly within community-based services.

Outlook and Improvement

Fife HSCP remains focused on delivering its Strategic Plan through a programme of targeted transformation. Key priorities include improving system flow, expanding community capacity, and strengthening prevention and early intervention. Progress will be underpinned by enhanced performance management, continued benchmarking, and strong collaboration with NHS Fife, Fife Council, and third and independent sector partners. Through this collective approach, Fife HSCP is well positioned to build on progress to date and continue improving outcomes for the population of Fife.

Our Workforce

Our workforce is central to delivering high-quality, person-centred care. The 2022–2025 Workforce Strategy concluded during the year and has transitioned into a one-year Workforce Delivery Plan for 2026–2027, aligning more closely with both our financial planning cycle and the refreshed Strategic Plan.

The refreshed plan, structured around the five pillars of Plan, Attract, Train, Employ and Nurture, was co-designed with NHS Fife, Fife Council, and partners across the independent and third sectors, ensuring full representation from all HSCP business portfolios. Across the 2022–25 period, 170 workforce priority actions were progressed, with 129 delivered within the planned timeframe, achieving a 76% completion rate. Significant progress has been made, including:

- Strengthening workforce planning through improved data, establishment controls and digital rostering
- Expanding early career and inclusive employment pathways
- Supporting the development of the professional workforce through targeted programmes
- Advancing equality, diversity and inclusion and embedding trauma-informed practice

Workforce challenges remain, particularly in key areas such as mental health and community services and continue to impact service delivery and financial performance.

Looking forward, Fife HSCP enters the new planning cycle prioritising Prevention and the continued embedding of Trauma-Informed Practice through delivery and evaluation of the national training programme. Collaboration with Developing the Young Workforce will support locally designed career-pathway events across Communities, alongside the introduction of a transformation programme for Community Nursing to deliver evidence-based, contemporary models of care aligned with national and local priorities. Digital objectives include establishing a Care Skills Partnership with Fife College to address social care digital skills gaps through joint curriculum design and targeted learning pathways, providing a strong foundation for the 2026–29 Strategic Plan.

Financial Performance 2025–26

Reflecting the operational and demand pressures set out above, the IJB reported total funding of £887.411m and total expenditure of £886.245m for 2025–26. Within delegated and managed services, expenditure was £818.771m against a budget of £819.937m, resulting in a reported variance of £1.166m. However, an underlying overspend of £9.515m arose during the year, reflecting sustained demand and cost pressures.

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	819,937	818,771	(1,166)	(0.14%)
Set Aside Acute Services	67,474	67,474	0	

The surplus variance of £1.166m is consistent with our Comprehensive Income & Expenditure Statement, and the increased reserves balances shown in the Movement in Reserves Statement.

The key drivers of financial pressure were:

- Increased demand for adult and older people's social care services
- Mental health and inpatient pressures, including the use of agency staffing
- Cost pressures across commissioned services and out-of-area placements

While some of these pressures were offset by underspends due to staffing vacancies, recruitment remains challenging, especially for specialist roles. Efforts are ongoing to review skill mix and improve recruitment outcomes.

To address financial challenges, the IJB approved a savings plan targeting £29.424m in savings for 2025-26. Of this:

- 83% was achieved during the year
- The remaining savings will be carried forward to be delivered in 2026-27 and have been included in the 2026-27 budget setting process

Set Aside Services

The Acute Set Aside services budget was delegated to the IJB but remains operationally managed by NHS Fife. Although there was an overspend of £4.562m on these services, the additional cost was absorbed by the Health Board. As a result, the IJB's financial responsibility remained at the budgeted £67.474m, achieving a break-even position for set aside services.

There has been limited progress on the delegation of hospital budgets, which remains a challenge across Scotland. In August 2023, the Chief Officer and Chief Executives agreed that no further changes would be made to set aside arrangements in Fife until national reforms are clarified. Despite this, strong collaboration continues among NHS Fife, Fife Council, and the Fife HSCP, particularly in areas such as unscheduled care, capacity, and patient flow.

Reserves Position

The IJB held reserves of £2.878m at 31 March 2026, all of which are committed or earmarked for specific purposes.

While balances increased during the year, the level of reserves remains low relative to the scale of financial risk faced by Fife HSCP, and no general reserve is currently held. Progress towards the longer-term aim of maintaining a general reserve of 2% of expenditure remains a key consideration.

Earmarked Reserves	Opening Balance April 2025	Additions in Year	Allocated in Year	Closing Balance at March 2026
	£m	£m	£m	£m
Mental Health R&R	0.522			0.522
Anti-Poverty	0.052	0.042	(0.026)	0.068
Unscheduled care		1.071		1.071
Long Covid		0.307		0.307
Psychology		0.186		0.186
Hospital @ Home		0.026		0.026
Total Earmarked	0.574	1.632	(0.026)	2.180
Community Alarms - Analogue to Digital	0.971		(0.570)	0.401
Housing – adaptations	0.167	0.297	(0.167)	0.297
Committed Balance	1.138	0.297	(0.737)	0.698
Uncommitted Balance		0.782	(0.782)	0
Total Reserves	1.712	2.711	(1.545)	2.878

Financial Outlook and Risks

The financial outlook remains extremely challenging. Demand for services continues to increase at a pace that exceeds available funding, driven by demographic change, increasing complexity of need and wider economic pressures.

A funding gap of £34.570m was identified for 2026–2027. This is being addressed through an agreed savings programme of £23.370m alongside additional funding contributions from partners. Delivery of this position will require sustained focus, strong governance and continued collaboration across the system.

Theme	£m
Previously Approved - Transformation / Transformation & Efficiencies / Efficiencies	12.550
Service Redesign	0.180
Transformation / Transformation & Efficiencies	5.908
Efficiencies – recurring / non -recurring	4.732
Total	23.370

The most significant medium- to long-term principal risks and uncertainties facing Fife HSCP are set out below.

Demand and complexity of need – Demand for health and social care services continues to grow, with increasing complexity, particularly in relation to adult services, transitions and high-cost packages. This creates financial volatility and pressure on existing budgets,

particularly where costs arise that were not anticipated at the start of the financial year.

Workforce capacity and sustainability – Workforce availability remains a key constraint across a number of service areas, particularly within community and mental health services. The reliance on turnover savings and challenges in recruiting to specialist roles present an ongoing risk to both service delivery and financial performance.

Financial Sustainability and Funding - The inability to maintain a general reserve increases exposure to financial shocks. In addition, there are risks associated with the delivery of planned savings, particularly where these require transformational change.

Service Delivery and Transformation - Delivery of the Medium-Term Financial Strategy is dependent on large-scale transformation programmes and whole system change. This requires sustained leadership capacity, effective change management and strong partnership working across statutory, third and independent sectors.

System Working and Decision-Making - The IJB is reliant on decisions made by partner organisations, and vice versa. Changes in financial or operational decisions across the system may have unintended consequences for Fife HSCP's financial position and service delivery. Continued alignment and collaborative decision-making arrangements are critical.

Prescribing and Cost Pressures - While prescribing decisions are made locally, the cost of medicines is influenced by national factors, including the introduction of new treatments. This creates uncertainty and limits Fife HSCP's ability to fully control associated cost pressures.

Set Aside and Hospital Services - Progress in relation to the delegation of set aside budgets remains limited, reflecting national challenges. Current overspends and the lack of fully aligned financial control arrangements present ongoing risk in achieving a whole-system financial position.

Policy and Funding Constraints - Certain areas of income, including charging policies, remain outwith the control of the IJB and are determined by partner organisations. This limits financial flexibility and the ability to respond to increasing demand.

Public Expectations and Engagement - Rising demand, combined with constrained resources, creates a risk that public expectations cannot be fully met. Continued engagement through participation and engagement frameworks is essential to support understanding of service changes and priorities.

Wider Economic and External Factors - Inflationary pressures, demographic changes and global economic factors continue to impact the cost of delivering services. These external influences further compound the financial challenges facing Fife HSCP.

These risks are interrelated and require a coordinated, whole system response to ensure financial sustainability and continued service delivery.

Strengthening Financial Management

In response to these challenges, Fife HSCP continues to strengthen its approach to financial management and oversight. This includes:

- Continued use of escalation and monitoring tools to track demand, cost and financial risk
- Closer alignment between financial planning, service delivery and strategic priorities
- Development of the Investment Framework to improve decision-making and prioritisation

There remains a clear focus on maximising available resources, controlling expenditure and delivering sustainable services.

Value for Money

Delivering value for money remains a core priority. All commissioning and procurement activity is undertaken in line with best value principles, ensuring resources are used effectively to deliver high-quality outcomes. A continued focus on prevention, early intervention and community-based care will be essential to achieving better outcomes within constrained resources.

Acknowledgement

2025–26 has been a particularly challenging year for Fife HSCP. Despite this, services have continued to be delivered, and progress has been made in strengthening financial management and advancing our strategic priorities.

These achievements reflect the commitment, professionalism and resilience of our workforce and partners across health, social care, the third and independent sectors. We recognise and thank them for their continued dedication to supporting the people of Fife.

Fife HSCP remains committed to delivering sustainable, high-quality services for the people of Fife despite the challenges ahead.

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Lynne Garvey
Chief Officer

Date.....

.....

David Ross
Chair of the IJB

Date.....

.....

Tracy Hogg
Chief Finance Officer

Date.....

Statement of Responsibilities

This statement sets out the respective responsibilities of the IJB and the Chief Finance Officer, as the IJB’s Section 95 Officer, for the Annual Accounts.

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this Integration Joint Board that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient, and effective use of resources and safeguard its assets.
- Ensure that the Annual Accounts are prepared in accordance with legislation (The Local Authority (Scotland) Regulations 2014) and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003, as amended by the Coronavirus (Scotland) Act 2020.)
- Approve the Annual Accounts for signature.

I confirm that these Audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 30 September 2026.

Signed on behalf of the Fife Integration Joint Board

.....

David Ross
Chair of the IJB

Date

Responsibilities of the Chief Finance Officer

The Chief Finance Officer, as the S95 Officer, is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (The Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and applied them consistently.
- Made judgements and estimates that are reasonable and prudent.
- Complied with legislation.
- Complied with the Local Authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which are up to date.
- Taken reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board including prevention and detection of fraud and other irregularities.

Statement of Accounts

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2026, and the transactions for the year then ended.

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Tracy Hogg, FCCA, Chief Finance Officer

Date

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by NHS Fife and Fife Council. Nomination of the IJB Chair and Vice Chair post holders' alternates between a Councillor and a Health Board representative.

David Ross, Leader of Fife Council, took up the role of Chair in December 2024.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2025-26 or prior years.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff. All Fife HSCP officers are employed by either NHS Fife or Fife Council, and remuneration for senior staff is reported through the employing organisation. Specific post-holding officers are non-voting members of the Board.

The Chief Officer was permanently appointed by the Integration Joint Board (IJB), following consultation with NHS Fife and Fife Council, and remains in post. Responsibility for determining the Chief Officer's remuneration sits jointly with NHS Fife and Fife Council. The post holder is employed by NHS Fife and is seconded to the Integration Joint Board in accordance with Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Chief Finance Officer retired in October 2025, and a successor was subsequently appointed. The Chief Finance Officer is employed by Fife Council.

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

2024-25 Total (£)	Senior Employees Salary, Fees & Allowances	2025-26 Total (£)
51,883 FYE (112,210)	L Garvey Chief Officer 1 st November 2024 onwards	124,279
101,408	A Valente Chief Finance Officer 1 st April 2025 to 31 st October 2025	61,276 FYE (103,553)
-	T Hogg Chief Finance Officer 6 th October 2025 onwards	50,216 FYE (103,553)
153,291	Total	235,771

There were no payments to officers in 2025-26 or prior years in relation to bonus payments, taxable expenses, or compensation for loss of office.

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

However, the IJB has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits.

Pension Benefits for Fife Council

Pension benefits for employees are provided through the Local Government Pension Scheme (LGPS), a funded scheme made up of contributions from employees and councillors and the employer. The LGPS in Scotland changed on 1 April 2015 from a final salary scheme to a career average revalued earnings (CARE) scheme. The scheme year runs from 1 April to 31 March and all members, both employee and councillor, now build up a pension based on 1/49th of pensionable pay received in each scheme year. The normal pension age of the new scheme is linked to State Pension Age but with a minimum age of 65.

Pension benefits for employee members built up before 1 April 2015 are protected which means that membership built up to that date will continue to be based on final salary when the member retires or leaves.

From 1 April 2009 a five-tier contribution system was introduced with contributions from scheme members based on how much pay falls into each tier. It is designed to give more equality between costs and benefits of scheme membership. Prior to 2009 contribution rates were set at 6% for all non-manual employees. From 1 April 2015, part time members' contribution rates are now based on actual pensionable pay as opposed to whole time pay.

Actual Pay 2025-26	Contribution Rate 2025-26	Actual Pay 2024-25	Contribution Rate 2024-25
Up to and including £27,000	5.50%	Up to and including £27,000	5.50%
Above £27,001 and up to £33,000	7.25%	Above £27,001 and up to £33,000	7.25%
Above £33,001 and up to £45,300	8.50%	Above £33,001 and up to £45,300	8.50%
Above £45,301 and up to £60,400	9.50%	Above £45,301 and up to £60,400	9.50%
Above £60,401	12.00%	Above £60,401	12.00%

Pension Benefits for NHS

NHS Fife participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a four-yearly funding valuation undertaken by the scheme actuary.

The valuation carried out as at 31 March 2016 confirmed that an increase in the employer contribution rate from 14.9% to 20.9% was required from 1 April 2019 to 31 March 2023. The UK Government since confirmed that these employer rates would remain in place until 31 March 2024. In addition, member pension contributions over the period to 30 September 2023 have been paid within a range of 5.2% to 14.5% and have been anticipated to deliver a yield of 9.6%. The valuation carried out as at 31 March 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% is now in force from 1 April 2024 to 31 March 2027. In addition, member pension contributions since 1 April 2024 have been paid within a range of 5.7% to 12.7% and have been anticipated to deliver a yield of 9.8%.

NHS Board has no liability for other employers' obligations to the multi-employer scheme.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31-03-25 £	For Year to 31-03-26 £		Difference from 31-03-25 £	As at 31-03-26 £
L Garvey Chief Officer	11,541	27,195	Pension Lump Sum	6,369 11,066	40,388 94,822
A Valente Chief Finance Officer	21,858	13,174	Pension Lump Sum	3,000 1,000	55,000 76,000
T Hogg Chief Finance Officer	-	10,796	Pension Lump Sum	-	29,000 19,000
Total	33,399	51,166	Pension	9,639	124,388
			Lump Sum	12,066	189,822

Note: A Valente & T Hogg amounts are based on all LGPS membership not just current employment.

Exit Packages

There were no exit packages paid in 2025-26 (2024-25, none).

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Lynne Garvey
Chief Officer

Date

.....

David Ross
Chair of the IJB

Date

Annual Governance Statement

The Annual Governance Statement explains the Integration Joint Board's (IJB) governance and internal control arrangements and how the IJB complies with the CIPFA and SOLACE framework "Delivering Good Governance in Local Government", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife in addition to having its own Code of Corporate Governance.

Scope of Responsibility

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards; that public money is safeguarded; properly accounted for, and used economically, efficiently and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

The IJB Vision is to enable the people of Fife to live independent and healthier lives. The Integration Scheme delegates Health and Social Care functions to the IJB and the IJB is responsible for strategic direction and operational oversight of the Integrated Services. A Directions Policy sets out the process for formulating, approving, issuing and reviewing Directions from the IJB to the partner organisations, NHS Fife and Fife Council.

In discharging operational delivery responsibilities, the Chief Officer places reliance on the NHS Fife and Fife Council's Codes of Corporate Governance and systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. Any issues arising from operations are brought to the attention of the IJB by the Chief Officer.

These arrangements can only provide reasonable and not absolute assurance of effectiveness.

2025-26 Governance Framework and System of Internal Control

There were several changes within the Senior Leadership Team during 2025-26; however, a full complement is now in place, providing greater stability and continuity in leadership. The IJB Board comprises 16 voting members, nominated by Fife Council and NHS Fife, alongside a range of non-voting members, including the Chief Officer appointed by the Board.

The IJB has 3 Committees supporting the Board: -

The Audit and Assurance Committee chaired by a member of the IJB and comprising 3 further IJB members, provides assurance to the IJB that it is fulfilling its statutory requirements. During 2025-26 the Audit and Assurance Committee met 5 times.

The Quality and Communities Committee (QCC) chaired by a member of the IJB and comprising a further 8 members of the IJB providing assurance to the IJB on the quality and safety of services as defined in the Integration Scheme. The QCC met 6 times during the financial year.

The Finance, Performance and Scrutiny (FPS) Committee chaired by a member of the IJB and comprising 3 further IJB members review the financial position and monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme. The FP&S Committee met on 6 occasions during 2025-26.

In addition to the scheduled Governance Committee meetings, an extraordinary, combined committee session was convened during 2025–26. This provided all members with the opportunity to collectively consider, scrutinise and agree the Medium-Term Financial Strategy and the budget for 2026–27.

The key features of the governance framework in place during 2025–26 included:

- Bi-monthly meetings of the Integration Joint Board (IJB) and its Governance Committees, supported by dedicated Development Sessions for members
- A Code of Conduct and maintained Register of Interests for all IJB members
- Bi-monthly meetings of the Strategic Planning Group and Local Partnership Forum
- A Chief Officer in post throughout 2025–26
- A Chief Finance Officer (CFO) in post throughout 2025–26
- Effective liaison between IJB Internal Audit and the internal audit functions of Fife Council and NHS Fife
- Tripartite Director of Finance meetings involving the Chief Finance Officer

The governance framework operated on a foundation of robust internal controls, including management and financial reporting, financial regulations, administrative processes, supervision, and delegated authority. During 2025–26, this included:

- Regular financial reporting to the IJB
- Approval and implementation of a revised Performance Framework
- Approval and adoption of the Annual Internal Audit Plan
- Delivery of targeted Deep Dive reviews of strategic risks

Overview of Areas for Improvement and Development during 2025-26

Areas for improvement to further strengthen the IJB's governance arrangements and systems of internal control were identified within the IJB Annual Accounts for 2024-25. A progress update on these actions is detailed below: -

Improvement Area	Action Undertaken
Continuation of review of all strategies which support the strategic Plan	Ongoing A refreshed Strategic Plan was approved in March 2026. The associated Delivery Plan incorporates outstanding actions from the 2023–26 supporting strategies as they reach the end of their lifecycle.
Implementation of Risk Appetite into Committee Reporting	Complete A revised SBAR reporting template is in development and will incorporate Risk Appetite.
Development of on-line member induction training	Complete A new on-line member induction programme has been developed.
Review of Code of Corporate Governance Manual	Ongoing The Code of Corporate Governance Manual remains under review, with work continuing to ensure it reflects current best practice and governance requirements.
Review approach to strategic planning process for 2026 onwards including annual reporting	Complete A revised strategic plan and annual reporting arrangements were approved by the IJB March 2026.
Implementation of budget escalation tool to enhance financial budgetary controls to allow early reporting to partners	Complete Financial controls have been enhanced through the introduction of tripartite meetings and a formalised budget escalation process, strengthening oversight and financial governance.
Revised reporting Committee template (SBAR) includes impacts and implications to enable informed decision making	Complete SBAR Template has been revised to include Risk Appetite and Impacts.
Implement reporting framework on effectiveness of partner bodies arrangements for counter fraud and corruption	Complete Partner counter fraud reporting arrangements are annual scheduled report to IJB.
Continuous review of Committee and IJB workplans to ensure alignment with Terms of Reference and remit as per Integration Scheme	Complete Assurance is provided through annual reporting to the IJB on the effectiveness of partner bodies' counter fraud and corruption arrangements.

Overview of Areas for Improvement and Development for 2026-27

Following consideration of the adequacy and effectiveness of the IJB governance arrangements, in addition to the ongoing continuous improvement actions from 2025-26, further actions will be progressed in 2026-27 to strengthen the good governance controls. These actions are detailed in the table below: -

Key Actions for 2026-27
• Review and update the Code of Corporate Governance Manual • Review and update the Integration Scheme • Develop a refreshed Workforce Action Plan for 2026-27 aligned to the Strategic Plan (subject to Scottish Government reporting guidance) • Present a refreshed Participation and Engagement Framework, aligned to the Strategic Plan 2026–29 • Review the role and remit of the Strategic Planning Group to strengthen alignment with whole system transformation, strategic objectives, and financial delivery • Review and update the IJB Risk Management Policy and Strategy in 2026-27 to align with the refreshed Strategic Plan

Roles and Responsibilities

The IJB complies with the CIPFA Statement on “The Role of the Chief Financial Officer in Local Government 2016”. The IJB’s Chief Finance Officer has overall responsibility for the IJB’s financial arrangements and is professionally qualified and suitably experienced to lead the IJB’s finance function and to direct finance staff.

Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

The IJB Internal Auditors, the NHS Fife Internal Audit Team as appointed by the Audit and Risk Committee, comply with the “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operate in accordance with “Global Internal Audit Standards” (GIAS). The NHS Fife Chief Internal Auditor reports directly to the Audit and Risk Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the IJB Audit and Assurance Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment and is approved by the Audit and Assurance Committee.

The Audit and Assurance Committee perform a scrutiny role and monitors the performance of the Internal Audit services to the IJB. The functions of the Audit and Assurance Committee are undertaken as identified in Audit Committees: Practical Guidance for Local Authorities. The IJB’s Chief Internal Auditor has responsibility to review independently and report to the IJB Audit and Assurance Committee annually to provide assurance on the governance arrangements including internal controls within the IJB. In addition, the Internal Audit sections of Fife Council and NHS Fife are subject to an independent external assessment of compliance with the GIAS at least once every 5 years.

Review of Adequacy and Effectiveness

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review was informed by the IJB’s risk management framework, the IJB Assurance Statement, and internal and external audit reports.

Planned use of earmarked and committed reserves were utilised in year. Despite efforts to reduce the overspend and take recovery action in year, an overspend remained at year end. To reach a balanced financial position for 2025-26, partners were required to provide funding as per the risk share agreement contained within Section 8.2 of the Integration Scheme.

The above compounds the level of risk the IJB will be exposed to in relation to financial sustainability in future years. Strong financial management will be required to control and contain costs where possible, recognising that there is no general reserve available for use.

A suite of whole system measures has been implemented to strengthen controls and reduce risk where possible. A key component of this is the established four-weekly meetings between the Chief Finance Officer and Directors of Finance from NHS Fife and Fife Council. Introduced during 2024–25, these have proven effective in supporting open communication and are now embedded as business-as-usual arrangements going forward.

The annual internal audit assurance report offers reasonable assurance in respect of Fife IJB’s overall arrangements for risk management, governance, and control for the year to 31 March 2026.

Conclusion and Opinion on Assurance

On the basis of assurances provided, we consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB’s principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment. We remain committed to monitoring implementation as part of the next annual review.

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Lynne Garvey
Chief Officer

David Ross
Chair of the IJB

Date **Date**

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services commissioned for the year in accordance with the Integration Scheme.

2024-25				2025-26		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
75,319	-	75,319	Hospital	74,982	-	74,982
149,423	-	149,423	Community Healthcare	165,786	-	165,786
218,152	-	218,152	Family Health Services & Prescribing	224,912	-	224,912
18,732	-	18,732	Children's Services	19,988	-	19,988
310,374	-	310,374	Social Care	331,399	-	331,399
1,466	-	1,466	Housing	1,349	-	1,349
352	-	352	IJB Operational Costs	355	-	355
58,672	-	58,672	Acute Set Aside	67,474	-	67,474
832,490	-	832,490	Cost of Services	886,245	-	886,245
-	(829,471)	(829,471)	Taxation and Non-Specific Grant Income	-	(887,411)	(887,411)
-	-	3,019	(Surplus) or Deficit	-	-	(1,166)
		3,019	Total Comprehensive Income and Expenditure			(1,166)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received by NHS Fife and Fife Council. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement presents the movement during the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund Balance will be separately identified from the movements due to accounting practices, if required.

Movements in Reserves During 2025-26	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 1st April 2025, brought forward	(1,712)	(1,712)
(Surplus)/ Deficit on provision of services	(1,166)	(1,166)
Total Comprehensive Income and Expenditure	(1,166)	(1,166)
Balance as at 31 March 2026, carried forward	(2,878)	(2,878)
Movements in Reserves During 2024-25	General Fund Balance	Total Reserves
	£000	£000
Opening Balance at 1st April 2024, brought forward	(4,731)	(4,731)
(Surplus)/ Deficit on provision of services	3,019	3,019
Total Comprehensive Income and Expenditure	3,019	3,019
Balance as at 31 March 2025, carried forward	(1,712)	(1,712)

Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2026. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2025 £000		Notes	31 March 2026 £000
1,728	Short Term Debtors	6	2,891
1,728	Current Assets		2,891
16	Short Term Creditors	7	13
16	Current Liabilities		13
1,712	Net Assets		2,878
1,712	Usable Reserve: General Fund	8	2,878
1,712	Total Reserves		2,878

The Statement of Accounts presents a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2026 and its income and expenditure for the year then ended.

The audited accounts were issued on 30 September 2026.

.....

Tracy Hogg FCCA
Chief Finance Officer

Date

Notes to the Financial Statements

1. Significant Accounting Policies

1.1 General Principles

The Financial Statements summarise the Integration Joint Board's transactions for the 2025-26 financial year and its position at the year-end of 31 March 2026.

The Fife Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Joint Venture between Fife Council and NHS Fife. The IJB is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2025-26, supported by International Financial Reporting Standards (IFRS).

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

1.2 Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income and receipt of the income is probable.
- Where income and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

1.3 Funding

The Fife IJB is primarily funded through funding contributions from the statutory funding partners, Fife Council and NHS Fife. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in the Fife IJB area.

This funding was reported on a net expenditure basis from NHS Fife and Fife Council.

1.4 Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. All monies held on behalf of IJB were held by partners, the reserves balance is held by Fife Council on behalf of the IJB.

1.5 Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. The Chief Finance Officer is a non-voting board member. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. The Chief Officer's and Chief Finance Officer's absence entitlement as at 31 March have not been accrued as it is not deemed to be material.

There are no further charges from funding partners for other staff, and these costs have remained with the funding partners.

1.6 Material Items of Income and Expenditure

There are none noted at this time.

1.7 VAT

The Integration Joint Board is a non-taxable person and does not charge or recover VAT on its functions.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where Fife Council is the provider, income and expenditure exclude any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. Fife Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where NHS Fife is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the IJB.

2. Critical Judgements in Applying Accounting Policies & Uncertainty about future events

In applying the accounting policies, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. Critical judgements are as follows:

2.1 Set Aside

The funding contribution from NHS Fife includes £67.474m in respect of 'set aside' resources relating to acute hospital and other resources. The IJB has responsibility for the consumption of, and level of demand placed on, these resources, however the responsibility for managing the costs of providing the services remain with NHS Fife. Therefore, the overspend incurred by the service has not been included in these accounts and is borne by NHS Fife.

2.2 Public Sector Funding

There is a high degree of uncertainty about future levels of funding for Local Government and the NHS, and this will directly impact on the IJB. Funding from partners has reduced significantly in real terms and it is anticipated that this will continue in the coming years. Savings proposals have been developed for the next 3 years, and work is ongoing to ensure that these are delivered at pace.

3. Events After the Reporting Period

The Chief Finance Officer issued the draft accounts on 26th June 2026. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2026, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

4. Expenditure and Income Analysis by Nature

2024-25 £000		2025-26 £000
311,840	Services commissioned from Fife Council	332,748
520,298	Services commissioned from Fife NHS Board	553,143
314	Other IJB Operating Expenditure	316
38	Auditor Fee: External Audit Work	39
(829,471)	Taxation and Non-Specific Grant Income	(887,411)
3,019	(Surplus) or Deficit	(1,166)

5. Taxation and Non-Specific Grant Income

2024-25 £000		2025-26 £000
(583,334)	Funding Contribution from NHS Fife	(619,590)
(246,137)	Funding Contribution from Fife Council	(267,821)
(829,471)	Taxation and Non-specific Grant Income	(887,411)

The funding contribution from NHS Fife shown above includes £67.474m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

6. Debtors

31 March 2025 £000		31 March 2026 £000
8	NHS Fife	7
1,720	Fife Council	2,884
1,728	Debtors	2,891

7. Creditors

31 March 2025 £000		31 March 2026 £000
-	NHS Fife	7
-	Fife Council	6
16	External Audit Fee	-
16	Creditors	13

8. Usable Reserve: General Fund

The IJB could hold a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

2024-25		2025-26		
Balance at 31 March 2025		Transfers In 2025-26	Transfers Out 2025-26	Balance at 31 March 2026
£000		£000	£000	£000
(522)	Mental Health R&R	-	-	(522)
(52)	Anti-Poverty	(42)	26	(68)
-	Unscheduled care	(1,071)	-	(1,071)
-	Long Covid	(307)	-	(307)
-	Psychology	(186)	-	(186)
-	Hospital @ Home	(26)	-	(26)
(574)	Total Earmarked	(1,632)	26	(2,180)
(971)	Community Alarms - Analogue to Digital		570	(401)
(167)	Housing - adaptations	(297)	167	(297)
(1,138)	Contingency/ Committed	(297)	737	(698)
	Uncommitted Balance - added via directions	(782)	782	-
(1,712)	General Fund Reserve Total	(2,711)	1,545	(2,878)

9. Related Party Transactions

The IJB has related party relationships with NHS Fife and Fife Council. In particular, the nature of Fife HSCP means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships and directions to partners.

Transactions with NHS Fife

2024-25 £000		2025-26 £000
(583,334)	Funding Contributions received from NHS Fife	(619,590)
520,298	Expenditure on Services Provided by NHS Fife	553,142
157	Key Management Personnel: Non-Voting Board Members	158
19	External Audit Fee	20
(62,860)	Net Transactions with NHS Fife	(66,270)

Key Management Personnel: The non-voting Board members directly employed by NHS Fife and recharged to the IJB is the Chief Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with NHS Fife

31 March 2025 £000		31 March 2026 £000
8	Debtor balances: Amounts due from NHS Fife	7
-	Creditor balances: Amounts due to NHS Fife	7
8	Net Balance with NHS Fife	14

Transactions with Fife Council

2024-25 £000		2025-26 £000
(246,137)	Funding Contributions received from Fife Council	(267,821)
311,840	Expenditure on Services Provided by the Fife Council	332,748
157	Key Management Personnel: Non-Voting Board Members	157
19	External Audit Fee	20
65,879	Net Transactions with Fife Council	65,104

Key Management Personnel: The Non-Voting Board members employed by Fife Council and recharged to the IJB is the Chief Finance Officer. Details of the remuneration for the specific post-holders is provided in the Remuneration Report.

Balances with Fife Council

31 March 2025 £000		31 March 2026 £000
1,720	Debtor balances: Amounts due from Fife Council	2,884
-	Creditor balances: Amounts due to Fife Council	6
1,720	Net Balance with Fife Council	2,890

Support services were not delegated to the IJB and are provided by NHS Fife and Fife Council free of charge. Support services provided mainly comprised: provision of financial management, human resources, legal, committee services, ICT, payroll, internal audit, and the provision of the Chief Internal Auditor.

10. External Audit Fee

The IJB has incurred costs of £39,419 in respect of fees payable to Azets regarding external audit services carried out in 2025-26 (2024-25 £37,795).

11. Contingent Assets and Liabilities

The IJB is not aware of any material contingent asset or liability as at 31 March 2026.

The IJB is a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) established by the Scottish Government which reimburses costs to members where negligence is established.

All amounts in respect of claims or reimbursement by CNORIS, which may arise under the CNORIS scheme are reported in NHS Fife Accounts.

Independent auditor's report to the members of Fife Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2026 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 (the 2025/26 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of Fife Integration Joint Board as at 31 March 2026 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2025/26 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of Fife Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Fife Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Fife Integration Joint Board's ability to continue to adopt the going concern basis of

accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on Fife Integration Joint Board's current or future financial sustainability. However, we report on Fife Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Finance Officer and Fife Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing Fife Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue Fife Integration Joint Board's operations.

Fife Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of Fife Integration Joint Board;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of Fife Integration Joint Board;

- inquiring of the Chief Finance Officer concerning Fife Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Fife Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary

and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- We have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Chris Brown (for and on behalf of Azets Audit Services),
Quay 2
139 Fountainbridge
Edinburgh
EH3 9QG
Date:

A large, abstract geometric pattern on the left side of the page. It consists of a solid blue triangle pointing right, followed by a series of overlapping triangles in shades of grey, green, and blue, creating a sense of movement and depth.

Fife Integration Joint Board

2025/26 Annual Audit Report to Members of the Fife
Integration Joint Board and the Controller of Audit

September 2026

DRAFT

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This report is for the benefit of Members of the IJB and is made available to the Controller of Audit for Scotland and Audit Scotland. This report has not been designed to be of benefit to anyone except for the Members of the IJB, the Controller of Audit for Scotland and Audit Scotland. It should not be quoted in whole or in part without our prior written consent and should not be relied upon by third parties. Azets Audit Services do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting, on the basis of the content of this report.

Key messages

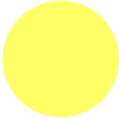
This report concludes our audit of Fife Integration Joint Board (the IJB) for the year ended 31 March 2026. This section summarises the key findings and conclusions from our audit.

Financial statements audit

Audit opinion	We intend to report unqualified opinions within our independent auditor's report. Our audit work is substantially complete and there are currently no matters which would require modification of our audit report, subject to the outstanding matters detailed below: • Final checks and review of accounts, including for accuracy and consistency • Ongoing Manager and Engagement Lead quality review • Consideration of events subsequent to the balance sheet date
Audit approach	Our audit approach has been based on gaining a thorough understanding of the IJB's control environment and is risk based. This included: • An evaluation of the IJB's internal control environment, including the IT systems and controls; and • Substantive testing on significant transactions and material account balances, including the procedures outlined in this report in relation to our key audit risks. We have not altered our audit plan following receipt of the draft financial statements.
Key audit findings	The IJB had good administrative processes in place to prepare the annual accounts and supporting working papers. We obtained adequate evidence in relation to the significant audit risks identified in our audit plan. The accounting policies used to prepare the financial statements are considered appropriate. We are satisfied with the appropriateness of the accounting estimates and

	judgements used in the preparation of the financial statements. All material disclosures required by relevant legislation and applicable accounting standards have been made appropriately.
Audit adjustments	We have not identified any material adjustments or unadjusted differences to the unaudited annual accounts. We identified some minor disclosure and presentational adjustments during our audit, which have been reflected in the final set of financial statements.
Internal controls	No material weaknesses or significant deficiencies were noted in the IJB's internal controls during our audit. The purpose of the audit was for us to express an opinion on the IJB's financial statements. The audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures, but not for the purpose of expressing an opinion on the effectiveness of internal control. Our audit is, therefore, not designed to identify all control weaknesses.

Wider scope of public audit and best value

Financial Management	Auditor judgement	
Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.	Risks exist to the achievement of operational objectives	
	The IJB continued to face an uncertain and challenging financial position alongside an increase in demand for services throughout 2025/26.	
	The IJB reported a core overspend of £9.515million, which was funded through the implementation of the risk share agreement in line with the Integration Scheme. This presented further financial challenge to both partner bodies.	
	The scale of the overspend position represents a significant improvement from the previous year (core overspend of £9.515million in 2025/26 compared to £34.107million in 2024/25). This is attributable to the IJB's greater focus on accountability and delivery of savings through the Progress Review Update (PRU) process.	
	The IJB, working alongside its partner bodies, continues to demonstrate good collaboration and partnership working to tackle the financial and demand driven challenges within the system.	

Financial Sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to continue to deliver its services and the way in which they should be delivered.

Auditor judgement

Significant risks affect achievement of corporate objectives



The IJB's medium term financial plan shows a cumulative budget gap of £104.611million over the period 2026/27 to 2028/29 alongside an annual savings target of £23million to £24million.

The IJB now holds no contingency reserves to mitigate the financial impact of unforeseen circumstances, which further increases the risk to its financial sustainability.

The IJB has recognised that the medium term financial plan presents a very challenging three years and emphasises the focus on medium term transformational change to allow delivery of safe and sustainable services in the future, whilst balancing the budget.

The IJB is making good progress with the establishment and implementation of its transformational programmes; however, it is important that the pace of the transformation work is appropriate and effective in order to reduce the risks to the IJB's financial sustainability in the medium to longer term.

Vision, Leadership and Governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Auditor judgement

Effective and appropriate arrangements are in place



Governance arrangements throughout the year were found to be satisfactory and appropriate. We are satisfied that the IJB continued to receive sufficient and appropriate information throughout the period to support effective and timely scrutiny and challenge.

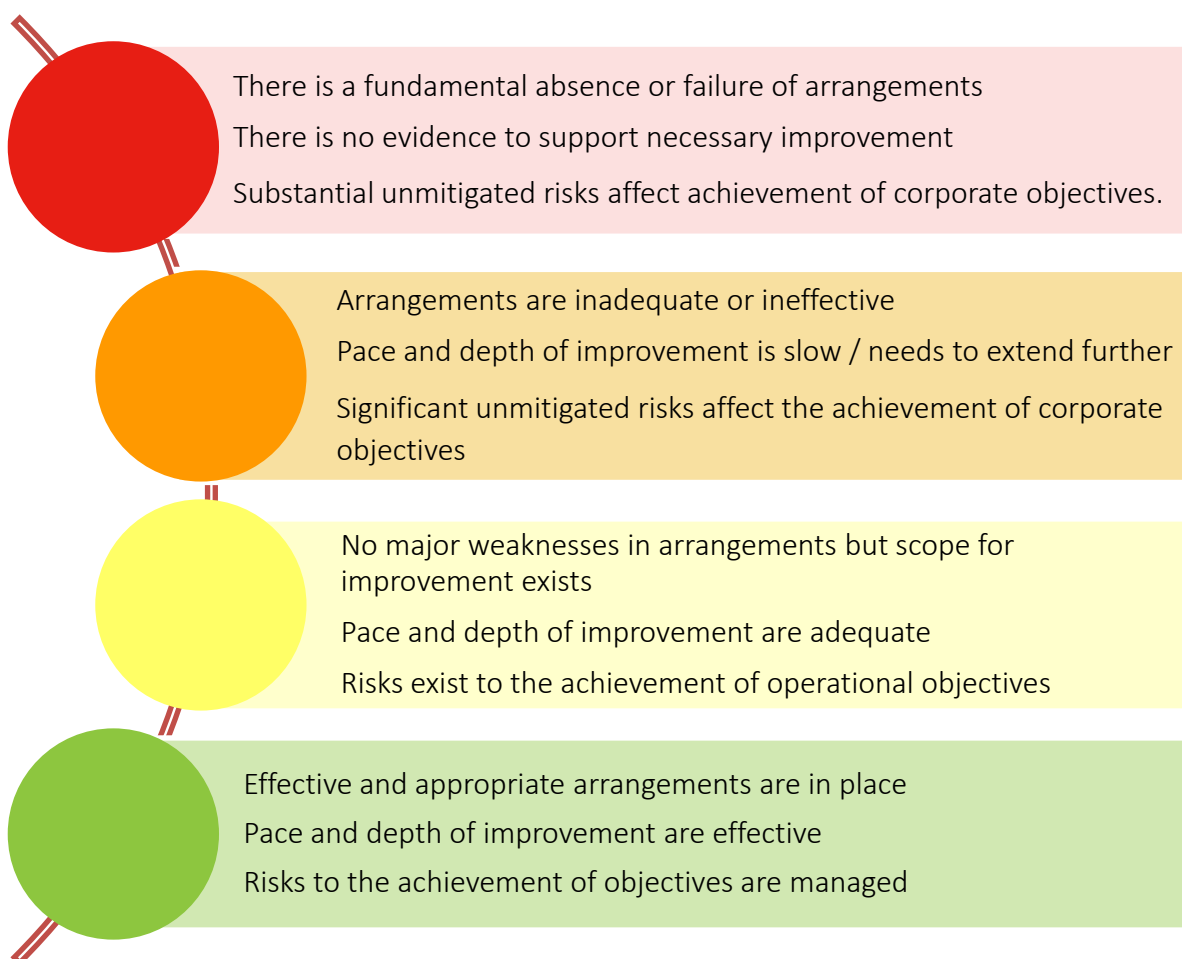
Our assessment has been informed by a review of the corporate governance arrangements in place and the information provided to the Board and Committees.

The IJB approved its new Strategic Plan for Fife 2026-2029 in March 2026 which incorporates the changing landscape, rising demand, demographic shifts and the need for sustainable, person led care within the Fife health and social care system. We are satisfied that appropriate arrangements are in place to oversee the implementation and delivery of the Strategic Plan for Fife 2026-29.

Use of Resources to Improve Outcomes Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.	Auditor judgement Risks exist to achievement of operational objectives Whilst an established and appropriate performance management framework is in place at the IJB, its performance continues to be mixed compared to the Scottish average. As described in the Financial Sustainability section, there is a risk that the scale of savings required to enable the IJB to achieve a financially sustainable position may impact on its ability to deliver services to a high quality. This also presents a risk of deterioration in the IJB's performance. The IJB demonstrates a clear commitment to fairness and equality which is embedded into its strategic planning and service delivery. We are satisfied that the IJB has a framework in place to meet its equality duties under the Equality Act 2010, and other relevant legislation.
Best Value The IJB has a specific responsibility to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions.	Auditor judgement Effective and appropriate arrangements are in place We are satisfied that the IJB has organisational arrangements in place to secure Best Value.

Definitions

We use the following gradings to provide an overall assessment of the arrangements in place as they relate to the wider scope areas and reporting our findings on Best Value. The text provides a guide to the key criteria we use in the assessment, although not all of the criteria may exist in every case.



Introduction

Scope of audit

The annual external audit comprises:

- the audit of the financial statements and other reports included in the IJB's annual report and accounts, and
- the wider-scope and Best Value audit responsibilities set out in Audit Scotland's [Code of Audit Practice](#).

We outlined the scope of our audit in our 2025/26 External Audit Plan, which we presented to the Audit and Assurance Committee at the outset of our audit.

This Annual Audit Report is designed to summarise the key findings and conclusions from our audit work. It is addressed to both Members of the IJB and the Controller of Audit for Scotland.

Responsibilities

The IJB is responsible for preparing annual accounts, including financial statements, which show a true and fair view of the results for the year and position at the year end, and for implementing appropriate internal control systems.

We are responsible for carrying out the audit of the accounts in line with the Code of Audit Practice issued by Audit Scotland. Our audit is directed towards forming and expressing an opinion on the financial statements that have been prepared by management with the oversight of the Audit and Assurance Committee. Under the Code of Audit Practice, we are also required to consider the IJB's wider scope arrangements and to report on our findings. However, our audit is not designed to test all internal controls or identify all areas of control weakness. As such, our work cannot be relied upon to disclose all errors or other irregularities, or to include all possible improvements in internal control that a more extensive examination might identify.

The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work. Communication in this report of matters arising from the audit or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not

absolute, assurance that the financial statements, as a whole, are free from material misstatement, whether caused by fraud or error.

We would like to thank all management and staff for their co-operation and assistance during our audit.

Auditor independence

International Standards on Auditing in the UK (ISAs (UK)) require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.

We confirm that we complied with the Financial Reporting Council's (FRC) Ethical Standard. In our professional judgement, we remained independent, and our objectivity has not been compromised in any way.

We set out in Appendix 1 our assessment and confirmation of independence.

Adding value

All of our audited bodies quite rightly demand of us a positive contribution to meeting their ever-changing business needs. We add value by being constructive and forward looking, by identifying areas of improvement and by recommending and encouraging good practice. In this way we promote improved standards of governance, better management and decision making and more effective use of public money.

Any comments you may have on the service we provide would be greatly appreciated. Comments can be reported directly to any member of your audit team or to Audit Scotland.

Openness and transparency

This report will be published on Audit Scotland's website www.audit-scotland.gov.uk.

Financial statement audit

We are required to report whether, in our opinion:

- The financial statements give a true and fair view of the IJB's financial position and income and expenditure for the period;
- The IJB's financial statements have been properly prepared in accordance with the Code of Practice on Local Authority Accounting in the UK 2025/26 (the 2025/26 Code);
- The audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;
- The Management Commentary is consistent with the financial statements and accords with relevant statutory guidance; and
- The Annual Governance Statement is consistent with the financial statements and complies with the Delivering Good Governance in Local Government Framework.

Our audit opinion

Opinion	Basis for opinion	Conclusions
Financial statements	We conduct our audit in accordance with applicable law and International Standards on Auditing. Our findings / conclusions to inform our opinion are set out in this section of our annual report.	The annual accounts are due to be considered by the Audit and Assurance Committee on 11 September 2026 and approved by the Board on 30 September 2026. We intend to issue unqualified opinions in our independent auditor's report. Our audit work is substantially complete and there are currently no matters which would require modification of our audit report.

Opinion	Basis for opinion	Conclusions
Going concern basis of accounting	When assessing whether the going concern basis of accounting is appropriate, the anticipated provision of services is more relevant than the continued existence of a particular public body. We assess whether there are plans to discontinue or privatise the IJB's functions. Our wider scope audit work considers the financial sustainability of the IJB.	We reviewed the Board's financial forecasts for 2026/27. Our understanding of the legislative framework and activities undertaken provides us with sufficient assurance that the IJB will have continued provision of service for at least 12 months from the signing date. Our audit opinion is therefore unmodified in this respect.
Other information: Comprises the Management Commentary, Annual Governance Statement, Remuneration Report and Statement of Responsibilities	We are required to consider whether the other information is materially inconsistent with the financial statements or with other knowledge obtained during the audit or otherwise appears materially misstated. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except to the extent explicitly stated in the opinions prescribed by the Accounts Commission (see below).	We have nothing to report in this regard.

Opinion	Basis for opinion	Conclusions
Opinions prescribed by the Accounts Commission: - Audited parts of the Remuneration Report - Management Commentary - Annual Governance Statement	We read all the financial and non-financial information in the annual report and accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us during the audit. We plan and perform audit procedures to gain assurance that the audited parts of the Remuneration Report, Management Commentary and Annual Governance Statement are prepared in accordance with relevant legislation and guidance.	We have concluded that: - the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014. - the information in the management commentary is consistent with the financial statements and has been properly prepared in accordance with relevant statutory guidance. - the information in the Annual Governance Statement is consistent with the financial statements, has been prepared in accordance with the Delivering Good Governance in Local Government Framework.

Opinion	Basis for opinion	Conclusions
Matters reported by exception	We are required to report on whether: - adequate accounting records have not been kept; or - the financial statements and the audited parts of the Remuneration Report are not in agreement with the accounting records; or - we have not received all the information and explanations we require for our audit.	We have nothing to report in respect of these matters.

An overview of the scope of our audit

The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in March 2026. The plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk (the significant risk areas). Planning is a continuous process, and our audit plan is subject to review during the course of the audit to take account of developments that arise. We have not altered any of the risks identified in our External Audit Plan presented in March 2026.

In our audit, we test and examine information using sampling and other audit techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions.

This includes:

- An evaluation of the IJB's internal control environment, including the IT systems and controls; and
- Substantive testing on significant transactions and material account balances, including procedures outlined in this report in relation to our key audit risks.

Quality indicators

We have applied a suite of quality indicators to assess the reliability of the IJB's financial reporting and response to the audit.

Metric	Grading (Mature / developing / significant improvement required)	Commentary
Quality and timeliness of draft financial statements	Mature	We received the unaudited financial statements of a good standard in line with our audit timetable. Revisions were provided promptly where required.
Quality of working papers provided and adherence to timetable	Mature	We received working papers of a good standard in line with our audit timetable. Further information was provided promptly where required.
Timing and quality of key accounting judgements	Mature	We did not identify any issues with the timing and quality of key accounting judgements.
Access to finance team and other key personnel	Mature	We received full access to the finance team and other key personnel. All audit queries and requests were responded to in a timely manner.
Quality and timeliness of the - audited parts of the Remuneration Report - Management Commentary - Annual Governance Statement	Mature	We did not identify any issues with quality and timeliness of the audited part of the Remuneration and Report, Management Commentary and Annual Governance Statement.

Metric	Grading (Mature / developing / significant improvement required)	Commentary
As well as the quality and timeliness of supporting working papers for those statements.		
Volume and magnitude of identified errors	Mature	We have not identified any material adjustments or unadjusted differences to the unaudited annual accounts. This is in line with the position from the previous year and is in line with our expectations.

Significant risk areas and key audit matters

Significant risks are defined by auditing standards as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, we consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement. Audit procedures are designed to mitigate these risks.

As required by the Code of Audit Practice and the planning guidance issued by Audit Scotland, we considered the significant risks for the audit that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the audit team. These were defined as the 'Key Audit Matters' for the audit, as detailed in the tables below.

Our audit procedures relating to these matters were designed in the context of our audit of the annual report and accounts as a whole, and not to express an opinion on individual accounts or disclosures.

We do not expect to modify our opinion on the IJB's annual report and accounts with respect to any of the risks described below.

The table below summarises each significant risk and whether it reflects a fraud risk and/or Key Audit Matter. Detail behind each risk and the work undertaken is set out on the following pages.

Risk area	Financial statement / Assertion level risk	Fraud risk	Key Audit Matter	Risk of material misstatement	Outcome of work
Management override of controls	Financial statement	Yes	Yes	Very High	Our work has not identified any significant issues in respect of this risk.

Rebutted fraud risks

Presumed risk area	Fraud in revenue and expenditure recognition - Rebutted
Fraud in revenue recognition	Material misstatement due to fraudulent financial reporting relating to revenue recognition is a presumed risk in ISA (UK) 240. Having considered the risk factors set out in ISA (UK) 240 and the nature of the IJB's revenue streams, we have determined that the risk of fraud in revenue recognition can be rebutted on all income streams because income recognised in the IJB's accounts are contributions received from the IJB's funding partners. We therefore believe that the risk of fraud in revenue recognition is low and do not consider this to be a significant risk for the IJB.
Fraud in expenditure recognition	We have also considered Practice Note 10, which comments that for certain public bodies, the risk of manipulating expenditure could exceed the risk of manipulating revenue. We have therefore also considered the risk of fraud in expenditure at the IJB. Having considered the risk factors set out in ISA (UK) 240 and the nature of the expenditure streams at the IJB, we have determined that the risk of fraud arising from expenditure recognition can be rebutted. As the IJB commissions services from the constituent bodies, the IJB does not exercise operational control of the staff and assets to deliver the services itself. The cost of commissioning the services is the expenditure

Presumed risk area	Fraud in revenue and expenditure recognition - Rebutted
	recognised by the IJB rather than the expenditure incurred in delivering the services. We therefore believe that the risk of fraud in expenditure recognition is low and do not consider this to be a significant risk for the IJB.

Significant risks at the financial statement level

These risks are considered to have a pervasive impact on the financial statements as a whole and potentially affect many assertions for classes of transaction, account balances and disclosures.

Risk area	Management override of controls
Significant risk description	Auditing Standards require auditors to treat management override of controls as a significant risk on all audits. This is because management is in a unique position to perpetrate fraud by manipulating accounting records and overriding controls that otherwise appear to be operating effectively. Although the level of risk will vary from entity to entity, the risk is nevertheless present in all entities. Due to the unpredictable way in which such override could occur, it is a risk of material misstatement due to fraud and thus a significant risk on all audits. Specific areas of potential risk include manual journals, management estimates and judgements and one-off transactions outside the ordinary course of the business. This was considered to be a significant risk and Key Audit Matter for the audit. Risk of material misstatement: Very High
How the scope of our audit responded to the significant risk	Key judgement There is the potential for management to use their judgement to influence the financial statements as well as the potential to override controls for specific transactions.

Risk area	Management override of controls
	Audit procedures • Agreed balances and transactions to Fife Council and NHS Fife reports/ledger/correspondence; • Received assurances from constituent body auditors in relation to financial information provided, controls in place and results of testing at constituent bodies; • Reviewed financial monitoring reports during the year; • Reviewed the consolidation adjustments made to arrive at figures in IJB; and • Evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions.
Key observations	We did not identify any indication of management override of controls from our audit work.

Materiality

Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. A matter is material if its omission or misstatement would reasonably influence the decisions of an addressee of the auditor's report. The assessment of what is material is a matter of professional judgement and is affected by our assessment of the risk profile of the IJB and the needs of users. We reviewed our assessment of materiality throughout the audit.

Whilst our audit procedures are designed to identify misstatements which are material to our audit opinion, we also report any uncorrected misstatements of lower value errors to the extent that our audit identifies these.

Overall materiality

Our initial assessment of materiality was £16.170million. On receipt of the 2025/26 unaudited financial statements, we reassessed materiality and updated it to £17.724million due to increase in expenditure. We consider that our updated assessment has remained appropriate throughout the audit.

	Materiality £million
Overall materiality for the financial statements	17.724
Performance materiality (75% of materiality)	13.293
Trivial threshold	0.886
Materiality	Our assessment is made with reference to the IJB's gross expenditure. We consider this to be the principal consideration for users of the financial statements when assessing financial performance of the IJB. Our assessment of materiality equates to approximately 2% of gross expenditure as disclosed in the 2025/26 unaudited annual report and accounts. The financial statements are considered to be materially misstated where total errors exceed this value.
Performance materiality	Performance materiality is the working level of materiality used throughout the audit. We use performance materiality to determine the nature, timing and extent of audit procedures carried out. Performance materiality is set at a value less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of the uncorrected and undetected misstatements exceed overall materiality. Using our professional judgement we have set performance materiality at 75% of overall materiality.
Trivial misstatements	Trivial misstatements are matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria. We have set the trivial threshold as 5% of overall materiality. Individual errors above this threshold are communicated to those charged with governance.

Audit differences

We have not identified any material adjustments or unadjusted differences to the unaudited annual accounts.

We identified some disclosure and presentational adjustments during the audit, which have been reflected in the final set of financial statements and are disclosed in Appendix 2.

Internal controls

As part of our work we considered internal controls relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we report these at Appendix 3. These matters are limited to those which we have concluded are of sufficient importance to merit being reported.

Other communications

Other areas of focus

Area of focus	Audit findings and conclusion
Significant matters on which there was disagreement with management	There were no significant matters on which there was disagreement with management.
Significant management judgements which required additional audit work and / or where there was disagreement over the judgement and / or where the judgement is significant enough that we are required to report it to those charged with governance before they consider their approval of the accounts	There were no other significant management judgements which required additional audit work, where there was disagreement over the judgement or where the judgement is significant enough that requires reporting, in addition to those reflected in this report.
Prior year adjustments identified	There were no prior year adjustments identified.
Concerns identified in the following: Consultation by management with other accountants on accounting or auditing matters	No concerns were identified in relation to these areas.

Area of focus	Audit findings and conclusion
• Matters significant to the oversight of the financial reporting process • Adjustments / transactions identified as having been made to meet an agreed system position / target	

Accounting policies

The accounting policies used in preparing the financial statements are unchanged from the previous year.

Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies adopted by the IJB.

The accounting policies, which are disclosed in the financial statements, are in line with the Code of Practice on Local Authority Accounting in the UK (the 'CIPFA Code') 2025/26 and are considered appropriate.

Presentation and disclosures

There are no significant financial statements disclosures that we consider should be brought to your attention. All the disclosures required by relevant legislation and applicable accounting standards have been made appropriately.

Key judgements and estimates

As part of the planning stages of the audit we sought all accounting estimates made by management and determined which of those are key to the overall financial statements. Management did not identify any significant accounting estimates. We considered this appropriate to the IJB's annual accounts.

In addition, we are satisfied with the appropriateness of the accounting judgements used in the preparation of the financial statements.

Fraud and suspected fraud

We have previously discussed the risk of fraud with management and the Audit and Assurance Committee. We have not been made aware of any incidents in the period nor have any incidents come to our attention as a result of our audit testing.

Our work as auditor is not intended to identify any instances of fraud of a non-material nature and should not be relied upon for this purpose.

Non-compliance with laws and regulations

As part of our standard audit testing, we have reviewed the laws and regulations impacting the IJB. There are no indications from this work of any significant incidences of non-compliance or material breaches of laws and regulations.

The Local Authority Accounts (Scotland) Regulations 2014

As part of our audit we reviewed the IJB's compliance with the Local Authority Accounts (Scotland) Regulations 2014, in particular regulations 8 to 10¹ as they relate to the annual accounts.

Overall, we concluded that appropriate arrangements were in place to comply with these Regulations.

Written representations

We require a letter of representation from the IJB signed at the same time as the financial statements are approved.

Related parties

We are not aware of any related party transactions which have not been disclosed.

¹ Regulations 8 to 10 relate to the preparation and publication of unaudited accounts, notice of public right to inspect and object to the accounts and consideration and signing of the audited accounts.

Wider scope of public audit and best value

Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The wider-scope audit specified by the Code of Audit Practice broadens the audit of the accounts to include consideration of additional aspects or risks in areas of financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

Financial management

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Auditor judgement

Risks exist to the achievement of operational objectives



Significant audit risk

Our audit plan identified the following significant risk in relation to financial management:

Financial management (extract from 2025/26 External Audit Plan)

In March 2025, The IJB approved the 2025/26 financial plan which showed an initial projected budget gap of £40.577million, to be bridged by an ambitious identified savings target of £40.624million. An additional funding allocation of £14million was received from partners, which when off-set by off unachieved savings from 2024/25, subsequently reduced the 2025/26 savings target to £29.424million.

The latest forecast (November 2025) projected a forecast deficit of £8.615million at March 2026, alongside an anticipated delivery of 82% of the IJB's 2025/26 savings target.

The IJB no longer holds any useable reserves which can be utilised to reduce the forecast year end overspend position should this worsen. This presents a risk that, in line with the Integration Scheme, the risk share agreement will require to be implemented for the third consecutive year, to fund the overspend position. There is therefore a continued risk that achieving a balanced outturn position will present significant further financial challenge to the IJB and its partner bodies.

Our detailed findings on the IJB's arrangements for responding to financial challenges that have occurred during the year, in collaboration with its partner bodies are set out below.

Financial performance 2025/26

Throughout 2025/26 the IJB has continued to face an uncertain and challenging financial position alongside an increase in demand for services.

In line with the previous years, deficit positions were forecast in each Finance Update report presented to the IJB in 2025/26 in which the IJB identified the following key financial pressures contributing to the overspend position:

- Increased demand for adult and older people's social care services;
- Mental health and inpatient pressures, including the use of agency staffing; and
- Cost pressures across commissioned services and out-of-area placements.

The outturn position as at 31 March 2026 for the services delegated to the IJB was as follows:

	Budget £000	Actual £000	Variance £000
Delegated and Managed Services	819,937	818,771	-1,166
Set Aside Acute Services	67,474	67,474	-

This position was achieved after implementation of the risk share agreement line with the Integration Scheme, to fund the core overspend position of £9.515million. Utilising the risk share agreement presented further financial challenge to partner bodies as NHS Fife was required to request sustainability funding from Scottish Government and Fife Council had to utilise reserves to ensure financial balance.

This represents an improved position from the core overspend of £34.107million in 2024/25 which is directly attributable to the increase in savings delivery for 2025/26, as detailed below.

The Fife health and social care system are continuing to work collaboratively to tackle the financial and demand driven challenges through developing and implementing new initiatives, including:

- Deep dives into financial information and populations to provide a better understanding of the issues to be addressed;
- Scrutiny over care packages which allows greater scrutiny and control over ensuring that the most appropriate care packages are provided;
- Undertaking work to try and mitigate capacity issues before they occur on a more timely basis;

- Reviewing the expenditure made to external providers to gain a better understanding of the spend and the services that are being delivered; and
- Tripartite communication between NHS Fife, Fife IJB and Fife Council, where the Directors of Finance meet with the CFO of the IJB monthly.

Fife IJB, working alongside NHS Fife and Fife Council, have demonstrated good collaboration and partnership working through taking a whole system approach to these challenges. It is crucial that this continues as difficult decisions continue to be made across health and social care nationally to sustain vital services over the medium to longer term.

Savings plan

In March 2025, the Board approved a balanced budget for 2025/26 through planned delivery of a savings target of £29.424million.

The IJB delivered £24.326million (83%) of the 2025/26 savings target. This represents a significantly improved position to the previous year where the IJB only delivered 52% of its savings target. The key driver of this improved position was that this represented the first full year that the Progress Review Update (PRU) process was implemented. This process has further supported financial oversight and has allowed for a greater focus on accountability and delivery of savings within the IJB. The PRU meetings continue to focus on how savings targets are progressing with the aim of providing early intervention for savings areas that have a risk of not being achieved and require recovery actions.

However, the undelivered savings for 2025/26 will need to be achieved in 2026/27 and future years which places substantial additional pressure on the future financial position of the IJB and therefore requires careful management.

The table below shows performance against the approved savings plan. The main areas that were not achieved relate to transport review and reprovision of out of area care packages.

Exhibit 1: 2025/26 savings plan

Savings Opportunity	Target £m	Actual £m	(Under)/over achieved £m
Medicines Efficiencies	1.844	3.036	1.192
Locum Savings	1.953	1.953	0
Transport Review	1.000	0.271	(0.729)

Savings Opportunity	Target £m	Actual £m	(Under)/over achieved £m
Recovery Plan others (Small Value)	0.067	0.067	0
Nurse Supplementary Staffing	1.000	1.000	0
Reprovision of out of area care packages	2.330	0.410	(1.920)
Mental Health Redesign	4.192	3.399	(0.793)
Assessment and Rehabilitation Centres Redesign	0.300	0.300	0
Transforming Business Administration Project, Digital Programme	0.495	0.495	0
Community Rehabilitation & Care	1.000	0.635	(0.365)
Review of Respite care	1.000	1.000	0
Income Generation MOW/Comm Alarms/ Rents/ Financial Assessment	1.125	1.125	0
Income - Charging for services - to be funded	0.500	0.500	0
Nursing & Residential -reprovision of care home beds	2.500	2.500	0
Commissioning of Adult Care Packages	2.250	2.250	0
Commissioning Centre of Excellence	0.068	0.068	0
Group Homes	0.050	0.007	(0.043)
Transforming Overnight Care	5.915	3.475	(2.440)
Home First and Community Care Services Transformations Programme	1.835	1.835	0
Total	29.424	24.326	(5.098)

Source: Finance Report Provisional Outturn as at March 2026 - May 2026

Reserves position

The IJB's closing reserves balance at 31 March 2026 was £2.878million, which represents an increase from the 2024/25 position of £1.712million. However, this balance remains below the IJB's minimum policy to hold 2% of budget in reserves. In line with the 2024/25 position, none of this balance is available for general use. The IJB now holds no contingency reserves to support the mitigation of the financial impact of unforeseen circumstances, which further increases the risk to its financial sustainability.

Prevention and detection of fraud and irregularity

The IJB does not directly employ staff and so places reliance on the arrangements in place within Fife Council and NHS Fife for the prevention and detection of fraud and irregularities. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by the partner bodies. Overall, we found arrangements to be sufficient and appropriate.

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the IJB is planning effectively to continue to deliver its services and the way in which they should be delivered.

Auditor judgement

Significant risks affect achievement of corporate objectives



Significant audit risk

Our audit plan identified a significant risk in relation to financial sustainability under our wider scope responsibilities:

Financial sustainability (extract from 2025/26 External Audit Plan)

The IJB continues to face major risks to achieving financial balance where the need to focus on the pace of medium term transformational change, through collaboration with its partner bodies, is essential to reduce the risk to the IJB's medium and longer term financial sustainability.

The IJB's latest medium term financial plan was approved in March 2025. The financial plan shows a budget gap of £121.755million over the period 2025/26 to 2027/28 alongside a challenging savings target of £29.424million in 2025/26, rising to £40.862million in 2027/28. In recent years the IJB has not achieved its savings targets in full.

Work is currently ongoing to review planning assumptions to reflect the current financial environment in which the IJB operates, as part of development of the 2026/27 budget and revised medium term financial plan. The 2026/27 budget is due to be approved by the IJB in March 2026. It is essential that medium term financial plans reflect an achievable and sustainable financial position for the IJB and its partner bodies.

Our detailed findings on the IJB's arrangements for achieving long term financial sustainability are set out below.

2026/27 Financial Plan

The 2026/27 financial plan was presented to the IJB in March 2026 for scrutiny and approval. The financial plan shows a forecast funding gap of £34.570million.

Delegated budgets from partners total £779.925million for 2026/27 (2025/26: £740.848million). This includes an additional funding allocation, beyond the Scottish Government requirement, of £5.600million from both Fife Council and NHS Fife which reduced the forecast funding gap to £23.370million.

Set against this, the projected cost of delegated services for 2026/27 is £814.495million, with the most significant increases arising from:

- Pay inflation (£12.757million)
- Pharmacy, Drugs and Service Level Agreement Inflation (£1.823million)
- External providers: living wage and funding requirements (£12.710million).

The IJB continues to monitor financial pressures and risks in the delivery of the financial plan on an ongoing basis through the IJB's Financial Risk Register and finance update reports presented and scrutinised at each Board meeting.

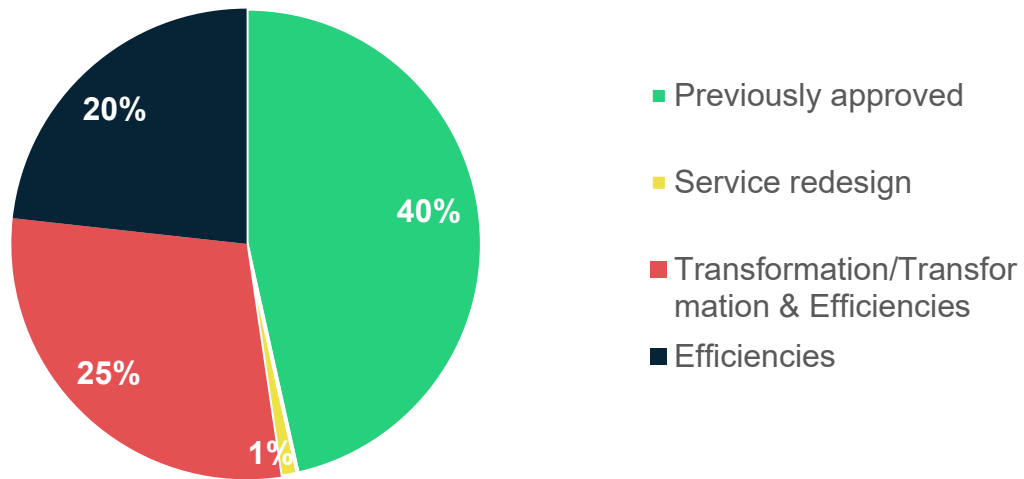
Savings plan

Delivery of savings is a fundamental component of achieving a balanced budget. For 2026/27, identified savings of £23.370million were approved by the IJB to bridge the identified 2026/27 forecast funding gap.

For 2026/27, the IJB's identified savings are focused on the following categories:

- Previously approved (consisting of Transformation, Transformation and Efficiencies and Efficiencies schemes).
- Service Redesign
- Transformation/Transformation and Efficiencies
- Efficiencies

Exhibit 2: 2026/27 Identified Savings



Source: Savings Opportunities 2026-27- March 2026

The IJB has acknowledged that improved financial sustainability cannot be achieved through efficiency savings alone and that a greater focus is required on transforming services. An Investment Framework is currently being developed to support the IJB in enabling both short term financial balance and long term transformation through placing greater oversight and accountability over where future investment will be prioritised.

The IJB did not meet its savings target for the financial years 2022/23 to 2025/26, and only 83% of the savings target was achieved in 2025/26. Despite this representing a significant improvement compared to previous year delivery, it is important that the IJB continues to closely monitor the delivery of savings identified to ensure that achievement of savings does not impact on its quality of service delivery in the medium to longer term.

The Finance Update report presented to the IJB in July 2026 highlighted that the IJB's savings target was increased to £25.539million, reflecting additional unachieved savings at the 2025/26 year end. Of this savings target, all were on track to be delivered which represents an improved position compared to this stage in previous years.

Medium Term Planning

The IJB approved its medium term financial plan (2026-2029) alongside the Medium Term Financial Strategy 2026-29 (MTFS) in March 2026. The updated MTFS is aligned to the 2026-2029 Strategic Plan, supporting strategies and workforce planning. Key risks and uncertainties set out in the plan include:

- Economic Crisis: Ongoing inflationary pressures, increasing prescribing and drug costs, and increasing pay demands.
- Ageing Population: Growing demand and complexity of care needs, coupled with constrained resources.
- Workforce: Continued difficulty in recruiting staff, leading to reliance on higher-cost locum and agency workers.
- Transformation Programme Risks: Potential delays or underperformance in delivering planned transformation benefits.

The financial plan shows a cumulative budget gap of £104.611million over the period 2026/27 to 2028/29 alongside a challenging savings target of £23.370million in 2026/27, £23.098million in 2027/28, and £24.098million in 2028/29.

	2026/27 £million	2027/28 £million	2028/29 £million
Cost of existing service provision	814.495	839.609	863.491
Funding available	779.925	804.249	828.810
Total gap	34.570	35.360	34.681

Source: Revenue Budget 2026-29 and Medium Term Financial Strategy 2026-29- March 2026

The IJB has recognised that the medium term financial plan presents a very challenging three years and emphasises the focus on medium term transformational change to allow delivery of safe and sustainable services in the future, whilst balancing the budget. This position is consistent with the Audit Scotland report on Integration Joint Boards: Finance bulletin 2024/25, which highlighted that medium term financial sustainability is a challenge nationally.

A significant amount of work has been undertaken through the transformational change programme which spans the entirety of the health and social care partnership. The programme requires a focus on what services are delivered, how they are delivered, and where they are delivered from. The IJB's transformation programmes focus on alternative models of care where the current programmes include:

- Transforming Overnight Care
- Reprovision of out of area care packages
- Mental Health Redesign
- Community Rehabilitation and Care

- Transformation Business Administration Project
- Medicines Efficiencies
- Modernising Strategic Functions to enable system wide changes
- Supplementary Staffing.

The IJB's transformation team measures improvements in both outcomes and quality of services and tracks financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services. The Finance Update report presented to the IJB in July 2026 highlighted that good progress is being made across savings programmes identified from transformational services.

The IJB is making good progress with the establishment and implementation of its transformational programmes; however, it is important that the pace of the transformation work is appropriate and effective in order to reduce the risks to the IJB's financial sustainability in the medium to longer term.

The IJB has recognised that the level of challenge associated with the financial plan is substantial and that this also reflects the challenging financial environments of both NHS Fife and Fife Council. On this basis, the financial sustainability of the IJB remains a significant risk for 2026/27 and beyond and it is crucial that a whole system approach continues to be taken to manage the level of financial risk and challenge going forward.

Vision, leadership and governance

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

Auditor judgement

Effective and appropriate arrangements are in place



Governance arrangements

The Board of the IJB comprises 16 voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

Audrey Valente, Chief Finance Officer, retired in October 2025, and Tracy Hogg, who previously held the role of Finance Manager, was appointed to this position.

The Board continued to hold bi-monthly development sessions during 2025/26. The sessions covered topics including:

- Mental Health Strategy
- Sustainable Governance
- Children's Bill
- Strategic Plan 2026-2029

The Board is responsible for ensuring the overall governance of the IJB. In driving forward the strategic direction of the IJB and ensuring the governance framework is operating as intended, the Board continues to be supported by three committees:

- Audit and Assurance Committee;
- Quality and Communities Committee; and
- Finance, Performance and Scrutiny Committee.

In addition, during 2025/26 the Senior Leadership Team (SLT) and Extended Leadership Team (ELT) continued to work to establish a 'Team Fife' culture to support a vision of being amongst the best performing Health and Social Care Partnerships. This is known as Mission 2025.

Mission 2025 was reviewed by ELT in November 2025 which identified that significant progress had been made across all eight of its success statements covering leadership development, workforce wellbeing, service transformation, quality improvement, citizen engagement, prevention, locality empowerment and financial sustainability.

Board and Committee meetings

Committee meetings have continued to be held virtually rather than in person, and the preferred mechanism is through MS Teams, in line with the sector and the IJB's partner bodies. During 2025/26, Board meetings have continued to adopt a blended approach and development sessions have remained in-person.

Throughout 2025/26, the Board has been able to maintain all aspects of board governance, including its regular schedule of Board and Committee meetings.

Through our review of committee papers we are satisfied that there continued to be effective scrutiny, challenge and informed decision making through the financial period.

Strategic Plan for Fife 2026-2029

The IJB approved its new Strategic Plan for Fife 2026-2029 in March 2026. The strategic plan was developed using a partnership approach and aligns to both Fife Council's 'Plan for Fife' and NHS Fife's 'Population Health and Wellbeing Strategy'.

The strategy incorporates the changing landscape, rising demand, demographic shifts and the need for sustainable, person led care within the Fife health and social care system.

The strategy takes cognisance of the IJB's overarching vision, mission and values, and is structured under three strategic priorities:

- Prevention- People have the knowledge, support and confidence to live healthier, more independent lives for longer.
- Communities- Work together with communities and our partners to support people, carers, and families to enjoy fulfilling, healthy, independent lives, with joined-up care that promotes wellbeing and connection.
- Digital- Inclusive and innovative digital care that enhances wellbeing, independence, and connection.

The strategic priorities are supported by the Framework for Delivery which supports how the IJB plans, invests and innovates across services, ensuring that care is high quality, resilient and responsive to what matters most to people. The framework represents the IJB's commitment to being Financial Sustainable, Integrating Further and Transforming Services.

The Strategic Plan 2026-2029 is supported by annual delivery plans which set out the programme of work for each year and highlight the improvements that require to be made to further improve health and social care services in Fife. The delivery plans also incorporate actions which were not fully achieved in the Strategic Plan 2023-2026. This approach for the first year of the new strategic plan is currently in development and is due to be presented to the IJB in September 2026.

We are satisfied that appropriate arrangements are in place to oversee the implementation and delivery of the Strategic Plan for Fife 2026-29.

Internal audit

An effective internal audit service is an important element of the IJB's overall governance arrangements. The IJB's internal audit service is provided by FTF Internal Audit Service. During our audit we considered the work of internal audit wherever possible to inform our risk assessment and our work on the governance statement.

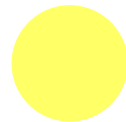
The annual internal audit report was presented to the Audit and Assurance Committee in June 2025. This report confirmed that reasonable assurance can be taken in respect of Fife IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2026. In addition, internal audit has not advised management of any additional disclosure requirements for the governance statement or any inconsistencies between the governance statement and information they are aware of from their work.

Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

Auditor judgement

Risks exist to the achievement of operational objectives



Performance Management Arrangements

Performance management framework

The IJB has developed a performance management framework which comprises key performance indicators (KPIs) including national, local and management targets which are reported to each second meeting of the Finance, Performance and Scrutiny Committee. Every other meeting of the Finance, Performance and Scrutiny Committee takes a deeper dive into areas of poor performance.

Performance reports are also presented to each meeting of the Board. These reports focus on more detailed considerations of the areas of performance that have been provided with a red RAG status as part of the full report presented to the Finance, Performance and Scrutiny Committee. In addition, in line with the requirements of the Public Bodies (Joint Working) Act 2004, the IJB prepares an annual public performance report that considers progress against both the National Health and Wellbeing Outcomes and the key priorities identified within the strategic plan.

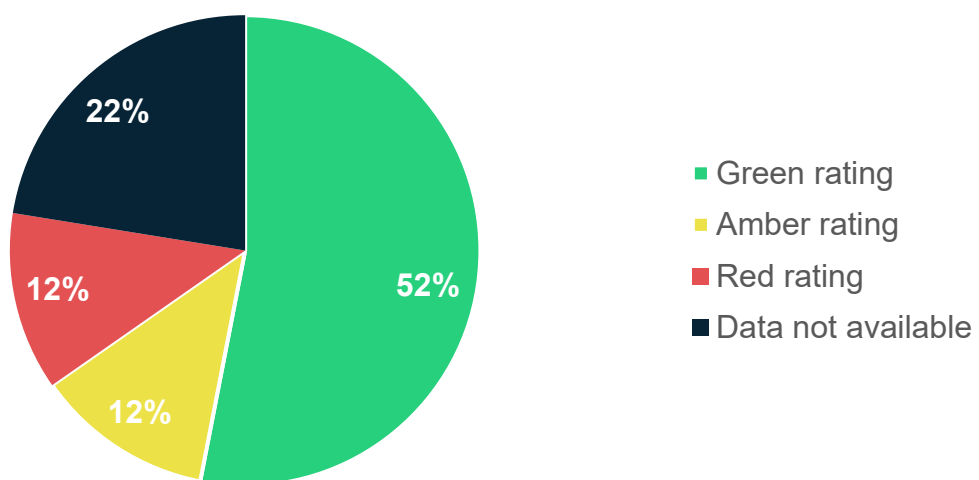
During 2024/25 and 2025/26 significant work was undertaken by the IJB to further develop its performance reporting to allow for greater analysis and scrutiny of performance. Reporting improvements included refreshed performance scorecards, an increase to the set of indicators reported on and the inclusion of targets and benchmarks for indicators. This work was completed in 2025/26 with updated performance reports being presented to the Board from September 2025 onwards.

Through review of Board papers, we concluded that performance is given an appropriate level of scrutiny and challenge.

Performance in 2025/26

IJB's have been required by the Public Bodies (Joint Working) Act 2004 to report on the core suite of Integration Indicators within their Annual Performance Reports. The 2025/26 annual performance report compares the IJB's performance against the Scottish average in 23 core national indicators. As noted in exhibit 3, there was insufficient data available to conclude on performance for five indicators due to national data being unavailable.

Exhibit 3: National Indicators – Fife's performance for 2025-26 compared to Scottish average



Source: Annual Performance Report 2025-26- July 2026

As exhibit 3 demonstrates, performance continues to be mixed compared to the Scottish average. The IJB performed worse than average in 6 of the core indicators, which is an improvement compared to the previous year.

The three indicators given a Red RAG rating are as follows:

- NI 12- Emergency admission rate per 100,000 population (14,315 compared to Scotland rate of 11,470 and prior year comparative of 14,360);
- NI 16- Falls rate per 1,000 population aged 65+ (29.6 compared to Scotland rate of 22.2 and prior year comparative of 28.7); and
- NI 18- Percentage of adults with intensive care needs receiving care at home (55.5% compared to Scotland rate of 64.7% and prior year comparative of 55.5%).

The IJB has committed to continue to closely monitor performance in these areas and work to improve performance against the Scottish average by working with partner agencies on new strategies and transformation programmes.

As described in the Financial Sustainability section, there is a risk that the scale of savings required to enable the IJB to achieve a financially sustainable position may impact on its ability to deliver services to a high quality and risks a further deterioration in performance.

Fairness and Equality

The IJB demonstrates a clear commitment to fairness and equality which is embedded into its strategic planning and service delivery. We are satisfied that the IJB has a framework in place to meet its equality duties under the Equality Act 2010, and other relevant legislation, which includes bi-annual reporting on mainstreaming and progress against equality outcomes and completing and monitoring equality impact assessment for policies and practices.

The IJB published its latest Equality Outcomes Progress Report in January 2025. This summarises progress against the equality outcomes set for 2023-26 which are:

- Improved collection and use of equality data, including protected characteristics, to support service planning and delivery, and promote mainstreaming of equality rights.
- Individuals with lived experience of inequality and exclusion will have more opportunities to get involved and share their views, concerns, and suggestions for improvement across the Partnership.
- Increased collaboration with communities and partners that have experience and expertise working with groups that have a protected characteristic, leading to improved health outcomes for individuals, their families and carers.
- Greater diversity and an inclusive workforce culture, with employees from all backgrounds and cultures reporting that they feel increasingly valued.
- Improved understanding and better relations between individuals and groups who share a protected characteristic, and those who do not.

The IJB's equality outcomes were built on the key messages contained in the 2024 Fife Strategic Assessment and align with the Strategic Plan.

The IJB has made effective use of Equality Impact Assessments (EQIA) which are used to ensure equality is considered as part of decision making processes. This process assesses the potential impact of decisions on equality and actions identified are monitored through delivery plans for strategies and programmes. In addition, appropriate guidance is available for individuals who are completing EQIAs.

Best value

Appointed auditors have a duty to be satisfied that bodies have made proper arrangements to secure best value. We undertake this duty in a way that is proportionate to the size and type of body. We give due regard to:

- How the IJB demonstrates that it is meeting its Best Value responsibilities
- How our work on the wider-scope areas meets the Best Value responsibilities.

We are satisfied that the IJB has organisational arrangements in place to secure Best Value. The IJB approved a best value framework in 2019 and undertake a review against the best value framework on an annual basis. The position statement for 2025/26 is due to be presented to the IJB in January 2027.

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Appendix 1: Responsibilities of the IJB and Auditors

IJB responsibilities

The IJB is required to make arrangements for the proper administration of its financial affairs and to secure that one of its officers has responsibility for the administration of those affairs.

Area	IJB responsibilities
Corporate governance	The IJB is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Those charged with governance should be involved in monitoring these arrangements.
Financial statements and related reports	The IJB has responsibility for: • preparing financial statements which give a true and fair view of the financial position of the IJB and its expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation; • maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support the balances and transactions in its financial statements and related disclosures; and • preparing and publishing, along with the financial statements, an annual governance statement, governance compliance statement, management commentary (or equivalent) and a remuneration report that is consistent with the disclosures made in the financial statements and prepared in accordance with prescribed requirements. Management commentaries should be fair, balanced and understandable. Management is responsible, with the oversight of those charged with governance, for communicating relevant information to users about the IJB and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely. The IJB is responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance

Area	IJB responsibilities
	controls. These systems should support the achievement of its objectives and safeguard and secure value for money from the public funds at its disposal. The IJB is also responsible for establishing effective and appropriate internal audit and risk-management functions.
Standards of conduct for prevention and detection of fraud and error	The IJB is responsible for establishing arrangements to prevent and detect fraud, error and irregularities, bribery and corruption and also to ensure that its affairs are managed in accordance with proper standards of conduct.
Financial position	The IJB is responsible for putting in place proper arrangements to ensure its financial position is soundly based having regard to: • Such financial monitoring and reporting arrangements as may be specified; • Compliance with statutory financial requirements and achievement of financial targets; • Balances and reserves, including strategies about levels and their future use; • Plans to deal with uncertainty in the medium and long term; and • The impact of planned future policies and foreseeable developments on the financial position.
Best value	The IJB has a specific responsibility to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions. In securing Best Value, the local government body is required to maintain an appropriate balance among: • The quality of its performance of its functions • The costs to the body of that performance • The cost to persons of any service provided by it for them on a wholly or partly rechargeable basis. In maintaining the balance, the IJB shall have regards to: • Efficiency • Effectiveness

Area	IJB responsibilities
	• Economy • The need to meet the equal opportunity requirements. The IJB should discharge its duties in a way which contributes to the achievement of sustainable development.

Auditor responsibilities

Code of Audit Practice

The Code of Audit Practice (the Code) describes the high-level, principles-based purpose and scope of public audit in Scotland.

The Code outlines the responsibilities of external auditors and it is a condition of our appointment that we follow it.

Our responsibilities

Auditor responsibilities are derived from the Code, statute, International Standards on Auditing (UK) and the Ethical Standard for auditors, other professional requirements and best practice, and guidance from Audit Scotland.

We are responsible for the audit of the accounts and the wider-scope responsibilities explained below. We act independently in carrying out our role and in exercising professional judgement. We report to the IJB and others, including Audit Scotland, on the results of our audit work.

Weaknesses or risks, including fraud and other irregularities, identified by auditors, are only those which come to our attention during our normal audit work in accordance with the Code and may not be all that exist.

Wider scope audit work

Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector.

The wider scope audit specified by the Code broadens the audit of the accounts to include additional aspects or risks in areas of financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

Financial management



Financial management means having sound budgetary processes. Audited bodies require to understand the financial environment and whether their internal controls are operating effectively.

Auditor considerations

Auditors consider whether the body has effective arrangements to secure sound financial management. This includes the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities.

Financial sustainability



Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Auditor considerations

Auditors consider the extent to which audited bodies show regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so it can continue to deliver services.

Vision, leadership and governance



Audited bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.

Auditor considerations

Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. Auditors also consider the effectiveness of governance arrangements for delivery, including openness and transparency of decision-making; robustness of scrutiny and shared working arrangements; and reporting of decisions and outcomes, and financial and performance information.



Use of resources to improve outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency and effectiveness through the use of financial and other resources, and reporting performance against outcomes.

Auditor considerations

Auditors consider the clarity of arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of inequalities, and deliver continuous improvement in priority services.

Best Value

Appointed auditors have a duty to be satisfied that bodies have made proper arrangements to secure best value. We undertake this duty in a way that is proportionate to the size and type of body. We give due regard to:

- How the IJB demonstrates that it is meeting its Best Value responsibilities
- How our work on the wider-scope areas meets the Best Value responsibilities

Audit quality

The Auditor General and the Accounts Commission require assurance on the quality of public audit in Scotland through comprehensive audit quality arrangements that apply to all audit work and providers. These arrangements recognise the importance of audit quality to the Auditor General and the Accounts Commission and provide regular reporting on audit quality and performance.

Audit Scotland maintains and delivers an [Audit Quality Framework](#).

The most recent audit quality report can be found at [Quality of public audit in Scotland: Annual report 2025-26](#).

Independence and ethics

The Ethical Standards and ISA (UK) 260 require us to report full and fair disclosure of matters relating to our independence.

In accordance with our profession's ethical requirements and further to our external audit plan issued confirming audit arrangements we confirm that there are no further facts or matters that impact on our integrity, objectivity and independence as auditors that we are required or wish to draw attention to. We consider an objective, reasonable and informed third party would take the same view.

We confirm that Azets Audit Services and the engagement team complied with the FRC's Ethical Standard. We confirm that all threats to our independence have been properly addressed through appropriate safeguards and that we are independent and able to express an objective opinion on the financial statements.

Non-audit services: There are no non-audit services provided to the IJB.

Contingent fees: No contingent fee arrangements are in place for any services provided.

Gifts and hospitality: We have not identified any gifts or hospitality provided to, or received from, any member of the IJB, senior management or staff.

Relationships: We have no other relationships with the IJB, its directors, senior managers and affiliates, and we are not aware of any former partners or staff being employed, or holding discussions in anticipation of employment, as a director, or in a senior management role covering financial, accounting or control related areas.

No other potential threats to independence have been identified.

Audit fees

Our 2025/26 audit fee has been agreed with management as £39,419. Prior year charges are also shown for comparative purposes in the table below:

Fee element	2025/26	2024/25
Auditor remuneration (expected fee level)	39,390	37,950
Auditor remuneration (above expected fee level for risk areas reflected in External Audit Plan)	3,939	3,795
Pooled costs	1,360	950
Contribution to PABV costs	7,340	7,280
Sectoral cap adjustment	(12,610)	(12,180)
Total fee	39,419	37,795

The audit fees charged reconcile to the fees disclosed in the financial statements.

Appendix 2: Audit differences identified during the audit

We are required to report all non-trivial misstatements to those charged with governance, whether or not the financial statements have been adjusted by management.

We have not identified any material adjustments or unadjusted differences to the unaudited annual accounts.

Misclassification and disclosure changes

Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies and estimation techniques adopted by the IJB.

We identified a small number of minor presentational issues in the IJB's accounts, and these have all been amended by management.

No	Detail
1.	Debtors and Creditors note- update to the presentation to remove negative debtor and creditor.
2.	Annual Governance Statement- minor amendments.
3.	Management Commentary- minor amendments.

Overall, we found the disclosed accounting policies, significant accounting estimates and the overall disclosures and presentation to be appropriate.

Prior year unadjusted misstatements

There were no prior year unadjusted misstatements reported in the prior year audit.

Appendix 3: Action plan

There have been no recommendations raised in the current year audit.

Appendix 4: Follow up of prior year recommendations

There were no recommendations raised in prior year audits that require follow up in the current year.



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Moving forward with confidence



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Lynne Garvey

Director of Health & Social Care

Email: Lynne.Garvey@nhs.scot

Your Ref:

Our Ref:

Date: 16 September 2026

Dear Sirs

Fife Integration Joint Board

Financial Statements for the year ended 31 March 2026

This representation letter is provided for the purpose of expressing an opinion as to whether the Fife Integration Joint Board's (the 'IJB') financial statements present a true and fair view, in all material respects, in accordance with applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2025/26 (the 2025/26 Code).

I confirm that to the best of my knowledge and belief having made such inquiries as I considered necessary for the purpose of appropriately informing myself:

Financial Statements

- i. I have fulfilled my responsibilities for the preparation of the IJB's financial statements in accordance with applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2025/26 Code, for being satisfied that they give a true and fair view and for making accurate representations to you.
- ii. I have complied with the requirements of all statutory directions affecting the IJB and these matters have been appropriately reflected and disclosed in the financial statements.
- iii. The financial statements are free of material misstatements, including omissions.

- iv. I have reviewed and approved all disclosures made in the financial statements and I am not aware of any other matters which require disclosure in order to comply with the requirements of UK adopted international accounting standards, as interpreted and adapted by the 2025/26 Code. (A summary of the main disclosure changes is at appendix 1).
- v. No adjustments or uncorrected misstatements were identified during the audit. No unadjusted misstatements were brought forward from prior year.
- vi. The IJB has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There has been no non-compliance with requirements of any regulatory authorities that could have a material effect on the financial statements in the event of non-compliance.
- vii. I acknowledge my responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error, and I believe that I have appropriately fulfilled these responsibilities.
- viii. I am satisfied that the methods, data and significant assumptions used by the IJB in making accounting estimates, including those measured at fair value, are appropriate to achieve recognition, measurement and disclosure that is reasonable in accordance with the 2025/26 Code. I am satisfied that the material judgements used in the preparation of the financial statements are soundly based, in accordance with the 25/26 Code and adequately disclosed in the financial statements. I understand my responsibilities include identifying and considering alternative methods, assumptions or source data that would be equally valid under the financial reporting framework, and why these alternatives were rejected in favour of the estimate used. There are no other material judgements that need to be disclosed.
- ix. The IJB has no plans or intentions that may materially alter the carrying value and, where relevant, the fair value measurements or classification of assets and liabilities as at 31 March 2026 reflected in the financial statements.
- x. Except as disclosed in the financial statements:
 - a. there are no unrecorded liabilities, actual or contingent;
 - b. none of the assets of the IJB has been assigned, pledged or mortgaged;
 - c. there are no material prior year charges or credits, nor exceptional or non-recurring items requiring separate disclosure.
- xi. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of applicable law, accounting standards and the 2025/26 Code.
- xii. All events subsequent to the date of the financial statements and which require adjustment or disclosure have been adjusted or disclosed.
- xiii. Actual or possible litigation and claims have been accounted for and disclosed in accordance with the requirements of UK adopted international accounting standards, and as interpreted and adapted by the 2025/26 Code.

- xiv. I believe that the IJB's financial statements should be prepared on a going concern basis. We do not expect the IJB to demise in its current organisational form; however, my basis for going concern acknowledges that if that situation arose the services would be transferred to another public sector body. I believe that no further disclosures relating to the IJB's ability to continue as a going concern need to be made in the financial statements.

Information Provided

- xv. I have provided you with:
- a. access to all information of which I am aware that is relevant to the preparation of the IJB's financial statements such as accounting records, and all other records requested;
 - b. additional information that you have requested from us for the purpose of your audit; and
 - c. unrestricted access to persons within the IJB (via remote arrangements where necessary), from whom you determined it necessary to obtain audit evidence.
- xvi. I have communicated to you all deficiencies in internal control of which management is aware.
- xvii. All transactions undertaken by the IJB have been recorded in the accounting records and are properly reflected in the financial statements.
- xviii. I have disclosed to you the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- xix. I have disclosed to you all information in relation to known fraud or suspected fraud that I am aware of and that affects the IJB and involves:
- a. management;
 - b. employees who have significant roles in internal control; or
 - c. others where the fraud could have a material effect on the financial statements.
- xx. I have disclosed to you all information in relation to instances of, or allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, analysts, regulators or others.
- xxi. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.
- xxii. I have disclosed to you the identity of the IJB's related parties and all the related party relationships and transactions of which I am aware.
- xxiii. I have disclosed to you all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
- xxiv. I acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as I am aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware. I have taken all the steps that I ought to have taken in order to make myself aware of any relevant audit information and to establish that you are aware of that information.

Management Commentary

xxv. The disclosures within the Management Commentary fairly reflect my understanding of the IJB's financial and operating performance over the period covered by the financial statements.

Annual Governance Statement

xxvi. I am satisfied that the Annual Governance Statement fairly reflects the IJB's risk assurance and governance framework and I confirm that I am not aware of any significant risks or weaknesses in governance or internal control that are not disclosed within the Statement.

Remuneration Report

xxvii. I am satisfied that the disclosures within the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Approval

The approval of this letter of representation was minuted by the IJB at its meeting on 30 September 2026.

Yours faithfully



Name: Tracy Hogg

Position: Chief Finance Officer

Date 16/09/26

Appendix 1- Misclassification and disclosure changes

No	Detail
1.	Debtors and Creditors note- update to the presentation to remove negative debtor and creditor.
2.	Annual Governance Statement- minor amendments.
3.	Management Commentary- minor amendments.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 September 2026
Report Title:	Extension of Voting Rights to Lived Experience IJB Members		
Agenda Item No:	10.1		
Responsible Owner:	Lynne Garvey, Director Fife HSCP & IJB Chief Officer		
Report Author:	Derek McEwan, Head of Corporate Governance & IJB Secretary		

Executive Summary

- New legislation effective from 1 September 2026 extends voting rights on Integration Joint Boards to service user, unpaid carer and third sector representatives, strengthening the role of lived experience in decision-making
- Fife IJB welcomes this change and proposes amendments to its Standing Orders to ensure compliance with legislative requirements and to formally recognise Lived Experience Representatives as voting members.
- The revised governance arrangements include updates to membership, terms of appointment, substitute member arrangements, quorum requirements, committee representation and other procedural provisions.
- The proposed changes will enhance participation, co-production and inclusive leadership, ensuring a broader range of perspectives informs governance, scrutiny and strategic decision-making across the Partnership.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Seek a Decision Risk Appetite Section MUST be completed	☒	The Integration Joint Board is asked to: 1. Agree the proposed amendments to the Fife IJB Standing Orders to ensure compliance with current legislation. 2. Agree any consequential amendments to committee terms of reference, membership and quorum arrangements. 3. Support the development of substitute member arrangements where appropriate to ensure continuity of representation.
For Noting	☒	1. Note the legislative changes extending voting rights to service user, unpaid carer and third sector representatives from 1 September 2026. 2. Note the ongoing review of the Integration Scheme and associated governance documentation and agree that any required amendments are brought forward through the appropriate governance processes.

Directions

No Direction Required



Situation/Background (Purpose of Report)

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 extends voting rights on Integration Joint Boards to include service user representatives, carer representatives and third sector representatives with effect from 1 September 2026. Fife IJB Standing Orders have been updated to reflect this legislative change.

The Integration Joint Board is asked to consider amendments to its governance framework, including Standing Orders, to ensure compliance with the new legislation and to reflect the enhanced role of lived experience representatives within the Board's decision-making processes.

Assessment (Key Points/Issues and Risks)

The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 was laid before the Scottish Parliament on 19 December 2025 and amends the Public Bodies (Joint Working) (Scotland) Act 2014 to extend voting rights to service user representatives, carer representatives and third sector representatives. These members previously participated in an advisory capacity and become voting members from 1 September 2026.

The legislative change is intended to strengthen the contribution of lived experience to Integration Joint Board decision-making and ensure that the perspectives of people who use services, carers and the third sector are fully reflected in governance and strategic planning.

As part of the wider review of governance arrangements currently being undertaken within Fife HSCP, consideration is also being given to whether any consequential amendments are required to the Integration Scheme between Fife Council and NHS Fife and to associated governance documentation.

Fife Integration Joint Board (IJB) welcomes the extension of voting rights to carer representatives, service user representatives and third sector representatives, recognising the valuable contribution they make to the discussions and decisions of the Board.

The changes will help ensure that a broader range of perspectives inform decision-making and strengthen the Board's scrutiny and governance arrangements. They also support greater consideration of the wider determinants of health and wellbeing, prevention, community capacity and unpaid care when making strategic decisions. In addition, the changes promote a more collaborative, inclusive and participative culture, encouraging consensus-building and valuing the contribution of all members.

To support implementation of the expanded voting rights, amendments are proposed to the Fife IJB Standing Orders to ensure compliance with the new legislative requirements. Within the Standing Orders carer representatives, service user representatives and third sector representatives will be collectively referred to as Lived Experience Representatives.

The principal amendments proposed to the Fife IJB Standing Orders are outlined below:

a. Membership

Membership has been updated to reflect the inclusion of Lived Experience Representatives as voting members of the Board. The revised arrangements recognise the legislative requirement for representation from carers, service users and the third sector, whilst providing sufficient flexibility to accommodate temporary vacancies without creating a breach of the Standing Orders.

b. Terms of Appointment

Appointment provisions have been updated to provide that members may serve a maximum of two consecutive three-year terms. Following completion of two consecutive terms, members must stand down and will not normally be eligible for immediate reappointment. In exceptional circumstances, and subject to approval by the IJB, a member may continue in their role for a further period of up to six months.

c. Resilience Arrangements

To improve resilience, the intention is to appoint substitute representatives for carer and service user roles where possible. Substitute arrangements for third sector representatives would be agreed through engagement with Fife Voluntary Action, as the recognised Third Sector Interface (TSI) for Fife.

d. Chairing Arrangements

Chairing arrangements will continue to operate in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations. The Standing Orders will clarify that Lived Experience Representatives are not eligible to serve as Chair or Vice Chair of the IJB, and the same principle will apply to formal committees unless otherwise prescribed by legislation.

e. Meetings

The Standing Orders will be updated to reflect the number of ordinary IJB meetings currently held each year.

Where a member of the Board misses 3 consecutive meetings, they will cease to be a member of the Board unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

f. Submission of Proposals

Timescales for the submission of motions and proposals will be revised to align with report publication deadlines and support effective governance processes.

g. Quorum

Quorum requirements will be updated to reflect the revised voting membership of the Board, comprising four NHS Fife representatives, four Fife Council representatives, and two Lived Experience Representatives, ensuring appropriate representation from each group in Board decision-making.

h. Committees

A review of Committee Structure is currently in progress. The provisions relating to committee membership will be updated to reflect the voting status of Lived Experience Representatives. Committee memberships will be revised to ensure representation from NHS Fife, Fife Council and Lived Experience Representatives, recognising the importance of lived experience perspectives in supporting robust governance, assurance and scrutiny.

The number of Lived Experience Representatives appointed to individual committees will be determined through discussion with representatives and reflected in the relevant Terms of Reference.

The changes provide an opportunity to strengthen partnership governance by embedding lived experience more fully in strategic decision-making and reinforcing the Board's commitment to co-production, participation and inclusive leadership.

Related Documents/Appendices

Appendix 1 – IJB Standing Orders September 2026

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	21/09/26	☐	☐	
Integration Joint Board (IJB)		☒	30/09/26			

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising

Service Users/Carers	☒	Strengthening the voice and influence of people with lived experience in decision-making, ensuring services are informed by the experiences and priorities of service users, carers and communities.
Localities/Communities	☒	Enhancing community representation within governance arrangements and supporting decisions that are more responsive to local needs and experiences across Fife.

Quality of Care	☐	Greater consideration of lived experience perspectives in strategic decision-making, supporting continuous improvement in the quality, safety and person-centredness of services.
Workforce	☐	Improved engagement with lived experience representatives may strengthen understanding of workforce impacts on service delivery and outcomes.
Legal	☐	Support compliance with relevant legislation and guidance and are consistent with statutory requirements relating to IJB governance, membership and stakeholder participation.
Financial	☐	Potential financial implications associated with member participation, induction, training and administrative support. These are expected to be managed within existing resources.
Performance	☐	Broader and more informed decision-making, which may contribute to improved service performance, outcomes and accountability.
Climate Climate Fife 2024 Strategy and Action Plan If you are reporting Climate Change impacts, please complete the Fife Environmental Assessment Tool (FEAT) and add as an appendix (Available via FOI.IJB@fife.gov.uk)	☐	No direct climate change impacts have been identified.
Communication and Engagement	☐	Strengthening participation, transparency and stakeholder engagement, demonstrating a commitment to co-production and inclusive decision-making.
Risk & Mitigation	☐	Potential challenges associated with induction, role clarity and support for new voting members. However mitigation include provision of comprehensive induction, ongoing development, governance support and clear guidance on roles, responsibilities and decision-making processes.

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Derek McEwan	Head of Corporate Governance	01/09/26
Fife HSCP SLT		21/09/26

Confirmation

- ☒ The content of this report has been reviewed by the officers listed above.
- ☒ The Responsible Owner confirms that the information contained within this report is accurate and complete.
- ☒ Any required financial, workforce, legal, governance, equalities and risk implications have been considered and reflected within the report.

HEALTH AND SOCIAL CARE INTEGRATION IN FIFE STANDING ORDERS FOR THE INTEGRATION JOINT BOARD

1 General

- 1.1** These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable be the rules and regulations for the proceedings of any Committees and Sub-Committees of the Fife Integration Joint Board and reference to the 'Integration Joint Board' and "the Board" in these Standing Orders should be interpreted accordingly. The term 'Chair' shall also be deemed to include the Chair of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.2** In these Standing Orders "the Integration Joint Board" shall mean the Fife Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Amendment (No. 3) Order 2015.

2 Membership

- 2.1** From 1 September 2026, The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 ("the Order") comes into force, introducing changes to the membership arrangements and voting rights of Integration Joint Board (IJB) members.

Under the Order, representatives of service users, unpaid carers and the third sector will become full voting members of the IJB. Previously, these representatives brought valuable lived experience to discussions and decision-making but did not hold voting rights.

Accordingly, from 1 September 2026, the voting membership of the Fife Integration Joint Board will comprise:

- Eight members appointed by NHS Fife; and
- Eight councillors appointed by Fife Council.

Where NHS Fife is unable to appoint eight non-executive directors, it may appoint other appropriate members of the NHS Fife Board. However, at least two of those appointed must be non-executive directors.

In addition, three further voting members will be appointed to represent:

- Unpaid carers;
- Service users; and
- The third sector.

These changes are intended to strengthen the role of people with lived experience in the governance and decision-making of the Integration Joint Board, ensuring that their perspectives are directly reflected in the Board's voting processes.

2.2 Non-voting membership of the Integration Joint Board shall comprise:

- a) the Director of Health & Social Care (Chief Officer) of the Integration Joint Board;
- b) the Chief Social Work Officer of Fife Council;
- c) the Chief Finance Officer being the proper officer of the Integration Joint Board appointed under section 95 of the Local Government (Scotland) Act 1973;
- d) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
- e) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
- f) a registered medical practitioner employed by the Health Board and not providing primary medical services;
- g) one member in respect of staff of NHS Fife engaged in the provision of services provided under integration functions;
- h) one member in respect of staff of Fife Council engaged in the provision of services provided under integration functions
- i) such additional members as the Integration Joint Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board. The members appointed under paragraphs (d) to (f) must be determined by Fife Health Board.

2.3 A Member of the Integration Joint Board in terms of Standing Order 2.2 (a) to (c) will remain a Member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Joint Board shall be for up to three years.

2.4 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that they remain eligible and is not otherwise disqualified from appointment.

2.5 A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration Joint Board if they cease to be a Councillor, a Member of the NHS Fife

Board, a carer representative, a service user or a member of a third sector body carrying out activities related to health and social care within the local area.

- 2.6** A Member of the Integration Joint Board, other than those Members referred to in Standing Order 2.2 (a) to (c), may resign their membership at any time during their term of appointment by giving notice to the Integration Joint Board in writing. The resignation shall take effect from the date notified or on the date of receipt if no date is notified. If this is a voting Member the Integration Joint Board must inform the constituent authority that made the nomination.
- 2.7** If a Member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from the Board immediately.
- 2.8** Depute Members may be appointed by the party which appointed the Member, or by the Member as appropriate. The appointment of such Deputies will be subject to the same rules and procedures as for Members. Deputies shall receive papers for Meetings of the Integration Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chair or Vice Chair is unable to attend a meeting of the Integration Board, any Depute Member attending the meeting may not preside over that meeting.
- 2.9** The acts, meetings or proceedings of the Integration Joint Board shall not be invalidated by any defect in the appointment of any Member.

3 Chair and Vice Chair

- 3.1** The Chair and Vice Chair will be drawn from NHS Fife and Fife Council voting members of the Integration Joint Board. If a Council member is to serve as Chair, then the Vice Chair will be a member nominated by NHS Fife and vice versa.
- 3.2** The Chair and Vice Chair will then be appointed on a rotational basis between Fife Council and NHS Fife. The Chair and Vice Chair will be appointed for periods of three years. Fife Council or NHS Fife may change their appointee as Chair or Vice Chair during an appointing period.
- 3.3** The Vice-Chair may act in all respects as the Chair of the Integration Joint Board if the Chair is absent or otherwise unable to perform their duties.
- 3.4** At every meeting of the Integration Joint Board the Chair, if present, shall preside. If the Chair is absent from any meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a Chair shall be appointed from within the Members present for that meeting.
- 3.5 Powers, authority and duties of Chair and Vice-Chair.**

The Chair shall amongst other things: -

- a) Ensure that every Member has an opportunity to be heard;

- b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Director of Health and Social Care or other relevant officer in attendance at the Meeting;
- c) Determine the order in which speakers can be heard;
- d) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;
- e) Maintain order and at their discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;
- f) The decision of the Chair on all matters within their jurisdiction shall be final;
- g) Deference shall at all times be paid to the authority of the Chair.
- h) When he/she speaks, the Chair shall be heard without interruption; and
- i) Members shall address the Chair while speaking.

4 Meetings

- 4.1** Meetings of the Integration Joint Board will be convened as agreed by the Integration Joint Board. These can be held either in person, virtually or blended as appropriate.
- 4.2** The Chair may convene Special Meetings if it appears to them that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a meeting.
- 4.3** If the Chair refuses to issue a notice convening a meeting of the Integration Joint Board within 14 days following receipt of a written request to that effect specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, then those Members who made the request may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the written request.
- 4.4** Adequate provision will be made to allow for Members to attend a meeting of the Integration Joint Board or a committee of the Integration Joint Board either by being present together with other Members in a specified place, or in any other way which enables Members to participate despite not being present with other Members in a specified place. Members participating in meetings in either of the ways set out in this paragraph will be eligible to participate in arriving at a consensus or take part in any vote.
- 4.5** Where a member of the Integration Joint Board misses 3 consecutive meetings they will cease to be a member of the Board unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

5 Notice of Meeting and Agenda

- 5.1** Before every meeting of the Integration Joint Board, or committee of the Integration Joint Board, an Agenda and papers, specifying the time, place and business to be

transacted at the meeting, will be approved by the Chair, or by a Member authorised by the Chair and, shall be delivered to every Member by post or by electronic means so as to be available to them at least seven days before the meeting. The agenda will clearly identify any items which should be treated as confidential and in respect of which the press and public are likely to be excluded from the meeting in accordance with Standing Order 11.3. Any such papers will be made available, on request, to Members of the Integration Joint Board who are not on the relevant committee. Lack of receipt of an Agenda and papers by any member shall not affect the validity of anything done at a meeting.

- 5.2** In the case of a meeting of the Integration Joint Board called by Members in default of the Chair, the Agenda and papers shall identify those Members who requisitioned the meeting.
- 5.3** At all meetings of the Integration Joint Board, no business other than that on the agenda shall be discussed or adopted except whereby reason of special circumstances, which shall be specified in the minutes, the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency.

6 Quorum

- 6.1** No business shall be transacted at a meeting of the Integration Joint Board unless there are present and entitled to vote four Board Members appointed by Fife Council, four Board Members appointed by NHS Fife and two lived experience representatives.
- 6.2** A member may be regarded as being present at a meeting of the Integration Joint Board if he or she is able to participate from a remote location by the methods set out in Para. 4.4. A member participating in a meeting in this way will be counted for the purposes of deciding if a quorum is present.
- 6.3** No business of any committee of the Integration Joint Board will be transacted unless the quorum of members set out in their Terms of Reference are present.
- 6.4** Subject to the provisions of the Model Code of Conduct for Members of Devolved Public Bodies, no item of business shall be transacted at a meeting of the Integration Joint Board if, in consequence of the Model Code of Conduct restricting the rights of members to vote, less than a quorum of the Integration Joint Board are entitled to vote on that item.
- 6.5** If within ten minutes after the time appointed for the commencement of a meeting of the Integration Joint Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.
- 6.6** Nothing in Standing Order Nos. 6.1 - 6.4 shall preclude members agreeing to continue to meet - where the meeting is inquorate - to discuss business, other than that of a quasi-judicial or regulatory nature. In the case of the Integration Joint Board continuing the minutes will include a note of the discussions and

recommendations of the members. It will be up to the Chair to decide if the matter should be simply recorded in the minute for agreement or subject to being a separate agenda item at the next Integration Joint Board. In the case of a committee of the IJB continuing the minutes will include a note of the discussions and recommendations of the members with the minute being marked as an "IJB" paragraph and will become a matter for decision by the Integration Joint Board.

7 Deputations, Presentations and Petitions

- 7.1** A deputation shall be received by the integration Joint Board, at the discretion of the Chair to be exercised reasonably, on written or e-mail application not less than five days prior to the meeting to the Proper Officer, setting out the subject on which the deputation wishes to be heard.
- 7.2** A deputation shall mean a body of persons including, for the purpose, petitioners, of whom not more than five shall appear before the Integration Joint Board desirous of stating a case to the Integration Joint Board, which shall last not more than five minutes without the consent of the Integration Joint Board, regarding the subject matter of any item of business or any item of interest to the Integration Joint Board, except any matter of a quasi-judicial or regulatory nature.
- 7.3** Members of the Integration Joint Board may, during a further period of not more than five minutes, ask questions of the deputation. Such questions shall be asked and answered without discussion. The deputation, questions and responses shall not be matters for debate.
- 7.4** Deputations must relate to an agenda item being considered at that meeting.
- 7.5** Those desirous of making a presentation shall, except for the requirement that it be a deputation of a body of persons, be subject to the same provisions as those set out for deputations above.
- 7.6** Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Standard Officer's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting
- 7.7** No more than one deputation, presentation or petition shall be allowed per meeting of the Integration Joint Board.

8 Codes of Conduct and Conflicts of Interest

- 8.1** Members of the Integration Joint Board and Deputes shall subscribe to and comply with the Model Code of Conduct for Members of Devolved Public Bodies the terms of which are deemed to be incorporated into these Standing Orders. All members shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Model Code of Conduct for Members of Devolved Public Bodies.

- 8.2** If any Member or Depute has a financial or non-financial interest as defined in the Model Code of Conduct for Members of Devolved Public Bodies and is present at any meeting at which the matter is to be considered, they must as soon as practical, after the meeting starts, disclose that they have an interest and the nature of that interest and if they are precluded from taking part in consideration of that matter. They should leave the physical or virtual meeting during discussion of this item.
- 8.3** If a Member or Depute or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Joint Board, that Member or Depute shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member or Depute shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member or Depute on any question with respect to that contract or matter.

9 Adjournment of Meetings

- 9.1** A meeting of the Integration Joint Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

10 Disclosure of Information

- 10.1** No Member of the Board or employee of Fife Council or NHS Fife shall disclose to any person any information which falls into the following categories: -
- Personal data as defined in the UK General Data Protection Regulation and the Data Protection Act 2018
 - Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
 - The full or any part of any document marked “not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973”, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.
 - Any information regarding proceedings of the Integration Joint Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Joint Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

10.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to their knowledge by virtue of their office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Joint Board.

11 Admission of Press and Public

11.1 Meetings of the Integration Joint Board shall be open to the public except in relation to items certified as exempt and subject to the extent of the accommodation available.

11.2 The Director of Health & Social Care shall be responsible for giving public notice of the time and place of each meeting of the Integration Joint Board by posting details of the meeting on the Fife Direct web site not less than seven days before the date of each meeting.

11.3 The Integration Joint Board may by resolution at any meeting exclude the press and public during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.4 Every meeting of the Integration Joint Board shall be open to the public, but these provisions shall be without prejudice to the Integration Joint Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Joint Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Joint Board.

12 Alteration and Rescission of Decisions of the Integration Joint Board

12.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Joint Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

13 Suspension, Deletion or Amendment of Standing Orders

13.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Joint Board participating and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14 Motions, Amendment and Debate

- 14.1** It will be competent for any Member of the Integration Joint Board at a meeting of the Integration Joint Board to move a motion directly arising out of the business before the Meeting.
- 14.2** No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.
- 14.3** Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except: -
- On a question of Order.
 - With the permission of the Chair.
 - In explanation or to clear up a misunderstanding in some material part of their speech.

In all of the above cases no new matter will be introduced.

- 14.4** The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. They will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Once these movers have replied, the Chair will call for the vote to be taken.
- 14.5** Amendments must be relevant to the motions to which they relate, and no Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.
- 14.6** It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.
- 14.7** Any Member may indicate their desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed, or information offered to decline or accept the question or offer of information.
- 14.8** When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:
- to adjourn the debate; or

- to close the debate.

14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

15 Voting

15.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

15.2 Only the eight Board Members appointed by NHS Fife, the eight Members appointed by Fife Council and the three lived experience representatives shall be entitled to vote.

15.3 Any matter which requires to be decided by a vote shall be determined by a majority of votes of the Members participating and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote.

15.4 Where there is an equality of votes the voting Members may agree that the decision will be made by the toss of a coin, which may be electronic or in person. If the voting Members do not agree such a method of breaking the deadlock, then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6-month period.

16 Minutes

16.1 The names of the Members and others present at a meeting shall be recorded in the minutes of the meeting.

16.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the Director of Health & Social Care after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17 Committees and Working Groups

17.1 The Integration Joint Board may establish any Committee or Working Group as may be required from time to time, but each Working Group shall have a limited time span as may be determined by the Integration Joint Board.

17.2 The Membership, Chair, remit, powers and quorum of any Committee or Working Groups will be agreed by the Integration Joint Board.

17.3 Agendas and papers for consideration at a Committee or Working Group will be issued to all Members no later than seven days prior to the start of the meeting.

18 Urgent Decisions

- 18.1** If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or Committee, the Chief Officer may take action, subject to Standing Order 18.2 and the matter being reported to the next meeting of the Integration Joint Board or Committee.
- 18.2** The Chief Officer shall establish whether the Chair and/or Vice-Chair are available, and shall consult both, if possible, or one if only one is available. The Chief Officer may make an urgent decision if both the Chair and Vice-Chair are not available, but the report of the matter must explain attempts made to consult them.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30 th September 2026
Report Title:	Monitoring of Directions		
Agenda Item No:	10.3		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Tracy Hogg, Chief Finance Officer		
Report Author:	Derek McEwan, Head of Corporate Governance		

Executive Summary

- This report provides assurance on the implementation and monitoring of Directions issued by the Integration Joint Board (IJB) to both Fife Council and NHS Fife, in line with the Integration Scheme.
- 2025–26 Progress: 4 Directions for the 2025–26 fiscal year remain open. Two will be closed following completion and approval of the annual accounts at the IJB meeting on 30th September 2026 and 2 remain open.
- 2026–27 Progress: Of the 7 Directions issued within the present financial year, two have been closed due to completion and five remain open and on-track for delivery.
- The Committee can be assured that appropriate governance and monitoring processes are in place and actively followed in relation to the delivery of Directions.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	Be assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.

Directions

No Direction Required	☒
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Related Documents/Appendices

Appendix A – IJB Directions Update

Situation/Background (Purpose of Report)

This IJB Direction Progress Report as at September 2026 (Appendix 1) gives an overview of the current status of both NHS Fife and Fife Council IJB Directions pertaining to both 2025-26 and 2026-27 fiscal years.

Assessment (Key Points/Issues and Risks)

As at September 2026, Of the remaining open Directions for the 2025-26 financial year, one will be closed following completion and formal approval of the Annual Accounts at the IJB meeting on 30 September 2026.

For 2025-26, the remaining open Directions relate to the Community Hospital Transformation Project, which remains on track for completion by March 2027, and the Mental Health Strategy, where delivery activity is ongoing.

For the 2026-27 financial year, a total of 7 Directions have been issued to date. Two Directions have been closed following full delivery, and 5 remain open at the time of reporting.

Assurance can be provided to the Finance, Performance and Scrutiny Committee that the necessary actions as required within the Integration Scheme are being followed and are being monitored.

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Finance, Performance & Scrutiny (FP&S)	☒	☐	18/09/256	☐	☐	
Integration Joint Board (IJB)		☒	30/09/26			
Fife Council						
People & Communities Scrutiny	☒	☐		☐	☐	
NHS Fife						
Finance, Performance & Resources	☒	☐		☐	☐	

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	☒	Carer and Service User impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.	
Localities/Communities	☒	Locality and Community impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.	
Quality of Care	☒	Quality, patient and value-based health and care impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.	
Workforce	☒	The workforce is engaged in actively delivering the actions required to successfully implement the desired outcomes described within the Directions.	
Legal	☒	There are no legal issues associated with this paper as there is full compliance with all Directions issued.	
Financial	☒	This report, in conjunction with the Directions Policy, is intended to give assurance that financial considerations are being appropriately monitored in the delivery of Directions.	
Performance	☒	Monitoring will continue on an ongoing basis.	
Climate Climate Fife 2024 Strategy and Action Plan	☒	There are no legal issues associated with this paper	
Communication and Engagement	☒	Appropriate and proportionate communication and engagement have been undertaken during the decision-making process associated with each individual Direction. There are no further impacts associated with this paper.	
Risk & Mitigation	☒	The revenue budget is currently at risk due to a projected overspend against planned budget allocation. This overspend is driven by increased demand, inflationary pressures, and workforce costs. Mitigatory actions are being progressed to contain this overspend however this may impact the delivery of core services and the achievement of financial sustainability.	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>

IJB Directions:

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-001	Revenue Budget 2025-26	NHS Fife ✓	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £384.710 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.	CLOSED Direction has been Superseded	May 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £6.1m as per Direction issued. Agreement to be paid on a 8-weekly basis subject to scrutiny at tri-partite meeting.	Sept 25 - Original Direction has now been supecceded by Direction 2025.005 May 2025 - It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the financial position with a view to agreeing funding throughout the year.
2025-002	Revenue Budget 2025-26	Fife Council ✓	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.	CLOSED Direction has been Superseded	May 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £6.1m as per Direction issued. Agreement to be paid on a 8-weekly basis subject to scrutiny at tri-partite meeting.	Sept 25 - Original Direction has now been superceded by Direction 2025.005 May 2025 - It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the financial position with a view to agreeing funding throughout the year.
2025-003	Finance Update 2024-25	NHS Fife ✓	NHS Fife is required to transfer funding of £4.651m, as per risk share agreement.	CLOSED Direction has been fully delivered	Jan 26 - Direction has been fully actioned with funding transfer complete.	
2025-004	Reconfiguration of Adamson & St Andrews Minor Injuries Unit	NHS Fife ✓	•With effect from the 17th of July 2025 - permanently re-allocate all minor injury services from Adamson Hospital 0800-1800 Monday to Friday and solely deliver from St Andrews Community Hospital Minor Injury Unit Monday to Friday's 0800-1800. •Deliver a local communications campaign informing the public of this decision and in combination re-launch a Fife Wide communications campaign for people and communities of Fife to advise and encourage how to access minor injury care related to the Right Care in the Right Place by calling NHS 24 via 111. •Workforce to be continually and consistently supported by line manager, professional leads, Human resources and staff side representation during this transition in line with NHS staff governance standards.	CLOSED Direction has been fully delivered	Sept 25 - Direction has been fully actioned and MIU is now based within St Andrews Community Hospital	Sept 25 - Oversight of attendance will be maintained and the communication campaign will remain active
2025-005	Revenue Budget 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £441.856 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.	CLOSED Outcomes Delivered but not within resources allocated	May 26 - the IJB provisional outturn is £9.515m subject	Sept 26 - Annual Accounts now validated by External Audit - Direction will be closed pending sign-off by IJB on 30th Sept
2025-006	Revenue Budget 2025-26	Fife Council ✓	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £312.923m million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.	CLOSED Outcomes Delivered but not within resources allocated	May 26 - As at Mar 2026 the provisional outturn position for Fife Health and Social Care Partnership is an overspend of £9.515m this remains subject to audit. Jan 26 - Budget Transfer of £8.5m is complete. Sept 25 - This Direction Supercedes Direction: 2025.001 Aug 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £8.5m as per Direction issued	Sept 26 - Annual Accounts now validated by External Audit - Direction will be closed pending sign-off by IJB on 30th Sept
2025-007	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £10.020m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Sept 25 - Funding received from Scottish Government.	
2025-008	Community Hospitals Transformation Proposals	NHS Fife ✓	Glenrothes Hospital – to be completed by January 2026:- •Remove 17 community beds from Ward 1; and •Remove 20 community beds from Ward 3 Glenrothes Hospital - to be completed by March 2027:- •Relocation and refurbishment of existing Wards to create site of dedicated expertise for Stroke and Neuro Rehabilitation Cameron Hospital - to be completed by March 2027:- •Relocation and refurbishment of existing Wards to create site of dedicated expertise for general community rehabilitation	OPEN Progressing as expected	Sep 26 - Removal of community beds in Ward 3 complete. Mar 26 - Ward 3 closed at end March 2026 Jan -26 - Ward 1 closed at end of September.	Relocation of services to the Stroke and Neuro Rehabilitation Unit in Glenrothes is ongoing. Work is also progressing to develop a dedicated centre of expertise for general community rehabilitation at the Cameron Hospital site, alongside the co-location of Stroke and Neuro Rehabilitation services. This work is being undertaken in partnership with NHS Fife Estates.
2025-009	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £30.476m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	
2025-010	Additional Funding 2025-26	Fife Council ✓	For the financial year 2025 to 2026, additional funding of £0.213m is allocated by Fife IJB to Fife Council for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below.	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams.	
2025-011	Mental Health Strategy	NHS Fife ✓	NHS Fife will support Fife Health and Social Care Partnership to deliver the actions detailed in the Fife Mental Health and Wellbeing Strategy (2026 to 2029) Year One Delivery Plan. This includes the actions covered by the Mental Health Services Redesign Programme and related projects.	OPEN Progressing as expected	Sept 26 - Work continues to progress delivery actions and evaluate impact. Mar 26 - Delivery of year one objectives continue	The Mental Health Oversight Group meet on a 8-weekly basis to monitor progress.
2025-012	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £3.818m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	

2025-013	Additional Funding 2025-26	Fife Council ✓	For the financial year 2025 to 2026, additional funding of £0.020m is allocated by Fife IJB to Fife Council as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams.	
2025-014	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £3.8918m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Mar 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	
2025-015	Additional Funding 2025-26	Fife Council ✓	For the financial year 2025 to 2026, additional funding of £0.951m is allocated by Fife IJB to Fife Council as detailed in the table below	CLOSED Direction has been actioned and is now complete	Mar 26 - Funding and additional income received from Scottish Government and other funding streams.	
2025-016	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £3.139m is allocated by Fife IJB to NHS Fife as detailed in the table below	CLOSED Direction has been actioned and is now complete	May 26 - Funding and additional income received from Scottish Government and other funding streams.	

Integration Joint Board										
Meeting Dates 2026-27	Frequency	Purpose	Owner	27-May-26	29-Jul-26	30-Sep-26	25-Nov-26	27-Jan-27	31-Mar-27	Partner Reporting
STRATEGIC PLANNING AND DELIVERY										
Strategic Plan Delivery Plan	Annual	Decision	Vanessa Salmond			Scheduled				
Mental Health and Wellbeing Strategy	On Request	Decision	Karen Marwick			Delayed	Scheduled			Yes
Mental Health Strategy & Estates Update	On Request	Decision	Karen Marwick			Scheduled				
Urgent Care Walk-In Service	On Request	Decision	Lisa Cooper		Presented					
Delivering Improvements in Unscheduled Care	On Request	Decision	Chris Conroy	Presented			Scheduled			Yes
Strategy Annual Reports										
Strategic Plan - Annual Report	Annual	Assurance	Vanessa Salmond						Scheduled	No
Alcohol and Drug Strategy	Annual	Assurance	Karen Marwick		Delayed	Scheduled				No
Carers Strategy	Annual	Assurance	Roy Lawrence		Presented					No
Commissioning Strategy	Annual	Assurance	Tracy Hogg	Delayed	Presented					No
Digital Strategy	Annual	Assurance	Tracy Hogg					Scheduled		No
Local Housing Strategy	Annual	Assurance	Paul Short				Scheduled			No
Home First Strategy	Annual	Assurance	Chris Conroy		Presented					
Medium Term Financial Strategy	Annual	Assurance	Tracy Hogg						Scheduled	No
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper				Scheduled			No
Primary Care Strategy	Annual	Assurance	Lisa Cooper				Scheduled			No
Equality, Diversity & Inclusion Annual Report	Annual	Assurance	Roy Lawrence				Scheduled			No
LIVED EXPERIENCE & WELLBEING										
Kings Trust Employment Journey	Standing Item	Assurance	Lynn Barker	Presented						No
Carers Act	Standing Item	Assurance	Lynn Barker		Presented					No
Clued Up Project	Standing Item	Assurance	Lynn Barker			Scheduled				No
INTEGRATED PERFORMANCE & QUALITY										
Finance Update	Standing Item	Decision	Tracy Hogg	Presented	Presented	Scheduled	Scheduled	Scheduled	Scheduled	No
Revised Budget Direction	On Request	Decision	Tracy Hogg			Scheduled				
Refreshed Performance Report	Quarterly	Assurance	Vanessa Salmond		Presented		Scheduled		Scheduled	No
Annual Performance Report 2025-26	Annual	Assurance	Vanessa Salmond		Presented					No
Fife IJB Annual Audited Accounts	Annual	Decision	Tracy Hogg			Scheduled				No
Annual Review of Best Value	Annual	Assurance	Tracy Hogg					Scheduled		No
Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)	Annual	Decision	Tracy Hogg						Scheduled	No
GOVERNANCE & OUTCOMES										
Chairs Assurance Statements	Standing Item	Assurance	Derek McEwan	Presented	Presented	Scheduled	Scheduled	Scheduled	Scheduled	No
Clinical & Care Governance Framework	On Request	Decision	Aylene Kelman							Yes
Governance Committee Annual Assurance Statements	Annual	Decision	Derek McEwan	Presented						No
Membership Update	On Request	Noting	Derek McEwan	Presented		Scheduled				No
IJB Workplan	Standing Item	Assurance	Derek McEwan	Presented	Presented	Scheduled	Scheduled	Scheduled	Scheduled	No
Self-Assessment	Annual	Decision	Derek McEwan			Delayed			Scheduled	
Monitoring Progress of Directions	Quarterly	Decision	Derek McEwan	Presented		Scheduled		Scheduled		No
Review of Integration Scheme March 2027 5 yearly	Annual	Assurance	Derek McEwan				Scheduled			
Review of Scheme of Delegation	Annual	Assurance	Derek McEwan							
Review of Model Code of Conduct	Annual	Assurance	Derek McEwan							
Review of Standing Orders	Annual	Assurance	Derek McEwan			Scheduled				
Extension of Voting Rights to Lived Experience Members	On Request	Assurance	Derek McEwan			Scheduled				
Proposed Committee Restructure	On Request	Decision	Derek McEwan				Scheduled			
Review of Governance Manual (inc. Standing Orders, Scheme of Delegation, Model Code of Conduct etc)	Annual	Assurance	Derek McEwan		Presented					

LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS									
Workforce Action Plan 2026/27 Q1 Report	Annual	Assurance	Roy Lawrence	Presented					
Workforce Action Plan 2027/28	Annual	Assurance	Roy Lawrence					Scheduled	
Annual Risk Management Report	Annual	Assurance	Tracy Hogg	Presented					No
IJB Strategic Risk Register	Annual	Assurance	Tracy Hogg	Delayed					No
Review of IJB Strategic Risk Register	On Request	Decision	Tracy Hogg		Presented				No
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence		Delayed	Scheduled			No
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy			Scheduled			No
Records Management Annual Report due Sept 2027	Annual	Assurance	Tracy Hogg						No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Delayed	Scheduled			No
Fife ADP Drug Related Deaths 2025	Annual	Assurance	Lynne Garvey					Scheduled	Yes
Armed Forces Covenant Duty	Annual	Assurance	Karen Marwick					Scheduled	No
Public Sector Climate Duties Annual Report	Annual	Assurance	Lisa Cooper				Scheduled		No
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Biennial)	Biennial	Assurance	Tracy Hogg		Presented				No
Community Led Support Annual Report	Annual	Assurance	Roy Lawrence			Scheduled			Yes
Locality Planning Annual Report	Annual	Assurance	Roy Lawrence	Presented					
Participation & Engagement Annual Report	Annual	Assurance	Roy Lawrence	Presented					
Winter Plan 2025-26	Annual	Assurance	Chris Conroy				Scheduled		Yes
Care Inspectorate Grading Report	Annual	Assurance	Caroline Cherry				Scheduled		Yes
Public Protection Annual Report - CPC/MAPPA/ASP	Annual	Assurance	Caroline Cherry		Presented				Yes
Children's Services Child Protection Annual Report	Annual	Assurance	Lisa Cooper		Presented				
Children's Services Annual Report & Children's Services Plan	Annual	Assurance	Lisa Cooper				Scheduled		
Pharmaceutical Care Services Report	Annual	Assurance	Lisa Cooper					Scheduled	Yes
ASP Annual Report (Social Work)	Annual	Assurance	Caroline Cherry					Scheduled	Yes
Chief Social Worker Officer Report	Annual	Assurance	Caroline Cherry					Scheduled	Yes
Winter COVID-19 and Flu Vaccine Delivery Campaign	Annual	Assurance	Lisa Cooper			Scheduled			Yes
Hepatitis C Elimination in Fife (Progress, Challenges and Risks)	On Request	Assurance	Lisa Cooper					Scheduled	
Health Care (Staffing) (Scotland) Act Annual Report (IJB only)	Annual	Assurance	Caroline Cherry	Presented					
Director of Public Health Report - Joy Tomlinson	Annual	Assurance	Lynne Garvey			Delayed		Scheduled	
Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2026-2029 Impact Report due March 2030	On Request	Assurance	Karen Marwick						
Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2026-29	Annual	Assurance	Karen Marwick				Scheduled		
Fife Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled	Yes



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	30th September 2026
Report Title:	Proposed Committee Amalgamation		
Agenda Item No:	10.5		
Responsible Owner:	Lynne Garvey, Chief Officer		
Report Author:	Vanessa Salmond, Head of Corporate Governance & IJB Secretary		

Executive Summary

- Proposal to create a single Finance, Performance and Assurance Committee with the amalgamation of the current Finance, Performance & Scrutiny and Audit & Assurance Committees.
- Amalgamation offers key benefits including stronger, joined-up assurance, improved scrutiny, greater efficiency and clearer accountability to the IJB.
- The current committee structure creates overlap and duplication between Finance, Performance & Scrutiny and Audit & Assurance, in fragmented assurance and increasing risk to effective oversight, timeliness of decision-making and Board assurance.
- Increasing complexity, financial pressures and transformation demand require a more integrated, whole-system approach to assurance with clearer alignment between resources, risks and delivery outcomes.
- Risks, particularly around maintaining audit independence, committee capacity and alignment with best practice, must be carefully managed.
- A single integrated committee model is recommended, combining functions under one remit while retaining distinct audit and performance elements to balance integration with governance integrity.

Recommendations

This paper is presented to:		Integration Joint Board to:
For Decision	☒	• Approve the establishment of a single Finance, Performance & Assurance Committee. • Approve the Terms of Reference attached at Appendix 3. • Agree that the existing Finance, Performance & Scrutiny Committee and Audit & Assurance Committee be dissolved with effect from March 2027. • Delegate authority to the Head of Corporate Governance, to implement the revised governance arrangements. • Agree a review of committee effectiveness after 12 months.

Situation/Background (Purpose of Report)

This paper sets out the strategic rationale for reviewing the current committee structure of the IJB, specifically the potential amalgamation of the Finance, Performance & Scrutiny Committee (FPS) and the Audit & Assurance Committee (A&A).

It outlines the current position, including areas of overlap and interdependency between the committees, alongside emerging governance challenges. These include the dilution of committee membership capacity due to increasing demands on members, the absence of a permanent Chair of the FPS, and the associated risk to maintaining quoracy and effective decision-making.

A number of Scottish public sector bodies operate integrated audit and assurance committee arrangements, provided audit independence is preserved through appropriate governance safeguards.

The paper further considers the risks and opportunities arising from the existing arrangements and proposes a recommended model for consideration.

Directions

No Direction Required	☒
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Assessment (Key Points/Issues and Risks)

Fragmentation of Assurance

A review of the Terms of Reference for both Committees highlights overlapping remits. While both Committees are established to provide assurance to the IJB, in practice their scopes are not discrete, resulting in partial and fragmented assurance across the system.

This fragmentation is particularly evident across key domains:

- Best Value and resource use: FPS focuses on delivery and A&A on compliance, despite reliance on a shared evidence base.
- Financial oversight: FPS considers forward-looking budgets, savings and recovery plans, while A&A provides retrospective assurance on accounts and financial controls.
- Governance and Directions: FPS scrutinises delivery and A&A assesses the underpinning governance arrangements.

Taken together, these arrangements result in multiple, disconnected assurance perspectives, rather than a single, coherent view for the IJB.

Interdependency of Risk

The current structure does not fully reflect the integrated nature of organisational risk, with finance, performance, transformation and governance risks intrinsically linked.

In practice:

- Financial pressures directly impact service performance and delivery;
- Recovery plans carry associated workforce and operational risks;
- Audit findings inform improvement actions and performance management; and
- Risk management underpins both assurance and operational oversight

While FPS monitors finance and performance risks and A&A oversees the Strategic Risk Register and system of internal control, both Committees are often considering different dimensions of the same risk landscape.

This results in a circular assurance model, where outputs from each Committee inform the other but are not brought together in a single forum. Consequently, the IJB is not consistently presented with an integrated view of strategic risk, performance and financial sustainability.

Inefficiency and Duplication

The separation of remits across two Committees creates inefficiencies in governance processes and decision-making. This is reflected in:

- Duplication of reporting, with similar or interdependent information presented across multiple forums; and
- Lack of clarity in escalation routes, particularly where issues span finance, performance and risk.

This approach places increasing demand on member and officer capacity, contributes to duplication of agenda items, and reduces the overall effectiveness and timeliness of scrutiny.

Benefits of Amalgamation

An integrated committee model offers a more coherent approach to assurance, with the potential to deliver:

- Stronger whole-system assurance through a single, aligned view of finance, performance, risk and governance
- Improved quality of scrutiny, enabling consideration of:
 - The impact of financial decisions on service performance and quality
 - The risk implications of transformation activity
 - The sustainability of delivery plans
- Greater efficiency, including:
 - Reduced duplication of reporting and agenda items
 - Streamlined work planning and governance cycles
 - Better use of member and officer time
- Clearer accountability, with defined ownership for end-to-end assurance and escalation

Risks and Considerations

Notwithstanding these benefits, a number of risks require active management:

- Maintaining Audit Independence
The Audit & Assurance Committee currently fulfils a number of statutory and professional oversight functions in relation to Internal Audit, including approval of the Internal Audit Charter and Internal Audit Strategy, receipt of External Quality Assessment outcomes and associated improvement plans, and consideration of the Internal Audit annual opinion. There is a risk that amalgamation could dilute this independence or create perceived conflicts. This will be mitigated through a structured agenda, with Audit & Assurance matters considered as a distinct section of business and supported by clear terms of reference that preserve the committee's role as the Audit Committee equivalent.
- Committee Focus and Capacity
A broader remit may lead to overly complex agendas, potentially reducing the depth and effectiveness of scrutiny. This will be monitored through ongoing review of committee effectiveness, including formal annual review arrangements.
- Skills and Capability
Members will be required to operate across a wider scope, including audit, finance, performance and risk. Appropriate development and support arrangements will be required.

Alignment with Best Practice

Audit functions must retain a clear degree of independence and purpose in line with CIPFA and Audit Scotland expectations. The proposed structure supports this through clear delineation within the agenda and retained focus on audit integrity. The current arrangements do not provide a single, integrated assurance view to the IJB, limiting the Board's ability to fully understand the interdependencies between financial sustainability, risk and service delivery.

Any revised committee structure must continue to comply with the requirements of the Global Internal Audit Standards, CIPFA guidance and Audit Scotland expectations. In particular:

- The Internal Audit Strategy and Internal Audit Charter require approval by the Audit Committee equivalent.
- The External Quality Assessment (EQA) programme, the outcomes of those assessments and the associated Quality Assurance and Improvement Programme should be reported to the Audit Committee equivalent.
- Internal Audit must continue to provide an independent annual opinion on the effectiveness of the organisation's governance, risk management and control framework. This opinion forms an important source of assurance to support preparation of the Annual Governance Statement, although Internal Audit does not have responsibility for preparing the Statement itself. The proposed Finance, Performance and Assurance Committee will therefore need to retain a clearly defined Audit and Assurance function within its remit to ensure these requirements continue to be met and that audit independence is preserved.

Related Documents/Appendices

Appendix 1 – ToR Finance, Performance & Scrutiny Committee

Appendix 2 – ToR Audit & Assurance Committee

Appendix 3 – DRAFT ToR Finance, Performance & Assurance Committee

Assurance Levels

Level:	Descriptor:
Moderate ☒	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.

Reporting

This report was ***previously*** considered by the following Groups/Committees ***on route*** to this meeting and ***will be considered*** by the following Groups/Committees ***following*** this meeting.

	Route To	Following	Date	Amendments to report following meeting		
HSCP/IJB				Yes	No	Summary of amendments
Senior Leadership Team (SLT)	☒	☐	01.06.26	☒	☐	Audit opinion was sought to better inform the recommendation.
Integration Joint Board (IJB)		☒	30.09.26			

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	☒	Whilst there is no direct impact on carers or service users, strengthened integration of performance, risk, finance and assurance arrangements will support improved organisational oversight and decision-making, helping ensure services remain safe, effective and sustainable.	
Localities/Communities	☒	No direct impact. Improved governance and assurance arrangements may support more effective oversight of locality planning, resource allocation and delivery of strategic priorities across communities.	
Quality of Care	☒	Strengthen oversight of performance, risk and improvement activity, supporting earlier identification of areas of concern and providing greater assurance regarding the quality, safety and effectiveness of services.	
Workforce	☒	Will reduce duplication and improve efficiency in officer and member time. A short-term transition impact is anticipated and will require clear implementation planning and support for members to operate across a broader remit.	
Legal	☒	Legal and governance review of revised Terms of Reference, alignment with statutory requirements, and formal approval through appropriate committees will ensure compliance and minimise risk.	
Financial	☒	Strengthens alignment between financial planning, performance and assurance, supporting better oversight of budgets and sustainability. No direct financial costs; potential efficiency gains through reduced duplication.	
Performance	☒	Provides a more integrated, whole-system view of performance, risk and finance, improving quality of scrutiny, accountability and timeliness of decision-making.	
Communication and Engagement	☒	Clear articulation of remit and membership, coordinated communications, and defined escalation and reporting pathways will support effective engagement throughout implementation.	
Risk & Mitigation	☒	Key risks relate to maintaining audit independence and managing a broader remit. Formal safeguards will be established to preserve the independence of audit, including clear reporting lines and periodic review of committee effectiveness.	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>

Key Decision	What are the risks if we do not take this decision?	What are the risks to taking this decision?	What impact do these risks have for the IJB?*		Corresponding risk appetite**	What benefits are envisaged from taking this decision?	Can we take or accept those risks associated with taking this decision in line with our Risk Appetite?
To approve the proposal to amalgamate the existing Finance, Performance & Scrutiny and Audit & Assurance Committees into a single Finance, Performance & Assurance Committee (title to be confirmed).	• Fragmented oversight may continue, with finance, performance, and assurance considered separately rather than as part of a whole-system view of risk and delivery. • Duplication of effort across existing committees is likely to persist, resulting in inefficiencies in reporting, discussion, and decision-making. • Delayed decision-making may arise where related issues are considered across multiple forums, potentially impacting the organisation's	• Dilution of focus and scrutiny A single committee may have a broader remit, creating a risk that key areas (e.g. audit, quality, or finance) do not receive sufficient depth of scrutiny. • Overloaded agendas Combining functions could lead to lengthy and complex agendas, reducing the effectiveness of discussion and decision-making. • Loss of independence (particularly audit/assurance) Integrating assurance functions into a	☒ Strategic Objectives ☐ Legislation ☒ Governance ☐ Quality of Care ☐ Resources ☐ Reputation		Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	• Improved integration of oversight across finance, performance, and assurance, enabling a more holistic view of organisational risk and delivery. • Streamlined governance arrangements, reducing duplication of agendas, reporting, and discussions across multiple committees. • More efficient and timely decision-making, with key information considered in a single forum. • Strengthened strategic alignment, ensuring	☒ Yes ☐ No ☐ N/A risk only applies if we do not take the decision

	ability to respond in a timely manner. • Reduced clarity of accountability, with potential overlap or gaps in responsibility across committees, weakening governance effectiveness. • Inconsistent scrutiny, particularly where risks and performance issues span multiple domains, increasing the likelihood of missed interdependencies or emerging risks. • Increased demand on senior leadership and members' time, with multiple meetings covering similar or interrelated issues. • Potential missed opportunity to modernise and streamline governance arrangements, limiting the	wider committee may weaken the perceived or actual independence of audit and scrutiny processes if not carefully structured. • Transition and implementation risk During the change period, there may be confusion around roles, responsibilities, and reporting lines, potentially impacting governance effectiveness. • Gaps or duplication in oversight If remits are not clearly defined, there is a risk of key issues being overlooked or reported multiple times. • Impact on member capability and capacity Committee members may require broader				financial, operational, and quality considerations are assessed collectively rather than in isolation. • Enhanced scrutiny and accountability, with clearer lines of oversight and a consolidated approach to monitoring performance and risk. • Better use of senior leadership and member time, reducing the volume of meetings while maintaining robust governance.	
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	organisation's ability to adapt to increasing complexity and demand.	knowledge and skills to effectively cover all domains, and there may be increased demand on time and preparation. • Stakeholder confidence risk There may be concerns regarding transparency and robustness of scrutiny, particularly where established committees are being replaced.					
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*Key Risk Impacts	**Risk Appetite	Comments
Impact on the Delivery of Strategic Objectives	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Compliance with legislation	Averse/Minimalist	We will not break the law but may take some small, considered risks in the application of untested legislation.
Impacts on Governance arrangements	Cautious/Open	We may take some risks in relation to our internal governance arrangements if this will provide a benefit.
Impacts on Quality of Care	Cautious/Open	We want to ensure we can keep people safe from harm. We may take some considered risks where we are confident there is reduced risk of harm and a benefit to be had.
Impacts on resources, including financial and workforce resources	Open	We are open to accepting or seeking risk, where there is a measurable benefit to be had and this can be tracked and monitored.
Impacts on Reputation	Cautious/Open	We may be willing to take considered risks in decision making that may be unpopular initially but based on good data and information and long-term sustainability versus short term gain.

**INTEGRATION JOINT BOARD
FINANCE, PERFORMANCE & SCRUTINY COMMITTEE
TERMS OF REFERENCE**

PURPOSE

To provide assurance to the Integration Joint Board (IJB) that the financial position is kept under review and to monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme.

To ensure that arrangements are in place to secure best value in the use of all resources and that arrangements work effectively.

Scrutinise the resources available to the IJB to ensure performance is delivered through delegated services to the people of Fife in line with the Strategic Plan.

Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

COMPOSITION

Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Finance, Performance & Scrutiny Committee.

This will be composed of :

Not less than 4 voting members of the IJB, in addition to Professional Advisors and identified non-voting members. The Committee will include at least two voting members of the IJB, one from NHS Fife and one from Fife Council.

The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.

The Head of Strategic Planning, Performance Strategic Commissioning will be the Lead Officer for the Committee. The Chief Finance Officer will deputise in the absence of the Lead Officer.

A member of this Committee will also be a member of the Strategic Planning Group.

MEETINGS

The Finance, Performance and Scrutiny Committee will meet a minimum of 6 times per financial year.

Where a member of the Committee misses 3 consecutive meetings they will cease to be a member of the committee unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

No meeting of the Finance, Performance and Scrutiny Committee will be rescheduled or cancelled, once agreed for the year, without prior discussion/notification with the Chair of the Committee and Lead Officer.

QUORUM

The meeting shall be quorate when 2 voting members of the Committee are present, one from NHS Fife and one from Fife Council.

REMIT

- 1 Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.
- 2 To oversee, on behalf of the IJB, a Performance Framework which provides assurance to the IJB that there is a fit for purpose reporting structure in place.
- 3 To receive and scrutinise progress reports from accountable officers on finance, performance, transformation and delivery of the priorities within the Strategic Plan.
- 4 Monitor and scrutinise the use of all resources available to the IJB.
- 5 Review and scrutinise the IJB's Medium Term Financial Strategy, any in year savings and Recovery Plans in support of the Strategic Plan prior to it being approved by the IJB.
- 6 Review and scrutinise annual budgets with recommendations to the IJB.
- 7 Review and scrutinise reserves and additional funding.
- 8 Monitor and provide detailed scrutiny on Finance and Performance Risks on behalf on the IJB.
- 9 Oversee the implementation of and scrutinise a Transformation and Change Programme in line with the Strategic Plan.
- 10 Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives and the performance indicators.
- 11 Directions issued by the IJB will be scrutinised and monitored by this Committee to ensure partners are complying as instructed.
- 12 Receive regular reports on the performance indicators and review outcomes.
- 13 Report to the IJB on resources required to carry out Performance Reviews and related processes.
- 14 Report to NHS Fife and Fife Council on the performance and financial position of the IJB and respond to requests for information from NHS Fife and Fife Council.

- 15 Review, monitor and scrutinise delivery of the Strategic Plan making any recommendations as appropriate to the IJB for approval.
- 16 This Committee will undertake an annual process of self-assessment/self-evaluation as directed by the Board.
- 17 Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.

AUTHORITY

In discharging its responsibilities in line with the agreed workplan, the Finance, Performance & Scrutiny Committee may seek information from:

Members of the Senior Leadership Team.

Professional, Director or other Officers of the Board.

External experts.

REPORTING ARRANGEMENTS

Minutes from this Committee report to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board.

INTEGRATION JOINT BOARD AUDIT & ASSURANCE COMMITTEE TERMS OF REFERENCE

PURPOSE

To provide assurance to the Integration Joint Board (IJB) that it is fulfilling all its statutory requirements and on the adequacy and effectiveness of systems of internal control and assurance, with appropriate and consistent escalation and action in accordance with the scope of services as defined in the Integration Scheme.

Enable the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

COMPOSITION

Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Audit & Assurance Committee.

This will be composed of :

Not less than 4 voting members of the IJB, in addition to Professional Advisors and identified non-voting members.

The Committee will include at least two voting members of the IJB, one from NHS Fife and one from Fife Council.

The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.

The Chair of the IJB cannot be a member of the Audit and Assurance Committee.

The Chair of the Audit and Assurance Committee cannot chair any other committee of the IJB.

The Chief Finance Officer of the IJB will be the Lead Officer for the Committee. The Head of Strategic Planning, Performance Strategic Commissioning will deputise in the absence of the Lead Officer.

Internal Auditor will be invited to attend the Committee.

External Audit will be invited to attend the Committee.

Risk Manager will be invited to attend the Committee.

MEETINGS

The Audit and Assurance Committee will meet a minimum of 6 times per financial year.

Where a member of the Committee misses 3 consecutive meetings they will cease to be a member of the committee unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.

No meeting of the Audit and Assurance Committee will be rescheduled or cancelled, once agreed for the year, without prior discussion/notification with the Chair of the Committee and Lead Officer

QUORUM

The meeting shall be quorate when 2 voting members of the Committee are present, one from NHS Fife and one from Fife Council.

REMIT

- 1 Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.
- 2 To review and continually reassess the IJB view of governance, including internal control arrangements. strategic risk management and control, to assure that it remains fit for purpose.
- 3 Review management arrangements and receive quarterly strategic Risk Management Updates and Reports.
- 4 To review and approve the annual internal audit plan and Internal Audit Charter. Assure itself of the quality of Internal Audit and approve the appointment of internal auditors.
- 5 To assure that arrangements for delegation of committee powers within the IJB structures promote independent judgement and assist with balance of power and the effective discharge of duties.
- 6 To ensure that arrangements for Directions are robust and meet the requirements of the Integration Scheme.
- 7 To review the overall Internal Control arrangements to provide assurance to the IJB and make recommendations to the IJB regarding signing of the Governance Statement.
- 8 Oversee Information Governance on behalf of the IJB.
- 9 Consider the Annual Financial Accounts and related matters before endorsing for submission and approval by the IJB.
- 10 Assure the Board of compliance with Best Value Standards as set out by Audit Scotland.
- 11 Assure the Board on training and compliance with legislation on ethics, counter fraud and corruption (including partner arrangements).

- 12 Assure the Board that audit recommendations have been completed and used to drive improvement.
- 13 Scrutinise the Corporate Risk Register and provide a bi-annual update on changes prior to the Corporate Risk Register being submitted to the IJB.
- 14 Review and consider Reports on Internal Control and Corporate Governance; Internal Audit and External Audit, Risk Management; Standing Orders, Financial Regulations; Annual Accounts and other matters as required. Oversee progress against actions associated with internal and external audits.
- 15 This Committee will undertake an annual process of self-assessment/self-evaluation as directed by the Board.
- 16 This Committee will have oversight of the annual process of self-assessment/self-evaluation on behalf of the Board, to ensure the effectiveness of the self-evaluation governance process and for inclusion within the Annual Assurance Statement.
- 17 Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.

AUTHORITY

In discharging its responsibilities in line with the agreed workplan, the Audit & Assurance Committee may seek information from:

Members of the Senior Leadership Team

Professional, Director or other Officers of the Board

External experts

REPORTING ARRANGEMENTS

Minutes from this Committee report to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board.

The Audit & Assurance Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required.

FIFE INTEGRATION JOINT BOARD FINANCE, PERFORMANCE & ASSURANCE COMMITTEE TERMS OF REFERENCE

Purpose

The Finance, Performance & Assurance Committee is a formal committee of Fife Integration Joint Board (IJB) established to provide comprehensive, integrated assurance across:

- Financial stewardship and sustainability
- Performance and delivery of the Strategic Plan
- Risk management and internal control
- Governance, audit and statutory compliance

The Committee will provide assurance to the IJB that:

- Resources are used effectively and deliver Best Value;
- Robust governance and internal control systems are in place;
- Risks are identified, managed and escalated appropriately; and
- Delivery of the Strategic Plan and Directions is progressing as intended

In doing so, the Committee will support the IJB to discharge its statutory functions in line with:

- The Public Bodies (Joint Working) (Scotland) Act 2014
- National Health and Wellbeing Outcomes
- The Fife Integration Scheme and Strategic Plan

The Committee will operate as an integrated assurance forum, bringing together oversight of:

- Finance and performance (forward-looking scrutiny)
- Audit, governance and risk (independent assurance)

To preserve focus and integrity, the Committee will operate through two distinct but complementary functions:

Audit & Assurance Function

Focused on governance, risk, internal control and audit.

For the purposes of the Global Internal Audit Standards and CIPFA guidance, the Finance, Performance & Assurance Committee will act as the Audit Committee equivalent. All audit-related responsibilities currently assigned to the Audit & Assurance Committee will transfer unchanged to the new Committee

Finance & Performance Function

Focused on financial planning, performance, delivery and transformation

These functions will be structured as distinct agenda sections within each meeting.

Composition

Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Finance, Performance & Assurance Committee.

This will be composed of:

Not less than 6 voting members of the IJB, in addition to Professional Advisors and identified non-voting members. The Committee will include at least 3 voting members of the IJB from NHS Fife and 3 voting members of the IJB from Fife Council.

The quorum shall be three voting members, including at least one NHS Fife voting member and one Fife Council voting member.

The following members will routinely support this Committee:

- Chief Officer
- Chief Finance Officer (Lead Officer)
- Head of Strategic Planning and Performance
- Internal Audit
- External Audit
- Risk Management representatives

The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.

The Chief Finance Officer will be the Lead Officer for the Committee. The Head of Strategic Planning and Performance will deputise in the absence of the Lead Officer.

Remit

1. Core Committee Responsibilities

- 1.1 Develop, approve and maintain an Annual Work Plan aligned to the Committee's remit and the IJB's strategic priorities, ensuring delivery is monitored throughout the year and remains responsive to emerging risks, audit findings and performance issues.
- 1.2 Provide the Integration Joint Board with integrated, evidence-based assurance across finance, performance, governance, risk and transformation,

drawing together intelligence from audit, performance reporting and risk management arrangements into a coherent programme of scrutiny.

- 1.3 Prepare and submit an Annual Statement of Assurance to the IJB and partner organisations, setting out the Committee's assessment of the adequacy and effectiveness of governance, risk management, internal control and performance arrangements.
- 1.4 Ensure that significant risks, control weaknesses, performance concerns and recommendations are appropriately escalated to the IJB, including clear articulation of impact, required action and level of assurance.
- 1.5 The Committee shall undertake an annual self-assessment of effectiveness and review its Terms of Reference annually

2. Audit & Assurance Function

- 2.1 Review and evaluate the adequacy and effectiveness of the IJB's governance framework, including decision-making arrangements, committee effectiveness and compliance with statutory and local requirements.
- 2.2 Provide assurance to the IJB on the robustness of internal control systems and the extent of compliance with policies, procedures and regulatory requirements.
- 2.3 Support and inform the preparation of the Annual Governance Statement, ensuring it reflects an accurate and evidence-based assessment of governance and control.
- 2.4 Scrutinise the Corporate Risk Register to ensure that key strategic risks are appropriately identified, assessed, managed and reported.
- 2.5 Monitor the effectiveness and maturity of risk management arrangements across the Partnership, including risk escalation and mitigation processes.
- 2.6 Ensure alignment and coherence between strategic, financial and operational risks, including consideration of cross-cutting and system-wide impacts.
- 2.7 Review and approve the Internal Audit Plan and Charter, ensuring alignment with key risk areas and organisational priorities.
- 2.8 Receive, consider and scrutinise internal and external audit reports, with a focus on key findings, control weaknesses and improvement actions.

- 2.9 Monitor management's progress in implementing agreed audit recommendations, seeking assurance where delivery is delayed or incomplete.
- 2.10 Provide assurance on the independence, quality and effectiveness of internal and external audit functions.
- 2.11 Consider the Annual Accounts and associated audit reports in advance of IJB approval, ensuring appropriate scrutiny of financial reporting and judgements.
- 2.12 Review the adequacy of financial control arrangements, including compliance with financial regulations and partner body requirements.
- 2.13 Oversee arrangements to ensure delivery of Best Value and compliance with standards relating to ethics, governance and counter-fraud and corruption.
- 2.14 Monitor the effectiveness of Information Governance arrangements, including data protection, records management and information security.

For the purposes of the Global Internal Audit Standards and CIPFA guidance, the Finance, Performance & Assurance Committee will act as the Audit Committee equivalent. All audit-related responsibilities currently assigned to the Audit & Assurance Committee will transfer unchanged to the new Committee

3. Financial & Performance Function

- 3.1 Scrutinise the development and delivery of budgets, financial plans and the Medium-Term Financial Strategy, ensuring alignment to the Strategic Plan and affordability over the medium term.
- 3.2 Review savings, recovery and financial sustainability plans, providing challenge and assurance on deliverability and associated risks.
- 3.3 Monitor financial performance and the use of resources throughout the year, ensuring early identification and escalation of financial pressures.
- 3.4 Oversee the development and operation of the Performance Framework, ensuring it provides meaningful, outcome-focused assurance to the IJB.
- 3.5 Monitor delivery of Strategic Plan priorities and progress against national and local Health and Wellbeing Outcomes.

- 3.6 Receive and scrutinise performance reports, providing constructive challenge on trends, variation, and areas of underperformance.
- 3.7 Monitor significant transformation and change programmes, ensuring they are effectively governed, deliver intended benefits and remain aligned to strategic and financial priorities.
- 3.8 Assess the impact of transformation activity on service delivery, performance and risk.
- 3.8 Scrutinise and monitor the implementation of IJB Directions, ensuring that delivery partners are complying with requirements and that intended outcomes are achieved.
- 3.10 Seek assurance on accountability arrangements between the IJB and partner organisations.
- 3.11 Ensure that effective arrangements are in place to secure Best Value across the use of all resources.
- 3.12 Scrutinise the relationship between resource use and outcomes, ensuring that investment decisions are evidence-based and support improved performance.
- 3.13 Provide the IJB with a single, coherent and consistent view of assurance, highlighting areas of strong performance as well as emerging risks and gaps in control.

Authority

In discharging its responsibilities in line with the agreed workplan, the Finance, Performance & Assurance Committee authorised to:

- Seek any information from officers, partners or external advisors
- Require attendance from relevant officers
- Commission additional assurance where required

Reporting Arrangements

Minutes from this Committee report to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board.



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 26 JUNE 2026 AT 10.00 AM (VIA MS TEAMS)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
Cllr David Alexander, Fife Council (DA)

Attending: Tracy Hogg, Chief Finance Officer (Fife H&SCP) (TH)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Avril Sweeney, Manager, Risk Compliance (H&SCP) (AS)
Pamela Redpath, Service Manager, Audit & Risk Management (PR)
Barry Hudson, (NHS Fife) (BH)
Amy Hughes, External Auditor (AH)
Isabella Middlemass, Management Support Officer (Note Taker)

Apologies: Chris Brown, External Auditor (CB)
Lynne Garvey, Director of Health & Social Care Partnership (LG)
Vanessa Salmond, Head of Strategic Planning and Performance (VS)

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
2.	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were approved	
3.	ACTION LOG Action Note discussed and approved.	
4.	FIFE IJB DRAFT ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2026 Tracy Hogg presented the unaudited Annual Accounts for the year ended 31 March 2026, prepared in line with the Code of Practice on Local Authority Accounting and IFRS requirements. The Management Commentary reflected the significant financial and operational pressures during the year, including demand, workforce and wider sustainability challenges. Members noted total expenditure of £886m and the previously reported overspend of £9.515m, which had been managed through the agreed risk-sharing arrangement with partners on a 62:38 basis.	

	As a result, the overspend was not directly visible within the final accounts. Following Committee approval, the accounts would be submitted to External Audit, made available for public inspection from 1 July 2026, and presented in audited form to the Committee on 11 September 2026 prior to IJB approval on 30 September 2026. Members discussed whether further context was required on the absence of a formal recovery plan during 2025/26 and agreed this would be considered further with External Audit. Recommendation: Members of the IJB Audit and Assurance Committee were asked to agree to submit the draft annual accounts to External Audit. All agreed.	
5.	INTERNAL ANNUAL AUDIT REPORT 2025/26 Jocelyn Lyall presented the report and advised that an overall opinion of Moderate Assurance had been provided in relation to the adequacy and effectiveness of the Integration Joint Board's governance, risk management and internal control arrangements during 2025/26. The opinion was informed by internal audit work, partner audit activity, the Internal Control Evaluation Report and progress with previous audit recommendations. Members noted positive progress with prior year actions and key governance developments, including the Strategic Plan 2026-2029, transformation oversight, risk management, clinical and care governance, workforce planning, financial scrutiny, Best Value and fraud reporting. A significant ICE finding related to the risk of not achieving 2026/27 savings targets and the potential need for a formal recovery plan. Financial performance would continue to be monitored through established governance arrangements. Jocelyn Lyall concluded that appropriate governance, risk management and internal control arrangements were in place, with no concerns identified regarding the Annual Governance Statement. She thanked officers and the Internal Audit Team for their support. Recommendation: Members of the IJB Audit and Assurance Committee were asked to note this report in the context of evaluating the Internal Audit Annual Report for 2025/26 and discuss and take assurance from the Internal Audit Annual Report for 2025/26. Noted and assured.	
6.	REVIEW OF THE IJB RISK REGISTER Avril Sweeney presented the refreshed Strategic Risk Register, developed to align with the Strategic Plan 2026-2029. Members noted the review process undertaken by risk owners, Committees and the Senior Leadership Team. The Committee considered the proposed changes, including the introduction of new risks relating to the Strategic Plan Delivery and Prevention, revisions to the Digital Transformation Risk, and the	

	closure of risks where assurance could be provided through alternative governance arrangements. The Committee also noted that the refreshed register had been presented to the Quality and Communities Committee and the Finance, Performance and Scrutiny Committee for consideration prior to submission to the IJB. Members discussed residual and inherent risk scores and received clarification regarding the methodology applied. The chair suggested that future consideration be given whether Governance Risk should be reviewed through the Audit and Assurance Committee . Recommendation: Members of the IJB Audit and Assurance Committee were asked to consider the refreshed IJB Strategic Risk Register and recommend approval to IJB. Agreed.	
7.	HORIZON SCANNING (VERBAL) Tracy Hogg provided an update on lessons learned from management of the 2025/26 overspend and outlined actions being implemented to strengthen future financial governance arrangements. Members noted that additional management actions had been introduced during the year to reduce expenditure and minimise the projected overspend. It was acknowledged that although recovery measures had been pursued and reported throughout the year, a formal recovery plan had not been produced in line with the Integration Scheme requirements. Members heard that governance arrangements would be strengthened through enhanced financial monitoring, increased scrutiny, earlier identification of risks and the development of formal recovery plans where required. Members welcomed the assurances provided and agreed that the proposed approach aligned with recommendations highlighted within the Internal Audit Report.	
8	REVIEW OF TERMS OF REFERENCE The report outlined the annual review of the Committee's Terms of Reference to ensure governance arrangements remain fit for purpose and aligned with statutory requirements. Members noted that the Terms of Reference continued to reflect the Committee's core assurance responsibilities, including governance, risk management, internal control, audit oversight, financial reporting and Best Value. Discussion took place around a proposed amendment to simplify the membership requirements within the composition section. Members noted the ongoing review of committee structures, remits and membership arrangements. Recommendation: It is recommended that the IJB Audit and Assurance Committee review and discuss current Terms of	

	Reference at Appendix 1 and to agree any required amendments to the Committee Terms of Reference. Agreed subject to the amendment discussed during the meeting.	
9.	GOVERNANCE MANUAL UPDATE Tracy Hogg presented the review of the IJB Governance Framework, including the Code of Corporate Governance and Governance Manual, which also addressed an outstanding audit action from 2024/25. Members noted that the review clarified the distinction between governance principles and their practical application, strengthening transparency, consistency and assurance. John Kemp welcomed the review and suggested the wording should more clearly show that governance practices implement, rather than sit separately from, governance principles. Tracy Hogg confirmed this would be shared with Vanessa Salmond for consideration. Recommendations: The Committee were asked to review the updated Governance Manual and supporting documents, note the strengthened distinction within the governance framework, and endorse the revised approach as a more robust and effective basis for governance and assurance. Members noted above and agreed.	
10	AUDIT & ASSURANCE WORKPLAN The purpose of the workplan is for discussion and noting. Clarification requested on delayed items and future scheduling.	
11	ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB None	
12	AOCB None	
13	DATE OF NEXT MEETING 11 September 2026 at 10:00 a.m. MS Teams	

Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together



CONFIRMED MINUTE OF THE STRATEGIC PLANNING GROUP WEDNESDAY 1ST JULY AT 10:00AM VIA MS TEAMS

Present: Tracy Hogg (Chair), William Penrice, Nicola Broad, Lesley Gauld, Caroline Cherry, Lisa Cooper, Karen Marwick, Roy Lawrence, Chris Conroy, Lynn Barker, Sam Steele, Paul Dundas, Dave Dempsey, Paul Short, Lynn Barker

Apologies: Vanessa Salmond, Alistair Morris, Rosemary Liewald, Vicki Birrell, Racheal Heagney, Jacquie Stringer, Morna Fleming, Lynne Garvey, Ken Fraser

In Attendance: Susan Fraser, Nicola Broad, Anca Wilson, Tracy Harley, Gillian McNab (Minutes)

ITEM	MAIN DISCUSSION	ACTION
1	WELCOME & APOLOGIES Tracy Hogg welcomed everyone to the meeting and advised that in the absence of Alistair Morris and Vanessa Salmond she would be chairing the meeting. Members agreed to proceed with the meeting, but decisions may be needed off-line. Apologies were noted as above. Members were advised that the meeting was being recorded to assist with minute taking.	
2	MINUTES & ACTION NOTE OF LAST MEETING – 5TH MAY 2026 The minutes of the previous meeting of 5th May 2026 were approved as an accurate record. The action log was reviewed. The Chair noted all actions previously completed will be dropped off the log for the new financial year and Strategic Plan cycle.	
3	STANDING ITEMS	
3.1	PMO Update The Strategic Planning Group considered a report presented by Tracy Hogg to provide moderate assurance that there is appropriate monitoring and governance in place.	

	Tracy Hogg highlighted key points to note were during the period 24 March 2026 to 19 May 2026, the portfolio has entered a transition phase as the strategic planning cycle concludes, and a new one begins. There is a reduction in active programmes and projects, and new priorities are expected by the summer of 2026. It was noted that Home First & Community Hospital Programmes are almost at the point of close with all benefits delivered. Mental Health Redesign is progressing well and will move into the planning stage in July 2026 and Mental Health in Primary Care and Community Setting is due to formally close due to Scottish Government funding not being received as expected. The Mental Health wider scope timeline is still unclear however it has been agreed at SLT that all MH services will be included in the review. There are no new high risks to escalate. It was also noted that the Digital Programme has been delayed due to resource and Mental Health Service Redesign Programme has also been delayed due to the wider scope of work needing to be carried out. Tracy Hogg advised that the reduced PMO capacity does impact on the pace and will be reviewed in line with the new priority setting. Members noted that the chart on page 17 was too wide to view properly once zoomed in to be able to read the text and that comments were negative and un-assuring. Question raised included what is the difference between the benefits £ and benefit columns on the PMO Portfolio Report – Summary and why was the money for Mental Health in Primary Care and Community Setting not received? <u>Decision:</u> The Strategic Planning Group Took assurance that the Transformation and Change Portfolio is being appropriately governed, monitored and escalated where appropriate.	TH
4	STRATEGY UPDATES – FLASH REPORTS	
4.1	Local Housing Strategy Flash Report - 6 month update Paul Short provided an overview of the flash report submitted highlighting the progress made in relation to the Local Housing Strategy. Paul Short noted that over the 6 month period over 300 adaptations were undertaken in private homes and a similar number within Council tenancies, 418 technology enabled care solutions and are working with a range of different providers. It was also noted the statistics around fuel poverty within the report and that 32% of new build properties were delivered for people with specific needs i.e. accessible or fully wheelchair accessible.	

	Members noted that deliver of 70 units of older people Sheltered Housing properties is due to take place that will be split between Cupar Care Village and 50 properties at the former Jenny Gray Home in Lochgelly. It was also noted that work is ongoing at two sites in Dunfermline and 292 new affordable homes were provided. Work is ongoing with Registered Social Landlord partners to develop Housing approaches to supporting independent living. Members welcomed the update and noted that the report was presented well and easy to read. It was noted that the numbers within section 3.3 were unclear as to whether these were good or bad. Paul Short to add further detail for comparison to the report. It was confirmed that the work ongoing at Dunfermline includes the 39 houses within Saline. The Strategic Planning Group noted the progress on the Local Housing Strategy for this 6 month period.	PS
5	ANNUAL REPORTS	
5.1	Annual Performance Report 2025-26 The Strategic Planning Group considered a report presented by William Penrice outlining the progress within year 3 of the previous Strategic Plan. The report also sets out the foundations for the new priorities and is structured around the nine National Health and Wellbeing Outcomes. It was also noted that the report emphasizes the central role on locality planning and partnership working with stakeholders. Members noted the first draft of the report has been reviewed by the SLT and will continue to IJB. A further update will be required once Public Health Scotland publish the National Indicator update on the 7th July. Members discussed the large size and content of the report noting that performance is not detailed in the report and Dementia only appears 3 times within the report. It was also noted that the content on page 103 is unreadable. William Penrice to look into this and amend. Further comments were noted regarding the maternity wellbeing toolkit, page 27, being a very useful tool and how staff are becoming more confident since using the DBI project on page 35. <u>Decision</u> The Strategic Planning Group Reviewed the draft Annual Performance Report 2025-2026 and advised that if any further comment or changes are required this is done off-line before the report progresses through the governance process to the Integration Joint Board on 29th July 2026.	WP ALL

5.2	Carer's Strategy The Strategic Planning Group considered a report presented by Roy Lawrence outlining the statutory duty to prepare, publish and review a local carer strategy every three years. It was noted that the strategy has been shaped through extensive engagement with Carer's and partners across Fife has taken place and is consistently linked to the previous strategy. It was also noted that carer's wish to continue to focus on the same 5 priorities as the previous 3 years which are, Information & awareness, coordinated support for carers, breaks from caring, early help for carers and support for young carers. Roy Lawrence highlighted that the strategy provides assurance that we are continuing to meet statutory duties while also preparing for any emerging requirements. It was further highlighted that the report aligns strongly with the Strategic Plan and also reflects the priorities being championed nationally through the National Carer's Strategy and the National Carer's Organisation Manifesto. Roy Lawrence has been meeting regularly with the director of the Carer's Trust and Chief Executive of Carer's Trust Scotland to discuss the work ongoing in Fife. The group have started a carer's national leadership space and are trying to lift the profile nationally. It was noted that the strategy has been developed through the Joint Carer's Strategy Group which includes, Morna Fleming (IJB Carer's representative), Fife Voluntary Action, Fife Carer's Centre and Fife Young Carer's along with other stakeholders from Children's Social work. It is estimated that there are now over 44,000 carers within Fife and demand has continued to grow with carer's being very clear that they require earlier support and co-ordinated services. Members noted that Morna Fleming has reviewed the report and her comments/question have been emailed to Roy Lawrence for review. Members discussed the Carer's Strategy in full, and comments were made regarding the wording of the first sentence of the executive summary and the ratio of male and female carer's. Roy Lawrence to meet with Cllr Dempsey off-line to discuss the Adult Carer's Support Plan. Question raised included how do we individually give the 44,000 people the support they need when resources are limited and the needs are vastly different, when the Carer's Reform Scotland Act is implemented what will be the main challenge and with regards to the Adult Carer's Support Plan how will we work with internal and external providers as quickly as possible? Approval of the Carer's strategy was given by all members in attendance. Approval from members not in attendance will be required off-line. <u>Decision</u> The Strategic Planning Group	RL/WP RL/DD
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	Agreed by all members in attendance, that the approval of the Carers' Strategy for Fife 2026 – 2029 to be presented at the Integration Joint Board, through the Quality & Communities Committee and Finance, Performance & Scrutiny Committee will be required off-line. Took assurance that the Strategy is aligned with national legislation, strategies and policies, national carer organisations, and the views of carers and the public in Fife. Discussed and provided comment and feedback on the proposed Strategy and Delivery Actions.	
5.3	Commissioning Strategy The Strategic Planning Group considered a report presented by Tracy Hogg outlined Appx. 1 provided an update on activities and actions taken during the year 2025-26, which represents the final year of the 2023-2026 Commissioning Strategy and the 2023-26 Strategic Plan, including a summary and reflection across the three year period. The report is presented to members for assurance that the Commissioning Strategy 23-26 has been delivered effectively in line with the Commissioning Strategy Vision and Principles. It was noted that there are eight actions within the delivery plan for the year. Six actions were complete within year, and two actions were not progressed but paused due to the new Strategic Plan 2026-29. It was also noted the paper sets out a refreshed approach to commissioning going forward to align to the new Strategic Plan 2026-29 which will set clear directions for integrated whole system commissioning, focused on prevention, sustainability and delivering better outcomes under constrained resources. PD thanked all involved with the production of the Commissioning Strategy and all the work which has taken place during the past three years. Discussions were held on the positive feedback from provider organisations, collaborations and relationships between fife partnerships and provider organisations and the commitment between third and independent sectors. Questions raised included regarding workforce on page 220, has there been any noticeable uptake on vacancy filling in any specific areas? Members noted that events have been set up with Fife College regarding Adults Social Care for August which will involve the Fife Council Portfolio. Members also noted that recruitment is the biggest challenge employers face within Fife. <u>Decision</u> The Strategic Planning Group Took assurance that the annual report has been compiled to provide assurance that the Commissioning Strategy 2023-26 is and has been effectively delivered in line with the Commissioning Strategy Vision and Principles.	

5.4	Home First Strategy The Strategic Planning Group considered the Home First Strategy 2023-26 report presented by Chris Conroy were advised that Anca Wilson, Senior Programme Manager has joined the meeting to answer any questions. The paper brings forward the final report for the Home First Strategy, provides an overview on progress made over the previous three years and sets out how this will inform the next phase of key deliverables as part of the wider HSCP Strategic Plan. Members noted the strategy has delivered a significant shift on how support is provided to people across Fife moving more consistently towards prevention, early intervention and supporting people to remain at home or in a homely setting wherever possible. It was also noted that through a combination of programme led transformation programmes and operational delivery programmes, discharge pathways have been strengthened, there has been a reduction on reliance of bed-based care, imbed integrated ways of working across health and social care services. Chris Conroy highlighted the key programmes to draw attention to include the Single-Handed Care Programme and Community Hospital Transformation Programme. The HFS Plan further highlighted that there has been strong financial performance in terms of savings. Members noted that the Strategy provides a strong position as we move into the future plan and the Home First principals are well engrained across Fife's teams and Services. Discussions were held on the shift on mindset and culture around Home First, expanding digital improvements and expanding AI knowledge and improvements for staff and working conditions. Members noted that new AI bespoke designs are being tested within Care homes which include a recording monitor which records straight into case notes and the use of AI glasses. PD to link with CC to discuss further. Question raised included the form on page 223 on Appx 1 is blank, is this irrelevant or has it not been completed, table 1 on page 243 the column headed 'where we want to be' are we there, has the strategy done what it wanted to do? Members felt that the report doesn't report on what it achieved or what impact it had? Further question raised were regarding the use of AI for the generation of case notes, is this the same as Magic Notes. <u>Decision</u> The Strategic Planning Group Took reasonable assurance in relation to management of this risk.	CC/PD
6	GOVERNANCE	

	SPG Delivery Plan Tracy Hogg presented the SPG Draft Delivery Plan to the Strategic Planning Group to note the approach which has been developed and recognise that work will continue to evolve as the priorities feed through from the Strategic Plan and advised there will be a short life working group to further refine this work going forward. Members also noted the approach is the developments of a structures three year framework which will link into the Strategic Plan and deliver annual delivery plans to ensure that the strategic priorities are defined into areas of delivery and improvement, that SMART actions are put in place and measures and milestones are agreed. <u>Decision</u> The Strategic Planning Group have approved the Partnership's approach to delivery planning, which supports implementation of the Strategic Plan 2026–2029. This includes a structured framework linking the Strategic Delivery Plan to Annual Delivery Plans, alongside the establishment of a Short-Life Working Group (SLWG) to further refine and strengthen the approach.	
7	SPG Workplan - For noting The draft Workplan for 26-27 was presented for noting. Tracy Hogg advised that Review of Terms of Reference has been delayed until September due to absence/staffing. The new Head of Corporate Governance, Derek McKewan starts in August. It was also noted from the previous minute that the workplan did not include the Dementia Strategy Review cycle. Tracy Hogg confirmed this is now included in the Strategic Plan and a separate strategy is not required.	
8	ITEMS FOR HIGHLIGHTING TO IJB The Chair confirmed with the Strategic Planning Group that there were no issues requiring to be highlighted at the Integration Joint Board on 29th July 2026.	
9	AOCB No notification of any other business was received.	
10	DATE AND TIME OF NEXT MEETING Wednesday 2nd September 2026 at 10.00am via MS Teams.	



Fife Health & Social Care Partnership

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HEALTH & SOCIAL CARE PARTNERSHIP QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 8 JULY 2026, 1000hrs on MS TEAMS Minutes

Present:

Sam Steele (SS) - Chair	Lisa Cooper (LC)	Morna Fleming (MF)
Paul Dundas (PD)	Roy Lawrence (RLaw)	Eugene Clarke (EC)
Jo Bennett (JB)	Christopher Conroy (CC)	Lesley Gauld (LesG)
Caroline Cherry (CCh)	Tracy Hogg (TH)	Lynn Barker (LB)
William Penrice (WP)	Amanda Wong (AW)	Aylene Kelman (AK)

Apologies:

Lynne Garvey (LG)	Karen Marwick (KM)	Rosemary Liewald (RL)
Lynn Mowatt (LM)	James Ross (JR)	Ken Fraser (KF)
Vanessa Salmond (VS)	Sinead Braiden (SB)	Kenny Murphy (KMur)

In Attendance:

Sarah Hourston (minutes)	Rebecca Saunders (RS)
Anca Wilson (AW)	Avril Sweeney (AS)
	Scott Fissenden (SF)

		Actions
1.	CHAIRPERSON'S WELCOME AND OPENING REMARKS SS welcomed members to the meeting and noted that the meeting would be recorded for minute-taking purposes.	
2.	DECLARATION OF MEMBERS' INTEREST SS confirmed that there were no declarations of interest highlighted.	
3.	APOLOGIES FOR ABSENCE Apologies were noted as above.	
4.	ACTIVE & EMERGING ISSUES LB advised that there were no exceptional issues to report. LB noted that, whilst the holiday period continues to create operational pressures across services, the recent ward moves from Cameron Hospital to Glenrothes Hospital had progressed successfully. LB acknowledged the significant contribution of staff, patients and families in supporting a safe and smooth transition. LB highlighted that services remain busy, with sustained pressures particularly within acute services. LB noted a recent visit to children's services and occupational therapy, where excellent work was evident, including quality improvement activity and positive engagement with patients and carers.	

	LB advised that a call to action had been issued in relation to completion of PDP staff reviews and mandatory training, with a continued focus on strengthening governance arrangements. AK joined the meeting and was welcomed by LB in her new role as Deputy Medical Director.	
5.	MINUTES OF PREVIOUS MEETING HELD ON 22 APRIL 2026 MF referred to item 7.1 of the previous minutes, the QMAG update, and noted that she had previously raised a query in relation to LAERs and was awaiting a response from LB. MF also requested that draft minutes be circulated within two weeks of future meetings to support timely follow-up of agreed actions. LB apologised for the delay and confirmed that the number of outstanding LAERs had reduced from 81 to fewer than 30. ACTION: LB to update MF offline regarding current LAER data. TH advised that VS was currently absent from work and that a replacement would commence in post in August. TH confirmed that the Terms of Reference and meeting processes would be reviewed, including arrangements to ensure minutes are issued promptly following meetings. The minutes of the previous meeting on 22 April 2026 were approved as an accurate record.	LB/MF
6.	ACTION LOG FROM 22 APRIL 2026 The Committee reviewed the action log from the meeting held on 22 April 2026. Item 7.1 – QMAG Update Members noted the outstanding action for LB to meet with MF to discuss the percentage of overdue LAERs. This was also referenced under item 5, with LB confirming that the number of outstanding LAERs had reduced from 81 to fewer than 30. The action would remain open pending LB providing the updated information to MF. Item 10.1 – Rheumatoid Arthritis Review JB queried whether the rheumatoid arthritis review should be included on the action log, noting that the matter had been referenced in previous minutes for a significant period. LC advised that the review was underway and that a previous report had been considered by SLT. LC confirmed that progress had been made, including approval of funding to support waiting times and recruitment, while acknowledging that waits remain in place. LC agreed that a report would be brought back to the Committee to articulate the improvement work and current position. AK noted that this had been a significant journey and agreed to support LC in confirming the timeline for the update. ACTION: LC/AK to confirm the timeline for the Rheumatoid Arthritis Review update, to be reported to the next meeting. IJB Risk 12 – Resilience and Business Continuity CC provided a verbal update in relation to the action concerning resilience and business continuity.	LC/AK

	CC advised that feedback had been received centrally and noted that there are two relevant NHS Fife risks relating to business continuity and preparedness for significant incidents, both sitting with the Director of Public Health. The Committee noted the update and agreed that the action could now be closed. SS noted that subject to the above updates, the action log was approved.	
7.	7.1 Public Protection Annual Report SS introduced CCh to present the Public Protection Annual Report. CCh advised that the report covered Adult Support and Protection, Child Protection and MAPPA arrangements, highlighting increasing demand, complexity of need and the importance of integrated, multi-agency working. Members noted key areas of focus, including transitions between children's and adult services, information sharing, early intervention, self-neglect and hoarding, child neglect, safeguarding concerns and MAPPA-related community risk. CCh highlighted the Public Protection Service Manager role and advised that work continues to strengthen coordination, reporting and cross-committee learning. MF and EC raised the need for clearer assurance on transition arrangements and improvement activity, including what is working well, what requires further action and how learning is being reflected in reporting. CCh agreed to seek further detail from the relevant oversight groups, including implementation of refreshed transition guidance and critical evaluation of improvement activity. JB queried independent scrutiny arrangements. CCh advised that the Adult Protection, Child Protection and MAPPA Committees are independently chaired, with further assurance provided through multi-agency review, audit, inspection and Chief Officer Group reporting. LC noted that feedback would be taken forward to strengthen future reporting on improvement activity and outcomes. ACTION: CCh to seek further detail from the relevant oversight groups on transition arrangements, implementation of refreshed guidance, and evaluation of improvement activity for inclusion in future reporting. The Committee noted the report and took assurance from the update provided.	CCh
	7.2 Sexual Health & Blood Borne Viruses in Fife – 2025 SS introduced LC to present the Sexual Health and Blood Borne Viruses in Fife 2025 update. LC advised that the report provided an annual overview of activity, aligned to national policy, standards and delivery plans. Members noted strong performance in prevention and early intervention, including increased PrEP provision, enhanced condom distribution, implementation of the MenB vaccination programme for gonorrhoea prevention, increased HIV testing activity, growth in BBV clinic attendances and expansion of young people's sexual health services. LC highlighted areas requiring continued improvement, including Hepatitis C testing and treatment uptake, health inequalities and increasing complexity of BBV care needs. Members noted that improvement actions had been discussed through the Population Health Committee and that further work would be reflected in future reporting. LC advised that financial savings had been achieved as an unintended consequence of improvement activity but confirmed that finance was not the driver for the work. JB welcomed the increase in PrEP access, clinic accessibility and outreach activity. JB noted that the Population Health Committee had discussed the need for clearer comparative data to understand Fife's position against other Boards in relation to Hepatitis C, HIV and BBV incidence and prevalence. LC agreed to	LC

	draw this out further and report back through the Population Health Committee, with relevant minutes to be shared with this Committee for assurance. ACTION: LC to provide further comparative data on Hepatitis C, HIV and BBV incidence and prevalence through the Population Health Committee, and share relevant minutes with the Committee for assurance. The Committee noted the report and took moderate assurance from the update provided.	
	7.3 NHS Fife Child Protection Annual Report 2025–2026 SS introduced LC to present the NHS Fife Child Protection Annual Report 2025–2026. LC advised that the report provided assurance on safeguarding governance and child protection arrangements across NHS Fife and the HSCP, aligned to the eight Public Protection Standards within the NHS Public Protection Accountability and Assurance Framework. Members noted continued strengthening of governance, leadership, workforce capability and multi-agency safeguarding arrangements. Improvements were highlighted in advice line access, practitioner confidence, child protection training, supervision, IRD quality assurance and health representation within multi-agency processes. LC advised that key risks remain in relation to demand, complexity, workforce capacity and staff wellbeing, alongside implementation of new guidance. JB welcomed the report and queried how reliable health input to IRDs would be strengthened over the next year, including how learning could be drawn from cases where health input may have contributed further. LC advised that work is ongoing to strengthen accountability, practice development and professional confidence across health services, supported by advice line access, supervision and multi-agency learning. EC welcomed the growing confidence and trust described in the report and raised a wider point about the number of groups considering the same annual report. LC acknowledged the observation and advised that statutory reporting responsibilities remain in place, although work is ongoing to make committee reporting routes clearer and more effective. WP noted that mapping of committee terms of reference had been undertaken and would be progressed further when VS returned. ACTION: LC to bring back a further update when the Bairns' Hoose work reaches evaluation stage, including learning on IRD processes, health contribution and multi-agency information sharing. ACTION: VS to continue work on committee reporting routes and terms of reference. The Committee noted the report and took moderate assurance from the update provided.	LC VS
	7.4 Carers Strategy for Fife 2026–2029 SS introduced RLaw to present the Carers Strategy for Fife 2026–2029, with support from SF. RLaw advised that the refreshed strategy fulfils statutory duties under the Carers (Scotland) Act 2016 and has been developed through engagement with unpaid carers, young carers, the public, third sector partners and professionals.	

	Members noted continued support for the five priority outcomes: information and awareness, coordinated support, breaks from caring, early help for carers, and support for young carers. RLaw highlighted that the strategy aligns with national policy, the HSCP Strategic Plan and emerging requirements under the Care Reform (Scotland) Act 2025, particularly in relation to carers' access to breaks. Members noted that implementation will be challenging due to rising demand, limited resources, workforce pressures and the need to improve early identification of carers, including those who may not recognise themselves as carers. MF welcomed being involved in the development of the strategy and emphasised the essential contribution of unpaid carers, noting that only a small proportion of carers report feeling supported in their caring role. JB suggested that a maturity matrix could support clearer tracking of progress against the priorities, including early identification, awareness raising and measurable improvement. RLaw and SF advised that outcomes mapping and review of commissioned services are being used to support improvement planning and ensure resources are focused on carers' priorities. EC queried whether wider research or analytical approaches, including AI, could support understanding of carers' needs. WP advised that the key limitation remains the availability and robustness of data, including small sample sizes and gaps in identifying carers. SF noted that national Carers Census data is available, although further work is required to strengthen the quality and breadth of data collected across partners. ACTION: RLaw/SF to consider use of a maturity matrix and wider data sources, including Carers Census data, to strengthen tracking of progress against the strategy priorities and inform future reporting. The Committee noted the report, took moderate assurance from the update provided and supported progression of the strategy to the IJB.	RLaw/SF
	7.5 Home First Strategy Final Report SS introduced CC to present the Home First Strategy Final Report, with support from AW. CC advised that the report provided assurance on delivery of the three-year Home First Strategy 2023–2026 and set out the foundation for the next phase of work. Members noted the sustained system-wide shift towards prevention, early intervention and supporting people in the right place, including at home or in a homely setting, wherever possible. CC highlighted key achievements, including strengthened discharge pathways, reduced reliance on bed-based care, implementation of Single Handed Care, Community Hospitals Transformation and more integrated ways of working across health and social care partners. Members noted that 94% of the £4.75m savings target had been achieved, while maintaining a person-centred approach and recognising that efficiencies had followed from doing the right things for people. CC advised that the strategy had created a strong foundation for embedding Home First principles across the whole system and for progressing the next three-year delivery priorities aligned to the HSCP Strategic Plan. Members noted that an updated table, reflecting feedback from Strategic Planning, would be available for the IJB meeting. PD welcomed the report and acknowledged the work led by CC and AW, noting that Home First is a key strategic deliverable across the Partnership.	

	CC thanked PD for his contribution through the Home First Oversight Group and noted the importance of continued partner support, particularly in relation to testing and embedding digital opportunities. ACTION: CC/AW to ensure the updated table, reflecting Strategic Planning feedback, is included within the report for the IJB meeting. The Committee noted the report and took moderate assurance from the update provided.	CC/AW
	7.6 Annual Performance Report 2025–2026 SS introduced WP and LesG to present the Annual Performance Report 2025–2026. WP advised that the report provided a statutory overview of Fife Integration Joint Board’s performance against the nine National Health and Wellbeing Outcomes, supported by national indicators, local performance data, service activity and qualitative feedback. Members noted that the report reflected the final year of the Strategic Plan 2023–2026 and helped inform the new Strategic Plan 2026–2029. Members noted that the report had been reviewed by SLT and the Strategic Planning Group and had been updated to include recently received national indicator data. The report highlighted sustained progress across health and wellbeing, independent living, locality planning, unpaid carers, workforce development, governance, risk management and Best Value, while recognising ongoing pressures relating to finance, workforce, demand and health inequalities. JB queried whether further analysis, including potential engagement with the University of St Andrews, could support a deeper understanding of Fife’s performance compared with other areas, particularly where indicators remain consistently higher or unchanged. WP advised that data variability can make interpretation challenging and that a focused deep dive would be helpful to better understand the local position and inform improvement priorities. CC noted that readmission is used as a balancing measure and highlighted the need to consider Fife’s community hospital and discharge model when interpreting comparisons with other Boards. AK agreed that further exploration would be helpful, noting the importance of understanding the Partnership’s risk appetite where supporting people at home is the right outcome. AK offered to discuss this further offline. ACTION: WP/LesG to consider opportunities for a focused deep dive on relevant national indicators, including readmissions, to better understand Fife’s position and inform future improvement priorities. AK to support offline discussion as required. The Committee noted the report and took moderate assurance from the update provided.	WP/LesG/AK
8.	8.1 SLT Performance Report – May 2026 SS introduced WP to present the SLT Performance Report for May 2026. WP advised that the report provided an overview of key performance indicators across the HSCP, highlighting areas of improvement, ongoing pressures and indicators requiring escalation or further scrutiny. Members noted that performance reporting continues to mature, with improving data quality, clearer improvement narratives and strengthened performance management processes.	

	Members noted positive trends in system flow, including reduced delayed discharges and a declining care at home waiting list, while recognising the need for continued monitoring. WP highlighted strong CAMHS performance, alongside ongoing challenges in psychological therapies waiting times, childhood immunisation uptake, smoking cessation, complaints performance, workforce absence and selected quality indicators. LC welcomed the report, noting that the improved reporting provides greater visibility and supports a better understanding of service delivery and areas for improvement. JB also welcomed the increased oversight and queried whether further detail could be provided on people waiting for care at home, including numbers waiting and length of wait. WP agreed to discuss this further offline. MF highlighted the impact of care at home waits on unpaid carers and the importance of recognising pressure on carers within assessment and service planning. WP advised that around 600 indicators are managed across the HSCP and noted that more detailed analysis will continue to develop as performance reporting matures, with escalated indicators considered through SLT flash reports. CC noted the importance of understanding whether national indicators reflect overall demand or service response. Members noted examples of local test of change activity, including hospital admissions and care at home, to support a clearer understanding of people entering the system and the impact on carers. SS queried reporting in relation to mental health and learning disability incidents. LB advised that information is collated through Datix and that further development of reporting is expected in future phases. ACTION: WP to provide further detail offline with JB on people waiting for care at home, including numbers waiting and length of wait, and continue to develop performance reporting and analysis as part of the ongoing improvement approach. The Committee noted the report and took moderate assurance from the update provided.	WP
9.	9.1 Fife HSCP Clinical & Care Governance Group Assurance Summary SS introduced AK to present the Fife HSCP Clinical and Care Governance Group Assurance Summary on behalf of LB. AK advised that the report covered meetings held in April and June 2026 and provided assurance on key clinical and care governance activity. Members noted that the Group name had been updated to align with NHS governance arrangements and that services continue to operate under sustained workforce and demand pressures. AK highlighted ongoing improvement work, including deep dives on falls and people who inject drugs, continued strengthening of adverse event processes, and progress in concluding complex cases. Members noted areas requiring continued focus, including Mental Welfare Commission inspection actions, access to psychology services, safety in mental health and suicide prevention, higher levels of drug use in Fife, Adult Protection IRD timescales and the need for timely completion of governance processes. JB queried the drivers for the review of care home support and mental health liaison arrangements.	

	LB advised that the review had provided an opportunity to pause, consider vacancies and service changes, and strengthen how teams work collectively. Members noted that Fife remains proactive in this area nationally and that the review would support more coordinated working across relevant services. ACTION: LB/AK to continue oversight of improvement actions relating to adverse events, Mental Welfare Commission inspection findings, psychology access and Adult Protection IRD timescales through the Clinical and Care Governance Group. The Committee noted the report and took moderate assurance from the update provided.	LB/AK
	9.2 Review of IJB Strategic Risk Register SS introduced TH to present the Review of the IJB Strategic Risk Register. TH advised that the report provided an update on the refresh of the Strategic Risk Register following approval of the Strategic Plan 2026–2029. Members noted that risks are managed through SLT and governance committees, with the register reviewed following discussion at Committee, SLT, the IJB Development Session and the IJB. TH highlighted the main changes, including merging previous risks relating to demographics, changing landscapes, transformation and strategic planning into a new Strategic Plan Delivery risk; introduction of a new Focus on Prevention risk; and reframing the Information Governance risk to reflect digital transformation. Members also noted proposals to close the Primary Care Services risk, due to duplication with NHS Fife corporate risk arrangements, and the Clinical and Care Governance risk, as actions had been completed and the risk score had reduced to target level. MF raised concern that the impact of financial pressures, service demand and availability of carers' support should be described more explicitly within the register and supporting reports, particularly where there may be direct impact on people, carers and service delivery. JB supported this point, noting the importance of being clear and transparent on demand, capacity and the consequences for service development and delivery. TH accepted the feedback and advised that the position would continue to be kept under review. TH noted that work is ongoing with RLaw in relation to carers and that further discussion is taking place with LG regarding escalation and presentation of demand, capacity and financial impact. Members noted the revised risk register and supported onward progression to the IJB for approval, subject to the feedback being reflected. ACTION: TH to ensure the impact of financial pressures, demand and capacity on people, carers and service delivery is clearly reflected within the Strategic Risk Register and related reporting prior to onward submission to the IJB. The Committee noted the report and took moderate assurance from the update provided.	TH
10.	10.1 Fife HSCP Clinical & Care Governance Group Unconfirmed Minutes – 5 June 2026	
	10.2 NHS Fife Clinical Governance Committee Unconfirmed Minutes – 1 May 2026	

	10.3 Fife HSCP Strategic Planning Group Unconfirmed Minutes – 5 May 2026 The minutes from the above linked committees were included for member information and any concerns should be directed to the appropriate Chair of Committee/Group.	
11.	QCC WORKPLAN The QCC workplan was included for member information.	For noting
12.	ITEMS FOR ESCALATION No items were identified for escalation.	
13.	AOCB SS advised that no formal notification of other business had been received and closed the public meeting. The next meeting will take place on Wednesday 9 September 2026.	

Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification.

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Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE TUESDAY 21ST JULY 2026 AT 1.30PM VIA MICROSOFT TEAMS

- Present:** Cllr David Alexander (Chair)
John Kemp, NHS Non-Executive Board Member
- Attending:** Craig MacDonald, NHS Non-Executive Board Member
Tracy Hogg, Chief Finance Officer
Vanessa Salmond, Head of Strategic Planning & Performance
Roy Lawrence, Head of Culture, Engagement & Communities
Chris Conroy, Head of Integrated Community Care Service
Lisa Cooper, Head of Primary and Preventative Care Services
Lynne Garvey, Director of Health & Social Care Partnership
Karen Marwick, Head of Complex & Critical Care
Aylene Kelman, Deputy Medical Director
- In Attendance:** William Penrice, Service Manager, Strategic Planning and Performance
Anca Willson, Programme Manager
Karolina Dziubel, Management Support Officer (Minutes)
- Apologies for Absence:** Cllr Dave Dempsey
Alistair Morris, NHS Non-Executive Board Member

No.	Item	ACTION
1.	WELCOME AND APOLOGIES Cllr David Alexander welcomed members, noted apologies and reminded members that the meeting was being recorded via MS Teams to support accurate minute taking. Members were asked to keep contributions succinct to support time management. Vanessa Salmond advised that this was her final meeting as Monitoring Officer and welcomed Craig MacDonald as a Non-Executive Board Member. Members thanked Vanessa for her contribution and welcomed Craig to the Committee.	
2.	DECLARATIONS OF INTEREST No declarations of interest have been noted.	
3.	MINUTES OF PREVIOUS MEETING – 15th MAY 2026 The Committee approved previous minutes as an accurate record.	

4.	MATTERS ARISING / ACTION LOG The Committee reviewed the action log. All actions noted have been actioned and are either complete or in progress. Updates were provided prior to the meeting.	
5.	FINANCE	
5.1	Finance Update (Finance Report inc. Savings Tracker) Tracy Hogg presented the Month 2 financial position, noting a projected break-even position, with a small underspend of £24k against a £791m budget. Cost pressures remained in Prescribing, Service Level Agreements, Mental Health, Care at Home and Care Homes, mitigated by underspends linked to vacancies and recruitment challenges. The £23.5m savings target was expected to be delivered in full, supported by the savings tracker and weekly PRU process. Members discussed unallocated savings, service-level variances, reserves and out-of-area placements, with assurance provided that these areas were being actively monitored. Members welcomed the positive early-year position and agreed that the financial position should continue to be closely scrutinised. Recommendations: The Committee was asked to note the Month 2 projected outturn and onward submission to the IJB. Decision: 1. The Committee noted the projected outturn position for delegated services at Month 2. 2. Members noted the proposed submission of the financial position and associated budget directions to the Integration Joint Board.	
5.2	Review of the IJB Strategic Risk Register Tracy Hogg presented the refreshed IJB Strategic Risk Register following approval of the Strategic Plan 2026–29. The register supports delivery of the Strategic Plan and is managed through the Senior Leadership Team and IJB governance arrangements. Following SLT review and an IJB Development Session, proposed changes included a new Strategic Plan Delivery risk, a new prevention risk, revised wording on information governance and digital transformation, closure of a duplicated Primary Care Services risk, reduction of the Clinical and Care Governance risk, and minor wording updates. Lynne Garvey noted the value of the review process and development sessions in strengthening the register. Recommendations: The Committee was asked to consider the refreshed register and recommend approval for submission to the IJB.	

	Decision: 1. The Committee noted the update and agreed the proposed revisions set out in the report.	
5.3	Revised Budget Direction Tracy Hogg introduced the Revised Budget Report. The Committee were advised that the paper superseded the high-level directions issued during the budget setting meeting in March 2026. It has been noted that the paper provides a more in-depth breakdown of directions at portfolio level consistent with last year's reporting. Recommendations: The Committee were asked to note the agreed budget by the IJB in March 2026 and the budget directions provided at portfolio level. Decision: 1. The Committee noted the revised budget direction and the additional detail provided for delegated budgets.	
6.	PERFORMANCE	
6.1	Performance Report William Penrice presented the performance report, noting ongoing work to produce shorter, more focused versions for future reporting. The report outlined performance against key indicators and the escalation framework used to support improvement. Members welcomed the maturing performance framework and asked that future reports clearly highlight key risks, areas for scrutiny and evidence of sustained improvement. Smoking cessation performance was discussed, with clarification that reported declines mainly related to community pharmacy measures and that improvement work remained in place. Recommendations: The Committee was asked to consider the report for assurance on key Health and Social Care Partnership performance metrics. Decision: 1. The Committee received assurance on progress against key performance measures and noted the report.	
6.2	Annual Performance Report William Penrice introduced the draft Annual Performance Report 2025/26, noting that it set out how the IJB met statutory responsibilities in the final year of the previous Strategic Plan. The report was structured around National Health and Wellbeing Outcomes and drew on performance data, integration indicators and stakeholder feedback.	

	Members noted the importance of the report as a statutory submission to the Scottish Government and were invited to provide any final feedback before submission to the IJB. Recommendations: The Committee was asked to review the draft Annual Performance Report before onward submission to the IJB. Decision: 1. The Committee welcomed the draft Annual Performance Report 2025/26, noted its balanced presentation and agreed that no substantive amendments were required prior to submission to the IJB on 29th July 2026.	
7.	SCRUTINY	
7.1	Mainstreaming the Equalities Duty & Equality Outcomes Progress Report Tracy Hogg presented the report, which provided assurance on progress in mainstreaming equality duties and delivering the Equality Outcomes Action Plan 2023–26. All actions had been completed, with reporting brought forward to align with the Strategic Plan 2026–29. Members welcomed progress and noted the strengthening of EQIA processes and equality reporting. Some members observed that future actions should be framed more measurably to support assessment of impact. Recommendations: The Committee was asked to consider the report for assurance and support submission to the IJB. Decision: 1. The Committee noted the progress, took assurance from the report and supported submission to the IJB on 29th July 2026.	
7.2	Whistleblowing Report Roy Lawrence presented the Whistleblowing Annual Report 2025–26. The report outlined IJB oversight responsibilities and work to ensure the dual-employer model did not create barriers to staff raising concerns. Members noted the multi-agency Whistleblowing Group, priorities to improve awareness and consistency, and work with commissioned and third-sector providers. Discussion covered low case numbers, benchmarking limitations and the need to capture and share learning from concerns raised. Recommendations:	

	The Committee was asked to consider the report for assurance and support submission to the IJB. Decision: 1. The Committee welcomed the assurance around whistleblowing arrangements and agreed submission to the IJB on 29th July.	
8.	STRATEGIES	
8.1	Commissioning Strategy Tracy Hogg presented the final annual report on delivery of the Commissioning Strategy 2023–26. The report provided assurance regarding achievement of the strategy's objectives and outlined next steps associated with the development of a refreshed commissioning framework aligned to the Strategic Plan 2026–29. Tracy Hogg advised that six of the eight planned actions had been completed, with the remaining two actions paused to allow alignment with Strategic Plan renewal. The report also summarised key achievements and learning over the three-year implementation period. Discussion focused on market capacity and the use of care services outside Fife. Members queried whether expenditure on out-of-area placements had reduced and how local and external care provision was monitored. Assurance was provided that out-of-area placements continue to be closely scrutinised, with ongoing work to support people to return to Fife where appropriate. Recommendations: Members were asked to consider the report for assurance that the Commissioning Strategy 2023-26 is and has been effectively delivered in line with the Commissioning Strategy vision and principles. Decision: 1. The Committee received assurance that the Commissioning Strategy 2023–2026 had been effectively delivered in line with its vision, objectives and commissioning principles.	
8.2	Home First Strategy Final Report Chris Conroy introduced the final report on the Home First Strategy 2023–26 and acknowledged Anca Wilson’s leadership contribution. The report summarised progress and set out how key elements would be embedded in delivery of the Strategic Plan 2026–29. Members noted progress in supporting people to remain at home or in homely settings, including improvements in discharge arrangements, integrated pathways, community hospital transformation and single-handed care. The programme had delivered savings of approximately £4.75m while improving outcomes.	

	Discussion covered discharge bed days, increasing frailty, demand pressures and a digital workstream that had not progressed because anticipated benefits did not justify the investment required. Recommendations: The Committee was asked to take assurance from the work, progress and achievements over the three-year cycle of the Home First Strategy. Decision: 1. The Committee received assurance on delivery of the Home First Strategy and recognised the significant achievements made during the three-year programme.	
8.3	Carers Strategy Roy Lawrence presented the proposed Carers Strategy 2026–29, developed through engagement with carers, young carers, partners, communities and staff. The strategy supports statutory requirements under the Carers Scotland Act and prepares for future care reform. Members noted the strategy’s focus on performance and quality assurance, strengthened commissioning arrangements and Fife’s contribution to national policy development. Roy thanked carers, young carers, third sector partners and the Joint Carers Strategy Group for their input. Discussion covered flexible community-based respite, the forthcoming Care Reform Bill and support for young carers, including school engagement, young carer champions and educational support. Recommendations: Members were asked to approve the Carers Strategy 2026–29 for submission to the IJB and take assurance on its alignment with legislation, national policy and the views of carers in Fife. Decision: 1. The Committee approved the Carers Strategy 2026–29 for onward submission to the IJB. 2. Members received assurance on the strategy and its alignment with legislation, national policy and the views of carers in Fife.	
9.	GOVERNANCE	
9.1	Workplan Tracy Hogg advised members that previously discussed blank entries within the Work Plan had now been completed and that any future changes to scheduled reports would be communicated in advance. The Committee noted the updated Work Plan.	
10.	ITEMS FOR HIGHLIGHTING No items were identified for escalation to the Integration Joint Board.	

11.	AOCB No other business was discussed.	
12.	DATE OF NEXT MEETING Friday 18 th September at 10am via MS Teams.	