Fife Health & Social Care Partnership
Supporting the people of Fife together

INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 25 NOVEMBER 2026 AT 10.00 AM
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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7	**LIVED EXPERIENCE & WELLBEING**		
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8	**STRATEGIC PLANNING & DELIVERY**		

	8.1 Walk-In Centre Phased Expansion Plan 8.2 Winter Planning 2026-27	**Lisa Cooper** **Chris Conroy**	**67 - 82** **83 - 93**
9	**INTEGRATED PERFORMANCE & QUALITY** 9.1 Performance Report 9.2 Finance Update – Month 6	 **Vanessa Salmond** **Tracy Hogg**	 **94-121** **122-138**
10	**GOVERNANCE & OUTCOMES** 10.1 Review of Integration Scheme - Progress Update 10.2 IJB Workplan 2026-27	 **Derek McEwan** **Derek McEwan**	 **Verbal** **139-140**
11	**MINUTES OF GOVERNANCE COMMITTEES / ITEMS TO BE HIGHLIGHTED** **Strategic Planning Group** Confirmed Minute from 2 September 2026 **Quality & Communities Committee** Confirmed Minute from 9 September 2026 **Audit & Assurance Committee** Confirmed Minute from 11 September 2026 **Local Partnership Forum** Confirmed Minute from 16 September 2026 **Finance, Performance & Scrutiny Committee** Confirmed Minute from 18 September 2026	 **Alistair Morris** **Sam Steele** **Dave Dempsey** **Lynne Garvey** **David Alexander**	 **141-144** **145-154** **155-160** **161-173** **174-180**
12	**AOCB**	**ALL**	**Verbal**

DATE OF NEXT MEETINGS

IJB DEVELOPMENT SESSION
Wednesday 27 January 2027, 09:30 – 12:30 (Town House, Kirkcaldy)

INTEGRATION JOINT BOARD
Wednesday 24 February 2027,
10:00-13:00 (Committee Room 2, 5th Floor, Fife House / MS Teams)

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

Fife Health & Social Care Partnership
Supporting the people of Fife together

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

WEDNESDAY 30 SEPTEMBER 2026 AT 1:00PM

PRESENT **Voting Members:**	Alistair Morris (AM) **Vice-Chair** Gillian McAuley (GMcA), Executive Nurse Director, NHS Fife Ken Fraser (KF), Public Representative Kenny Murphy (KM), Third Sector Lead Lynne Parsons (LP), Employee Director, NHS Fife Morna Fleming (MF), Carers Representative **Fife Council** – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Rosemary Liewald (RLie), Patrick Browne (PB), Sam Steele (SS) **NHS Fife Board Members (Non-Executive)** – Colin Grieve (CG), Craig MacDonald (CMacD), Jo Bennett (JB)
Stakeholder Members (Non-Voting):	Kenny McCallum (KMc), Staff Representative, Fife Council Paul Dundas (PD), Independent Sector Lead
Professional Advisers:	Caroline Cherry (CCh), Principal Social Work Officer Lynn Barker (LB), Director of Nursing Lynne Garvey (LG), Director of Health & Social Care/Chief Officer Tracy Hogg (TH), Chief Finance Officer
Attending:	Amy Hughes (AH), Azets Audit Chris Conroy (CC), Head of Community Care Services Clare Buchanan (CB), Local Democracy Reporter Derek McEwan (DM), Head of Corporate Governance & IJB Secretary Elaine Law (EH), Service Manager, Localities, HSCP Elizabeth Butters (EB), Service Manager, Fife Alcohol & Drug Partnership Jacqui Stringer (JS), Service Manager, Community Led Support Karen Chappell (KC), Team Leader, Adult Services, HSCP Karen Marwick (KM), Head of Complex & Critical Care Services Mari Heard (MH), Team Manager, Adult Services, HSCP Martyn Berrie (MB), Clinical Services Manager, HSCP Michelle McLaughlin (MM), Project Support Officer, HSCP Roy Lawrence (RLaw), Head of Culture, Engagement & Communities Sally Howley (SH), Project Support Officer, Localities, HSCP Vanessa Salmond (VS), Head of Strategic Planning & Performance William Penrice (WP), Service Manager, Strategic Planning & Performance Gemma Reid (GR), IJB/HSCP Co-ordinator (Minute)
Apologies:	Dr Aylene Kelman (AK), Deputy Medical Director Prof Chris McKenna (CMcK), Medical Director, NHS Fife David Ross (DR) Head of Fife Council & IJB Chair

	Debbie Fyfe (DF), Joint Trade Union Secretary Fiona Henderson (FH), GP Representative James Ross, (JR), Head of Service, Children and Families and Justice Social Work Services & Chief Social Work Officer Jill Nowell (JN), Director of Pharmacy & Medicines John Kemp (JK), NHS Non-Executive Member Joy Tomlinson (JT), Director of Public Health Lisa Cooper (LC), Head of Primary & Preventative Care Services Susannah Mitchell (SM), GP Representative Vicki Bennett (VB), Staff Representative, NHS Fife	
No.	**AGENDA ITEM**	**ACTION**
1	**CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES** Alistair Morris, Vice-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. The Chair welcomed Derek McEwan as the new Head of Corporate Governance and IJB Secretary and expressed thanks to Lynn Barker as she leaves Fife to take up the role of Director of Nursing with NHS Borders. The Chair acknowledged Lynn's significant contribution to the IJB during her tenure. The Chair also extended his thanks to John Kemp, NHS Non-Executive Member, on his departure from the IJB, recognised his outstanding dedication and valued contribution, and wished him well for the future. Alistair 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** Alistair Morris asked members if there were any declarations of interest to be highlighted. No declarations were highlighted and the meeting was started.	
3	**MINUTE OF PREVIOUS MEETING AND ACTION NOTE 29 JULY 2026** The Minute and Action Note from the meeting held on 29 July 2026 were both approved as an accurate record. Alistair Morris requested an update to outstanding actions from the meeting on 29th July 2026. Derek McEwan confirmed this would be addressed.	
4	**CHIEF OFFICER UPDATE** Lynne Garvey, Chief Officer of the IJB welcomed members to the meeting. Lynne shared that the Partnership continues to experience significant operational pressures while progressing a range of improvement, transformation and engagement programmes. She recognised the commitment, resilience and professionalism of staff in continuing to deliver high-quality care and support across Fife. Lynne advised members that, in response to the Scottish Government's emerging health and social care reform agenda, a programme of staff	

	engagement sessions would be undertaken to provide updates, answer questions and listen to workforce concerns and suggestions. She reiterated the importance of maintaining open and honest communication with staff as further information becomes available. Lynne highlighted recent visits from national and local political representatives, which had showcased innovative services including the GP-led Walk-In Service at Randolph Wemyss Memorial Hospital and the Hospital at Home service. She noted the positive feedback received and acknowledged the contribution of staff in delivering these services. Lynne informed members of the continued progress towards the opening of Bank Hill House Care Home in Cupar, recognising the significant collaborative effort across the Partnership and Fife Council to support transition arrangements and prepare the service for residents. Lynne reported on several notable achievements across the Partnership, including: • Recognition of staff at the NHS Fife Staff Awards. • Community Children's Services successfully retaining the UNICEF Baby Friendly Gold Award. • The successful implementation of Totalmobile within Adult Services to support improved efficiency and service coordination. • A successful Equality, Diversity and Inclusion Celebration Event which highlighted colleagues lived experiences and reinforced the importance of an inclusive workplace. Lynne advised members that the staff flu vaccination programme was now underway, supported by drop-in clinics and peer vaccinators, to help protect the workforce, maintain service resilience and safeguard patients during the winter period. Lynne shared an example of positive feedback received for Sophia Simrick from the Dunfermline Older People Team, noting that the tribute from a supported family reflected the compassion, professionalism and commitment demonstrated by staff across the Partnership. Lynne expressed her sincere thanks to John Kemp for his outstanding contribution to the IJB, noting that his unique perspective and valued input would be greatly missed. Lynne also welcomed Derek McEwan to the Senior Leadership Team in his new role as Head of Corporate Governance and acknowledged the significant contribution made by Lynn Barker during her time as Director of Nursing as she departs Fife for a new role in NHS Borders. Lynne concluded that these updates reflected a Partnership that remained focused on continuous improvement and delivering positive outcomes for the people of Fife. She recorded her thanks to staff and partners for their ongoing dedication, professionalism and resilience.	
5	**COMMITTEE CHAIR ASSURANCE REPORTS** Agreement on the principles of these reports was discussed at the Strategic Planning Group on 2nd September 2026, the Quality and Communities Committee on 9th September 2026, Audit and Assurance Committee on 11th September and the Finance, Performance and Scrutiny Committee on 18th September 2026.	

	Derek gave thanks for the warm welcome and to elected members and members of NHS Board. Derek McEwan introduced the reports and confirmed that all statements had been signed off by current Chairs. Derek shared 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. Audit and Assurance highlighted an emerging risk relating to committee quorum arrangements, which Derek advised may be addressed through the proposed committee restructuring. Derek confirmed that there were no further areas of concern or escalation from a governance perspective. <u>Decision</u> The Board was assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.	
	9.3 Fife HSCP Annual Audited Accounts (item brought forward on agenda) Alistair Morris advised that this report was discussed at the Audit & Assurance Committee on 11th September 2026 and invited Tracy Hogg to present the report. Tracy advised members that the report presents the audited Annual Accounts for the financial year ended 31 March 2026 which were prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom and the requirements of International Financial Reporting Standards (IFRS). An overspend of £9.515m was reported at year end, primarily attributable to pressures within Mental Health, Care of Older People and Specialist Inpatient Services due to the use of surge and agency staffing, alongside overspends within Adult and Older People's Social Care, Service Level Agreements, and Out of Area Treatment Placements. This overspend was partially offset through the planned use of reserves, with the remaining balance apportioned between partners in accordance with the Integration Scheme, with 62% allocated to NHS Fife and 38% to Fife Council. The reported surplus variance of £1.166m is consistent with the Comprehensive Income and Expenditure Statement and the increased reserve balances reflected in the Movement in Reserves Statement. An Annual Governance Statement is included within the accounts. The accounts were audited by Azets, with the independent auditor's report included within the Annual Accounts. Members were advised that only minor amendments had been made following audit, relating to the presentation of debtor and creditor balances and some changes to the management commentary. No material changes were required to the draft accounts presented in June. The Azets Annual Audit Report to the IJB is provided at Appendix 2. Alistair Morris then invited Dave Dempsey, Chair of the Audit and Assurance Committee to comment on discussions at Committee before opening to questions from Board members. Dave confirmed that the Committee had raised no comments on the report, and	

	no questions or observations were put forward by members. Decision The Board: - Approved and signed the Annual Audited Accounts for the Financial Year to March 2026.	
6	**STRATEGIC PLANNING & DELIVERY** **6.1 Strategic Plan 2026-2029 Delivery Plan** Alistair advised that this report was discussed at the Strategic Planning Group on 2nd September 2026, the Quality and Communities Committee on 9th September 2026 and the Finance, Performance and Scrutiny Committee on 18th September 2026, and invited Vanessa Salmond to present the report. Vanessa highlighted that the Strategic Delivery Planning Framework is the culmination of extensive development and engagement across the Partnership's governance structures, including the Senior Leadership Team, Strategic Planning Group, Quality & Communities Committee, and Finance, Performance & Scrutiny Committee. The framework has been refined in response to feedback and provides a clear line of sight from the Strategic Plan through to delivery, performance monitoring, evaluation and improvement. She noted that the framework supports a more integrated, outcomes-focused approach aligned to the ambitions of a Population Health Organisation, bringing together performance measures, outcomes, lived experience, learning and evaluation to demonstrate impact on health, wellbeing and inequalities across Fife. Vanessa advised that the moderate confidence ratings within the Quarter 1 report should not be interpreted as poor performance. As this is the first reporting cycle under the new framework, many workstreams remain at an early stage of implementation and evidence gathering. Confidence ratings reflect the maturity of the available evidence rather than the quality or pace of delivery, with significant progress already underway across the Prevention, Communities and Digital priorities. Members were asked to approve the Strategic Delivery Planning Framework, including the Strategic Delivery Plan 2026-2029, Annual Delivery Plans and Monitoring & Evaluation Framework, which collectively provide a robust and transparent approach to demonstrating both delivery and impact. Alistair then invited Committee Chairs to comment in turn before opening to questions from Board members. Member discussion Jo Bennett queried whether anticipatory care planning is given sufficient prominence within the delivery plan. She noted the importance of having robust and reliable processes in place to support anticipatory care conversations with individuals and families, particularly in light of Fife's growing older and increasingly frail population. Lynne advised that the Partnership had previously begun work to implement the ReSPECT anticipatory care planning tool however, progress was delayed when national commissioning arrangements were paused by the Scottish Government. She confirmed that future care planning is now being progressed through the Home First programme, recognising its importance, particularly for	

	care home residents, in ensuring appropriate conversations about future care and avoiding unnecessary hospital admissions. Lynne noted that this has been identified as a key digital priority, with NHS Fife and Fife Council digital teams working collaboratively to take this forward at pace. Gillian McAuley advised that a new Care Assurance Oversight Board has been established, with anticipatory and future care planning identified as a key workstream. She noted that Joy Reid, Nurse Consultant for Older People, has been leading work across both the Partnership and acute services to strengthen this agenda. The workstream has now been incorporated within the Care Assurance Oversight Board to provide clear oversight and drive progress, with development of a dedicated workplan now underway. Decision The Board approved the Strategic Delivery Planning Framework and the proposed three-tier performance and outcomes framework.	
	6.2 Covid-19 & Flu Vaccine Delivery Campaign 2026-27 Alistair advised that this report was discussed at Quality and Communities Committee on 9th September 2026 and the Local Partnership Forum on 16th September 2026, and invited Chris Conroy to present the report in the absence of Lisa Cooper. Chris Conroy presented the Winter COVID-19 and Flu Vaccination Programme, advising that the campaign is already underway with more than 10,000 vaccinations delivered to date. He encouraged members to continue promoting vaccine uptake amongst staff and the public to maximise participation. Chris noted that the programme aims to vaccinate approximately 193,000 eligible individuals across Fife through a range of delivery models, including schools, pre-school settings, care homes, housebound services, staff vaccination programmes and community pharmacies. The campaign has been designed to provide an accessible and comprehensive vaccination offer for all eligible cohorts. Chris highlighted that lessons learned from previous campaigns have informed this year's approach, including expanded drop-in and mop-up clinics, targeted communications, enhanced provision for housebound individuals, increased use of community pharmacies and a strengthened peer vaccination programme for staff. The programme is being delivered in line with national guidance, with all eligible individuals expected to be offered vaccination by 11 December 2026, followed by a mop-up programme through to March 2027. Members were asked to note the comprehensive planning and delivery arrangements in place and support efforts to maximise vaccine uptake across Fife. Alistair then invited Committee Chairs to comment in turn before opening to questions from Board members. Sam Steele advised that there was nothing to escalate from the Quality & Communities Committee who were happy to extend the programme and support workforce capacity. Lynne Garvey shared that the report had been well received by the Local Partnership Forum and noted the positive progress to date. Member discussion	

	Rosemary extended her thanks to Sam Steele for chairing the Quality and Communities Committee in September. Rosemary suggested increasing engagement with mother-and-toddler and other pre-school groups to improve vaccine uptake, while Sam highlighted opportunities to strengthen antenatal communications. Chris and Lynn Barker confirmed that this work was already ongoing and would be explored further. Eugene Clarke queried vaccination venue allocation and uptake of individual vaccines. Chris advised that issues with community pharmacy appointment allocation had been resolved and that uptake trends would be monitored as the programme progressed. Alistair Morris sought assurance on performance and resources. Chris confirmed the programme is on track, resources are sufficient, and targeted communications, peer vaccinators and weekly monitoring are supporting delivery. Lynne encouraged members to help promote vaccine uptake. Patrick asked about communications for housebound vaccinations and efforts to improve uptake in deprived areas. Chris advised that targeted approaches are in place, including vaccine notification cards, community pharmacy provision and focused engagement in areas of lower uptake, with ongoing monitoring and evaluation. <u>Decision</u> The Board approved extension of programme delivery to 11th December 2026 and support the additional workforce capacity required for safe delivery.	
7	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS** **7.1 HSCP Resilience Annual Report** Alistair advised that this report was discussed at the Quality and Communities Committee on 9th September 2026 and the Local Partnership Forum on 16th September 2026, and invited Chris Conroy to present the report. Chris Conroy presented the annual Resilience Assurance Report, providing assurance that NHS Fife, Fife Health and Social Care Partnership and the IJB continue to meet their statutory responsibilities as Category 1 Responders under the Civil Contingencies Act. The report covers the period September 2025 to August 2026 and confirms that effective governance and oversight arrangements remain in place through the Resilience Assurance Group, which provides multi-agency scrutiny of resilience, business continuity and emergency preparedness arrangements. Chris highlighted the ongoing maintenance of over 75 business continuity plans across health and social care services and noted that lessons learned from a recent incident at Kirkcaldy Health Centre had been incorporated into resilience planning and improvement activity. Chris also noted that the previously identified risk relating to compliance with Category 1 responder duties had reduced sufficiently and is no longer included on the strategic risk register. In conclusion, Chris advised that the report provided assurance that robust resilience arrangements remain in place, supported by continued partnership working and a programme of ongoing improvement. Alistair then invited Committee Chairs to comment in turn before opening to questions from Board members. Lynne advised the report had been well received by the Local Partnership	

	Forum and assurance was taken by members. Member discussion Eugene sought clarification on the role of a loggist and whether training is provided for the position. Chris explained that a loggist is responsible for maintaining a verbatim record of key discussions, decisions and actions during an incident. He highlighted that the role is critical in supporting incident management and any subsequent review or debrief process. Chris confirmed that formal training is provided and regularly refreshed given the specialist skills required. Eugene also queried whether AI technology could be used to support the role. Chris acknowledged the potential of emerging technologies but emphasised the importance of a trained professional undertaking the function. Rosemary noted a typographical error within the Executive Summary, where the reporting period was incorrectly stated as 2028-26. Chris confirmed this would be amended. Decision The Board were assured of work undertaken within the HSCP Resilience Assurance Group and wider Resilience activities.	
	7.2 LPF Annual Report 2025-26 Alistair advised that this report was discussed at Local Partnership Forum on 16th September 2026, and invited Roy Lawrence to present the report. Roy presented the annual update from the Local Partnership Forum (LPF), noting that the report had been refreshed this year following feedback from the LPF Co-Chairs to focus less on activity and more on the impact, outcomes and assurance provided by the Forum. He highlighted key achievements including the introduction of a more supportive approach to attendance management, strengthened oversight of workforce risks and recruitment challenges, an increased focus on staff wellbeing and health and safety, and continued efforts to ensure the staff voice is reflected in decision-making. Roy emphasised the important role of the LPF in bringing together management and trade union representatives to provide scrutiny, challenge and support on workforce matters during a period of significant financial and operational pressures, demonstrating strong partnership working across NHS Fife, Fife Council and the Health and Social Care Partnership. Kenny McCallum advised that the Co-Chairs were very pleased with the revised report, noting that it better reflects the work and impact of the LPF, focuses on its core purpose, and provides a more balanced account of the Forum's achievements and contribution over the past year. Alistair then invited Lynne Garvey to comment on discussions at the Local Partnership Forum before opening to questions from Board members. Lynne Garvey welcomed the report and echoed Kenny's comments, noting that it provides a strong reflection of the positive impact and success of the Local Partnership Forum and the value of collaborative partnership working across the organisation. Member discussion Lynne Parsons complimented the report and noted the positive impact of the	

	Local Partnership Forum. Decision The Board were assured that the LPF continues to provide effective workforce governance, staff advocacy and partnership oversight across the health and social care system.	
	7.3 Whistleblowing Annual Report 2025-26 Alistair advised that this report was discussed at Local Partnership Forum on 16th September 2026, and invited Roy Lawrence to present the report. Roy presented the annual Whistleblowing Report, providing assurance on whistleblowing arrangements across the Health and Social Care Partnership and the collaborative approach between NHS Fife, Fife Council and trade union partners. He highlighted the continued work to ensure staff can raise concerns safely and confidently within the Partnership's dual-employer model, supporting learning, improvement and organisational accountability. Roy noted the strength of joint working through the multi-agency Whistleblowing Group, with strong engagement from trade union representatives and senior leaders. Mandatory whistleblowing training completion rates remain high, with 87% of NHS Fife staff and 83.5% of HSCP-based Fife Council staff having completed training. Roy advised that concerns raised continue to result in service improvements, management action and organisational learning, with positive feedback from staff regarding the support received. While further work is required in relation to commissioned services and continued alignment of practice across partners, the report provides moderate assurance that effective arrangements are in place to support staff to speak up and that concerns are managed appropriately. Alistair then invited Lynne Garvey to comment on discussions at the Local Partnership Forum before opening to questions from Board members. Lynne noted that the report had been well received at LPF. Member discussion Patrick Browne sought clarification on how professional standards concerns are recorded, monitored and followed up. Roy advised that NHS Fife and Fife Council operate different processes for managing concerns, with assurance provided that both organisations are meeting their responsibilities. Morna Fleming expressed concern regarding completion of mandatory training and the ability of staff to raise concerns effectively. Roy acknowledged these challenges and advised that an Oversight Group is examining barriers to training uptake, with actions underway across all partners to improve compliance. Jo Bennett sought assurance regarding whistleblowing arrangements within commissioned services. Roy confirmed engagement has taken place with providers to strengthen assurance. Paul Dundas advised that independent and third-sector providers have their own whistleblowing policies, with additional support available through regulatory bodies. Eugene Clarke queried whether NHS Fife and Fife Council could adopt a single whistleblowing policy. Roy advised that separate policies remain appropriate given the differing responsibilities of each organisation. Gillian McAuley noted that further work is underway within NHS Fife to	

	strengthen arrangements where professional standards and clinical safety concerns overlap. Decision The Board were assured 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 organizational culture.	
	7.4 Community Led Support Annual Report 2025-26 Alistair advised that this report was discussed at the Quality and Communities Committee on 9th September 2026 and invited Roy Lawrence to present the report. Roy presented the Community-Led Support Annual Report 2025/26, highlighting the significant contribution of community-led support to the Partnership's prevention and early intervention agenda. Through initiatives including The Well, LinkLife Fife and Improving the Cancer Journey, services continue to support individuals to address wider determinants of health and wellbeing, including financial wellbeing, housing, social connectedness and access to community resources. During 2025/26, the service received over 6,000 referrals, a 24% increase on the previous year, with 76% of those referred engaging with support. In total, more than 5,800 people were supported across Fife. The report also highlighted £1.45 million in financial gains secured for individuals through partnership working with Citizens Advice and Rights Fife. Roy noted significant increases in referrals from both GP services and the Social Work Contact Centre, reflecting growing confidence in community-led support pathways, while the dedicated homelessness link worker supported 184 individuals through early intervention. Roy advised that evaluation findings continue to demonstrate positive outcomes for service users and emphasised the value of community-based, person-centred approaches in improving wellbeing, reducing reliance on statutory services and supporting the long-term sustainability of health and social care services. Roy also noted that Fife's Community Link Worker Team had recently received national recognition through a nomination for Community Link Worker Team of the Year. Alistair then invited Sam Steele to comment on discussions at Committee before opening to questions from Board members. Sam complimented an excellent report which was welcomed by QCC members. Member discussion Paul Dundas thanked officers for the report and welcomed the positive outcomes highlighted. Craig MacDonald queried the extent to which Community-Led Support contributes to a reduction in demand for statutory services. Roy acknowledged the challenge of evidencing this impact through available data. Jacqui Stringer suggested that a sample analysis of individuals referred through GP practices and the Social Work Contact Centre could help demonstrate the effect of Community-Led Support interventions. Rosemary commended the work of Community Link Workers and welcomed the national recognition received by the team. She noted that feedback from local	

	communities consistently highlights the valuable contribution Community-Led Support services are making and the positive difference they are having for individuals across Fife. Decision The Board were assured of Community Led Support's contribution to prevention, early intervention, reducing inequalities, and supporting sustainable health and social care services across Fife.	
	7.5 Alcohol and Drug Partnership Annual Report 2025-26 Alistair advised that this report was discussed at the Strategic Planning Group on 2nd September 2026, the Quality and Communities Committee on 9th September 2026 and the Finance, Performance and Scrutiny Committee on 18th September 2026 and introduced Karen Marwick and Elizabeth Butters to present the report. Karen Marwick presented the Alcohol and Drug Partnership (ADP) Annual Report 2025/26, highlighting significant progress across prevention, treatment, recovery and harm reduction. Karen noted that Fife has fully implemented the Medication Assisted Treatment (MAT) Standards, achieving the highest level of external validation from Public Health Scotland and demonstrating a high-quality, rights-based and recovery-focused approach to care. Access to services remains strong, with over 96% of individuals commencing treatment within 21 days, more than 3,200 referrals received during the year, improved service engagement and a 7.5% increase in successful treatment completions. Residential rehabilitation completions also increased by 32%, reflecting improved access and strengthened recovery pathways. The report highlighted continued progress in prevention and harm reduction activity, including delivery of more than 6,000 Alcohol Brief Interventions, distribution of over 1,400 take-home naloxone kits, and enhanced support for young people through targeted education and outreach initiatives. Karen shared evidence of reducing harm, with decreases in both drug-related and alcohol-specific deaths, including notable reductions among young people. Karen advised that these improvements reflect the positive impact of partnership working across health, social care, housing, education, Police Scotland, the third sector and individuals with lived experience. Despite ongoing challenges, the Partnership delivered these achievements within a balanced budget and continues to redesign services to maximise impact and value. Karen also noted that recently published national figures showed an increase in drug-related deaths across Scotland, whereas Fife recorded a further 13% reduction, demonstrating the positive progress being achieved locally. Alistair then invited Committee Chairs to comment in turn before opening to questions from Board members. Lynne Garvey commended the work of the Alcohol and Drug Partnership and thanked Elizabeth Butters for her strong leadership. She recognised the dedication and commitment of staff across the service and highlighted the Partnership's ability to monitor emerging trends and adapt service delivery to meet changing needs and improve outcomes for individuals and communities across Fife. Member discussion	

	Morna Fleming queried the support available for children affected by alcohol misuse within their families and asked whether there are established links with the Young Carers Centre where children may also have caring responsibilities. Elizabeth Butters confirmed that links are in place with the Young Carers Centre and advised that work had previously been undertaken to raise awareness of the support available for young carers affected by substance misuse within their families. She acknowledged that children and young people can often take on caring responsibilities not only for parents but also for siblings, and that stigma and a lack of self-identification as a carer can sometimes prevent referrals being made. Elizabeth undertook to review the current arrangements and seek assurance that these links and referral pathways remain effective. Decision The Board were assured by the content of the Alcohol and Drug Partnership Annual Report.	
8	**LIVED EXPERIENCE & WELLBEING** **8.1 Lived Experience – "Clued-Up" Project** Alistair Morris welcomed Lynn Barker who introduced a video showcasing the work of Clued-Up, highlighting its role in supporting the Alcohol and Drug Partnership's commitment to prevention and early intervention for children and young people affected by substance misuse. Lynn noted that the service provides targeted support to vulnerable young people, particularly during the transition from primary to secondary school, helping to strengthen engagement with education, build resilience and improve outcomes through trusted relationships with young people, families and schools. Members viewed a video presentation showcasing the work of the Clued-Up team and highlighting the positive impact of their support in improving outcomes for children and young people across Fife.	
9	**INTEGRATED PERFORMANCE & QUALITY** **9.1 Revised Budget Direction** Alistair Morris advised that this report was discussed at the Finance, Performance & Scrutiny Committee on 18th September 2026 and invited Tracy Hogg to present the report. Tracy advised that the report presents Directions 2026.005 and 2026.006, which supersede Direction to NHS Fife 2026.003 and Direction to Fife Council 2026.004, originally issued as part of the 2026/27 budget-setting process. Members were advised that the revised directions clarify that the additional £5.6m contribution from each partner is included within the approved budget rather than being treated as an offset against expenditure. As a result, Directions 2026.003 and 2026.004 are withdrawn and closed, having been replaced by the updated directions. Alistair Morris then invited David Alexander, Interim Chair of Finance, Performance and Scrutiny Committee to comment in turn before opening to questions from Board members. David confirmed that the Committee had raised no comments on the report, and no questions or observations were put forward by members. Decision	

	The Board noted the content of the report.	
	9.2 Finance Update – Month 4 Alistair Morris advised that this report was discussed at Local Partnership Forum on 16th September 2026 and the Finance, Performance & Scrutiny Committee on 18th September 2026 and invited Tracy Hogg to present the report. Tracy Hogg advised that, as at 31 July 2026, the Health and Social Care Partnership is projecting a year-end overspend of £4.923m against the approved 2026/27 budget of £828.275m, representing an adverse movement of £4.946m from the breakeven position reported in May. The forecast is primarily driven by pressures within Primary and Preventative Care (£1.875m overspend), Community Care (£2.065m overspend) and Professional, Business Enabling and Other Services (£2.141m overspend), partially offset by a £1.1m underspend in Complex and Critical Care arising from vacancies and recruitment challenges. Tracy noted that delivery of the approved £23.539m savings programme remains on track through the PRU process, although the £3m management saving has yet to be identified. Reserve balances remain limited, with only £0.991m remaining following the allocation of previously earmarked reserves. Given the projected overspend, a formal recovery plan is now required under the Integration Scheme and is being developed for presentation to an Extraordinary Combined Committee meeting. Tracy highlighted the importance of attendance at the Extraordinary LPF on 6 October and the Extraordinary Combined Committee meeting on 9 October, where the financial position and recovery actions will be considered. Members were advised that mitigation measures include continued scrutiny of expenditure, monitoring of savings delivery, fortnightly vacancy reviews, weekly oversight of demand pressures, and ongoing engagement with partners and the Chair and Vice-Chair of the IJB. Alistair Morris then invited Committee Chairs to comment in turn before opening to questions from Board members. David Alexander advised there was nothing to raise from the Finance, Performance and Scrutiny Committee. Lynne Garvey thanked Tracy for the comprehensive report and acknowledged that further detailed discussions would take place at the forthcoming extraordinary meetings. She recognised the significant commitment and determination of teams across the Partnership in driving forward savings and transformation programmes, noting that the sustained increase in demand continues to present considerable challenges in delivering services within the available budget. <u>Member discussion</u> Eugene Clarke sought clarification on the cost of the Walk-In GP service, noting that Scottish Government funding had been made available to support its delivery. Tracy confirmed that funding for the service had been received and, as a result, there are currently no associated financial pressures within the budget. Alistair Morris further explained that the £2 million investment is being funded through additional NRAC funding received by NHS Fife and represents around	

	25% of the additional allocation received in the previous year. Decision The Board: - • Noted 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; • Noted that a Recovery Plan will be presented to an Extraordinary Meeting of the IJB on 9th October, as per the Integration Scheme.	
10	**GOVERNANCE & OUTCOMES** **10.1 Extension of Voting Rights to Lived Experience Members (inc. Review of Standing Orders)** Alistair Morris advised that this report was discussed at Senior Leadership Team meeting on 21st September 2026 and invited Derek McEwan to present the report. Derek McEwan advised that new legislation, effective from 1 September 2026, extends voting rights on Integration Joint Boards to Service User, Unpaid Carer and Third Sector Representatives. To ensure compliance, amendments are proposed to Standing Orders and associated governance arrangements, including voting membership, terms of appointment, substitute member arrangements, quorum requirements, committee representation and attendance provisions. Derek noted that Fife is well placed to implement the changes, with strong lived experience representation already in place. Derek advised that a number of discussions had taken place with Morna Fleming and Ken Fraser regarding the proposed arrangements. He also highlighted that the proposed requirement for two lived experience representatives to be present for quorum purposes may require further review to ensure practicality, with a view to reducing this quorum requirement to one. Derek noted that, if permitted within the legislative framework, there may have been merit in extending voting rights more broadly, including to the Independent Sector Representative. However, he advised that this is not currently provided for within the legislation and is therefore beyond the discretion of the IJB. The IJB was invited to approve the proposed governance amendments and note that any further changes arising from the Integration Scheme review will be brought forward through the appropriate governance processes. Alistair Morris then invited questions from Board members. Paul Dundas noted that whilst he welcomed the proposals, he expressed his disappointment that voting rights cannot currently be extended to independent sector representatives under the legislative framework. Morna Fleming welcomed the extension of voting rights to lived experience representatives but queried why provision had not been made for additional carer and public representatives, noting the importance of strong lived experience representation within IJB decision-making and quorum arrangements. She also sought clarification on the proposed membership arrangements, advising that she would discuss her concerns further with Derek out with the meeting. Morna further highlighted that lived experience members currently rely on	

	personal email accounts and equipment to undertake their IJB role and noted the importance of ensuring they receive appropriate support and resources comparable to those available to other voting members. Derek provided assurance that he is actively pursuing the IT and equipment issues through the appropriate channels and will keep Ken and Morna updated on developments. Lynne Garvey welcomed the introduction of voting rights for lived experience representatives and acknowledged the valuable contribution, commitment and ongoing support provided by Paul Dundas to the work of the IJB in Fife. Decision The Board: - • Noted the legislative changes extending voting rights to Lived Experience members of the IJB; • Approved the proposed amendments to the Fife IJB Standing Orders and any consequential changes to committee arrangements, and to support the development of substitute member arrangements to ensure legislative compliance and continuity of representation.	
	10.2 Review of Integration Scheme – Progress Update Alistair Morris advised that the report provided an overview of progress to date with the statutory Review of the Integration Scheme and invited Derek McEwan to present the report. Derek advised that the Integration Scheme is the formal agreement between Fife Council and NHS Fife which sets out the governance, financial, workforce, operational and engagement arrangements for health and social care integration in Fife, including the functions delegated to the IJB and the respective responsibilities of the IJB and its partner organisations. Derek noted that, following his appointment, a review of the Integration Scheme was commissioned and is now well underway, with positive engagement taking place across partner organisations and stakeholders. Derek advised that, once the review is complete, the revised Integration Scheme will be considered by Fife Council and NHS Fife and presented to the IJB for approval. It was noted that the Integration Scheme is reviewed on a five-year cycle and was last approved in March 2022. Alistair Morris then invited questions from Board members. Patrick Browne noted that the flash report appeared to focus primarily on risk-sharing arrangements and sought assurance that the wider effectiveness of the Integration Scheme would also be assessed, including areas of success, challenges and opportunities for improvement. In response, Lynne Garvey advised that NHS Fife and Fife Council Chief Executives had commissioned external support to undertake a comprehensive review of the Integration Scheme. A series of themed workstreams and sub-groups have been established to examine all aspects of the Scheme, with findings being reported through a tripartite governance structure. Initial feedback from the independent reviewer has been positive regarding the robustness of the review process. Patrick also queried how additional support provided by partner organisations to the Partnership would be captured within the review and sought clarification on	

	whether other IJBs had paused their Integration Scheme reviews in light of the Scottish Government's reform agenda. Lynne advised that, while one IJB was understood to have delayed its review, guidance received from the Scottish Government had been to continue progressing reviews as planned. As there has been no legislative change, work in Fife will continue with the aim of securing approval of a refreshed Integration Scheme before the current scheme expires on 31 March 2027. Decision The Board were assured by the progress to date.	
	10.3 Monitoring Progress of Directions Alistair Morris advised that this report was discussed at the Finance, Performance & Scrutiny Committee on 18th September 2026 and invited Derek McEwan to present the report. Derek McEwan presented the Monitoring Progress of Directions Report, advising that it provides assurance that appropriate governance and monitoring arrangements remain in place for directions issued by the IJB to NHS Fife and Fife Council. Derek noted that the majority of 2025/26 directions have now been completed, with financial directions associated with the 2025/26 Annual Accounts due to be closed following approval of the accounts. The Community Hospitals Transformation and Mental Health and Wellbeing Strategy 2026-29 directions remain open and are progressing as planned. It was further noted that seven directions have been issued during 2026/27, of which two have been completed and closed, with the remaining directions on track for delivery. The report also highlighted the continuing financial risk associated with the projected revenue overspend. Overall, the report provided moderate assurance that statutory and Integration Scheme requirements relating to directions are being met, subject to ongoing monitoring and oversight. Alistair Morris 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. No comments or questions were raised. Decision The Board were assured that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.	
	10.4 IJB Workplan 2026-27 Alistair Morris advised that the IJB Workplans were available within the meeting pack for member information.	
	10.5 Committee Amalgamation Alistair Morris advised that this report was discussed at the Senior Leadership Team meeting on 1st June 2026 and invited Vanessa Salmond to present the report. Vanessa provided a brief overview of the proposal and advised members that the aim is to improve the efficiency and effectiveness of both member and	

	officer time while maintaining the full functions and assurances currently provided through the Finance, Performance and Scrutiny Committee and Audit and Assurance Committee. She noted that extensive stakeholder engagement had been undertaken in developing the proposals, including consultation with internal and external auditors, whose feedback had informed the draft Terms of Reference. Members were advised that the proposal is to establish a single combined Finance, Performance and Assurance committee, with the meeting duration extended to two and a half hours to ensure sufficient time remains available for scrutiny, assurance and discussion. Vanessa also highlighted the recent review of committee cycles, which has resulted in the January and March 2027 meetings being consolidated into a February cycle due to the pre-election period. It was proposed that, subject to approval, the new committee structure would be implemented from February 2027 and used as a test of change, allowing the Board to evaluate its effectiveness before incorporation into future governance arrangements. Alistair opened to questions from Board members. <u>Member discussion</u> Jo Bennett sought clarification on how the success of the proposed arrangements would be evaluated if implemented as a pilot. Vanessa confirmed that the revised committee structure would be trialled during the February 2027 cycle and for a further two committee cycles thereafter, following which a formal self-evaluation would be undertaken to assess its effectiveness and inform any future arrangements. <u>Decision</u> The Board: - • Agreed the dissolution of the existing Finance, Performance & Scrutiny Committee and Audit & Assurance Committee from March 2027; • Approved the establishment of a single Finance, Performance & Assurance Committee and its Terms of Reference; • Delegated implementation authority to the Head of Corporate Governance, and • Approved a review of the revised governance arrangements after 12 months.	
11	**MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED** The minutes of the following Governance Committees were provided for information **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 Alistair Morris requested that any queries on the above were directed to the Committee Chair due to timescales.	
12	**AOCB** None.	

DATE OF NEXT MEETINGS

- **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)

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 30 SEPTEMBER 2026

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	**IJB 300926, Item 7.5 ADP Annual Report** Elizabeth to review the current links with FYC and seek assurance that these links and referral pathways remain effective.	**EB**		
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 300926, Item 6.2 Covid & Flu Vaccine Delivery Campaign Explore options to increase vaccine uptake in pre-school and ante-natal settings.	**LC / CC**		**16.11.26: Action Closed** – LC advised part of winter planning.
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 Fife Council HR. Work is progressing for Performance Team to access more timely data.
IJB 300926, Item 7.4 Community Led Support Annual Report Sample analysis of individuals referred through GP practices and the Social Work Contact Centre to be carried out to help demonstrate the effect of Community-Led Support interventions.	**RL / JS**	**Nov 2026**	15.10.26: Action complete – 3 x case studies shared with members.
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.

Fife Health & Social Care Partnership
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Meeting:	Integration Joint Board	**Date:**	25th November 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	☒

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 3rd November the following was discussed: -

- **Regular Business:** Minutes of previous meeting; Action Log; Committee Workplan
- **Strategic Planning:** Strategy Flash Reports – 6 months update - Digital Strategy; Medium Term Financial Strategy; Workforce Action Plan.
- **Annual Reports:** Local Housing Strategy; Prevention and Early Intervention Strategy; Mental Health and Wellbeing Strategy.
- **Governance:** PMO Update Report

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Prevention and Early Intervention Strategy –** SPG supported the proposed approach and endorsed progression to the Integration Joint Board.
- **Mental Health and Wellbeing Strategy -** Assurance was taken that the strategy details the approach and hard work proposed to be undertaken. Members endorsed progression to the Integration Joint Board.
- **PMO Update Report:** Moderate assurance was received that the portfolio is being appropriately governed, monitored and escalated where appropriate.

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
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Meeting:	Integration Joint Board	**Date:**	25th November 2026
Report Title:	Chairs Assurance Report: Quality and Communities Committee		
Agenda Item No:	5.2		
Committee Chair:	Jo Bennett - Depute Chair		
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	☒

Situation/Background (Purpose of Report)

This Assurance Report 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 4th November the following was discussed: -

- **Regular Business**: Minutes of previous meeting and Action Log.
- **Governance & Outcomes**: Fife HSCP Clinical and Care Governance Update Report.
- **Strategic Planning & Delivery**: Prevention and Early Intervention Strategy Year 2 Report; Walk-In Centre (Urgent Care) Phased Expansion Plan.
- **Legislative Requirements & Annual Reports**: Creating Hope for Fife: Suicide Prevention Action Plan 2026-29; Care Inspectorate Report Gradings; Winter Planning 2026/27; Performance Report; Mental Health and Wellbeing Strategy 2026-2029 Year One Annual Report.

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Clinical and Care Governance Update Report:** moderate assurance was provided, recognising areas of positive progress. Continued oversight was given of the identified governance gaps, high-level risks, service pressures and improvement actions.
- **Prevention and Early Intervention Strategy Year 2 Report:** Members were provided moderate assurance that progress is being made towards embedding prevention and early intervention across the Fife system.
- **Suicide Prevention Action Plan 2026-29**: The Committee were provided with moderate assurance that Fife meets the national requirement to have a local suicide prevention action plan in place with actions being progressed. The action plan was welcomed and noted.
- **Care Inspectorate Report Gradings:** The Committee received assurance that care inspection grades and required improvements are monitored.
- **Winter Planning 2026/27**: The Committee approved the winter plan and took assurance from the report.
- **Performance Report**: The Committee took assurance regarding performance against key HSCP quality, community and delivery indicators and the effectiveness of associated improvement actions.
- **Mental Health and Wellbeing Strategy 2026-2029 Year One Annual Report**: Members praised the report and were asked to note the Year One Annual Report, the progress and learning described, the close alignment with the Prevention and Early Intervention Strategy, and the proposed approach to an 18-month Year Two delivery period aligned with Strategic Plan and Annual Delivery Plan reporting.
- **Walk-In Centre (Urgent Care) Phased Expansion Plan:** Members were provided assurance regarding a phased, governed approach to the implementation of Phase 2 of the Fife Walk-In Service pilot at Randolph Wemyss Hospital.

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
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Meeting:	Integration Joint Board	**Date:**	25th November 2026
Report Title:	Chairs 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 and completion of outstanding actions.

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	☒

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.

Assessment (Key Points/Issues and Risks)

Internal Audit Progress Report (Verbal Update)

The Audit and Assurance Committee was provided an update in connection with the Internal Audit Progress. The committee were happy with the update with no additional questions.

At the meeting on 12th November the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action log; A&AC Workplan 2026-27
- **Items related to Audit:** Internal Audit Progress (Verbal Update).
- **Risk:** Risk Management (Verbal Update)
- **Governance:** Horizon Scanning (verbal)

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Internal Audit Progress Report (Verbal Update):** Members were assured on the progress of the Internal Audit update
- **Risk Management (Verbal Update):** Members were assured following the updates provided
- **Horizon Scanning (Verbal Update):** Members were assured that risks were continuing to be monitored and would be considered for enhancement within the Strategic Risk Register if required.

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

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Meeting:	Integration Joint Board	**Date:**	25th November 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	☒

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 13th November the following was discussed: -

- **Regular Business**: Minutes of previous meeting and Action Log; FP&S Workplan 2026-27
- **Finance**: Finance Update – Month 6; Deep Dive Review
- **Performance**: Performance Report; Mid-Year workforce update; Winter Plan.
- **Scrutiny**: Public Sector Climate Change Duties.

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Finance:** Finance Update – Month 6, The report details the financial position (projected outturn) of the delegated and managed services. The projected outturn for Fife Health & Social Care Partnership at 30 September 2026 is an overspend of £5.081m, this is a movement of £0.159m from the M4 position.
- **Performance:** Committee were assured by this paper.
- **Mid – Year Workforce Update:** Committee were assured by this paper and the ongoing work in respect of workforce.
- **Winter Plan:** Due to ongoing issues, this paper was presented without a presenting officer. Committee were assured by the report, but any subsequent queries were to be emailed to Derek McEwan.
- **Public Sector Climate Change Duties:** Committee were assured by this paper.

Decisions

- **Finance Update**: Members noted the content of the report and endorsed its submission to the IJB.
- **Winter Plan:** Members considered the report and endorsed approval to IJB.
- **Public Sector Climate Change Duties:** Members reviewed the 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
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Meeting:	Integration Joint Board (IJB)	**Date:**	25 November 2026
Report Title:	Prevention and Early Intervention Strategy: Year 2 Report		
Agenda Item No:	6.1		
Responsible Owner:	Lisa Cooper Head of Primary and preventative Care Services		
Report Author:	Kay Samson Health Improvement Programme Manager		

Executive Summary

- The Prevention and Early Intervention (P&EI) Strategy 2024-2027 supports Fife's ambition to improve health and wellbeing, reduce inequalities and create more sustainable services through a greater focus on prevention and early intervention.
- Year 2 has focused on moving from strategy development and infrastructure building towards implementation and embedding prevention across services, organisations and partnerships throughout Fife.
- Progress has been made across the five strategic priorities and six delivery plan enablers, with increasing evidence that prevention is becoming more visible and integrated within planning, service delivery and everyday practice.
- Momentum continues to build across workforce capability, partnership working, self-care approaches, locality-based delivery, communication and access to quality assured information, digital approaches, and action to address health inequalities and the wider determinants of health.
- A key achievement has been the development and implementation of the Prevention and Early Intervention Baseline Self-Assessment, establishing a benchmark for measuring progress and identifying strengths, opportunities and areas for further development across the system
- While challenges remain, including workforce pressures, financial constraints, variability in implementation and the complexity of measuring long term outcomes, mitigating actions are in place to support continued delivery.
- The Strategy continues to support delivery of the Population Health Framework, Plan for Fife and the Fife HSCP Strategic Plan.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	The Prevention and Early Intervention Year 2 Report provides **moderate assurance** that progress is being made towards embedding prevention and early intervention across the Fife system.

Directions

No Direction Required	☒

Situation/Background (Purpose of Report)

The purpose of this report is to provide the Integrated Joint board members with an overview of progress during Year 2 of the Prevention and Early Intervention (P&EI) Strategy 2024-2027 (Appendix 1). It highlights key achievements, learning, challenges and emerging priorities, demonstrating how prevention and early intervention activity is contributing to improved outcomes for people and communities across Fife.

The P&EI Strategy supports a shift towards preventing poor outcomes, reducing inequalities and intervening earlier to improve health and wellbeing. Through collaboration across the Fife Health and Social Care Partnership, NHS Fife, Fife Council, third sector organisations and communities, momentum has continued to build in embedding prevention across services and systems.

During Year 2, partners have strengthened workforce capability, partnership working, self-care approaches, locality-based delivery, communication and access to quality-assured information, digital innovation, and action to address health inequalities and the wider determinants of health. Progress has also been made in delivering actions aligned to the Strategy's strategic priorities, despite ongoing financial pressures, increased demand for services and wider system challenges.

The Strategic Leadership Group is invited to note the progress achieved, consider the challenges and opportunities identified, and continue to support the collective commitment to embedding prevention and early intervention as a core approach across the Fife system.

Assessment (Key Points/Issues and Risks)

- Year 2 has demonstrated positive progress in embedding prevention and early intervention across services, organisations and partnerships, moving from strategy development towards implementation and culture change.
- Significant progress has been made across the strategic priorities and delivery plan enablers. (Appendix 2)
- Completion of the Prevention and Early Intervention Baseline Self-Assessment has established a benchmark for measuring future progress and strengthening understanding of prevention activity across Fife. (Appendix 3)
- Workforce development, partnership working, communication, health literacy and self-care activity have continued to expand, supporting increased awareness, knowledge and confidence in prevention-focused approaches. (Appendix 4)
- Emerging evidence from case studies and service examples demonstrates the contribution of prevention activity to improved outcomes, reduced inequalities and more sustainable service delivery.
- The Strategy continues to support delivery of the Population Health Framework, Plan for Fife and the Fife HSCP Strategic Plan.

Issues

- The long-term nature of prevention means that measurable improvements in population health outcomes are unlikely to be evident at this stage of implementation.
- Variability remains across services and organisations in the understanding, application and measurement of prevention and early intervention approaches.
- Further development is required to strengthen performance measures, outcome monitoring and the evidence base needed to demonstrate impact.
- Competing operational pressures can affect the pace at which prevention activity can be embedded and sustained.

Risks

- Workforce capacity and competing priorities may limit opportunities to further develop and implement prevention activity.
- Financial pressures across the system may impact on the sustainability and scalability of prevention initiatives.
- Challenges in measuring long-term outcomes may limit the ability to demonstrate impact.
- Without continued leadership, partnership commitment and organisational support, progress towards embedding a prevention-focused culture may slow.
- Persistent health inequalities and wider social determinants of health continue to require coordinated multi-agency action.

Overall Assessment

Good progress has been made during Year 2 in establishing the conditions required to embed prevention and early intervention across Fife. While challenges and risks remain, the foundations for longer term system change are increasingly in place, and there is growing evidence that prevention is becoming more visible within planning, service delivery and partnership working. Continued focus on workforce development, performance measurement, partnership collaboration and reducing inequalities will be critical to sustaining momentum as the Strategy enters its third year.

Related Documents/Appendices

- Appendix 1: Prevention and Early Intervention Strategy: Year 2 Report* Prevention and Early Intervention Strategy
- Appendix 2: Prevention and Early Intervention Delivery Plan* Prevention and Early Intervention Delivery Plan
- Appendix 3: Executive summary Prevention & Early Support Baseline Self-Assessment Survey* Baseline Self-Assessment
- Appendix 4: Health Promotion Service Model Core Foundation/Informed Level Training* Workplace Walk Leader Training
- Appendix 5: P&EI Year 2 Accessible Visuals P&EI Year 2 Supporting Visuals

*The contents page includes hyperlinks that allow readers to navigate directly to the relevant appendix by hovering over and selecting the linked text

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)	☒	☐	18/10/26	☐	☒	
Local Partnership Forum (LPF)	☒	☐	11/11/26	☐	☐	
Strategic Planning Group (SPG)	☒	☐	03/11/26	☐	☒	
Quality & Communities (QCC)	☒	☐	04/11/26	☐	☒	
Integration Joint Board (IJB)		☐	25/11/26			
NHS Fife						
Executive Leadership Team (ELT)	☒	☐	29/10/26	☐	☒	
Population Health Committee	☒	☐	09/11/26	☐	☒	

Implications/Impacts

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

Service Users/Carers	☒	The Prevention and Early Intervention (P&EI) Strategy is expected to have a positive impact on service users and carers by improving access to timely support, reducing inequalities and supporting people to maintain their health, wellbeing and independence for longer. Prevention and early intervention approaches focus on identifying and addressing needs at an earlier stage, helping to prevent problems from escalating and reducing the need for more intensive interventions later.
Localities/Communities	☒	The Prevention and Early Intervention (P&EI) Strategy is having a positive impact on localities and communities by supporting earlier intervention, reducing inequalities and strengthening community wellbeing. Locality based approaches have improved collaboration across services, communities and partner organisations, helping to ensure support is responsive to local needs and priorities. Communities are benefiting from increased access to prevention focused information, resources and support, including initiatives that address the wider determinants of health and promote wellbeing and resilience. The Strategy also supports greater community participation in shaping services and priorities, helping to ensure that prevention activity reflects what matters most to local people.
Quality of Care	☒	The Prevention and Early Intervention (P&EI) Strategy is helping to improve the quality of care by promoting earlier intervention, more person-centred support and greater collaboration across services and organisations. Prevention-focused approaches support individuals to access the right support at the right time, helping to prevent needs from escalating and improving overall outcomes. The Strategy has encouraged greater use of evidence, partnership working and

		engagement with service users and carers to ensure services remain responsive to need and focused on what matters to people. This is supporting a culture of continuous improvement and helping to embed prevention and early intervention within routine practice.
Workforce	☒	The Prevention and Early Intervention (P&EI) Strategy is helping to strengthen workforce knowledge, skills and confidence in delivering prevention-focused approaches. Workforce development activities have supported increased awareness and understanding of prevention and early intervention, helping staff to incorporate preventative practice within their day to day roles. The Strategy promotes a culture where prevention is recognised as a shared responsibility across the system, encouraging collaboration across organisations and supporting more consistent, person centred and preventative approaches to care and support.
Legal	☒	The Prevention and Early Intervention (P&EI) Strategy supports compliance with statutory duties and national policy expectations by promoting equitable access to services, reducing inequalities, strengthening participation and engagement, and ensuring that services are informed by the needs and experiences of service users and carers. The Strategy also reinforces the importance of protecting individual rights, ensuring that prevention and early intervention activity is delivered in a way that respects dignity, autonomy, privacy and equality. The use of data and intelligence to support prevention activity should continue to comply with relevant information governance and data protection requirements.
Financial	☒	The Prevention and Early Intervention (P&EI) Strategy supports a shift towards investing in prevention and early intervention to improve outcomes and reduce future demand on health and social care services. By identifying and addressing needs earlier, the Strategy has the potential to reduce avoidable escalation of need, crisis intervention and reliance on more intensive services over time. During Year 2, resources have been directed towards workforce development, partnership initiatives and preventative programmes that address the wider determinants of health and support long term system sustainability.
Performance	☒	The Prevention and Early Intervention (P&EI) Strategy is strengthening the partnership's ability to measure, monitor and demonstrate progress in prevention and early intervention. The implementation of the Prevention and Early Intervention Baseline Self Assessment has established a baseline position and improved understanding of prevention activity across services and organisations. Work has also progressed to strengthen the use of data, intelligence and evidence to support planning, performance monitoring and evaluation, providing a stronger foundation for measuring impact over time.
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)**	☒	The Prevention and Early Intervention (P&EI) Strategy has the potential to contribute positively to climate and sustainability ambitions by supporting a shift towards prevention focused services, reducing avoidable demand and promoting more sustainable models of care and support. The Strategy aligns with wider partnership efforts to consider climate impacts within service planning and delivery. A representative from the HSCP Climate Change Group is linked to the P&EI Strategic Oversight Group, and consideration is being given to the alignment of Prevention and Early Intervention activity with the wider climate agenda and the Climate Fife 2024 Strategy and Action Plan.
Communication and Engagement	☒	The Prevention and Early Intervention (P&EI) Strategy has strengthened communication and engagement across services, partners, communities, service users and carers. Through the development of communication resources, health literacy initiatives and partnership engagement activity, the Strategy is helping to increase awareness and understanding of prevention and early intervention and promote more consistent prevention messaging across Fife. Engagement with communities, service users, carers and partner organisations has supported the development and delivery of prevention activity, helping to ensure that services remain responsive to local needs and priorities. Participation and engagement are recognised as key components of successful implementation and contribute to a culture of collaboration and shared responsibility.

Risk & Mitigation	☐	
Equalities and Human Rights, including children's rights and health inequalities	☒	An EQIA was completed during the development of the Prevention and Early Intervention strategy (P&EI). This paper and associated appendix provides an update on the delivery of the P&EI Strategy and therefore does not require an EQIA to be completed.

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Lisa Cooper	Head of Primary and Preventative Care Services	06/10/26
Tracy Hogg	Chief Finance Officer	28/09/26
Vanessa Salmond	Head of Strategic Planning and Performance	28/09/26
Roy Lawrence	Head of Culture, Engagement & Communities	01/10/26
Prevention and Early Intervention Strategic Oversight Group members		25/09/26

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.

Fife Health & Social Care Partnership
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Meeting:	Integration Joint Board	**Date:**	25 November 2026
Report Title:	Public Sector Climate Change Duties 2026		
Agenda Item No:	6.2		
Responsible Owner:	Lisa Cooper, Head of Primary & Preventative Care Services		
Report Author:	Avril Sweeney, Manager, Risk Compliance		

Executive Summary

- The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015 requires all major public bodies to submit an annual climate change report to the Scottish Government by 30 November. Integration Joint Boards (IJBs) were included in this reporting from 2016/17, and the upcoming submission will be Fife IJB's tenth report, covering the 2025/26 period.
- Each year IJB must set out it's 5 strategic priorities for the year ahead.
- Lisa Cooper, Head of Primary and Preventative Care chairs the HSCP Climate Change Group who ensure compliance with the statutory duty, raise awareness of climate change throughout HSCP and support partner bodies to work more sustainably.
- IJB are asked to discuss and make a decision on the draft report to be submitted and agree the 5 priorities for the year ahead.

Recommendations

This paper is presented to:-

Seek a Decision Risk Appetite Section MUST be completed	☒	Members are asked to approve the 5 strategic priorities for 2026/27 highlighted in the assessment section of this SBAR for inclusion in the Scottish Government report
Provide Assurance	☒	
For Discussion	☒	Members are asked to discuss the report and provide any comments.

Directions

No Direction Required	☒

Situation/Background (Purpose of Report)

This report is to advise the Integration Joint Board (IJB) of its statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and to ask members to consider priorities for climate change governance, management, and strategy for the year ahead.

The Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015, came into force in November 2015, requiring all public bodies classed as “major players” to submit a climate change report to the Scottish Government by 30 November each year. IJB’s were first included in the annual reporting exercise in 2016/17. This will be the tenth report for Fife IJB and will cover the period 2025/26.

The Sustainable Scotland Network (SSN) is the organisation collating information on behalf of the Scottish Government and they have provided an online form for this purpose.

The required reporting focuses on corporate emissions arising from organisational operations and service delivery, as well as key information on: Organisational Profile; Governance, Management and Strategy; Adaptation; Procurement; and Validation.

In developing guidance, the Scottish Government has recognised the unique nature of IJB’s and does not expect IJB’s to address every aspect of the report in the same way that NHS Boards and Local Authorities are expected to do. For example, IJB’s are not required to respond to the questions on corporate emissions, as these will be addressed by the responses from NHS Fife and Fife Council who are the asset owners.

Assessment (Key Points/Issues and Risks)

The submission to Scottish Government is not meant to be viewed as an assessment process with a pass or fail, it is an opportunity to review climate change action within the IJB and promote continuous improvement. The Scottish Government has advised that where information is not held, it is acceptable to explain the situation and any action planned to develop that area, if applicable. The key focus for the IJB’s submission is within the section on climate change governance, management, and strategy. The IJB is to set out its top priorities for improvement for the year ahead. Last year the IJB outlined the following areas for consideration.

- In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 and the aims and actions from the Climate Fife 2024 Strategy and Action Plan and also continue to work closely with partners on the development of the Anchors Strategic Plan.
- Continue to support and promote awareness raising of climate change issues for staff working in the HSCP, making use of accessible training, and learning opportunities offered by partner bodies and others. ·
- Continue to work with partner bodies. This is strengthened by the HSCP Climate Change Group that convened last year and will identify opportunities to work more efficiently and sustainably.

- Continue to monitor actions and outcomes aligned to the delivery of the Strategic Plan, including those within the supporting strategies, that promote co-benefits with climate change strategies.
- Continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

It is recommended that we retain and build on these priorities for progression during the current year.

Partner Updates
The Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 was approved by Fife Council's Environment and Protective Services Sub Committee in February 2020. Climate Fife is a Fife-wide plan, comprising actions driven by Fife Council and key public sector partners. It has been designed with the four outcomes of Fife's Community Plan (the Plan4Fife) in mind, which are: -

1. Opportunities for all
2. Thriving Places
3. Inclusive growth and jobs
4. Community led services

Significant progress over the years has been made and our carbon footprint has almost halved since 2015. This plan continues to set out the work with partners over the next 10 years but the launch of Climate Fife 2024 Strategy and Action Plan which is a revised, refreshed and focussed strategy identifies what Fife Council will deliver over the next 5 years. The Vision for Climate Fife remains the same and by 2045 Fife aims to be Climate Friendly, Climate Ready and Climate Just. To achieve this vision, it is recognised that we need to transform how we do things to facilitate increased pace and scale.

In 2024 the position was reviewed and the focus for 2024-2027 on addressing the impacts of climate change are:

- We must work with communities to develop their resilience to the impacts of climate change and to determine what adaptations will be needed for unavoidable climate change.
- We need to reduce carbon emissions as part of the global effort to prevent further climate change.
- We need to transition Fife's basic infrastructure to be resilient to extreme weather and to have net zero emissions.
- The scale of the challenge means action is needed now and at scale.

This will be achieved by:

- Generating climate action in communities as part of a community wealth building approach.
- Making the changes needed to our buildings, infrastructure and businesses.
- Climate adaptation to reduce the impact of climate change in communities and across our assets.

- Ensuring we use our environmental capital and finite land resources to prevent the climate emergency and nature emergency.

NHS Fife's 2025/26 annual report demonstrates continued progress in delivering its sustainability and climate change ambitions across the organisation. During the year, further advancements have been made in reducing carbon emissions from the estate through energy efficiency projects, renewable energy initiatives and the development of decarbonisation plans for key sites. Progress has continued in sustainable travel and fleet transition, while biodiversity and greenspace improvements have been strengthened through partnership working and site enhancement projects. NHS Fife has also advanced work on climate adaptation and resilience, including the assessment of climate-related risks to services, infrastructure and population health. Sustainable procurement, waste reduction and circular economy initiatives have continued to support more efficient use of resources and lower environmental impact.

As a major employer and anchor institution, NHS Fife recognises its role in supporting a fair, sustainable and resilient future for the communities it serves. Working collaboratively with partners across the Fife Partnership, including Fife Council, NHS Fife continues to contribute to wider environmental, social and economic wellbeing objectives. By integrating sustainability into decision-making, service planning and community engagement, the organisation aims to reduce health inequalities, strengthen community resilience to climate change and support healthier, more sustainable places for current and future generations.

The Head of Primary and Preventative Care was appointed to lead on Climate change work for the Health and Social Care Partnership last year and a Climate Change Group was set up with representation from all portfolios plus representatives from NHS Fife and Fife Council teams working in this field. The Group meets 6/8 weekly and has developed an action plan to ensure compliance with the statutory duties of the IJB, including delivery of the key priorities, raise awareness of climate change throughout the HSCP and support partner bodies to work more sustainably.

Updates on improvement priorities

In conjunction with Community Planning partners support the delivery of Climate Fife (Sustainable Energy and Climate Action Plan – SECAP) 2020 – 2030 and the aims and actions from the Climate Fife 2024 Strategy and Action Plan and also continue to work closely with partners on the development of the Anchors Strategic Plan.

Staff across the Partnership continue to have an awareness of the climate change plans and strategies of the partner bodies and are encouraged to use resources, such as heating, light and water, efficiently and recycle and reduce waste as much as possible. By making more use of technological solutions, such as TotalMobile, Near Me, SharePoint and MS Teams, we have been able to reduce paper and printing use and staff and service user travel. With a large group of staff working from home, and increased use of Microsoft Teams for meetings and collaborative working, there continues to be significant reductions in travel and printing costs. Partner bodies are also now sharing accommodation and resources in some areas.

Continue to support and promote awareness raising of climate change issues for staff working in the HSCP, making use of accessible training, and learning opportunities offered by partner bodies and others.

Throughout the year the HSCP Climate Change Group has continued to promote training opportunities and raise awareness of climate change issues across the partnership and are

planning a recruitment drive to appoint Climate Champions within all portfolios to promote and sustain awareness raising. E-learning is available in NHS Fife and is being promoted to staff. Within Fife Council there is a Climate Change E-learning that is now mandatory for all staff, and all Service Managers and above will need to complete the full carbon literacy training.

Continue to work with partner bodies. This is strengthened by the HSCP Climate Change Group that convened last year and will identify opportunities to work more efficiently and sustainably.

Fife IJB recognises that it has a corporate responsibility to manage resources in a sustainable manner and in a way that minimises damage to the environment, for example through reducing the use of paper, recycling and reducing waste as much as possible and the use of technological solutions to help to reduce travel and support the reduction of Fife's carbon footprint.

The HSCP Climate Change Group has undertaken a gap analysis based on the Scottish Government and Sustainable Scotland Network (SSN) Leaders Climate Emergency Checklist which supports the Groups action plan. A key action from this is the monitoring of a project log which captures climate related projects across the partnership and receives regular updates on these from project leads.

A Leaders Climate Adaptation checklist assessment is now underway. This seeks to benchmark the HSCP against best practice and identify the next steps needed to be adaptable to Scotland's changing climate

Continue to monitor actions and outcomes aligned to the delivery of the Strategic Plan, including those within the supporting strategies, that promote co-benefits with climate change strategies.

The SBAR template was amended to highlight the Climate Change Report and allow staff to set out any climate change impacts in relation to reports coming to Committees/IJB.

Environment and sustainability impacts are also considered as part of the equality impact assessment process within business cases for Transformation Projects to help support awareness raising and impacts on communities.

Continue to review the information received on SBAR's, reports and business cases, in relation to climate change impacts, and highlight the benefits or positive impacts on climate change strategies.

The FEAT tool is a simple and easy to use tool that screens proposals for environmental risks. The use of this tool will help to provide more informed information.

A review of the environmental/climate change impacts highlighted within SBAR's submitted to Committees during 2025/26 is attached at Appendix 1.

Priorities for 2026/27

Members are asked to agree the following 5 key priorities for the year ahead for inclusion in the submission to Scottish Government. The full draft submission is not included here as it is a large spreadsheet and difficult to format and read. Other than the key priorities listed below, the submission contains factual information about the Fife Integration Joint Board and updates on

the work carried out during the year as set out within this SBAR. The full submission is available for members on request.

1. Strengthen Partnership Working to Deliver Climate Objectives
Continue to support the Climate Fife Sustainable Energy and Climate Action Plan (SECAP) 2020-2030 and the Climate Fife Strategy and Action Plan 2024, working closely with partners to contribute to shared climate ambitions and the development and delivery of the Anchors Strategic Plan.

2. Build Awareness, Knowledge and Engagement Across the Workforce
Promote climate literacy and sustainability awareness across the workforce through accessible training, learning opportunities and communication channels. Support the recruitment and development of Climate Change Champions across services to encourage staff engagement, share good practice and promote sustainable ways of working.

3. Strengthen Locality-Based Climate Action
Work collaboratively with locality teams, communities and partners to identify opportunities that support both local priorities and climate objectives. Encourage service improvements that deliver environmental, health and wellbeing benefits for local populations.

4. Embed Climate Considerations into Planning and Decision-Making
Continue to review SBARs, reports and business cases to ensure climate change impacts are considered and opportunities for positive environmental outcomes are identified. Encourage and promote the use of the Fife Environmental Assessment Tool (FEAT) to support consistent assessment and decision-making.

5. Monitor and Report Progress Against Strategic Plan Outcomes
Monitor and review actions and outcomes that contribute to the delivery of the Strategic Plan and support environmental sustainability objectives. Use performance information and learning from partners to identify opportunities to improve efficiency, reduce environmental impact and maximise co-benefits for health, wellbeing and communities.

The HSCP Climate Change Group has an established action plan to monitor and deliver its programme of work. If the five proposed priorities are approved, any associated actions required to support their delivery will be incorporated into the action plan, ensuring the HSCP is able to monitor, progress and fulfil its agreed priorities.

Related Documents/Appendices

Appendix 1 - Review of SBARS 2025-2026 Appendix 1 Review of SBARS - 2025-2026

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)	☒	☐	02/11/2026	☒	☐	Full SSN submission to be available on request. Ensure appendix relates to the relevant reporting period. Note action planning and key impacts for service users and carers
Finance, Performance & Scrutiny (FP&S)	☒	☐	13/11/2026	☐	☒	
Integration Joint Board (IJB)		☒	25/11/2026			

Implications/Impacts

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

Service Users/Carers	☒	Work on climate change seeks to identify and address the risks of climate impacts on service users and carers such as heat related illness, worsening of cardiovascular and respiratory diseases, injuries and health risks related to extreme weather events, increased risk of infectious diseases and food or water contamination, disruption to health and social care services and travel during extreme weather events. Work is being undertaken to understand and assess these risks and to ensure they are actively considered in care planning and strengthening of resilience arrangements across Health and Social Care activity
Localities/Communities	☒	Work around climate change is focussed at a Locality and Community level
Quality of Care	☒	Work on climate change seeks to identify and address the risks of climate impacts on quality of care such as heat related illness, worsening of cardiovascular and respiratory diseases, injuries and health risks related to extreme weather events, increased risk of infectious diseases and food or water contamination, disruption to health and social care services and travel during extreme weather events. Work is being undertaken to understand and assess these risks and to ensure they are

		actively considered in care planning and strengthening of resilience arrangements across Health and Social Care activity	
Workforce	☒	There is a time commitment for staff members involved in the work of the group and climate related activity	
Legal	☒	There is a legal requirement to report under the Climate change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. The IJB is required to consider the risks around climate change and how it can work with partner bodies to mitigate these.	
Financial	☒	There is no direct financial impact at this point. The work of the group would seek to find ways to address climate related risks, reduce waste and increase efficiencies	
Performance	☒	Measures around climate change impacts are reported via partner bodies	
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)**	☒	The annual reporting of climate change action is to support the reduction of environmental impacts and support climate change adaptation initiatives.	
Communication and Engagement	☒	Consultation has taken place with members of the Health & Social Care Partnership Senior Leadership Team	
Risk & Mitigation	☒	There is a legal requirement to report under the Climate change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. The IJB is required to consider the risks around climate change and how it can work with partner bodies to mitigate these.	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact	*There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.*

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Lisa Cooper	**Head of primary and Preventative Care Services**	**22 October 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.

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?
Agreeing the strategic priorities for the Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015	There is a risk the IJB would be non-compliant with legislation	None known	☐ ☒ ☐ ☐ ☐ ☐	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Compliance with legislation Mitigating inequalities	☐ Yes ☐ No ☒ N/A risk only applies if we do not take the decision
Agreeing the strategic priorities for the Climate Change (Duties of Public Bodies; Reporting Requirements) (Scotland) Order 2015	There is a risk that IJB would not be able to comply with commitment in relation to climate change	None known	☒ ☐ ☐ ☐ ☐ ☐	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Focus on priorities for strategic plan	☐ Yes ☐ No ☒N/A risk only applies if we do not take the decision

*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.

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Meeting:	Integration Joint Board	**Date:**	25/11/2026
Report Title:	Care Inspectorate Care Home Gradings		
Agenda Item No:	6.3		
Responsible Owner:	Tracy Hogg, Chief Finance Officer		
Report Author:	Alan Adamson, Service Manager (Quality Assurance) Caroline Cherry, Principal Social Work Officer		

Executive Summary

This report provides an overview of the inspections of registered care homes in Fife that have been undertaken by the Care Inspectorate. The inspections cover all sectors, Local Authority, Private and Voluntary (known as the Independent Sector).

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	This paper provides assurance that care inspection grades and required improvements are monitored.

Directions

No Direction Required	☒

Situation/Background (Purpose of Report)

Fife Health and Social Care Partnership either directly provide or commission care services, with all required to be registered and subject to inspection by the Care Inspectorate.

Inspections are used to ensure that services continue to meet the standards and the needs of people using the service. Inspections are also used to assess whether improvements have taken place in services, where risks to service users have previously been identified or where enforcement action has been taken

All care providers are committed to continuous improvement and proactively take on board comments and suggestions made through the inspection process.

Assessment (Key Points/Issues and Risks)

Inspections evaluate (grade) services using the six-point scale set against 5 key questions. During an inspection all, some, or none of the key questions may be graded.

The Quality Inspection Framework's Key Questions are:

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

The grades are as follows:

Grade	Description
6 - Excellent	Outstanding or sector leading
5 - Very good	Major strengths
4 - Good	Important strengths, with some areas for improvement
3 - Adequate	Strengths just outweigh weaknesses
2 - Weak	Important weaknesses – priority action required
1 - Unsatisfactory	Major weaknesses – urgent remedial action required

The attached Appendix 1 summarises the current position of the Care Inspectorate inspection outcomes for care homes for Adults / Older People.

This is based on the information available from the Care Inspectorate datastore as of the 31st of August 2026 and it may not have information about inspections that have been completed before this date but have yet to be finalised or published.

The format of this information has been simplified from previous reports in response to feedback and now shows only the grades assessed at the last graded inspection for each care home. A link to the care inspectorate webpage for each care home has also been provided to facilitate easy access to any supplementary information which may be required.

It should be noted that the Care Inspectorate have introduced new 'core assurance' inspections during which no grades are awarded, so the website may have more recent inspection dates than shown in the appendix.

Since 1st April 2026 there have been 23 graded inspections.

The Partnership may suspend, or agree with a care service to suspend, new placements or services into the care service where the outcome from an inspection result in a score of two (2) or less (Unsatisfactory Grade 1 or Weak Grade 2) in any themed area which could impact on the quality of care.

Where a care service has been evaluated as needing improvement, an action plan outlining improvement is produced and these are regularly monitored to ensure improvements are on track and that any enforcements, requirements or recommendations are dealt with within the timescale. The inspectors follow this up during future visits to ensure that these are progressed.

The Partnership will liaise and work closely with the care provider, linking in with the Care Inspectorate, on the actions the care service is or intends to take in order that the necessary improvements are

achieved. To strengthen shared intelligence, the Principal Social Work Officer meets with the Adult Team Manager for the Care Inspectorate monthly.

Note internal care homes are held to the same standard and the Principal Social Work Officer provides feedback on the improvement plans for internal care homes.

Currently, there are no care homes in Fife which have grades of 2 or below. This is an improvement following on from the last report presented to the Integration Joint Board in 2025.

It is noted that there are reasons to celebrate the success of good practice in care homes in Fife. The services will use the Care Home Collaborative to strengthen and promote areas of success.

Leads for Nursing, Quality Assurance and Social Work alongside other partners, work together to join up the quality assurance, regulation and protection issues and focus systematically on improving care homes with poorer performance.

Related Documents/Appendices

Appendix 1 – Care Inspection Gradings 12.10.26

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)	☒	☐	19.10.26	☒	☐	Understanding of Care Inspectorate inspections was explained.
Quality & Communities (QCC)	☐	☒	04.11.26	☒	☐	Focus on the fact that there are no care homes on Grade 2 or below in Fife.
Integration Joint Board (IJB)		☒	25.11.26			

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	☒	Quality of care has a direct impact on older people and adults who require 24-hour care and their unpaid carers.	
Localities/Communities	☒	Care homes sit within local communities, and their quality is important to each local area	
Quality of Care	☒	Regulation is important in terms of evaluating quality of care.	
Workforce	☒	The attraction and retention of social care staff can be impacted by grades and reputation of a care home.	
Legal	☒	There can be legal issues associated with regulation.	
Financial	☒	There can be financial issues associated with regulation.	
Performance	☒	Poor grades reflect quality of care; environment etc	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	*There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.*

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Caroline Cherry	**Principal Social Work Officer**	**05/11/2026**

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.

Appendix 1 – Care Inspection Gradings

CS Number	Service Type	Service Name	Location	Latest Graded Inspection	Support	Leadership	Staff	Setting	Planning	Care Inspectorate Link
CS2003016298	Local Authority	Jean Mackie	Dunfermline	10-Sep-25	4			3		Care Service Register, Carers | Care Inspectorate
CS2003006833	Local Authority	Ladywalk House	Anstruther	16-Aug-23	4	4				Care Service Register, Carers | Care Inspectorate
CS2017353223	Local Authority	Lindsay House	Cowdenbeath	29-Jul-25	4	3	3	4	4	Care Service Register, Carers | Care Inspectorate
CS2003006834	Local Authority	Matthew Fyfe	Dunfermline	27-Jun-25	5	5	4	4	4	Care Service Register, Carers | Care Inspectorate
CS2003006837	Local Authority	Methilhaven	Methil	21-Apr-26	5	5				Care Service Register, Carers | Care Inspectorate
CS2017353222	Local Authority	Napier House	Glenrothes	29-May-26	4	4	3			Care Service Register, Carers | Care Inspectorate
CS2003006835	Local Authority	Northeden House	Cupar	19-Dec-25	4	3	4	3	4	Care Service Register, Carers | Care Inspectorate
CS2015337334	Local Authority	Ostlers House	Kirkcaldy	21-Nov-25		4	4			Care Service Register, Carers | Care Inspectorate
CS2010248946	Private	Abbotsford Cowdenbeath	Cowdenbeath	10-Mar-26	4	4	5	3	5	Care Service Register, Carers | Care Inspectorate
CS2010248948	Private	Abbotsford East Wemyss	East Weymss	11-Apr-25	6			5		Care Service Register, Carers | Care Inspectorate
CS2010248949	Private	Abbotsford Glenrothes	Glenrothes	13-Aug-26	3					Care Service Register, Carers | Care Inspectorate
CS2012311915	Private	Abbotsford Headwell House	Dunfermline	5-May-26	3					Care Service Register, Carers | Care Inspectorate
CS2010248943	Private	Abbotsford Methil	Methil	13-Nov-25	4	4	4	4	4	Care Service Register, Carers | Care Inspectorate
CS2010248944	Private	Abbotsford Newburgh	Newburgh	20-Jul-26	4	4				Care Service Register, Carers | Care Inspectorate
CS2014334458	Private	Abbotsford Raith Manor	Kirkcaldy	29-Apr-25	4	4	4	3	4	Care Service Register, Carers | Care Inspectorate
CS2023000159	Private	Alexander House	Cowdenbeath	14-Aug-26	4	4		4	4	Care Service Register, Carers | Care Inspectorate
CS2007153219	Private	Auchtermairnie	Kennoway	16-May-24	5		4			Care Service Register, Carers | Care Inspectorate
CS2011300848	Private	Balfarg Care Home	Glenrothes	14-Nov-25	5			4		Care Service Register, Carers | Care Inspectorate
CS2016349811	Private	Balnacarron	St Andrews	4-Mar-26	5			4		Care Service Register, Carers | Care Inspectorate
CS2003010321	Private	Bandrum	Saline	23-May-25	4	4	5	5	4	Care Service Register, Carers | Care Inspectorate
CS2023000095	Private	Barrogil House	Kirkcaldy	11-Jun-26	3	4			3	Care Service Register, Carers | Care Inspectorate
CS2025000191	Private	Benarty View	Kelty	2-Apr-26	5	5	5	5	4	Care Service Register, Carers | Care Inspectorate
CS2024000104	Private	Bennochy Lodge	Kirkcaldy	26-Jun-26	4	3				Care Service Register, Carers | Care Inspectorate
CS2007162394	Private	Benore Care Home	Lochore, Ballingry	28-Jun-24	6		6			Care Service Register, Carers | Care Inspectorate
CS2023000073	Private	Camilla House	Auchtertool	21-Aug-25	3	4	3	4	4	Care Service Register, Carers | Care Inspectorate
CS2007142850	Private	Canmore Lodge	Dunfermline	26-Jun-24	5		5			Care Service Register, Carers | Care Inspectorate
CS2011300682	Private	Chapel Level	Kirkcaldy	12-Jun-25	4	5	4	5	4	Care Service Register, Carers | Care Inspectorate
CS2020378965	Private	Craighead	Newport on Tay	5-Feb-26	5			5		Care Service Register, Carers | Care Inspectorate
CS2023000123	Private	Craigie House	Cowdenbeath	31-Oct-25	3	3	3	4	4	Care Service Register, Carers | Care Inspectorate
CS2025000049	Private	Dalgety Bay	Dalgety Bay	13-Mar-26	4	4	4	5	4	Care Service Register, Carers | Care Inspectorate
CS2020378969	Private	Earlsferry House	Elie	12-Nov-25			3			Care Service Register, Carers | Care Inspectorate
CS2017353797	Private	Elizabeth Hse.	Kirkcaldy	22-Jul-25	4	4	4	4	4	Care Service Register, Carers | Care Inspectorate
CS2023000071	Private	Fernlea House	Cardenden	22-Dec-25	4	4	5	4	4	Care Service Register, Carers | Care Inspectorate

CS Number	Service Type	Service Name	Location	Latest Graded Inspection	Support	Leadership	Staff	Setting	Planning	Care Inspectorate Link
CS2023000096	Private	Finavon Ct.	Glenrothes	19-Feb-25	4		5			Care Service Register, Carers | Care Inspectorate
CS2013318119	Private	Forth Bay	Kincardine	6-Mar-26	4	4	4	4	4	Care Service Register, Carers | Care Inspectorate
CS2011302958	Private	Forth View	Methil	9-Jul-26	3	4	4	4		Care Service Register, Carers | Care Inspectorate
CS2003039139	Private	Glenburnie	Leven	6-Jan-26	5			5		Care Service Register, Carers | Care Inspectorate
CS2003007571	Private	Glendale Lodge	Dunfermline	9-Jun-22	5	5				Care Service Register, Carers | Care Inspectorate
CS2020379154	Private	Gowrie House	Kirkcaldy	25-Jun-26	5	4				Care Service Register, Carers | Care Inspectorate
CS2023000111	Private	Harbour Care Centre	Dysart, Kirkcaldy	2-Feb-26	4		4			Care Service Register, Carers | Care Inspectorate
CS2014329901	Private	Harbour Care Home	Dysart, Kirkcaldy	2-Feb-26	5	5	5	5	4	Care Service Register, Carers | Care Inspectorate
CS2020378971	Private	Henderson Hse.	Dalgety Bay	16-Apr-25		4	4			Care Service Register, Carers | Care Inspectorate
CS2010249559	Private	Hilton Ct.	Rosyth	18-Sep-25	5			5		Care Service Register, Carers | Care Inspectorate
CS2023000298	Private	Inspired Breaks	Leven	30-Jul-26	5					Care Service Register, Carers | Care Inspectorate
CS2021000273	Private	Leven Beach	Leven	20-Mar-25	5		5			Care Service Register, Carers | Care Inspectorate
CS2004085047	Private	Leys Park	Dunfermline	23-Apr-26	4					Care Service Register, Carers | Care Inspectorate
CS2008183932	Private	Links View	Burntisland	2-Sep-25				3		Care Service Register, Carers | Care Inspectorate
CS2011300748	Private	Lomond Court	Glenrothes	5-Nov-24	4					Care Service Register, Carers | Care Inspectorate
CS2023000108	Private	Lomond View	Falkland	30-Jul-26	3					Care Service Register, Carers | Care Inspectorate
CS2025000183	Private	Lunardi Court	Cupar	15-Apr-26	4	4				Care Service Register, Carers | Care Inspectorate
CS2018369999	Private	Marchmont	Kirkcaldy	13-Aug-25	3	3	4	4	3	Care Service Register, Carers | Care Inspectorate
CS2023000129	Private	Methven House	Kirkcaldy	16-May-25	4	4	4	4	4	Care Service Register, Carers | Care Inspectorate
CS2025000111	Private	Morar	St Andrews	6-Jul-26	4	4	5	5		Care Service Register, Carers | Care Inspectorate
CS2014330580	Private	Mossview	Lochgelly	20-Jun-25	4	4	3	4	4	Care Service Register, Carers | Care Inspectorate
CS2013314910	Private	Newlands	Dunfermline	16-Jul-25	5			4		Care Service Register, Carers | Care Inspectorate
CS2025000362	Private	Orchardhead Hse.	Rosyth	30-Jul-26	5	5	5	5	5	Care Service Register, Carers | Care Inspectorate
CS2008171446	Private	Peacehaven Care Home	Lundin Links	12-Feb-26	5			4		Care Service Register, Carers | Care Inspectorate
CS2003010322	Private	Pitlair House	Bow of Fife	23-Jul-26	3	3	3	3	3	Care Service Register, Carers | Care Inspectorate
CS2024000387	Private	Pitreavie Castle	Dunfermline	29-Jun-26	3	4	4		3	Care Service Register, Carers | Care Inspectorate
CS2023000072	Private	Preston House	Glenrothes	8-Aug-25	5			5		Care Service Register, Carers | Care Inspectorate
CS2015340843	Private	Robert Allan House	Lochore, Ballingry	23-Jan-26	6			5		Care Service Register, Carers | Care Inspectorate
CS2023000026	Private	Roselea House	Cowdenbeath	14-May-26	5			5	5	Care Service Register, Carers | Care Inspectorate
CS2003042852	Private	Rosturk House	Cupar	7-Jul-25	4	5	4	5	4	Care Service Register, Carers | Care Inspectorate
CS2013318122	Private	Scoonie House	Leven	28-Aug-25	5	5	5	5	5	Care Service Register, Carers | Care Inspectorate
CS2004063136	Private	St Andrews Hse.	St Andrews	3-Oct-25	4	5	5	5	4	Care Service Register, Carers | Care Inspectorate
CS2010251669	Private	St. Serfs	Newport on Tay	2-Jul-26	4	5				Care Service Register, Carers | Care Inspectorate
CS2013318123	Private	Strathview	Auchtermuchty	24-Sep-25	3			3		Care Service Register, Carers | Care Inspectorate
CS2011300764	Private	The Beeches	Dunfermline	16-May-25	4	5	4	4	4	Care Service Register, Carers | Care Inspectorate

CS Number	Service Type	Service Name	Location	Latest Graded Inspection	Support	Leadership	Staff	Setting	Planning	Care Inspectorate Link
CS2003006871	Private	Villa Atina	Kinghorn	21-Jan-26	5			4		Care Service Register, Carers | Care Inspectorate
CS2023000132	Private	Walton House	Leven	27-Aug-25		3				Care Service Register, Carers | Care Inspectorate
CS2004071160	Private	West Park	Glenrothes	27-Jun-25	5		5	4		Care Service Register, Carers | Care Inspectorate
CS2018369997	Private	Wilby House	Kirkcaldy	25-Nov-25	5			4		Care Service Register, Carers | Care Inspectorate
CS2023000114	Private	Willow House	Cellardyke	29-Sep-25	3	4	3	3	4	Care Service Register, Carers | Care Inspectorate
CS2011300791	Private	Woodside Court	Glenrothes	3-Jul-26	4	4			4	Care Service Register, Carers | Care Inspectorate
CS2003007083	Voluntary	Abbeyfield House	Kirkcaldy	7-Mar-25	4	5	5			Care Service Register, Carers | Care Inspectorate
CS2022000254	Voluntary	Gibson Hse.	St Andrews	8-Jul-26	5	4				Care Service Register, Carers | Care Inspectorate
CS2003037897	Voluntary	Hepburn Court / West Lodge	Glenrothes	12-Nov-25	4	4	4	4	4	Care Service Register, Carers | Care Inspectorate

Fife Health & Social Care Partnership
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Meeting:	Integration Joint Board (IJB)	**Date:**	25th November 2026
Report Title:	Fife Mental Health & Wellbeing Strategy 2026–2029: Year One Annual Report		
Agenda Item No:	6.4		
Responsible Owner:	Lynne Garvey, HSCP Director		
Report Author:	Karen Marwick, Head of Complex & Critical Care Services		

Executive Summary

The Year One Annual Report provides an evidence-based overview of progress in implementing the Fife Mental Health & Wellbeing Strategy 2026–2029 and the foundations established for longer-term improvement.

Year One progress includes increased mental health awareness, stronger workforce capability, improved involvement of people with lived and living experience, earlier access to community support and strengthened multi-agency responses to distress and crisis.

Key developments include the Fife-wide roll-out of Distress Brief Intervention, evaluation of the Mental Health Response Car, strengthened locality and primary care pathways, progress in service redesign, improved digital resources and greater use of data to support planning and improvement.

The Annual Report is presented at the same time as the Prevention and Early Intervention Strategy annual report. The documents are mutually reinforcing: both promote a whole-system approach that acts earlier, strengthens community-based support, addresses inequalities and improves wellbeing before needs escalate. Coordinated delivery will provide a clearer line of sight between strategic commitments, prevention activity and measurable outcomes.

Year Two will cover an 18-month period to align with the Partnerships Strategic Plan reporting timescale (to end March 2028). The delivery plan will be developed in line with the Annual Delivery Plan, providing a single, coordinated framework for priorities, milestones and assurance.

Recommendations		
This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	The Year One Annual Report details progress and learning to provide assurance on delivering the Mental Health and Wellbeing Strategy. It should also be recognised the close alignment with the Prevention and Early Intervention Strategy, and the proposed approach to an 18-month Year Two delivery period aligned with Strategic Plan and Annual Delivery Plan reporting.
For Noting	☐	Note the Year One Annual Report, the progress and learning described, the close alignment with the Prevention and Early Intervention Strategy, and the proposed approach to an 18-month Year Two delivery period aligned with Strategic Plan and Annual Delivery Plan reporting.

Directions	
No Direction Required	☒

Situation/Background (Purpose of Report)

This report presents the first annual review of delivery against the Fife Mental Health & Wellbeing Strategy 2026–2029, 'Let's Talk About Mental Health'. It summarises progress across the Strategy's five priorities, the difference emerging from delivery, the principal challenges and learning, and the areas requiring continued focus.

Year One focused on translating strategic ambition into coordinated action across NHS Fife, Fife Health and Social Care Partnership, Fife Council, third sector organisations, communities and people with lived and living experience. The report provides governance assurance on progress while identifying where evidence, capacity, pathways and performance arrangements require further development.

The Annual Report is presented at the same time as the Prevention and Early Intervention Strategy annual report. The documents are mutually reinforcing: both promote a whole-system approach that acts earlier, strengthens community-based support, addresses inequalities and improves wellbeing before needs escalate. Coordinated delivery will provide a clearer line of sight between strategic commitments, prevention activity and measurable outcomes.

To align future reporting with the Partnerships Strategic Plan, Year Two will operate over 18 months. The Year Two delivery plan will be shaped alongside the Annual Delivery Plan so that priorities, actions, measures, milestones and reporting routes are aligned, enabling proportionate assurance and reducing duplicate reporting.

Assessment (Key Points/Issues and Risks)

Progress and impact

Year One established firm foundations for delivery. Awareness campaigns and workforce learning supported more open conversations and improved signposting; anti-stigma partnership activity progressed; and the Lived Experience Network strengthened routes for people, families and carers to influence planning, redesign and governance.

Prevention and community support

Referrals to Link Life Fife, The Well and Community Led Support indicate increased awareness and use of community-based support. Links between community workers and primary care mental health services have strengthened referral pathways, while locality work on loneliness and self-management has generated learning that can be extended across Fife.

Distress, crisis and service redesign

Distress Brief Intervention was rolled out across all Fife localities and secured recurrent funding following positive evaluation. The Mental Health Response Car test of change demonstrated the value of a therapeutic multi-agency response. Work also progressed on peer support, locality gap analysis, inpatient redesign and stronger community alternatives.

Digital and intelligence

User and staff feedback is informing improvements to Access Therapies Fife and Moodcafé. Digital inclusion activity has supported access to devices and online services; Psychology services have moved to TrakCare; and mental health dashboards are improving the visibility of performance information. Further development of digital and AI-enabled approaches will require appropriate governance, information governance, clinical safety and risk management.

Challenges and learning

Delivery continues within a context of increasing demand, inequalities, workforce and financial pressures, variable community capacity and gaps in outcome evidence. Learning from Year One emphasises the need for whole-system coordination, realistic timescales, robust risk management, inclusive service design, continued staff and lived experience engagement, and clearer measures of impact.

Next phase

The 18-month Year Two period will consolidate successful activity, carry forward incomplete actions and sharpen the focus on outcomes. Aligning the Year Two plan with the Annual Delivery Plan and Prevention and Early Intervention Strategy will support joined-up governance, consistent measures, clearer accountability and reduced duplication.

Related Documents/Appendices

Appendix 1: Fife Mental Health & Wellbeing Strategy 2026–2029 – Year One Annual Report MHW Strategy Year 1 Annual Report

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)	☒	☐	19/10/26	☐	☒	None
Local Partnership Forum (LPF)	☒	☐	11/11/26	☐	☐	
Strategic Planning Group (SPG)	☒	☐	3/11/26	☐	☐	One small typing error
Quality & Communities (QCC)	☒	☐	4/11/26	☐	☐	None
Integration Joint Board (IJB)		☒	25/11/26			

Implications/Impacts

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

Service Users/Carers	☒	Continued involvement of people with lived and living experience, families and carers will shape accessible, compassionate and person-centred support.
Localities/Communities	☒	The strategy strengthen prevention, locality working and community capacity, with a focus on earlier support and reducing inequalities across Fife.
Quality of Care	☒	Year Two will continue to improve pathways, early intervention, crisis responses, community alternatives, accessibility and the use of evidence to support safe, effective care.
Workforce	☒	Delivery depends on sustained staff engagement, workforce development and realistic planning in the context of capacity and recruitment pressures.
Financial	☒	Financial delivery of services remains a key objective to ensure that we remain aligned through change within the current position of our budget.
Performance	☒	Alignment with the Strategic Plan and Annual Delivery Plan will strengthen milestone tracking, outcome reporting and assurance while reducing duplicate reporting requirements.
Communication and Engagement	☒	A coordinated communications and engagement approach will support awareness of the strategy, shared ownership of delivery and continued involvement of partners, staff and communities.
Equalities and Human Rights, including children's rights and health inequalities	☒	Full EQIA has been completed and is available on request

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Karen Marwick	**Head of Service**	**16/10/26**

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.

Fife Health & Social Care Partnership
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Meeting:	Integration Joint Board	**Date:**	25 November 2026
Report Title:	Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2026-2029		
Agenda Item No:	6.5		
Responsible Owner:	Karen Marwick, Head of Complex and Critical Care		
Report Author:	Mary-Grace Burinski, Senior Health Promotion Officer, Suicide Prevention		

Executive Summary

- New Suicide Prevention Action Plan in place (2026–2029): Fife has developed a new suicide prevention action plan, *Creating Hope for Fife 2026–2029*, meeting the national requirement set out in *Creating Hope Together*. The plan retains the existing long-term priorities and outcomes while introducing an Annual Delivery Plan to identify and monitor priority actions each year.
- Developed through multi-agency engagement and embedded within strategic priorities: The 2026–2027 Annual Delivery Plan was shaped through engagement with practitioners, services and organisations, receiving contributions from 36 participants across 28 services. Suicide prevention remains a key priority within Fife's Mental Health and Wellbeing Strategy and Fife Health & Social Care Partnership Strategic Plan, supported by reviewed governance and delivery structures.
- Focus on continuous improvement and priority areas for action: An updated Outcome Framework will support monitoring and evaluation of the new plan. Priority work is already progressing in two areas identified as needing further development in the previous action plan: strengthening lived and living experience participation to inform service improvement, and enhancing bereavement support through engagement and training to improve support pathways across Fife.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	☒	The report provides moderate assurance that Fife meets the national requirement to have a local suicide prevention action plan in place

Directions

No Direction Required	☒

Situation/Background (Purpose of Report)

The previous report submitted to the Integration Joint Board (IJB) in March 2026 presented an impact and evaluation report on the previous Fife Suicide Prevention Action Plan (2022-2025). This report provides assurance that Fife has a new Suicide Prevention Action Plan (2026-2029) and continues to meet the national requirement from Creating Hope Together, Scotland's Suicide Prevention Action Plan, for local areas to have a suicide prevention action plan in place.

The priorities and outcomes for 'Creating Hope for Fife' 2026-2029 carry forward from the previous action plan. This follows the national approach and reflects that the action plan supports delivery of a ten year strategy. The main development for 'Creating Hope for Fife' 2026-2029 is the development of an Annual Delivery Plan which sets out the focus of work for each year of the three year action plan. This reflects the approach and format of other key strategies delivered within Fife.

To support the development of the 2026-2027 Annual Delivery Plan for 'Creating Hope for Fife' 2026-2029, six online Development Sessions were held during March 2026. The aim of the Development Sessions was to offer the opportunity for practitioners, services and organisations to help shape the content of the 2026-2027 Annual Delivery Plan. 19 participants attended representing 15 different services.

To enable contributions from practitioners, services and organistions who were unable to attend the Development Sessions, a recording of the presentation from the Development Session and survey questionnaire was made available and circulated. This enabled a further 17 contributions from 13 services.

'Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2026-2029' takes the form of two documents:

- Three-page overview document which sets out the ambition, current position, priorities and outcomes for the Fife Suicide Prevention Action Plan (Appendix 1)
- Annual Delivery Plan (Appendix 2) which is a live document outlining the actions which were prioritised from the actions from the National Suicide Prevention Action Plan and details the work underway in relation to each prioritised action

The Suicide Prevention workstream is a priority within Fife's Mental Health and Wellbeing Strategy 2026-2029 and Fife Health & Social Care Partnership Strategic Plan for Fife 2026-2029.

Reporting and governance is through the Fife Mental Health and Wellbeing Strategy Implementation Group and governance within Fife Health & Social Care Partnership. The structure and membership of the Fife Suicide Prevention Multiagency Core Group and Delivery Groups have been reviewed to ensure it meets the needs to implement Creating Hope for Fife 2026-2029.

Assessment (Key Points/Issues and Risks)

The official data release for probable suicides in Scotland is published annually by National Records Scotland (NRS). The 2025 data was published on 3 November 2026. In Scotland, there were 703 probable suicide deaths in Scotland, a decrease of one from 704 in 2024. In Fife, there were 35 probable suicides, a decrease of 9 from 44 in 2024. Year on year numbers will fluctuate and it's important to focus on the 5-year rolling average. At local authority level the 5-year rolling average for Scotland in 2025 was 15.1 probable suicides per 100,000, for Fife, it was 13.7 probable suicides per 100,000. A briefing paper by Suicide Prevention Scotland was published alongside the NRS data release which provides guidance and information on how to interpret the data (Appendix 3).

Suicide prevention remains a challenging and complex workstream to evaluate and demonstrate impact. The Outcome Framework developed for the previous action plan, which was presented to the IJB in March in 2026 as the basis for the evaluation and impact report, has been updated for the new Fife Suicide Prevention Action Plan 2026-2029 (Appendix 4).

The impact assessment report for the Fife Suicide Prevention Action Plan 2022-2025 presented to IJB in March 2026 noted limited progress for two specific areas of work. These areas of work were identified as priority areas for the 2026-2029 action plan and progress has already been made:

- Lived and Living Experience: A structured Participation and Engagement approach is underway to strengthen how lived experience informs service improvement. Targeted engagement with parents and carers is capturing key themes on accessing support for children and young people's emotional wellbeing. Insight will inform improvements to information, communication and support pathways, ensuring they are accessible, person-centred and responsive to need.
- Bereavement Support: Alongside the rollout of 'Wave After Wave' suicide bereavement training, engagement with a local bereavement support group is being facilitated to understand collective experiences of support before and after bereavement. This will inform service and pathway improvements, supporting more consistent, compassionate and coordinated suicide-prevention support across Fife.

Related Documents/Appendices

Appendix 1: Creating Hope for Fife 2026-2029 Summary Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2026-29

Appendix 2: Fife Suicide Prevention Annual Delivery Plan 2026-2027 Annual Delivery Plan

Appendix 3: Understanding Suicide Data Understanding Suicide Data

Appendix 4: Outcome Framework for Creating Hope for Fife 2026-2029 Outcome 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)	☒	☐	19 October 2026	☐	☒	
Quality & Communities (QCC)	☒	☐	4 November 2026	☐	☐	Verbal update provided at meeting on NRS 2025 probable suicide data.
Integration Joint Board (IJB)		☐	25 November 2026			
NHS Fife						
Executive Leadership Team (ELT)	☒	☐	22 October 2026	☐	☒	Updated Appendix 2 Fife Suicide Prevention Annual Delivery Plan 2026-2027. Live document which is updated monthly.
Population Health Committee	☒	☐	9 November 2026	☐	☐	Verbal update provided at meeting on NRS probable suicide data. SBAR updated following meeting to include NRS 2025 probable suicide data.
Other (please specify):						
Fife Suicide Prevention Multi-Agency Core Group	☒	☐	3 June 2026	☐	☒	
Mental Health and Wellbeing Strategic Implementation Group	☒	☐	11 June 2026	☐	☒	

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	☒	The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others
Localities/Communities	☒	The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others
Quality of Care	☒	The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others
Workforce	☒	A skilled workforce remains a key enabler and priority for delivering the suicide prevention workstream. The Fife Health Promotion Prevention & Early Intervention Training Programme provides a range of training options for mental health and suicide prevention in different learning

		formats (e-learning, digital learning bites etc).
Financial	☒	No specific funding has been allocated to the suicide prevention workstream and at the moment this is being progressed as part of core Health Promotion Service work and through capacity from members of staff across the system. Suicide Prevention should also be considered across all mental health policy and programmes.
Performance	☒	Impact report produced for the 2022-2025 Creating Hope For Fife: Fife's Suicide Prevention Action Plan and SBAR submitted detailing findings.
Communication and Engagement	☒	"Creating Hope Together" was published following a lengthy, collaborative consultation process which began during November-December 2021 with a series of online consultation events and online questionnaire which was open to all partners and stakeholders. Members from the Fife Suicide Prevention Multiagency Core Group was well represented across both phases of consultation and a response was also submitted to the online questionnaire. 'Creating Hope for Fife' 2022-2025 was finalised following completion of a Participation and Engagement process which consulted on the priorities and outcomes for the Fife Suicide Prevention Action Plan. These priorities and outcomes have carried forward to 'Creating Hope for Fife' 2026-2029. Work is progressing with FHSCP Participation and Engagement Team on two specific projects: engagement with parents/carers; engagement with members of a local bereavement support group.
Equalities and Human Rights, including children's rights and health inequalities	☒	Full EQIA has been completed and is available on request The Fife Suicide Prevention Action Plan reflects the principles of the Fairer Scotland Duty and the Action Plan comprehensively demonstrates working in ways that reduce health inequalities, addressing the links between social determinants of health and suicide risk. In the development and delivery of the Action Plan careful consideration was given to ensuring the work considers and reflects the requirements of the Public Sector Equality Duty and the UNCRC. The Fife Suicide Prevention Action Plan reflects the national delivery plan for Creating Hope Together, which was shaped by contributions from the Lived and Living Experience Pannel and Youth Advisory Group. An EQIA was carried out as part of the development of Creating Hope Together and published when the first national delivery plan was launched. Creating Hope for Fife: Fife's Suicide Prevention Action Plan closely reflects and uses actions set out within the National Action Plan which has an EQIA in place. Creating Hope Together - suicide prevention strategy and action plan: equalities impact assessment - gov.scot (www.gov.scot)

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Lisa Cooper	**Head of Service, Primary & Preventative Care**	**10/11/2026**
Lynne Garvey	**Director HSCP**	**12/11/2026**

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
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Meeting:	Integration Joint Board	**Date:**	25th November 2026
Report Title:	Walk-In Centre (Urgent Care) – Randolph Wemyss Hospital pilot Site - Phased expansion plan		
Agenda Item No:	8.1		
Responsible Owner:	Lynne Garvey, Director of Fife Health & Social Care Partnership		
Report Author:	Lisa Cooper, Head of Primary and Preventative Care Services Martyn Berrie, UCSF Service Manager, Stuart Murdoch, Senior Project Manager, Transformation / PMO		

Executive Summary

- The purpose of this paper is to seek a **Decision** from the Integration Joint Board in approving a safe and governed phased expansion of the Walk-in Service pilot at Randolph Wemyss Hospital to improve equitable access to urgent care services across Fife whilst maintaining a safe and controlled approach to service development.
- The Fife Walk-in Service pilot commenced on the 24th of August 2026 at Randolph Wemyss Memorial Hospital, initially providing access for Levenmouth GP-registered patients as Phase 1 of implementation.
- Early pilot performance has been positive, with 1145 attendances managed through the service with, 47 median daily attendances, 12 minutes median Time to Triage, 29 minutes median wait time to see a clinician, 58 minutes median time spent in the department and most patients (806 patients (70.4%)) being assessed and managed within the service. Emerging patient feedback indicates strong support for same-day access to care and positive patient experience.
- Phase 2A proposes extending access to patients registered with Glenrothes GP practices from the 11th of January 2027, subject to successful completion of readiness reviews and a formal go/no-go decision.
- Following a six-week local evaluation and assurance period, Phase 2B proposes extending access to patients registered with Kirkcaldy GP practices from the 22nd of February 2027, subject to satisfactory local evaluation outcomes and governance approval.
- Phase 2C: opening access to all Fife registered patients from the 5th of April 2027, with full expansion to a 7 day a week model. Delivery of a Walk-In Service 7 day a week model:
    - Monday to Friday – Randolph Wemyss Hospital – 10am-6pm.
    - Saturday and Sundays – Dunfermline, Kirkcaldy and St. Andrews Urgent Care Centres between 10am-6pm.
- Analysis of current Walk-in Centre activity demonstrates a median daily attendance of 47 patients, of whom approximately 22.4% do not require a clinician consultation following triage, resulting in an average of 36 consultations per day. Demand modelling indicates that Phase 2A, through the inclusion of Glenrothes GP registered patients, is likely to increase activity to approximately 99 attendances and 77 consultations per day.

- Phase 2B, with the addition of Kirkcaldy GP registered patients, is projected to increase demand further to around 168 attendances and 130 consultations per day. These forecasts are based on current utilisation patterns and represent the best available estimates to support phased implementation planning.
- The current approved workforce model of six clinicians provides an appointment capacity of 96 consultations per day based on 30-minute appointments. While this capacity is sufficient to accommodate the projected Phase 2A demand, it would be exceeded during Phase 2B. However, using current median assessment times of 19 minutes, the service has a theoretical capacity of approximately 152 consultations per day
- Despite this, increasing demand presents a future risk and may require additional workforce capacity, reduced consultation times, extended operating hours, or alternative demand management measures before progression to subsequent phases. Demand and capacity assumptions will continue to be refined through activity monitoring and intelligence gathered during each phase's implementation.
- Principal risks relate to workforce recruitment and sustainability, operational capacity, patient flow, digital readiness, public understanding of the service offer, transport and accessibility considerations. These risks will continue to be managed through established governance arrangements, readiness reviews, operational monitoring, and formal go/no-go decision points.
- The proposal aligns with the risk appetite by supporting strategic objectives to improve access to urgent care while applying a cautious and evidence-based approach to service expansion.
- Overall assurance is assessed as Moderate, reflecting positive early pilot performance, a structured phased implementation approach, and the requirement that progression between phases remains dependent upon satisfactory readiness and governance assurance.

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	☒	○ **Decision** – to approve a phased, governed approach to the implementation of Phase 2 of the Fife Walk-In Service pilot at Randolph Wemyss Hospital. ○ Including: ○ Phase 2A of the Walk-in Service Pilot on the 11th of January 2027 to open access for Walk-In Services to patients registered with a Glenrothes GP practice ○ Phase 2B on the 22nd of February 2027 to open access for Walk-In Services to patients registered with a Kirkcaldy GP practice, subject to the 6-week assessment period of Phase 2A. ○ Phase 2C on the 5th of April 2027 open access for Walk-in Services to all Fife registered patients, subject to the 6-week assessment period of Phase 2B.

Situation/Background (Purpose of Report)

Situation

The purpose of this paper is to seek a **Decision** from the Integrated Joint Board in approving a safe and governed phased expansion of the Walk-in Service pilot at Randolph Wemyss Hospital to improve equitable access to urgent care services across Fife whilst maintaining a safe and controlled approach to service development.

The Walk-In Service pilot commenced on the 24th of August 2026 as Phase 1 of implementation, providing access exclusively to Levenmouth-registered patients. As part of the planned phased rollout, Phase 2a and 2b will extend eligibility to patients registered with GP practices in Glenrothes and Kirkcaldy, before progressing to Phase 2c, which will provide access across all Fife GP registered populations at Randolph Wemyss Memorial Hospital.

The proposed implementation approach is as follows:

1. Completion of substantive staff recruitment, with all posts expected to be in place by the 1st of December 2026.
2. **Phase 2A**: Expansion of eligibility to Glenrothes-registered patients from the 11th of January 2027.
3. A six-week local evaluation period to assess activity, demand, capacity, patient experience, safety, and operational impact.
4. Progression to the next phase will be subject to satisfactory local evaluation outcomes and the achievement of agreed governance requirements.
5. **Phase 2B**: Expansion of eligibility to Kirkcaldy-registered patients from the 22nd of February 2027.
6. A further six-week local evaluation period to assess activity, demand, capacity, patient experience, safety, and operational impact.
7. Progression to the next phase will be subject to satisfactory local evaluation outcomes and the achievement of agreed governance requirements.
8. **Phase 2C**: Expansion of eligibility to all patients registered with a Fife GP practice from the 5th of April 2027, alongside implementation of a seven-day service model.
    - Delivery of a seven-day Walk-In Service model:
    - Monday to Friday: Randolph Wemyss Memorial Hospital, 10:00–18:00.
    - Saturday and Sunday: Dunfermline, Kirkcaldy and St Andrews Urgent Care Centres, 10:00–18:00.

This phased approach will ensure that service expansion is supported by robust local evaluation, appropriate governance oversight, and evidence-based decision-making, providing a structured and sustainable pathway towards full Fife-wide implementation.

Background

On the 12th of October 2025, the First Minister announced plans to pilot a new network of seven-day walk-in GP services, designed to improve access to primary care by enabling patients to see a clinician without the need for a pre-booked appointment.

This commitment has subsequently been reinforced through Scottish Government policy, which identifies improving access to primary care and delivering more care within community settings as key strategic priorities.

On the 17th of November 2025, the Scottish Government invited all NHS Boards to submit costed proposals to establish and evaluate primary care walk-in service pilots within their respective areas. The intention was for pilots to become operational by March 2026 and continue through to the end of the 2026/27 financial year to support workforce planning, service evaluation and consideration of wider national rollout.

The Scottish Government advised that the pilots should assess:

- The feasibility and sustainability of the walk-in service model.
- The impact on patient access, patient experience and overall system performance.
- The contribution of walk-in services to reducing waiting times and alleviating pressure across the wider health and social care system.
- The effect on Emergency Departments, in-hours General Practice, wider primary care services and Out of Hours services, including impacts on patient flow, sustainability, value for money and opportunity costs.
- The impact on continuity of care, clinical safety, access and health inequalities, including compliance with Public Sector Equality Duties.
- The cost-effectiveness and resource requirements associated with future service expansion.

On the 18th of June 2026, a proposal for a Fife Walk-In Service, based at Randolph Wemyss Memorial Hospital, Buckhaven, was approved to proceed. The approved model proposed access for all patients registered with a Fife GP practice and formed the basis for the phased implementation approach currently being undertaken.

The Walk-In Service in Fife at Randolph Wemyss Memorial Hospital commenced on the 24th of August 2026 as Phase 1 of implementation, initially providing access for patients registered with GP practices within the Levenmouth locality, with future expansion subject to local evaluation, workforce capacity and governance approval.

It is anticipated that the next phase of the national Walk-In Service programme will include the development of a Community Pharmacy model. NHS Fife has been identified as a participating Board within this work. Further detail is awaited from the Scottish Government and the Chief Pharmaceutical Officer regarding scope, timescales and delivery requirements. Subject to receipt of this guidance, planning will be led locally by NHS Fife's Executive Director of Pharmacy, in collaboration with relevant stakeholders, with progress and proposals reported through the appropriate governance routes for consideration and approval.

Directions	
NHS Fife	☒

Assessment (Key Points/Issues and Risks)

Current Data Analysis:

The walk-in service pilot for the initial phase in Fife began on the 24th of August 2026, for Levenmouth registered patients as Phase 1 (Data as of the 1st of October 2026):

- 1145 attendances have delivered during the pilot period
- 47 median daily attendances
- 12 minutes median Time to Triage
- 4 minutes median Time spent in Triage
- 29 minutes median wait time to see a clinician
- 58 minutes median time spent in the department

- 806 patients (70.4%) were seen and treated.
- 257 patients (22.4%) were redirected to the Right Care in the Right Place
- 38 patients (3.3%) required ED/999 escalation.
- 21 patients (1.8%) required admission.
- 23 patients (2.1%) Did Not Wait

Demand prediction for Phases:

Current Phase:

- 47 median daily attendances, accounting for a median of 22.4% do not see a clinician after triage, means an average of 36 consultations are conducted per day.

Phase 2A:

- Glenrothes GP registered patients are predicted to add an attendance of up to 55 patients per day (based on population size and the current median of 47 patients per day in attendance)
- 55 median daily attendances, accounting for a median of 22.4% do not see a clinician after triage, means an average of 43 additional consultations are conducted per day.
- Predicting approximately 99 attendances, with 77 consultations concluded per day with Levenmouth

Phase 2B

- Kirkcaldy GP registered patients are predicted to add an attendance of up to 69 patients per day
- 69 median daily attendances, accounting for a median of 22.4% do not see a clinician after triage, means an average of 54 additional consultations are conducted per day.

Predicting approximately 168 attendances, with 130 consultations concluded per day with all three practices onboarded.

Capacity to see a clinician:

Measure	Current Capacity	Phase 2A Predicted Demand (Levenmouth + Glenrothes)	Variance	Phase 2B Predicted Demand (Levenmouth + Glenrothes + Kirkcaldy)	Variance
Approved workforce (Clinicians) **2 x GPs** **1 x Senior ANP** **3 x ANPs**	6	6	-	6	-
Consultation capacity per hour (30-minute consultations)	12	12	-	12	-
Daily appointment capacity (8-hour service)	96	77	**<19**	130	**>34**

Current median assessment times:

Based on the current median clinician assessment time of 19 minutes and a staffing model of 6 clinicians, the Walk-in Centre has a theoretical capacity of approximately 19 patients per hour or 152 patients per day across an 8-hour operating period.

This provides sufficient capacity to accommodate the projected 130 daily attendances during Phase 2A, with an available headroom of approximately 22 consultations per day.

However, projected demand increases risks that additional workforce capacity, reduced assessment times, extended operating hours, or alternative demand management arrangements may be required prior to Phase 2C implementation.

These projections are based on the best available data and statistical modelling at this stage. Further intelligence and more robust activity data will be gathered during Phase 2A, enabling refinement of future demand and capacity assumptions.

Recommended timeline:

Milestone	Target Date	Purpose / Rationale
Complete recruitment to substantive multidisciplinary workforce	November 2026	Establish the required workforce, including GPs, Senior ANPs, ANPs, Triage Nurses, HCSWs, Dispatchers and Receptionists.
Workforce induction and service embedding period	November 2026 to January 2027	Allow newly appointed staff to complete induction, develop familiarity with clinical pathways and SOPs, and embed within service operations.
Completion of readiness reviews and assurance processes	December 2026 to January 2027	Confirm workforce, operational, digital, governance and clinical readiness for Phase 2 expansion.
Formal Phase 2A go/no-go decision	January 2027	Review readiness criteria and risk position prior to service expansion.
Phase 2A implementation (Glenrothes registered patients)	11th of January 2027	Expand walk-in service access to Glenrothes patients while maintaining provision for Levenmouth patients.
Six-week evaluation and monitoring period	January to 22nd of Feb 2027	Assess activity, demand, capacity, patient experience, workforce impact, safety and operational performance.
Review evaluation findings and Phase 2B readiness	February 2027	Confirm outcomes of Phase 2A and assess readiness for further expansion.
Phase 2B implementation (Kirkcaldy registered patients)	22nd of Feb 2027	Subject to successful evaluation, governance approval and acceptable risk position.
Phase 2C: Whole-Fife rollout planning	5th April 2027 onwards	Use learning from Phases 1, 2A and 2B to inform future service expansion across Fife.

Assessment measures

- Demand and peak-hour arrivals;
- waits and total time;
- queue and waiting-room occupancy;
- outcomes and redirections;
- workforces fill and resilience;
- digital reporting and continuity;
- adverse events;
- expenditure; patient, staff and practice experience;
- equality and access impacts.

Principal risks and controls

- Capacity: daily thresholds, queue and surge controls, weekly recalibration and authority to pause expansion.
- Workforce: launch only with staffing, competencies, rota stability and absence contingency evidenced.
- Estate and flow: monitor reception, triage and waiting-room occupancy and implement agreed congestion controls.
- Digital and continuity: test practice-origin coding, outcome reports, extracts and downtime arrangements.
- Understanding and access: approved eligibility messages, refreshed EQIA, postcode monitoring and transport, interpretation and accessible-information mitigations.

Assurance conclusion

Moderate assurance - A Glenrothes-first sequence provides a lower-demand test before the larger Kirkcaldy uplift, but operational activation must remain conditional on go-no go from RAG assessment by Walk-in Services Operational and Strategic Groups.

Related Documents/Appendices

- Appendix 1: Risk Appetite Consideration for Key Decisions (included below)
- Appendix 2: Walk-In Centre (Urgent Care) phased expansion plan Slide Deck Walk-In Service Progress Report - 16 September 2026
- Walk-in Service (Urgent Care) - EQIA DRAFT EQIA Template

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)	☒	☐	07/11/2026	☐	☐	
Quality & Communities (QCC)	☐	☒	04/11/2026	☐	☐	
Integration Joint Board (IJB)		☐	25/11/2026			
NHS Fife						
Executive Leadership Team (ELT)	☒	☐	15/10/2026	☐	☐	
Population Health Committee	☐	☐		☐	☐	
NHS Board	☒	☐	24/11/2026	☐	☐	

Implications/Impacts		
Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	☒	The proposed phased expansion of the Walk-In Service is expected to improve access to same-day assessment and treatment for patients across Fife, providing an additional route to urgent primary care support without the need for a pre-arranged appointment.
Localities/Communities	☒	The proposed expansion will extend access to patients registered with GP practices within the Glenrothes locality during Phase 2A, followed by patients registered within the Kirkcaldy locality during Phase 2B. This approach supports a managed and equitable expansion of access across Fife whilst maintaining service sustainability and patient safety.
Quality of Care	☒	The phased expansion will be delivered within established clinical governance arrangements. Clinical pathways, patient streaming and triage processes, safeguarding arrangements, escalation procedures and risk management processes are in place and will continue to be monitored throughout implementation. Local evaluation periods between each phase will provide assurance regarding service quality, patient safety, operational resilience and clinical effectiveness. This will enable informed decision-making regarding future expansion and ensure that quality of care remains the primary consideration throughout the implementation programme.
Workforce	☒	Recruitment activity remains ongoing, as the pilot requires a substantive multidisciplinary urgent care workforce comprising General Practitioners (GPs), Senior Advanced Nurse Practitioners (ANPs), ANPs, Triage Nurses, Healthcare Support Workers (HCSWs), Dispatchers, and Receptionists. The recruitment plan currently anticipates full workforce establishment by November 2026. The proposed implementation date for Phase 2A has been selected to allow sufficient time for newly appointed staff to embed within the service, complete induction requirements, and develop familiarity with operational processes, clinical pathways, and ways of working before further service expansion. A **moderate residual risk** remains due to ongoing recruitment challenges and the reliance on fixed-term staffing arrangements. Workforce sustainability and vacancy levels will continue to be monitored through the readiness and governance framework prior to progression to subsequent phases.
Financial	☒	The Scottish Government has confirmed funding of £3 million to support delivery of the Walk-In Service pilot based at Randolph Wemyss Memorial Hospital. As this is a novel pilot programme, funding will be released in phased tranches throughout the 2026/27 financial year to support appropriate financial control, assurance and effective cash management. The initial allocation will comprise 70% of the total funding, issued as part of the July 2026 financial allocation process,

		with subsequent funding releases subject to agreed monitoring and assurance arrangements. The financial position of the pilot will be subject to ongoing local monitoring and evaluation to ensure expenditure remains within the approved programme budget. Regular financial reporting will be provided through established governance arrangements, enabling expenditure, workforce costs, activity levels and emerging financial risks to be reviewed and managed appropriately. At the time of writing, no significant financial risks have been identified that would prevent progression of the proposed implementation plan; however, programme expenditure and funding assumptions will continue to be monitored throughout the lifetime of the pilot.
Performance	☒	**Current data:** Based on the first complete months of operation, we have not yet observed a clear reduction in Emergency Department (ED) attendances from the four practices covered by the Walk-In Service. October 2026 attendances to the ED were 307 compared with 296 in October 2025, an increase of 3.7%. Three practices showed small reductions; however, this was offset by a marked increase among patients registered with Muiredge Surgery. At this stage the data suggests ED demand has remained broadly stable rather than demonstrating a significant reduction. **Ongoing evaluation:** The Walk-In Service Pilot forms part of the national Scottish Government evaluation programme. NHS Fife's phased implementation approach has been designed to support both local operational assurance and wider national learning. Evaluation activity will therefore operate at two levels: **Local Evaluation** Local evaluation between implementation phases will assess: • Demand, utilisation and unmet demand. • Waiting time performance and patient flow. • Clinical outcomes, adverse events and safety indicators. • Patient satisfaction and experience. • Staff experience and workforce sustainability. • Impact on the Emergency Department, GP services and Out of Hours services. • Health inequalities and equitable access. • Cost per attendance and overall value for money. • System-wide impact on urgent care pathways. **National Evaluation Contribution** NHS Fife will contribute activity, workforce, patient experience and system impact data to the Scottish Government's wider Walk-In Service evaluation programme. Findings from Fife's phased implementation approach will provide important evidence regarding service scalability, sustainability, operational delivery models and the wider impact of walk-in services on urgent and unscheduled care systems across Scotland. A key component of the ongoing evaluation will be understanding the impact of the Walk-In Service on the wider urgent and

		unscheduled care system. While it is recognised that attribution may be challenging due to winter pressures, comparative analysis will be undertaken where possible to identify any emerging effects associated with expansion of the Walk-In Service pilot and reduction is pressure elsewhere in the system. Progression between implementation phases will be informed by a balanced assessment of operational, clinical and patient experience outcomes. Consideration will be given to: • maintaining safe waiting times; • clinical safety indicators remaining within accepted limits; • workforce sustainability; • positive patient and staff experience; • absence of significant adverse impact on wider urgent care services; and • financial sustainability. No single metric will determine progression; decisions will be based upon an overall evaluation of benefits, risks and organisational readiness. (**Appendix 1**)
Climate Climate Fife 2024 Strategy and Action Plan	☒	The proposal has potential sustainability impacts relating to patient travel, premises adaptation, utilities, procurement and waste. These will be mitigated through selection of accessible premises and the use of existing NHS Fife estate, clear pathway designed to reduce duplication of attendances, sustainable procurement, appropriate waste management and consideration of public transport access.
Communication and Engagement	☒	**Communication** Stakeholder engagement has been undertaken throughout the development and implementation of the Walk-In Service pilot and has included clinical, operational, finance, estates, digital, communications and professional representatives. Ongoing engagement has also taken place, or is planned, with the Local Medical Committee, GP Sub-Committee, GP Clusters, staff-side representatives, primary care services, urgent care services, Public Dental Services, Community Pharmacy, Optometry, the Scottish Ambulance Service, local communities and elected members. This engagement has informed service design, implementation planning and risk management arrangements. At the time of writing, public involvement has been supported through a public consultation survey (102 responses) and post-patient experience surveys. Feedback demonstrates strong public support for the Walk-In Service, particularly the provision of same-day access to care and reduced reliance on GP appointments. Key themes identified through consultation include concerns regarding location, transport and accessibility, particularly for those living outside Levenmouth, alongside requests for clearer information on eligibility, conditions treated, alternative service options and continuity of care arrangements. Respondents also highlighted the importance of clear communication, accessible information, appropriate opening hours and maintaining non-digital communication routes.

		Early patient experience data has been positive, with patients reporting timely access to healthcare professionals, positive care experiences and high levels of satisfaction with the service. Patients particularly valued receiving same-day care, avoiding delays in accessing GP appointments or Emergency Departments, being treated with kindness and professionalism, and receiving clear advice and follow-up guidance. Emerging findings indicate that ongoing communications, public awareness, accessibility arrangements and service information remain key areas for continued focus as the pilot expands. Overall, engagement and consultation activity supports the phased expansion of the service and will continue to inform future implementation, local evaluation and service development. A draft Equality Impact Assessment (EQIA) and Children's Rights assessment have been completed and identify no significant adverse impacts that would prevent progression of Phase 2 of the Walk-In Service pilot (**Appendix 2**). The proposed expansion is expected to have a positive impact on access to same-day urgent care for patients within the Glenrothes and Kirkcaldy localities, whilst recognising the need for ongoing monitoring of service uptake, redirection rates, patient experience and health inequalities. Consideration has been given to children and young people, accessibility requirements for people with disabilities, the needs of pregnant and postnatal patients, and support for religious observance and spiritual care. Reasonable adjustments, accessible information, interpreting services, transport considerations, safeguarding processes and patient feedback mechanisms will continue to form part of service delivery and readiness assessments. The EQIA has identified no adverse impacts in relation to gender reassignment, marriage and civil partnership, race, sex or sexual orientation. The proposal supports NHS Fife's commitment to reducing health inequalities by improving access to urgent care services closer to home and aligns with the principles of equitable, person-centred care. The draft EQIA is attached as appendix 3 and will continue to inform service development throughout the implementation and local evaluation of the phases.	
Risk & Mitigation	☒	Moderate residual risk controlled through phased gateways.	
Equalities and Human Rights, including children's rights and health inequalities	☒	Age	Impacts identified. Phase 2 extends access to Glenrothes and Kirkcaldy patients, while existing age criteria remain relevant: children aged 3 years and over may access the service, and children under 3 continue to use GP, NHS 24, Out of Hours and hospital-based urgent care pathways. Uptake, redirection and family feedback should continue to be monitored.
	☒	Disability	Impacts identified. Accessibility, sensory needs, communication support and transport remain key controls. Phase 2

			readiness should confirm reasonable adjustments, disabled access, reception arrangements, lift access, interpreting support, accessible information and patient feedback monitoring before activation.
	☒	Pregnancy/Maternity	Impacts identified. Pregnant or postnatal patients may benefit from timely urgent assessment for non-pregnancy-related illness, with obstetrics, gynaecology or maternity referral where required. Controls include reasonable adjustments for breastfeeding/privacy where possible, baby changing provision, travel considerations and continued access to existing GP and maternity pathways.
	☒	Religion	Impact identified due to the absence of a dedicated multi-faith room at Randolph Wemyss Memorial Hospital. Staff should identify a quiet and private room for prayer, reflection or contemplation where practicable, support religious observance where clinically safe, and maintain access to Chaplaincy and Spiritual Care support.
	☒	Sex	No adverse impact identified. Safeguarding and gender-based violence procedures remain relevant. Staff should continue mandatory GBV training, triage and escalation arrangements, and referral to specialist support where concerns are identified.
	☒	EQIA and Children's Rights assessment identify no significant adverse impact preventing Phase 2 progression.	

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Lisa Cooper	Head of Primary and Preventative Care Services	
Martyn Berrie	UCSF Service Manager,	
Stuart Murdoch	Senior Project Manager, Transformation / PMO	
Lynne Garvey	Director of Fife Health & Social Care Partnership	

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.

Risk Appetite Consideration for Key Decisions

Appendix 1

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 the phased implementation of Phase 2A (Glenrothes) and provisionally approve Phase 2B (Kirkcaldy), subject to successful evaluation and readiness assurance.	○ Continued inequity of access ○ Reduced ability to realise benefits from the pilot. ○ Continued pressure on GP practices, Emergency Department and front door services ○ Delays in informing whole-Fife service planning at the request of the Scottish Government	○ Demand may exceed forecast levels. ○ Workforce recruitment and retention ○ Risk of operational pressures during implementation. ○ Requirement for additional workforce or service redesign should activity exceed capacity assumptions. ○ Potential stakeholder concerns if service demand results in waiting times or access challenges.	☒ ☐ ☒ ☒ ☒ ☒	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open - Cautious/Open Cautious/Open Open Cautious/Open	○ Improved access to same-day urgent care. ○ Reduced variation in access ○ Improved understanding of demand through real-world activity data. ○ Supports strategic ambition for whole-Fife implementation. ○ Potential reduction in demand on other urgent and unscheduled care services. ○ Phased implementation enables learning and adaptation prior to wider rollout.	☒ Yes

*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.

Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	**Date:**	25th November 2026
Report Title:	Fife Health & Social Care Partnership Winter Planning 2026/27		
Agenda Item No:	8.2		
Responsible Owner:	Lynne Garvey - Director, Fife HSCP		
Report Author:	Phil MacDonald - Service Manager, Community Care Services		

Executive Summary

Winter 2026/27 is expected to remain a period of significant pressure across health and social care services in Fife. Sustained demand, increasing frailty and complexity of need, delayed discharge challenges, workforce pressures, and seasonal illness continue to impact capacity across acute, community and social care services.

The Partnership has continued to strengthen system resilience through investment in integrated models of care, including the Discharge Without Delay Programme, Frailty at the Front Door, Hospital at Home, Community Rehabilitation Services, Integrated Discharge Teams and Urgent Care Services. These developments support delivery of the right care, in the right place, at the right time, whilst reducing avoidable hospital stays and improving patient flow.

Maintaining effective flow across the whole system remains the Partnership's most significant operational priority. Continued focus on early discharge planning, multidisciplinary working, community-based alternatives to admission and timely access to care and support will be essential to managing winter pressures and maximising available capacity.

Fife HSCP will implement a phased surge bed mobilisation strategy across community hospitals to respond flexibly to seasonal demand.

Key Messages

- Winter 2026/27 is expected to remain highly challenging.
- Delayed discharge and patient flow remain the most significant operational pressures.
- Significant progress has been made through Discharge Without Delay, Home First, Frailty at the Front Door and Hospital at Home initiatives.
- Community, primary care and urgent care services have robust resilience plans in place.
- The absence of additional surge capacity remains a significant system risk.
- The Partnership continues to work collaboratively across health, social care, independent and third-sector partners to maintain safe and effective care throughout winter.

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	☒	Approve the attached Fife Health and Social Care Partnership Winter Plan 2026/27. Endorse the continued implementation of the Discharge Without Delay, Home First and Integrated Discharge improvement programmes.
Provide Assurance	☒	Receive assurance that governance, escalation, and performance monitoring arrangements are in place to oversee delivery of the Winter Plan.
For Noting	☒	Note the key risks associated with Winter 2026/27, including ongoing delayed discharge pressures and the absence of further surge bed capacity. Note the resilience arrangements in place across health and social care services to support safe and effective care throughout Winter 2026/27.

Directions	
No Direction Required	☒

Situation/Background (Purpose of Report)

Winter continues to present significant challenges across the health and social care system. Rising demand, increasing frailty and complexity, workforce pressures, delayed discharges and seasonal illness continue to impact service capacity and patient flow. These pressures require a coordinated whole-system response across health, social care, independent sector and third-sector partners.

This paper provides assurance regarding Fife HSCP's preparedness for Winter 2026/27 and seeks approval of the accompanying Winter Plan. The Plan sets out the actions being taken to strengthen resilience, maximise capacity, improve patient flow and ensure people receive care in the most appropriate setting. The plan builds on learning from Winter 2025/26 and aligns with national priorities, including Home First and Discharge Without Delay.

Full details of the actions, service developments, resilience arrangements and governance structures supporting delivery are contained within the accompanying Winter Plan 2026/27.

Assessment (Key Points/Issues and Risks)

WINTER 2026/27 STRATEGIC OVERVIEW

Winter 2026/27 is expected to present continued challenges across health and social care services, driven by sustained demand, ongoing flow and discharge pressures, workforce constraints, and the impact of seasonal illness.

This strategic overview summarises the key risks facing the Partnership, the principal actions in place to mitigate these risks, and the measures that will be used to assess the effectiveness of our response.

Together, these actions are intended to support safe, timely and person-centred care, maintain system resilience throughout the winter period, and maximise the capacity available across community, social care, and hospital services.

Greatest Risks

- Delayed discharge and patient flow
- High hospital occupancy and lack of surge capacity
- Workforce availability
- Seasonal respiratory demand
- Social care capacity

Key Mitigations

- Discharge Without Delay Programme
- Frailty at the Front Door
- Hospital at Home expansion
- Integrated Discharge Hub development
- Community prevention and anticipatory care

Delayed Discharge and Patient Flow

Maintaining effective patient flow remains the Partnership's most significant operational challenge. Despite sustained discharge activity and improvements in discharge planning, delays associated with Adults with Incapacity pathways, care at home capacity, care home placements and wider capacity constraints continue to impact flow across the system.

The Winter Plan places significant emphasis on reducing avoidable delay through Planned Dates of Discharge, Home First principles, Discharge Without Delay methodologies, integrated discharge arrangements, discharge escalation processes and Discharge to Assess pathways.

Discharge Without Delay and Home First

Fife HSCP continues to play an active role within the national Discharge Without Delay Collaborative. Priority areas include Frailty at the Front Door, Home First approaches, Integrated Discharge arrangements, Planned Dates of Discharge, Discharge to Assess pathways and Community Rehabilitation services.

Significant progress has been made in strengthening integrated discharge arrangements across NHS Fife and Fife Council, including development of the Integrated Discharge Hub, enhanced discharge escalation arrangements, placement coordination processes and integrated discharge planning.
Together, these developments support reductions in delayed discharge, improve patient flow and maximise available capacity across acute, community and social care services.

Community and Hospital Capacity

Hospital at Home, Community Rehabilitation Services and wider community-based interventions continue to provide alternatives to hospital admission and support timely discharge. The Winter Plan includes ongoing investment in integrated care pathways, anticipatory care planning, prevention and early intervention initiatives.

Fife HSCP will implement a phased surge bed mobilisation strategy across community hospitals to respond flexibly to seasonal demand.

Financial constraints also limit the Partnership's ability to significantly increase the overall number of assessment beds, rehabilitation beds and long-term care placements available across the system. As a result, maximising existing capacity through Discharge Without Delay methodologies, Home First principles and effective discharge planning remains a key focus.

Community, Primary and Urgent Care Resilience

Comprehensive winter preparedness arrangements are in place across Community, Primary Care and Preventative Services. Business Continuity Plans have been reviewed and updated and services have implemented arrangements to respond to adverse weather, increased seasonal demand, workforce pressures and service disruption.

Robust arrangements are also in place across Urgent Care Services, General Practice, Community Pharmacy, Dental Services and Vaccination Programmes to help maintain access to care and reduce avoidable demand on acute services.

Governance and Assurance

Delivery of the Winter Plan will be monitored through established operational and strategic governance arrangements across NHS Fife and Fife Health and Social Care Partnership.

Performance will be monitored against key indicators including:

- Delayed discharge performance
- Length of stay
- Hospital occupancy
- Hospital at Home activity
- Community Rehabilitation Team response times
- Urgent care activity
- Vaccination uptake
- Workforce resilience measures

Escalation arrangements are in place to identify emerging risks and support timely whole-system responses where required.

Conclusion

Winter 2026/27 is expected to remain challenging, with continued pressures relating to delayed discharge, workforce availability, increasing demand and constrained capacity across health and social care services. Significant progress has been made through the continued implementation of Discharge Without Delay, Home First, Frailty at the Front Door, Hospital at Home and integrated discharge arrangements.

The accompanying Winter Plan provides assurance that robust arrangements are in place across health and social care services to maintain resilience, maximise available capacity and support safe, effective and person-centred care throughout the winter period.

Related Documents/Appendices
Appendix 1: Risk Appetite Consideration for Key Decisions (included below) **Appendix 2:** Fife HSCP Winter Plan 2026/27 Winter Plan 2026-27

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)	☒	☐	19/10/2026	☐	☐	
Local Partnership Forum (LPF)	☒	☐	11/11/2026	☐	☐	
Quality & Communities (QCC)	☒	☐	04/11/2026	☐	☐	
Finance, Performance & Scrutiny (FP&S)	☒	☐	13/11/2026	☐	☐	
Integration Joint Board (IJB)		☒	25/11/2026			

Implications/Impacts

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

Service Users/Carers	☒	The Winter Plan aims to improve patient flow, reduce avoidable delays, support timely discharge, and enhance access to appropriate care settings. Service users and carers should experience reduced time spent in hospital when clinically ready for discharge and improved access to community-based support. Continued engagement with patients and families will be required to support discharge planning and management of expectations.
Localities/Communities	☒	The plan supports delivery of care closer to home through Hospital at Home, Discharge to Assess pathways, care at home services, assessment beds and community-based interventions. Delivery will require coordinated working across localities to address varying levels of demand and capacity.
Quality of Care	☒	The proposals support delivery of person-centred, safe and effective care through reduced delays, improved discharge planning, frailty pathways, Hospital at Home services and multidisciplinary working. Maintaining quality standards during periods of increased winter demand will remain a key focus.
Workforce	☒	Delivery of the Winter Plan will place additional demands on health and social care staff during periods of increased activity. Workforce planning measures, recruitment initiatives, flexible deployment arrangements,

		enhanced multidisciplinary working and wellbeing support will be utilised to mitigate pressures.	
Legal	☒	The Winter Plan supports compliance with statutory responsibilities relating to safe discharge, adult support and protection, adults with incapacity, health and safety legislation and delivery of appropriate health and social care services. No new legal risks are identified beyond those managed through existing governance arrangements.	
Financial	☒	The actions within the Winter Plan will be delivered within available allocated winter planning resources wherever possible. Financial pressures remain a significant risk, particularly in relation to care at home capacity, care home placements, staffing and unscheduled care demand. Expenditure will be monitored through existing financial governance arrangements.	
Performance	☒	Successful delivery of the plan is expected to contribute positively to: • Delayed discharge performance • Length of stay reduction • Emergency flow performance • Occupancy management • Unscheduled care performance • Timely access to community services Performance will be monitored through established operational and strategic governance arrangements.	
Climate **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)**	☒	The Winter Plan is not expected to have any significant direct climate change implications beyond routine service delivery. No FEAT assessment is required.	
Communication and Engagement	☒	Implementation requires ongoing communication and engagement with: • Staff • Trade Union representatives • Operational managers • Independent sector partners • Patients and carers • Local authority and NHS partners This will be undertaken through existing governance, operational and partnership arrangements.	
Risk & Mitigation	☒	Key risks include: • High winter demand • Workforce capacity pressures • Care at home capacity constraints • Care home market pressures • Delayed discharge performance deterioration • Bed occupancy pressures Mitigating actions are detailed within the Winter Plan and ongoing monitoring will be undertaken through the Winter Planning governance structure.	
Equalities and Human Rights, including children's rights and health inequalities	☒	Age	The Winter Plan is expected to have a positive impact on older adults, who are the primary users of many unscheduled care, frailty, discharge and community support services. Actions aimed at reducing delayed discharge, preventing avoidable admissions and supporting earlier discharge through community-based pathways are intended to improve outcomes and patient experience for older people.
	☒	Disability	A positive impact is anticipated for people with physical, sensory, learning and mental health disabilities. The plan supports timely access to health and social care services, discharge planning, community

			rehabilitation and ongoing support arrangements that promote independence and reduce the risk of prolonged hospital stays.
	☒	Race	The Winter Plan seeks to ensure equitable access to health and social care services regardless of ethnicity or cultural background. Service delivery will continue to comply with equality legislation and organisational policies to support fair access, culturally appropriate care and effective communication where required.
	☒	Religion	The implementation of the Winter Plan will continue to recognise the diverse religious, faith and belief needs of individuals accessing services. Care planning and service delivery will seek to accommodate these needs wherever possible, ensuring that person-centred care remains central to decision-making.
	☒	Sex	The Winter Plan is intended to benefit all individuals requiring health and social care support. Monitoring of service delivery and outcomes will continue to ensure equitable access and minimise any unintended differential impacts based on sex.

The Winter Plan is anticipated to have an overall positive impact on equality and human rights outcomes. The actions contained within the plan are designed to improve access to timely care, reduce delays in treatment and discharge, support independence and improve outcomes for vulnerable individuals and communities. The delivery of services will continue to be guided by equality legislation, human rights principles and person-centred approaches to care and support.

Internal Use Only – Report Review and Approval

Name	Designation/Job Title	Date Sighted/Approved
Chris Conroy	Head of CCS	13/11/2026
Phil MacDonald	Service Manager, Community Care Services	
Lynne Garvey	Director Fife HSCP	

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.

Risk Appetite Consideration for Key Decisions **Appendix 1**

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 the Winter Plan 2026/27	Lack of a formally agreed whole-system approach to winter preparedness. Reduced assurance regarding operational readiness. Increased risk of uncoordinated responses to winter pressures. Potential deterioration in patient flow and service resilience.	Winter demand may exceed available capacity despite planned mitigations. Some actions may not deliver anticipated benefits within required timescales.	☒ ☐ ☒ ☒ ☒ ☒	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Optimum resource utilisation	☒ Yes ☐ No ☐ N/A risk only applies if we do not take the decision
Note and accept the	Lack of transparency	Continued exposure to	☒ ☐	Strategic Objectives Legislation	Open Averse/Minimalist	Compliance with legislation	☒ Yes ☐ No

significant risk associated with constrained surge capacity	regarding a major system constraint. Reduced understanding of the limitations on responding to additional demand. Insufficient awareness of risks arising from high occupancy and delayed discharge.	periods of significant operational pressure. Increased risk of congestion across acute and community pathways during peak demand.	☐ ☒ ☒ ☒	Governance Quality of Care Resources Reputation	Cautious/Open Cautious/Open Open Cautious/Open	Mitigating inequalities	☐ N/A risk only applies if we do not take the decision
Endorse the continued focus on Discharge Without Delay and Home First approaches	Reduced focus on discharge improvement. Increased delayed discharges and length of stay. Reduced alignment with national policy and best practice. Increased risk of hospital-induced dependency.	Delivery dependent on workforce, community, and social care capacity. Improvement benefits may take time to be fully realised.	☒ ☐ ☐ ☒ ☒ ☒	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Compliance with legislation Mitigating inequalities	☒ Yes ☐ No ☐ N/A risk only applies if we do not take the decision

Support continued development of integrated discharge arrangements	Slower progress towards integrated working. Reduced efficiency in discharge planning. Missed opportunities to improve patient flow and reduce delays. Greater risk of duplication across agencies.	Change management requirements across teams. Dependence on effective partnership working and shared resources.	☒ ☐ ☒ ☒ ☒ ☐	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Compliance with legislation Mitigating inequalities	☒ Yes ☐ No ☐ N/A risk only applies if we do not take the decision
Note the winter resilience arrangements across community, primary and urgent care services	Reduced assurance regarding winter preparedness. Lack of awareness of contingency arrangements and operational mitigations. Reduced oversight of	Residual risk remains that winter demand exceeds planned capacity. Seasonal illness and workforce pressures may impact delivery.	☐ ☐ ☒ ☒ ☒ ☒	Strategic Objectives Legislation Governance Quality of Care Resources Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Compliance with legislation Mitigating inequalities	☒ Yes ☐ No ☐ N/A risk only applies if we do not take the decision

	service resilience.						

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.

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Meeting:	Integration Joint Board	**Date:**	25th November 2026
Report Title:	Performance Report		
Agenda Item No:	9.1		
Responsible Owner:	Vanessa Salmond, Head of Strategic Planning and Performance		
Report Author:	William Penrice and Donna Mathieson		

Executive Summary

- This is the regular Quarterly Performance Report identified in the HSCP Delivery Plan, with emphasis on indicators which are recommended for improvement action.
- 1 Indicator has been re-escalated - Smoking Cessation
- Demand for Care at Home, an improvement trajectory to achieve target within 18 months, by March 2028 has been added.
- Delayed Discharges remain escalated, while performance has improved significantly, achieving and exceeding the agreed trajectory throughout Q1 and into Q2, it has fallen in October and will be monitored.
- Complaints for NHS Stage 1 has been deescalated due to improvement and continued weekly scrutiny.

- **Key Performance Highlights**
  - Acute/Community Delayed Discharges
  - Psychological Therapies RTT (although still below target) – due to improvements
  - Complaint handling performance in some areas
- **Areas of Concern**
  - Smoking Cessation
  - Childhood Immunisation (6-in-1).
  - Falls with Harm.
  - Psychological Therapies RTT as despite improvement remains below trajectory
  - Workforce absence.
  - Length of stay in Assessment Beds and START services
  - Care at Home waiting list and hours
  - 0-2 year old children Registered with an NHS Dentist
  - Mental Health Indicators (Physical Violence and Restraint)
- Improvement Activity: with multiple improvement actions progressing with majority of indicators “on track”, although there are some improvement actions showing slippage particularly towards recruitment, training or digital improvement.

Recommendations		
This paper is presented to: -		
Provide Assurance	☒	To provide assurance regarding performance against key HSCP quality, community and delivery indicators and the effectiveness of associated improvement actions.
For Discussion	☒	To consider the performance position, associated risks to service quality and outcomes, and the adequacy of improvement actions prior toward reporting.

Directions	
No Direction Required	☒

Situation/Background (Purpose of Report)

This paper introduces the September SLT Performance Report which covers several key performance indicators from across HSCP. In some areas, further work continues with services to devise meaningful and realistic indicators, benchmarking and targets. We continue to review indicators as the report beds in, and the recommendations section reflects this approach to improving the reports usefulness. The intention is for this report to progress and report progress on performance measures to the Finance, Performance and Scrutiny Committee and finally on to the IJB.

Assessment (Key Points/Issues and Risks)

Overall performance across the Partnership continues to demonstrate improvement, supported by enhanced data quality, clearer reporting and the increasing maturity of performance management arrangements. System flow indicators show encouraging progress, particularly in relation to delayed discharges, suggesting that targeted operational interventions and pathway improvements are having a positive effect on service delivery and capacity across the wider system.

Since May 2026, the performance framework has further matured through the introduction of formal performance recommendations and a more structured escalation and de-escalation process. This has strengthened oversight and enabled greater focus on areas of greatest concern. While several previously escalated indicators are demonstrating sustained improvement and are either suitable for de-escalation or approaching that position, Smoking Cessation has emerged as an area requiring renewed escalation due to deteriorating performance and the potential longer-term impact on population health outcomes. Performance continues to vary across the Partnership, reflecting the complexity of service delivery and differing operational pressures.

Whilst a number of indicators are achieving or exceeding target, most notably Delayed Discharges and CAMHS waiting times, persistent challenges remain across a number of measures associated with prevention and early intervention, including Childhood Immunisation and Smoking Cessation. Ongoing pressures are also evident within Care at Home services, workforce absence, waiting times and selected quality indicators. The requirement to escalate a small number of indicators, together with the absence of established targets or benchmarks for some measures, highlights that the performance framework remains under development and would benefit from further refinement to support effective scrutiny and assurance.

From a performance perspective, particular attention is required in relation to indicators associated with prevention, early intervention and support for vulnerable populations. Areas including Smoking Cessation, Childhood Immunisation, access to NHS dentistry for young children and aspects of Mental Health performance remain below the desired trajectory and may contribute to increased future demand, poorer outcomes and widening inequalities if improvement is not secured. In addition, ongoing pressures within Care at Home services, workforce absence and intermediate care pathways have the potential to affect service capacity, flow across the system and overall resilience. Improvement plans are in place for all escalated indicators, with progress monitored through established governance and performance management arrangements.

The Committee can therefore take assurance that governance arrangements, escalation mechanisms and improvement activity are established and operating effectively. However, further work is required to strengthen target-setting, benchmarking and consistency of measurement across the framework. This will improve the ability to assess performance trends, undertake comparative analysis and provide robust assurance regarding the delivery of strategic objectives.

Related Documents/Appendices

September 2026 SLT Performance Report

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)	☒	☐	14/9/2026	☒	☐	Updated metrics
Quality & Communities (QCC)	☒	☐	03/11/2026	☒	☐	Additional context around improvement plans for escalated indicators.
Finance, Performance & Scrutiny (FP&S)	☒	☐	12/11/2026	☐	☐	
Integration Joint Board (IJB)		☒	25/11/2026			

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	☒	Performance indicators contained within this report reflect areas that may directly affect carer and service user outcomes, experience and access to services. Improvement actions are in place to address areas of concern and support improved outcomes for individuals and carers.	
Localities/Communities	☒	Several indicators relate directly to population health, prevention and community wellbeing. Variations in performance may impact local communities differently and require continual monitoring to address health inequalities and improve outcomes.	
Quality of Care	☒	The report provides oversight of a number of quality indicators including Falls with Harm, Mental Health safety indicators, delayed discharges and complaint handling performance. Improvement activity is ongoing where performance remains below expected levels.	
Workforce	☒	Workforce absence remains an area of concern and may impact service capacity, waiting times and delivery of care. Improvement activity is being monitored through established management arrangements.	
Performance	☒	This report forms part of the Partnership's performance management framework and supports performance oversight, scrutiny and continuous improvement.	
Communication and Engagement	☒	Performance information is routinely reported through governance structures to support transparency, assurance and accountability.	
Equalities and Human Rights, including children's rights and health inequalities	☒	No Impact/Not Required	*There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.*

Fife Health & Social Care Partnership

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Performance Report

Monthly SLT

September 2026 (updated October 2026)

Strategic Planning and Performance

Fife Council

NHS Fife

Purpose of the Report

This is the regular abridged version of the performance report for the HSCP Senior Leadership Team, it contains detail only for escalated indicators. It is designed to give an overview of performance across a range of indicators and to identify improvement actions being undertaken and where necessary, recommend performance areas for escalation and further scrutiny and support.

While the report is for September 2026, the metrics have been updated at the end of October, where available, prior to commencing committee cycle.

Executive Summary

Overall performance across the Partnership continues to strengthen, with notable improvements in data quality, reporting clarity and the maturity of performance management processes. System flow indicators demonstrate encouraging progress, particularly in delayed discharges, indicating that targeted operational and pathway interventions are beginning to have a positive impact.

However, performance fluctuates across H&SCP. While some services are achieving or exceeding targets, notably Delayed Discharges and CAMHS, there are persistent areas of underperformance, particularly in prevention and early intervention indicators such as immunisation uptake and smoking cessation.

There are also continuing pressures within key service areas, reflected in workforce absence levels, waiting times and quality indicators.

Gaps in defined targets for some measures, indicates that the performance framework is still developing. While governance arrangements, escalation routes and improvement plans are in place, and largely progressing as planned, there remains a need to strengthen target-setting, benchmarking and consistency of measurement to support robust oversight and comparative assessment. There is 1 indicator being re-escalated this month (Smoking Cessation).

The collection of narrative and SMART improvement actions for SLT performance indicators is continuing to develop, with a parallel focus on improving the quality, consistency and usability of submissions. While progress has been made, this remains an evolving area of the performance framework.

Currently Escalated Indicators

Indicator	Notes	Reason
STAR Beds - Length of stay upon discharge (days)	The length of stay for STAR Beds has decreased in September to 78 days. Since recording started in March 2021 the target of 42 or less has only been achieved on 5 separate months out of 66 months.	Higher than Target, needs to be below target.
Demand for new Care at Home Services - No. Waiting	The demand for new Care at home has decreased in September to 147. This is well above the agreed local target of 100 but improving greatly compared to 2025 with data quality accurate also. Trajectory agreed will be 150 by March 2027, 125 by September 2027 and 100 by March 2028 achieving target in 18 months.	Higher than Target, needs to be below.
Acute/Community Delayed Discharges (Bed Days Lost Avg per day)	Acute/Community patients on standard delay codes have 54.8 average bed days lost in September, this is above the target of 50 average bed days lost for quarter 3. This target has previously been achieved every month in this current financial year.	Previously Higher than Target, maintain escalation for a further few months and deescalate if sustained improvement.
Smoking Cessation - % Achieved	Th smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas in June was 66.1%. Between 39-40 quits per month are required to achieve target and so far over 3 months we are 40 behind so to achieve target in July 79 quits are required. However, it should be noted that there appears to be a lag in the data coming through and this figure for June will likely improve as it did in May.	Well below cumulative target by month 3 of the year,as so low already, will be harder to catch up.
Childhood Immunisation (MMR2) by 5 Yrs	The local target for this indicator is 92% of the local population to receive the MMR2 vaccination by 5 years of age. 87.3% in Q4 ending March 2026 to 90.1% in Q1 ending June 2026. This represents significant improvement and is the first time achieving above 90% since September 2021.	Below Target, need to achieve Target.
Stage 1 Complaints Responded to within statutory Target (FC)	Fife Council Stage 1 complaints have achieved target 2 out of the last 3 months with 92% of all complaints responded to within the statutory target of 5 working days in July 2026.	Was below target, need to consistently achieve or be above Target.
Stage 2 Complaints Responded to within statutory Target (NHS)	NHS Stage 2 complaints have been below the 60% target since November 2025, and this has only been achieved once in the last 2.5 years. In July 2026 40% of all complaints responded to were within the 20-working day statutory target.	Below Target, need to achieve or be above Target.
Stage 2 Complaints Responded to within statutory Target (FC)	Fife Council Stage 2 complaints have slipped the past couple of months to 33% in July responded to within 20 working days. The 5 months prior to this target had been achieved, continued escalation to ensure this returns to expected performance level.	Below Target, need to achieve or be above Target.

Falls with Harm (Rate per 1000 OBD Monthly)	Inpatient Falls with Harm rate per 1,000 Occupied Bed Days for August was 2.54, this has been a continual increase since April. The last time the target of 1.38 or less was achieved in August 2024, the rate has continually been above since then.	Higher than Target, needs to be below.

Performance Summary

Explanation of terms used in Summary	
Governance	Whether data (D), target (T) and benchmark (B) have been identified as issues or "Yes" (in black) where there are no governance issues
Expected Range	States "Yes" (in black) if within an expected range or "No" in red if not. expected range is within 95th percentile
Target	The target value is stated and is Black if on target and Red if not. Where there is no target, it is stated as "No" in red
Benchmark	The benchmark is stated and is Black if above benchmark and Red if not. Where there is no benchmark, it is blank
Current Value	The current figure for this indicator (month and year in brackets). Note that more detail is presented in the appendix
Frequency	M' denotes monthly, 'Q' denotes Quarterly, and 'B' denotes bi-annual and 'A' denotes annual.
Latest Data	Indicates most recent data available.
Trend	Indicates "Same" in black; "Improving" in green; or "Declining" in red. Based on a significant change being noted beyond normal variation
RAG Status	Cell is shaded – Green (on target); Amber (some cause for concern) or Red (not on target)
Escalation Status	"No" (in black): No Escalation; "Rec" (In Blue Cell): Recommended for escalation; "Yes" (in black): Already Escalated; "Att Req'd" (In Yellow Cell): Attention Required

ID	Performance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
4	Assessment Beds - Average Length of stay upon discharge (days)		(B)	Yes	42	-	56	M	Sep-26	Declining		No
5	STAR Beds - Length of stay upon discharge (days)		(B)	No	42	-	78	M	Sep-26	Improving		Yes
6	START - Length of stay upon discharge (days)		(B)	Yes	42	-	49	M	Sep-26	Same		No
7	Nursing & Residential Long Term Care Population		(T) (B)	No	-	-	2486	M	Sep-26	Same		No
8	LGBF - % of people 65+ with long-term care needs who are receiving personal care at home		(T)	No	-	62.3	62.9	A	2024/25	-	-	-
9	Demand for new Care at Home Services - No. Waiting		(B)	Yes	100	-	147	M	Sep-26	Declining		Yes
10	% of External Care at home hours		(B)	No	60	-	67.4	M	Sep-26	Same		No
11	% of Internal Care at home hours		(B)	No	40	-	32.6	M	Sep-26	Same		No
12	Waiting time for double up package of care (community) days		(T) (B)	Yes	-	-	35	M	Sep-26	Improving		No
22	Acute/Community Delayed Discharges (Bed Days Lost Avg per day)		(B)	Yes	54	-	54.8	M	Sep-26	Declining		Yes
23	MH & LD Delayed Discharges (Bed Days Lost Avg per day)		(B)	No	8	-	8.5	M	Sep-26	Declining		No
24	LGBF - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)		(T)	Yes	-	899	674	A	2024/25	-	-	-

ID	Performance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
25	CAMHS Waiting Time		Yes	Yes	90	90	89.4	M	Aug-26	Declining		No
26	Psychological Therapies Waiting Time		Yes	No	80	82.1	71.3	M	Aug-26	Declining		No
27	Mental Health Readmissions (28days) - 3Mth Avg		(B)	No	5	-	6.6	M	Jun-26	Declining		No
28	LGBF - Rate of readmission to hospital within 28 days per 1,000 discharges		(T)	No	-	102.8	121.8	A	2024/25	-	-	-
29	Drug & Alcohol Treatment Waiting Times		Yes	Yes	90	89.9	91.3	Q	Jun-26	Declining		No
39	Smoking Cessation - % Achieved (Most Deprived 40% SIMD)		Yes	No	100	71.7	66.1	M	Jun-26	Improving		Yes
40	Childhood Immunisation (6in1) by 12 Mths		Yes	No	95	94	91.6	Q	Jun-26	Improving		No
41	Childhood Immunisation (MMR1) by 2 Yrs		Yes	No	95	91.8	90.6	Q	Jun-26	Same		No
42	Childhood Immunisation (MMR2) by 5 Yrs		Yes	No	92	89.9	90.1	Q	Jun-26	Improving		Yes
43	Infant Feeding 6-8week review		Yes	No	33	36.7	39.8	M	Jun-26	Improving		No
44	Developmental Concerns 27-30 months		Yes	Yes	17	16.2	18.3	Q	Jun-26	Declining		No
45	% of GP Practices managed as a Board Managed 2C Practice		(T) (B)	No	-	-	2.0	M	Apr-26	Same		No
46	% of Population Registered with an NHS Dentist		(T)	No	-	94.6	84.7	Q	Mar-26	Improving		No
47	% of registered Dental Patients Participating (Contact within 2 years)		(T)	No	-	62.3	66.2	Q	Mar-26	Improving		No
48	% of 0-2 year old Children registered with an NHS Dentist		Yes	No	60	42.7	46.1	Q	Mar-26	Improving		No
49	Number of Active pharmacy applications		(T) (B)	No	-	-	2	M	Aug-26	Same		No
50	Number of practices providing Community Glaucoma Service		(T) (B)	No	-	-	10	M	Aug-26	Declining		No
51	First-time mothers 20yrs or less Programme Uptake Rate		(T) (B)	Yes	-	-	78	M	Jul-26	Same		No
52	First-time mothers 20yrs or less Programme Attrition		(T) (B)	Yes	-	-	2	M	Jul-26	Same		No
53	Care experienced children with a health needs assessment within 28 days		(B)	No	100	-	6	M	Jul-26	Same		No

ID	Quality Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
54	Falls with Harm (Rate per 1000 OBD Monthly)		(B)	No	1.38	-	2.54	M	Aug-26	Declining		Yes
55	Incidents of TV (Rate per 1000 OBD Monthly)		(B)	No	0.45	-	0.54	M	Aug-26	Same		No
56	Mental Health Indicators - Ligature (Rate per 1000 OBD)		(B)	No	0.76	-	0.00	M	Aug-26	Improving		No

ID	Quality Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
57	Mental Health Indicators - Physical Violence (Rate per 1000 OBD)		(B)	No	7.04	-	9.23	M	Aug-26	Improving		No
58	Mental Health Indicators - Restraint (Rate per 1000 OBD)		(B)	No	6.44	-	8.23	M	Aug-26	Improving		No
59	Mental Health Indicators - Self Harm (Rate per 1000 OBD)		(B)	No	0.78	-	0.40	M	Aug-26	Same		No
60	LGBF - Proportion of adult care services graded good or better		(T)	No	-	81.9	73.5	A	2024/25	-	-	-
61	Stage 1 Complaints Responded to within statutory Target (NHS)		(B)	No	80	-	89	M	Jul-26	Declining		Yes
62	Stage 1 Complaints Responded to within statutory Target (FC)		(B)	No	80	-	92	M	Jul-26	Improving		Yes
63	Stage 2 Complaints Responded to within statutory Target (NHS)		(B)	No	40	-	40	M	Jul-26	Declining		Yes
64	Stage 2 Complaints Responded to within statutory Target (FC)		(B)	No	60	-	33	M	Jul-26	Declining		Yes
65	HSCP Incidents Overdue		(T) (B)	-	-	-	51	M	Aug-26	Declining		No
66	HSCP LAERs % Overdue		(T) (B)	No	-		100	M	Aug-26	Same		No
67	HSCP SAERs % Overdue		(T) (B)	No	-		20	M	Aug-26	Improving		No
68	Information Requests to H&SCP responded to within statutory target		(T) (B)	No	-	-	87	M	Jul-26	Same		No
69	Compliments to H&SCP		(B)	Yes	-	-	20	M	Apr-26	-	-	-

ID	Workforce Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
70	H&SCP Staff Absence (Fife Council Employees)		(B)	No	5.8	-	10.5	M	Jun-25	Improving		No
71	H&SCP Staff Absence (NHS Employees)		(B)	No	5.8	-	9.1	M	Sep-26	Same		No

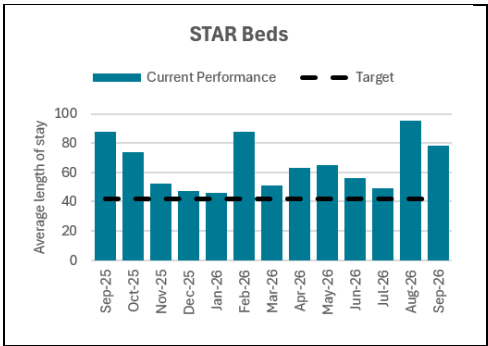
ID	Finance Indicator	Page	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	RAG Status	Escalation
72	LGBF - Home care costs per hour for people aged 65 or over		(T)	No	-	32.37	48.93	A	2024/25	-	-	-
73	LGBF - SDS (DP + MPB) spend on adults as a % of total adult social work spend		(T)	Yes	-	9.4	3.40	A	2024/25	-	-	-
74	LGBF - Residential costs per week per resident for people aged 65 or over		(T)	No	-	725	1073.00	A	2024/25	-	-	-

Appendix 1. Detailed Status of Escalated Indicators

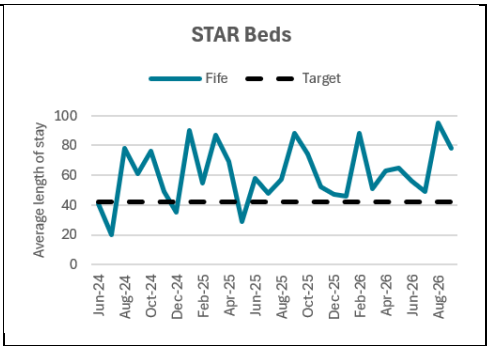
Performance Indicators

STAR Beds - Length of stay upon discharge (days)				RAG
Description	Average Length of stay for patients discharged from a STAR Bed with a target of 42 days max.			
Portfolio Lead	Chris Conroy	Service Lead	Tom Cross	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
5	(B)	No	42	-	78	M	Sep-26	Improving	Yes



Last 13 months



Long term

Month	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Value	88	74	52	47	46	88	51	63	65	56	49	95	78

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Bi-weekly meetings with contracts ensure scrutiny and oversight of days. Placement times can be impacted on whether person is waiting housing adaptions or complex community issues where the STAR bed facilities interim space from hospital.
Introduction of verification meetings within internal short stay units Autumn 2026

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Employ 3 x Short Stay Co-Ordinators in local authority care home to improve co-ordination and flow through STAR. (linked with assessment beds above) Update 3/9 - Held up by job evaluation process which has just completed. Jobs now to be advertised	September 2026	Completed
Develop criteria, clear referral routes and systems for LA STAR beds. (linked with assessment beds above) Update 3/9 - Ready for implementation when jobholders above in place.	Nov 2026	Completion Date Extended - On Track
Concentrate AHP support in one x 12 bedded unit Update 3/9 – Ready for implementation.	September 2026	Completed

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

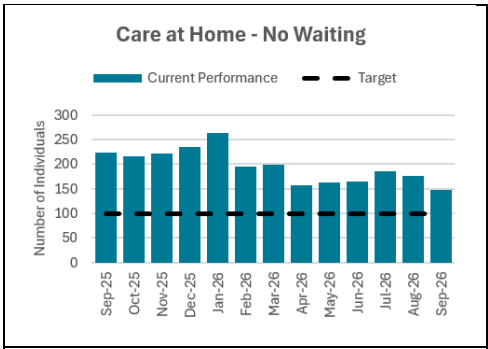
3. Where governance issues identified, how will this be remedied? (Brief)

	Supporting discharges from hospital where those are awaiting housing or may have more complex home environments impacts on length of stay. The teams focus on supporting these individuals to move on, but we need to accept this risk to support this cohort of individuals.

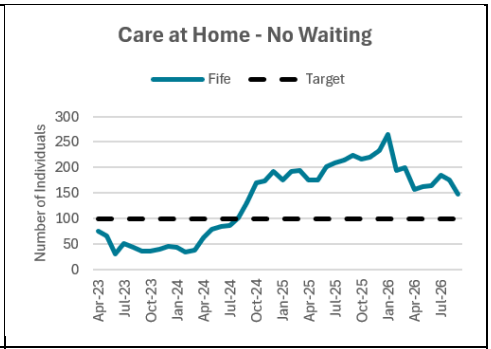
4. Recommendations for indicator (e.g. change target etc)
N/A

Demand for new Care at Home Services – numbers waiting				RAG
Description	Number of patients assessed and waiting for a package of care with Care at Home Services, data taken on the first Monday of the month.			
Portfolio Lead	Chris Conroy	Service Lead	Willie McLaughlin	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
9	(B)	Yes	100	-	147	M	Sep-26	Declining	Yes



Last 13 months



Long term

Month	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Waiting	224	216	221	234	264	195	199	157	162	164	185	175	147

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

This can fluctuate due to the unknown demand from hospital referrals. This is an ongoing and increasing demand – which is directed by the Opel score of the VHK. On going escalation meetings and communication from Hospital discharge team and the START Hub to ensure referrals are allocated, assessed and discharged. Internal monitoring of referrals via power Bi track. Assessment of those awaiting package of care subsequently being admitted to Acute and discharged with a PoC.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Test of change within acute frailty unit – discharge to assess model "trusted assessor".	Sept 2026	Complete
Target work to relook at process and ongoing management of community list – collaborative approach between CAH/SW. This has recently been extended by 3 months – up to June.	~~July 2026~~ On hold	~~On Track~~ On hold
D2A – Discharges to 4 External providers so correct care path/choice is made in a home setting	Sept 2026	Complete
A detailed review of demand and capacity across Care at Home, with options for bridging demand gap	Revised to Nov 2026	Ongoing

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

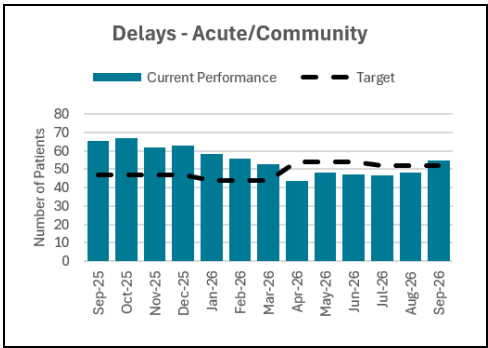
Close monitoring and allocation of referrals. Internal/external movement to help with discharge availability in START.

4. Recommendations for indicator (e.g. change target etc)

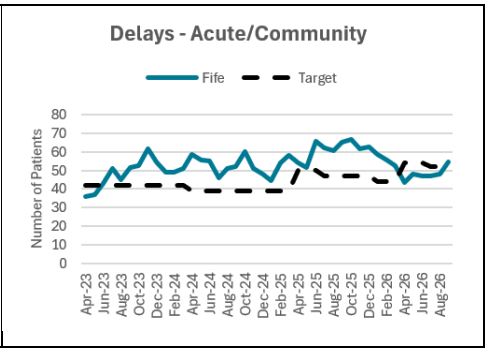
	On going review and data collecting for both the AFU TOC and the ongoing collaborative work on community list. Collaborative work with Finance with productivity analysis.

Delayed Discharges Bed Days Lost – Acute/Community				RAG
Description	The average number of bed days lost monthly attributed to patients in delay within an Acute/Community hospital setting.			
Portfolio Lead	Chris Conroy	Service Lead	Phil MacDonald	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
22	(B)	Yes	54	-	54.8	M	Sep-26	Declining	Yes



Last 13 months



Long term

Month	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26
Acute/Community	65.2	66.9	61.7	62.9	58.5	55.6	52.6	43.7	48.1	47.2	46.9	48.1	54.8

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Performance has remained below the delayed discharge target throughout 2026, with the Acute/Community Standard Delayed Discharge target achieved in every reporting week of the financial year to date and latest performance reporting 44 average bed days lost.

Sustained improvement is supported through established daily verification meetings, multidisciplinary discharge management processes, Discharge Without Delay principles, and continued oversight of long-stay and complex delayed discharge cases. These measures provide early identification of emerging pressures and support timely intervention to maintain performance. Whilst risks remain in relation to Adults with Incapacity (AWI) processes, care-at-home capacity and access to specialist placements, targeted action plans and ongoing operational scrutiny are in place to mitigate these pressures and support continued achievement of the target.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Review impact of 24/7 D2A model	September 2026 - Expected Completion November 2026	Delayed – work ongoing
Reduction in patients delayed awaiting allocation of social worker	September 2026	Complete
Review care home placement processes	September 2026	Complete

Implement internal bed new model	October 2026	Unlikely to complete on time
Implement revised External Assessment bed model	October 2026	On Track

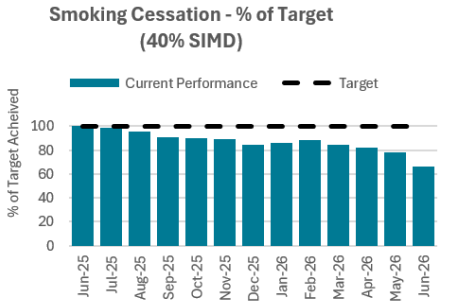
(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)
Due to system demand the "Implement revised External Assessment bed model" has been delayed by 3 months and extended to the end of October. It is understood the New Internal Bed Model is delayed due to governance matters being progressed by Fife Council in respect of recruitment processes for staff to facilitate the model.

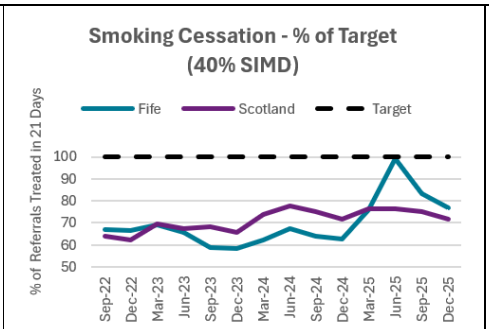
4. Recommendations for indicator (e.g. change target etc)
Maintain current focus on delivering target. No change to target recommended at this stage

Smoking Cessation (% Achieved)				RAG
Description	Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas			
Portfolio Lead	Lisa Cooper	Service Lead	Ruth Bennett	

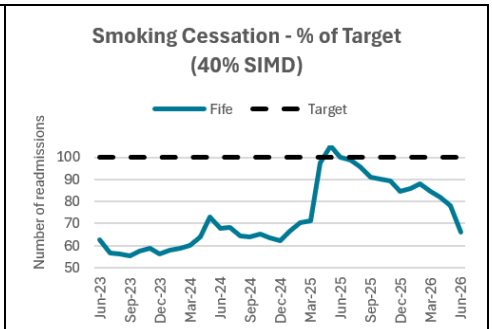
ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
39	Yes	No	100	71.7	66.1	M	Jun-26	Declining	Yes



Last 13 months



Benchmarking



Long term

Month	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Value	100	98.7	95.9	91.1	90.2	89.2	84.5	86	88.2	84.4	82.1	78.2	66.1

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Specialist clinic provision at the end of July 2026 is at 42 clinics weekly, the service is offering evidence based blended support based on clients' need and ability, providing an equitable service across the 4 priority groups as identified by the Scottish Government. Offering a flexible and blended approach for people to choose where and when they attend appointments has seen a positive impact on the willingness to engage with the service.
Service data available for the year 2025/26 shows the HP specialist service offered 8,124 appointments, of which 5,459 were attended. Clinic provision is targeted according to current locality needs assessments coupled with availability of suitable venues. Monthly performance across all services is challenging to assess as short term monthly data. Looking at the data year by year provides more meaningful comparable information.
Latest data available can compare data in March 2025 at 71.3% with March 2026 at 83.1%
A key challenge remains the conversion of quit attempts into successful quits, particularly within the community pharmacy model. The HP Specialist Stop Smoking Team continues to provide weekly light touch support to the 87 community pharmacies to assist in improving service delivery and timely data quality.
The main impact is reduced capacity to deliver clinics and outreach activities to generate referrals. Interim plans are in place prioritising the face-to-face clinic provision.
During Qtr. 1, 6 targeted promotional and engagement sessions were delivered across Kirkcaldy and Leven Health Centres, supported by ongoing weekly engagement activity at the VHK and QMH foyers. Impact analysis following recent outreach activities in the Kirkcaldy area has returned a slow response rate of public self-referrals to the service for support, however referrals from other professionals or services has increased following increased awareness activity.
The Board can have confidence in the current approach taken by Health Promotion Specialist Stop Smoking Service working across all 7 localities to promote the smoking cessation support

available and extending promotion and communication efforts to third-sector organisations and social housing providers.
This broader reach is intended to increase awareness, referrals and engagement. In relation to quit rate a key challenge remains the conversion of quit attempts into successful quits, particularly within the community pharmacy model.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Provide weekly support to the community pharmacy model to improve accurate and timely data recording for successful quits.	November 2026	On Track
To complete smoking cessation advisor specialist training competency framework within 12 – 16 weeks	September 2026	Completed
Maintain appropriate referrals (prior to or as close to 16 weeks pregnancy) from maternity services opt out pathway to specialist smoking cessation service.	March 2027	On Track
Sustain and increase referral rates across 7 Fife localities through targeted outreach using the mobile unit to improve accessibility to our priority of 40% MDQ and the priority groups.	March 2027	On Track
Update Smoking cessation oversight group with quarterly feedback as received from the Public Health Action Group relating to the review of the annual target to continue to develop improvement action please * PHS provides quarterly feedback with updated actions	March 2027	On Track
Increase regular clinic provision in Acute and Mental Health sites by 6 clinics	December 2026	On Track

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

Reduced staffing capacity remains a concern and may impact on progress in addressing performance variation across services, mitigating actions are being taken. may affect progress in reducing performance variation across services.
Due to ongoing improvement, the following actions have been implemented and/or extended as above:

- Paper tabled for HSCP SLT development session 12/10/2026 with focus on community pharmacy model - weekly support is currently ongoing until further decision made for improvements & support available from Specialist service
- Maintain appropriate referrals (prior to or as close to 16 weeks pregnancy) from maternity services opt out pathway to specialist smoking cessation service.

Sustain and increase referral rates across 7 Fife localities through targeted outreach using the mobile unit to improve accessibility to our priority of 40% MDQ and the priority groups.

4. Recommendations for indicator (e.g. change target etc)

Data on smoking cessation within health boards is gathered using the national Smoking Cessation Database, administered by Public Health Scotland (PHS), with around a 6-month data lag.
This database collects information from specialist NHS smoking cessation services and from the Pharmacy Care Record from Community pharmacies. Bases on provisional data recorded locally total of 2,007 quit attempts were registered for 2025/26, with 1,209 from the most

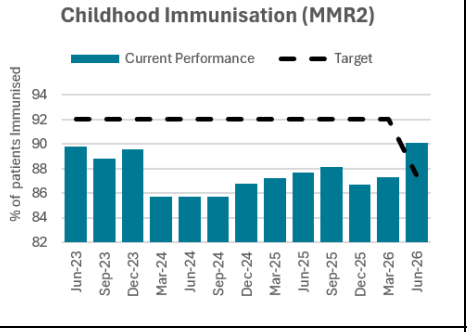
deprived areas. Based on the quit attempts the overall quit rate is 37%, although outcomes vary significantly by service.

HP Specialist Maternity service has the highest quit rate of 84%, HP Specialist Smoking Cessation clinics achieved 65% and Community pharmacies returned the lowest quit rate of 18%.

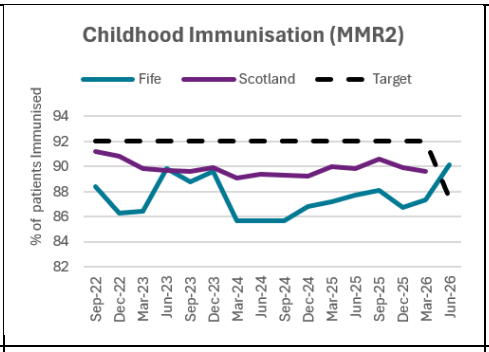
A key challenge remains the conversion of quit attempts into successful quits or reporting of success within the community pharmacy model. The Fife Smoking Cessation steering group meet on 15th September; The Community Pharmacy model performance improvement will now be the focus of a specific short life working group conducted in collaboration with the pharmacy leads, the specialist team and relevant stakeholders.

Childhood Immunisations – MMR2				RAG
Description	Percentage of children who receive their MMR2 vaccination by the age of 5			
Portfolio Lead	Lisa Cooper	Service Lead	Karen Nolan	

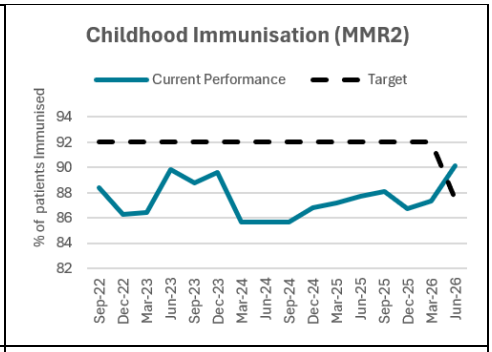
ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
42	Yes	No	92	89.9	90.1	Q	Jun-26	Improving	Yes



Last 13 months



Benchmarking



Long term

Month	Jun-23	Sep-23	Dec-23	Mar-24	Jun-24	Sep-24	Dec-24	Mar-25	Jun-25	Sep-25	Dec-25	Mar-26	Jun-26
MMR2	89.8	88.8	89.6	85.7	85.7	85.7	86.8	87.2	87.7	88.1	86.7	87.3	90.1

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Latest performance data for the quarter ending August 2026 shows MMR2 uptake has increased by 2.8 percentage points to 90.1%, exceeding the Scotland average of 89.6%. The greatest improvement has been observed within areas of higher deprivation, providing assurance that targeted inequality-focused interventions are having a positive impact. The Find and Follow approach has identified 1,174 children requiring review, resulting in 189 children and 9 siblings being vaccinated, with a further 266 children confirmed as already fully vaccinated. Continued targeted engagement and outreach activity will support further improvement towards the 92% target.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Consider involving Transformation Group and Nurture Centres to improve uptake.	July 2026	Completed
Consider evening and weekend clinics.	July 2026	Completed
Implement a linked-data *Find and Follow* process, ensuring 90% of unimmunised or partially immunised children receive proactive contact within 10 working days of identification.	December 2026	On track
Trajectory Monitoring: Quarterly monitoring against the agreed improvement trajectory with corrective action where required	December 2026	On track
Nursery Outreach: Target engagement with priority nurseries and educational settings in low-uptake areas. **Further development**: Continue implementation of the Find and Follow model, including targeted follow-up through clinic appointments, home visits and enhanced engagement pathways, alongside strengthened collaboration with General Practice, Health Visiting, Education and locality teams to improve access for underserved populations.	December 2026	At risk

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

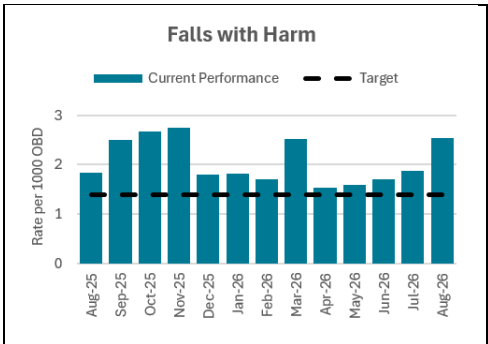
3. Where governance issues identified, how will this be remedied? (Brief)
Training and education and oversight of assurance via governance routes including ITOG and Community Immunisations Programme Board. **Overall Programme Assurance** • **Complete Comprehensive Review:** Analyse uptake trends, inequalities and intervention effectiveness. • **Implement Revised Improvement Plan:** Introduce SMART actions, named leads, milestones and measurable outcomes. • **Strengthened Governance:** Monthly assurance meetings, locality accountability and exception reporting through established committees.

4. Recommendations for indicator (e.g. change target etc)
Public Health Scotland provides quarterly feedback with updated data.

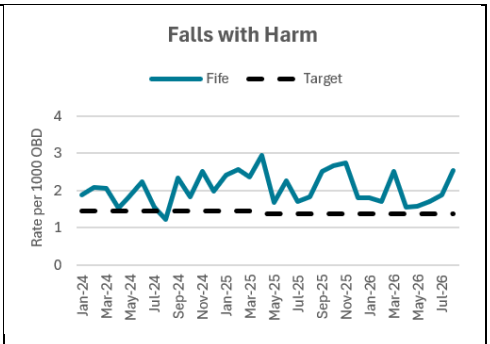
Quality Indicators

Falls with Harm (Rate per 1000 OBD Monthly)		RAG
Description	Inpatient Falls with Harm rate per 1,000 Occupied Bed Days	
Lead	Lynn Barker	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
54	(B)	No	1.38	-	2.54	M	Aug-26	Declining	Yes



Last 13 months



Long term

Month	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Value	1.83	2.5	2.67	2.75	1.8	1.81	1.71	2.52	1.54	1.58	1.7	1.87	2.54

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Falls with Harm incidents have increased from 1.87 incidents per 1,000 occupied bed days in July to 2.54 in August 2026, against a target of 1.38.

The actions underway are expected to support achievement of the target with regular HSCP falls reduction oversight group, NHS Fife Safer Mobility and falls reduction group. Furthermore, there is robust multidisciplinary oversight and scrutiny through the Quality Matters Assurance Safety Huddle (QMASH) where falls data, trends, and improvement actions are reviewed as a standing agenda item. This forum provides an opportunity for shared learning, challenge, and collective accountability across the HSCP.

Further assurance is strengthened through the implementation of the Quality Directorate. The work of the Quality Directorate is currently being considered however it is thought this will provide strategic oversight reinforcing that falls prevention remains a key priority, while enhancing governance, assurance, and alignment of quality improvement activity.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Queen Margaret Hospital (QMH) • Re-establishing MDT falls meetings focused specifically on Ward 4 to identify risks, agree actions and monitor outcomes. • Introduction of Activity Coordinators across Mental Health wards, to support therapeutic activity. . Activity coordinators	November 2026	On Track

now recruited to and currently undergoing a period of induction and embedding into their roles are ward areas. • Evaluate the impact of activity boxes and the 'magic table' being introduced across CCS to determine their effectiveness in supporting meaningful engagement and reducing falls. Currently information being collated at ward level. Dementia and Falls Lead has scheduled dates to be on the CCS ward and support in gathering this data. • Reduce reliance on surge beds within CCS, by reviewing the whole system capacity to support a bed reduction and a more sustainable model. A whole system re-set took place in August for 2 weeks, with a further Day of Care Audit (DOCA) taking place 1/10/2026, findings and outcomes will be analysed and actions agreed following this taking place. • Review QI teams' capacity to ensure robust and dedicated support is available to support wards. Band 6 person successful at interview, due to commenced 26th of October, with Band 7 Team Leader appointed and currently at recruitment stage with start date yet to be agreed. The team workplan has been reviewed with current interim line manager, with the allocation and remit of Falls now sitting with on dedicated CCG practitioner.		
Cross-Site QI Support: Tarvit, Ward 4, SACH ward 1 & Ward 2 Clinical & Care Governance Team will support improvement efforts through: • Link Practitioner training event took place in April, with good representation from CCS at the event. Maximise the impact of the training by using learning from the April event to support improvement activity across the service. Twice yearly training sessions to take place, further one planned for October and to link Falls and Food, Fluid and Nutrition. • Build on the SPSP event 24th of June, by sharing learning across the services and identifying opportunities to implement relevant improvement actions. • Evaluate the decaffeinated drinks initiative implemented in Letham, by monitoring its impact on agitation, sleep disturbance and associated falls risks to determine whether the intervention should be sustained or expanded. Further meeting planned end of October to consider the impact and next steps. • Increase QI capacity across the wards by delivering model for improvement sessions focused on practical application of PDSA cycles and supporting staff to lead local improvement work. Recruitment to Band 6 within CCG team successful and start date 26th of October, further recruitment of Band 7 Team leader has taken place, with start date yet to be confirmed. • Evaluate and optimise the use of bed and chair alarms across CCS through a focused quality improvement project to assess their effectiveness in reducing falls risk and inform consistent practice. Audit undertaken and agreed scope of Quality	September 2026 November 2026	Complete On Track

Improvement work, project being led by HON, Charge Nurses in the wards and the Dementia and Falls Lead.		

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

Review of falls with harm incidents (moderate) are undertaken through Complex Care Cluster or Significant Adverse Event Reviews for major and extreme incidents, as categorised by the NHS Fife Adverse Events Policy, trigger list. Actions and learning from these reviews are shared across all operational and strategic Clinical Care Governance (CCG) groups, through a dedicated falls newsletter, as well as monthly portfolio newsletter collating learn summaries from all adverse events with the expectation these are disseminating further and discussed at meetings and CCG groups.

Learning is shared across the three-monthly falls group for wider dissemination. Actions are recorded on Datix incident and risk management system with a timescale and action owner identified. The HSCP Falls group provides a flash report to the NHS Fife Safer mobility and Falls reduction group and the minutes and flash report are also shared at Clinical Care Governance Oversight Group. This arrangement is due to change in the coming months, with reporting expected to be into the Care Assurance Oversight Board (CAOB) which is new and led by the Quality Directorate.

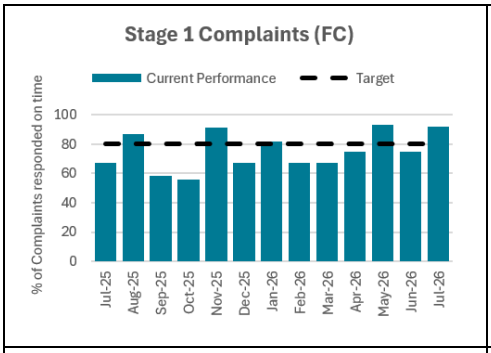
4. Recommendations for indicator (e.g. change target etc)

The Scottish Patient Safety Programme (SPSP) Adults in Hospital falls change package establishes the national aim to reduce the rate of all falls and falls with harm by 10% for adults in hospital by March 2028.

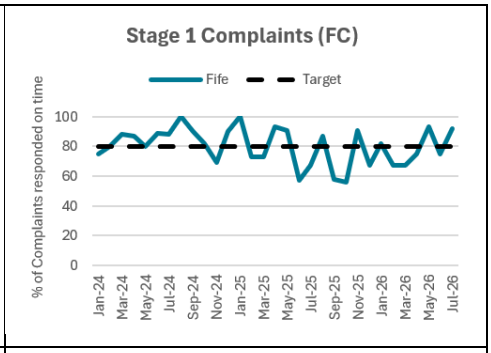
This supersedes the locally proposed 2026/27 targets which were ambitious at 15% of all falls and 10% of falls with harm. This change agreed to be adopted provides the basis for NHS Fife's improvement approach, measurement and governance.

Stage 1 Complaints Responded to within statutory Target (FC)		RAG
Description	Fife Council Stage 1 Complaints responded to within the required statutory Target (5 working days)	
Lead	Avril Sweeney	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
62	(B)	No	80	-	92	M	Jul-26	Improving	No



Last 13 months



Long term

Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Value	67	87	58	56	91	67	82	67	67	75	93	75	92

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Progress has been made in improving complaints management, but work is continuing to maintain performance and regular tracking and monitoring of actions remains a key focus across the whole system.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Meet regarding complaints improvement & performance plans and improve quality of drafts.	July 2026	Complete
Develop a response template similar to PET - Alternative e-mail process agreed and in place	July 2026	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

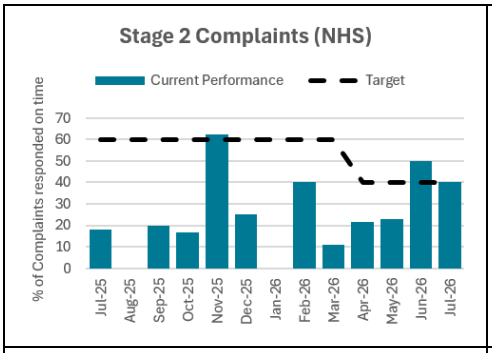
No governance issues identified but focus is on continuing to sustain and improve compliance.

4. Recommendations for indicator (e.g. change target etc)

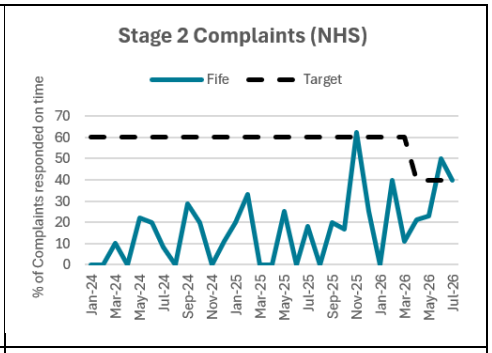
Indicator aligns with partner bodies.

Stage 2 Complaints Responded to within statutory Target (NHS)		RAG
Description	NHS Stage 2 Complaints responded to within the required statutory target (20 working days)	
Lead	Avril Sweeney	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
63	(B)	No	40	-	40	M	Jul-26	Declining	Yes



Last 13 months



Long term

Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Value	18.2	0.0	20.0	16.7	62.5	25.0	0.0	40.0	11.1	21.4	23.1	50	40

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Progress has been made in improving complaints management, but work is continuing to maintain performance and regular tracking and monitoring of actions remains a key focus across the whole system.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Meet regarding complaints improvement & performance plans and improve quality of drafts.	July 2026	Complete
Develop a response template similar to PET - Alternative e-mail process agreed and in place	July 2026	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

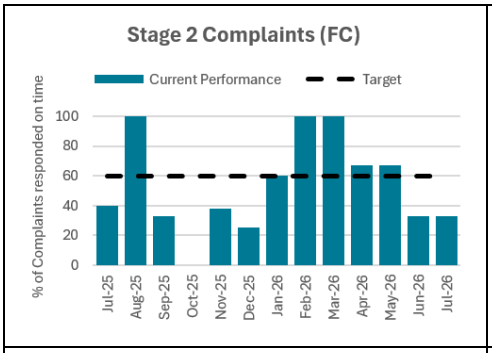
No governance issues identified but focus is on continuing to sustain and improve compliance.

4. Recommendations for indicator (e.g. change target etc)

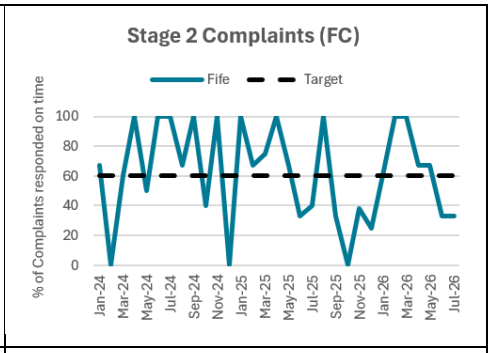
Indicator aligns with partner bodies.

Stage 2 Complaints Responded to within statutory Target (FC)		RAG
Description	Fife Council Stage 2 Complaints responded to within the required statutory Target (20 working days)	
Lead	Avril Sweeney	

ID	Governance	Expected Range	Target	Benchmark	Current Value	Frequency	Latest Data	Trend	Escalation
64	(B)	No	60	-	33	M	Jul-26	Declining	No



Last 13 months



Long term

Month	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26
Value	40	100	33	0	38	25	60	100	100	67	67	33	33

Portfolio Comments on the Indicator

1. How can we be assured that this indicator will remain or achieve target? (Brief)

Work is ongoing to improve the performance for complaints with regular tracking and monitoring of actions being strengthened.

2. What are the smart improvement activities for this indicator?

Improvement Action	Completion Date	Status
Meet regarding complaints improvement & performance plans and improve quality of drafts.	July 2026	Complete
Develop a response template similar to PET - Alternative e-mail process agreed and in place	July 2026	Complete

(Status: On Track, At Risk, Complete, Unlikely to complete on time)

3. Where governance issues identified, how will this be remedied? (Brief)

No governance issues identified but focus is on improving compliance.

4. Recommendations for indicator (e.g. change target etc)

Indicator aligns with partner bodies.

Fife Health & Social Care Partnership
Supporting the people of Fife together

Meeting:	Integration Joint Board	**Date:**	25.11.2026
Report Title:	Finance Update – Month 6		
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 September 2026 is an overspend of £5.081m projected on a budget of £833.198m
- 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 September
- Given the financial challenges facing the IJB, regular engagement with partners, the Chair and Vice Chair will continue
- A recovery plan has been developed, presented and to IJB and was approved at an extraordinary meeting on 9th October.

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 September 2026 as outlined in Appendices 1-3 of the report

Directions

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 30 September 2026 is an overspend of £5.081m, this is a movement of £0.159m from the M4 position.

Assessment (Key Points/Issues and Risks)

As at 30 September 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: –

- Prescribing
- Mental Health & Learning Disabilities
- 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
- 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 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 ***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**
Local Partnership Forum (LPF)	☒	☐	11.11.2026	☐	☒	
Finance, Performance & Scrutiny (FP&S)	☒	☐	13.11.2026	☐	☒	
Integration Joint Board (IJB)		☐	25.11.2026			

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	*There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.*

Fife Health & Social Care Partnership

Finance Report

Projected Outturn as at 30th September 2026

FINANCIAL MONITORING

PROJECTED OUTTURN AS AT SEPTEMBER 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 £4.415m since July (£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 July	37.150
Budget at July	**828.275**
Children & Young People Crisis Intervention	0.156
GMS Uplift	3.704
FHS Budget	0.560
Other misc funding	(0.005)
Budget September	**832.690**

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 30th September 2026

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of an overspend of £5.081m, this is an adverse movement of £0.159m since the July projected position.

This is shown in Table 2 below

Fife Health & Social Care Partnership Provisional Outturn as at September 2026								
	Budget July	Budget September		Forecast Outturn July	Forecast Outturn September		Variance as at July	Variance as at September	Movement in Variance
	£m	£m		£m	£m		£m	£m	£m
Community Services	179.974	184.134		180.331	183.712		0.357	(0.422)	(0.779)
Hospitals and Long Term Care	74.341	74.027		72.698	74.361		(1.643)	0.334	1.977
GP Prescribing	84.874	84.874		88.806	88.163		3.932	3.289	(0.643)
Family Health Services	147.829	148.414		148.317	148.784		0.488	0.370	(0.118)
Children's Services	21.648	21.632		20.878	20.647		(0.770)	(0.985)	(0.215)
Child OT	0.223	0.223		0.223	0.223		0.000	(0.000)	(0.000)
Homecare Services	80.259	80.191		82.342	83.330		2.083	3.139	1.057
Older People Nursing and Residential	64.867	64.867		65.994	65.875		1.127	1.009	(0.118)
Older People Residential and Day Care	19.392	19.392		19.538	18.874		0.145	(0.518)	(0.663)
Older People Fife Wide/ Hospital Discharge	1.387	1.387		1.343	1.372		(0.043)	(0.014)	0.029
Occupational Therapy & ICASS	7.696	7.696		7.809	7.815		0.113	0.119	0.006
Adults Fife Wide	2.499	2.499		2.401	2.395		(0.098)	(0.104)	(0.006)
Adult Supported Living	33.559	33.559		31.895	31.434		(1.664)	(2.125)	(0.460)
Social Care Fieldwork Teams	16.934	16.934		16.252	15.951		(0.682)	(0.983)	(0.301)
Adult Placements	90.085	90.153		92.119	92.795		2.035	2.642	0.607
Social Care Other	(15.402)	(15.402)		(15.479)	(15.438)		(0.077)	(0.036)	0.041
Business Enabling / Professional	16.464	16.464		16.084	15.831		(0.379)	(0.633)	(0.253)
Housing	1.646	1.646		1.646	1.646		0.000	0.000	0.000
Total Health & Social Care	**828.275**	**832.690**		**833.198**	**837.771**		**4.923**	**5.081**	**0.159**

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

	Budget July	Forecast Outturn July	Variance as at July	Budget September	Forecast Outturn September	Variance as at September	Movement in Variance
	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	317.899	319.774	1.875	318.787	319.246	0.459	(1.416)
Complex & Critical Care	226.851	225.691	(1.159)	227.577	228.307	0.730	1.889
Community Care	249.959	252.024	2.065	249.885	251.970	2.085	0.020
Professional & Business Enabling	20.464	20.098	(0.365)	20.809	20.191	(0.619)	(0.253)
Other	13.103	15.610	2.507	15.631	18.057	2.426	(0.081)
Total HSCP	**828.275**	**833.198**	**4.923**	**832.690**	**837.771**	**5.081**	**0.159**

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 £5.081m. An analysis of the position is noted below;

Primary & Preventative Care - £0.459m overspend
Primary and Preventative Care is forecasting an overspend position of £0.459m at September. This reflects several offsetting pressures and underspends across the portfolio.

GP Prescribing is currently forecasting an overspend of £3.289m and will remain under scrutiny during the year. At M6 2026-27 data is available up until July. Volume data is tracking lower than July last year, however volume remains volatile and it is expected to increase going forward. Cost per item is projected slightly lower than the last 6-month average.

Primary Medical Services is forecasting an overspend of £0.370m, 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 £3.200m 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 M4 is a favourable variance of £1.416m, this is inclusive of the recognition of recovery actions totalling £1m.

Complex and Critical Care Services – overspend £0.730m
Complex and Critical Care Services is forecasting a year end overspend of £0.730m based on information known at September.

Mental Health and Psychology services include pressures within CAMHS, Addictions services and use of locums, however work continues to recruit and reduce reliance on locums, and expenditure has reduced since April 2026. These areas will continue to be closely monitored due to the ongoing workforce and demand-related pressures.

Learning Disabilities is forecasting an overspend mainly due to the costs of a patient transfer. Recruitment remains challenging, reflecting wider national difficulties in attracting Learning Disability nursing staff.

Adult Social Care is forecasting an overall underspend however this includes a combination of demand-led pressures in adults' placements and associated transport costs, recruitment into supported living services, and is 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.

The movement from M4 is an adverse movement of £1.889m, mainly due to an increased projection across Mental Health and Learning Disability Services, which includes provision of care and increases in SLAs with Eating Disorder Regional Units. The position is inclusive of recovery actions of £0.125m in adults.

Community Care Services - overspend £2.085m

Community Care Services is forecasting an overspend of £2.085m at September. 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 £1.300m, 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 £2.950m across specialist inpatient services, community nursing, administration and integrated community teams. 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 £3.139m, 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 Care of £1.009m due to continued demand for nursing care, and beds in use greater than the budget allows. Costs of residential care have been offset by recovery actions reducing the use of agency staffing and a review of our internal care homes.

Overall, the Community Care position movement is £0.020m from M4, this position is inclusive of recovery actions totalling £0.600m

Professional, Business Enabling & Other - £1.807m overspend
Professional, Business Enabling and Other services are forecasting a combined overspend of £1.807m at September.

The main pressure relates to Service Level Agreements and out of area treatments, which are forecasting a year-end overspend of £2.668m. 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.

The movement from July is a £0.334m favourable movement, this is inclusive of £0.125m of recovery actions.

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 £1.887m have already been drawn in year, leaving a balance of £0.991m.

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.

As per the Integration Scheme the process for resolving in-year budget variances, including forecast overspends states:

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.

At M4, a projected overspend of £4.9m, together with £3.022m of management actions included in the budget savings but not yet identified, meant that a gap of approximately £7.9m needed to be closed to remain within budget. In accordance with the Integration Scheme requirements, a formal recovery plan was subsequently developed, presented to the Integration Joint Board and approved on 9 October.

The recovery plan has actions of up to £9.6m to end of the financial year, with recurring full year effect of £10.8m. The M6 position includes recognition of £1.850m recovery actions.

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.

There is a risk of slippage in the delivery of recovery actions. The recovery actions will be scrutinised via the PRU process.

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. A Demand, Capacity, Assurance and Escalation Tracker is provided as a weekly update.

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, along with the recovery plan. 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 Demand, Capacity, Assurance and Escalation Tracker is provided as a weekly update 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

Fife Health & Social Care Partnership
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Appendix 2

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**	25 November 2026
4	**Date Direction Takes Effect**	25 November 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 £4.415m 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

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	4.415	Total Budget to be spent on NHS Services
Portfolio/ Service	**Budget £M**	**Narrative**
Primary Care & Preventative	**0.888**	**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	(0.016)	Child Health includes a range of services from Health Visiting, Child Protection, School Nursing and Children & Young Persons Community Nursing Services.
Vaccination + Immunisation Ser	(0.003)	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	0.074	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	0.104	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.
Urgent Care Service Fife (UCSF)	1.523	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	(1.380)	CTAC services deliver a range of interventions in community settings, such as phlebotomy and minor surgery.
Family Health Services	0.585	Family Health Services covers enhanced services provided by Independent General Practitioners, Dental, Ophthalmic and Pharmacy.
Integrated Community Care	**(0.005)**	**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	0.049	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.

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Icass Division	0.005	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 int 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	(0.245)	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	0.053	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 neuro-rehabilitation and multi-disciplinary out-reach services
Divisional Management + Admin	(0.112)	Management + Admin support to Integrated Community Care Teams

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Patient Flow And Ltc	0.245	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	**0.658**	**Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work**
Mental Health Services	0.211	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	0.465	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	**2.874**	**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.**

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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%**	

Integration Joint Board Meeting Dates 2026-27	Frequency	Purpose	Owner	27-May-26	29-Jul-26	30-Sep-26	25-Nov-26	24-Feb-27	12-Mar-27	Partner Reporting
STRATEGIC PLANNING AND DELIVERY										
Strategic Plan Delivery Plan	Annual	Decision	Vanessa Salmond			Presented				
Walk-In Centre (Urgent Care) phased expansion plan	On Request	Decision	Lisa Cooper				Presented			
Mental Health Strategy & Estates Update	On Request	Decision	Karen Marwick			Presented				
Urgent Care Walk-In Service	On Request	Decision	Lisa Cooper		Presented					
Strategy Annual Reports										
Strategic Plan - Annual Report	Annual	Assurance	Vanessa Salmond					Scheduled		No
Alcohol and Drug Strategy	Annual	Assurance	Karen Marwick		Delayed	Presented				No
Mental Health and Wellbeing Strategy	Annual	Decision	Karen Marwick			Delayed	Presented			Yes
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
Home First Strategy	Annual	Assurance	Chris Conroy		Presented					
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper				Presented			No
Primary Care Strategy	Annual	Assurance	Lisa Cooper				Delayed	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			Presented				No
Suicide Prevention	Standing Item	Assurance	Derek McEwan				Presented			
Head & Neck Cancer Multi-Disciplinary Team	Standing Item	Assurance	Derek McEwan					Scheduled		No
INTEGRATED PERFORMANCE & QUALITY										
Review of Risk Management Policy & Strategy	On Request	Assurance	Tracy Hogg					Scheduled		
Finance Update	Standing Item	Decision	Tracy Hogg	Presented	Presented	Presented	Presented	Scheduled	Scheduled	No
Revised Budget Direction	On Request	Decision	Tracy Hogg			Presented				
Refreshed Performance Report	Quarterly	Assurance	Vanessa Salmond		Presented		Presented	Scheduled		No
Annual Performance Report 2025-26	Annual	Assurance	Vanessa Salmond		Presented					No
Fife IJB Annual Audited Accounts	Annual	Decision	Tracy Hogg			Presented				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	Presented	Presented	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						No
IJB Workplan	Standing Item	Assurance	Derek McEwan	Presented	Presented	Presented	Presented	Scheduled		No
Self-Assessment	Annual	Decision	Derek McEwan			Delayed		Scheduled		
Monitoring Progress of Directions	Quarterly	Decision	Derek McEwan	Presented		Presented		Scheduled		No
Review of Integration Scheme March 2027 5 yearly	Annual	Assurance	Derek McEwan				Presented			
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			Presented				
Extension of Voting Rights to Lived Experience Members	On Request	Assurance	Derek McEwan			Presented				
Proposed Committee Restructure	On Request	Decision	Derek McEwan			Presented				
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 inc EDI Annual Report **May 2027**	Annual	Assurance	Roy Lawrence							
Annual Risk Management Report	Annual	Assurance	Tracy Hogg	Presented						No
Review of IJB Strategic Risk Register	On Request	Decision	Tracy Hogg	Delayed	Presented			Scheduled		No
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence		Delayed	Presented				No
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy			Presented				No
Records Management Annual Report **due Sept 2027**	Annual	Assurance	Tracy Hogg							No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence		Delayed	Presented				No
Fife ADP Drug Related Deaths 2025	Annual	Assurance	Karen Marwick					Scheduled		Yes
Armed Forces Covenant Duty	Annual	Assurance	Karen Marwick					Scheduled		No
Public Sector Climate Duties Annual Report	Annual	Assurance	Lisa Cooper				Presented			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			Presented				Yes
Locality Planning Annual Report	Annual	Assurance	Roy Lawrence	Presented						
Participation & Engagement Annual Report	Annual	Assurance	Roy Lawrence	Presented						
Winter Plan 2026-27	Annual	Assurance	Chris Conroy				Presented			Yes
Care Inspectorate Grading Report	Annual	Assurance	Caroline Cherry				Presented			Yes
Public Protection Annual Report - CPC/MAPPA/ASP	Annual	Assurance	Caroline Cherry		Presented					Yes
HSCP Children in Fife Report and Childrens Plan	Annual	Assurance	Lisa Cooper					Scheduled		
Childrens Services Child Protection Annual Report	Annual	Assurance	Lisa Cooper		Presented					
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			Presented				Yes
Hepatitis C Elimination in Fife (Progress, Challenges and Risks)	On Request	Assurance	Lisa Cooper							
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				Presented			
Fife Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled		Yes

Fife Health & Social Care Integration Joint Board

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CONFIRMED MINUTE OF THE STRATEGIC PLANNING GROUP
WEDNESDAY 2nd SEPTEMBER AT 10:00AM
VIA MS TEAMS

Present: Alistair Morris (Chair), Vanessa Salmond, Tracy Hogg, William Penrice, Nicola Broad, Lesley Gauld, Caroline Cherry, Lisa Cooper, Morna Fleming, Karen Marwick, Roy Lawrence, Chris Conroy, Ken Fraser, Paul Short, Jacquie Stringer, Elizabeth Butters, Derek Mcewan, Chris Conroy, Tracy Harley

Apologies: Caroline Cherry, Rosemary Liewald, Dave Dempsey, Sam Steele, Vicki Birrell, Lynne Garvey, Lynn Barker, Patrick Browne

In Attendance: Gillian McNab (Minutes)

ITEM	MAIN DISCUSSION	ACTION
1	**WELCOME & APOLOGIES** Alistair Morris welcomed everyone to the meeting and apologies were noted as above. Members were advised that the meeting was being recorded to assist with minute taking.	
2	**MINUTES OF LAST MEETING – 1st JULY 2026** The minutes of the meeting held on the 1st July 2026 to be approved offline as an accurate record by the chair of the previous meeting. **ACTION LOG** The action log was reviewed, and it was noted that all actions are complete. **WORKPLAN** For noting.	**TH**
3	**STANDING ITEMS**	
3.1	**PMO Update** The Strategic Planning Group considered the PMO Update report presented by Vanessa Salmond. Vanessa Salmond highlighted the successful closure of the Home First Programme and delivery of over	

	80% in terms of targeted savings which was agreed by the Senior Leadership Team (SLT). Vanessa Salmond advised there are a number of programmes still continuing which are listed at appx. 1 and highlighted 2 priorities which have been agreed by SLT to move forward. This will be included within the PMO Update due on 3rd November 2026. SPG noted that overall, the transformation work is progressing well. The has been a time delay with regards to the Digital programme & Business Admin Transformation Project, however SLT have agreed to move forward with these. Vanessa Salmond noted that the Mental Health Service Redesign Programme and the Primary Care Improvement plan are progressing. Vanessa Salmond highlighted other programmes are progressing which are not detailed within the meeting papers; Transforming Care Programme and Coming Home. Questions raised included who was responsible for reducing funding associated with the Mental Health and Wellbeing in Primary Care and Community Settings Project? It was advised that this was capital funding and was revoked by Scottish Government, Discussions were held on the lack of information within the impact and implications section of the PMO Update on Services Users and Carers. Vanessa Salmond agreed to review this content in future iterations. Morna Fleming requested to meet with an Officer to gain a fuller understanding of the EQIA process. It was agreed to open this up to IJB as a development session. Further discussion was held on the escalation of the Digital Programme on whether it is deliverable or on track and the associated risks within the risk register. William Penrice confirmed that this remains one of the top three priorities within the new Strategic Plan and will be monitored throughout the year. <u>Decision:</u> The Strategic Planning Group took assurance assurance that the Transformation and Change Portfolio is being appropriately governed, monitored and escalated where appropriate, and; Noted that the SLT are currently considering future alignment of PMO resource to Strategic Priorities.	**VS** **VS**
4	**STRATEGY**	
4.1	**Strategic Plan – Delivery Plan** Vanessa Salmond introduced this paper advising that this is an innovative approach to delivery planning demonstrated through a three-tier approach. This follows on from a workshop held back in June to discuss how to make the plan more effective and efficient with one version of reporting that supports the delivery of the Strategic	

	Plan. The group noted the intrinsic links between the Strategic Delivery Plan, high level indicators and the Annual Delivery Plan. The plan in its entirety has been co-produced with staff and delivery services. William Penrice shared a presentation highlighting the delivery plan, updated approach and the quarter one update. The approach to the delivery plan aims to provide oversight of delivery; streamline reporting processes; provide assurance and identify any escalations. William explained that reporting is structured around the three strategic priorities, encompassing 32 outcomes across multiple portfolios. William Penrice also provided an overview of how the performance framework is assessed and explained the meaning of the rating categories. It was noted that, while the report currently refers to ratings as Progress and Confidence, these have since been revised to Delivery and Impact to better reflect performance and outcomes. It was noted that, as this is only the first quarter of reporting, delivery is on track and confidence levels are expected to increase as the programme and associated reporting arrangements mature. Members noted the clarity of the reporting and found the report easy to understand. Members discussed concerns regarding high level risks in various risk registers and what accountability will be escalated in particular risks that are not met according to the delivery plan. Members felt reassured on the delivery plan and the coherent understanding of what we are reporting, what outcomes are being achieved and how reports are presented to SLT or Committees. Members acknowledged the enormous amount of work that has taken place to get the process in place and is consistent across the board. William Penrice will circulate the presentation to the group. Morna Fleming to pass on her comments regarding the delivery plan directly to Vanessa Salmond. <u>Decision:</u> The Strategic Planning Group support the proposed Delivery Planning approach.	**WP** **MF**
5	**ANNUAL REPORTS**	
5.1	**Alcohol & Drug Strategy** Karen Marwick presented the report, highlighting progress made during the second year of delivering the Annual Delivery Plan (ADP) strategy. It was noted that overall the report demonstrates strong progress across prevention, treatment access, harm reduction and recovery. Karen Marwick highlighted the Medication Assisted Treatment Standards (MATS) have been fully embedded with Fife achieving its strongest validation to date. It was noted that more than 96% of people are seen within 21 days, 608 people completed	

	treatment with recovery goals achieved and residential rehabilitation placements have increased by 32%. Members noted prevention and harm reduction activity remain strong with a total of 6,021 people completing alcohol brief interventions, delivered against the local target of 4,187. It was also noted that 1,463 take home Naloxone kits have been distributed. Karen Marwick advised that 2024 seen a reduction in drug related deaths in Fife from 2023 with particularly encouraging reductions among women and people aged between 15-24. However, alcohol & drug related hospital admissions remain areas of concern alongside persistent inequality within Fife's most deprived communities and emerging risks associated with Cocaine and Ketamine. Karen Marwick highlighted the priorities for 2026/27 are focused on sustaining the MAT Standard performance, expanding residential rehabilitation, embedding the Charter of Rights, strengthening alcohol prevention, implementing the Ketamine Action plan for young people and addressing the wider impact on housing and mental health needs. Members noted the ADP delivered a balanced budget and overall assessment is of moderate assurance reflecting the progress made and the significant challenges that still remain. Members recognised the considerable work involved in producing the report and noted its positive impact. The group considered whether there may be opportunities to involve young people with lived experience in schools as part of a peer engagement and the risks of prolonged ketamine use. <u>Decision</u> The Strategic Planning Group discussed the Alcohol and Drug Partnership (ADP) Annual Report and approved its submission to Finance, Performance and Scrutiny Committee.	
6	**GOVERNANCE**	
7	**ITEMS FOR HIGHLIGHTING TO IJB** The Chair confirmed there were no issues requiring to be highlighted at the Integration Joint.	
8	**AOCB** No notification of any other business was received.	
9	**DATE AND TIME OF NEXT MEETING** Tuesday 3rd November 2026 at 2pm via MS Teams.	

Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE
of the
QUALITY & COMMUNITIES COMMITTEE
WEDNESDAY 9th SEPTEMBER 2026, 1000hrs, MS TEAMS

Present:	Councillor Sam Steele (Chair) Councillor Lynn Mowatt Councillor Eugene Clarke Jo Bennett, Non-Executive Board Member (JB) Morna Fleming, Carer's Representative (MF) Paul Dundas, Independent Sector Lead (PD)
Attending:	Avril Sweeney, Risk Compliance Manager (AS) Chris Conroy, Head of Community Care Services (CC) Derek McEwan, Head of Corporate Governance & IJB Secretary (DMcE) Dr Aylene Kelman, Deputy Medical Director (AK) Dr William Penrice, Strategic Planning and Performance Service Manager (WP) Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (EB) Karen Marwick, Head of Complex and Critical Care (KM) Lisa Cooper, Head of Primary Care and Preventative Care Services (LC) Lynn Barker, Director of Nursing (LB) Roy Lawrence, Principal Lead for Organisational Development & Culture (RL) Rebecca Simpson, Senior Community Led Support Officer (RS) Vanessa Salmond, Head of Corporate Services (VS)
In Attendance:	Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
Apologies for Absence:	Councillor Rosemary Liewald Caroline Cherry, Principal Social Work Officer (CCH) Ken Fraser, IJB Public Representative (KF) Lynne Garvey, Director of Health & Social Care Partnership (LG) Tracy Hogg, Chief Finance Officer (TH)

NO	AGENDA ITEM	ACTION
1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Steele welcomed all members and attendees to the meeting.	
2.	**DECLARATION OF MEMBERS' INTEREST.** No declarations of interest were received.	
3.	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4.	**ACTIVE & EMERGING ISSUES** Lynn Barker did not wish to bring any additional items forward but advised the Immunisation Programme is currently being progressed.	
5.	**MINUTES OF PREVIOUS MEETINGS HELD ON 08 JULY 2026** The previous minutes from the Q&CC meeting on 08 July were reviewed by those present ahead of the meeting. There were no comments made; therefore, the minutes were taken as a true record of the meeting.	
6.	**ACTION LOG FROM 08 JULY 2026** The Action Log from the meeting held on 08 July 2026 was discussed and the Action Tracker was updated. All items were closed.	
7.	**GOVERNANCE & OUTCOMES**	
7.1	**Clinical & Care Governance Assurance Report** This report was brought to Committee by Lynn Barker and Aylene Kelman, the report came for Assurance and Discussion. LB apologised for the late submission of the report and handed over to AK, as she had not been present at the last C&CG meeting. AK introduced the report and highlighted improvements in the adverse event review process and complaint responses. Stage one compliance was reported at 89%, with stage two compliance at 40%. There are currently 65 open local reviews, with 45% completed within the required timescale. AK stated NEWS2 (National Early Warning Score 2) implementation is on track for the end of the month and MH improvement work continues. A governance gap in staff skin surveillance is currently being investigated. AK advised the Social Work Psychological wait times for assessment are reasonably high and told of a piece of work ongoing to try to understand why this is the case and to carry out improvement actions. Child Protection reporting and feedback are positive. Questions were invited.	

	JB queried if there were any theories of why there has been an increase in complaints. AK advised a detailed review is yet to be undertaken, although complaints are regularly considered at portfolio meetings. KM highlighted emerging complaint themes include adult ADHD assessments and the neurodevelopmental pathway. She spoke of AI-assisted complaints which are often lengthy and complex, thus increasing investigation and response times. Skin surveillance monitoring was discussed in some detail and KM noted skin surveillance is taking place, however, there is no collective governance of how this is reported. KM has raised this matter and action is being taken forward. The Committee were happy to take Assurance from the report.	
7.2	**IJB Quality and Communities Committee Strategic Risk Register** This report was brought to Committee by Tracy Hogg for Assurance and Discussion. The report was presented by Avril Sweeney. AS advised the Quality & Communities Committee's strategic risks are presented following the full review aligned with the Strategic Plan 2026-29. Risk owners reviewed these in August '26 and actions have progressed or been updated with no changes to the risks since July. She stated three risks retain high residual scores and two new risks will be considered through separate deep-dive reports. AS assured Operational Risks remain under regular review with escalation to SLT where required. Through discussion, it was agreed that the impact of service limitations on carers and service users should be more clearly reflected in the risk register. Assurance relates to whether all reasonable mitigations are being taken, although external factors may prevent risk scores from improving. It was felt further work is needed to measure the effectiveness of mitigations and link risks to performance and delivery planning. The Committee noted the position and accepted the assurances provided. **Actions** Update the Strategic Risk Register to reflect more clearly the impact of service limitations on carers and service users. Develop clearer measures of mitigation effectiveness and strengthen links between risks, performance and delivery planning.	
7.3	**Deep Dive risk review – Risk 29 Focus on Prevention** This report will be presented by Lisa Cooper**.** The report is brought for **Assurance and Discussion** and was presented by Avril Sweeney**.** AS stated, the deep dive review provides assurance that the risk is being managed within the agreed risk appetite and tolerance levels. It is assigned to both governance committees and will also be considered by Finance, Performance and Scrutiny this cycle. AS advised the key mitigations include analysis of the prevention baseline survey, which closed in June 2026, with findings and recommended actions	

	due in November. Delivery of the Prevention and Early Intervention Strategy will be monitored by SMT and the Strategic Planning Group, with regular governance reporting. The Performance Framework provides further oversight of prevention activities AS advised a reasonable level of assurance was reported, and work is ongoing with plans on track. JB 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. The Committee took assurance from the report.	
7.4	**Deep Dive risk review – Risk 28 Strategic Plan Delivery** This report will be presented by Vanessa Salmond and Avril Sweeney**.** The report is brought for **Assurance and Discussion** VS introduced the report and stated the risk of being unable to delivery the Strategic Plan 2026-29 remains high, scoring at 16. Key challenges include increasing demand, demographic change, workforce pressures, financial constraints and national policy development. The report outlines controls and actions to mitigate the risk, linked to the delivery plan. The Strategic Planning Group recently considered the risk and supported the proposed mitigation approach. VS stated, further detail will be provided later in the agenda and passed to Avril Sweeney. AS advised the Committee, the Strategic Delivery Plan and alignment of programmes to strategic objectives are key mitigations. SMT, the Strategic Planning Group and governance bodies will monitor progress, supported by the Performance Framework. Reasonable assurance was reported with SMART actions on track. Cllr Mowatt expressed appreciation to the report authors for their efforts to ensure that reports are accessible and understandable to non-healthcare colleagues. MF raised concerns about limited discussion and scrutiny at the Strategic Planning Group and requested clearer monitoring of milestones and delivery challenges. VS confirmed that governance arrangements are being reviewed to strengthen scrutiny. She advised that prevention, community-based care and digital transformation are equally important and interconnected priorities. Cllr Steele asked which strategic objectives presented the greatest challenges and highlighted concerns around recruitment, an ageing workforce, retirement planning and the potential loss of experienced staff.	

	RL spoke of the financial constraints, recruitment difficulties and the need to transform and sustain the existing workforce. He also outlined work to support carers and others returning to employment. PD highlighted significant nursing shortages in social care, increasing restrictions on overseas recruitment and the absence of an integrated national workforce-planning approach. WP noted the dramatic decline in the working-age population across Europe and globally. He stated, it is a long-term structural issue affecting all sectors, meaning health and social care will continue competing with the wider economy for workers. RL explained that the Partnership previously contributed to a national workforce strategy covering the whole health and social care system, including independent providers. However, there has been little subsequent Scottish Government engagement or feedback. Fife's workforce plan is now directly linked to its Strategic Plan, but national requests have not reflected a whole-system approach. Cllr Steele asked who the Partnership's direct Scottish Government contact is and requested further information, noting that the lack of national feedback could be pursued. RL confirmed that the Scottish Government Workforce Planning Group has not met for around a year. Work is underway to identify the current arrangements and appropriate contact. RL will update Cllr Steele once further information is available on the national workforce-planning contact and arrangements. The Committee took assurance from the report. **Actions** R Lawrence to identify the current Scottish Government workforce-planning arrangements and appropriate contact, and update Cllr Steele once further information is available.	
8.	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**	
8.1	**IJB / HSCP Resilience Assurance Annual Report** This report will be presented by Chris Conroy. The report is brought for **Assurance** CC introduced the Annual Resilience report which provided substantial assurance on arrangements supporting the IJB's Category 1 Responder Duties with the risk score reduced to its target level. Priorities include business continuity reviews, updating the Resilience Framework, fuel shortage planning, community-based exercises and testing care-for-people arrangements. He advised lessons from incidents will be shared through annual reporting. Links with community councils and local resilience groups was queried. CC confirmed that community incident testing is mainly multi-agency and service-based. He advised, the Council works directly with community councils, with other groups represented through the Partnership and third sector.	

	MF welcomed the practical testing of resilience arrangements through a real incident and the recognition that future incidents may be more complex. CC advised that a wider primary care resilience report will follow, focusing on robust continuity plans and the infrastructure needed for unforeseen events. JB asked how climate-change risks, including flooding and extreme heat, are being addressed. CC confirmed that local multi-agency plans and wider business continuity arrangements cover these risks. It was highlighted national climate-resilience guidance for social care is being considered by the Climate Change Group. Assurance was taken from the report. **Actions** Bring forward a wider primary care resilience report covering continuity plans and supporting infrastructure.	
8.2	**Primary Care Improvement Plan (MoU2) Annual Progress Report** This report is brought to Committee by Lisa Cooper and comes for **Assurance.** LC introduced the report, which provided moderate assurance and highlighted increased service coverage, including access to community link workers across all Fife practices. However, inequalities remain, particularly in first contact physiotherapy and mental health support, due to MoU2 priorities and ongoing financial and workforce pressures. Further local changes will be considered alongside the anticipated national Primary Care Reform guidance and in partnership with the Local Medical Committee. LC invited questions. The Committee discussed national funding and workforce constraints affecting primary care, including ongoing difficulties at Kincardine and High Valleyfield. Further reports will outline progress, investment and remaining sustainability challenges. Members questioned whether the AHP review could improve physiotherapy provision and why demonstrator sites had not established multidisciplinary teams. Concern was also raised about the lack of patient-experience information in the report. LC agreed to consider this in future reporting and advised that a national quality framework is being developed. The importance of the GP Practice Experience Survey in identifying inequalities was emphasised**.** The Committee took assurance from the report. **Actions** L Cooper to consider including patient-experience information in future primary care reporting.	
8.3	**ADP Annual Report 2026/27**	

	This report is brought to Committee by Karen Marwick and Elizabeth Butters**.** The report comes for **Discussion.** KM introduced the report, which provided moderate assurance and highlighted progress in access to treatment, MAT standards, harm reduction and recovery. KM advised that over 96% of patients were seen within 21 days and residential rehabilitation placements had increased by 32%. KM noted that alcohol harm, drug-related admissions, inequalities, and emerging risks associated with cocaine and ketamine remain areas of concern. Priorities include maintaining MAT performance, expanding rehabilitation, strengthening prevention and addressing wider social needs. KM also confirmed that a balanced budget had been achieved. PD praised the report and the significant improvements in outcomes, including fewer drug-related deaths, strong treatment waiting times and reduced non-attendance. The ADP is reviewing its services, membership, governance and performance against the new national strategy and three-year delivery framework. This may change how the ADP operates and will be reported in next year's annual report. Women's prison representation will be considered, although links are already in place through pre-release planning. Synthetic opioids and fentanyl continue to be closely monitored. Rising ketamine use among young people has led to the development of a new treatment pathway and awareness campaign. KM advised that updated 2025 figures will be provided to the IJB as an addendum, if available. Assurance was taken from the report. **Actions** Consider women's prison representation within the ADP. Karen Marwick to provide updated 2025 figures to the IJB as an addendum, if available.	
9.	**STRATEGIC PLANNING AND DELIVERY**	
9.1	**Strategic Plan 2026-2029 Delivery Plan** This report was brought to Committee by Vanessa Salmond and William Penrice and came for **Decision**. VS introduced the Strategic Delivery Plan 2026–29, Annual Delivery Plan and Monitoring and Evaluation Framework, explaining how planned activity links to strategic priorities and outcomes for people in Fife. Feedback on participation, lived experience, unpaid carers and transparent reporting will be reflected in the final submission to the IJB. WP outlined the combined approach to reporting, which considers both progress against actions and confidence that these actions will achieve the intended outcomes. Quarter one showed that delivery is on track, although	

	assurance remains moderate as it is still early and there is limited evidence of impact. Assurance is expected to increase as outcomes become clearer. The digital priority currently has limited assurance due to infrastructure dependencies, some of which are outside the Partnership's control. Members welcomed the Strategic Quality Dashboard but sought greater clarity on equity of access, geographical variation and how performance outcomes will be measured. Officers confirmed that more detailed quantitative and qualitative analysis is being developed with NHS, Council and community-planning partners. The Committee recognised the need for good information while avoiding unnecessary reporting for frontline teams. The proposed approach to delivery planning was supported. Concern was also raised about limited assurance over digital capacity. VS confirmed that barriers and mitigations are being reviewed, with a further update to follow. The Committee agreed to support the implementation proposal and planning approach. **Actions** Reflect feedback on participation, lived experience, unpaid carers and transparent reporting in the final Delivery Plan submission to the IJB.	
9.2	**Winter COVID-19 and Flu Vaccine Delivery Campaign 2026/27** This report is brought to Committee by Lisa Cooper and comes for **Assurance, Discussion and Decision.** LC outlined the winter vaccination programme providing moderate assurance on delivery and uptake ambitions, and significant assurance on planning. COVID-19 and flu eligibility cohorts remain unchanged. Community pharmacies will offer scheduled appointments to increase access and capacity amid workforce constraints. LC advised pre-school vaccinations have begun, with primary schools due to start 10.09.26 and care homes shortly afterwards. She stated learning from last year has informed plans, particularly to improve health and social care staff uptake through peer vaccination, local champions, drop-in clinics and vaccination during care home visits. A communications plan has been approved. Delivery is targeted for completion by the end of December, with uptake monitored locally and arrangements adapted as required. Committee members were asked to support public messaging and encourage vaccination. Members welcomed the vaccination report and emphasised the importance of clear communication and collaborative promotion to encourage vaccine uptake.	

	Concern was raised about care-home residents' access to Section 47 certificates. Officers confirmed that proactive measures are being taken to avoid previous difficulties. Communication with care homes, immunisation teams and primary care colleagues will be repeated, allowing any barriers to be identified and addressed promptly. 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.	
10.0	**LOCALITIES**	
10.1	**Community Led Support Annual Report 2025/2026** This report is brought to Committee by R Lawrence with support from Rebecca Simpson, Lead Officer and comes for **Assurance.** RL introduced the report and stated Community-led support helped 5,795 people across Fife in 2025-26, receiving over 6,000 referrals – a 24% increase on the previous year. He advised, Partnership working with CARF secured over £1.45M in financial gains for people accessing support and positive outcomes from GP-linked workers led to temporary funding becoming permanent. RL noted GP referrals increased by 55% to 935, while Welfare Contact Centre referrals to The Well rose by 40%. Feedback remained positive, with average scores of 25 out of 27, demonstrating a person-centred support. Growing demand and reliance on temporary funding remains challenging. A unified link worker role provides greater flexibility to deploy staff across priority areas. The report provided strong assurance of the service's contribution to prevention, early intervention, independence and reducing inequities. Cllr Steele welcomed the evidence and thanked staff. Questions were invited. Members welcomed the report, noting the strong evidence, positive referral outcomes and lived-experience stories demonstrating the impact of community services. Concern was raised about whether support could be sustained where funding, including Macmillan funding, remains temporary. RL was confident that services could be managed within available resources and that funding discussions may secure a further year. However, wider financial pressures, rising demand and reliance on external funding remain significant risks. The committee was assured by the report.	

11.0	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	11.1 **Clinical & Care Governance Assurance Group** Unconfirmed Minutes from 05 June 2026	
	11.2 **Clinical Governance Committee** Confirmed Minutes from 10 July 2026	
	11.3 **Strategic Planning Group** Unconfirmed Minutes 01 July 2026	
12.	**ITEMS FOR ESCALATION**	
	No items were raised for escalation	
13.	**AOCB**	
	No other business was raised.	
14.	**DATE OF NEXT MEETING** Wednesday 04 November 2026, 1000hrs, MS Teams	

Fife Health & Social Care Partnership
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CONFIRMED MINUTE OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 11 SEPTEMBER AT 10.00 AM (VIA MS TEAMS)

Present: Dave Dempsey (Chair), Fife Council (DD)
Cllr David Alexander, Fife Council (DA)
Colin Grieve, NHS Fife (CG)

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)
Barry Hudson, (NHS Fife) (BH)
Amy Hughes, External Auditor (AH)

Apologies: Lynne Garvey, Director of Health & Social Care Partnership (LG)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
Pamela Redpath, Service Manager, Audit & Risk Management (PR)

		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.	
4/7	**ACCOUNTS ANNUAL & FINANCIAL STATEMENT** The Committee was advised that the Annual Accounts had previously been presented at the June Audit & Assurance Committee meeting and endorsed for submission to undertake the external audit process. It was reported that the audit had now been completed and that the Committee was being presented with the final audited Annual Accounts. Members noted that only minimal amendments had been made following the audit, comprising a presentational adjustment within the debtors and creditors disclosures and minor revisions to	

	the management commentary. No significant changes requiring the Committee's attention were highlighted. The Committee was advised that agenda item 7, presented by Amy Hughes, would provide further detail on the outcome of the audit. Subject to consideration of that report, Members were asked to approve the Annual Accounts for submission to the IJB meeting on 30 September for formal signing. **ANNUAL AUDIT REPORT** Amy Hughes presented the Annual Audit Report, highlighting that an unqualified audit opinion will be issued for 2025/26. Consistent with previous years. Members were advised that audit fieldwork had been completed and the only standard completion procedures remained before the accounts could be signed. Amy confirmed that the audit risk assessment remained unchanged from the Audit Plan presented earlier in the year and that all significant risk areas had been satisfactorily addressed. As part of the wider scope of public audit, it was reported that the IJB had appropriate arrangements in place in respect of financial sustainability, financial management, vision, leadership and governance, and the use of resources to improve outcomes. Members noted that the Amber assessment for financial sustainability reflected the challenging national financial environment facing public sector organisations and did not indicate any weakness in the IJB's financial arrangements. The Committee further noted the findings of the audit review of fairness and equality, which concluded that the IJB demonstrates a clear commitment to equality and fairness through its strategic planning and service delivery arrangements. No issues or recommendations for improvement were identified. Members were advised that the audit had identified no adjusted or unadjusted misstatements and no recommendations for management. Minor presentational amendments identified during the audit had been incorporated into the final accounts. Amy confirmed their independence and compliance with relevant ethical standards and expressed appreciation to the finance team for the quality of the accounts, supporting working papers and timely responses throughout the audit process, which had contributed to an efficient audit. **Recommendation:** Members of the IJB Audit & Assurance Committee were asked to note the External Audit Report. Noted. Members also agreed to forward the annual accounts to the IJB Committee for approval and signing.	

5.	**DRAFT INTERNAL AUDIT PLAN 2026/27 (for approval)** Jocelyn Lyall presented this report seeking Committee approval of the proposed internal audit arrangements for the three-year period 2026/27 to 2028/29 and the Annual Internal Audit Plan for 2026/27. Members were advised that Internal Audit Services would continue to be delivered jointly by NHS Fife and Fife Council Internal Audit Services, with Jocelyn Lyall and Pamela Redpath jointly undertaking the Fife IJB Chief Internal Auditor role. It was noted that the joint delivery model reflects the unique governance arrangements of the IJB and provides effective and independent assurance by drawing on the expertise and access available through both partner organisations and the HSCP. Subject to approval, a revised Internal Audit Charter will be presented to the next meeting to formalise the arrangements and set out the internal audit mandate, organisational position, reporting relationships and scope of work in line with Global Internal Audit Standards. The Committee noted that the draft Annual Internal Audit Plan had been developed through a review of the IJB Risk Register and consultation with the Senior Leadership Team. The plan includes an Internal Control Evaluation to provide assurance on governance arrangements and identify any issues requiring attention ahead of the Annual Governance Statement process. A review of Strategic Planning is also included, focusing on delivery of the Strategic Plan and the effectiveness of monitoring and reporting arrangements. Members further noted that the assurance framework incorporates relevant audit work undertaken by both NHS Fife and Fife Council and that the audit plan may be amended during the year to reflect emerging risks or issues, with any proposed changes to be brought back to the Committee for approval. **Recommendation:** Members of the IJB Audit and Assurance Committee were asked to consider and approve arrangements for provision of Internal Audit Services for the period 2026/27 – 2028/29 and the draft Annual Internal Plan for 2026/27. Approved.	
6.	**INTERNAL AUDIT – FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS** Jocelyn Lyall presented an update on progress against actions arising from previous internal audit reports. Members noted that, in line with the Blueprint for Good Governance, actions relating to audit reports more than one year old are reported separately. Of these, one action remains outstanding, relating to the review of the Governance Manual. It was noted that work on the	

	review has commenced; however, due to resource pressures, the completion date has been extended to the end of October. The Committee further noted that 13 actions are currently recorded from audit reports issued within the last year. One action, relating to the Improvement Tracker and performance reporting, has been completed, while the remaining 12 actions are not yet due for completion. Members acknowledged the positive position overall, noting the relatively small number of outstanding audit actions and the assurance provided that these are being appropriately monitored, validated and progressed within agreed timescales. **Recommendations:** Members of the IJB Audit and Assurance Committee were asked to note this report for assurance. Noted and assured.	
8.	**IJB RISK REGISTER** Avril Sweeney presented the Risk Register update for assurance and discussion. Members noted that the Risk Register had last been considered during the July committee cycle following a comprehensive review aligned to the Strategic Plan 2026-2029. The risks were subsequently reviewed by risk owners in August. It was reported that progress had been made in delivering mitigating actions and updating risk information; however, there had been no changes to risk scores since the July reporting cycle. The Committee noted that amendments to actions were highlighted within the appendices and that risks were presented in order of residual risk score. Members noted that four risks currently remain categorised as high residual risks. Trend analysis was provided, showing risk trajectories from March 2024 through to the target dates of March 2027 and March 2028. It was recognised that limited movement in some risk scores reflects the strategic nature of the risks and the influence of significant external factors which impact the IJB's ability to mitigate them. The Committee further noted that, since March 2024, four risks had been closed, three risks merged, and two new risks added to the Risk Register. The two new risks had been subject to detailed review during the current committee cycle and had been considered by the relevant committees. Members acknowledged the ongoing review and management of risks across the organisation. **Recommendations:** Members of the IJB Audit and Assurance Committee were asked to consider the Risk Register and whether any further information is required. Considered.	

9.	**HORIZON SCANNING (VERBAL)** Tracy Hogg updated the Committee on whether retrospective Directions are required for specific in-year Scottish Government funding already committed or spent. Pending clarification, Directions will continue to be reported to the Finance, Performance and Scrutiny Committee. Officers will pursue Scottish Government guidance, benchmark practice through the Chief Finance Officer network and consider inviting a Scottish Government representative to a future meeting.	
10	**NHS FIFE ANNUAL GOVERNANCE STATEMENT (for noting)** Derek McEwan gave an overview of the Annual Governance Statement, which forms part of the Annual Accounts and provides the Chief Executive's assessment of the effectiveness of governance, risk management and internal control arrangements for 2025/26. The Committee noted that both internal and external audit reviews had concluded that the Statement was an accurate reflection of the organisation's governance and control environment, providing significant assurance regarding the effectiveness of arrangements in place. Members further noted two significant matters disclosed within the Statement relating to: the organisation's engagement with the Equality and Human Rights Commission and the implementation of remedial actions to strengthen equality impact assessment processes and governance arrangements; and the Scottish Information Commissioner's intervention concerning delays in processing Freedom of Information and Subject Access Requests, for which improvement actions, additional oversight and resources had been implemented. The Committee noted the assurance provided on governance, risk management and internal control arrangements for 2025/26, and the disclosures included within the Annual Governance Statement. **Recommendations:** Members of the IJB Audit and Assurance Committee are asked to take assurance from the summary on the internal control environment within the NHS Fife over the course of the past year and note the 2 disclosures detailed within the Governance Statement that impact upon the expected standards of good governance, risk management or control. Assured.	
11	**AUDIT & ASSURANCE WORKPLAN** The purpose of the workplan is for discussion and noting.	

11	**ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB** The appointment of an additional fourth member is proposed to ensure meetings can proceed when a member is unavailable and quorum requirements would otherwise not be met.	
12	**AOCB** None	
13	**DATE OF NEXT MEETING** 12 November 2026 at 10:00 a.m. MS Teams	

Fife Health & Social Care Partnership
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CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF)
WEDNESDAY 16 SEPTEMBER 2026 AT 10.30
Via MS Teams

PRESENT: Lynne Garvey, Director of Health & Social Care (Chair)
Debbie Fyfe, UNISON Fife Branch Secretary & Joint Trade Union Secretary
Dianne Fulton, HR Team Manager, Fife Council
Gemma Reid, HSCP Coordinator (Minutes)
Gillian Bell, UNISON Fife Health
Helen Caithness, RCN
Hugh Wilson, Health & Safety Lead Officer, Fife Council
Karen Marwick, Head of Complex & Critical Care Services, H&SC
Lisa Cooper, Head of Primary & Preventative Care, H&SC
Lorraine Cooper-King, Business Manager, Community Care Services, H&SC
Lynn Barker, Director of Nursing, H&SC
Lynne Parsons, Employee Director, NHS Fife
Melanie Jorgensen, People & Culture Partner, NHS Fife
Purdie Plenderleith, Organisational Development & Culture Specialist, HSCP
Roy Lawrence, Head of Culture, Engagement & Communities, H&SC
Steven Portsmouth, UNISON Fife Health
Tracy Hogg, Chief Finance Officer, H&SCP
Vanessa Salmond, Head of Strategic Planning & Performance, H&SC
Yvonne Batehup, UNISON Fife Health

APOLOGIES: Vicki Bennett
Kenny McCallum
Caroline Cherry
Louise Noble
Chris Conroy
Kenny McCallum
Ben Morrison

NO	HEADING	ACTION
1	**APOLOGIES**	
	Chair welcomed members to the meeting, introductions were made and apologies were noted as above. New members were welcomed to their first meeting.	
2	**PREVIOUS MINUTES / ACTION LOG FROM 13 MAY 2026**	
	Updates were provided for the action log. Following this, the minute and action log of the meeting held on 13 May 2026 were approved as an accurate record.	
3	**JOINT CHAIRS UPDATE**	

	Lynne Garvey welcomed members to the meeting and noted the significant activity that had taken place since the last LPF meeting in May, including ongoing consideration of national health and social care reform developments. Lynne shared an update on the Re-Set Programme, highlighting the collaborative work undertaken across health and social care over the summer to improve system flow and support winter planning. She thanked staff for their flexibility, engagement and willingness to embrace new ways of working. Colleagues were encouraged to support the forthcoming staff flu vaccination programme and emphasised the importance of vaccination in preparing for winter pressures. Lynne noted the continued commitment to visible leadership, with members of the Senior Leadership Team spending time in services across Fife to engage with staff and better understand local challenges and successes. She highlighted visits to Ward 2 at Glenrothes and Bankhead House Care Home in Cupar and welcomed members to participate in future visits where possible. Lynne offered particular congratulations to the Community Link Workers following the national recognition received by the Community Led Support team. She also highlighted the launch of an innovative catering training programme and the achievement of Gold reaccreditation for Community Children's Services. In addition, Lynne extended her congratulations to Neil Carnegie, Community Occupational Therapy Team Manager, on his election as Vice Chair of both the Royal College of Occupational Therapists and the British Association of Occupational Therapists, noting this as significant national recognition of his expertise, leadership and contribution to the profession. Lynne shared positive feedback from recent visits by the First Minister to the GP Walk-In Service at Randolph Wemyss Memorial Hospital and the Deputy First Minister to the Hospital at Home service, noting these visits provided an opportunity to showcase the innovative services being delivered across Fife and the dedication of staff. Lynne reflected on the recent Equality, Diversity and Inclusion event, describing it as a powerful and impactful occasion which reinforced the importance of creating an inclusive culture where all staff feel valued, respected and able to be themselves at work. She thanked Roy Lawrence and the wider team for organising and delivering the event. In closing, Lynne thanked colleagues for their ongoing dedication, professionalism and compassion in delivering services for the people and communities of Fife.	
4	**HEALTH AND WELLBEING**	
	4.1 Attendance Update **<u>NHS Update</u>** Melanie Jorgensen highlighted the ongoing Attendance Management Training Programme, which commenced in January 2026. Members were encouraged to promote the training widely within their services and teams. Melanie advised that an Attendance and Wellbeing Workshop, delivered by the People and Culture Team with Staffside representation, is scheduled to take place next week.	

	Melanie provided an update on the Employee Assistance Programme, noting that the PAM Group had been successful and that communications and engagement activity was being developed ahead of a planned launch by the end of October. Melanie reported that work on the Avoiding Harm Training Programme is progressing, with engagement sessions taking place with ELT, the People and Culture Team and Staffside colleagues. An in-person workshop is planned for 18 November, with invitations expected to be issued by the end of September. **Fife Council Update** Dianne Fulton provided a summary of the key findings from the Fife Council Attendance Report. She highlighted positive progress within Care at Home and Complex and Critical Care Services, both of which have demonstrated a downward trend in absence levels and continue to receive targeted support through the Case Review Team. Dianne Fulton advised that a range of measures remain in place to support attendance improvement, including absence panels, Case Officer support from day 29 of absence, and ongoing Attendance Management training and coaching for managers. Members were encouraged to promote the training opportunities available, with dates accessible online. The Chair invited questions from members. **Member Discussion** Debbie Fyfe advised that the Local Government Trade Unions continue to have a strong working relationship with the Care at Home Service Manager and meet regularly to discuss service issues. She noted that attendance management remains a key focus area, with ongoing joint working alongside Dafydd McIntosh. Debbie suggested there may be benefits in strengthening Trade Union engagement across other portfolios and welcomed HR involvement in discussions to support a collaborative approach and recognise the wider impact on teams. Lynne Parsons advised that Health Trade Unions regularly attend Promoting Attendance at Work (PAW) Panels and confirmed that attendance management remains a standing topic for discussion across partnership meetings. **LPF members were assured by the current position.** **Action** Lynne requested that Derek McEwan develop a schedule of portfolio links with Trade Union and Staffside representatives and provide feedback to a future LPF meeting.	**DM**
	4.2 Attendance Management Flash Reports Heads of Service presented the attendance management flash reports to support the data presented by HR. **Complex & Critical Care Services** Karen Marwick provided an update on attendance management within the Complex and Critical Care portfolio. She highlighted a recent increase in absence levels within Tayview Ward, noting that, as a small ward with a limited workforce, a small number of absences can have a significant impact on overall attendance figures.	

Karen Marwick advised that absence levels within Ward 4 at Queen Margaret Hospital have reduced following targeted management interventions and ongoing support.

Karen Marwick also noted that Adult Resources has strengthened its oversight of attendance management, with attendance review panels now in place to monitor cases and support improvement. These panels are chaired by Karen and provide regular scrutiny of attendance trends and management actions.

Lynne Garvey welcomed the enhanced arrangements for monitoring and reviewing absence levels and recognised the value of a consistent and proactive approach to attendance management.

Community Care Services

Lorraine Cooper-King provided an overview of attendance management within the Community Care portfolio on behalf of Chris Conroy. She advised that health-related absence levels in July were the highest recorded year-to-date, with short-term absence at their lowest level for the year, while long-term absence had increased. A similar pattern was reported across social care services.

Lorraine highlighted a number of positive developments outlined within the Flash Report and noted the significant amount of work ongoing across the portfolio to support attendance management and improve attendance outcomes.

Primary & Preventative Care

Lisa Cooper provided an update on attendance management within the Primary and Preventative Care portfolio. She highlighted the portfolio's mature approach to supporting both attendance and staff wellbeing, noting that short-term absence reduced throughout July as a result of the management interventions and support measures in place. A slight reduction in long-term absence levels was also reported.

Lisa Cooper advised that the portfolio continues to align its approach with the principles of the Multi-Factorial Review and has introduced a range of supportive measures, including regular guest speaker sessions, oversight through the Attendance Management Oversight Group, and input from Spiritual Care and HR colleagues. Staffside representatives remain fully involved in supporting and driving improvements across the portfolio.

Lynne Garvey commended the range of actions being taken forward to support attendance management and wellbeing, recognising the proactive and collaborative approach being adopted across the portfolio.

The Chair invited questions from members.

Member Discussion

Debbie Fyfe queried what factors within the Primary and Preventative Care portfolio were contributing to the positive attendance improvements being reported.

Lynne Garvey noted that there are differences between service settings, highlighting that inpatient services can be more susceptible to factors such as gastroenteritis outbreaks, while musculoskeletal-related absence can be more prevalent in areas involving moving and handling activities. She advised that national trends also show higher levels of short-term sickness absence within inpatient and care home services and noted that the Primary and Preventative Care portfolio has adopted a more targeted approach to attendance management.

	Lisa Cooper acknowledged that the portfolio's predominantly outpatient and community-based service model reduces staff exposure to circulating viruses. She highlighted the proactive involvement of the leadership team in attendance case reviews, the use of guest speakers, and the promotion of all available wellbeing resources. She also emphasised the importance of early intervention, maintaining regular dialogue with absent staff, and close partnership working with HR and Staffside colleagues to support attendance improvement. **LPF members were assured by the current position.**	
	4.3 Recruitment Update **<u>NHS Update</u>** Melanie Jorgensen presented the NHS Recruitment Update for Quarter 1 (April to June 2026), highlighting that there were 821 vacancies recorded across NHS Fife during the reporting period, with 478 posts advertised. This represented an increase of 22 vacancies compared with Quarter 4 of 2025. Melanie reported that the average time to hire in NHS Fife was 123 days during Quarter 1, representing a reduction of 35 days compared with Quarter 4 of 2025. She noted that recruitment timescales continue to be influenced by the annual Newly Qualified Practitioner (NQP) recruitment process, where appointments typically commence in March and April but are not concluded until September or October. Melanie also highlighted the introduction of a Health Declaration process within pre-employment checks, enabling candidates who meet the required standards to progress more quickly through the recruitment process and supporting efforts to reduce overall time to hire. The Chair invited questions from members. **<u>Member Discussion</u>** Yvonne Batehup queried the current timescales for Occupational Health screening, noting reports that some employees are experiencing waits of between 12 and 16 weeks, which can have a significant impact on both new and existing staff. Melanie Jorgensen advised that she was not aware of waiting times being as long as 16 weeks, although acknowledged that delays of around 10 to 12 weeks remain a concern. Melanie also advised that Occupational Health is currently undergoing a transformation programme and acknowledged the challenges associated with current delays. Melanie noted that the reported recruitment timescales are influenced by seasonal workforce pressures, including the annual intake of Newly Qualified Practitioners and Resident Doctors, alongside routine recruitment activity, which typically results in increased demand over the summer months. Melanie further advised that a new Occupational Health system is being introduced, which is expected to help streamline processes and reduce delays. Lynne Garvey acknowledged the concerns raised regarding Occupational Health waiting times and the impact these can have on recruitment and workforce planning. **LPF members were assured by the current position.**	

	4.4 Staff Health & Wellbeing Updates Purdie Plenderleith presented a combined wellbeing update on behalf of NHS Fife and Fife Council, outlining key activity, achievements, and challenges for the reporting period. Purdie expressed her thanks to the NHS and Fife Council leads who supported the development of the report. Purdie advised that the Wellbeing Oversight Group had met to clarify its purpose and consider how it could be utilised most effectively going forward. The Group is seeking to develop a better understanding of wellbeing activities taking place across both partner organisations, with the aim of avoiding duplication and identifying opportunities for joint working. Purdie emphasised the importance of keeping the staff voice at the centre of the Group's work. She highlighted ongoing engagement with Trade Union representatives and advised that she had met Vicki Bennett, who had agreed to participate in future meetings to help ensure staff perspectives are fully represented. Purdie confirmed that further updates on the work of the Wellbeing Oversight Group will be reported to future LPF meetings. The Chair invited questions from members. **Member Discussion** Debbie Fyfe acknowledged that Purdie had met with Vicki Bennett in her role as Health Co-Chair and encouraged engagement with Kenny McCallum in his capacity as Local Government Co-Chair. Purdie confirmed that she had already made contact with Kenny and was awaiting a response. Debbie Fyfe advised that she would follow this up directly with Kenny to support his involvement in the ongoing work. **LPF members were assured by the current position.**	
5	**HEALTH AND SAFETY**	
	5.1 H&S Updates – NHS & Fife Council (incl. Violence & Aggression) **Fife Council Update** Hugh Wilson, representing the Fife Council Health and Safety Team, provided an update on current health and safety activity across services • A total of 364 incidents were recorded between 1 April 2026 and 30 June 2026. Of these, 94 involved injury or harm, 232 related to violence, aggression, or threat (VAT), and 37 were classified as near misses or property damage. • Slips, trips and falls were the most common type of incident (43 cases). Ongoing engagement with services is being undertaken to help reduce these occurrences. • Hugh noted that 22 incidents had been categorised as "other" and advised that further analysis would be undertaken to better understand the nature of these incidents and improve data quality. • Work is underway to review and strengthen the debrief process to improve completion rates.	

- There were 13 RIDDOR-reportable incidents during the period. Continued engagement with services to support incident reduction.
- Ongoing work within the VAT Reduction Group, which is leading improvement activity aimed at reducing incidents involving violence, aggression and threat.
- Reviews of health and safety management arrangements and stress risk assessment processes are currently underway, with a series of meetings established to support this work.
- HS1 – ongoing work to capture more accurate data.
- DSE Assessor training course is now available online. The four-hour programme provides a more flexible and cost-effective option for services wishing to train individual staff members.

The Chair invited questions from members.

Member Discussion

Debbie Fyfe welcomed the improvements being seen in relation to incident debriefs but noted that further work is required to address those debriefs which remain incomplete. She highlighted the importance of ensuring managers understand the value of the debrief process and their role in its completion.

Debbie queried the use of the "other" category, which accounted for 22 incidents during the reporting period, and asked whether this option could be removed to encourage the selection of more specific incident categories and improve data quality.

Debbie also sought clarification regarding incidents classified as falls from height, questioning what activities staff were undertaking that required working at height and whether appropriate training arrangements were in place.

Hugh advised that consideration is being given to reducing reliance on the "other" category, although it is important to ensure sufficient alternative classifications are available. He also noted that some incidents may be incorrectly categorised as falls from height, for example where individuals have fallen on stairs and selected the wrong incident type. He explained that any incident resulting in a person being taken off their feet can sometimes be recorded under this classification, leading to miscategorisation.

Debbie Fyfe asked whether a free-text description field could be linked to incidents recorded as "other" to allow staff to provide additional detail on the circumstances of the incident, suggesting this could support more accurate analysis and categorisation in future.

Action

Hugh will look into the points raised by Debbie around the use of "other" as an incident category and return to next LPF with further information. **HW**

NHS Update

Lynne Garvey, Chair, advised that William Nixon from the NHS Health and Safety Team was not present at the meeting to share the report. Lynne requested that Gemma Reid follow this up directly with William to ensure that either he, or a nominated deputy, is available to present the report at future LPF meetings. **GR**

LPF members were assured by the current position.

	5.2 Health, Safety & Wellbeing Assurance Group Karen Marwick presented the Health, Safety and Wellbeing Assurance update and outlined three key areas of focus: • Working from Home and Display Screen Equipment (DSE) compliance • Skin surveillance governance • Lone working arrangements Karen also highlighted ongoing concerns regarding the accuracy of mandatory training data and advised that alternative recording methods are being explored to improve data quality. She further noted the importance of reinforcing key messages around home working, particularly the need for staff to avoid prolonged use of laptops without appropriate workstation setups. Overall, Karen advised that the report demonstrated continued improvement in health, safety and wellbeing arrangements across the HSCP. Lynne Garvey thanked Karen for her leadership and continued commitment to driving improvements in health, safety and wellbeing. **LPF members were assured by the current position.**	
6	**FINANCE**	
	6.1 Finance Update Tracy Hogg presented the Finance Report, advising that the HSCP is forecasting a £4.923m overspend for 2026/27, representing an adverse movement of £4.946m from the breakeven position reported in May. Tracy highlighted the main financial pressures across: • Primary and Preventative Care (£1.875m overspend), driven by GP prescribing and Primary Medical Services costs. • Community Care (£2.065m overspend), largely due to care at home, older people's nursing and residential care, and surge bed usage. • Professional, Business Enabling and Other Services (£2.141m overspend), mainly attributable to SLAs and out-of-area treatment costs. • Complex and Critical Care reported a £1.1m underspend, supported by vacancies and recruitment challenges offsetting service pressures. Tracy advised that the approved £23.539m savings programme remains on track for delivery through the PRU process, although the planned £3m management saving has yet to be identified. Tracy noted that reserve balances are extremely limited, with £0.991m remaining after previously agreed allocations. All remaining reserves are earmarked or committed, leaving no uncommitted reserves available to mitigate emerging pressures. In light of the projected overspend, a formal recovery plan is being developed in line with the Integration Scheme and will be presented to the IJB for approval. Tracy encouraged members to prioritise attendance at the Extraordinary LPF meeting on 6 October 2026, where the financial position and recovery planning will be discussed further.	

	Chair opened to questions from members. **Member Discussion** Debbie Fyfe sought assurance that expenditure on private sector care packages is being reviewed to ensure best value and that service users continue to meet eligibility criteria. Tracy advised that contracts are due for review next year and that the Recovery Plan is focused on statutory requirements, value for money, and addressing inefficiencies. Karen Marwick confirmed that care packages are being reviewed to ensure appropriate levels of support, maximise use of internal resources, and reduce reliance on external provision where possible. Lynne Garvey advised that engagement on the Recovery Plan is underway through SLT, with trade union involvement planned, and stressed the importance of stakeholder engagement ahead of IJB consideration. **LPF members were assured by the current position.**	
7	**SERVICE PRESSURES & WORKFORCE UPDATES**	
	7.1 Reduced Working Week – Update on Recruitment In the absence of Chris Conroy, Lynne Garvey advised that the report would be taken as read and invited questions from members. No questions were raised, and members noted the update and were assured by the progress reported. **LPF members were assured by the current position.**	
	7.2 Winter Covid/Flu Vaccine Delivery Campaign 2026/27 Lisa Cooper presented the Winter COVID and Flu Vaccination Campaign 2026/27, and highlighted the importance of supporting promotion of the programme, particularly amongst HSCP staff. Lisa noted that staff uptake had been lower than anticipated in previous years and that delivery arrangements had been revised to improve accessibility and participation. Lisa advised that care home residents and staff will be vaccinated at the same time, pharmacies across Fife will offer vaccinations, and staff can attend any local clinic. A communications plan has been agreed and is now being launched. Lisa also highlighted the introduction of a Peer Vaccination Programme for health staff and requested LPF support in promoting vaccine uptake. While vaccination is not mandatory, strong leadership, encouragement, and local vaccine champions will be key to improving uptake. Chair opened to questions from members. **Member Discussion** Debbie Fyfe requested sight of the communications plan and asked for clarity on the specific messages and channels through which support and promotion would be most helpful. Debbie also raised concerns regarding the usability of the online booking portal which could present a barrier for some staff.	

	Lisa acknowledged the feedback and agreed to address concerns relating to the booking portal and share the communications plan with Debbie. Yvonne Batehup commended the work undertaken and confirmed her support in promoting the campaign through social media channels. Lynne Garvey thanked Lisa and the wider team for their work in progressing the vaccination programme and encouraging staff uptake. **LPF members were assured by the current position.**	**LC**
	7.3 PDPR Compliance Improvement Plan Flash reports on progress against the PDPR Compliance Improvement Plan were shared within the meeting pack. Lynne Parsons welcomed the continued emphasis on ensuring staff are provided with dedicated time for meaningful performance and development conversations, alongside access to regular learning and training opportunities. Lynne Garvey highlighted the strong focus being applied across all partner organisations, noting that while staff have a responsibility to complete and engage with their own training, leaders also have a key role in supporting and enabling this. Karen Marwick provided an update on compliance within Complex and Critical Care Services, advising that performance levels are improving and that meaningful conversations with staff continue to support both development and wellbeing. Lorraine Cooper-King advised that Business Managers have engaged with the Workforce Team to introduce monthly reports identifying overdue PDPRs and training requirements, enabling more targeted communications and follow-up activity. Lynne Garvey emphasised the need for regular calls to action across all portfolios to maintain momentum and drive further improvement in compliance levels. **LPF members were assured by the current position.**	
	7.4 Admin Transformation Update (verbal) Tracy Hogg shared an update on the Administration Transformation Review, with work being undertaken in partnership with Joy Tomlinson, who is leading the review from the NHS perspective. Current activity includes gathering up-to-date information on administrative vacancies and exploring opportunities to second a staff member into a dedicated review role. Members were advised that a recent Integrated Leadership Team (ILT) session focused on the use of digital tools and how these can add value to administrative roles, improve efficiency, and release capacity within teams. Team managers have been asked to discuss these opportunities with their teams and provide feedback to help inform the next stages of the review. **LPF members were assured by the current position.**	
8	**ANNUAL REPORTS**	
	8.1 LPF Annual Report	

	Roy Lawrence presented the Local Partnership Forum Annual Report for assurance, advising that the report had been developed in partnership with the LPF Co-Chairs, with support from Hazel within the Communications Team. The report reflects the Forum's role within the Partnership's governance framework and highlights its contribution to partnership working, workforce governance, staff engagement, and assurance across NHS Fife and Fife Council services. Roy noted that presentation of the report had been delayed following the cancellation of the previous LPF meeting. The Chair invited questions from members. Lynne Parsons welcomed the report, recognising the breadth of work undertaken by the Forum throughout the year and the detailed overview provided of its achievements and impact. **LPF members were assured by the content of the report and supported progression to IJB.**	
	8.2 Whistleblowing Annual Report Roy Lawrence presented the Whistleblowing Annual Report for assurance, highlighting the IJB's responsibility to maintain oversight of whistleblowing arrangements across delegated health and social care services. The report outlined progress against the National Whistleblowing Standards and summarised arrangements across NHS Fife, Fife Council and HSCP services. Roy highlighted ongoing work to address the challenges associated with the two-employer model and ensure that these arrangements do not create barriers to staff raising concerns. He noted continued progress through the multi-agency Whistleblowing Group, engagement with Trade Unions, development activity and the extension of oversight arrangements to commissioned services. Roy shared that Debbie Fyfe and Lynne Parsons are involved in the Whistleblowing Group and that Alan Adamson is supporting work relating to commissioned services, including the distribution of a survey to providers, with findings to inform the development of an action plan. Roy gave assurance that both partner organisations are working collaboratively on whistleblowing arrangements, with Trade Union representatives actively engaged and providing oversight. Roy concluded that the report reflected positive progress and a commitment to continuous improvement, particularly in relation to organisational culture and staff confidence in raising concerns. The Chair invited questions from members. **<u>Member Discussion</u>** Debbie Fyfe highlighted the importance of ongoing staff education to ensure all employees understand their role in raising concerns and promoting a positive whistleblowing culture. Roy advised that whistleblowing training is available through TURAS for NHS staff, with Fife Council exploring additional standalone training and continuing to improve case triage processes.	

	Lynne Parsons welcomed the report and noted the importance of continuing to encourage staff to speak up and ensuring their voices are valued beyond formal whistleblowing processes. Roy highlighted ongoing cultural improvements, supported by EDI initiatives and increased Senior Leadership Team visibility during Speak Up Week, helping to strengthen confidence in raising concerns. **LPF members were assured by the current position.**	
	8.3 Annual Performance Report Vanessa Salmond presented the Annual Performance Report for information, noting that the report had already been approved by the Integration Joint Board in July following the cancellation of the July LPF meeting. Vanessa highlighted that the report reflects the final year of the previous Strategic Plan and acknowledged the continuing pressures across the health and social care system. Despite these challenges, she noted that the report demonstrates the significant achievements, innovation and commitment of staff across the partnership. **LPF members were assured by the current position.**	
	8.4 HSCP Resilience Assurance Group Annual Report Lorraine Cooper-King presented the report for assurance and advised that the resilience governance risk had been closed during the reporting period following a comprehensive deep-dive review. While the risk is no longer being monitored through the formal risk register, Lorraine noted that resilience planning and improvement activity will continue as part of business-as-usual arrangements. **LPF members were assured by the report.**	
9	**GOVERNANCE**	
	9.1 LPF Workplans 2026/27 The LPF workplan was included for assurance and noting.	
10	**ITEMS FOR BRIEFING STAFF / AOCB** • **LPF Agreement** Chair advised members that this will be circulated by email correspondence once agreed by Co-Chairs (delayed due to annual leave.) • **Mental Health Strategy & Estates Update** Karen Marwick provided a verbal update on the Mental Health Strategy roadmap and associated estates plans. She advised that a paper will be presented to a Private Session of the IJB on 30 September, outlining planned service changes, including the proposed relocation of Ravenscraig Ward to Queen Margaret Hospital in November. Karen highlighted that extensive staff engagement has been undertaken in August, supported by Vicki Bennett and Yvonne Batehup, with ongoing discussions taking place with affected staff and Staffside representatives. An options paper will also be presented to the IJB regarding the potential closure of an older adults ward to support further investment in community-based services.	

	Further planned changes include the relocation of rehabilitation services from Dunino to Lynebank and the repurposing of older adult inpatient provision at Stratheden. Karen noted that a detailed roadmap has been shared with staff and individual discussions continue where requested. Lynne Garvey commended the level of staff engagement and communication throughout the process, noting that staff at Stratheden had been supportive of the proposed changes and recognised the benefits of providing care within more modern, fit-for-purpose facilities. Yvonne Batehup welcomed the positive feedback from engagement sessions and praised the quality of communications. She requested that a Frequently Asked Questions document be circulated once available. • **Public Sector Reform – Debbie Fyfe** Debbie Fyfe provided an update on Public Sector Reform discussions within UNISON Local Government and advised that initial work is underway to develop a supporting plan. Debbie offered to work collaboratively with partners to help ensure reform activity delivers positive outcomes and advised that she had also offered support through discussions with Fife Council leadership. Lynne Garvey noted the positive commitment of both Chief Executives to integration and welcomed Debbie's offer of support. Lynne Parsons also welcomed the collaborative approach and advised that national discussions with the Scottish Government were commencing, with further updates to be shared as they progress. • **Extraordinary LPF** Chair encouraged attendance at the Extraordinary LPF meeting scheduled for Tuesday 6th October at 09:00am.	**KM**

DATE OF NEXT MEETING

Extraordinary LPF (MS Teams)

Tuesday 6 October 2026, 09:00 – 10:00

LPF Meeting (MS Teams)

Wednesday 11 November 2026, 10:30-12:30

Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 18TH SEPTEMBER AT 10AM VIA MICROSOFT TEAMS

Present:	Cllr David Alexander Cllr Dave Dempsey
Attending:	Cllr Patrick Browne Craig MacDonald, NHS Non-Executive Board Member Tracy Hogg, Chief Finance Officer Vanessa Salmond, Head of Strategic Planning & Performance Lisa Cooper, Head of Primary and Preventative Care Services Karen Marwick, Head of Complex & Critical Care Derek McEwan, Head of Corporate Governance
In Attendance:	William Penrice, Service Manager, Strategic Planning and Performance Avril Sweeney, Manager, Risk Compliance Elizabeth Butters, Service Manager, Fife ADP Karolina Dziubel, Management Support Officer (Minutes)
Apologies for Absence:	Chris Conroy, Head of Integrated Community Care Service Lynne Garvey, Director of Health & Social Care Partnership John Kemp, 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.	
2.	**DECLARATIONS OF INTEREST** Cllr Patrick Browne declared an interest as a member of the NHS Fife Board.	
3.	**MINUTE OF PREVIOUS MEETING – 21ST JULY 2026** The minute of the meeting held on 21st July 2026 was approved 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 shared slides for the Financial Monitoring Report and advised that, as at 31st July 2026, the Partnership was forecasting a year-end overspend of £4.923m, representing a deterioration from the breakeven position reported earlier in the year. Key budget pressures were identified within GP prescribing, Care at Home services, nursing and residential care placements, surge bed provision and out-of-area treatment costs. In discussion, members sought clarification regarding the significant movement in the financial position between May and July. Tracy explained that a substantial increase in the overall budget related to Family Health Services allocations which were distributed directly to service providers and therefore did not improve the underlying financial position. Members also discussed the limited availability of reserves, continuing demand pressures across services and the requirement to understand the impact of recovery proposals on service delivery. Members welcomed the early identification of the overspend and noted that a detailed recovery plan had been developed and would be presented to the Integration Joint Board. **Recommendations:** The Committee were asked to note the projected outturn position and note the onward submission of the financial position and revised directions to the IJB. Members were asked to note that recovery plan will be presented to the IJB. **Decision** The Committee: 1. Noted the projected outturn position. 2. Noted the revised Directions. 3. Noted that a recovery plan would be presented to the Integration Joint Board.	
5.2	**Deep Dive Review Report - Strategic Plan Delivery** Vanessa Salmond and Avril Sweeney presented the Deep Dive Review Report of the strategic risk relating to delivery of the Strategic Plan 2026-29. Members were advised that while the risk remained high due to financial, workforce and demographic pressures, a range of controls and assurance mechanisms were in place to support delivery of the Strategic Plan.	

	Members discussed the robustness of the risk management arrangements and questioned whether longer-term demographic modelling and future demand projections were sufficiently reflected within the current risk mitigations. Officers confirmed that significant modelling work was underway and agreed to consider how this could be more explicitly reflected within future versions of the risk documentation. Discussion also explored the effectiveness of SMART actions, the role of risk reporting in supporting scrutiny and the challenges members face in navigating complex risk information. Newer members welcomed an offer from officers to provide additional guidance on the Partnership's risk management framework. **Recommendations:** The Committee were asked to comment on the level assurance and discuss the management of the risk. **Decision** The Committee: 1. Discussed the management of the risk. 2. Considered and agreed that reasonable level of assurance was provided.	
5.3	**Deep Dive Review Report - Focus on Prevention** Lisa Cooper presented the deep dive review relating to Prevention and Early Intervention. Members were advised that prevention remains a key strategic priority and a critical element in managing future service demand and improving population outcomes. Members discussed how success in shifting the balance of care towards prevention could be measured in practice. Officers acknowledged the complexity of identifying meaningful indicators and advised that work was ongoing through strategic delivery planning and performance frameworks to strengthen measurement and evaluation arrangements. Members also recognised the value of the Prevention and Early Intervention Strategy as an important mitigating action against future system pressures. **Recommendations:** The Committee were asked to consider that there is moderate level of assurance in place supporting the management of the risk. **Decision** The Committee: 1. Considered the level of assurance provided. 2. Discussed the management of the risk. 3. Agreed that a reasonable and moderate level of assurance was in place.	

5.4	**Finance, Performance and Scrutiny Strategic Risk Register** Avril Sweeney presented the updated Strategic Risk Register and highlighted progress against agreed actions since the previous review. Members noted that no changes had been made to risk scores since the last reporting cycle. In discussion, members considered the role of benchmarking in supporting financial sustainability and identifying potential areas of improvement. Members also discussed the implications of national Health and Social Care reform, the sustainability of external care providers and the distinction between SMART actions and routine controls. Officers noted the points raised and confirmed that risks would continue to be reviewed and updated as required. **Recommendations:** Members were asked to note the risk register, discuss and consider where further information is required. **Decision** The Committee: 1. Noted the Strategic Risk Register. 2. Considered where further information may be required in future reports.	
6.	**PERFORMANCE**	
6.1	**Monitoring Progress of Directions** Derek McEwan presented the report providing an overview of Directions issued to NHS Fife and Fife Council. Members noted that two Directions from 2025-26 relating to Community hospital Transformation remained open and on track for completion by March 2027, whilst seven Directions had been issued during 2026-27, five of which remained active. Members welcomed the clear and transparent reporting arrangements and raised no concerns. **Recommendations:** The Committee were asked to receive assurance that directions are being monitored in accordance with the Integration Scheme. **Decision** 1. The Committee received assurance that Directions continue to be monitored in accordance with the Integration Scheme.	
7.	**TRANSFORMATION**	
7.1	**Transformation and PMO Report** Vanessa Salmond presented an update on the Transformation and Change Portfolio and outlined work undertaken to align transformation	

	activity with the priorities contained within the Strategic Plan. Members were advised that portfolios remained stable despite a number of operational challenges. Members discussed progress in relation to digital transformation and explored a number of barriers associated with digital infrastructure, workforce adoption, AI-enabled technologies and dependency on partner organisations. Members also highlighted concerns regarding the length and complexity of transformation reporting and sought a greater emphasis on service outcomes and benefits realisation. Officers acknowledged these comments and agreed to consider how future reports could be presented in a more concise and accessible format. **Recommendations:** The Committee were asked to receive assurance that Transformation and Change Portfolio is being appropriately governed, monitored and escalated where appropriate. And to note that SLT is considering future PMO alignment with Strategic Priorities. **Decision** The Committee: 1. Received assurance that the Transformation and Change Portfolio continues to be appropriately managed and monitored. 2. Noted ongoing work to align PMO activity with Strategic Plan priorities.	
8.	**ANNUAL REPORTS**	
8.1	**Fife Alcohol and Drug Partnership Annual Report** Karen Marwick presented the Annual Report and highlighted significant progress across treatment access, prevention, recovery and implementation of Medication Assisted Treatment Standards. Members noted improved performance against treatment waiting times, increased rehabilitation placements and an encouraging reduction in drug-related deaths. Discussion focused on treatment outcomes, residential rehabilitation pathways and the importance of incorporating the views of people with lived experience into service development. Members also explored treatment engagement and retention, with officers providing assurance regarding efforts to maximise engagement and reduce attrition from services. Significant discussion took place regarding emerging concerns around ketamine use amongst younger people and the work underway to improve awareness, early intervention and access to specialist support. **Recommendations:** Members were asked to discuss the annual report and approve its submission to the IJB on the 30th of September.	

	Decision The Committee: 1. Discussed the Annual Report. 2. Approved submission of the report to the Integration Joint Board.	
9.	**STRATEGIES**	
9.1	**Strategic Plan – Delivery Plan** Vanessa Salmond and William Penrice presented a new Strategic Delivery Planning Framework designed to strengthen the link between strategic priorities, annual delivery plans and measurable outcomes. Members received an overview of the proposed methodology together with Quarter 1 performance information. Members welcomed the approach and recognised its potential to strengthen strategic oversight and accountability. Discussion focused on confidence ratings, assurance levels and the challenge of demonstrating outcomes during the early stages of implementation. Members also highlighted the need to ensure future reporting remains accessible and proportionate whilst providing sufficient information to support effective scrutiny. Opportunities to use Power BI and other digital reporting solutions were explored. Members noted the balance required between concise performance information and detailed supporting evidence and welcomed proposals for further engagement on future reporting formats. **Recommendations:** The Committee were asked to support the proposed delivery planning approach and recommend the framework to the IJB. **Decision** The Committee: 1. Supported the proposed delivery planning approach. 2. Agreed that the framework should be recommended to the Integration Joint Board.	
10.	**GOVERNANCE**	
10.1	**Workplan** Tracy Hogg presented the updated Workplan. Members noted proposals to combine the January and March 2027 Committee cycles into a single February meeting in view of pre-election requirements. Members also noted that proposals to combine the Finance, Performance & Scrutiny Committee and Audit & Assurance Committee would be considered by the Integration Joint Board on 30th of September.	
11.	**ITEMS FOR HIGHLIGHTING**	

	The Committee agreed that no additional matters required to be highlighted to the Integration Joint Board.	
12.	**AOCB** No other business has been discussed.	
13.	**DATE OF NEXT MEETING** Friday 13th November at 10am via MS Teams	