



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 27 MAY 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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11	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED Quality & Communities Committee Confirmed Minute from 4 March 2026 Strategic Planning Group Confirmed Minute from 4 March 2026 Local Partnership Forum Confirmed Minute from 10 March 2026 Finance, Performance & Scrutiny Committee Confirmed Minute from 11 March 2026 Audit & Assurance Committee Confirmed Minute from 13 March 2026	Rosemary Liewald Colin Grieve Vicki Bennett David Alexander Dave Dempsey	212-223 224-230 231-242 243-249 250-257
12	AOCB	ALL	Verbal
13	DATE OF NEXT MEETINGS IJB DEVELOPMENT SESSION – Wednesday 24 June 2026 (Lynebank, Dunfermline) INTEGRATION JOINT BOARD – Wednesday 29 July 2026 (Fife House / MS Teams)		

Lynne Garvey
Director of Health & Social Care

Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6th Floor, Fife House – email Vanessa.Salmond@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 25 MARCH 2026 AT 10:00am

Present:	David Ross (DR) Chair Colin Grieve (CG) Vice-Chair Fife Council – David Alexander (DA), Dave Dempsey (DD), Eugene Clarke (EC), Lynn Mowatt (LM), Rosemary Liewald (RLie), Sam Steele (SS), Patrick Browne (PB) NHS Fife Board Members (Non-Executive), John Kemp (JK), Sinead Braiden (SB), Jo Bennett (JB) Prof Chris McKenna (CMcK), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trade Union Secretary Kenny McCallum (KMCC), Staff Representative, Fife Council Kenny Murphy (KM), Third Sector Lead Paul Dundas (PD), Independent Sector Lead Ken Fraser (KF), Public Representative Morna Fleming (MF), Carer Representative Vicki Bennett (VB), Staff Representative, NHS Fife
Professional Advisers:	Lynne Garvey (LG), Director of Health & Social Care/Chief Officer Tracy Hogg (TH), Chief Finance Officer Lynn Barker (LB), Director of Nursing
Attending:	Ashleigh Allan (AA), Finance Business Partner, Fife Council Chris Conroy (CC), Head of Community Care Services Clare Buchanan (CB), Local Democracy Reporter Hazel Williamson (HW), HSCP Communications Team Joy Tomlinson (JT), Director of Public Health Karen Marwick (KM), Head of Complex & Critical Care Services Mary-Grace Burinski (MGB), Senior Health Promotion Officer Maxine Michie (MM), Deputy Director of Finance, NHS Fife Roy Lawrence (RLaw), Head of Culture, Engagement & Communities Ruth Bennett (RB), Health Promotion Service Manager Vanessa Salmond (VS), Head of Corporate Services, IJB Secretary & Head of Strategic Planning & Performance Vicki Birrell (VB), Team Manager, Strategic Planning Gemma Reid (GR), H&SC Co-ordinator (Minute)
Apologies:	Alistair Morris, Non-Executive Member, NHS Fife Caroline Cherry (CCh), Principal Social Work Officer Fiona Forrest (FF), Director of Pharmacy & Medicines Gillian McAuley (GMcA), Executive Nurse Director James Ross, (JR), Lead of Service, Children and Families and Justice

	Social Work Services & Chief Social Work Officer Jacqueline Drummond, Associate Medical Director Lisa Cooper (LC), Head of Primary & Preventative Care Services Lynne Parsons (LP), Employee Director, NHS Fife	
No.	AGENDA ITEM	ACTION
1	<p>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</p> <p>David Ross, Chair of the Integration Joint Board (IJB), opened the meeting by welcoming all attendees to the Chambers and noted apologies as above.</p> <p>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.</p> <p>David advised members that a recording device was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p>	
2	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>David Ross confirmed that there were no declarations of interest highlighted.</p>	
3	<p>MINUTE OF PREVIOUS MEETING AND ACTION NOTE 28 JANUARY 2026</p> <p>The Minute and Action Note from the meeting held on 28 January 2026 were both approved as an accurate record.</p>	
4	<p>CHIEF OFFICER UPDATE</p> <p>The Chair handed over to Lynne Garvey for this item.</p> <p>Lynne Garvey began her update by warmly welcoming all attendees of the Integration Joint Board (IJB) and acknowledging just how busy the past few weeks have been across the Health & Social Care Partnership. Services continue to operate under sustained pressure, and yet she noted that the commitment, compassion and professionalism shown by colleagues right across the system has been remarkable. Lynne gave sincere thanks to every member of staff for everything they continue to do.</p> <p>Lynne highlighted work underway to support the Reduced Working Week for NHS Fife Agenda for Change colleagues, acknowledging the detailed planning being carried out across services to ensure smooth transition whilst sustaining essential care and gave thanks to Staffside colleagues and all involved in this work.</p> <p>Lynne noted good progression in the Community Hospitals Transformation Programme, and successful outcomes from national work on reducing drug-related harm in Fife, with a year-on-year reduction in deaths.</p> <p>Lynne highlighted some key activity taking place across the Partnership:</p> <ul style="list-style-type: none"> • Consultation on the Fife Carers Strategy 2026-29 has taken place with feedback now being analysed. • Strengthened commitment to Prevention and Early Intervention with a new P&EI baseline self-assessment underway across services. • Locality Planning groups continue to ensure services reflect the needs and strengths of each area across Fife. 	

	<ul style="list-style-type: none"> • Fife have been selected for Phase 2 of the National Primary Care Walk-In Service Pilot. • Podiatry Service contributing to early detection of atrial fibrillation. • Hollyview Ward at Stratheden Hospital recently celebrated its 10-year anniversary. • Haven Garden at Queen Margaret Hospital is now open. • Work on the Creating Hope Together national suicide prevention plan is helping to shape our local plan for 2026-29. • Small Steps to Connect Loneliness campaign has inspired meaningful pledges from Fife staff and residents. • Successful careers events at Queen Margaret Hospital and the Nursing Recruitment Fair which attracted more than 400 students. • Fantastic engagement at drop-in sessions with the Senior Leadership Team. <p>Lynne concluded the Chief Officer's Update by sharing that William Edwards would be joining NHS Fife as the new Chief Executive next month. Lynne acknowledged the support of Carol Potter and wished her all the best in her retirement. David echoed these sentiments.</p> <p>Rosemary commended the success of the career events at Queen Margaret Hospital.</p> <p>Jo Bennett asked about the timescale for the GP Walk-In pilot. Lynne advised that meetings are planned with the Scottish Government to progress this work, but there is no confirmed timescale at present.</p>	
<p>5</p>	<p>COMMITTEE CHAIR ASSURANCE REPORTS</p> <p>David Ross welcomed Vanessa Salmond who introduced the reports and confirmed that all statements had been signed off by current Chairs.</p> <p>Vanessa advised that as per standard practice these reports were being presented to provide the Board with a consolidated view of assurance across audit, risk, strategic planning, quality, and community-focused delivery. Each committee confirms it is operating in line with its Terms of Reference.</p> <p>Vanessa highlighted that the Quality and Communities Committee meeting held on 4 March was not quorate. As Standards Officer, she approved the continuation of the meeting, and full committee endorsement of both the Strategic Plan and the Year 3 Annual Report was subsequently secured via email to ensure appropriate representation.</p> <p>Agreement on the principles of these reports was discussed at the Quality and Communities Committee on 4th March 2026, the Strategic Planning Group on 4th March 2026, the Finance, Performance and Scrutiny Committee on 11th March 2026, the Audit and Assurance Committee on 13th March 2026.</p> <p>David Ross then invited Committee Chairs to comment in turn before opening to questions from Board members.</p> <p>Rosemary Liewald, Interim Chair of the Qualities and Communities Committee confirmed there were no areas of concern to escalate. Rosemary noted a successful meeting with all reports scrutinised in detail. Although not quorate, assurance was taken on the day, and no issues were identified regarding the documents circulated.</p> <p>Colin Grieve, Chair of the Strategic Planning Committee noted nothing to escalate from the group.</p>	

	<p>David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee, confirmed there were no matters requiring escalation and noted that the meeting had been positive.</p> <p>Dave Dempsey, Chair of the Audit and Assurance Committee, highlighted the Strategic Risk Register and noted that the Committee is monitoring progress against the target dates, many of which are set for 31 March 2026. He observed that there has been little recent movement on several risks and emphasised the need to review the target levels.</p> <p>Tracy Hogg advised this was noted at the meeting and the Strategic Risk Register would be reviewed alongside the new Strategic Plan timescales.</p> <p>Recommendation</p> <p>The Board was assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p>	
<p>6</p>	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>6.1 Creating Hope for Fife – Suicide Prevention Action Plan 2022-2025 Impact Report</p> <p>David advised that this report was discussed at the Quality and Communities Committee on 4th March 2026 and invited Ruth Bennett, Health Promotion Service Manager and Chair of Fife Suicide Prevention Multiagency Core Group and Mary-Grace Burinski, Operational Lead for Suicide Prevention, to present the report.</p> <p>Ruth advised that the report provides assurance on delivery and impact of Creating Hope for Fife suicide prevention action plan which was developed to meet the national requirement for local board areas to have a suicide prevention action plan to support the implementation of Creating Hope Together, which is the 10-year national suicide prevention action plan 2022-32.</p> <p>Ruth shared that the latest 2024 data reported 44 probable suicide deaths in Fife, a reduction of 14 from the previous year. The five-year rolling average indicates that Fife continues to follow national trends and remains close to the Scottish average.</p> <p>Ruth noted that the papers provide a comprehensive overview of the outcomes framework and outcomes map, outlining the processes followed and the supporting evidence gathered. She highlighted several key areas of work, including: clarifying partnership expectations; delivering suicide risk training to Fife Justice Service Social Work staff; embedding the Time, Space, Compassion approach across Fife; implementing the suicide prevention campaign; refreshing the guidance on understanding and responding to children and young people at risk of suicide; and progressing work on locations of concern through “The Bridge Project.”</p> <p>Ruth advised that findings, conclusions and recommendations are set out within the impact report, and this indicates significant progress towards the outcomes outlined within Creating Hope for Fife. Work is ongoing as the Partnership moves into the next three-year action plan, with consultation events currently underway.</p> <p>Areas for improvement which have been identified through the impact assessment include: increasing the involvement of people with lived and living experience to better inform the work; strengthening bereavement support; enhancing activity with at-risk groups; making greater use of local data and</p>	

<p>intelligence to improve understanding of probable suicides and identify emerging trends; and maximising the use of the local landscape by linking with locality planning groups and programmes of work such as Ask and Act and No Wrong Door.</p> <p>Finally, Ruth shared that moving forward, there is a plan to refresh the membership of both the core group and delivery groups.</p> <p>Due to the sensitivity of the subject, supporting documents were made available in the Chambers for members, and a link to the online resource was shared by email and posted in the meeting chat.</p> <p>David then invited Rosemary Liewald, Interim Chair of Quality & Communities to comment on discussions at Committee before opening to questions from Board members.</p> <p>Rosemary thanked Ruth for the report, noting that Committee had commended the work. She highlighted the clear evidence demonstrating that every possible measure is being taken to prevent suicide in Fife.</p> <p>Dave Dempsey raised concerns about the diagrams on page 72 being unclear and noted the challenge of absorbing such a detailed report. He also queried the progress against the “Where do we want to be in 2025” section at the bottom of page 46.</p> <p>Ruth confirmed that progress has been made across all areas. Some actions have been carried forward into the next action plan, while others have now been embedded into routine service delivery.</p> <p>Jo Bennett asked how Strategic Programmes link with the Drugs Partnership.</p> <p>Ruth advised that there is strong representation at the multi-agency core group, ensuring all partners are brought together. She added that the right people sit on the delivery groups, to ensure the work remains well-coordinated and aligned.</p> <p>Eugene Clarke asked for an update on the mobile mental health car, noting its positive evaluation and the agreement to expand the service to other areas.</p> <p>Lynne Garvey advised that a paper was presented to SLT on 23 March outlining the success of the initiative. The service has since been extended to the Kirkcaldy and Cowdenbeath areas. She added that herself along with SAS and Police colleagues are keen for it to become a substantive service, and that papers are currently being developed to take this forward with partners.</p> <p>David Alexander asked whether there are established links with the education sector and with social media.</p> <p>Mary-Grace confirmed that this is a multi-agency approach, with workshops in place to support teachers, including a planned session during the May in-service day. She added that work is ongoing to enhance support for parents and carers, with a dedicated working group already established.</p> <p>Professor Chris McKenna noted that it was not entirely clear from the report how the work connects with acute services. He highlighted that many distressed individuals who have attempted suicide present at Victoria Hospital and asked how feedback from the liaison psychiatry service and learning from adverse events are being incorporated.</p> <p>Ruth Bennett noted progress made over the past 3 years within A&E and invited Mary-Grace to share further information.</p>	
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	<p>Mary-Grace explained that Scottish Action for Mental Health colleagues are present within A&E. She added that she is involved in a national working group, which includes an A&E consultant from the Victoria Hospital, to further strengthen approaches and links with A&E services.</p> <p>Professor Chris McKenna noted that distressed individuals are not only seen in A&E but are also inpatients across ward areas. He questioned whether learning from significant adverse event reviews is fully incorporated into the review process as this is critical learning.</p> <p>Ruth confirmed that suicide prevention representation is actively involved in the suicide review process, having participated in three review panels.</p> <p>Joy Tomlinson commended Ruth and Mary-Grace for their work, particularly in supporting those experiencing bereavement.</p> <p>Lynne Garvey concluded by acknowledging the strong work within the Prevention and Early Intervention space and the substantial effort put into cluster reviews, while recognising the need to strengthen connections with the adverse review team.</p> <p>Recommendation</p> <p>The Board was assured on the delivery and impact of “Creating Hope for Fife: Fife’s Suicide Prevention Action Plan”.</p>	
7	<p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Lived Experience – Fife HSCP Reverse Mentoring Programme</p> <p>David Ross invited Roy Lawrence to introduce the Lived Experience video highlighting the success of the Fife HSCP Reverse Mentoring Programme.</p> <p>Roy noted that the IJB has consistently supported EDI work since the action plan was endorsed in 2024. He highlighted a video featuring colleagues who have served as mentors on the programme and acknowledged the contribution of the Ray Fernie Foundation, established by Ray’s wife, a former Fife Council employee. Following Ray’s passing in 2019, the Foundation funded both the reverse mentoring video and the apprenticeship video. Roy expressed his thanks to the Foundation and to Colin for their support.</p> <p>He further noted that 20 mentors from across the Partnership have already come forward, and mentee recruitment is underway this month. Vanessa and Tracy have volunteered to participate as mentees.</p> <p>Lynn Barker expressed that she was pleased to be part of the programme and had greatly valued the learning journey to date. She also thanked SLT colleagues for their involvement and emphasised the importance of advocacy for this programme.</p>	
8	<p>STRATEGIC PLANNING & DELIVERY</p> <p>8.1 Strategic Plan 2026-29</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 4th March 2026, the Strategic Planning Group on 4th March 2026, the Finance and the Performance and Scrutiny Committee on 11th March 2026 and invited Vanessa Salmond, Head of Strategic Planning and Performance, to present the report.</p> <p>Vanessa presented the final Strategic Plan for 2026–2029 for approval by IJB members, noting that the Plan was developed through robust evidence,</p>	

<p>extensive engagement, and collective input from colleagues across the system. It reflects three years of analysis and collaboration, incorporating feedback from communities, the workforce, partners, and Board Members.</p> <p>Vanessa shared that the Plan sets a clear direction focused on Prevention, Communities and Digital, and is informed by contributions from almost 3,700 participants. It has undergone multiple stages of scrutiny, with significant input from the Senior Leadership Team, Board Members, and the Strategic Planning Group, whose expertise ensured the Plan is both ambitious and deliverable.</p> <p>Vanessa highlighted that Board Development Sessions played an important role in shaping the strategic direction, and strong engagement has strengthened the Plan's clarity. Acknowledgement was given to the workforce and partners across Fife for their contributions during a period of operational pressure.</p> <p>The Plan has been shaped through wide-ranging engagement, including locality events, workshops, targeted sessions with seldom-heard groups, unpaid carers, third-sector partners, independent providers, and frontline staff. Public feedback endorsed the priorities and influenced key areas such as digital inclusion, community-led support, improved access, and the importance of seamless, person-centred care.</p> <p>The evidence base includes the 2025 Strategic and Locality Needs Assessments and the Health and Social Care Evidence Review, highlighting demographic and financial pressures and supporting the shift toward early intervention, community-based models, and digital approaches.</p> <p>Vanessa highlighted a suite of supporting documents which include the Strategic Delivery Plan, Equality Impact Assessment, Market Facilitation Plan, Directions, and an updated risk register. She shared that delivery arrangements are being refined, with clear portfolio-level accountability and SMART, outcome-focused action plans. Vanessa provided assurance that progress will be monitored through IJB Annual Delivery Plans, ensuring phased and proportionate implementation aligned with financial and workforce capacity, with regular reporting to the IJB.</p> <p>In summary, the Plan represents a shared commitment to supporting independence, strengthening communities, and delivering sustainable, compassionate, joined-up care. Vanessa commended the Strategic Plan 2026–2029 to the Board for approval.</p> <p>David Ross commended the quality of the engagement and consultation, noting that the Plan feels well integrated into day-to-day work. He expressed his thanks to Vanessa, Lynne, Colin and all those involved in its development.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of Quality & Communities, Colin Grieve, Chair of Strategic Planning Group and David Alexander, Interim Chair of Finance, Performance & Scrutiny to comment on discussions at Committees before opening to questions from Board members.</p> <p>Rosemary advised that the Quality and Communities Committee had taken assurance that the Strategic Plan represents the appropriate way forward and commended the work undertaken.</p> <p>Colin noted the significant improvement from the first draft and acknowledged the work undertaken behind the scenes by William and his team. He confirmed that the Strategic Planning Group was pleased to present the revised Plan to the Board.</p> <p>David Alexander commended the progress made, particularly within</p>	
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	<p>communities, and thanked Vanessa and the team for the quality of the Plan.</p> <p>Morna Fleming welcomed the repeated emphasis on supporting unpaid carers and was pleased to see strong references to localities and alignment with the Strategic Plan.</p> <p>Dave Dempsey highlighted the importance of ensuring the Directions and the budget align, noting that the Partnership is moving in the right direction.</p> <p>Lynne Garvey thanked all involved, and expressed her pride and excitement with the progress made, and acknowledged the contribution of partners and stakeholders.</p> <p>Jo Bennett sought clarification on how the commissioning strategy may impact delivery of the Strategic Plan.</p> <p>Vanessa advised that the commissioning strategy has been delayed, with a meeting scheduled next week to ensure alignment.</p> <p>Jo Bennett asked whether there is flexibility within the approach to ensure local needs can be met.</p> <p>Lynne Garvey explained that this is the purpose of the Strategic Needs Assessment, noting that commissioning on a Fife-wide basis is not effective and must instead be shaped by the needs of individual communities.</p> <p>Lynn Mowatt commended the level of consultation undertaken and the inclusion of locality-specific priorities.</p> <p>David Ross noted that the Community Plan for Fife is due to be refreshed and that this strategy will form an important building block within that work.</p> <p>Recommendation</p> <p>The Board approved the Strategic Plan 2026-29 and the suite of supporting documentation.</p>	
	<p>8.2 Strategic Plan Annual Report</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 4th March 2026, the Strategic Planning Group on 4th March 2026 and the Finance, Performance and Scrutiny Committee on 11th March 2026, and invited Vanessa Salmond, Head of Strategic Planning and Performance to present the report.</p> <p>Vanessa presented the Year Three Annual Report for the Strategic Plan 2023-2026 and noted that the report summarises progress across the five strategic themes: Local, Sustainable, Wellbeing, Outcomes and Integration.</p> <p>During 2025, the Partnership continued to deliver improvements despite ongoing pressures in demand, workforce and finance. The focus remained on improving care quality, tackling inequalities, strengthening prevention and early intervention, and working collaboratively with partners.</p> <p>Vanessa shared that the 2025 Delivery Plan comprised 61 actions, of which 43 (70%) were fully completed, 16 (26%) were partially completed, 2 (3%) were delayed or closed</p> <p>Across the full strategic cycle (2023–2026), 188 actions were set, of which 166 (88%) have been delivered, 17 (9%) will be completed in 2026-27, 5 (3%) have been formally closed</p> <p>Vanessa noted the significant contribution of colleagues across health, social work, social care, the third and independent sectors, and locality partners,</p>	

	<p>whose work supported continued progress.</p> <p>The report highlighted areas where actions were delayed or revised. Vanessa advised that the Commissioning Strategy consultation was paused to focus on the Strategic Plan refresh and this work has now resumed.</p> <p>Analysis of the full cycle identified key shifts in future planning, including:</p> <ul style="list-style-type: none"> • Increased focus on prevention • Embedding sustainability across planning • Greater use of digital innovation to support access, personalisation and efficiency <p>Vanessa noted that these insights have informed the development of the Strategic Plan 2026-2029, which was endorsed by the Board today.</p> <p>Vanessa noted strong governance throughout the year, with scrutiny provided by the Strategic Planning Group, Quality & Communities Committee, and Finance, Performance & Scrutiny Committee, all of which endorsed the report without amendment.</p> <p>The report provides assurance of sustained delivery, continued performance oversight, transparent management of change, and effective learning shaping the refreshed Plan.</p> <p>Vanessa commended the Year Three Annual Report (2025) to the Board and asked members to approve it for publication.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of Quality & Communities, Colin Grieve, Chair of Strategic Planning Group and David Alexander, Interim Chair of Finance, Performance & Scrutiny to comment on discussions at Committees before opening to questions from Board members.</p> <p>Rosemary noted good discussion at Committee and no particular concerns.</p> <p>Colin noted positive discussion at the Strategic Planning Group who supported progression of the report to IJB.</p> <p>David noted Committee were fully supportive of the annual report.</p> <p>Jo Bennett welcomed the clarity of the three-year plan and the learning reflected within it, noting the relevance to the children's services redesign. She queried whether the plan provides sufficient flexibility to support piloting and tests of change.</p> <p>Vanessa confirmed that the plan has been developed with built-in flexibility and appropriate corporate oversight to enable this.</p> <p>Recommendation</p> <p>The Board was assured that Fife HSCP has successfully progressed the implementation of the Strategic Plan 2023-26 and is effectively monitoring the performance of the actions in the Year Three Delivery Plan 2025 and provided final approval for publication of the Strategic Plan 2023-26 Year Three Annual Report.</p>	
	<p>8.3 2025/26 Winter Vaccination Uptake</p> <p>David Ross advised that this report was discussed at the Quality and Communities Committee on 4th March 2026 and invited Chris Conroy to present the report.</p> <p>Chris advised that the paper was presented for assurance and noting,</p>	

<p>highlighting key learning to inform next year’s programme. The programme was delivered in line with national guidance, with the early rollout of the childhood flu vaccination proving highly successful and contributing to delaying and reducing the flu peak. Chris highlighted that uptake among older adults and care home residents was well coordinated and aligned with national averages.</p> <p>Lower uptake was, however, seen in working-age adults, pre-school and secondary school children, and health and social care staff. Earlier planning and more sustainable staffing models will be required for next year’s programme. Chris explained that the report therefore provides limited assurance, recognising that while delivery was strong in several areas, significant improvement and more targeted engagement will be needed to strengthen next year’s approach.</p> <p>The IJB was asked to note that both the Public Health and Wellbeing Committee and the Quality and Communities Committee supported the position outlined in the paper, and acknowledged the required improvements and lessons learned.</p> <p>Chris invited Joy Tomlinson, Director of Public Health, who confirmed that Fife achieved performance close to Scottish targets for the most vulnerable groups. Joy assured members that a structured lessons-learned approach will be taken forward to strengthen next year’s planning. Joy highlighted that early immunisation of school-age children resulted in Fife achieving a 60% uptake far earlier than the rest of Scotland, contributing to a lower flu peak in comparison. Despite the limited assurance overall, many risk-cohort targets were successfully met.</p> <p>David Ross then invited Rosemary Liewald, Interim Chair of Quality & Communities to comment on discussions at Committee before opening to questions from Board members.</p> <p>Rosemary noted that the report was discussed in detail at QCC, with particular attention drawn to the dip in pre-school uptake. She asked whether engagement with mother-and-toddler groups could be strengthened. Rosemary was assured that work will be taken forward to improve uptake in specific cohorts.</p> <p>Jo Bennett commented that describing the position as “limited assurance” felt harsh, suggesting that performance in vulnerable groups and school-age children might merit a “moderate assurance” rating.</p> <p>Chris acknowledged this, noting that Fife’s traditionally high standards may have influenced the assessment.</p> <p>Morna highlighted an issue within the table on page 157, noting two figures were shown for the 65–74 cohort and only one for 75+, and confirmed this would require correction. Chris advised that the table would be updated to make the cohorts clearer.</p> <p>David Ross raised concerns regarding uptake among pre-school children and those aged 6 months to 2 years, observing that Fife continues to lag behind the Scottish position. Chris advised that delivery approaches had not changed this year and that the variation may be linked to a spike in the population.</p> <p>Recommendation</p> <p>The Board was assured that the Winter Vaccination Programme supports the Partnership’s strategic priorities for prevention, protection of vulnerable groups, and reduction of winter pressures across health and social care.</p>	<p style="text-align: center;">CC</p>
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INTEGRATED PERFORMANCE & QUALITY

9.1 Finance Update – Month 10

David Ross advised that this report was discussed at the Finance Performance and Scrutiny Committee on 11th March 2026 and the Extraordinary Local Partnership Forum on 17th March 2026 and invited Tracy Hogg, Chief Finance Officer, to present the report.

Tracy began her update by confirming that the report sets out the position as at January 2026, showing a £10.6m overspend, equivalent to 1.3% of the total budget. She noted this represents an adverse movement of £1.9m from the November position.

She highlighted that section 3 of the report provides detailed analysis of the financial position, including the key areas of overspend, underspend, and movements.

Primary & Preventative Care services are projecting an underspend of £2.29m, driven by proactive expenditure management and reduced growth in prescribing. The movement from November is favourable by £1m, reflecting overachievement of Medicines Efficiencies savings and reduced prescribing activity.

Complex & Critical Care is projecting an overspend of £7.8m, and Mental Health & Psychology an overspend of £4.3m, which includes £600k of undelivered savings. Tracy advised that these pressures arise from out-of-area specialist inpatients, higher-than-budgeted bed numbers, supplementary staffing, and high-cost locums. She noted that this is partly offset by a £1m Learning Disability underspend due to vacancies, which is a national issue.

Adult Social Care is projecting a £4.5m overspend, driven by package costs, transport, and delays in delivering £3.3m of planned savings, though assurance has been provided that these savings will be delivered in 2026–27. Community Care Services forecast a £2.6m overspend, directly linked to demand for Care at Home, Older People’s Residential care, and Nursing and Residential placements.

Tracy reported that the movement from November is favourable by £0.472m, largely due to increased income recovery. She noted that overspends across several areas are mainly linked to Service Level Agreements and Out-of-Area placements, with £4.4m of overspend in total, including £1.9m from non-achievement of savings.

She highlighted that the savings tracker shows delivery of 84% of planned savings. Included within the overall overspend are £6m of recovery actions, covering one-off funding, use of small reserve balances, reductions in non-essential spend, temporary non-filling of management posts, and staff mobilisation.

Tracy also advised that a £1.5m reserve remains in place to support the transition of community alarms from analogue to digital and anti-ligature works within mental health inpatient settings. Tracy confirmed that any unspent balance at the end of March will be carried forward to meet these commitments early in 2026–27.

David Ross invited David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee and Vicki Bennett, Kenny McCallum and Lynne Garvey, Co-Chairs of the Local Partnership Forum and to comment on

	<p>discussions at Committees before opening to questions from Board members.</p> <p>David acknowledged consistency in financial pressures over the years.</p> <p>Kenny noted positive discussion at the last LPF meeting with assurances made that SLT will work closely with Trade Unions this year.</p> <p>Rosemary thanked Tracy for the report, noting that the extraordinary meeting had provided the necessary assurance that the objectives will be met, while acknowledging that the proposed savings will be challenging but essential to achieve a balanced budget.</p> <p>Recommendation</p> <p>The Board: -</p> <ul style="list-style-type: none"> • Noted the projected outturn position for delegated services for 2025-26 financial year as at January 2026 as outlined in Appendices 1-4 of the report. • Was assured that robust financial monitoring is in place. • Approved the Directions to NHS Fife and Fife Council for additional allocations in year. 	
	<p>9.2 Revenue Budget 2026-27 & Medium-Term Financial Strategy 2026-29</p> <p>David Ross advised that this report was discussed at the Strategic Planning Group on 4th March 2026, the Extraordinary Joint Committee on 17th March 2026 and the Extraordinary Local Partnership Forum on 17th March 2026 and invited Tracy Hogg, Chief Finance Officer, to present the report.</p> <p>Tracy opened her update by advising that the report sets out the proposed Revenue Budget for 2026-27 and the Medium-Term Financial Strategy (MTFS) for 2026-29, providing the financial framework that will support delivery of the IJB's Strategic Plan and statutory duties over the next three years. She outlined the overall financial outlook, the scale of the challenge, and the actions required to ensure the Partnership can continue to deliver safe and sustainable services.</p> <p>She noted that while the Partnership maintains a three-year strategic focus, both the MTFS and annual budget are refreshed each year. The Draft Budget overview at Appendix 1 highlights the key funding changes and financial pressures shaping the budget, and Tracy advised that the budget gap for 2026–27 is £34.5m.</p> <p>Tracy informed members that current levels of demand have been fully reflected in the development of this budget, with Directions to partners set out at Appendix 2.</p> <p>She also highlighted that the Medium-Term Financial Strategy at Appendix 3 outlines a clear, proactive and realistic response to the pressures faced by the Partnership, structured around three core principles:</p> <ol style="list-style-type: none"> 1. Prevention and early intervention to reduce long-term demand and improve outcomes 2. Transformation of models of care and pathways across the system, shifting activity and supporting people with earlier support, community-based pathways. technology-enabled models and digital tools 3. Financial sustainability through transformation, redesigned services, and strengthened integration with partners 	

Appendix 4 sets out the Savings Opportunities for 2026–27, totalling £23m. Tracy confirmed that these proposals were endorsed at the Extraordinary Combined Committee and at the Extraordinary LPF held earlier this month and were being presented to today's IJB for approval.

She noted that, with a budget gap of £34.5m, the £23m of savings alone do not close the gap. Following further discussions with partners, an additional £11.2m of funding has been incorporated into the budget.

Both partners have proposed passporting matched additional contributions of £5.6m. For Fife Council, £2.6m has been agreed on a recurring basis at the Council Budget meeting of 26 February, with the remaining £3m of non-recurring funding dependent on a joint funding solution being agreed with NHS Fife. A further £5.6m of non-recurring funding has been proposed by NHS Fife, however, Tracy noted that the NHS budget will not be presented for approval until 31 March 2026 and therefore the proposed funding remains indicative at this stage.

Tracy highlighted that the paper emphasises the need for continued whole-system working with NHS Fife, Fife Council, and third and independent-sector partners to ensure that capacity, workforce planning and commissioning arrangements remain aligned to the financial position. She also noted that a financial risk register is included at Appendix 5.

Looking ahead, Tracy advised that an Investment Framework will be developed and co-designed with the Strategic Planning Group, with oversight and accountability from the IJB. This will support efforts to close the remaining budget gap in future years within the Medium-Term Financial Strategy. In parallel, work will be undertaken to refresh commissioning approaches and develop a commissioning and market-shaping framework with enhanced locality focus, underpinned by ethical and collaborative working.

In closing, Tracy advised that the report is intended to provide moderate assurance. While it reflects the challenging operating environment, it is supported by strengthened controls, including an established escalation process and a credible savings programme. She highlighted that £20m of recurring savings were delivered in 2024-25, with a further £25m delivered to date this year, representing over 80% of the savings target and a significant improvement from around 60% delivery in previous years. This track record provides evidence of the Partnership's ability to deliver the required savings for 2026-27 while maintaining services. Tracy also noted that the paper outlines clear system-wide governance arrangements.

David Ross invited David Alexander, Interim Chair of the Finance, Performance and Scrutiny Committee and Vicki Bennett, Kenny McCallum and Lynne Garvey, Co-Chairs of the Local Partnership Forum and to comment on discussions at Committees before opening to questions from Board members.

Colin Grieve acknowledged that, whilst supportive, the Strategic Planning Group do not underestimate the scale of the challenge.

David was assured that the savings brought forward are deliverable.

No comments were noted from the Local Partnership Forum.

Kenny Murphy noted that the report was helpful. Referring to Appendix 1, he highlighted that the Partnership is receiving £38.9m in additional inflation and uplift funding from NHS Fife, along with a further £14.6m from Fife Council. He observed that the Executive Summary indicates that some of this funding may be passported; however, the proposal suggests that none of the £53m will be

<p>passed on to the voluntary sector, despite their role in delivering services on behalf of the Partnership.</p> <p>Kenny commented that providing a 3.5% inflationary uplift to the voluntary sector would represent around 1% of the Partnership's additional funding. Given the considerable pressures faced by voluntary-sector partners, he suggested that the Partnership should strive for fairer treatment and consider allocating a small portion of the uplift to support them.</p> <p>Tracy Hogg advised that she would pick up the discussion with Kenny offline, noting that there was some uncertainty around the figures. She clarified that £24m had been received from partners in year one, with a further £12m provided for the Real Living Wage uplift. Partner contributions total £11m, giving an overall figure of £35m to support closing the gap. Tracy also noted that while Real Living Wage uplifts had been passed to the voluntary sector in previous years, a review this year showed that many voluntary-sector organisations were holding high reserve levels.</p> <p>Rosemary Liewald noted that committee were assured that whilst we have work to do, we are on track and decisions were well discussed at the Extraordinary meeting.</p> <p>Dave Dempsey complimented the investment framework and noted the importance of timely issue of Directions to Partners.</p> <p>John Kemp noted that while he supports the budget, as there are no viable alternatives, he does not share the same level of optimism. He remarked that although the Partnership is developing a strong track record, it is not flawless and emphasised the importance of early implementation to ensure delivery remains on track.</p> <p>Morna Fleming expressed her support for Kenny's comments regarding the voluntary sector, noting that unpaid carers rely heavily on voluntary organisations for essential support.</p> <p>Chris McKenna agreed with John Kemp's comments, noting that this is an extremely challenging budget. He acknowledged the significant work undertaken by Lynne and her team and recognised their strong track record of delivery but expressed concern about the potential impact on quality and safety, particularly given the additional savings required.</p> <p>He highlighted the well-recognised unmet need within communities, especially among older people, and referenced pressures across adult social care, nursing home placements and care-at-home services. Chris stressed the importance of closely monitoring any potential harms that may arise if the focus shifts too heavily towards savings at the expense of keeping people safe and ensuring needs are met.</p> <p>He concluded by noting that the budget pushes the Partnership further than in previous years, and that the IJB must be assured and comfortable with this direction while maintaining careful oversight of the impacts.</p> <p>Paul Dundas noted that while 2026-27 will be particularly challenging, the pace and escalation of the work underway to drive efficiencies should position the Partnership to benefit in future years.</p> <p>Jo Bennett acknowledged the challenges involved in setting the budget and echoed John's concerns, highlighting the fragility of partner funding. She emphasised that the issue is not solely about delivering savings but about effectively managing demand.</p>	<p style="text-align: center;">TH</p>
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	<p>Lynne Garvey acknowledged the significant challenges involved but noted the requirement to set a balanced budget. She highlighted that partner contributions are based on delegated services covering both staffing and commissioning. Lynne explained that management actions and recovery measures can be taken further, and the Partnership's track record is recognised, including £6m of in-year recovery actions.</p> <p>She emphasised the importance of identifying early in the financial year when the position is moving off track, enabling timely decisions, made collaboratively with partners, about what activity should cease and what should not be commissioned. Lynne noted that demand and growth cannot be predicted with certainty and are currently higher than ever experienced.</p> <p>Tracy Hogg confirmed that funding has been allocated appropriately and is directed where it needs to be. She provided assurance that current levels of demand are fully reflected within the budget model, with some growth assumptions also built in.</p> <p>Recommendation</p> <p>The Board examined and considered the budget for 2026-29 and associated savings and approved the issue of Directions to NHS Fife and Fife Council.</p>	
	<p>9.3 Annual Review of Best Value</p> <p>David Ross advised that this report was discussed at the Audit & Assurance Committee on 13th March 2026, and invited Tracy Hogg, Chief Finance Officer, to present the report.</p> <p>Tracy advised that the report was being presented to IJB members for assurance and approval, highlighting that Fife IJB has a statutory duty to ensure Best Value under the Local Government (Scotland) Act 2003 and adopted a Best Value Framework in 2019.</p> <p>She explained that the Framework sets out the key areas through which the IJB demonstrates compliance with this duty. The report provides the annual update for 2024/25, outlining the core elements of the Framework, the evidence supporting Best Value, and the improvement actions currently underway.</p> <p>Tracy also noted that the work previously reported through the Ministerial Steering Group self-evaluation on integration improvement has now been aligned with, and incorporated into, the Best Value Framework to reduce duplication. The review is further supported by the external audit report on the annual accounts, considered by the IJB in September 2025, with auditors confirming they were satisfied that the IJB has appropriate organisational arrangements in place to secure Best Value.</p> <p>David Ross then invited Dave Dempsey, Chair of Audit and Assurance Committee to comment on discussions at Committees before opening to questions from Board members.</p> <p>Dave noted committee were assured by content of the report.</p> <p>Recommendation</p> <p>The Board was assured that Fife IJB is fulfilling its statutory duty to secure best value and approved the Partnerships Annual Review of Best Value for 2024-2025.</p>	

	<p>9.4 Performance Report – February 2026</p> <p>David Ross advised that this report was discussed at the Finance Performance & Scrutiny Committee on 11th March 2026, and invited Vanessa Salmond, Head of Strategic Planning and Performance to present the report.</p> <p>Vanessa advised that the February 2026 report was streamlined in response to feedback from the development sessions, providing an overview of all high-level indicators with a focus on areas subject to additional scrutiny through the escalation process. Six indicators have been escalated to SLT for deeper-dive analysis, with further development still required.</p> <p>Key themes include ongoing pressures within care-at-home waiting lists, positive improvements in psychological services, and a decline in complaints resolved within agreed timescales. Overall, the report provides moderate assurance, reflecting both progress made and areas where improvement is still needed.</p> <p>David Ross then invited David Alexander, Interim Chair of Finance, Performance & Scrutiny to comment on discussions at Committee before opening to questions from Board members.</p> <p>David noted that the deep-dive was useful and that the committee felt assured by the report.</p> <p>Dave Dempsey highlighted that on page 246 the columns are misaligned and do not match the following page, and that the entries within the table do not correspond to the explanation provided above.</p> <p>Recommendation</p> <p>The Board was assured of the progress of key HSCP performance metrics and agreed to the 6 current escalations and change to key performance indicators.</p>	VS
10	<p>GOVERNANCE & OUTCOMES</p> <p>10.1 Membership Update</p> <p>David Ross introduced Vanessa Salmond who provided a verbal update on changes to IJB Membership.</p> <p>Vanessa shared that Mary Lockhart had stepped down from her role as a voting member of the IJB and expressed sincere thanks to her for her thoughtful and valued contributions. She was pleased to confirm that Patrick Browne has been appointed as Mary’s successor and extended a warm welcome to Patrick as he joins the Board.</p> <p>David Ross also warmly welcomed Cllr Patrick Browne to the Integration Joint Board.</p> <p>Recommendation</p> <p>The Board approved the member transitions as highlighted in Vanessa’s verbal update.</p>	
	<p>10.2 IJB Workplan 2025-26</p> <p>10.3 IJB Workplan 2026-27</p> <p>David Ross advised that the IJB Workplans were available within the meeting pack for member information.</p>	

11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Quality & Communities Committee - Confirmed Minute of 7 January 2026 • Local Partnership Forum - Confirmed Minute of 13 January 2026 • Finance, Performance & Scrutiny Committee - Confirmed Minute of 14 January 2026 • Audit & Assurance Committee – Confirmed Minute of 14 November 2025 • Strategic Planning Group – Confirmed Minute of 14 November 2025 <p>David Ross requested that any queries on the above were directed to the Committee Chair due to timescales.</p>	
12	<p>AOCB</p> <p>As no items of other business had been notified to the Chair in advance, the meeting was brought to a close, with the Chair confirming the dates of the next meeting.</p>	
<p style="text-align: center;">DATE OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – Wednesday 29 April 2026 (Town House, Kirkcaldy)</p> <p>INTEGRATION JOINT BOARD – Wednesday 27 May 2026 (Fife House / MS Teams)</p>		

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 27 MAY 2026

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1				

COMPLETED ACTIONS

<p>IJB 25.03.26, Item 8.3 Winter Vaccine Uptake</p> <p>Morna Fleming highlighted an issue within the table on p.157 – CC advised table would be updated to make cohorts clearer.</p>	<p>Chris Conroy</p>	<p>Post-meeting</p>	<p>Action closed – table updates as requested.</p>
<p>IJB 25.03.26, Item 9.4 Performance Report</p> <p>Dave Dempsey noted p.246 – columns misaligned and entries within table do not correspond to explanation provided above.</p>	<p>Vanessa Salmond</p>	<p>Post-meeting</p>	<p>Action closed 31.03.26 – misalignment corrected within paper.</p>
<p>IJB 25.03.26, Item 9.2 Revenue Budget & MTFS</p> <p>TH to pick up discussion with Kenny Murphy re additional uplift funding figures.</p>	<p>Tracy Hogg</p>	<p>Post-meeting</p>	<p>Action closed 03.04.26: TH met with KM</p>
<p>IJB 28.01.26</p> <p>10.4 Fife Dental & Oral Health Improvement Annual Report 2025</p> <p>LC to share list of dentists taking on new patients to enable Councillors to share with constituents.</p>	<p>Lisa Cooper</p>	<p>Following meeting</p>	<p>09/03/26 – List of practices taking on NHS patients shared with IJB members.</p>



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title: Mah	Chairs Assurance Report – Quality and Communities Committee		
Agenda Item No:	5.1		
Committee Chair:	Rosemary Liewald (Interim)		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer IJB Lynn Barker, Director of Nursing, HSCP		
Report Author:	Vanessa Salmond, Head of Strategic Planning & Performance		

Executive Summary	
<ul style="list-style-type: none"> 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. Members received assurance regarding strengthened governance arrangements, including revised clinical and care governance structures and enhanced reporting lines across partner organisations. The Committee endorsed key reports including the Annual Assurance Statement, UNCRC statutory report, and Locality Planning Annual Report, providing confidence in delivery, performance and compliance. Areas of continued development were highlighted, including measurement of prevention activity, strengthening performance frameworks, and improving visibility of assurance metrics. 	

Recommendations	
This paper is presented to:	Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	<input checked="" type="checkbox"/> Members are assured that the Quality and Communities Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions	
No Direction Required	<input checked="" type="checkbox"/>

Situation/Background (Purpose of Report)

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

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

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

At the meeting on 22 April the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action Log.
- **Governance & Outcomes:** QMAG Update and Clinical and Care Governance reporting arrangements
- **Strategic Planning & Delivery:** Locality Planning Annual Report
Legislative Requirements & Annual Reports: Annual Assurance Statement and UNCRC Annual Report

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **QMAG Update:** Members were assured that redesign of governance arrangements will enhance oversight, scrutiny, and assurance
- **Clinical and Care Governance Reporting Arrangements:** Members were assured that governance structures are being strengthened, with clear accountability lines across NHS Fife and Fife Council.
- **Locality Planning & Annual Report:** Members were assured on progress against locality priorities and the impact of multi-agency working across Fife.

Decision

- **QCC Annual Assurance Statement:** Members reviewed and supported the Committee's Annual Assurance Statement for onward approval.
- **UNCRC Annual Report:** Members were assured of compliance with statutory duties and robust governance arrangements to support delivery endorsed the first statutory UNCRC report and supported its progression through governance routes.

Escalations/Highlights to the IJB

There were no items for escalation to the IJB.

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title:	Chairs Assurance Report – Strategic Planning Group		
Agenda Item No:	5.2		
Committee Chair:	Colin Grieve		
Responsible Owner:	Vanessa Salmond, Head of Strategic Planning and Performance		
Report Author:	Vanessa Salmond, Head of Strategic Planning and Performance		

Executive Summary	
<ul style="list-style-type: none"> • 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	<input checked="" type="checkbox"/> Members are assured that the Strategic Planning Group are discharging their responsibilities effectively as per the Terms of Reference.

Directions	
No Direction Required	<input checked="" type="checkbox"/>

Situation/Background (Purpose of Report)
<p>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.</p>

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 5th May the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action Log
- **Strategic Planning:** Locality Planning and Area Partnership Groups
- **Annual Reports:** Locality Planning Annual Report; Delivering Improvements in Unscheduled Care and Participation & Engagement Annual Report
- **Flash Reports:** Alcohol & Drug Strategy; Prevention & Early Intervention Strategy; Primary Care Strategy; Mental Health & Wellbeing Strategy and Workforce Strategy
- **Governance:** Transformation and Change Portfolio/PMO Update Report; Workplans 2026-26

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Locality Planning Annual Report:** Moderate assurance was taken on progress across all localities, with recognition of strong partnership working despite financial and capacity pressures.
- **Delivering Improvements in Unscheduled Care:** Overall, Members were assured that appropriate governance, accountability and oversight arrangements are in place, with strengthened alignment between HSCP and NHS Fife. However, one Member did not feel fully assured and has requested a further one-to-one meeting with the lead officer.
- **Participation & Engagement Annual Report:** The Group was assured that high-quality and wide-reaching engagement has been undertaken, with clear evidence of lived experience informing strategic planning.
- **Transformation and Change Portfolio/PMO Update Report:** Moderate assurance was received that governance arrangements remain effective and that key programmes are progressing, albeit with some delays and reduced PMO capacity.
- **Flash Reports:**
 - Alcohol and Drug Strategy progressing well with strong performance and national standards achieved;
 - Prevention and Early Intervention activity progressing with strengthening workforce capability
 - Primary Care Strategy delivering within resource constraints but with ongoing workforce pressures
 - Mental Health and Wellbeing Strategy demonstrating good early progress with strong emphasis on co-production

Decision

- **Locality Planning Test of Change:** Members endorsed the 12-month test of change and associated governance arrangements to integrate locality planning structures.
- **Workforce Plan:** Members were assured the workforce plan is aligned to the Strategic Plan, with improved strategic focus and risk reduction, including recognition of unpaid carers as part of the wider workforce and endorsed the Plan for progression through governance routes.

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title:	Chair's Assurance Report: Audit and Assurance Committee		
Agenda Item No:	5.3		
Committee Chair:	Dave Dempsey		
Responsible Owner:	Tracy Hogg, Chief Finance Officer		
Report Author:	Vanessa Salmond, Head of Corporate Governance		

Executive Summary	
<ul style="list-style-type: none"> • This report provides assurance that the Audit and Assurance Committee continues to operate in line with its Terms of Reference and statutory responsibilities. • The Committee received moderate to reasonable assurance across internal audit activity, performance reporting, and risk management arrangements, with no significant control weaknesses identified. • Members were positively assured regarding the progress of internal audit plans, completion of outstanding actions, and strengthening of governance and performance frameworks. • The Committee endorsed proposed improvements to internal audit provision, including a joint model across partner organisations to strengthen resilience and independence. • A key governance risk was highlighted regarding Committee membership levels, which may impact quorum and independence going forward and requires escalation to the IJB. 	

Recommendations	
This paper is presented to: -	Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	<input checked="" type="checkbox"/> Members as assured that the Audit and Assurance Committee are discharging their responsibilities effectively as per the Terms of Reference.

Directions	
No Direction Required	<input checked="" type="checkbox"/>

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)

Performance Against Work Plan

The Audit and Assurance Committee has an approved annual workplan and continued to progress key audit, governance and risk management business.

At the meeting on 8th May the following was discussed: -

- **Regular Business:** Minutes of previous meeting and Action log.
- **Items related to Audit:** Internal Audit Progress Report; Internal Audit Follow-Up Report, Performance Audit Report and Progression of proposals for future internal audit.
- **Risk:** Annual Risk Management Report.
- **Governance:** Annual Assurance Statements

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Internal Audit Progress Report** – Members were assured on the progress of the 2025/26 Internal Audit Plan and completion of the 2024/25 plan.
- **Internal Audit Follow-Up Report** - Members were assured that audit actions are being progressed effectively, with no actions outstanding beyond one year and good levels of completion within timescales.
- **Performance Reporting Audit** – Members received reasonable assurance on the effectiveness of performance monitoring arrangements, with findings focused on enhancement rather than control weaknesses.
- **Risk Management** - Members were assured on progress with implementation of the risk management strategy, with the majority of actions completed and ongoing improvements in lessons learned and risk alignment.

Decision

- **Internal Audit Plan Amendments** – Members approved retrospective amendments to the Internal Audit Plan to include a review of risk management arrangements.
- **Future Internal Audit Provision** - Members supported the proposal to move to a joint internal audit model across partner organisations, subject to further approval.
- **Annual Assurance Statements** – Members were assured that Committees are operating effectively, with no significant control weaknesses identified across the governance framework and supported the statements for onward submission to the IJB.

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 th May 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:	Vanessa Salmond, Head of Strategic Planning and Performance		

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.
- Members commended all those involved for successfully delivering significant savings during 2025–26.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
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Situation/Background (Purpose of Report)

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

Assessment (Key Points/Issues and Risks)

Performance Against Work Plan

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

At the meeting on 15th May the following was discussed:-

- **Regular Business:** Minutes of previous meeting and Action Log.
- **Governance:** Annual Governance Statement
- **Finance:** Finance Update – Month 12, provisional outturn including savings delivery and reserves position.
- **Performance:** Monitoring of Directions
- **Transformation:** Delivering Improvements in Unscheduled Care

Committee Levels of Assurance / Decisions / Recommendations

Assurance

- **Annual Governance Statement:** Members were assured that governance arrangements are operating effectively, the Committee has met regularly and discharged its responsibilities, and no material control weaknesses were identified.
- **Delivering Improvements in Unscheduled Care:** Members noted the complexity of whole-system delivery noting one Member was not fully assured and a follow-up discussion has been agreed with the lead officer, which has been captured as an action

Decisions

- **Finance Update:** Members noted the improved financial position compared to the previous year and took assurance from the active management of financial pressures, savings delivery and financial governance arrangements. Member agreed to the onward submission of the IJB.
- **Monitoring of Directions:** Members were assured that appropriate governance and monitoring arrangements are in place, with Directions being implemented and monitored in line with the Integration Scheme and supported this paper to progress through appropriate governance routes.

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	The controls, actions and assurances provide reasonable assurance in relation to management of this risk. There are some areas of concern over the adequacy and effectiveness of controls and actions in proportion to the risk, and assurances confirm a reasonable position.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 th May 2026
Report Title:	Workforce Action Plan 2026/27		
Agenda Item No:	6.1		
Responsible Owner:	Roy Lawrence, Head of Culture, Engagement and Communities		
Report Author:	Dafydd McIntosh, OD and Culture Specialist		

Executive Summary

The Scottish Government has not issued any new workforce planning guidance since Director’s Letter DL (2024) 33, published in December 2024. This letter replaces DL (2022) 09 on Three-Year Workforce Plans and provides updated requirements for Health and Social Care Partnerships. While previous guidance required submission of Three-Year Workforce Plans, including a one-year delivery plan (Annex A) by March 2025, no further updates have been issued since the 2024 letter.

The *National Workforce Strategy for Health and Social Care in Scotland* (March 2022) sets out five pillars for the workforce journey. HSCPs are expected to align their workforce planning to the Strategy and address both immediate and long-term challenges through service reform and transformation.

The annual workforce delivery plan has been realigned to match the financial year, covering April 2026 to March 2027. This change replaces the previous November-to-November planning cycle and ensures closer alignment with financial planning processes.

The Plan is fully aligned with the Strategic Plan 2026/ 29. It has been collated through collaborative engagement with partners from NHS Fife, Fife Council, and the independent and third sectors, ensuring representation from all HSCP business portfolios.

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Seek a Decision	<input checked="" type="checkbox"/>	The Integration Joint Board are asked to endorse the Workforce Action Plan 2026/27 as aligned to the Strategic Plan 2026/29 and co-produced with key stakeholders from across the HSCP.
Provide Assurance	<input checked="" type="checkbox"/>	The IJB are asked to take assurance that the Plan meets the workforce priorities of the HSCP, highlighted within the Strategic Risk Register related to our capacity and capability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce across all sectors of the HSCP.
For Discussion	<input checked="" type="checkbox"/>	

Directions

No Direction Required



Situation/Background (Purpose of Report)

The Scottish Government has not released any workforce planning guidance beyond Director's Letter DL (2024) 33, issued in December 2024, which superseded DL (2022) 09 and updated reporting requirements for Health and Social Care Partnerships (HSCPs) into Scottish Government. HSCPs are expected to align their workforce planning with the National Workforce Strategy for Health and Social Care (2022), which sets out five workforce pillars and calls for both immediate and long-term reform.

As agreed at IJB in November 2025, the lack of direction from Government has meant that we have been able to align the new Workforce Action Plan to the financial year (April 2026–March 2027) for the first time, replacing the previous November-to-November cycle. This provides the opportunity to improve alignment with financial planning annually. The Plan is also fully aligned with the Strategic Plan 2026–29 and has been shaped through collaborative work across NHS Fife, Fife Council, and partners in the Independent and Third Sectors to ensure representation from across the whole system.

Before development of the Workforce Action Plan began, an outcomes-mapping workshop was held with the Strategic Planning and Performance Team. This formed part of a wider approach to understanding and evidencing the change created through our work. The workshop explored how we can strengthen the way we measure progress and impact against the HSCP Strategic Plan.

The plan is presented in a digital format to support quick, easy access and to ensure that all users are viewing the most up-to-date version. It is structured around the five pillars of the national workforce planning framework: **Plan, Attract, Train, Employ, and Nurture** as in previous years.

The Workforce Action Plan (**Appendix 1 [Workforce Action Plan – Digital Version](#)**) will be in effect from 1 April 2026 to 31 March 2027, replacing the previous November-to-November cycle. This revised timeline ensures stronger alignment between workforce planning and financial planning processes. The plan has been produced as a digital document, with a paper version also provided (**Appendix 2**).

A full EQIA was created to support the three-year Workforce Strategy 2022-25 and was updated for our Annex A 2025 – 26 submission to Scottish Government in March 2025. It has been updated to cover the Strategic Plan timeline 2026 -2029 and to align with the full EqIA created for the Strategic Plan and is available on request.

Progress against the action plan is reported to the HSCP Workforce Strategy Group, which meets quarterly and aligns its reporting with the timelines set out in the new Strategic Plan. Full governance is set out in the next section.

Assessment (Key Points/Issues and Risks)

To understand the difference our actions, make for the workforce, we use an Outcomes Map grounded in a Theory-of-Change approach. This framework helps us look beyond activity and measure how our work influences the experiences, learning, behaviours and wellbeing of the people who deliver, and aspire to deliver, health and social care in Fife.

It shows how our strategic deliverables (what we do) lead to changes in how people feel, what they learn, what they do differently, and ultimately how this contributes to a thriving, inclusive, future-ready workforce. The Outcomes Map provides a shared structure for gathering evidence, combining data, lived experience and insight to support continuous learning, improvement and accountability.

The workforce actions identified are not considered business as usual. Instead, they align with the FIT model by being financially appropriate, enabling greater integration, or delivering a transformational approach. In addition, the plan is centred on 'our promise' as set out in our Strategic Plan.

The governance arrangements are as follows:

Quarter 1 (April–June):

The Workforce Strategy Group will report progress on the actions to SLT and LPF.

Quarter 2 (July–September):

The Workforce Strategy Group will report progress on the actions to SLT, LPF, Strategic Planning Group and one Standing Committee, in line with the recommendations from the Fife IJB Workforce Plan Audit (F05-23).

Quarter 3 (October–December):

The Workforce Strategy Group will report progress on the actions to SLT and LPF.

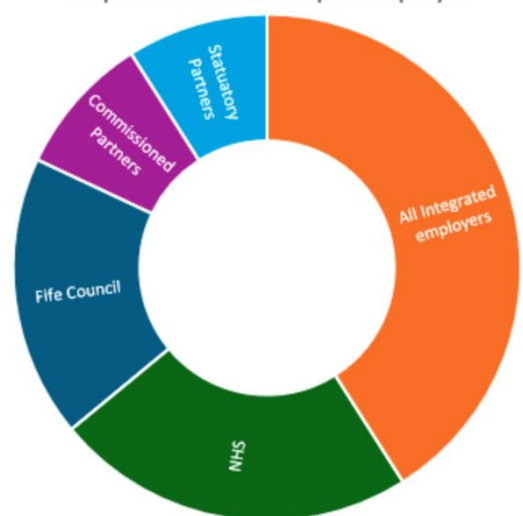
Quarter 4 (January–March):

The Workforce Strategy Plan, including updates, will be reported through the full governance route to the IJB.

The workforce action plan is a collaborative exercise developed with input from all Heads of Service and business portfolios, as well as Service Managers, Service Leads, and our statutory and commissioned partners.

The number of actions is intentionally smaller than in previous years to ensure greater focus and deliverability. Flexibility has been built in to allow new actions to be added should unforeseen circumstances arise. The distribution of actions shows that the majority are integrated, meaning they involve contributions from all partners. A smaller number of actions are organisation or sector specific.

Proportion of Actions per Employer



The work with the Plan not only aligns with partner workforce strategies and action plans but connects with partner structures. The content within the Plan is shared with NHS Fife to support their Workforce Plan and the leads for the HSCP Plan attend the NHS Workforce Planning Group. The Plan also supports the completion of Fife Council's 'Our People Matter' maturity assessment, which is completed by the HSCP leads and endorsed by SLT, which has been completed for 2026.

Related Documents/Appendices

Appendix 1 – [Workforce Action Plan – Digital Version](#)

Appendix 2 – Workforce Action Plan – Paper Version

Appendix 3 - EqIA

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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		
				Yes	No	Summary of amendments
HSCP/IJB						
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/04/2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Local Partnership Forum (LPF)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13/05/2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Strategic Planning Group (SPG)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	05/05/2026	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Addition to appendix 1 of two references requested by SPG members, related to the 'Attract Back' recruitment approach and rephrasing our commissioning approach to recognise our independent workforce.
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	27/05/2026			
Other (please specify):						
NHS Workforce Planning Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Group is being reconstituted by NHS Director of Workforce at present – aim for June 2026.	<input type="checkbox"/>	<input type="checkbox"/>	

Implications/Impacts		
Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	<input checked="" type="checkbox"/>	Staff gain confidence through comprehensive training, ensuring service users' needs are met by a skilled and capable workforce. Recruitment is locality-focused, supported by enhanced workforce-planning capacity. Employment flexibility for carers is strengthened through closer alignment with employer agencies, providing access to bespoke upskilling and tailored steps-to-work programmes.
Localities/Communities	<input checked="" type="checkbox"/>	Workforce actions are aligned with locality data to inform targeted approaches that recognise the distinct needs of each area. Care is delivered within each locality, shaped by local insight and strengthened by the skills, strengths, and relationships within communities, ensuring people receive support where they live.
Quality of Care	<input checked="" type="checkbox"/>	Transformative care delivery ensures the workforce remains flexible and able to adapt to emerging practices that put service users at the centre. Strengthening digital competency and increasing digital literacy enables the workforce to adapt confidently, ensuring care is delivered in person-centred, efficient, and adaptable ways.
Workforce	<input checked="" type="checkbox"/>	The workforce is supported to feel psychologically safe and offered development opportunities that enable transformative approaches to delivering high-quality care. Ongoing professional development is maintained in line with legislative and regulatory requirements, ensuring staff remain competent, confident, and compliant in their practice.
Legal	<input checked="" type="checkbox"/>	Workforce actions are designed to support ongoing professional development and align with all legislative and regulatory expectations, including safer recruitment requirements and adherence to the Health and Care (Staffing) (Scotland) Act 2019.
Financial	<input checked="" type="checkbox"/>	Workforce actions are aligned with both the Medium-Term Financial Strategy and the Strategic Plan. Increased use of publicly funded training and qualifications is directed to support these priorities, ensuring the workforce can access the professional development required to meet service needs.
Performance	<input checked="" type="checkbox"/>	The plan is monitored through the outcomes-mapping process that underpins the Strategic Plan, with a RAG status applied to each action. Oversight is provided through the Workforce Strategy Group, and the plan remains a standing agenda item at Workforce Sustainability Groups to ensure ongoing scrutiny and progress.
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	There are no significant climate impacts arising from this work, and the Workforce Plan remains a core component of the HSCP's anchor-institution commitments.
Communication and Engagement	<input checked="" type="checkbox"/>	The Workforce Action Plan is co-produced with business portfolios, and progress is communicated through the public-facing Strategic Annual Report. Detailed discussions have taken place through workforce groups across all business portfolios to shape priorities and actions. Oversight is provided through the Workforce Strategy Group, and the plan remains a standing agenda item at Workforce Sustainability Groups to ensure ongoing scrutiny, assurance, and progress.

<p>Risk & Mitigation</p>	<p>☒</p>	<p>The HSCP Workforce Strategy is currently held within the IJB Strategic Risk Register as a high-level risk. A ‘deep dive’ was carried out in 2025 to analyse the contributory factors to the risk in detail. The Workforce Risk will be reviewed as part of a full Risk review resulting from the new Strategic Plan to ensure it remains current, realistic and practicable in its objectives.</p>	
<p>Equalities and Human Rights, including children’s rights and health inequalities</p>	<p>☒</p>	<p>No Impact/Not Required</p>	<p>A full EqIA is not required for this Workforce Action Plan as discussed with the HSCP Compliance Team. The Plan fully aligns with the new Strategic Plan 2026-29, which is supported by a full EqIA and highlights that there are no negative impacts from the Workforce Plan.</p> <p>However, as an EqIA was created for our previous Workforce Strategy and has been updated in 2025 and 2026 in support of the work to create the Workforce Action Plan 2026-27. This is Appendix 3 to this paper.</p>

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?
The IJB is asked to approve the Workforce Action Plan 2026/27	There is a risk that if the action plan is not approved, the HSCP will be unable to maintain a focus on delivering an optimised workforce to ensure delivery of the key priorities in the Strategic Plan	There is a risk that the Workforce Action plan does not fully meet the expectations and / or requirements of key stakeholders, for example governance groups or board members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Strategic Objectives <input checked="" type="checkbox"/> Legislation <input checked="" type="checkbox"/> Governance <input checked="" type="checkbox"/> Quality of Care <input checked="" type="checkbox"/> Resources <input checked="" type="checkbox"/> Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Optimum resource utilisation Enhancing quality of care Compliance with legislation Mitigating inequalities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A risk only applies if we do not take the decision

Workforce Action Plan 2026-27

A caring workforce,
inspired to meet every
challenge

Financially Sustainable, Integrated and Transformative

This framework guides how we plan, invest and innovate across services, ensuring that care is high quality, resilient and responsive to what matters most to people.

We are driven by a shared commitment to deliver services that are safe, sustainable, and worthy of both our workforce and the people of Fife. Sustainability, for us, means building a culture where staff feel valued and supported, where pressures are eased, and where everyone has the space to thrive.

When we champion the priorities that matter most to our people, we create a workforce that are not only resilient and responsive, but bold enough to meet the challenges of the future. This is not a promise held by a few; it is a commitment we fulfil together.

The Strategic Plan responds to a changing landscape of rising demand, demographic shifts and the need for sustainable, person led care. It aligns with national direction, including the Health and Social Care Service Renewal Framework and Scotland's Population Health Framework.

Our Promise

Our Strategic Plan will ensure we deliver on our Promise by acknowledging and acting upon the following commitments:



"Our staff are the golden thread that binds this plan, and it is their passion, integrity, and unwavering dedication that will turn ambition into reality"

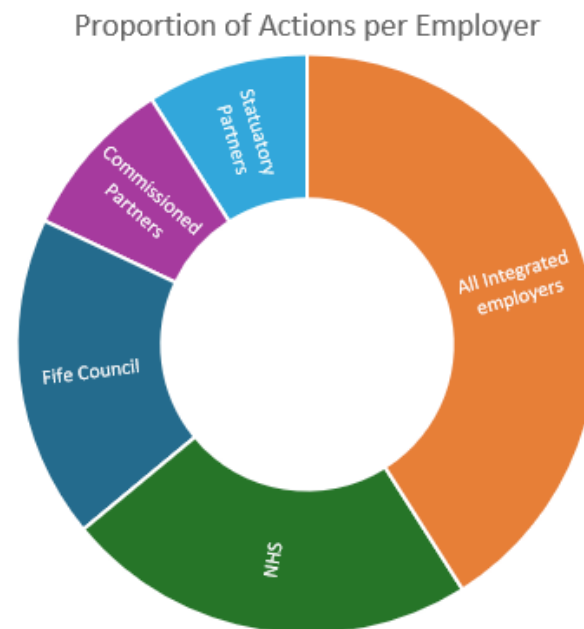
Workforce Strategy Delivery Plan 2026 - 2027

The Workforce Annual Delivery Plan 2026/27 reflects the strengths of our people, carers and communities, and sets out how we will work together to deliver better outcomes for everyone in Fife.

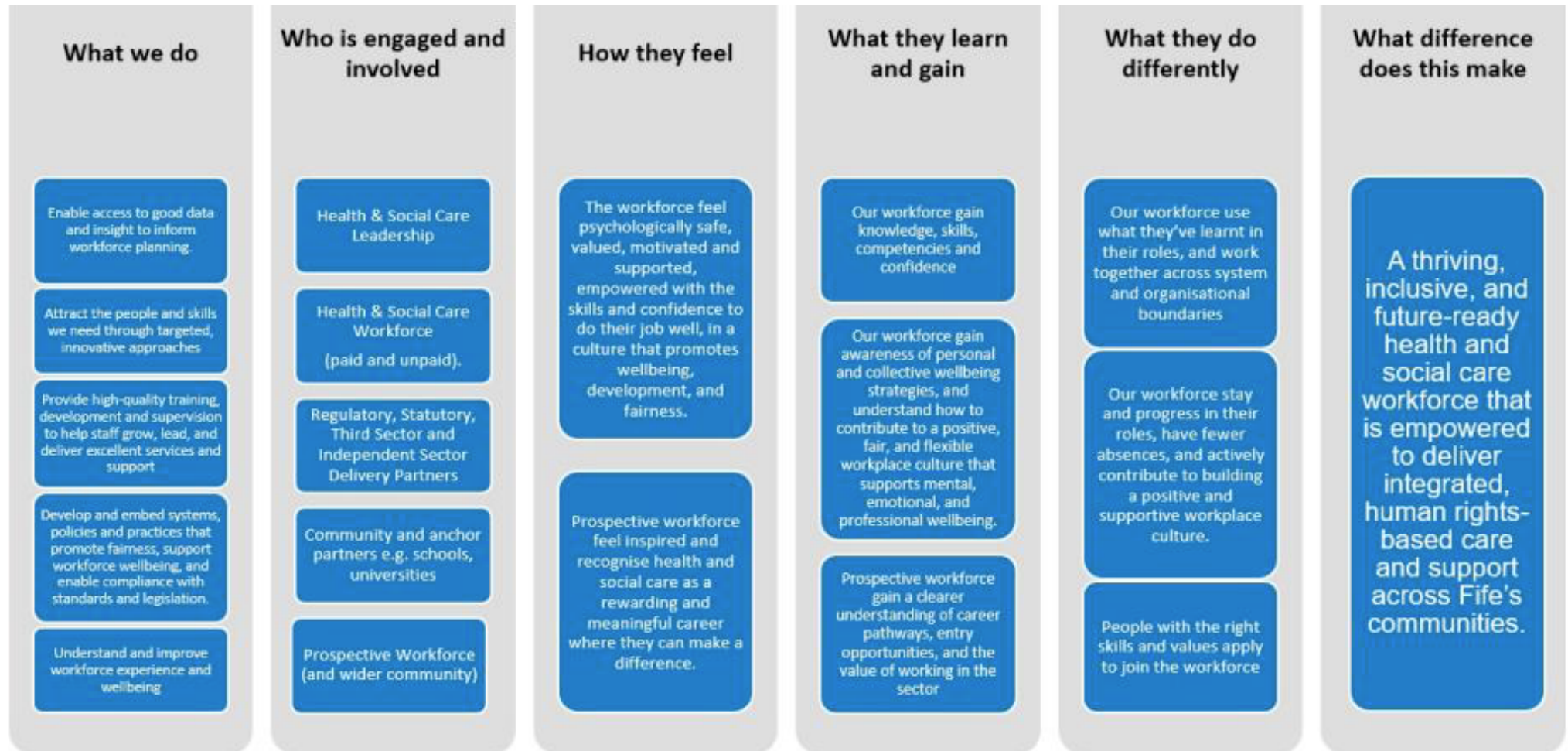
Transformation is not just about innovation, it's about relevance. As needs evolve, so must our models of care. This involves redesigning services with communities, embracing digital tools to enhance access and efficiency, and fostering a culture of continuous improvement. Co-production ensures that services are not only fit for purpose but also reflect the lived experiences of those who use them.

"Together, we are building a health, social work and social care system that is focused, inclusive and ready for the future"

Our workforce strategic actions must reflect the needs and contributions of all Partnership employers, recognising that delivering high-quality care is only possible through their collective expertise and collaboration



Our Strategic Objective for Workforce



Measuring Impact- our outcomes map

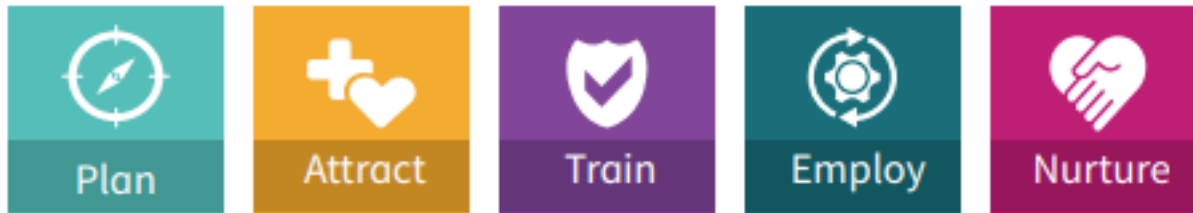


To understand the difference our actions make for the workforce, we use an Outcomes Map grounded in a Theory-of-Change approach. This framework helps us look beyond activity and measure how our work influences the experiences, learning, behaviours and wellbeing of the people who deliver, and aspire to deliver, health and social care in Fife. It shows how our strategic deliverables (what we do) lead to changes in how people feel, what they learn, what they do differently, and ultimately how this contributes to a thriving, inclusive, future-ready workforce.

The Outcomes Map provides a shared structure for gathering evidence, combining data, lived experience and insight to support continuous learning, improvement and accountability.

The Five Pillars of the Workforce Journey

The Five Pillars of the Workforce



To achieve our vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.

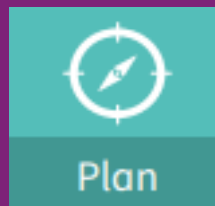
Organisational cultures must be nurtured in parallel with transformation in systems, processes and structures, and a

commitment to integrated working. Strong and effective leadership is essential to this, at all levels of the Health & Care system.

We must also support and nurture our workforce, ensuring that as employers we offer roles and development opportunities that staff find rewarding and fulfilling.



Deliverable 1- PLAN



Access to reliable data and actionable insights at every level is essential for informed workforce planning. By equipping leaders and partners with these tools, we can embed workforce planning into strategic decision-making, foster cross-sector collaboration to break down silos, and leverage data as a catalyst for sustainable workforce development. This is how we build a future-ready system that delivers meaningful, lasting impact.

Our approach will be to:

1.1 - By October 2026, establish a sustainable workforce planning approach for Social Care by creating a Sustainable Social Care Workforce Group. This group will align with existing nursing and medical workforce models and provide strategic oversight of recruitment, retention, and workforce capability. It will use workforce data to target recruitment activity, implement a consistent succession-planning framework, and monitor training and qualification delivery to ensure equitable development access, future workforce readiness, and best value.

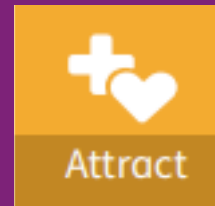
1.2 - By October 2026, strengthen partnerships with all employability services to support people, including carers, to access careers in health and social care. Using practical, data-driven approaches to guide targeted recruitment, we will develop tailored employment programmes that open pathways into meaningful work for individuals facing barriers to entering the workforce.

1.3 - By December 2026, deepen collaboration with Fife Developing the Young Workforce (DYW) to enhance opportunities for young people interested in health and social care careers. Through a locality focused codesign approach, we will develop career pathways events and targeted work experience placements informed by the data for present and future workforce requirements.

The education system is one key aspect to providing the right educational pathways and creating an interest in working in Health and Social Care.

1.4 - By November 2026, work with Partnership organisations and local schools to design and deliver a targeted engagement event for Fife's school leavers. The event will showcase local career pathways and employment opportunities across the Partnership, using locality-based population growth data to highlight areas where we expect increased demand or future expansion in service delivery.

Deliverable 2 - ATTRACT



Domestic Recruitment

In light of our existing and future workforce challenges, we must prioritise the attraction, recruitment and retention of young people, amongst others. Like the population, our workforce profile is ageing and if we are to create a sustainable Health and Social Care workforce for the future we must attract young people by emphasising the opportunities within the Health and Social Care professions.

Our approach will be to:

2.1 - By October 2026, expand the King's Trust employability portfolio by establishing a new Academy programme for marginalised groups. This programme will support individuals with lived experience to develop workforce-ready skills and secure meaningful employment within their own communities. The Academy will offer bespoke training, wrap-around support, and structured career pathways, enabling participants to progress into sustainable and meaningful work.

2.2 - By October 2026, develop an improved advertising template to enhance the clarity, appeal, and accessibility of job adverts for social care and social work roles. The template will clearly outline the benefits, values, and development opportunities associated with each post. This approach will help attract suitable candidates, set realistic expectations, and strengthen retention, supporting the creation of a more stable and sustainable workforce.

2.3 - By March 2027, deliver a coordinated programme to strengthen Fife's psychiatric medical workforce and reduce the reliance on high-cost locums. This includes widening recruitment through framework agencies, the NHS Professionals Gateway Doctors Programme, and Clinical Fellow roles to expand the resident workforce and decrease locum demand. Establish a CESR Fellowship Programme with GMC sponsorship where required to support Specialty and Specialist Doctors toward specialist registration. Utilise peri-retiral psychiatrists from the National Bank for remote or part-time clinical input and enhanced supervision. Alongside this, implement a local education and training plan to improve the experience of students and residents, positioning Fife HSCP as a high-quality environment for training and long-term psychiatric careers.

“The risk is that in the future there will be a smaller pool of people available to care for those who need it relative to the number of people needing care”

Deliverable 3 - TRAIN



Our commitment is to develop a highly skilled, confident, and adaptable workforce, supported by robust and collaborative partnerships across health, social care, and the independent and third sectors. To realise this, we must ensure that our workforce has access to high quality, evidence informed learning and development opportunities that reinforce professional practice, support continuous upskilling, and maintain alignment with emerging best practice and legislative requirements.

Our approach will be to:

3.1 - By September 2026, strengthen the integration of Trauma-Informed Practice (TIP) by implementing and evaluating the national training programme to inform the TIP action plan which seeks to strengthen workforce capability and drive cultural transformation.

3.2 - By December 2026, establish a Care Skills Partnership with Fife College to address the digital skills gap in social care through joint curriculum design and targeted learning pathways. Using a hub-and-spoke funding model, the partnership will support regional priorities by upskilling and reskilling the workforce, promoting innovation in technology-enabled care, and expanding workforce capacity through a sustained pipeline of new entrants into social care careers.

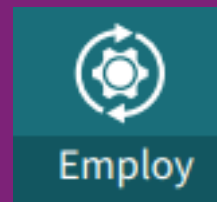
3.3 - By October 2026, design and implement a upskilling programme to accelerate the delivery of registered qualifications across the workforce by developing an internal pipeline of skilled Qualification Assessors to be embedded within social care services. This will reduce external assessment costs, improve organisational capability, and strengthen staff progression and retention.

3.4 - By October 2026, partner with Fife College, Scottish Care & Fife Voluntary Action, to significantly expand access to publicly funded, accredited qualifications essential for the International social care workforce in the independent and third sectors, ensuring improved workforce capability, compliance, and retention.

Peer practitioners are people with personal experience of mental health challenges who are trained and employed to support others and can support recovery-oriented care, strengthen relational practice, and contribute to longer-term service transformation.

3.5 - By March 2027, expand the Peer Practitioner workforce from two to four, enhancing the delivery of recovery-focused, lived-experience-led support across localities. In parallel, preparatory work will be undertaken to assess organisational readiness, strengthen stakeholder relationships, and define the implementation pathway for introducing peer practice into an additional Community Mental Health Teams (CMHT), ensuring sustainable, system-wide integration in line with the service brief.

Deliverable 4 - EMPLOY



We aim to create a connected and empowered workforce through inclusive engagement and fair, purposeful work. New roles, clearer career pathways, and leadership opportunities will strengthen innovation and teamwork across the partnership.

Our approach will be to:

4.1 - By December 2026, pilot a refreshed, insight-driven approach to exit interviews that systematically captures feedback from departing staff, enabling continuous improvement, cultural insight, and strategic workforce retention planning.

4.2 - By October 2026, strengthen the visibility and impact of Fife Council's Carer Positive accreditation by delivering an innovative, organisation wide awareness campaign and embedding carer support principles throughout the full recruitment lifecycle. This will ensure prospective and current employees clearly understand our commitment to supporting unpaid carers, improving retention, and demonstrating our leadership in inclusive workplace practice.

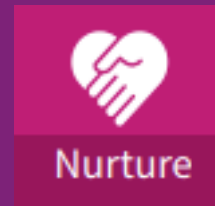
4.3 - By October 2026, finalise a comprehensive evaluation of Social Work Services based on front facing discussions with front line staff related to professional practice, demand and capacity, using the findings to shape a series of well-timed further engagement events throughout the year. This exercise will produce a detailed analytical report and a set of evidence-based recommendations that will directly inform the development of an action implementation plan.

4.4 - By October 2026, establish a dedicated working group to align the Essentials of Care Framework with the nursing workforce, ensuring high standards of practice supported by reflection, supervision and continuous learning are embedded. The group will strengthen quality assurance through systematic review, audit and meaningful feedback from people using services, families and carers to inform an action plan.

4.5 - By March 2027, a transformation programme for Community Nursing will be in place, delivering evidence-based, contemporary models of care aligned with national and local strategic priorities. A dedicated working group will lead a structured review and redesign of community nursing roles to support integrated locality teams, effective care coordination and seamless transitions across services. This programme will ensure the community nursing workforce feels valued, skilled and confident, with clear professional pathways, strong leadership and improved retention.

“We are committed to ensuring our services are safe and sustainable for both our workforce and the people of Fife. Sustainability in this context means creating conditions where staff feel supported, pressures are reduced, and their experience at work is improved”

Deliverable 5 - NURTURE



Workforce wellbeing is a critical driver of organisational success. When employees feel healthy, supported and valued, they are more engaged, productive and committed to their work. A strong wellbeing culture reduces stress and absenteeism while improving morale, teamwork and overall job satisfaction. This positive environment enables staff to bring their best selves to work, resulting in higher-quality service, stronger relationships and more creative problem-solving.

Our approach will be to:

5.1 - By October 2026, design and deliver a cross system Trauma Informed Practice (TIP) networking conference, facilitated by the TIP Collective Steering Group, to bring together key partners from across the Partnership. The conference will strengthen collaboration, reduce siloed working and duplication, and build a shared understanding of system wide priorities. Insights and outputs from the event will directly shape the emerging TIP Action Plan, ensuring clear alignment with the National Trauma Transformation Programme.

5.2 - By December 2026, launch a comprehensive Trauma Informed Practice Digital Hub that enables the integrated workforce to access high quality guidance, evidence based resources, and practical tools. This platform will strengthen organisational capability, embed consistent trauma informed approaches, and contribute to improved staff wellbeing by building confidence, clarity, and support in day today practice.

5.3 - By September 2026, provide strategic leadership for the iMatter programme, ensuring comprehensive engagement analysis, targeted improvement actions, and actionable organisational development

insights are generated and effectively used across teams to strengthen culture, wellbeing, and performance.

5.4 - By March 2027, collaborate with the HSCP Communications team to design and implement a structured recognition platform that celebrates workforce achievements, strengthens organisational engagement, and reinforces a culture of appreciation across the Partnership.

We gratefully acknowledge the contributions of the co-creators of this plan

Thank you to everyone who has contributed to shaping our Workforce Action Plan.

Your insight and experiences are helping us build a stronger, more supportive workplace. We want to keep this momentum going. Together, we have designed a workforce plan that truly reflects our people and our values.

Bernie O'Beirne, Team Manager, HR Workforce Development, Fife Council

Caroline Cherry, Principal Social Work Officer, Fife HSCP

Chris Conroy, Head of Community Care Services, Fife HSCP

Dafydd McIntosh, OD and Culture Specialist, Fife HSCP

David Crooks, Lead Officer, HR Workforce Development, Fife Council

Diane Roth, OD and Culture Specialist, Fife HSCP

Dr Andy Summers, Consultant Clinical Psychologist, Fife HSCP

Dr Jackie Drummond, Associate Medical Director, Fife HSCP

Fiona Allan, Service Manager, HR Workforce Strategy & Organisational Development, Fife Council

Hazel Williamson, Communications Officer, Fife HSCP

James Ross, Chief Social Work Officer, Fife Council

Jenni Jones, Associate Director of Culture, Development & Wellbeing, NHS Fife

Jenni Kaski, Project Manager for Trauma Informed Practice, Fife Council

Karen Marwick, Head of Complex and Critical services, Fife HSCP

Kenny McCallum, LPF Co-Chair/Partnership Co-ordinator

Lee Anne French, HR Business Partner, Fife Council

Lisa Cooper Head of Primary and Preventative Care Services, Fife HSCP

Lyndsey Thomson, Employability Lead, NHS Fife

Lynn Barker, Director of Nursing, Fife HSCP

Nicola Harris, HR Team Manager, Talent Management, Fife Council

Nicola Broad, Team Manager for Strategic Planning, Fife HSCP

Paul Dundas, Independent Sector Lead, Scottish Care

Rachel Heagney, Head of Improvement, Transformation & PMO, Fife HSCP

Sandra Morris, Chief Executive Officer, Fife Carers Centre

Sarah Mackenzie, Delivery Manager Health and Social Care, Kings Trust

Scott Fissenden, Change & Improvement Manager for Unpaid Carers, Fife HSCP

Tanya Lornegan, Associate Director of Nursing, Fife HSCP

Vickie Bennett, LPF Co-Chair/Partnership Co-ordinator

Equality Impact Assessment

Part 1: Background and information

Title of proposal	Fife Health & Social Care Workforce Action Plans , aligned to the HSCP Strategic Plan 2026–2029
Brief description of proposal (including intended outcomes & purpose)	<p>The Scottish Government has not issued any new workforce planning guidance since Director’s Letter DL (2024) 33, published in December 2024. This letter replaces DL (2022) 09 on Three-Year Workforce Plans and provides updated requirements for Health and Social Care Partnerships. While previous guidance required submission of Three-Year Workforce Plans, including a one-year delivery plan (Annex A) by March 2025, no further updates have been issued since the 2024 letter.</p> <p>The Workforce Action Plan 2026- 27 reflects our strategic priorities, and the actions needed to attract, train, employ and nurture our workforce for the period. The action plan is fully aligned with the HSCP Strategic Plan 2026–2029.</p> <p>It is a concise strategic document that sets out the vision and future direction of workforce strategies and planning for health and social care services in Fife and sets out the detail of planned activities that will achieve this.</p> <p>The document adheres to the guidance set by the Scottish Government when delivering the Workforce Strategy and Plan describing how the Partnership will ‘Plan, Attract, Employ, Train and Nurture’ our workforce.</p> <p>The Workforce Action Plan 2026- 27 is designed to demonstrate to our stakeholders how we will support the mental health and wellbeing, career pathways, training and development and culture and leadership of our workforce through a range of strategic commitments and actions. It has been collated through collaborative engagement with partners from NHS Fife, Fife Council, and the independent and third sectors, ensuring representation from all HSCP business portfolios.</p>
Lead Directorate / Service / Partnership	Fife Health & Social Care Partnership
EqIA lead person	Roy Lawrence
EqIA contributors	Roy Lawrence / Dafydd McIntosh
Date of EqIA	26 February 2026

How does the proposal meet one or more of the general duties under the Equality Act 2010? (Consider proportionality and relevance on p.12 and see p.13 for more information on what the general duties mean). If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?)

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>Our Workforce Action Plan 2026- 27 is fully aligned with the HSCP Strategic Plan 2026–2029 and focuses on the following priorities:</p> <p>Strengthening Equality and Inclusion: Review current equality and inclusion practices and develop actions that support a consistent, partnership-wide approach aligned with legislation and national guidance.</p> <p>Engaging with Local Communities: Work in partnership with Fife Centre for Equalities to involve local communities in shaping our workplace practices.</p> <p>Enhancing Workforce Training: Monitor, review, and further develop training related to equality, diversity, and inclusion.</p> <p>Building Leadership and Management Capability: Improve the skills, confidence, and knowledge of leaders and managers to better support our workforce.</p> <p>Supporting Workforce Wellbeing: Promote and strengthen mental health and wellbeing support for all staff.</p> <p>Embedding Trauma-Informed Practice: Develop a trauma-informed workforce and ensure trauma-informed approaches are reflected in practice delivery.</p> <p>These opportunities within the Workforce Action Plan 2026- 27 are available to all employees in health and social care and are designed to support their career development.</p>

<p>Advancing equality of opportunity</p>	<p>The Workforce Action Plan 2026/27 advances equality of opportunity by:</p> <p>Developing new career pathways for our workforce, including tailored employment programmes that create access to meaningful work for individuals who face barriers to entering employment.</p> <p>Creating a youth employment approach that supports young people to begin, develop, and sustain a long-term career in care.</p> <p>Implementing a range of actions to promote participation, engagement, and voice across our workforce.</p> <p>The actions within the Workforce Action Plan 2026- 27 are designed to advance equality of opportunity for everyone, regardless of protected characteristic or socio-economic background.</p>
<p>Fostering good relations</p>	<p>The Workforce Action Plan 2026- 27 has been developed by a group representing the whole system across the Partnership, with all members contributing to the final document.</p> <p>The plan sets out a range of actions designed to strengthen and improve integrated working across the Partnership.</p> <p>It demonstrates a strong commitment to whole-system partnership working, including collaboration with the Third and Independent Sectors, and promotes the sharing of resources and equitable access to workforce development wherever practicable.</p>
<p>Socio-economic disadvantage</p>	<p>The Workforce Action Plan 2026- 27 demonstrates a strong commitment to the Fair Work Agenda.</p> <p>It includes:</p> <p>Building close partnerships with Fife College and Higher Education Institutions, in</p>

	<p>line with the Fair Work Convention’s principles, recognising the importance of providing meaningful work and long-term career opportunities for both our current and future workforce.</p> <p>Developing career pathways that strengthen succession planning and improve access to development opportunities, including funded routes and apprenticeship pipelines delivered in partnership with awarding agencies and external partners.</p> <p>Maximising available funding routes to enhance opportunity, expand workforce development, and strengthen Partnership working with both internal and external agencies.</p> <p>The Workforce Action Plan 2026- 27 is aligned to our HSCP Strategic Plan 2026–2029 and highlights our commitment to using Public Health data as a key driver for future service design and delivery.</p>
<p>Inequalities of outcome</p>	<p>The Workforce Action Plan 2026- 27, aligned with the HSCP Strategic Plan 2026–2029, promotes workforce development grounded in a strong commitment to person-centred practice and supporting people to make the choices that matter to them.</p> <p>The plan includes:</p> <p>Prioritised investment in our workforce, directed to key areas of community need, through the design and delivery of targeted and creative recruitment campaigns across the Partnership, including locality-specific approaches.</p> <p>A commitment to inclusive organisational change, ensuring that individuals affected by change are actively involved in shaping and co-designing that change.</p>

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

All relevant areas have been considered within the **Workforce Action Plan 2026- 27**, which is aligned to the **HSCP Strategic Plan 2026–2029**, and we do not anticipate any direct negative impact on equality groups.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the policy change is on any of the protected characteristics

Protected characteristic	Positive impact	Negative impact	No impact
Disabled people	X		
Sexual orientation	X		
Women	X		
Men	X		
Transgendered people	X		
Race (includes gypsy travellers)	X		
Age (including older people aged 60+)	X		
Children and young people	X		
Religion or belief	X		
Pregnancy & maternity	X		
Marriage & civil partnership	X		

Please also consider the impact of the policy change in relation to:

	Positive impact	Negative impact	No impact
Looked after children and care leavers	X		
Privacy (e.g. information security & data protection)			X
Economy	X		

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
1. It has been collated through collaborative engagement with partners from NHS Fife, Fife Council, and the independent and third sectors, ensuring representation from all HSCP business portfolios.	Engagement and governance activity informing the development of the Workforce Action Plan 2026/27 has included:

	<p>Minutes of meetings from the Partnership-wide Workforce Strategy Group.</p> <p>SBAR / Flash report updates submitted to HSCP governance meetings.</p> <p>Consultation with the Integration Joint Board and Local Partnership Forum through established governance processes.</p> <p>Consultation and feedback sessions with the Extended Leadership Team, representing all services across the Partnership.</p>
2. Cross- referencing of the document with National and Local legislation and guidance	Scottish Government’s National Workforce Strategy for Scotland, NHS Recovery Plan, National Health & Wellbeing Outcomes, HSCP Participation and Engagement Strategy, NHS Workforce Strategy, Fair Work Agenda, Fife Council’s Our People Matter Strategy
3. Consultation at Committees before publishing	The Workforce Action Plan 2026/27 has been subject to scrutiny via SLT. LPF, FPS, IJB and is overseen by the HSCP Workforce Strategy Group
Evidence gaps	Planned action to address evidence gaps
1.	
2.	
3.	

Part 3: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead person	Timescale
1.		
2.		
3.		
4.		
5.		

Sign off

(By signing off the EqIA, you are agreeing that the EqIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice and the recommendations are proportionate.

Date completed: 25/02/2026	Date sent to Community Investment Team: 25/02/2026 Enquiry.equalities@fife.gov.uk
Senior Officer: Roy Lawrence	Designation: Head of Culture, Engagement & Communities

FOR COMMUNITY INVESTMENT TEAM ONLY

EqIA Ref No.	
Date checked and initials	

Equality Impact Assessment Summary Report

(to be attached as an Appendix to the committee report or for consideration by any other partnership forum, board or advisory group as appropriate)

<p>Which Committee report does this IA relate to (specify meeting date)? The Workforce Action Plan 2026- 27 will be presented at the:</p> <ul style="list-style-type: none"> • Senior Leadership Team Assurance Meeting • Finance, Performance and Scrutiny Committee • Local Partnership Forum • Integration Joint Board
<p>What are the main impacts on equality? The Workforce Action Plan 2026–2027 is fully aligned to the HSCP Strategic Plan 2026–2029, which outlines a wide range of organisational strategies and actions aimed at:</p> <ul style="list-style-type: none"> • Improving service delivery for all people in Fife who require health and social care. • Enhancing our ability to recruit, train, and support our workforce, ensuring equal access to development and support for individuals with protected characteristics. • Investing in local communities, with workforce participation contributing to community improvement and resilience.

- **Building workforce capacity and capability** across all areas of service delivery, including early intervention and prevention.

Delivery of the right workforce skills, knowledge, abilities, and wellbeing support is essential to the Partnership's ability to help the people of Fife live independently in their own homes or homely settings and to make informed choices about their care.

The Plan also sets out a range of measures—developed in partnership with local schools, colleges, universities, and the Third and Independent Sectors—to strengthen career pathways. These actions support:

- **Young people entering the workforce,**
- **Individuals seeking to change career,** including those affected by economic factors, and
- **Career development opportunities across all protected characteristics** within health and social care.

In relation to a strategic decision, how will inequalities of outcome caused by economic disadvantage be reduced?

The **Workforce Action Plan 2026–2027** supports the Partnership's priority to strengthen workforce skills, knowledge and abilities so that services can be effectively transformed, integrated and improved.

Actions to address inequalities of outcome include:

- **Promoting employability and employment opportunities across the lifespan,** ensuring people at all stages can access pathways into health and social care.
- **Providing training, teaching, and Apprenticeship opportunities** to support youth employment and early career development.
- **Using Public Health data** to inform service design and workforce planning, ensuring decisions are driven by local need and evidence.
- **Embedding a commitment to Fair Work,** ensuring that workforce development and service design reflect fair, safe, and equitable employment practices.

What are the main recommendations to enhance or mitigate the impacts identified?

NA

If there are no equality impacts on any of the protected characteristics, please explain.

Na

Further information is available from:

Roy Lawrence, Head of Culture, Engagement & Communities
Roy.Lawrence@fife.gov.uk

One of the following statements must be included in the “Impact Assessment” section of any committee report. Attach as an appendix the completed EqIA Summary form to the report – not required for option (a).

(a) An EqIA has not been completed and is not necessary for the following reasons:
(please write in brief description)

(b)The general duties section of the impact assessment and the summary form has been completed – the summary form is attached to the report.

(c)An EqIA and summary form have been completed – the summary form is attached to the report.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27/05/2026
Report Title:	Locality Planning Report 2024/25: "Creating the Conditions: Locality Planning Outcomes for Integrated Working"		
Agenda Item No:	6.2		
Responsible Owner:	Roy Lawrence: Head of Culture, Engagement & Communities		
Report Author:	Jacquie Stringer: Service Manager (Localities/Community Led Support)		

Executive Summary

Locality planning is key service within the HSCP that underpins, promotes and creates the conditions to achieve our ambition of further integration and the continuous improvement of services to the people of Fife. Delivery of local priorities, agreed by all participating partners, through our Locality Planning Groups Delivery Plans is a crucial mechanism in our ability to demonstrate our commitment to the unique areas of Fife in a way that matters to them.

This report provides an overview of the work undertaken by Locality Planning Groups during 2024 and 2025, demonstrating progress against their Delivery Plans and generating the evidence required to offer assurance on the activity completed across all seven localities. The Locality Planning Report 2024/25: "Creating the Conditions: Locality Planning Outcomes for Integrated Working" (appendix A) asserts, and provides evidence to demonstrate, that:

- Locality planning strengthened integrated working across health, social care, community and Third Sector partners
- Seven Locality Planning Groups delivered targeted priorities
- Tests of Change delivered measurable improvements
- Community engagement approaches meaningfully influenced planning and delivery
- Learning from our work together highlighted the importance of shared leadership, flexibility, capacity planning, and sustainable partnership models

Recommendations

This paper is presented to: -		Clearly outline below what the Board/Committee are being asked to do: -
Provide Assurance	<input checked="" type="checkbox"/>	The Integration Joint Board is asked to seek assurance from this report that locality planning activity during 2024 and 2025 has been delivered in line with strategic priorities, demonstrates measurable progress, and reflects learning and improvement across all seven localities.

Directions

No Direction Required



Situation/Background (Purpose of Report)

The purpose of the “Creating the Conditions: Locality Planning Outcomes for Integrated Working 2024–2025” report (Appendix A) is to provide assurance on progress, outcomes, and learning across all seven localities. It also outlines the foundations for a more focused and sustainable locality planning approach into 2026 and beyond.

Locality planning is a statutory requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 and remains a key mechanism for delivering integrated health and social care in Fife. Seven Locality Planning Groups, aligned with Fife Council’s Area Committees, work collaboratively with partners, communities and Third Sector organisations to identify local priorities and implement delivery plans informed by national data, Strategic Needs Assessments and community engagement.

Throughout 2024 and 2025, locality groups strengthened integration and delivered targeted work, including support for mental health and wellbeing, community-led support, unpaid carers, and prevention and early intervention. Groups also tested innovative models to improve access and outcomes.

Despite ongoing financial and capacity pressures, Locality Planning Groups across Fife have continued to translate strategic priorities into meaningful local action.

In February 2024, the Integration Joint Board agreed that Locality Reports would be produced every two years, and this submission is the first under the revised reporting cycle.

Assessment (Key Points/Issues and Risks)

Locality planning delivered meaningful progress across all seven localities during 2024 and 2025, demonstrating:

- Strengthened further integration
- Targeted preventative work
- Improved community engagement

Tests of Change across multiple areas such as the Mental Health Response Car, reduced-cost physical activity programmes, outreach vaccination delivery, and enhanced pathways to community-led support show clear evidence of improved access, earlier intervention, and better coordination between partners.

Despite these achievements, challenges remain, including:

- Financial pressures
- Limited capacity across partners
- Variable engagement levels
- Sustainability concerns for community led initiatives that are subject to limited-time funding

Consistent lessons were identified, particularly the need for shared leadership, flexible approaches, early planning for capacity and funding, and effective use of high footfall venues to maximise community engagement. These insights highlight both the strengths of current locality planning arrangements and the areas requiring refinement as the partnership moves into 26/27.

Related Documents/Appendices

Appendix A – ‘Creating the Conditions: Locality Planning Outcomes for Integrated Working 2024 & 25’

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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.

HSCP/IJB	Route To	Following	Date	Amendments to report following meeting		Summary of amendments
				Yes	No	
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/02/2026	<input type="checkbox"/>	<input type="checkbox"/>	The Senior Leadership Team requested onward reporting to the Quality & Communities Committee and the Integration Joint Board after 1st April 2026.
Strategic Planning Group (SPG)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05/05/2026	<input type="checkbox"/>	<input type="checkbox"/>	No amendments noted
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22/04/2026	<input type="checkbox"/>	<input type="checkbox"/>	No amendments noted
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	27/05/2026			

Implications/Impacts

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

Service Users/Carers	<input checked="" type="checkbox"/>	<p>Implications / Impacts: All strategic approaches across the HSCP and partners have the shared goal of working with the people of Fife to deliver the services they need as seamlessly as possible. However, reduced capacity and growing demand may limit timely access to preventative support, early intervention, and community-led pathways. This may increase pressure on statutory services and reduce the ability of service users and carers to receive the right support at the right time. The Report demonstrates the great work being done to mitigate these risks across our Locality Planning Groups.</p> <p>Actions planned: Strengthen links with the HSCP Public Forum and Carers Forum to improve communication and capture lived-experience feedback. Continue to develop and promote the Community Chest Fund (Rounds 1 & 2) to increase local opportunities for support and ensure carers and communities benefit from enhanced preventative initiatives.</p>
Localities/Communities	<input checked="" type="checkbox"/>	<p>Implications / Impacts: The Report evidences the excellent range of locality/community focused work being done across the seven areas of Fife. However, variation in capacity across localities does create a potential risk of unequal access to support, with high-footfall areas benefiting more than rural or deprived communities. Inconsistent attendance and contribution at locality planning meetings may also limit progress and reduce the likelihood of achieving agreed outcomes.</p> <p>Actions planned: Ensure all group members commit to the Terms of Reference and actively contribute, sharing information and updates across their wider teams and services to strengthen local delivery. From Summer 2026 introduce a Test of Change to merge the HSCP Locality Planning Group with the Council-led Area Partnership Group to reduce duplication, collaborate more widely and create a high-performing single locality forum, which will then generate specific workstreams to tackle key issues.</p>

<p>Quality of Care</p>	<p>☒</p>	<p>Implications / Impacts: The ultimate focus of the work done within localities is to continue to improve the quality of care delivered to the people of Fife, by working together to reduce duplication, share knowledge and expertise and work towards a shared goal. There is excellent evidence of this ambition being delivered within the Report. However, we need to remain vigilant as rising demand without corresponding capacity may affect the consistency, responsiveness, and person-centred nature of community-based support. This could lead to missed opportunities for prevention, reduced continuity of care, and an increased likelihood of individuals presenting later in crisis.</p> <p>Actions Planned: Through the vision set out in the draft Strategic Plan, the Locality Groups will bring a real focus to the strategic priorities and deliverables within the Plan. Locality Planning Group members will bring local knowledge and relevant service data to support informed discussions and identify appropriate actions, ensuring a continued focus on early intervention, prevention, and high-quality community-based support.</p>
<p>Workforce</p>	<p>☒</p>	<p>Implications / Impacts: The power of our work in localities is reliant on our incredible workforce, who continue to deliver the best possible care in these challenging times. We know that sustained pressure on services increases the risk of reduced attendance, engagement, and contribution at locality planning meetings due to competing operational demands and this may limit staff availability, impact the quality of discussion and slow progress on agreed actions.</p> <p>Actions Planned: Ensure meetings are delivered in a blended format (Teams and face-to-face) to maximise accessibility. Keep meetings focused and to time, and maintain consistent, timely communication with group members to support engagement and sustain participation.</p>
<p>Legal</p>	<p>☒</p>	<p>Implications / Impacts: No immediate legal risks are identified; however, a reduction in preventative activity at locality level may increase statutory responsibilities if more individuals deteriorate into crisis or require formal interventions such as adult protection, guardianship, or compulsory measures of care.</p> <p>Actions planned: Ask Locality Planning Group members to monitor emerging demand and service trends regularly, ensuring any changes are identified early and used to inform locality-level actions and escalation where required</p>
<p>Financial</p>	<p>☒</p>	<p>Implications / Impacts: Locality Planning Groups do not have an allocated budget, and this is unlikely to change given the current financial climate. This limits the ability to resource new initiatives directly and may constrain the scale or pace of locality-led activity.</p> <p>Actions planned: Encourage Locality Planning Groups to identify opportunities for external funding and to explore innovative, collaborative ways of “doing things differently,” maximising existing resources and strengthening partnership-based approaches.</p>

<p>Performance</p>	<input checked="" type="checkbox"/>	<p>Implications / Impacts: Locality Groups set their own Delivery Plans and monitor and report on those at each meeting, to ensure continued performance on objectives. Failure to deliver planned prevention and early-intervention activity may impact key performance measures and widen variation between locality delivery plans.</p> <p>Actions planned: Use HSCP Strategic Locality Profiles to inform future planning and ensure decisions are evidence-led. Continue bi-annual reporting to the IJB and annual reports to Fife Council Area Committees to provide assurance, track progress, and maintain accountability.</p>	
<p>Climate Climate Fife 2024 Strategy and Action Plan</p>	<input checked="" type="checkbox"/>	<p>Implications / Impacts: No direct climate impacts are identified; however, reduced local presence may require staff to travel further to attend meetings or deliver activity, increasing travel-related emissions. Meetings are blended to ensure members can attend without travelling.</p> <p>Actions planned: Where possible, we prioritise local or community-based meeting locations to minimise travel and support climate-friendly working practices.</p>	
<p>Communication and Engagement</p>	<input checked="" type="checkbox"/>	<p>Implications / Impacts: Regular communication and engagement activities are undertaken by the Locality Planning Team to keep members up to date and to gather intelligence. Inconsistent attendance and engagement from teams and services at locality planning meetings may limit the ability to deliver agreed actions, reduce shared understanding, and weaken partner confidence in the locality planning process.</p> <p>Actions planned: Work in partnership with the Communications Team to raise the profile and visibility of locality planning. Regularly reinforce the Terms of Reference to support clarity of roles and expectations. Provide bitesize information sessions to improve understanding and engagement and continue gathering feedback from Locality Planning Group members to inform ongoing improvements.</p>	
<p>Risk & Mitigation</p>	<input checked="" type="checkbox"/>	<p>Implications / Impacts: A key risk for Locality Planning Groups is inconsistent or limited engagement from services and staff, which may reduce the quality of contributions, weaken collaboration, and impact the ability to shape and deliver effective locality plans aligned to community needs.</p> <p>Actions: Continue working with ELT and ILT to ensure services and staff are committed to supporting Locality Planning Groups and are clear on their role in achieving the outcomes set out in the HSCP Strategic Plan 2026–29. Strengthen expectations around active participation and ensure managers reinforce locality planning as a core element of service delivery.</p>	
<p>Equalities and Human Rights, including children’s rights and health inequalities</p>	<input type="checkbox"/>	<p>No Impact/Not Required</p>	<p><i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i></p>
	<input checked="" type="checkbox"/>	<p>Full EQIA has been completed and is available on request - Locality Planning does not have a standalone Equality Impact Assessment (EqIA); rather, it is aligned to and covered by the HSCP Strategic EqIA, reflecting its contribution to the delivery of the Strategic Plan, with the work of locality planning based on the Strategic Needs Assessment and local intelligence. Where appropriate, individual EqIAs will be completed for specific projects or initiatives arising from locality planning.</p>	



Creating the conditions: Locality Planning Outcomes for integrated working 2024 & 2025



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Published January 2026

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Message from Roy Lawrence, Head of Culture, Engagement and Communities



I am delighted to celebrate the outstanding work of our Locality Planning Groups and their ongoing commitment to improving health and wellbeing for the people of Fife. Locality planning plays a vital role within Fife’s Health and Social Care Partnership (HSCP), focusing on early intervention and prevention through a range of community-based activities. These efforts empower individuals to take charge of their own wellbeing wherever possible.

This work is part of a bigger picture. By aligning with the HSCP Strategic Plan 2026–29, the Plan for Fife, and NHS Fife’s Population Health and Wellbeing Strategy, we are making sure that every action contributes to a shared vision: a Fife where everyone can thrive.

Executive Summary

Locality planning continues to play a central role in delivering integrated, preventative, and community-focused health and social care across Fife. During 2024 and 2025, seven Locality Planning Groups, aligned to Fife Council Area Committees, worked collaboratively with partners, communities, and services to translate strategic priorities into locally meaningful action.

This report highlights how locality planning has strengthened integration, supported prevention, and enabled communities to influence the design and delivery of services. Despite significant financial pressures and capacity challenges across the system, locality groups have demonstrated the value of partnership working, shared ownership, and place-based approaches in improving outcomes for individuals and communities.

Key achievements in 2024 and 2025

- Strengthened integration across health, social care, community, and third-sector partners, with locality groups providing a trusted platform for collaboration beyond traditional organisational boundaries.
- Delivery of targeted local priorities, including mental health and wellbeing, community-led support, unpaid carers, prevention and early intervention, physical activity, and substance harm reduction.
- Successful tests of change that improved access to support, reduced barriers, and informed future service development, including the Mental Health Response Car, reduced-cost physical activity programmes, outreach vaccination delivery, and new referral pathways to community-led support.
- Meaningful community engagement, using person-centred approaches such as “What Matters to You?” consultations at high-footfall community venues to ensure local voices shape priorities and actions.
- Increased awareness and access to local services through pop-up delivery, locality events, workforce training, and improved partnership working.

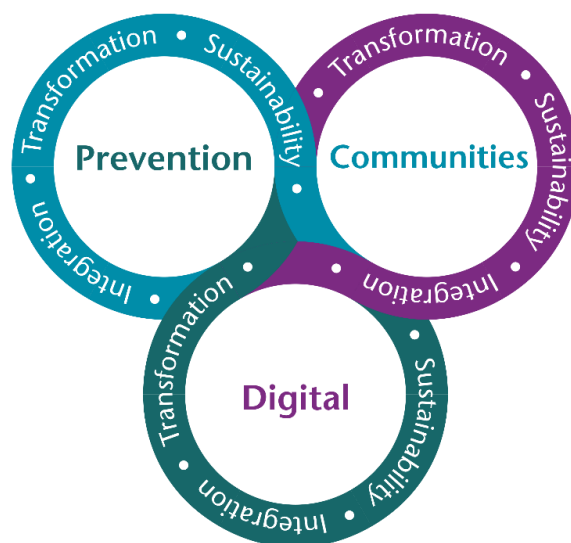
Learning

The report highlights several consistent lessons across localities:

- Locality planning is most effective when there is active engagement and shared leadership, rather than attendance alone.
- Flexibility is essential, particularly when working with community-led projects where pace and outcomes are shaped by community capacity.
- Sustainable impact requires early consideration of capacity, funding, and workforce implications.
- Locality groups provide a unique and valuable space for true system integration, extending beyond health and social care.

Looking ahead to 2026/27

Building on this learning, locality planning will take a more focused and consistent approach in 2026/27. A refreshed locality meeting model, informed by member feedback, will ensure time is used effectively and discussions are outcome-focused. The refreshed Strategic Plan will provide clear direction, while locality planning will continue to bring this vision to life by tailoring activity to local needs.



The future focus will centre on three priorities:

- Communities at the heart – embedding locality priorities into core service planning and strengthening community-led approaches.
- Prevention – improving early intervention, seamless pathways, and access to the right support at the right time.
- Digital inclusion – targeting communities with the greatest need and ensuring local insight informs strategic digital development.

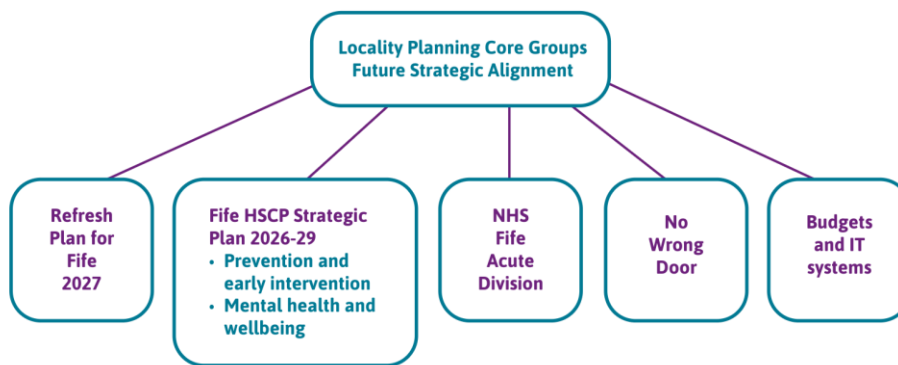
Conclusion

Locality planning remains a critical mechanism for shaping integrated, preventative, and person-centred services across Fife. While it does not operate with a dedicated local budget, its strength lies in partnership, collaboration, and shared commitment. Through ongoing listening, learning, and adaptation, locality planning will continue to play a vital role in supporting the effective delivery of the strategic plan.

Introduction

Locality planning is more than a statutory requirement, it is a powerful way to bring communities, partners, and services together to create the conditions for true integration. Our Locality Priorities and Delivery Plans are not just about meeting targets; they are about delivering meaningful outcomes that improve lives across Fife.

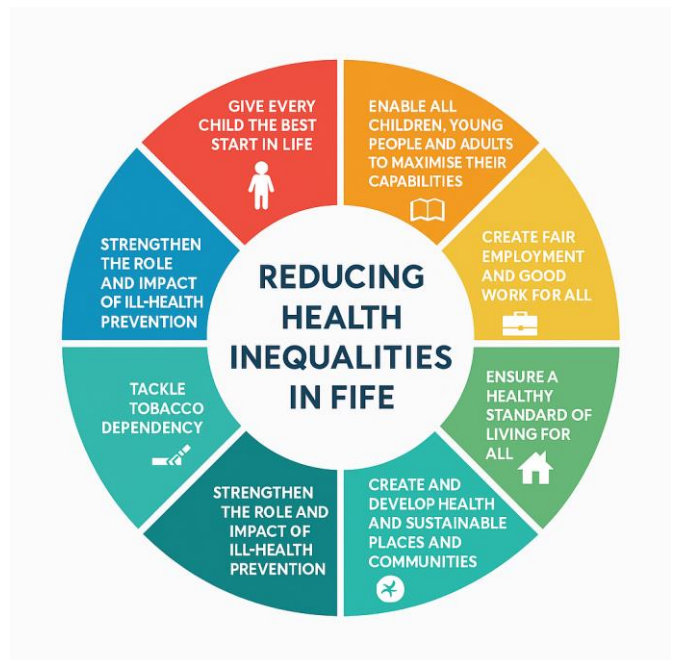
The Public Bodies (Joint Working) (Scotland) Act 2014 provide a framework for an integrated health and social care, and in Fife, we have embraced this vision by establishing seven locality groups aligned to Fife Council’s local area committees. These groups are the driving force behind a collaborative approach that ensures decisions are made where they matter most close to the people and communities we serve.



Our methodology combines robust national data from Public Health Scotland, strategic needs assessments from the Health and Social Care Partnership (HSCP), and local intelligence gathered through community and partner engagement.

This evidence-led approach ensures that delivery plans are both strategic and locally relevant, driving actions that contribute to healthier, more resilient communities. Locality Planning multi-agency groups meet quarterly and host an annual stakeholder event to share progress, celebrate achievements, and increase knowledge and awareness of the locality planning approach.

Together, we are building a future where prevention, early intervention, and empowerment are at the heart of health and social care. This is our commitment to enable the people of Fife to live independent and healthier lives.



Integrated working – what has been achieved?

In 2024 and 2025, Locality Planning has continued to grow in strength and impact. This success is driven by a collaborative, system-wide approach adopted across Fife, ensuring that services work together to meet local needs. In the context of significant fiscal challenges facing all organisations, collaboration is not just desirable, it is essential. By harnessing the insights, experience, and resources of our partnership, locality groups have played a pivotal role in turning integration into a practical reality, improving outcomes for communities across Fife.

Locality Planning in Fife has shown what is possible when people come together with a shared purpose. Over the past year, these groups have not only delivered plans, but they have also built bridges between services, communities, and partners. They have proven that integration is more than a policy; it is a lived reality when collaboration is genuine, when every voice is heard, and when flexibility allows innovation to flourish.

This journey has not been without its challenges. Locality planning is often carried out alongside demanding day-to-day roles, and success depends on the active engagement of every member. Yet, despite these pressures, the commitment and creativity of our locality groups have turned obstacles into opportunities. They remind us that progress is not driven by structures alone, but by people who care enough to make a difference.

The lessons learned this year will guide us forward:

- partnership is powerful
- shared ownership builds resilience, and
- together we can achieve more than any organisation could alone.

Guided by data and local knowledge, we have identified the areas that matter most right now. As our understanding grows, these priorities will evolve, because progress means staying responsive to change. Throughout this journey, vital services will remain a constant, supporting and strengthening our communities every day.

Here are the outcomes that locality groups have accomplished in 2024 and 2025.

Delivery Plans 2024 and 2025

Our delivery plans set out the priorities that matter most to us as a partnership, providing a clear framework for what we aimed to achieve and how we intended to get there. They tell the story not only of our objectives, but also of the work behind them the collaboration, innovation and commitment that turned plans into action. By reflecting on what we set out to do, how we delivered it, and the difference it made, these plans highlight our successes, the opportunities we have embraced, and the challenges we have navigated along the way. They offer an honest and constructive view of our progress and help shape the direction of our future work.

Fife Wide

Priority 1 – Supporting Unpaid Carers

Objective: Collaborate with stakeholders in each locality to promote and deliver the Community Chest Fund, enabling local projects to support unpaid carers.

What we did	How we measured success	What we learned
<p>Promoted Rounds 1 and 2 of the Community Chest Fund.</p> <p>Allocated £396,665.60 in funding to 54 projects.</p> <p>Launched Round 3 in September 2025 to continue supporting innovative initiatives.</p>	<p>Round 1 of the CCF evaluations complete</p> <p>19 evaluations were completed.</p> <p>3, 051 carers were supported</p>	<p>We hoped to reach more unpaid carers, which highlights the need for more targeted engagement.</p> <p>Project sustainability can be challenging once initial funding ends, and there is a need to explore alternative funding sources early on.</p>

Priority 2 – Partnership working

Objective: To provide the Area Committee with regular updates on activity, progress, and outcomes of work being delivered within the locality.

What we did	How we measured success	What we learned
<p>Attendance at 7 area committee meetings, presenting annual reports and having member-led discussions on locality work</p> <p>Membership at the Fife Council People & Place Group meetings</p> <p>Work in partnership with Community Planning and Learning Development Teams</p>	<p>Members have a clear understanding of local activity, priorities, and progress and opportunity to influence and support our locality work</p> <p>Committee members are more engaged and input into valuable and rich discussions and request more information on locality work.</p> <p>Area committee members have a better understanding of locality priorities and aligning to the remit of area committees.</p>	<p>Area committees prefer information in different formats, so we now ask members in advance how they would like information presented.</p> <p>There is a need to balance effective engagement with committees against the capacity and time required to support this level of involvement.</p>

North East Fife Locality

North East Fife is shaped by its coastal towns, rural villages, historic centres, and university influence—combining natural beauty, cultural heritage, and academic activity with pockets of rural isolation and economic disparity.

The area reports the highest levels of good health in Fife, yet faces challenges linked to an ageing population, rural isolation, limited healthcare access, economic inactivity, digital connectivity gaps, and the distinct needs of its military community.

These factors underline the importance of place-based approaches to improving health and wellbeing across the region.



Priority 1 – Supporting Mental Health & Wellbeing

Objective: Enhance mental health and wellbeing in primary care and community settings within North East Fife by supporting the co-production group to develop and implement its Theory of Change.

What we did	How we measured success	What we learned
<p>Engaged service users, providers, and planners in equal partnership to shape meaningful change.</p> <p>Co-designed solutions through a collaborative approach, ensuring communities were central to planning.</p>	<p>Delivered a Workforce Empowerment and Collaboration event (July 2025) with over 70 staff attending.</p> <p>Increased referrals to community-led support and third-sector organisations by 10%.</p> <p>Positive feedback from service users indicating improved experience.</p>	<p>Following a significant reduction in Scottish Government funding, the project was redesigned to focus on sustainability and partnership.</p> <p>While capacity for new community hubs was limited, we successfully integrated with existing community-led initiatives, ensuring continued impact and resilience.</p>

Priority 2 – Prevention and Early Intervention

Objective: Collaborate with local groups and services to assess whether social isolation is a significant challenge in North East Fife.

What we did	How we measured success	What we learned
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<p>Tested a communications campaign resource in late 2025 with targeted groups: young people, carers, Social Café, and Carers Community Café.</p> <p>The campaign aimed to raise awareness about loneliness and promote available supports.</p> <p>Feedback from these groups will be evaluated, and the Short Life Working Group (SLWG) will decide next steps based on recommendations.</p>	<p>Positive feedback collected from participating groups on resource effectiveness and relevance.</p> <p>Engagement levels with stakeholders increased during testing phases.</p>	<p>Further evaluation is needed. This is scheduled for the end March/April 26 and will help to inform decisions on wider roll out.</p>
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Objective: Work collaboratively with Fife Council, Scottish Ambulance Service, and the Immunisation Team to provide outreach vaccination access across North East Fife, increasing uptake through an annual programme of delivery.

What we did	How we measured success	What we learned
<p>Worked with Fife Council, Scottish Ambulance Service, and the NHS Fife Immunisation Team to codesign and deliver outreach vaccination activity including four outreach Shingles vaccination sessions in Feb / Mar 2025.</p> <p>Delivered vaccinations in accessible community settings, supporting people who may find it difficult to attend routine clinic appointments.</p>	<p>Successful delivery of four outreach Shingles vaccination sessions within the planned timeframe.</p> <p>Increased access to vaccination for priority and hard to reach groups.</p>	<p>Partnership working across health, council, and emergency services was essential to successful outreach delivery.</p> <p>Outreach vaccination effectively reduces access barriers and should remain a core component of vaccination programmes.</p> <p>Early planning and shared ownership improve coordination and delivery efficiency.</p>

Levenmouth Locality

Although often associated with the town of Leven, the area also includes several coastal villages and rural communities, giving it a more complex profile than is often recognised.

Levenmouth has the most acute health inequalities and worst health outcomes in Fife, with high rates of long-term conditions, mental health issues, and intensive unpaid care; challenges rooted in significant deprivation.

Additional pressures include poor physical health, low financial resilience, lower educational attainment, an ageing population, and the resulting strain on healthcare services.



Priority 1: Supporting positive mental health and wellbeing

Objective: Implement a Test of Change to ensure individuals contacting Police Scotland and Scottish Ambulance Service (SAS) with mental health or non-criminal concerns are directed to appropriate support services promptly and effectively.

What we did	How we measured success	What we learned
<p>Established a multi-agency working group and proposed an operating model.</p> <p>Secured funding approval from Levenmouth Area Committee for the Test of Change and delivered Test of Change from June 24/25</p> <p>Presented outcomes to Senior Leaders in December 2025. Options appraisal report presented on 23rd March 2026.</p>	<p>Number people supported by the Mental Health Response Car (MHRC) – 338 calls received (260 Mental Health, and 78 Immediate life-threatening calls). 83.5% of the MH calls were not conveyed to VHK</p> <p>Feedback from service users and partner agencies (Police Scotland, SAS).</p>	<p>Staffing for the MHRC was affected by competing operational priorities, as personnel were drawn from core services and required to return when shortages occurred.</p> <p>This resulted in the MHRC being non-operational for 23% of the Test of Change period, highlighting the need for a dedicated staffing model in future phases.</p>

Priority 2: Community Led Support

Objective: Increase awareness of the importance of having a Power of Attorney within the Levenmouth locality, in response to the high number of people delayed in hospital awaiting guardianship.

What we did	How we measured success	What we learned
<p>Linked with the Adults with incapacity working group</p> <p>Developed communications to support the importance of PoA and awareness sessions.</p> <p>Co-ordinated staff training sessions with the Dementia Consultant Nurse.</p> <p>Delivered drop-in sessions for the public.</p>	<p>Number of staff who completed the training - 70.</p> <p>Completed awareness campaign.</p> <p>Increase in the number of enquiries about PoA</p> <p>Evaluation report.</p>	<p>The cost of a POA may be a barrier for people.</p> <p>We are currently unable to measure the full impact of the Power of Attorney awareness campaign, as it will likely take several years before we can determine whether this initiative has contributed to reducing hospital delays and improving patient flow.</p>

Objective: To raise awareness among community and primary care health colleagues about available community services that can support individuals with non-medical concerns.

<p>Survey to HSCP colleagues to understand community services.</p> <p>Information sessions offered to community teams, health visitors, community nursing, and GPs.</p> <p>Attendance at GP CQL meetings</p>	<p>25 staff attended information sessions.</p> <p>5% Increase in referral and signposting to community led services</p> <p>Increase SCI Gateway referrals to Community Led Support.</p>	<p>Regularly share updates on community services to maintain staff awareness and onboard new team members.</p>
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Dunfermline, Scotland’s newest city, combines historic heritage with rapid modern growth, spanning diverse neighbourhoods, expanding residential developments, and significant economic activity.

This mix of tradition, regeneration, and changing community needs creates a dynamic and multifaceted profile. The city faces interconnected challenges, high levels of long-term conditions, a growing care burden, and issues around transport and access, all of which shape local wellbeing.



Priority 1: Supporting positive mental health and wellbeing

Objective: Increase confidence in health and social care staff to have conversations about the importance of physical activity with their patients, service users, and communities.

What we did	How we measured success	What we learned
<p>Delivered <i>Move more for your health and wellbeing</i> training at the Locality Core Group meeting.</p> <p>Held an event at Lynebank Hospital for health and Social Care colleagues to meet physical activity providers based in Fife.</p> <p>Supporting the Dunfermline Active Fifers Network.</p>	<p>Feedback from participants at training sessions.</p> <p>Number of people attended events – 35.</p> <p>Feedback from physical activity providers and participants at the events.</p>	<p>Training uptake has been limited so far, though engagement improved when delivered through a locality meeting.</p> <p>Attendance from health and social care staff remained low, highlighting the need to further promote physical activity and its benefits.</p>

Objective: Work collaboratively to promote and increase referrals/attendance to HSCP community led support services in Dunfermline.

What we did	How we measured success	What we learned
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<p>We have secured funding from Dunfermline Area Committee for a dedicated Well link worker for the 2nd year.</p>	<p>The link worker has had 458 Good Conversations in 2024 and 408 in 2025.</p> <p>In 2024 there were 19 pop up Wells and in 2025 93 pop up Wells.</p>	<p>Working with local organisations already working with people, to strengthen the working relationship increase engagement with the link worker.</p> <p>People in the community are getting the right support at the right time and in the right place.</p>
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Objective: Partnership working with health promotion and health visiting to create an online family calendar of events/activities for young families.

What we did	How we measured success	What we learned
<p>Identified relevant stakeholders who provide activities for families.</p> <p>Created an online calendar.</p> <p>Promoted and shared resources with partners and families.</p>	<p>Positive feedback from families.</p> <p>Positive feedback from organisations on the calendar.</p>	<p>Health Visiting colleagues engage with families daily and are able to promote the opportunity and shape the calendar by engaging with a variety of providers to ensure the calendar is meaningful for the families they support.</p>

Kirkcaldy

Kirkcaldy is a diverse town that combines its heritage with ongoing modern development. Its coastal location, varied neighbourhoods, and strong transport links contribute to its strategic role within Fife.

Alongside opportunities for regeneration and growth, the town continues to face challenges including health inequalities, economic inactivity, and pressures on community wellbeing. Key issues include high levels of long-term conditions, an ageing population, rising fuel poverty, social isolation, limited access to primary care, growing mental health needs, and the wider influence of place on health outcomes.



Priority 1: Community Led Support

Objective: Raised awareness of living well and benefits of increasing physical activity with the ageing population using the LifeCurve tool.

What we did	How we measured success	What we learned
<p>Test of Change created with Housing and Fife Voluntary Action.</p> <p>Monitored LifeCurve use (online).</p> <p>Created case studies.</p> <p>Promoted Life Curve Tool.</p>	<p>Feedback/data from participants who used the LifeCurve tool.</p> <p>Evaluation report circulated.</p>	<p>Low numbers in uptake from the Test of Change, however, learnings will be shared to promote a wider campaign across Fife.</p>

Objective: Support people at risk of homelessness via Test of Change in Kirkcaldy from FC “Ending Homeless Together” and raise awareness of CLS resources and empower people to manage their own health and wellbeing.

What we did	How we measured success	What we learned
<p>Secured funding through Fife Council’s Ending Homeless Together Board.</p> <p>Employed a link worker to support people who are homeless or at risk of being homeless.</p> <p>Raised awareness of dedicated support with key stakeholders.</p>	<p>Monitoring and reviewing the process.</p> <p>Referrals received -</p> <ul style="list-style-type: none"> • 74 in 20204 • 143 in 2025 <p>Quarterly reports to the Ending Homelessness Together board.</p> <p>Feedback from people who engaged – CollaBORATE tool.</p>	<p>Ensuring relevant partners are aware and understanding the importance of the link worker role.</p> <p>Service Users who completed the CollaBORATE tool felt listened to and involved in decision making.</p>

Priority 2: Supporting people affected by drug and alcohol

Objective: Targeted support to communities and people at risk of harmful substance use by using the KY Club Model.

What we did	How we measured success	What we learned
<p>Working group created to deliver KY club model in Kirkcaldy.</p> <p>KY2 club created in the Templehall Centre, Kirkcaldy.</p> <p>Raised awareness of KY clubs with partners.</p> <p>Monitored, reviewed, and reported on progress.</p>	<p>Monitored / reviewed the processes and number of people attending.</p> <p>Attendance tracking: 78 total clients progressed into recovery.</p> <p>Over 2280 attendances during the duration of the ToC (includes returning clients). A Report will be compiled upon the end of this ToC.</p> <p>Review of Drug Related Death (DRD) and Near Fatal Overdose (NFO) data.</p>	<p>Maintain ongoing promotion of the club and regularly review the model to ensure it remains effective for the locality.</p>

Cowdenbeath

Cowdenbeath is often viewed through its mining heritage and town-centre identity, but the area includes a wider mix of villages and semi-rural communities with strong local character and changing demographics.

Despite this diversity, Cowdenbeath experiences some of the most significant health challenges in Fife, including high levels of long-term illness, mental health conditions, economic inactivity, and intensive unpaid caring, reflecting deep-rooted inequalities.



Priority 1: Supporting positive mental health and wellbeing

Objective: Increase attendance in physical activity programmes for people living with long-term conditions.

What we did	How we measured success	What we learned
<p>Implemented a Test of Change by reducing the cost of health and wellbeing classes in Cowdenbeath from £3.80 to £1 for one year (Sept 2023–Aug 2024).</p> <p>Applied the reduced cost to all existing participants and new referrals.</p> <p>Monitored referral numbers, attendance, and participant feedback throughout the period.</p>	<p>190 new referrals (target: 107)</p> <p>2,719 total attendances (target: 2,500)</p> <p>Participants reported improved energy, balance, mood, and social connection.</p> <p>Majority confirmed the cost reduction made a significant positive difference</p>	<p>Cost reduction helps, but other barriers still prevent engagement.</p> <p>Targeted, relevant communication makes a significant difference.</p> <p>Supporting wellbeing has a strong positive impact.</p> <p>Social connection is a key driver of participation.</p> <p>Long-term success needs planning and sustainability-built in.</p>

Objective: To develop a Test of Change in the Cowdenbeath locality that supports effective referral pathways between the Community Mental Health Team and Link Life Fife.

What we did	How we measured success	What we learned
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<p>Established a referral pathway from the Community Mental Health Team (CMHT) to Link Life Fife (LLF) for patients needing non-clinical support.</p> <p>Delivered listening support, help with benefits and welfare applications, and facilitated meetings with Social Security Scotland.</p> <p>Provided referrals to SAMH, housing support (STHS), Cosy Kingdom, and adult learning opportunities.</p> <p>Extended the pathway to include Dunfermline locality and Psychology services at Lynebank to increase engagement.</p>	<p>Total referrals:</p> <ul style="list-style-type: none"> • 31 (Cowdenbeath: 11, Dunfermline: 20) <p>Key concerns addressed:</p> <ul style="list-style-type: none"> • Mental health (57%) • Listening support (36%) • Social isolation (29%) • Benefits/financial (29%) • Housing (18%) <p>Onward referrals:</p> <ul style="list-style-type: none"> • SAMH/MH supports (32%) • Housing (25%) • Benefits (21%), • Employability (14%) • Social groups and physical activities (14%) <p>CollaboRATE Questionnaire</p> <p>86% scored maximum (27/27) for support quality</p>	<p>Delays at start-up reduce overall impact.</p> <p>Strong partnership working is essential for success.</p> <p>Non-clinical support offers meaningful added value.</p> <p>Flexibility helps reach more people.</p>
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Priority 2: Community Led Support

Objective: To promote wellbeing later in life through a person centered “What Matters to You?” approach.

What we did	How we measured success	What we learned
<p>Conducted a consultation with over-65s to understand their priorities and barriers to living healthier, active lives.</p> <p>Shared the Participation & Engagement (P&E) report with the locality group - developed and delivered an Action Plan in 2024 based on consultation findings.</p> <p>Presented the evaluation report to the Locality Planning Group in March 2025.</p>	<p>Completion and delivery of the Action Plan addressing identified needs.</p> <p>Increased awareness among older adults of local opportunities and support.</p> <p>Evaluation confirmed that actions were implemented and objectives met, as reported at the March 2025 Locality Planning Meeting.</p>	<p>Learning from this work showed that identifying the right places to engage was critical.</p> <p>As people were more open to discussion in settings, they felt comfortable and connected to.</p>

Priority 3: Supporting people affected by drugs and alcohol harm

Objective: Developing targeted support to communities and people at risk of harmful substance use.

What we did	How we measured success	What we learned
<p>Established KY5/KY4 support groups.</p> <p>Relocated sessions based on data analysis.</p> <p>Monitored attendance and engagement.</p>	<p>Attendance tracking:</p> <p>121 total clients progressed into recovery.</p> <p>Over 1500 attendances during the duration of the ToC. (This figure includes returning clients)</p> <p>A Report will be compiled upon the end of this ToC.</p> <p>Review of Drug Related Death (DRD) and Near Fatal Overdose (NFO) data.</p>	<p>Location and timing significantly impact engagement. Continuous evaluation and flexibility are essential.</p>

Priority 4: Early Intervention and Prevention

Objective: Promote sustainable wellbeing through increased physical activity and social connection by working with the Active Fife Group.

What we did	How we measured success	What we learned
<p>Worked collaboratively with the Active Fife Group and Locality Group members to promote and support the Active Fifers Programme.</p> <p>Agreed a sharper, targeted approach, focusing exclusively on women aged 30–50, living in the Cowdenbeath locality, currently inactive, but previously active.</p>	<p>Number of new participants meeting the target demographic</p> <p>Attendance at the shortlisted physical activity sessions during the campaign period.</p> <p>Ongoing monitoring of engagement levels to determine</p> <p>A report will be completed upon the end of this ToC.</p>	<p>Targeted communication is essential.</p> <p>Introductory sessions reduce barriers.</p>

Known as one of Fife’s key post-war new towns, Glenrothes is shaped not only by its planned urban centre but also by surrounding green spaces and neighbouring villages.

The area faces interconnected challenges, from long-term conditions and mental health needs to an ageing population. Fuel and child poverty, barriers to healthcare, and wider factors linked to place, wellbeing, and deprivation all significantly influence local health outcomes.



Priority 1: Supporting people affected by drug and alcohol

Objective: Develop targeted support to communities and people at risk of harmful substance use.

What we did	How we measured success	What we learned
<p>Identified and met with all drug and alcohol services operating within the locality.</p> <p>Invited 3 different services to network meetings to increase awareness of services.</p>	<p>Increased understanding of the drug and alcohol services.</p> <p>Increased knowledge of how to access Drug and alcohol support.</p> <p>Feedback from partners.</p>	<p>There is a need to engage in a wider range of teams and services to effectively promote and increase awareness of the available support.</p>

Priority 2: Community Led Support

Objective: Raise awareness of services within the Glenrothes Communities.

What we did	How we measured success	What we learned
<p>A bi-monthly programme of events was created to raise awareness of services within the Kingdom Shopping Centre.</p> <p>Different stakeholders were invited to attend the events.</p> <p>The public was encouraged to engage with stall holders.</p>	<p>The number of people engaging with the services at the stalls. 1,067 people engaged with services</p> <p>Positive feedback from the services attending.</p> <p>The number of follow-up support provided.</p>	<p>While promotion of the event presented challenges, holding it in the Kingdom Shopping Centre demonstrated the value of high footfall venues, with many members of the public</p>

		stopping to engage with services.
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Objective: Glenrothes Mental Health and Wellbeing Working Group will deliver training and resources to support the wellbeing of frontline staff.

What we did	How we measured success	What we learned
<p>Identified a local need to support halls and centres with understanding what Mental Health is and how to access support</p> <p>Created specific information provided to support halls/centres.</p>	<p>Feedback from Halls and Centre staff and volunteers.</p>	<p>Partnership working was challenging, with limited capacity among some partners; the project was scaled back due to the time constraints of small committees managing halls and centres.</p>

Priority 3: Prevention and Early Intervention

Objective: To reduce the risk of falls and support independent living for people in Glenrothes through the delivery of a falls' prevention programme.

What we did	How we measured success	What we learned
<p>Active Stability programme delivered by Fife Sport and Leisure Trust to be extended to Michael Woods.</p> <p>Meet with different partners to advise on the programme being delivered in Glenrothes.</p>	<p>Number of referrals to the programme.</p> <p>Number of people engaging with the programme.</p>	<p>Continued promotion of the programme along with local messaging on the benefits of falls prevention programmes.</p>

South and West Fife

South & West Fife is shaped by its industrial heritage, coastal setting, and mix of urban and rural communities, including key towns such as Rosyth and Inverkeithing with strong transport links. While the area has opportunities for regeneration and growth, it also faces challenges related to health inequalities, economic transition, and wellbeing.



Culross, the local focus area, reflects issues such as an ageing population, economic inactivity, and increasing care needs. Some communities also experience limited transport, digital gaps, and place-based wellbeing concerns, highlighting the need for targeted and inclusive approaches to improve health and quality of life.

Priority 1: Community Led Support

Objective: Working in partnership with CLD to support the people of Aberdour to create a community action plan.

What we did	How we measured success	What we learned
<p>Worked with CLD Team Manager and Community Education Workers.</p> <p>Set up locality group support for H&WB consultation questions.</p>	<p>Community forum established.</p> <p>Action plan framed around the 14 Place Standard themes developed.</p> <p>Evaluation Report.</p>	<p>Developing the action plan using the 14 Place Standard themes supported structure and consistency; however, delivery and momentum were influenced by the community's readiness and available capacity.</p>

Objective: Work collaboratively to promote and increase referrals/attendance to HSCP community led support services in S&WF.

What we did	How we measured success	What we learned
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<p>Recruited a dedicated Link Worker for the SWF area.</p> <p>Collaborated with CLD teams.</p> <p>Delivered regular and one-off popup Wells in higher need areas (e.g., Inverkeithing, Saline).</p> <p>Quarterly reviews on local data, Well locations and engagement, to support informed changes.</p>	<p>Quarterly reports.</p> <p>Final evaluation report.</p> <p>Case studies and Well clients' feedback.</p>	<p>A consistent local contact increased engagement, though the temporary nature of the post limited continuity.</p> <p>Local knowledge enabled effective partnership working and targeted engagement.</p> <p>Popup delivery and attendance at local events supported flexible, needs led responses.</p> <p>Key presenting needs were financial support, mental health and wellbeing, and social care.</p> <p>Flexible planning, including alternative venues, is essential to minimise disruption from closures.</p>
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Priority 2: Early Intervention and Prevention within the Community

Objective: Increase awareness of opportunities to incorporate physical activity into health and care services and how staff can introduce this to individuals, and in communities.

What we did	How we measured success	What we learned
<p>Established a Short Life Working Group (SLWG) to identify actions to increase awareness and use of physical activity approaches across South & West Fife.</p> <p>Identified priority teams and services to receive Move More for Health and Wellbeing / Move for Your Mood (MFYM) training.</p> <p>Planned evaluation methods and scheduled delivery of workshops between April–February 2026.</p>	<p>Post-session evaluation surveys measuring changes in:</p> <p>Knowledge</p> <p>Confidence</p> <p>Awareness of barriers</p> <p>Awareness of local opportunities and resources</p> <p>End Report</p>	<p>Embedding workshops into existing team meetings improves attendance and relevance.</p> <p>Manager-led coordination helps tailor content to service needs.</p> <p>In-person delivery supports discussion, reflection, and engagement.</p> <p>Staff value practical, realistic approaches to physical activity that can be integrated into everyday work.</p>

		There is a strong appetite for further training when it is clearly linked to staff roles and community impact.
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You said, we listened: From feedback to action

Building on the learning from this year, we will take a more focused and consistent approach to locality planning in 2026/27, ensuring it is purposeful, inclusive, and aligned to strategic priorities.



What comes next?

Looking ahead to 2026/27, locality planning will drive sustainability and deepen integration to create a more connected system of care. By leveraging data insights and community feedback, we will target resources where they have the greatest impact, reduce inequalities, and deliver person-centred solutions that strengthen resilience across Fife.

Our Strategic Plan sets out a shared vision, which our locality planning work brings to life by tailoring services to local needs.

As we move forward, our focus will remain firmly on **communities, prevention, and digital inclusion**; three priorities that will shape the future of our services.

Communities at the Heart

We will embed locality priorities into core service planning and strengthen community-led initiatives that build resilience. By sharing resources and expertise across agencies, we will improve coordination, reduce duplication, and deliver lasting impact.



How we will do this:

- Align locality delivery with service planning to create a single, integrated approach.
- Maximise opportunities to test innovative change projects that improve outcomes.
- Strengthen community-led initiatives through shared resources and expertise.

What will success look like:

- Service plans showing alignment with locality priorities
- Case studies of community led projects with locality support
- Improved partner engagement at locality planning groups

Prevention as a driver of better outcomes

Prevention will remain central to improving outcomes for individuals and families. Through stronger multi-agency collaboration, enhanced data-sharing, and co-designed care pathways, we will create seamless transitions and simplify access to support.



How we will do this:

- Continue supporting Fife Council’s “No Wrong Door” approach by offering operational support for triage and exploring a merger with HSCP Locality Planning and Area Partnership Groups.
- Enhance data-sharing across health, social care, and community partners.
- Co-design care pathways that make transitions smooth and stress-free.

What will success look like:

- Reduction in inappropriate referrals or repeated contacts.
- Feedback from staff and service users on smoother access to support.
- Evidence of shared datasets or joint analysis informing decisions.

Digital inclusion for everyone

Locality Planning will support the digital strategic priority by focusing on communities with the greatest needs and developing culturally sensitive communication strategies.



How we will do this:

- Focus outreach in communities with the greatest needs and provide training and support for digital inclusion.
- Ensure locality planning group members contribute ideas to the Strategic Digital Oversight group during quarterly meetings.

What would success look like:

- Case studies demonstrating improved access to digital support
- Regular contributions from locality groups to the Strategic Digital Oversight Group

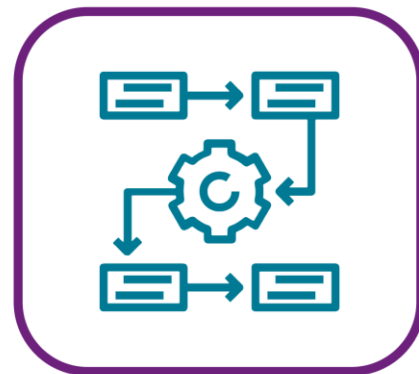
We will know we have been successful when locality planning is clearly shaping services, strengthening prevention, and improving digital inclusion, resulting in more connected, person-centred, and resilient communities across Fife.

Conclusion

As we look ahead to 2026/27, locality planning will continue to provide a strong foundation for shaping sustainable, integrated systems that respond to the needs of our communities. Grounded in robust evidence, local intelligence, and lived experience, it enables informed decision-making and supports practical, meaningful action.

Locality planning plays a vital role in turning the shared ambitions of the Strategic Plan into change that is felt at a local level. By recognising the distinct strengths and priorities of each locality and ensuring services operating across Fife remain aligned to local need, it helps ensure support is responsive, proportionate, and person-centred.

Locality planning has no dedicated budget; its impact is driven by partnership engagement and shared ownership. Working together in this way ensures strategic ambition is translated into meaningful, positive outcomes for communities across Fife.



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To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 th May 2026
Report Title:	Participation and Engagement Annual Report 2025 – 2026		
Agenda Item No:	6.3		
Responsible Owner:	Roy Lawrence - Head of Culture, Engagement and Communities		
Report Author:	Tracy Harley - Service Manager, Participation and Engagement		

Executive Summary

Fife, like all Health and Social Care Partnerships, is facing rising demand, workforce and financial pressures, alongside increasingly complex needs. In this context, the Participation & Engagement (P&E) Team plays a critical role in helping the partnership make safe, effective and person-centred decisions.

By involving people, carers and communities early and meaningfully, the P&E Team helps services understand real world impact, reduce risk, and design changes that are grounded in lived experience. This strengthens assurance, supports statutory duties to involve people in service planning and improvement, and builds trust at a time of significant pressure.

This report highlights how P&E supports Fife’s HSCP to manage these challenges, outlines key innovations this year, and provides evidence of impact from service leaders and people who use services.

The report presents the Participation and Engagement Annual Report for 2025/2026, outlining how people across Fife have informed and influenced the planning and improvement of health and social care services. During this period, the Partnership engaged with 2,715 people through a range of project based and ongoing engagement activity.

Recommendations

This paper is presented to:		Clearly outline below what the Board/Committee are being asked to do:
Provide Assurance	<input checked="" type="checkbox"/>	The report provides assurance that high-quality, wide reaching and appropriate engagement has been carried out by Fife HSCP over the past year and that this work has amplified lived experience voices throughout services and strategic decision-making.
For Discussion	<input checked="" type="checkbox"/>	The IJB is invited to provide any feedback on the report that will help to shape future design and content.
For Noting	<input checked="" type="checkbox"/>	The report provides a range of examples of how our participation and engagement work has helped to shape decision-making at a strategic level, ensuring the voice of lived experience is at the heart of our evidence base in Fife.

Directions

No Direction Required



Situation/Background (Purpose of Report)

Fife HSCP is operating in a challenging environment shaped by rising demand, workforce and financial pressures, and increasingly complex needs. These pressures affect how services are planned, delivered and experienced by people, carers and communities.

In this environment, decisions about service change carry increased risk if they are not informed by the experiences of those affected. Meaningful participation and engagement is therefore a vital part of delivering safe, effective and compliant change.

The purpose of this report is to highlight the essential role of the Participation & Engagement (P&E) Team in supporting the HSCP to respond to system pressures, manage risk and meet statutory duties to involve people in the planning and improvement of services.

Over the past year, the P&E Team has focused on strengthening how public voices influence decision-making at Partnership level. This includes the continued development of the Fife-wide Engagement Forum, now chaired by our IJB Public Representative, and the establishment of a new Lived Experience Network to support earlier and more sustained involvement in service planning and change. These developments represent a shift away from one off engagement activity toward more consistent, system wide involvement.

Assessment (Key Points/Issues and Risks)

Health and social care services are under increasing pressure to deliver change quickly while ensuring decisions remain safe, person-centred and evidence based. The Participation & Engagement (P&E) Team supports services to meet these challenges by providing expertise and capacity in connecting with the voices of service users and bringing their lived experience to the table, providing assurance that decision makers have sound evidence. By working with services early, the team helps identify what matters most to people, explore potential impacts, and surface risks before decisions are taken, enabling leaders to make more informed, defensible decisions complies with *Planning with People* and Healthcare Improvement Scotland guidance.

What service leads tell us

"I would say we wouldn't have got through this project without the team. Their guidance laid out the steps that we need to take to ensure we captured as much of the public's feedback as possible of those affected by this proposal. I really appreciated all the help and support given to us and valued your experience and knowledge to see this project through. Which if I may add, was a successful project supported by IJB and change has been progressed. Thank you!"

"This is my second experience of working with the P&E team and thoroughly enjoy working with you all, there is always something new to learn and different perspectives to appreciate when engaging with the public and gaining their views, the type of questions to ask and how to ask them to obtain the right balance of feedback and learning. Thank you."

“The support of the P&E team has had a positive impact on the outcome of the engagement activity for this project. Their expertise on how to tailor questions and engagement methods to meet the requirement is invaluable.”

Service leaders consistently report that working with the P&E Team improves the quality of engagement activity, strengthens confidence in service change and supports assurance that statutory duties have been met.

What people, carers and communities tell us

“Being involved early meant our experiences actually shaped the changes, not just commented on them.” - Person with lived experience

“We felt listened to, and we could see how what we said was used.” – Unpaid Carer

These voices demonstrate meaningful involvement rather than token consultation and highlight how participation and engagement helps ensure decisions reflect real lives and real needs. Engagement with 672 unpaid carers has shaped the refreshed 2026-2029 Carers Strategy, highlighting the need for clearer information, more coordinated support, reliable breaks from caring and earlier identification, with Young Carers emphasising the importance of school-based and stigma-free support.

Related Documents/Appendices

Appendix 1: P&E Annual Report 2025 - 26

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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		
				Yes	No	Summary of amendments
HSCP/IJB						
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20/4/26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clarified the work done to support Fife Council Budget engagement connecting with health and social care services.
Strategic Planning Group (SPG)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/5/26	<input type="checkbox"/>	<input type="checkbox"/>	
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	27/5/26			

Implications/Impacts		
Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	<input checked="" type="checkbox"/>	The Annual Report provides assurance that people with lived experience, including unpaid carers, have been involved in shaping health and social care priorities. Engagement activity aligns with statutory expectations for involvement and supports confidence that strategic decisions are informed by the views and experiences of those who use services.
Localities/Communities	<input checked="" type="checkbox"/>	The Annual Report demonstrates that engagement has been undertaken across all localities to shape the new Strategic Plan 2026-29, providing assurance that local needs, inequalities and community perspectives are reflected in strategic planning and commissioning intentions.
Quality of Care	<input checked="" type="checkbox"/>	Assurance is provided that engagement outcomes have informed service improvement and strategic priorities, supporting the delivery of quality, person centred care and continuous improvement across services. Feedback from service leads highlights how the work of the P&E Team has helped decision-making.
Workforce	<input checked="" type="checkbox"/>	The Annual Report provides assurance that engagement findings are available to inform workforce planning, service redesign and culture development, supporting strategic workforce objectives and person-centred practice.
Legal	<input checked="" type="checkbox"/>	The Annual Report provides assurance that statutory duties to engage and involve individuals and communities in the planning and delivery of services have been met. This includes duties under the Public Bodies (Joint Working) (Scotland) Act 2014, Planning with People guidance, equalities legislation, Carers (Scotland) Act 2016 legislation and children's rights duties where relevant.
Financial	<input checked="" type="checkbox"/>	There are no direct financial implications arising from this paper. Meaningful engagement supports better strategic decision making and helps mitigate the risk of ineffective or inappropriate service redesign, contributing to longer term value for money.
Performance	<input checked="" type="checkbox"/>	The Report provides assurance that engagement activity supports delivery of Strategic Plan outcomes and enables performance improvement through services that are better aligned to need.
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	No direct climate impacts are identified. The Report demonstrates proportionate use of digital engagement approaches where appropriate, supporting sustainability objectives.

Communication and Engagement	<input checked="" type="checkbox"/>	The Annual Report provides assurance of a coordinated and transparent approach to participation and engagement, demonstrating how engagement activity informs strategic planning and decision making.	
Risk & Mitigation	<input checked="" type="checkbox"/>	The Report mitigates legal, reputational and strategic risks by evidencing compliance with statutory engagement duties and demonstrating that engagement is embedded within strategic governance arrangements.	
Equalities and Human Rights, including children’s rights and health inequalities	<input checked="" type="checkbox"/>	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>
	<input type="checkbox"/>	An EQIA is only required for a new or changed strategy, policy, process or procedure that impacts directly on people. The day-to-day work of the team would not require an EQIA. All project level EQIAs must align to the HSCP Strategic Plan, with project leads responsible for ensuring EQIAs are completed where appropriate. P&E provides support to project teams to strengthen EQIAs by embedding lived experience insight and assessing the impact and mitigation of service changes on individuals, groups and communities.	

ANNUAL REPORT 2025-26

Appendix 1

Listening to peoples' voices and experiences, ensuring they shape the way care and support is planned and delivered



We're excited to share the second annual **Participation and Engagement Report for 2025-26**, showcasing how people across Fife are helping shape the future of local health and social care. Over the past year, **carers, community groups, people who use services, public representatives and staff** have shared their experiences and ideas. Their voices are influencing how services are designed, making them more inclusive, responsive and person-centred.

A huge thank you goes to our team of **Participation and Engagement Officers** and **Project Support Officer**, whose hard work ensures that every voice can be heard and every project runs smoothly. We also extend our thanks to partners across **Health and Social Care, Fife Council, NHS Fife**, and the **third and independent sectors**, for their continued collaboration and commitment.

Inside this report, you'll discover how your feedback has shaped the refreshed **Strategic Plan for 2026- 2029**, strengthened engagement with unpaid carers, supported public representatives across Fife, and contributed to improving access to mental health services.

This year's report is a celebration of what we've achieved together. It highlights how **listening, learning, and working side by side** is building stronger, more connected services for everyone in Fife. We hope it inspires you as much as your contributions inspire us, and we look forward to continuing this journey with you in the year ahead.



Roy Lawrence
Head of Culture, Engagement
and Communities


THIS YEARS HIGHLIGHT'S

Over the last year between 1st April 2025 and 31st March 2026, the Participation and Engagement Team have been delivering engagement across Fife. **15 engagement projects are currently in development, and 11 engagement projects have been completed.**

Highlights from 11 completed engagement projects:

91
Engagement
Sessions delivered

 **11**
Online
Sessions

 **80**
Face-to-face
Sessions

2,715 people have shared their views:



742 People attended face-to-face engagement



48 People attended online engagement sessions



1,925 People responded to online surveys



51 registered
members of the
Fife Wide Public
Engagement
Forum

people identified as an unpaid carer

13 unpaid carers referred to Social Work for an Adult Carer Support Plan (since Nov 2025)

The **P&E Unpaid Carers Email Network** has increased by 54%, with **305** members

53 unpaid carers referred to Fife Carers Centre for support and information



The Participation & Engagement Team launched an email network for people who want to have a voice in the issues that matter most to them across Health and Social Care.



By joining the network, members receive updates on live engagement opportunities, helping them to stay informed and take part in shaping services and decision in their community.

Since April 2025, the email network has **increased by 43%**, with a membership of **468** people.

BRINGING LOCAL VOICES FORWARD

Our new Integration Joint Board (IJB) Public Representative

We're delighted to have supported the recruitment of Ken Fraser as the new Public Representative on the Integration Joint Board (IJB). This voluntary role ensures that the voices of people who use health and social care services are at the heart of decisions made across Fife's Health and Social Care Partnership.

Ken first became involved through the Fife Wide Public Engagement Forum which meets every few months to discuss key issues and share public perspectives with senior leaders and the IJB.

At a Forum meeting in summer 2025, Ken spoke openly about his own health journey and what inspires him to take part in public engagement. His passion for making sure local people are heard is clear, and he is committed to working alongside Forum members to bring their experiences and ideas directly to the IJB.



Ken Fraser

A message from Ken on his appointment:



“I am delighted to take on the role of Public Representative on the Integration Joint Board and look forward to working closely with Forum members throughout 2026. Maintaining momentum is important to me, as I firmly believe that the ideas, experiences, and involvement of local people can make a real and lasting difference. By continuing to strengthen public participation, we can help shape the future of health and social care services in Fife in ways that truly reflect the needs and priorities of our communities.”

FIFE WIDE PUBLIC ENGAGEMENT FORUM

Back in 2022, people across Fife told us they wanted a simple, welcoming way to share their views on local health and social care. In response, we launched the Fife Wide Public Engagement Forum in 2024.

Since our first meeting in October 2024, the Forum has grown steadily. We've held eight sessions so far, a mix of online and in person gatherings, making it easier for people to join in whatever way works for them.

51
Registered
Forum
members



WHAT HAVE MEMBERS BEEN INVOLVED IN?

Forum members have played a part in shaping the work of the Partnership. They have:

- Helped develop our draft Strategic Plan
- Contributed articles and reflections for newsletters
- Supported a campaign to encourage more people to get involved

Members shared their own stories and experiences at meetings, including Ken Fraser, our new Public Representative on the Integration Joint Board, and Suzanne Morley, who spoke about why being part of the Forum matters to her.

"I was keen to join the Fife Wide Public Engagement Forum because I know when people who use services get involved, it really can make a difference to everyone"

- Suzanne Morley

At our November 2025 meeting, David Scott and Michael Stirling from People First gave an insightful presentation about their organisation and the importance of people led change.

The feedback we've received has been extremely positive. We're committed to making the Forum a space where people feel listened to, valued, and confident to share their views.



“It was good to be made aware of all that is going on with the new Strategy document and how it is being shaped by community voices”

2026–2029 STRATEGIC PLAN

Across Fife, people told us that health and social care services matter most when they are built around real lives, real experiences and real communities. That is why Fife Health and Social Care Partnership set out to listen first when developing its next Strategic Plan.

This plan will guide how services are delivered over the next three years, with one shared ambition — helping people across Fife live healthier, more independent lives, in the right place, at the right time, with the right support.

LISTENING TO REAL EXPERIENCES

Fife-Wide Public Engagement Forum members shared their experiences of services, their hopes for the future and what they believed mattered most to them. Their conversations helped shape the first ideas and draft priorities for the new plan.



We spent time travelling across Fife, meeting people in their own communities, and listening to what matters most to them. This included conversations with groups such as People First, Fife Carers and Change Mental Health, as well as valuable insights from our own staff:

- People spoke openly about their experiences — what has worked well, where challenges remain and what changes could make the biggest difference to their lives.
- Carers shared the importance of feeling recognised and supported.
- People with lived experience of services spoke about wanting support that feels joined up and easy to access.
- Staff shared their passion for helping people live independently and stay connected to their communities.

These conversations helped us understand not just services, but the people behind them.

People across Fife were also invited to take part in an online survey, giving individuals, families, staff and community members another way to share their views and shape the future of services.

These conversations helped strengthen the plan and ensured people remained an important part in the development of the Strategic Plan.

THE VOICES BEHIND THE PLAN

600 people from across Fife shared their experiences and ideas.

More than 200 staff and members of the public took part in the online survey, while around 300 people shared their views through community group conversations. These included people who use services, unpaid carers, support staff and community organisations.



WHAT'S NEXT?

Feedback from people across Fife helped shape the final version of the Strategic Plan, which will be published in March 2026. The plan sets out key priority areas and actions that will guide how services grow and improve over the next three years.

Most importantly, this plan reflects the voices of the people of Fife. By listening to communities and working together, we are building services that support people to live well, stay connected and feel supported in ways that matter to them.

SUPPORTING UNPAID CARERS IN FIFE

Every day, thousands of unpaid carers across Fife support family members, friends and neighbours who could not manage without them. This can include helping with everyday tasks, managing health conditions, or simply being there for emotional support. Unpaid carers make an enormous difference in people's lives and in our communities.

Many carers tell us that connecting with others and getting the right support makes caring easier. Fife Health and Social Care Partnership (HSCP) is working to make sure carers feel valued, supported and well informed.

CARERS FORUM (LED BY FIFE CARERS CENTRE)

"We are delighted with the strong and meaningful contributions carers continue to bring to the Carers Forum, with valuable input from guest speakers including Roy Lawrence, Head of Culture, Engagement & Communities at Fife Health & Social Care Partnership, Local Parent Councils, and third sector partners. Forums have included a focus on the redesign of Adult Carer Support Plans and improving carers' wellbeing. While we recognise that carers' commitments can affect attendance, we are extremely pleased with the progress and have exciting plans for this year's Forums".



Sandra Morris

Chief Executive of Fife Carers Centre



The Carers Forum meets four times a year in different areas across Fife. More carers are joining, and it is helping make sure their views shape services and planning at both local and partnership level.

One of the forum's achievements was to help develop a simpler Adult Carer Support Plan, which will launch in early 2026. Forum members have also shared ideas about how professionals can better recognise unpaid carers and improve access to information and support. This feedback has led to a new project with primary care services starting this year 2026.

The forum is also a place where carers can meet others, share experiences and find support. During a recent question-and-answer session with Roy Lawrence, Head of Culture, Engagement and Communities, carers spoke about how the forum helps them feel connected and supported within their community.

The forum has also helped share feedback from recent consultations, making sure carers stay involved and informed.



Carers have told us:

“Easy to access information about being a carer from one point of contact.”

“I was really lonely, but I have made new friends for the first time in years.”



UNPAID CARERS EXPERIENCE SURVEY

What Carers Told Us

During Carers Week in June 2025, we launched the Unpaid Carers Experience Survey. Over 278 carers shared their views and told us what matters most to them.



Better Access to Information

Carers want clear, easy-to-find information, both online and face to face. Many are unaware of their rights under the Carers (Scotland) Act, and most do not feel recognised as carers by their GP.



Co-ordinated Support

Many carers find health and social care services difficult to navigate. They want clearer information about financial support and improvements to the Adult Carer Support Plan, including emergency planning and opportunities for breaks.



Helping Professionals Recognise Carers

Fife HSCP is introducing a programme of work to help professionals recognise unpaid carers during routine appointments. We are working with GPs, pharmacies, opticians and dental services to help identify carers earlier and connect them to support.



Breaks from Caring

More than half of carers have not received information about short breaks, and many have never taken one. Many carers experience stress and mental health pressures, highlighting the need for more respite opportunities.

This feedback is helping shape plans to support carers and protect their wellbeing.

This feedback aims to influence how we:

- Support carers as early as possible
- Improve communication between carers and professionals
- Reduce pressure on GP services by offering support sooner

EXPANDING ACCESS TO INFORMATION AND SUPPORT FOR CARERS

We want to better understand the experiences of unpaid carers across different communities.

By listening to carers' experiences, we can identify barriers and improve access to support.

So far, we have:

- Reviewed local and national data to better understand carers in Fife
- Worked with community organisations and leaders to identify gaps in support
- Spoken directly with carers about their experiences
- Held a joint event with Fife Centre for Equalities and Fife Carers Centre, alongside face-to-face discussions with carers

This feedback will help shape and inform The Big Campaign 2026 — a carers awareness campaign that celebrates, supports, and recognises unpaid carers.

FIFE CARERS STRATEGY REFRESH

The Carers Strategy (2023–2026) is being refreshed for summer 2026, and carers of all ages were invited to share their views to help shape the new strategy. Feedback was gathered across five key areas: access to information, coordinated support, breaks from caring, early identification, and support for young carers. This input will directly influence the updated strategy and future support for carers in Fife

WHAT'S NEXT?

Over the coming year, we will be working closely with primary care and community health professionals to review and improve the current referral pathway for unpaid carers. By engaging directly with GPs, pharmacies, opticians and dental teams, the aim is to make it easier to identify unpaid carers early and ensure they receive clearer quicker access to support when attending appointments.

Feedback gathered through the Carers Strategy Refresh will play a key role in shaping the new 2026–2029 Carers Strategy, due to be developed this summer. Insights from the 2025 Unpaid Carers Experience Survey, Carers Forum discussions and wider engagement activity will also inform a new, year long awareness campaign launching in Spring 2026, focused on improving access to information and support for carers across Fife.

LIVED EXPERIENCE NETWORK

Supporting the Mental Health Strategy Delivery Plan

In Fife, we know health and social care services work best when they are shaped by the people who use them. That's why we are creating a Lived Experience Network (LEN). This network will bring together people who have used services and want to help improve them for others.

MENTAL HEALTH FOCUS

Our first focus will be the development of a dedicated mental health stream within the LEN, ensuring that lived experience helps shape how mental health services are designed and improved. Over time, the network will expand to include other areas of health and social care.



We are planning an event in April 2026 to bring together people with lived experience of mental health or who care for someone with mental health, to share with them upcoming projects and explore how their experiences can help us shape and improve our services.

We are excited to see the network grow. If you, or someone you know, has experience of using health or social care services and would like to share their views, please get in touch.

PATIENT SAFETY OVERSIGHT GROUP

The Patient Safety Oversight Group (PSOG) is a partnership group that brings together staff and lived experience voices to help improve safety, care and experiences within mental health inpatient services. The group focuses on strengthening therapeutic and person-centred care and ensuring services are shaped by the people who use them.

As well as the development of a dedicated mental health stream, as part of the Lived Experience Network (LEN), we are developing new approaches for engaging with mental health patients, their families and carers, and those who have experienced inpatient care. This work will ensure that lived experience voices are heard at the Patient Safety Oversight Group, helping staff improve safety, care and overall experiences within our inpatient mental health services.

At the end of 2025, we promoted the LEN mental health stream with our clinical teams, mental health organisations and community groups, leading to growing interest and increased sign-ups.

WHAT'S NEXT?

Following the event in April, we will focus on designing engagement across inpatient and community settings, to support staff to co-produce solutions alongside people with lived experience, patients, families and carers. This work aligns with the Mental Health Strategy Delivery plan and will continue to progress once the LEN is fully established.

MENTAL HEALTH AND WELLBEING IN PRIMARY CARE AND COMMUNITY SETTINGS

Supporting the Mental Health Services Redesign Programme

In 2025, we supported the 'How Services Work Together' Test of Change in North East Fife to understand how people experience mental health support in their local communities. The aim is simple: *make it easier for people to get the help they need, when they need it.*

Why This Matters

People told us that finding the right mental health support can be confusing and disconnected. This work focuses on how well services link together, and how that feels for someone trying to get help.

How We Listened



Bringing services together

27 Staff from organisations including the HSCP, NHS, Police, primary care and community groups met to strengthen relationships and explore how working together can better support people.



Hearing from the community

A large networking event, where 26 organisations and services held table-top stalls and 16 presentations provided insight into their services, 80 mental health professionals attended and actively participated, with 36 sharing direct feedback about their experiences of mental health support.



Prioritising equality and lived experience

We worked with the Fife Centre for Equalities to understand how identity, background and personal experiences can affect access to services. This helped ensure that voices often missed are included.



Turning feedback into action

What we learned has helped shape the new Fife Mental Health and Wellbeing Strategy and is already influencing decision making.

WHAT'S NEXT?

After the Test of Change, we'll continue learning from local people and partners, exploring whether bringing different professionals together can improve access to help at any time of day.

An evaluation report of the Test of Change will be published to inform future work of the Mental Health Service Redesign Programme and how the new Mental Health and Wellbeing Strategy is delivered, ensuring what people told us continues to shape future planning.

DIGITAL MENTAL HEALTH SUPPORTS: ACCESS THERAPIES FIFE AND MOODCAFÉ

From May to September 2025, staff across Fife shared their experiences of using two mental health websites: [Access Therapies Fife](#) and [Moodcafé](#). Their feedback helped us understand what works well and how these digital services can be improved to better support people's mental wellbeing alongside in-person care.

WHAT WE ACHIEVED

- We captured experiences of using both Access Therapies Fife and Moodcafé from 79 staff across all seven Fife localities, from a wide range of organisations, including NHS Fife, Fife Council, Fife Psychology Service and partner services.
- We identified clear strengths with the websites, such as offering timely, flexible support, including self-help and digital therapies, whilst also capturing practical opportunities for improvement moving forward to support people's mental health across Fife.



WHAT'S NEXT?

Staff feedback will be reviewed by the Mental Health and Wellbeing Strategy Implementation Group to inform website improvements, and a separate process is being planned to capture the views of service users moving forward. This project will help to support wider promotion and use of these websites across Fife in line with the Digital Strategy.

DEMENTIA LOCAL ACTION PLAN FOR FIFE

The Scottish Government has set out a ten-year vision to improve dementia care across the country and here in Fife we're committed to aligning with the National Dementia Strategy and making sure it works for our communities. We are developing a Local Action Plan for Fife and identified four key priorities from the National Strategy for inclusion in the Plan.



Dementia in Scotland:
Everyone's Story



WHAT WE ACHIEVED

We asked people living with dementia, their families and carers to share their views and experiences with us to help ensure that the Plan reflects what is important to people impacted by dementia. We received **312 responses** through an online survey, face to face sessions and our "A Question a Day" social media campaign.

During the consultation, we visited community groups across Fife, listening to people's stories and gathering their views. These sessions were often emotional but also full of warmth, connection and even singing. Music plays a powerful role for many people affected by dementia, and groups like **STAND (Striving Towards a New Day)** continue to celebrate this through their own album releases.

WHAT'S NEXT?

The Dementia Strategy Working Group will use the feedback to support the development of the Local Dementia Action Plan for Fife and will continue to involve people impacted by dementia, their carers and families in the process.

COMMUNITY HOSPITALS TRANSFORMATION PROGRAMME

The Community Hospitals Transformation Programme is an ambitious project, established to ensure that people undergoing rehabilitation get back into their home or community environment as soon as appropriate, with minimum risk of re-admission.

Its main purpose is to deliver a modernised approach to hospital, community and home-based rehabilitation, in line with the NHS Scotland and Scottish Government direction.

Engagement has been undertaken with patients, clinical and non-clinical staff, as well as the public and voluntary sector. From this, many patients shared their experiences of rehabilitation within a hospital ward and at home for their continued care. This programme seeks to deliver a more modern, holistic person-centred care and support.



FIFE BAIRNS' HOOSE

This year, we've been working to shape Fife's Bairns' Hoose into a place where children and young people feel listened to, supported, and treated with dignity. Everything we're building is guided by what children and families tell us matters most.

WHAT WE ACHIEVED

- We developed an engagement framework that has been recognised nationally, shared with partners across Scotland, and included in the National Toolkit
- Barnardo's joined our work, helping us strengthen participation and engagement.
- We ran three development days with staff from across services, focusing on how we design better, together.
- Most importantly, children and young people shaped key parts of the vision, the logo, the building design and the medical questionnaire.



CHILDREN & YOUNG PEOPLE'S VOICES

Children and young people helped shape the vision, logo and building design

Children contributed feedback on the medical questionnaire

WHAT'S NEXT?

Over the next year, we'll keep building on lived experience, strengthen support across services, and develop new therapeutic pathways that help children recover and thrive.

The aim is simple: **a Bairns' Hoose that works for children and families because they helped create it.**

URGENT CARE

In early 2025, we listened to over 1,200 people share their experiences of accessing Urgent Care. A clear theme from the feedback was that many people were unsure on the best way to access Urgent Care and why this should be done initially through contacting NHS 24.

To help with this, we ran an information campaign between May and December 2025, with a particular focus on West Fife given the predominant use of Queen Margaret Hospital in Dunfermline by the West Fife population. We wanted to understand what people know, what they find confusing, and how we can make things clearer.

WHAT WE DID

We gathered views in two ways:

- **Survey for people attending urgent care at Queen Margaret Hospital**
- **Online survey open to the public**

In total, **519 people** shared their experiences.

WHAT WE LEARNED

Queen Margaret Hospital Urgent Care Patients – 84 responses

- 96% of people booked their appointment before arriving.
- 99% of people rated the service as good or excellent.
- 96% of people travelled by car, highlighting a dependence on personal transport for accessing care.

Public Online Survey – 435 responses

- 91% of people said they would feel confident using Urgent Care services if they had clear information.
- 37% of people told us they face barriers getting to appointments – transport was the biggest issue.

WHAT'S NEXT?

This feedback is helping shape improvements to how Urgent Care services are developed and delivered across Fife. We'll use what people told us to improve information, access and support so that getting urgent care is easier and more straightforward for everyone.

PHARMACEUTICAL CARE SERVICES REPORT

25/26

Every year, an update on the services provided by community pharmacies across Fife is published. To make sure this update reflects people's experiences, they wanted to hear directly from the individuals who use their services. Your feedback helps shape how support is delivered and ensures services continue to improve year on year.

What We Achieved

We worked closely with partners across Fife to shine a light on the support people can access directly from their local pharmacy. Our goal was simple: help more people *get the right care, in the right place, at the right time*, without always needing to see a GP.



From the 305 responses we received, most people told us they now feel better informed about key services such as Pharmacy First, Medicines Care Review, Patient Group Directions, and over 16 additional services that pharmacies provide every day. This work also helped us identify where communication can be improved, giving us clear opportunities to strengthen how we share and promote community pharmacy information in the future.

FIFE ALCOHOL & DRUG PROVISION (ADP)

Scotland has a high level of drug-related deaths, and we want to ensure that individuals in Fife have the option to have their support care provided where it suits them best. ADP identified areas for improvement, within their ongoing commitment, including improved coordination of care between primary and secondary care, if chosen by the patient.

WHAT WE ACHIEVED

- We worked with Fife Alcohol & Drug Provision and GP Practices to identify any skills and training gaps, as well as opportunities for improved communication.
- We produced baseline data that will enable Addiction Services to create a development plan, to improve choice for patients and the end-to-end service provided.

FIFE COUNCIL BUDGET

The Participation and Engagement Team of the Fife Health and Social Care Partnership were engaged by Fife Council to support the Council in its budget consultation, helping to ensure that people who use health and social care services were able to share their views. Our role was to ensure that people's voices, experiences and priorities informed decisions about how Council funding is allocated.



WHAT WE DID

We visited community groups across Fife and shared the consultation widely through our local networks. We engaged with organisations including People First, Express Group Fife and STAND in Fife, which support people affected by dementia.

Through these conversations, we asked people which Council services mattered most to them and where savings could be made if required. This helped ensure that lived experience from local communities informed the Council's decision making. The full consultation report is now available on Fife Council's consultation hub at www.fife.gov.uk/councilspending.

LOOKING AHEAD

This edition celebrates the power of working together with individuals, communities, staff and partners across Fife. A huge thank you to every person, partner, volunteer, and stakeholder who shared their time, passion, and insight. Your contributions continue to drive meaningful change.

GET INVOLVED

Let's keep that momentum going. Help shape plans and priorities for the year ahead by getting involved:

- Share your voice on the Fife Engagement Forum: [Fife Wide Public Engagement Forum | Fife HSCP](#)
- Connect and contribute through Fife Carers' Forum: [Carers Forum — Fife Carers Centre](#)
- Join our email network: [Get Involved | Fife HSCP](#)



Stay involved, stay inspired, and let's keep the conversation moving forward.

Thank you for being part of this journey.



If you would like to contact the Participation and Engagement Team:

Email: hscp.participationengagement@fife.gov.uk



Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title:	Risk Management Annual Report 2026		
Agenda Item No:	6.4		
Responsible Owner:	Lynne Garvey, Director of Health and Social Care		
Report Author:	Tracy Hogg, Chief Finance Officer		

Executive Summary
<ul style="list-style-type: none"> • This report provides an update on progress with the IJB Risk Management Policy and Strategy Delivery Plan since the last annual report in May 2025. • The delivery plan contains 10 actions, of which 8 have been completed and 2 which have progressed, but ongoing improvement work continues. • Moving forward into 2026/27 work will be undertaken to refresh the IJB Risk Management Policy and Strategy, review the Risk Appetite Statement and align the Strategic Risks to the refreshed Strategic Plan.

Recommendations		
This paper is presented to:-		
Provide Assurance	<input checked="" type="checkbox"/>	The report seeks to provide assurance to members that delivery plan actions have been completed
For Discussion	<input checked="" type="checkbox"/>	Members are asked to discuss the annual report on risk management activity and consider whether any further information is required

Directions	
No Direction Required	<input checked="" type="checkbox"/>

Situation/Background (Purpose of Report)

The Integration Joint Board (IJB) approved its Risk Management Policy and Strategy in March 2023. A delivery plan was put in place at that time to ensure the actions required to deliver the strategy were progressed. A short life risk management working group was set up to support this work. An Annual Report on progress was provided to Audit and Assurance Committee and IJB in May 2025 with a six-monthly update report being provided to Audit and Assurance Committee in November 2025.

The delivery plan for the IJB Risk Management Policy and Strategy contains ten actions. Eight of these have been completed, however, improvement work is continuing on 2 of the original actions and as a result of the Risk Maturity Model gap analysis there are a further 5 actions that are ongoing.

Assessment (Key Points/Issues and Risks)

The delivery plan is shown at Appendix 1.

The following highlights the key areas of work over the last year.

Strategic Risk Register

The IJB Strategic Risk Register was reviewed in line with the new Strategic Plan 2023 – 2026 at a development session for IJB members. The risk register continues to be managed by the senior leadership team. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors, financial planning and progress on the delivery of the Strategic Plan. As the refreshed Strategic Plan for 2026-29 has now been approved, the risks are in the process of being reviewed to ensure they align with the Strategic Plan 2026-29. All risks on the strategic risk register are assigned to one or both of the Governance Committees for scrutiny. Risks are presented to the Governance Committees twice per annum. The risk register is also presented to Audit and Assurance Committee four times per annum.

Risk Reporting Framework

The Risk Reporting Framework was approved by the IJB in May 2024. In line with the Risk Reporting Framework, the IJB Strategic risk register was presented at the following Committees/IJB during 2025/26.

Committee	May 25	Jun/July 25	Sept 25	Nov 25	Jan 26	Mar 26
IJB	X (and Annual Report)					
A&A	X (and Annual Report)	X		X (and Update Report)		X
F,P&S	X			X		
Q&C	X			X		

Performance Measures – Individual Risks

Relevant key performance indicators are aligned to SMART control actions on all strategic risks to provide assurance that these are effective and improving the management of risks. A deep dive risk review process has been in place since May 2023, and all risks have been subject to a deep dive. This process now continues as business as usual and aims to provide members with assurance that risks are being effectively managed within the risk appetite and agreed tolerance levels. Update reports on deep dive risk reviews are presented regularly to the Audit and Assurance Committee, with the last report in November 2025. The deep dive risk review process has also highlighted relevant performance indicators for individual risks.

Performance Measures – Risk Management Process

Performance measures have been developed to provide assurance that risk management processes are operating effectively. These include:

- Movement of the IJB Strategic Risk Profile:
- Risk Scoring Trajectory
- Deep dive risk review process
- Risk Maturity Model baseline

The first two measures are included in the regular risk register reporting to Audit and Assurance on a quarterly basis. The deep dive risk review process is outlined in the paragraph above and the Risk Maturity model is noted below.

Risk Maturity Model

The IJB approved a baseline Risk Maturity Model at its meeting in May 2025. Since then, a gap analysis has been undertaken with input from the Senior and Extended Leadership Teams and an action plan developed to support improvement actions. This action plan is shown at Appendix 2 with a progress update.

Training and Guidance

A survey was undertaken with staff during the year to highlight areas where additional support on risk management was required and a number of training sways have been developed and circulated. These cover the following areas:

How to Describe a Risk
Risk Assessment Matrix
Risk is Everyone's Business
Governance and Assurance

Portfolios have used these to support awareness raising, review of risk registers and further improvement work on risk management.

Risk Appetite Statement

A formal risk appetite statement was approved by the IJB in July 2023. This supports the management of the strategic risks and is set out within the deep dive risk review process for each individual risk. Further work is ongoing to integrate risk management into business processes and members will note this was used within the recent budget process. Additionally, the action to support the integration of risk appetite with decision making has now been completed with the revised SBAR template and guidance in use since 1 October 2025. Members will be able to feedback on this development going forward.

The actions on the delivery plan where further improvement work is ongoing are as follows:

Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward.

Undertake a programme of process reviews/management audits to improve areas of loss e.g. claims, complaints, adverse events, incidents etc.

These actions are being progressed by the Risk Working Group. An exercise was carried out using an MS Form to produce a position statement and feedback summary. Initial response was less than expected, so the exercise was repeated and produced 30 responses. The summary report is shown at Appendix 3. Analysis of the results highlighted that, depending on the subject matter, one process may not be suitable for all areas of work. Although over 80% of areas are actively gathering and sharing lessons learned, there are still areas where this doesn't yet happen. The information gathered will be used to develop good practice examples and shared with relevant governance groups and staff to consider appropriate options for areas of work not currently using a lessons learned approach. In addition, a list of prior review dates for processes will also be shared to ensure those areas where a review has not taken place in the last three years can be actioned. Additionally, this will allow for future reviews to be able to be programmed in and carried out at suitable frequencies. Continuous improvement work will always be ongoing in these areas and the information gathering exercise will be repeated annually to ensure progress is continuing.

The next Annual Report on Risk Management is due in May 2027. An update report will be provided to Audit and Assurance in November 2026.

Related Documents/Appendices

Appendix 1 – RM Policy & Strategy Delivery Plan May 2026

Appendix 2 – Risk Maturity Model Action Plan 2026

Appendix 3 – Summary Lessons Learned and Process Reviews Feedback Exercise

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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		
				Yes	No	Summary of amendments
HSCP/IJB						
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20/04/2026	<input type="checkbox"/>	<input type="checkbox"/>	
Audit & Assurance (A&A)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/05/2026	<input type="checkbox"/>	<input type="checkbox"/>	

Implications/Impacts

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

Service Users/Carers	<input checked="" type="checkbox"/>	No direct impacts on service users or carers, however, the risk management process seeks to support and provide greater transparency of service user and carer issues.
Localities/Communities	<input checked="" type="checkbox"/>	No direct impacts on Localities or Communities, however, the risk management process seeks to support and provide greater transparency of issues relating to Localities and Communities.
Quality of Care	<input checked="" type="checkbox"/>	No direct quality or customer care implications, however, the risk management process seeks to support and provide greater transparency of quality and customer care issues.
Workforce	<input checked="" type="checkbox"/>	No direct workforce implications, however, the risk management process seeks to support and provide greater transparency of workforce issues.
Legal	<input checked="" type="checkbox"/>	No direct legal implications, however, the risk management process seeks to ensure legal compliance
Financial	<input checked="" type="checkbox"/>	No direct financial implications, however, the risk management process seeks to support and provide greater transparency of financial issues.
Performance	<input checked="" type="checkbox"/>	Performance related to individual risks and the risk management process is highlighted within the report
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.
Risk & Mitigation	<input checked="" type="checkbox"/>	The IJB, its Governance Committees and staff working across the HSCP need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.
Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/>	No Impact/Not Required <i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>

Risk Management Policy and Strategy									
Responsible: Avril Sweeney, Risk Compliance Manager									
Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
<i>Priority number in your strategy that action is linked to</i>	<i>What you'll need to do to implement the relevant priority in the strategy</i>	<i>Who is responsible for carrying out each action step</i>	<i>What resources will you need to complete each action step</i>	<i>How will you know that you have made progress on each action step</i>	<i>What are the risk that could affect this action step being achieved</i>	<i>Detail what was done to complete this action</i>	<i>The outcome of completing this action step</i>	<i>Anticipated completion date</i>	<i>Date completed</i>
4	Review the IJB Strategic Risk Register in line with the new Strategic Plan	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Progress will be identified by the production of a revised risk register aligned to the key priorities and themes of the Strategic Plan 2023 - 2026	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas Rapidly changing risk environment	The risk register was reviewed by IJB members at their meeting of 24 February and all risks on the register were aligned to the revised Strategic Plan. Since then risks have been reviewed by the relevant governance committees	Risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors and progress on delivery of the Strategic Plan.	Apr-23	Apr-23
4	Ensure relevant key performance indicators are aligned to control actions to provide assurance that these are effective and improving the management of individual risks	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Each strategic risk has had relevant performance measures added. The deep dive review process has also highlighted relevant performance indicators for individual risks.	Measures are in place for the current IJB Strategic Risks. Any new risks added following subsequent review of the IJB Strategic Risk Register will also have measures assigned	Apr-23	Apr-23

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
3	Develop a Risk Appetite Statement for the IJB and processes to support the application of Risk Appetite to management of risks and delivery of objectives	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Appetite Statement agreed and appended to this strategy. Further actions will then be required to apply to individual risks and risk decisions	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	First session at IJB Development meeting on 9 Dec 2022 Follow up session on 24 February 2023 Approval of IJB Formal Risk Appetite Statement on 28 July 2023	This will support management of the strategic risks and also decisions taken by the IJB. A paper was presented to A&A in March 24 which proposed a method of considering and evidencing Risk Appetite discussions to support decision making. Further work was undertaken on integrating this into current processes and a revised SBAR template including an additional element for considering risk appetite where decisions are being presented went live on 1 October 2025.	01/07/2025 for further improvement work	July 2023 for Statement Oct 2025 for using Risk Appetite to support decision making
1	Develop guidance and processes for managers, staff and members of the IJB to reflect all elements of the risk management process to ensure ongoing review and management of risks and risk registers, aligned (or directing to) partner bodies processes as necessary	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Guidance agreed, circulated to relevant stakeholders and understood. Will link to training programme action	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Draft guidance has been developed and circulated to the working group and comments received. This is now being aligned to the Risk Reporting Framework to set out the expectations across the HSCP. A series of meetings across HSCP portfolios will allow teams to contribute to and inform the guidance and the Risk Reporting Framework.	Approved at IJB 31 May 2024	May-24	May-24

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
4	Develop a risk reporting framework to ensure relevant risks and risk registers are reported to the appropriate Group, Committee or board timeously	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Risk Reporting framework agreed, circulated to relevant stakeholders and implemented	Capacity of staff to attend meetings, review documents	The risk reporting framework is currently in draft but has taken account of recent developments in Committee processes, including the deep dive reviews. A series of meetings across HSCP portfolios will allow teams to contribute to and inform the guidance and the Risk Reporting Framework	<i>Approved at IJB 31 May 2024</i>	May-24	May-24
1	Develop and roll out a risk management training programme	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Training needs identified and a programme in place to address these for all relevant staff/Board members	Capacity of staff to attend meetings, review documents	The group is taking forward a review of current training and availability of training via the partner bodies and externally.	<i>Approved at IJB 31 May 2024</i>	May-24	May-24
4	Develop performance measures to provide assurance that risk management processes are operating effectively	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Performance measures in place and being reported to the relevant groups/committees	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	Movement of the IJB Strategic Risk Profile and a risk scoring trajectory is now in place and currently provided to Audit and Assurance Committee quarterly. The A&A Committee has agreed a deep dive review process which is incorporated in to the Risk Reporting Framework. Deep dives are now being progressed through Committees. Once the Risk Reporting Framework is agreed, further measures may be developed to ensure compliance with the Framework.	<i>Performance measures in place. Following review of the Risk Reporting Framework when it was approved, it was recommended that the Annual report highlights submission of risk registers to relevant Committees in addition to the reporting of the deep dive risk reviews. Additionally, the Risk Maturity model was agreed in May 2025 and this will provide a further assurance measure.</i>	<i>May 25 for the addition of the Risk Maturity Model as a performance Measure</i>	<i>01/01/2024 for initial measures May 2025 - Baseline for Risk Maturity Model agreed</i>

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
4	Develop a risk maturity model and use to assess a baseline level of maturity for the IJB as a metric to enable and measure improvement	Audrey Valente/Avril Sweeney	Support from Working Group Members IJB Members SLT/ELT/Partner bodies/Other colleagues	Once agreed, an assessment will be made to pinpoint the maturity level as a baseline. Further actions will then be developed to reach the next level on the model	Capacity of key stakeholders to attend meetings and review documents Competing demands on time and busy agendas	A number of risk maturity models have been considered and work is ongoing to develop a model that will meet the needs of the IJB.	<i>Initial draft of the Risk Maturity Model was submitted to A&A for consideration in November 2024. Members asked that this be given additional review by officers. This was taken to an ELT (Extended Leadership Team) Session in February 2025 where additional evidence, comments and actions were provided. The IJB approved the Risk Maturity Model in May 2025</i>	May 25 for the addition of the Risk Maturity Model as a performance Measure	May-25
2	Create a lessons learned process to share learning across the HSCP and use that learning to improve management of risk going forward	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Processes agreed and in place	Capacity of staff to attend meetings, review documents	This is being progressed via the Quality Assurance and Performance group. A position statement is in development to capture where we currently share learning and how this is carried out. The position statement will also cover the process reviews and management audits action noted below. Depending on the subject matter one process may not fit all so it is proposed to develop good practice examples so groups working in the relevant area may select the most appropriate	<i>Exercise carried out using an MS Form to produce a position statement and feedback summary. The information provided will now be used to develop good practice examples and these will be shared with relevant governance groups and staff to consider appropriate options. A list of review dates for processes will also be shared to ensure reviews are programmed in and carried out at suitable frequencies. Continuous improvement work will always be ongoing in these areas.</i>	Jun-26	

Priority Number	Action/Activity	Lead	Resources needed (internal/external)	Desired Outcome	Potential Risks	Evidence of Improvement	Improvement/ Outcome	Planned Completion Date	Completion Date
2	Undertake a programme of process reviews/management audits to improve areas of loss e.g claims, complaints, adverse events, incidents etc	Audrey Valente/Avril Sweeney	Support from Working Group Members SLT/ELT/Partner bodies/Other colleagues	Programme to be set out for areas which are not already subject to regular review	Capacity of staff to attend meetings, review documents	This is being progressed via the Quality Assurance and Performance group. A position statement is in development to capture where we currently share learning and how this is carried out. The position statement will also cover the process reviews and management audits action noted below. Depending on the subject matter one process may not fit all so it is proposed to develop good practice examples so groups working in the relevant area may select the most appropriate	<i>Exercise carried out using an MS Form to produce a position statement and feedback summary. The information provided will now be used to develop good practice examples and these will be shared with relevant governance groups and staff to consider appropriate options. A list of review dates for processes will also be shared to ensure reviews are programmed in and carried out at suitable frequencies. Continuous improvement work will always be ongoing in these areas.</i>	Jun-26	

Key

		Complete
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Action No	Actions	Update on progress	Status	Due Date	Responsible Person
1	Develop and implement an escalation framework that defines how operational risks are assessed and escalated to portfolio operational or strategic level, including roles, thresholds, and documentation requirements. This will include a documented pathway and process map	A draft escalation framework has been developed and is under review. It is proposed this will be integrated within the refresh of the IJB Risk Management Policy and Strategy	On track	31 December 2026	Chief Finance Officer
2	Deliver targeted training and guidance on concurrent risks, including financial risk impact in relation to transformation project risks. Guidance to include illustrative examples	Work has begun on preparing draft content.	On track	31 October 2026	Chief Finance Officer
3	Extend the Risk Management Training Resources pack available to all staff and members to include a range of awareness-raising and training options (Printable guidance, online and face to face options)	Further training sways have been developed and circulated to staff and the Training resources pack updated. This will continue to be developed and the output from action 2 will be added when complete	On track	31 October 2026	Chief Finance Officer
4	Review IJB Policies to ensure these reflect the IJB Risk Appetite	This is complete for a number of policies. Others will be amended at the point of review	On track	31 August 2026	Chief Finance Officer
5	Monitor the effectiveness of the revised SBAR to support decision making as part of the IJB/Committee self-assessment approach and feedback from staff	Work has begun on development of a Microsoft form to support capture of staff feedback	On track	31 August 2026	Chief Finance Officer

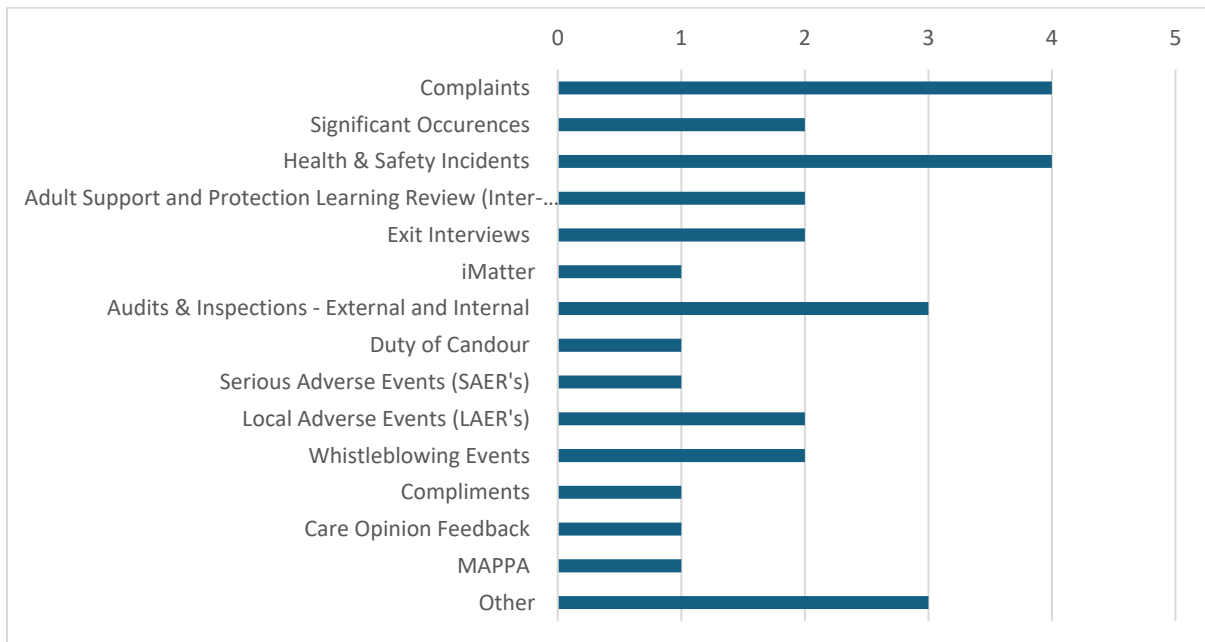
Lessons Learned Feedback

Recently an exercise was undertaken whereby we reached out to colleagues across the Partnership and Parent Organisations to gather information on whether Lessons Learned are captured, if and how they are shared, and how we can evidence and demonstrate the learning. We also asked whether the process had been recently reviewed and whether any improvements were identified and implemented from the review

We asked:

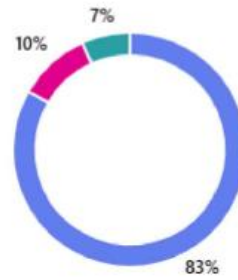
Area of Concern/Loss you have responsibility for?

Number of responses received for each area



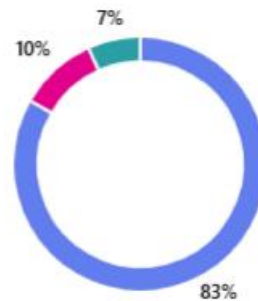
Are Lessons Learned currently captured?

● Yes	25
● No	3
● Unsure	2



Are Lessons Learned currently shared?

● Yes	25
● No	3
● Unsure	2



Who are Lessons Learned shared with?

From the recent development session with Service Managers and Team Managers there were examples provided of lessons learned being shared at team meetings and other forums (please see feedback from development session polls)

SLT, IJB, iMatter Managers, between Fife HSCP and NHS Fife iMatter Leads

Person/family impacted by event/staff involved/Lead Nurse/CSM/ HoN

12 respondents (40%) answered Team for this question.



How are the Lessons Learned shared?

In a range of formats including verbal and updated SOPs

These are shared in a variety of ways depending on who it is being shared with. For SLT and IJB it is through SBARs, for iMatter Managers it is through emails and also through our Guidance and Support Materials, between iMatter Leads we meet to discuss and agree best methods for sharing

learn summary to person/family;
learn summary and report to LN/CSM/HoN; learn summary shared with staff

8 respondents (27%) answered meetings for this question.



How do we evidence/demonstrate the learning?

We demonstrate the impact of learning through analysis of iMatter results and our own experience through each element of the process. In addition, we assess the effectiveness of learning by reviewing changes and improvements implemented across the organisation. These are captured through SBAR documentation and reflected in communications and guidance issued to managers.

actions taken and evidence of such

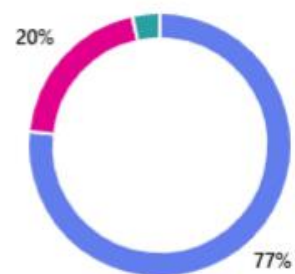
evidence of undertaking training/updating policies and procedures

6 respondents (20%) answered Action Plan for this question.



Is the full process (not just the Lessons Learned part) documented?

Yes	23
No	6
Unsure	1



When was the process last reviewed or audited?

January 2025
in advance of
the next

It has not been
reviewed for
some time

Process reviewed each
time a staff member
leaves

11 respondents (37%) answered review for this question.



Did the review/audit highlight areas for improvement?

still in initial roll
out period of new
format.

Access,
communication,
service design.

Yes, the review identified areas for improvement. In the previous year, we introduced Directorate Administrators to help manage workload; however, this change inadvertently led to increased confusion. Additionally, a new approach to the manager confirmation stage was trialled but did not yield the desired outcomes, prompting a return to the original process. The review also highlighted several aspects that worked well, which we retained and built upon

3 respondents (12%) answered review for this question.



Have any areas of improvement been implemented since the last review/audit?

Yes, • Review of Directorate Administrators • Started earlier with manager confirmation and involved smaller number of people in the process • we issued new guidance to managers to support team confirmation with FAQ • relevant messaging was sent directly to managers at different parts of the process to offer help in different formats eg online drop-in sessions, one-to-one support, visits to team meetings

Changes to the service user care plans, a system for monitoring restrictions was introduced

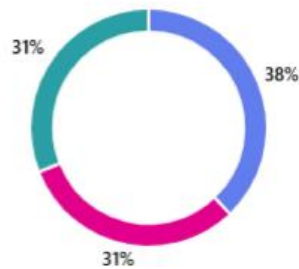
Drop-ins, advice lines, SOP updates.

4 respondents (15%) answered Review for this question.



Is this part of a wider business/system issue?

- Yes 11
- No 9
- Unsure 9





Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title:	Health Care Staffing, (Scotland) Act 2019 - Annual Report 2025/26		
Agenda Item No:	6.5		
Responsible Owner:	Caroline Cherry, Principal Social Work Officer		
Report Author:	Dafydd McIntosh, OD and Culture Specialist		

Executive Summary

- The report is the second-year report demonstrating compliance with the Guiding Principles for Health and Care Staffing set out in Parts 1 and 3 of the Act.
- The Act requires that, when planning or securing the provision of a care service from another person through a contract, agreement or other arrangement, the commissioning body must report on compliance. This reporting duty applies to all services registered with the Care Inspectorate and must cover those services in the financial year in which they are first planned or commissioned by the Local Authority or Integrated Authority.
- The report is structured around two core questions and does not mandate a prescribed level of detail; however, it must include information only on new services that were procured, commissioned, secured or planned from third-party providers, provided those services were registered with the Care Inspectorate and fall within the reporting year.

Recommendations

This paper is presented to:	Clearly outline below what the Board/Committee are being asked to do: -	
-		
Provide Assurance	<input checked="" type="checkbox"/>	
For Noting	<input checked="" type="checkbox"/>	

Directions

No Direction Required	<input checked="" type="checkbox"/>
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Situation/Background (Purpose of Report)

The Health and Care (Staffing) (Scotland) Act 2019 (hereafter referred to as HCSA (2019) or “the Act”) came into effect on 1 April 2024. Regulated care services must comply with the Guiding Principles for Health and Care Staffing set out in Parts 1 and 3 of the Act.

All Local Authorities (LAs) and Integration Authorities (IAs), under Section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014, are required to publish their Health and Care (Staffing) (Scotland) Act 2019 report and submit it to the Scottish Government by 30 June 2026.

This reporting duty applies to all services registered with the Care Inspectorate and must cover those services in the financial year in which they are **first planned or commissioned** by the Local Authority or Integration Authority/

A separate annual report relating to Part 2 of the Act applies to NHS care services only, even where those services deliver care delegated to the partnership. The reporting requirements for Integration Authorities and Local Authorities are therefore distinct and separate from those of the NHS.

Assessment (Key Points/Issues and Risks)

Section 3(2) of the Act requires that, **when planning or securing the provision of a care service from another person through a contract, agreement or other arrangement**, every local authority and integration authority must have regard to the guiding principles for health and care staffing set out in section 1 of the Act, the corresponding duty on care service providers to have regard to those principles under section 3(1), the duty on providers to ensure appropriate staffing as outlined in section 7, and the duty on providers regarding the training of staff as specified in section 8.

Implementation is determined locally, with each authority deciding how the requirements are achieved through the relevant contract, agreement or other arrangement, including what provisions are needed for monitoring, reviewing and potentially terminating services. The Act applies only to the planning and securing stages of a care service and does not place any obligation on authorities to carry out ongoing monitoring or scrutiny of third-party providers.

For the 2025/26 financial year, the report (**Appendix 1**) is structured around two core questions and does not mandate a prescribed level of detail; however, it must include information only on services that were procured, commissioned, secured or planned from third-party providers, provided those services were registered with the Care Inspectorate and fall within the reporting year. Reporting under the HCSA applies exclusively to services that were planned or secured during that year.

- Three (3) new contracts were awarded in 2025-26 and issued with the standard Terms & Conditions in the Health and Social Care Partnership. The new contracts are all registered as Adults Support Services and are in Fife.
- There were no Children & Young People (CYP), or Early Learning and Childcare (ELC) contracts issued in the period.
- There were no Adult, CYP or ELC contracts rejected or not approved in the period.

Duty 8 Training Staff : All workforce groups can access a range of training and learning programmes through the Health and Care Staffing in Scotland Knowledge and Skills Framework, developed by NHS Education for Scotland (NES), which sets out the core principles for safe and effective health and care staffing and has been widely promoted across the workforce; however, data on training uptake is not accessible through the Turas platform.

Chapter 3A Develop staffing methods: Providers are required to develop and implement tools and systems that support effective staffing analysis, ensuring they have the skills and workforce capacity needed to deliver care safely; these may include, but are not limited to, digital staff rota systems and employer-designed dependency or acuity tools. Fife Council Adult Support and Accommodation Services are transitioning to using the Total Mobile staffing tool, which is already used extensively by Fife Council's Care at Home Service.

Risk Appetite: A degree of risk remains, as some providers may not yet have been inspected against the requirements of the Act. To strengthen compliance, all relevant expectations have been incorporated into the contract terms and conditions, and providers continue to receive updates and information issued through the Care Inspectorate. These measures are intended to enhance overall awareness and support consistent coverage.

The Care Inspectorate inspection plan for the reporting period is intelligence led, risk based and proportionate. Inspectors refer to the new Act when registering or inspecting a care service, alongside the other requirements set out in the Public Services Reform (Scotland) Act 2010. Between April 2025 and March 2026, 171 registered services were inspected, and 12 of these had actions recorded under HSCA Section 19, seven relating to Section 7 staffing levels and five relating to Chapter 8 training.

Related Documents/Appendices

Appendix 1 - Health and Care (Staffing) (Scotland) Act 2019: Annual Report 2025/26

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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		
				Yes	No	Summary of amendments
HSCP/IJB						
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/04/2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	27/05/2026			

Implications/Impacts			
Description of any +/- implications/impacts and any suggested actions arising			
Service Users/Carers	<input checked="" type="checkbox"/>	Staff build confidence through access to comprehensive training, ensuring that service-user needs are met by a skilled and competent workforce. The Act has no direct impact on unpaid carers, as its requirements apply only to registered care services, however the indirect impact is on quality of care.	
Localities/Communities	<input checked="" type="checkbox"/>	Care providers are commissioned within the Fife locality areas, and the Act applies to regulated service providers whose businesses deliver the commissioned services on behalf of the HSCP.	
Quality of Care	<input checked="" type="checkbox"/>	Part 1 of the Act sets out the guiding principles for health and care staffing, including the requirements to provide safe, high-quality services and to ensure the best possible care outcomes for service users. The Act emphasises the importance of providers maintaining an appropriate skill mix at all times to meet the needs and outcomes of the people using their services.	
Workforce	<input checked="" type="checkbox"/>	There continues to be significant challenges in recruiting and retaining the workforce, and without sufficient staffing resources, providers may struggle to maintain the appropriate skill mix required to meet service-user outcomes. This creates a potential risk to sustaining safe, effective service delivery.	
Legal	<input checked="" type="checkbox"/>	Service providers are required to be inspected by the Care Inspectorate, and must supply information demonstrating adherence to the Standards, with inspection grades issued accordingly. Commissioning services apply threshold measures where grades fall below those required under the standard terms and conditions.	
Financial	<input checked="" type="checkbox"/>	There is no direct financial impact associated with the implementation of the HCSA (2019) Act; however, individual providers may determine that additional staffing is required based on their specific circumstances.	
Performance	<input checked="" type="checkbox"/>	The Act applies specifically to registered care services, and compliance is monitored and reported through the Care Inspectorate. In addition, the commissioning service conducts regular performance scrutiny of all contracts to ensure ongoing quality and adherence to requirements.	
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	There is potential for environmental and climate impact if providers require staff to travel greater distances in order to meet the staffing requirements set out in the Act, particularly where additional driving becomes necessary to ensure adequate cover. ClimateActionPlan2020_summary.pdf (fife.gov.uk)	
Communication and Engagement	<input checked="" type="checkbox"/>	The Head of Service for Children, Families & Justice, the Chief Social Work Officer, and the Principal Social Worker agreed that a joint report would be prepared and submitted to the Scottish Government.	
Risk & Mitigation	<input checked="" type="checkbox"/>	Service providers have been inspected by the Care Inspectorate, and at this time none have reported significant gaps in their ability to meet the duties set out in the Act. No compliance orders have been issued.	
Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/>	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>

Health and Care (Staffing) (Scotland) Act 2019: Annual Report

Period 1 April 2025 to 31 March 2026.

(1) Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019.

The Safe Staffing Act came into force on 1 April 2024, following revocation of Regulation 15 of the Public Services Reform Act 2010. The Fife Health and Social Care Partnership (HSCP) delivered significant work throughout 2024/25 to ensure our readiness and compliance of the Act.

This report draws on information gathered throughout 2025/2026 from multiple sources, including contract-monitoring activity with commissioned providers, topical feedback captured through strategic forums, findings from Care Inspectorate inspections, and informal discussions with relevant stakeholders.

Assurance has been provided through our established governance routes to confirm readiness for implementation of the Act. Care Inspectorate inspection reports are also shared through these governance channels. Additionally, external providers are required to submit compliance records in line with their contractual terms and conditions.

Duty 7 Care services to ensure appropriate staffing:

The HCSA clause has been incorporated into the standard terms and conditions, meaning that any new contract or contract renewal now includes this requirement and places a clear obligation on the service provider to comply.

- Three (3) new contracts were awarded in 2025-26 and issued with the standard Terms & Conditions in the Health and Social Care Partnership. The new contracts are all registered as Adults Support Services and are in Fife.
- There were no Children & Young People (CYP), or Early Learning and Childcare (ELC) contracts issued in the period.
- There were no Adult, CYP or ELC contracts rejected or not approved in the period.

Duty 8 Training Staff:

All workforce groups have access to a range of training and learning programmes via the Health and Care Staffing in Scotland Knowledge and Skills Framework, developed by NHS Education for Scotland (NES), outlines the core principles required for safe and effective health and care staffing and has been widely promoted across the workforce. The training is organised into three domains covering the fundamentals of health and care staffing, workload and workforce planning, and the management and use of workload and workforce planning data.

Chapter 3A Develop staffing methods:

Providers are required to develop and implement tools and systems that support effective staffing analysis, ensuring sufficient skills and workforce capacity to deliver care safely. These may include, but are not limited to, digital staff rota systems and employer designed dependency or acuity tools.

(2) Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2).

A degree of risk remains, as some providers may not yet be fully aware of the requirements of the Act. To strengthen compliance, all relevant expectations are now captured within the contract terms and conditions, and providers continue to receive updates and news shared via the Care Inspectorate. These measures are intended to improve overall awareness and coverage.

The revised contract terms and conditions state:

“The Service Provider must ensure compliance with the Health and Care (Staffing) (Scotland) Act 2019. The Service Provider shall provide any data and information requested in relation to governance and reporting arrangements that provide assurance to the Council of adherence to this Act.”

Declaration

Name of local authority / integration authority: Fife Council, Fife Health and Social Care Partnership

Report authorised by:

Name

Designation

Date

Details of where the report will be published: [\(insert link to publication\)](#)



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title:	Unscheduled Care – Governance, Assurance and Whole-System Delivery		
Agenda Item No:	8.1		
Responsible Owner:	Lynne Garvey, Director HSCP / Chief Officer, Integration Joint Board (IJB)		
Report Author:	Christopher Conroy, Head of Service – Community Care Services (CCS)		

Executive Summary	
<ul style="list-style-type: none"> • This paper provides IJB with assurance on governance, accountability and oversight arrangements for Unscheduled Care across NHS Fife and the HSCP, including escalation and scrutiny through the HSCP/IJB committee cycle. • The IJB’s strategic leadership role is exercised through HSCP SLT, ensuring whole-system planning and delivery aligns to local strategy and resources. • The Unscheduled Care Programme Board provides joint Acute/HSCP leadership and reports into both HSCP SLT and NHS Fife ELT, ensuring integrated grip on performance, quality, workforce, finance and risk across Unscheduled Care. • Key initiatives under the Programme Board include Hospital at Home+, Flow & Navigation Centre Plus (FNC+), Same Day Emergency Care (SDEC) and Discharge Without Delay (linked to Fife’s Home First Programme Board). • Overall, this paper provides MODERATE assurance: controls and oversight are in place and operating effectively; residual risk reflects system demand pressures and workforce/funding dependencies. 	

Recommendations		
This paper is presented to:		
Provide Assurance	<input checked="" type="checkbox"/>	Take assurance from the governance, accountability and oversight arrangements in place for Unscheduled Care / Improving Flow delivery.
For Noting	<input checked="" type="checkbox"/>	Note the updated governance structure and the key programme workstreams underway, with a commitment for 6 months reports to IJB on progress.

Directions

No Direction Required



Situation/Background (Purpose of Report)

Broadly, Unscheduled Care can be defined as urgent or emergency healthcare that cannot reasonably be planned or foreseen, often occurring outside standard GP working hours. It covers new health problems, accidents, or acute conditions requiring immediate attention (24/7), typically accessed via NHS 24, emergency departments, or pharmacists. Unscheduled Care continues to be a system priority across NHS Fife and the Fife HSCP. Sustained whole-system focus is required to improve flow, reduce avoidable waits and delays, and ensure people receive safe, effective and person-centred care in the right place, at the right time.

While emergency departments/Acute Hospitals are often seen as the visible face of unscheduled care, the ability to keep people well, independent and supported closer to home sits overwhelmingly within Community Health and Social Care. By strengthening prevention, supporting people at home and enabling timely, safe discharge through integrated pathways, including care at home, community hospitals, rehabilitation, reablement and carer support, the HSCP plays a decisive role in reducing avoidable demand on Acute services and maintaining whole-system flow.

This paper should be read alongside the Scottish Government correspondence “Planning for 2026–27 – Delivering Improvements in Unscheduled Care (Improving Flow)” (February 2026) (Appendix.1). This sets out clear expectations for whole-system service and financial planning, prioritisation of high-impact interventions, and accelerated delivery of Hospital at Home and community alternatives to admission. This national direction reinforces the requirement for NHS Boards and Integration Joint Boards to work collaboratively to improve flow, eliminate avoidable delays, and shift the balance of care closer to home.

The IJB has a central leadership role in shaping and assuring the HSCP contribution to Unscheduled Care, including Discharge Without Delay / Home First capacity, Hospital at Home expansion, and wider community-based alternatives to admission and prolonged hospital stay.

This paper provides assurance to the IJB on the governance arrangements in place and summarises the main programme workstreams supporting delivery.

Assessment (Key Points/Issues and Risks)

Governance and Accountability

Effective delivery of Unscheduled Care requires clear accountability, strong partnership leadership and aligned governance across the Health & Social Care Partnership, NHS Fife and the Integration Joint Board. Given the interdependence between Acute and Community Services, robust governance arrangements are essential to ensure strategic oversight, timely decision-making, escalation of risk and coherent whole-system delivery.

The following section sets out how governance and accountability for Unscheduled Care are structured to provide assurance, maintain system grip and support integrated working across organisational boundaries:

- The IJB provides strategic oversight of the HSCP contribution to Unscheduled Care and receives assurance through HSCP SLT and the HSCP/IJB committee cycle (e.g., QCC, FP&S, A&A as appropriate).
- HSCP SLT provides partnership leadership and grip on delivery, including scrutiny of risks, delivery issues and required escalations.
- NHS Fife ELT provides corporate oversight for NHS delivery and resources, ensuring alignment with NHS performance, workforce and financial frameworks.
- The Unscheduled Care Programme Board reports into both HSCP SLT and NHS Fife ELT, strengthening integrated decision-making and ensuring whole-system coordination rather than fragmented reporting.

Unscheduled Care Programme

Fife's Unscheduled Care Programme was established to address the increasing demand and complexity within urgent and emergency care pathways. This programme brings together a suite of interdependent projects to deliver a whole-system transformation. Its aim is to ensure timely access to the right care, reduce unnecessary hospital admissions, and optimise patient flow across acute, community, and home settings. There is a clear national requirement, alongside a strong local ambition, for NHS Fife and the Health & Social Care Partnership to set out a coherent, collective approach to improving Unscheduled Care. This is aligned to Scottish Government expectations through NHS Fife's Annual Delivery Plan and NHS Scotland's Operational Improvement Plan, and related national frameworks for urgent and unscheduled care and flow. Locally, this requires an explicit articulation of how acute and community services work together to prevent avoidable attendance, enable timely discharge, and sustain whole-system flow, with clear governance, delivery ownership and assurance through existing NHS Fife and IJB arrangements.

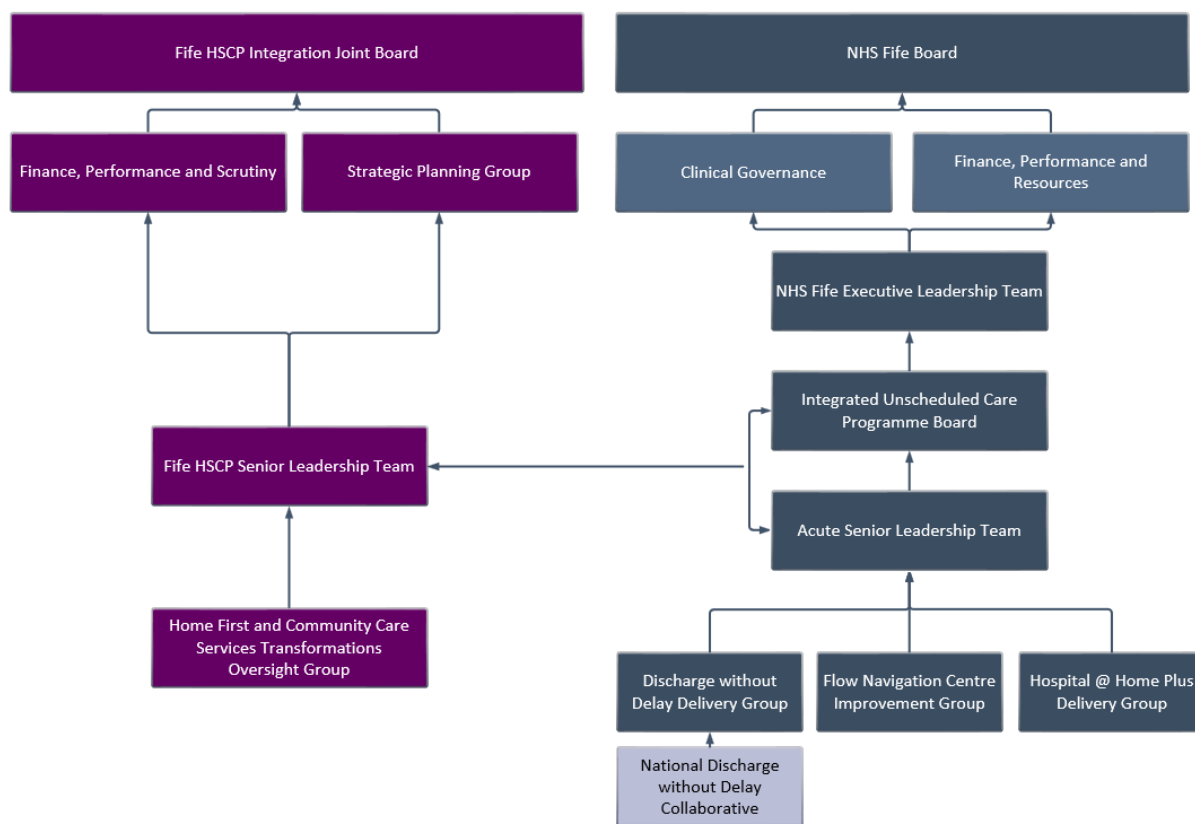
The key priority areas for delivery are during 2026-2027 are:

- Hospital at Home+ – expansion of acute-level care at home to support admission avoidance and early supported discharge, building on established frailty and community care models.
- Flow & Navigation Centre Plus (FNC+) – strengthening real-time coordination of capacity and demand across acute, community and virtual settings, supporting improved flow and reduced delays.
- Same Day Emergency Care (SDEC) – optimising rapid assessment and treatment pathways to reduce unnecessary admissions and improve experience.
- Discharge Without Delay / Home First – integrated discharge working and responsive community capacity, supporting timely discharge and reducing deconditioning and delayed discharge.

Across all these priority areas, frailty pathways are identified as a critical system lever within the ADP, supporting timely assessment, admission avoidance and safe discharge. The HSCP plays a key role in delivering these pathways through community hospital capacity, rehabilitation, reablement and Community Frailty Team. Strengthening community frailty pathways remains essential to reducing pressure on Acute services and improving outcomes for older people and taking pressure over our system.

Chart.1 below illustrates the Governance structure that supports the delivery of Unscheduled Care transformation. The NHS Fife Executive Nurse Director, is the Senior Responsible Owner (SRO) for the Unscheduled Care Programme Board, providing executive leadership on behalf of NHS Fife while working jointly with the Health & Social Care Partnership to ensure aligned, whole-system delivery and shared assurance across NHS Fife and the IJB.

Chart.1 - Unscheduled Care Governance Structure



Performance

Overall performance in Unscheduled Care reflects ongoing system pressure, alongside evidence of improvement where community capacity and integrated pathways are strongest. Unscheduled Care performance can be a strong barometer of system-wide performance/challenged.

Performance is subject to robust and routine scrutiny through daily operational oversight (including flow, discharge and capacity), weekly system-level review of risks and delivery issues, and formal monthly performance reporting through the Integrated Performance and Quality Report and aligned governance forums.

The IJB receives regular assurance on those aspects of Unscheduled Care that fall within its statutory remit and HSCP delivery, including delayed discharges, Hospital at Home, Care at Home capacity, Community Hospital flow, Frailty and associated workforce and sustainability risks.

Related Documents/Appendices

Appendix 1: “Planning for 2026–27 – Delivering Improvements in Unscheduled Care (Improving Flow)” (February 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		
				Yes	No	Summary of amendments
HSCP/IJB						
Senior Leadership Team (SLT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08.04.26	<input type="checkbox"/>	<input type="checkbox"/>	
Strategic Planning Group (SPG)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05.05.26	<input type="checkbox"/>	<input type="checkbox"/>	
Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.05.26	<input type="checkbox"/>	<input type="checkbox"/>	
Integration Joint Board (IJB)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27.05.26	TBC		

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising		
Service Users/Carers	<input checked="" type="checkbox"/>	<p>The overarching focus of the Unscheduled Care improvement plan programme is to ensure clinical services in Fife are developed and equipped to deliver timely access to safe and effective, quality care. Collectively the constituent projects will deliver transformation within NHS Fife aimed at addressing increasing demand, financial constraints, and workforce shortages. By establishing a Same Day Emergency Care (SDEC) model and reconfiguring diagnostic, medical and discharge pathways, the programme seeks to provide rapid assessment, diagnosis, and treatment, allowing many patients to be discharged on the same day. By enhancing our integrated models across FNC+ model and H@H+ provision we aim for people to experience more seamless and proactive care, optimising independence, and reducing their interaction with the acute site. The projects focused on supported discharge will reduce hospital acquired deconditioning and enable people to return home and to homely environments when they no longer require hospital-based care. Additionally, the programme promotes community-based care and scheduling or urgent care, enabling patients to return home sooner and receive follow-up care in outpatient settings, thus supporting public health and fostering a sense of trust in the health system. The programme aligns with the principles of Realistic Medicine by prioritising patient preferences, enhancing shared decision-making, and focusing on delivering outcomes to improve patients' quality of life. Overall, the redesign aims to create a more efficient, higher performing, patient-centred, and sustainable healthcare system for NHS Fife.</p> <p>Non-paid carers play a critical role in supporting people to remain at home and recover following acute illness. Partnership working with organisations such as Fife Carers Centre is integral to identifying carer needs early, mitigating carer breakdown and avoiding unnecessary hospital admission or delayed discharge.</p>
Localities/Communities	<input checked="" type="checkbox"/>	<p>Strengthened community alternatives to admission and improved navigation of care across localities. The programme promotes community-based care and scheduling or urgent care, enabling patients to return home sooner and receive follow-up care in outpatient settings, thus supporting public health and fostering a sense of trust in the health system.</p>
Quality of Care	<input checked="" type="checkbox"/>	<p>Established governance routes support safe, effective and person-centred delivery across pathways.</p>
Workforce	<input checked="" type="checkbox"/>	<p>Workforce risks are being managed through phased implementation and prioritisation of high impact roles. However, the conditional nature of funding creates potential instability if posts are established on a permanent basis without recurring resource. Staff wellbeing could also be impacted if workforce gaps lead to reliance on short-term cover.</p> <p>Social Work and Social Care services are central to effective Unscheduled Care delivery, particularly in preventing avoidable admissions and enabling timely, safe discharge. This includes Care at Home, reablement, intermediate care, community rehabilitation and social work assessment capacity. Non-paid carers play a critical role in supporting people to remain at home and recover following acute illness. Partnership working with organisations such as Fife Carers Centre is integral to identifying carer needs early, mitigating carer breakdown and avoiding unnecessary hospital admission or delayed discharge.</p>
Financial	<input checked="" type="checkbox"/>	<p>There is currently agreed funding of £6.2m across all Unscheduled Care. Weekly and monthly monitoring is underway to identify and any slippage to support the agile development of care models. It is recognised that the investment is to support delivery of trajectories that represent improvement for patient experience and that testing models may require adaptation and development. Recurring funding has been directed toward registrant positions due to workforce challenges, while non-registrant roles are being trialed on a fixed-term basis.</p>

		<p>Set-aside funding</p> <p>Set-aside funding is the proportion of NHS acute hospital resources that is identified to reflect the level of hospital care used by adults whose ongoing needs are best met through integrated health and social care services. It is not additional funding; rather, it makes visible the acute hospital spend associated with this population and provides a shared basis for planning between NHS Fife and the Health & Social Care Partnership. For Unscheduled Care, set-aside supports clearer discussion about how investment in community health, social work and social care capacity—such as Hospital at Home, Home First, reablement and Care at Home—can reduce reliance on acute hospital care and improve system flow</p>
Performance	<input checked="" type="checkbox"/>	<p>Unscheduled Care performance remains under pressure, but is subject to robust daily, weekly and monthly scrutiny. The IJB receives regular assurance on HSCP-delivered measures, providing a clear line of sight on community contribution to system flow without duplicating NHS Board operational oversight.</p>
<p>Climate</p> <p>Climate Fife 2024 Strategy and Action Plan</p>	<input checked="" type="checkbox"/>	<p>By supporting people to stay at home, not be admitted or return home more quickly fewer people will require to travel to VHK to visit their relatives / friends. Community based support and care, and remote monitoring will likewise reduce travel. There will be an element of additional technology required to support the development of acute care at home via virtual monitoring these will be purchased via national framework contracts and procurement processes cognisant of NHS Scotland climate targets.</p>
Communication and Engagement	<input checked="" type="checkbox"/>	<p>Development of the urgent and unscheduled care programme has been underpinned by engagement with clinical leaders, operational teams, and social care partners. Proposals have been iteratively shaped through bilateral discussions with the Scottish Government. Engagement will continue as delivery progresses, including workforce recruitment campaigns and patient-facing communications around Hospital at Home and frailty services</p>
Risk & Mitigation	<input checked="" type="checkbox"/>	<p>Key programme risks are managed through programme governance with escalation via SLT/ELT as required; committees provide route to IJB.</p>
Equalities and Human Rights, including children’s rights and health inequalities	<input checked="" type="checkbox"/>	<p>No Impact</p>

Appendix 1 - "Planning for 2026–27 – Delivering Improvements in Unscheduled Care (Improving Flow)" (February 2026)

Director for Performance and Delivery

T: 07799 260071

E: Derek.Grieve@gov.scot

NHS Chief Executives IJB
Chief Officers

25 February 2026

Dear Chief Executives and Chief Officers

Planning for 2026–27 – Delivering Improvements in Unscheduled Care

For 26/27, the approach to for Improving Flow reflects the priorities set out in the 2026/27 Operational Planning Priorities letter shared on 24 February. The information below sets out in more detail planning arrangements for 2026-27 to ensure sustained progress in relation to improving hospital flow and driving further improvements in patient care.

This work is critical to sustain and scale up improvements made in 2025/26 to redesign how health and social care is delivered by improving access to treatment and shifting the balance of care. Your plan should continue to work towards achieving our shared objectives of delivering improvements to the four hour Emergency Access Standard, eliminating 12 hour delays, reducing delayed discharge, and improving ambulance handover times.

To ensure best use of resource in 2026/27 prioritisation of the appropriate high impact interventions within local systems will be required by to maximise impact. To support this process you should engage the support of the Centre for Sustainable Delivery (CfSD) who will assist you in evaluating the impact of your existing plan and conduct impact analysis to support your improvement plan for next year in line with the greatest area of productive opportunity. They will write to you separately with more detailed operational planning guidance and you should engage with them.

In addition, CfSD will support work that implements improvement in clinical models which delivers greater value within existing financial envelopes. This will include redesign of services related to

- zero-day length of stay,
- short stay pathways (less than 72 hour stay),
- general medicine and
- observational medicine.

Improvements in these provide productivity gains within existing resource. CfSD will also assist in work that is developing evidence and understanding around access to urgent care in communities and flow navigation models.

We expect all Boards will use whole-system service and budget planning alongside unscheduled care funding, to fully embed the Discharge without Delay programme and guiding principles, delivering a series of key whole system outcomes developed in line with the HIS Ageing and Frailty Standards. A particular focus this year will be on

- 7 days working,
- fully embedding integrated discharge teams and
- responsive community HomeFirst capacity to support discharge without any delay.

Hospital at Home

The expansion of Hospital at Home services must be treated as a priority. The development of Hospital at Home services and an associated learning network continues to be developed by HIS.

As mentioned in the Operational Priorities for 2026/27, sub-national bodies will be central to accelerate the development of Hospital at Home capacity with support from Healthcare Improvement Scotland. Sub-national arrangements should support focus on the development of plans that will deliver a significant increase in the number of patients seen by these services each month, enabling more people to receive safe, effective care in the community.

PHS are developing the national data set for monitoring development of H@H across all specialities. Your progress will be monitored through the data collection that is in place with PHS and CfSD which boards should fully engage with. The dataset displayed by PHS on Discovery and CfSD via Power BI will underpin all discussions on performance and improvement support, and Boards are expected to fully engage with this process.

Accountability and Escalation

Integration Joint Boards (IJBs) must be fully engaged in planning and delivery, ensuring alignment with local health and social care strategies. Boards should work collaboratively with IJBs to embed multi-agency approaches, optimise discharge pathways, and strengthen community-based alternatives to hospital care.

Regular reviews will be put in place, and Boards must demonstrate progress against these actions. We ask that you incorporate these priorities into your planning processes. Detailed implementation plans should demonstrate how you will deliver these actions and meet the performance standards outlined above.

Thank you for your continued leadership and commitment to improving patient care.

Yours sincerely



Derek Grieve

Director for Performance and Delivery

Copy to:

Caroline Hiscox - Chief Executive NHS Lothian Jann
Gardener - Chief Executive NHS GGC Jessica Milne -
Unscheduled Care

Beth Macmaster - Unscheduled Care
Heather Dempster - Unscheduled Care Kirsty
Shields - Unscheduled Care Andrew Starrs -
Unscheduled Care Anna Stansfield -
Unscheduled Care Unscheduled Care Team
NSS.NHSScotlandBCE



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting:	Integration Joint Board	Date:	27 May 2026
Report Title:	Finance Update – Month 12		
Agenda Item No:	9.1		
Responsible Owner:	Lynne Garvey, Director of Health & Social Care		
Report Author:	Tracy Hogg, Chief Finance Officer		

Executive Summary
<ul style="list-style-type: none"> • The provisional outturn for Fife Health & Social Care Partnership at 31st March 2026 is an overspend of £9.515m • This is a favourable movement of £1.093m from the January position • Provisional savings delivery is projected to be 83% • Pressure from high demand on our services continues.

Recommendations		
This paper is presented to:-		
Seek a Decision Risk Appetite Section MUST be completed	<input checked="" type="checkbox"/>	Approve the Directions to NHS Fife and Fife Council for additional allocations in year
Provide Assurance	<input checked="" type="checkbox"/>	IJB are asked to be assured that there is robust financial monitoring in place
For Noting	<input checked="" type="checkbox"/>	Note the content of the report including the provisional outturn position for delegated services for 2025-26 financial year as at March 2026 as outlined in Appendices 1-4 of the report

Directions	
Fife Council	<input checked="" type="checkbox"/>
NHS Fife	<input checked="" type="checkbox"/>

Situation/Background (Purpose of Report)

The report details the financial position (provisional outturn) of the delegated and managed services. The provisional final outturn for Fife Health & Social Care Partnership at 31 March 2026 is an overspend of £9.515m

Assessment (Key Points/Issues and Risks)

As at 31 March 2026 the combined Health & Social Care Partnership delegated and managed services are reporting a provisional outturn overspend of £9.515m

The key areas of overspend are: –

- Primary Medical Services
- Service Level Agreements
- Mental Health & Psychology
- Adults Packages
- Care at Home
- External Nursing & Residential Care

These overspends are partially offset by underspends in:-

- Supported Living & Community Support
- Learning Disabilities
- Primary & Preventative Care
- Use of reserves

There is also an update in relation to savings which were approved by the IJB in March 2025 and use of Reserves brought forward from March 2025

Related Documents/Appendices

Appendix 1 – Finance Report at March 2026
Appendix 2 – Direction to NHS Fife
Appendix 2a – Direction to Fife Council
Appendix 3 - Approved 2025-26 Savings Tracker
Appendix 4 – Fife H&SCP Reserves

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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		
				Yes	No	Summary of amendments
HSCP/IJB						
Local Partnership Forum (LPF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.05.2026	<input type="checkbox"/>	<input type="checkbox"/>	
Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.05.2026	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Updated reserves table in Appendix 4
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>				

Implications/Impacts

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

Quality of Care	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	For all Change & Transformation Plans we will support our workforce with a focus on communication, fairness, consistency, training and health and safety
Financial	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	<p>No Impact/Not Required</p> <p><i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i></p>

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 Directions to NHS Fife and Fife Council for additional allocations in year	Not complying with due Governance	None known	<input type="checkbox"/> Strategic Objectives <input type="checkbox"/> Legislation <input checked="" type="checkbox"/> Governance <input type="checkbox"/> Quality of Care <input type="checkbox"/> Resources <input type="checkbox"/> Reputation	Open Averse/Minimalist Cautious/Open Cautious/Open Open Cautious/Open	Compliance with Governance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A risk only applies if we do not take the decision



**Fife Health
& Social Care
Partnership**



Finance Report

Provisional Outturn as at 31st March 2026

FINANCIAL MONITORING

PROVISIONAL OUTTURN AS AT MARCH 2026

1. Introduction

The Resources available to the Health and Social Care Partnership (H&SCP) fall into two categories:

- a) Payments for the delegated in scope functions
- 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 the 31st of March 2025. A budget of £741.561m was initially set for 2025-26, a further £14.000m of funding was passported from partners and therefore the increased budget totals £755.561m. Savings of £29.424m require to be made.

A revenue budget of £52.824m for acute set aside was also set for 2025-26.

2. Financial Reporting

This report has been produced to provide an update on the provisional financial position of the Health and Social Care Partnership. A summary of the provisional outturn, which is an overspend of £9.515m is provided at Table 2 with an associated variance analysis also provided.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £6.029m since January (£69.636m since April). This is shown in Table 1 below:

Budget at April	741.561
Additional funding	14.000
Updated Budget after additional funding	755.561
To reserves	(0.782)
Direction at M2 / May	10.020
Direction at M4 / July	30.689
Direction at M6 / September	3.838
Direction at M8 / November	0.973
Direction at M10 / January	4.869
Budget at January	805.168
Bairns Hoose	0.571
Management savings delivered by FC	0.250
Education Uplift	0.151
Child Poverty Practice Accelerator Fund	0.046
Whole Family Wellbeing Funding	0.065
Vaccine/flu further allocations	2.137
Other	(0.084)
2025-26 Pay Award funding FC	1.198
Hospital Navigator funding from Housing	0.040
Just Checking CFCF	0.203
Mental Health Car	0.091
Housing transfer to capital	(0.167)
NI Pressure	1.528
Budget at March	811.197

Directions for the £6.029m increase in funding since January are included at Appendix 2.

4. Directions

When the budget was approved in March 2025 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 £8.500m from NHS Fife to Fife Council.

5. Financial Performance Analysis of Provisional Outturn as at 31st March 2026

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a provisional outturn of £9.515m overspend. This is shown in Table 2 below

Fife Health & Social Care Partnership								
Provisional Outturn as at March 2026								
Objective Summary	Budget January	Budget March	Forecast Outturn January	Forecast Outturn March	Variance as at January	Variance as at March	Movement in Variance	
	£m	£m	£m	£m	£m	£m	£m	£m
Community Services	173.083	177.195	175.342	175.999	2.259	(1.196)	(3.455)	
Hospitals and Long-Term Care	71.951	70.823	74.077	74.983	2.126	4.160	2.034	
GP Prescribing	86.394	86.395	85.611	85.566	(0.783)	(0.829)	(0.046)	
Family Health Services	138.821	138.936	139.263	139.346	0.442	0.410	(0.032)	
Children's Services	20.312	20.350	20.012	19.988	(0.300)	(0.362)	(0.062)	
Homecare Services	68.847	68.847	70.415	69.594	1.568	0.747	(0.821)	
Older People Nursing and Residential	62.329	62.156	63.174	63.060	0.845	0.904	0.059	
Older People Residential and Day Care	18.866	18.866	19.283	18.752	0.417	(0.114)	(0.531)	
Older People Fife Wide/ Hospital Discharge	1.707	1.707	1.691	1.669	(0.016)	(0.038)	(0.022)	
Occupational Therapy & ICASS	5.755	5.782	6.404	6.324	0.649	0.542	(0.107)	
Adults Fife Wide	9.310	9.704	7.843	8.565	(1.467)	(1.139)	0.328	
Adult Supported Living	33.103	33.103	31.687	30.048	(1.416)	(3.055)	(1.639)	
Social Care Fieldwork Teams	27.678	27.607	25.618	25.605	(2.060)	(2.002)	0.058	
Adult Placements	78.629	78.832	88.065	90.932	9.436	12.100	2.664	
Social Care Other	(8.500)	(8.500)	(8.500)	(8.500)	0.000	0.000	0.000	
Business Enabling / Professional	15.067	17.748	13.975	17.135	(1.092)	(0.613)	0.479	
Housing	1.816	1.646	1.816	1.646	0.000	0.000	0.000	
Total Health & Social Care	805.168	811.197	815.776	820.712	10.608	9.515	(1.093)	

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

	Budget January	Forecast Outturn January	Variance as at January	Budget March	Forecast Outturn March	Variance as at March	Movement Jan-Mar
Primary Care & Preventative	306.070	303.779	(2.291)	309.238	306.399	(2.839)	(0.548)
Complex & Critical Care	230.297	238.092	7.795	231.061	240.341	9.280	1.484
Community Care	231.360	233.982	2.622	231.560	232.237	0.678	(1.944)
Professional & Business Enabling	30.836	29.411	(1.425)	35.845	34.509	(1.336)	0.089
Other	6.605	10.512	3.907	3.493	7.226	3.733	(0.174)
Total HSCP	805.168	815.776	10.608	811.197	820.712	9.515	(1.093)

5.1 Financial Analysis

The provisional outturn at March is an overspend of £9.515m, a reduction of £1.093m from the January reported position. An analysis of the position is noted below.

Primary & Preventative Care – underspend £2.839m

Primary Medical Services position is an overspend of £0.433m. This is mainly due to premises costs, maternity and sickness payments, and GP Superannuation costs.

Other Primary and Preventative Care services are forecasting an underspend of £3.272m. This relates to combination of factors, including the current proactive approach to managing expenditure budgets as well as an improvement in Primary Care prescribing due to a reduction in assumed growth from 3% to 1.47% in prescribing and over delivery against Medicines Efficiencies plan.

Movement from January position is an increased underspend, a movement of £0.548m this is due to a reduction in both prescribing and primary and preventative care services expenditure, and backdated uplift funding received from Education

Complex and Critical Care Services – overspend £9.280m

Mental Health and Psychology services position is an overspend of £4.410m, this overspend includes £0.793m non delivery of savings which has been carried forward to be delivered in 2026-27. The overspend has remained consistent throughout the year, with increased costs being incurred due higher than anticipated costs for in a specialist in-patient unit in another health board, bed numbers being higher than budgeted levels, supplementary staffing and the use of locums due to difficulties in recruiting substantively.

Learning Disabilities has a provisional underspend of £1.035m due to a high level of vacancies due to the national issue in recruiting LD Nurses. A review is currently underway to amend skill mix.

Adults Social care position is an overall overspend of £5.905m. This position reflects a combination of overspends and underspends across adult's social care services. Overspends relate to adults' packages, associated transport costs, and delays in delivering savings from Transforming care and Transport initiatives. These pressures have been partially offset by mitigating management actions. Underspends are primarily driven by vacancies and recruitment challenges within across all teams.

The movement of £1.484m is mainly due to adult's social care increase in volume of packages of care.

Community Care Services - overspend £0.678m

Care of Elderly Inpatients and Specialist Inpatients position is an £1.287m overspend which relates to continued use of bank and agency and surge beds, this is offset by underspends totalling £2.6m across Community Nursing, Admin and ICASS due to vacancies across the teams.

Care at Home position is a £0.748m overspend, this is due to Care at Home hours commissioned exceeding the budgeted position due to continued increased demand from both the hospital and community aligned to the ageing population.

Older People Residential position is a £0.115m underspend within Fife Council internal care homes, overspends relating to cleaning & catering recharges and agency usage are offset by income received being greater than budgeted.

Nursing & Residential position is a £0.905m overspend relating to an increased number of care home placements resulting in beds in use being greater than budget allows.

Occupational therapy adaptations and equipment position is an overspend of £0.542m due to current demand and increasing costs of equipment.

The movement in overspend from the January position is a reduction in overspend, a movement of £1.944m and is due to an increase in income recovery and direct payments costs being lower than anticipated.

Professional, Business Enabling & Other - £2.397m overspend

Service Level Agreements and Out of Area treatments position is a year-end overspend of £4.348m. This consists of slippage in savings delivery due to delays in returning patients to Fife and overspends, which include a surcharge for the delayed discharge of a patient as well as overspends on SLAs with other health boards due to changes in charging model.

Overspends have been partially offset by targeted management actions, including reductions in discretionary expenditure (printing, travel, and consumables), utilisation of reserves, and deferral of recruitment to certain management posts. Vacancies within Professional and Business Enabling services have also contributed to cost containment.

There is a minimal favourable movement of £0.085m from the January position.

6. Savings

Savings approved by the IJB for 2025-26 total £29.424m. £24.326m of savings were delivered by year end (83% delivery). Appendix 3 provides further detail.

The savings which were not delivered in year will be carried forward to be delivered in the new financial year, the main reason for non-delivery is timing.

7. Reserves

Reserves brought forward to April 2025 were £1.712m. £2.192 was added in year and £1.545m was allocated. This leaves a balance of £2.359m; however, these reserves are for a specific purpose and there are no uncommitted balances for use. Our ambition is to hold reserves balances of 2%.

Further details of reserves are shown in Appendix 4.

8. Recovery Plan and Escalation

Agreed recovery actions were taken throughout the year, however due to the requirement to keep the people of Fife safe and demands on services an overspend of £9.515m remains.

Therefore, there is a requirement to implement the risk share agreement which requires overspends to be funded by partners at the year-end per Section 8.2.3 of the Integration Scheme

Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB.

9. Risks

The provisional outturn position and unachieved savings have been recognised when developing the budget for 2026-27. We will ensure there is robust scrutiny of any spend throughout the next financial year to ensure effective financial management of the resources available to the IJB, and to understand the impact of any costs which have not been recognised, and what scope, if any, exists to help mitigate these costs.

9. Key Actions / Next Steps

There will be continued close monitoring of the provisional outturn position during 2026-27.

We will ensure there is robust scrutiny of any spend throughout the financial year to ensure effective financial management of the resources available to the IJB.

Delivery of savings is a key priority for the IJB and the Chief Officer will continue to monitor, scrutinise and drive forward delivery of the agreed savings. Weekly Progress Review Update meetings will continue to take place to ensure savings are being progressed.

Continued scrutiny of all vacant posts through a fortnightly recruitment panel.

The escalation tool is being utilised more frequently for budgets that are at risk of overspending due to demand. A summary of the key metrics, both qualitative and quantitative is being used to take a proactive approach to decision making.

As a result of the financial challenges faced by the IJB, the increased frequency of meetings with both partners and The Chair and Vice Chair of the IJB continues. Financial sustainability is a priority, and we recognise the valuable contribution that our key stakeholders can provide.

Tracy Hogg

Chief Finance Officer

15th May 2026



DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.09
2	Report Title	Additional Funding 2025-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	27 th May 2026
4	Date Direction Takes Effect	27 th May 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 2025 to 2026, additional funding of £3.139m 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 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A.
11	Date Direction will be reviewed	30 th June 2026

	3.139	Total Budget to be spent on NHS Services
Portfolio/ Service	Budget £M	Narrative
Primary Care & Preventative	3.168	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.
Integrated Community Care	0.239	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
Integrated Complex & Critical Care	0.347	Complex and Critical Care Services includes the delivery of Mental Health, Learning Disability and Adult / Older Adult Social Work
Prof & Business Enabling	(0.615)	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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DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	Reference Number	2025.10
2	Report Title	Additional Funding 2025-26
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	27 th May 2026
4	Date Direction Takes Effect	27 th May 2026
5	Direction To	Fife Council
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	All functions as detailed within the table below delegated to Fife Council by Fife Integration Joint Board
8	Full Text of Direction	Fife Council will utilise funding as allocated in table below relevant to each of the services as allocated.

9	Budget Allocated by IJB to carry out Direction	For the financial year 2025 to 2026, additional funding of £2.891m is allocated by Fife IJB to Fife Council as detailed in the table below
10	Performance Monitoring Arrangements	Regular monitoring of the financial position will take place during 2025-26 to ensure services are delivered within the resource envelope identified at Appendix A.
11	Date Direction will be reviewed	30 th June 2026

	2.891	Total Budget to be spent on Fife Council Services
Portfolio/ Service	Budget £M	Narrative
Prof & Business Enabling	2.891	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	2025-26					
OPPORTUNITIES	Total savings to be delivered	Projected to be delivered	Projected non achieved	Projected over delivery	Status from PRU	Narrative - Update from PRU
Medicines Efficiencies	1.844	3.036		1.192	Green	
Locum Savings	1.953	1.953			Green	Reduction in locum usage from Direct Engagement, recruitment to substantive posts from 'grow your own' initiatives and international recruitment
Transport Review	1.000	0.271	0.729		Red	Scoping and review underway of all vehicles, usage/idle time. Review of transport policy and taxi usage underway. Mileage trend analysis ongoing. Corporate review on leasing underway by Fife Council. Transport Hub being developed by NHS. This saving will continue into 2026-27
Recovery Plan others (Small Value)	0.067	0.067			Green	
Nurse Supplementary Staffing	1.000	1.000			Green	
Reprovision of out of area care packages	2.330	0.410	1.920		Red	Delays in reprovision of packages and bringing patients back to Fife have resulted in delays in achieving this saving. Moves will take place early in new year as property work is almost complete to allow patients to move.
Mental Health Redesign	4.192	3.399	0.793		Amber	Plans to repurpose inpatient rehab wards. Capital funding is available for refurbishment and redesign works. Planned reduction in inpatient bed base and further provision of support in the Community. This work will continue into 2026-27
Assessment and Rehabilitation Centres (ARCs) Redesign	0.300	0.300			Green	
Transforming Business Administration Project, Digital Programme	0.495	0.495			Green	
Community Rehabilitation & Care	1.000	0.635	0.365		Amber	There was a delay in the repurpose of one ward leading to a small reduction in savings delivery in year – the full year effect will be delivered in 2026-27
Review of Respite care	1.000	1.000			Green	
Income Generation MOW/Comm Alarms/ Rents/ Financial Assessment	1.125	1.125			Green	
Income - Charging for services - to be funded	0.500	0.500			Green	

Nursing & Residential - reprovision of care home beds	2.500	2.500			Green	
Commissioning of Adult Care Packages	2.250	2.250			Green	Work continues to review staffing requirements and commissioned care. Dedicated staff member is assisting in progress.
Commissioning Centre of Excellence	0.068	0.068			Green	
Group Homes	0.050	0.007	0.043		Amber	Will be carried forward to be delivered in 2026-27
Transforming Overnight Care	5.915	3.475	2.440		Amber	Dedicated team reviewing all packages on a locality-by-locality basis. Delay in delivery is due to timing, and this saving will be delivered in full in 2026-27
Home First and Community Care Services Transformations Programme (SHC)	1.835	1.835			Green	
TOTAL	29.424	24.326	6.290	1.192	83%	

Appendix 4 - Earmarked Reserves	Opening Balance April 2025	Additions in Year	Allocated in Year	Closing Balance at March 2026
	£m	£m	£m	£m
Mental Health R&R	0.522			0.522
Anti-Poverty	0.052	0.042	-0.026	0.068
Unscheduled care		1.071		1.071
Long Covid		0.307		0.307
Psychology		0.186		0.186
Hospital @ Home		0.026		0.026
Total Earmarked	0.574	1.632	-0.026	2.180
Community Alarms - Analogue to Digital	0.971		-0.570	0.401
Housing - adaptations	0.167	0.297	-0.167	0.297
Committed Balance	1.138	0.297	-0.737	0.698
Uncommitted Balance		0.782	-0.782	0
Total Reserves	1.712	2.711	-1.545	2.878



Fife Health & Social Care Partnership

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Meeting:	Integration Joint Board	Date:	27 th May 2026
Report Title:	Annual Assurance Statement		
Agenda Item No:	10.1		
Responsible Owner:	Lynne Garvey, Chief Officer, IJB		
Report Author:	Vanessa Salmond, Head of Corporate Governance and IJB Secretary		

Executive Summary

- Collectively, the Committees confirm they operated effectively, in line with their Terms of Reference, the Integration Scheme, and the Governance Manual.
- Assurance has been provided across all key areas of the IJB's responsibilities, including clinical and care governance, finance, performance, risk management, internal control, and delivery of the Strategic Plan.
- Each Committee met regularly, maintained appropriate governance arrangements, and provided effective scrutiny and escalation where required.
- No significant control weaknesses or matters requiring disclosure in the Governance Statement were identified during the year.
- Taken together, the three Assurance Statements provide a comprehensive and robust level of assurance to the Integration Joint Board for 2025–26.

Recommendations

This paper is presented to: -	Clearly outline below what the Board/Committee are being asked to do: -	
Provide Assurance	<input checked="" type="checkbox"/>	The Annual Assurance Statements are presented to the IJB for assurance.

Directions

No Direction Required	<input checked="" type="checkbox"/>
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Situation/Background (Purpose of Report)

Annual assurance statements are prepared by all IJB Committees as part of the IJB's governance framework. This statement provide assurance to the IJB that the committee structure supports delivery of strategic priorities and ensures that operational and strategic risks are being managed effectively.

The attached statements cover the period 1 April 2025 to 31 March 2026.

Assessment (Key Points/Issues and Risks)

Taken together, these statements provide assurance that the Integration Joint Board's committee structure has operated effectively and in line with approved Terms of Reference, the Integration Scheme, and the Governance Manual.

Each Committee has confirmed that it met regularly during the year, maintained appropriate quoracy and oversight arrangements, and discharged its statutory and delegated responsibilities. The Committees collectively provided assurance across the full range of the IJB's governance responsibilities, including clinical and care governance, finance and performance management, risk management, internal control, and delivery of the Strategic Plan.

The Quality & Communities Committee has provided assurance on the effectiveness of clinical and care governance arrangements, oversight of quality, safety, and person-centred care, and compliance with relevant statutory and regulatory requirements. The Finance, Performance & Scrutiny Committee has provided assurance on financial stewardship, performance management, transformation activity, and strategic risk, including scrutiny of the Medium-Term Financial Strategy, budgets, and delivery plans. The Audit & Assurance Committee has provided assurance on the adequacy and effectiveness of governance, risk management, internal control, audit arrangements, and financial reporting.

All three Committees have confirmed that, based on the work undertaken during the year, there were no significant control weaknesses or issues that require disclosure in the Governance Statement. Any issues identified through routine scrutiny were appropriately escalated, managed, and monitored through established governance processes.

On this basis, the Integration Joint Board can be satisfied that the Committees have collectively provided a sound and comprehensive level of assurance to the Integration Joint Board for 2025–26, supporting the Board's Annual Governance Statement and overall assurance framework.

The Annual Assurance Statements, Attendance Records and Schedule of Business are attached at Appendix a-c for each Committee.

Related Documents/Appendices

Appendix A – Audit & Assurance Committee Annual Assurance Statement
 Appendix B – Finance, Performance & Scrutiny Annual Assurance Statement
 Appendix C – Qualities and Communities Annual Assurance Statement

Assurance Levels

Level:	Descriptor:
Significant <input checked="" type="checkbox"/>	The controls, actions and assurances provide substantial assurance in relation to management of this risk. Controls and actions are assessed as adequate and effective and in proportion to the risk, and assurances provide specific positive commentary and/or show an improving position.

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		
				Yes	No	Summary of amendments
HSCP/IJB						
Audit & Assurance (A&A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/05/26	<input type="checkbox"/>	<input type="checkbox"/>	
Quality & Communities (QCC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22/04/26	<input type="checkbox"/>	<input type="checkbox"/>	
Finance, Performance & Scrutiny (FP&SC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15/04/26	<input type="checkbox"/>	<input type="checkbox"/>	
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	27/25/26			

Implications/Impacts

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

Risk & Mitigation	<input checked="" type="checkbox"/>	The preparation of an Annual Assurance Statement supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations.
Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/>	<p>No Impact/Not Required</p> <p>The report asks the Audit Committee to approve the annual statements attached at Appendix 1-3. The Committee are not being asked to make a decision which will impact on people. Therefore, a full EPIA is not required.</p>



Fife Health & Social Care Partnership

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ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD

AUDIT & ASSURANCE COMMITTEE 2025-26

1. Purpose

- 1.1 This report sets out an Annual Assurance Statement and overview of the work of the Fife Integration Joint Board (IJB) Audit & Assurance Committee (AAC). This is in addition to the IJB receiving a Chairs Assurance Report and minutes of each meeting, both ensuring effective scrutiny of the Committee.
- 1.2 The Audit & Assurance Committee are able to provide assurance to the IJB that the Committee is fulfilling all its statutory requirements and, on the adequacy, and effectiveness of systems of internal control and assurance, with appropriate and consistent escalation and action in accordance with the scope of services as defined in the Integration Scheme.

2. Background

- 2.1 Each of the governance committees produce an annual assurance statement signed by the Chair of each relevant committee. Once each committee agree their annual assurance statement these are remitted for review by the Audit & Assurance Committee on 8th May 2026. The purpose of this review by the Audit & Assurance Committee is to provide the IJB with assurance on the effectiveness of the IJB committee structure and that the committees are fulfilling their statutory duties
- 2.2 The Committee formally provides a copy of its approved minutes to the IJB as part of its assurance processes. In addition, these minutes are all accessible online through the HSCP website and Fife Council Committee pages.

3. Membership

- 3.1 Committee membership for the financial year 2025-26 is detailed at Appendix 1.

4 Meetings

- 4.1 The Audit & Assurance Committee met on five occasions during the period 1 April 2025 to 31 March 2026. On each occasion the Committee was quorate.

5. Governance

- 5.1 **Terms of Reference:** The Audit & Assurance Committee Terms of Reference were reviewed and agreed at the July 2025 meeting. The terms of reference confirms

that the key purpose of this Committee is to provide assurance to the IJB that the Committee is fulfilling all its statutory responsibilities and that effective systems of governance, risk management, internal control and assurance are in place and operating as intended. The Committee supports the IJB in delivering its statutory functions in line with the Integration Scheme, Health and Wellbeing Outcomes, national and local policy directions, and Fife's Strategic Plan, through oversight of audit, risk, financial governance, information governance and compliance, with appropriate escalation where required.

- 5.2 **Workplan:** A Committee workplan incorporating agenda items and reports which support the full scope and remit of the Committee are presented at each Committee meeting allowing active oversight by the Committee and understand and monitor any variances.
- 5.3 **Risk Management:** As per the agreed IJB Risk Management Policy and Strategy, the Audit & Assurance Committee have responsibility for the strategic risk register and provide oversight of individual risks allocated to the other Committee's for greater scrutiny of root causes and identification and effectiveness of mitigating actions. Committee agreed with the level of assurance provided in these reports.
- 5.4 **Committee Business:** All committee business transacted throughout the period 1 April 2025 to 31 March 2026, aligned to Committee Terms of Reference is detailed at Appendix 2.

6. Conclusion

- 6.1 As Chair of the Audit & Assurance Committee during financial year 2025-26, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Audit & Assurance Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit.
- 6.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Audit & Assurance Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 6.3 I would pay tribute to the dedication and commitment of fellow members of the Audit & Assurance Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:



Date: 28th April 2026

Dave Dempsey

On behalf of the Audit & Assurance Committee

AUDIT & ASSURANCE COMMITTEE – ATTENDANCE RECORD 1st April 2025 to 31st March 2026

Members	16 May 2025	27 Jun 2025	19 Sept 2025	14 Nov 2025	13 Mar 2026
Dave Dempsey	✓	✓	✓	✓	✓
John Kemp	✓	✓	✓	✓	✓
Sinead Braiden	✓	✓	x	x	x
David Alexander	x	✓	✓	x	✓
In Attendance					
Audrey Valente (Lead Officer- ceased Oct 2025)	✓	✓	✓		
Tracy Hogg (Lead Officer- wef Oct 2025)		✓	✓	✓	✓
Avil Sweeney	✓	✓	✓	✓	✓
Vanessa Salmond	✓	✓	✓	✓	✓
Jocelyn Lyall	✓	✓	✓	✓	✓

Remit	Committee Business	Committee Cycle	Committee Decision
Governance & Compliance			
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Minutes of Previous meeting	Standing agenda item at each Committee meeting	Decision
	Active or Emerging Issues	Standing agenda item at each Committee meeting	Decision
	Annual Review of Committee Terms of Reference	Jun-25	Decision
	Fife IJB Annual Report (incorporating Internal Control Evaluation)	Jun-25	Assurance/ Decision
To review the overall Internal Control arrangements to provide assurance to the IJB and make recommendations to the IJB regarding signing of the Governance Statement.	Integration Scheme Financial Governance – Budget Setting Process	May-25	Discussion/ Assurance
	Internal Audit F06/25 – Internal Control Evaluation	Jun-25	Assurance/ Decision
	NHS Fife Annual Governance Statement	Sept-25	Assurance
	Lessons Learned Financial Movement Review Report – Action Plan Sept-25	Sept-25	Assurance/ Decision
Oversee Information Governance on behalf of the IJB.	Records Management Annual Report 2025	Sept-25	Discussion/ Assurance
Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.	Assurance Statements 2024-25	May-25	Assurance/ Decision

Risk			
Scrutinise the Corporate Risk Register and provide a bi-annual update on changes prior to the Corporate Risk Register being submitted to the IJB.	IJB Strategic Risk Register	May-25 Sept-25	Discussion/ Assurance
	Deep Dive Risk Review	Jun-25	Discussion/ Assurance
Review and consider Reports on Internal Control and Corporate Governance; Internal Audit and External Audit, Risk Management; Standing Orders, Financial Regulations; Annual Accounts and other matters as required. Oversee progress against actions associated with internal and external audits.	Risk Management Annual Report	May-25	Assurance/Decision
	Risk Management Update Report	Sept-25	Assurance
	Deep Dive Risk Review Update Report	Sept-25	Assurance
Review and consider Reports on Internal Control and Corporate Governance; Internal Audit and External Audit, Risk Management; Standing Orders, Financial Regulations; Annual Accounts and other matters as required. Oversee progress against actions associated with internal and external audits	Counter Fraud & Corruption Arrangements 2024-26 (FC & NHS Fife)	Mar-26	Assurance
Annual Accounts/Best Value			
To review and approve the annual internal audit plan and Internal Audit Charter. Assure itself of the quality of Internal Audit and approve the appointment of internal auditors.	Internal Audit Plan 2025-26	May-25 Sept-25	Decision
	Audit Charter	Sept-25	
	Internal Audit Progress Report	May-25 Jun-25 Sept-25 Nov-25 Mar-26	Assurance

Annual Accounts/Best Value			
To review and approve the annual internal audit plan and Internal Audit Charter. Assure itself of the quality of Internal Audit and approve the appointment of internal auditors.	Internal Control Evaluation 2025-26	Mar-26	Assurance
Assure the Board that audit recommendations have been completed and used to drive improvement.	Internal Audit - Follow-Up Report on Audit Recommendations	May-25 Sept-25 Nov-25 Mar-26	Assurance
Consider the Annual Financial Accounts and related matters before endorsing for submission and approval by the IJB.	Draft Annual Accounts and Financial Statement	Jun-25	Decision
	Annual Accounts and Financial Statement	Sept-25	Decision
	External Audit Annual Plan	Mar-26	Decision
	Best Value Report	Mar-26	Decision
Business Cycle			
Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.	Annual Committee Workplan	Standing agenda item at each Committee meeting	Assurance/Decision
This Committee will have oversight of the annual process of self-assessment/self-evaluation on behalf of the Board, to ensure the effectiveness of the self-evaluation governance process and for inclusion within the Annual Assurance Statement.	Self-Assessment	Rescheduled until Summer 2026	



Fife Health & Social Care Partnership

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ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE 2025-26

1. Purpose

- 1.1 This report sets out an Annual Assurance Statement and overview of the work of the Fife Integration Joint Board (IJB) Finance, Performance & Scrutiny Committee (FP&SC). This is in addition to the IJB receiving a Chairs Assurance Report and minutes of each meeting, both ensuring effective scrutiny of the Committee.
- 1.2 The Finance, Performance & Scrutiny Committee are able to provide assurance to the IJB that the Committee that it is meeting its statutory responsibilities for overseeing finance, performance and the effective use of resources, with robust governance and escalation arrangements operating in line with the Integration Scheme and the Committee's remit.

2. Background

- 2.1 Each of the governance committees produce an annual assurance statement signed by the Chair of each relevant committee. Once each committee agree their annual assurance statement these are remitted for review by the Audit & Assurance Committee on 18th May 2026. The purpose of this review by the Audit & Assurance Committee is to provide the IJB with assurance on the effectiveness of the IJB committee structure and that the committees are fulfilling their statutory duties
- 2.2 The Committee formally provides a copy of its approved minutes to the IJB as part of its assurance processes. In addition, these minutes are all accessible online through the HSCP website and Fife Council Committee pages.

3. Membership

- 3.1 Committee membership for the financial year 2025-26 is detailed at Appendix 1.
- 3.2 Following the resignation of the substantive Chair, interim Chair arrangements have been implemented to ensure continuity of leadership and effective governance. The process to appoint a permanent Chair is underway.

4 Meetings

- 4.1 The Finance, Performance & Scrutiny Committee met on six occasions during the period 1 April 2025 to 31 March 2026. On each occasion the Committee was quorate.

5. Governance

- 5.1 **Terms of Reference:** The Finance, Performance & Scrutiny Committee Terms of Reference were reviewed and agreed at the July 2025 meeting. The Finance, Performance & Scrutiny Committee is able to provide assurance to the Integration Joint Board that it is fulfilling its role in keeping the financial position under review, overseeing performance against key financial and non-financial indicators, and scrutinising the use of resources. The Committee further assures the IJB that appropriate and effective arrangements are in place to support robust performance management, financial governance and best value, with issues escalated as necessary in line with the Integration Scheme and the Committee's agreed remit.
- 5.2 **Workplan:** A Committee workplan incorporating agenda items and reports which support the full scope and remit of the Committee are presented at each Committee meeting allowing active oversight by the Committee and understand and monitor any variances.
- 5.3 **Risk Management:** As per the agreed IJB Risk Management Policy and Strategy, a Finance, Performance & Scrutiny Strategic Risk Report was presented to Committee in May 2025 and November 2025. In addition, a Deep Dive Risk Review on Governance was presented to Committee in July 2025, for greater scrutiny of root causes and identification and effectiveness of mitigating actions. Committee agreed with the level of assurance provided in the report.
- 5.4 **Committee Business:** All committee business transacted throughout the period 1 April 2025 to 31 March 2026, aligned to Committee Terms of Reference is detailed at Appendix 2.

6. Conclusion

- 6.1 As Interim Chair of the Finance, Performance & Scrutiny Committee during financial year 2025-26, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Finance, Performance & Scrutiny Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit.
- 6.2 Financial Governance and related processes have been a key discussion point throughout the 2025-26 reporting period due to the challenging financial landscape. I can confirm that that there were no significant control weaknesses or issues at the year-end which the Finance, Performance & Scrutiny Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 6.3 I would pay tribute to the dedication and commitment of fellow members of the Finance, Performance & Scrutiny Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:

Date: 28th April 2026

David Alexander

On behalf of Finance, Performance & Scrutiny Committee

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE – ATTENDANCE RECORD 1st April 2025 to 31st March 2026

Members	13 May	16 Jul	17 Sept	12 Nov	17 Jan	12 Mar
Alastair Grant (Ceased wef Aug 2025)	✓	✓				
David Alexander (Interim Chair wef Sept 2025)	✓	✓	✓	✓	x	✓
Dave Dempsey	✓	✓	✓	✓	✓	x
John Kemp	x	✓	✓	✓	✓	✓
Alistair Morris (wef Dec 2025)					✓	✓
In Attendance						
Audrey Valente (ceased Oct 2025)	✓	✓	✓			
Tracy Hogg (Lead Officer wef Oct 2025)				✓	✓	✓
Lynne Garvey	✓	✓	✓	✓	✓	✓
Jillian Torrens (ceased wef Sep 2025)	x	✓				
Karen Marwick (wef Sept 20205)			✓	✓	✓	✓
Lisa Cooper	✓	✓	x	✓	✓	x
Vanessa Salmond	✓	✓	✓	✓	✓	✓
Chris Conroy	x	✓	✓	✓	✓	x

Remit	Committee Business	Committee Cycle	Committee Decision
Governance & Compliance			
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Minutes of Previous meeting	Standing agenda item at each Committee meeting	Decision
	Active or Emerging Issues		Decision
Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year	Committee Workplan	Standing agenda item at each Committee meeting	Assurance
	Terms of Reference (review)	July-25	Decision
Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB	Annual Assurance Statement	May-25	Assurance
	Committee Membership	May-25	Decision
Finance			
Monitor and scrutinise the use of all resources available to the IJB	Finance Update	May-25 July-25 Sept-25 Nov-25 Jan-26 Mar-26	Assurance/Decision
Review and scrutinise reserves and additional funding.	Finance Update	May-25 July-25 Sept-25 Nov-25 Jan-26 Mar-26	Assurance/Decision
Review and scrutinise the IJB's Medium Term Financial Strategy, any in year savings and Recovery	MTFS Report	Mar-26	Decision

Plans in support of the Strategic Plan prior to it being approved by the IJB.			
Review and scrutinise annual budgets with recommendations to the IJB.	Annual Budget 2026-27	Mar-26	Decision
Monitor and provide detailed scrutiny on Finance and Performance Risks on behalf on the IJB.	FP&S Strategic Risk Register	May-25 Nov-25	Assurance/Decision
	Deep Dive Review Report - Governance	July-25	Assurance
	FP&S Strategic Risk Register Deep Dive Review	Jan-26 Mar-26	Assurance/Decision
Performance			
To oversee, on behalf of the IJB, a Performance Framework which provides assurance to the IJB that there is a fit for purpose reporting structure in place	Performance Framework Report	Jan-26	Assurance/Decision
Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives and the performance indicators.	IJB Annual Performance Report 2024-25	July-25	Assurance/Decision
Receive regular reports on the performance indicators and review outcomes.	IJB Performance Report	Sept-25 Jan-26 Mar-26	Assurance/Decision
Directions issued by the IJB will be scrutinised and monitored by this Committee to ensure partners are complying as instructed.	Revised Budget Direction 2025.005 and 2025 006	July-25	Decision
	Monitoring of Directions	Sept-25 Jan-26	Assurance
Transformation			

Oversee the implementation of and scrutinise a Transformation and Change Programme in line with the Strategic Plan.	Reconfiguration of Adamson & St Andrews MIU	May-25	Decision
	Review of Short Stay Bed Base in Local Authority Care Homes for Older People	July-25	Decision
Transformation			
Oversee the implementation of and scrutinise a Transformation and Change Programme in line with the Strategic Plan.	Home First Update – Community Hospitals Transformation	July-25	Assurance
	Transformation/PMO Update	Mar-26	Assurance
Strategies			
To receive and scrutinise progress reports from accountable officers on finance, performance, transformation and delivery of the priorities within the Strategic Plan.	Commissioning Strategy Annual Report	May-25	Assurance
	Whistleblowing Annual Report	July-25	Assurance
	Fife Alcohol & Drug Partnership Strategy (Annual Report and Scottish Government Survey 24-25)	July-25	Assurance/Decision
	Advocacy Strategy	Nov-25	Assurance
	Winter Plan	Nov-25	Assurance
	Public Sector Climate Change Duties	Nov-25	Assurance/Decision
	Equality, Diversity and Inclusion Annual Report	Nov-25	Assurance
	Grants to Voluntary Organisations	Mar-26	Decision
Review, monitor and scrutinise delivery of the Strategic Plan making any recommendations as appropriate to the IJB for approval.	Mid-Year Workforce Update	May-25	Assurance
	Carers Strategy	Sept-25	Assurance
	Digital Strategy	Jan-26	Assurance
	Primary Care Strategy	Nov-25	Assurance
	Workforce Strategy Annual Report Year 3 and Year 3 Action Plan	Nov-25	Assurance
Strategic Plan 2023-26 – Annual Plan and Delivery Plan	Mar-26	Assurance/Decision	



Fife Health & Social Care Partnership

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ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD

QUALITY & COMMUNITIES COMMITTEE 2025-26

1. Purpose

- 1.1 This report sets out an Annual Assurance Statement and overview of the work of the Fife Integration Joint Board (IJB) Quality & Communities Committee (QCC). This is in addition to the IJB receiving minutes of meetings and ensures effective scrutiny of the Committee.
- 1.2 The Quality & Communities Committee supports the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy.

2. Background

- 2.1 The Quality & Communities Committee provides assurance to the IJB on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and social care services.
- 2.2 An important element of clinical and care governance is to ensure there is a robust system for assuring the quality and safety of health and social care delivered and for the Committee to drive a culture of continuous improvement. This includes having systems in place to identify and respond when standards are not being met and issues of poor performance are identified and addressed.
- 2.3 The Committee has responsibility to oversee the processes within the Health and Social Care Partnership. This is to ensure appropriate action is taken in response to several matters, including significant adverse events, external scrutiny and inspection reports and complaints and feedback. Importantly, it ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
- 2.4 The Committee formally provides a copy of its approved minutes to the IJB as part of its assurance processes. In addition, these minutes are all accessible online through the HSCP website and Fife Council Committee pages.

3. IJB Quality and Communities Committee

Membership

- 3.1 During the financial year ending 31 March 2026, the membership of the Quality & Communities Committee brought together a broad and complementary mix of skills, knowledge and experience from across the whole health, social work and social care system, including NHS Fife, Fife Council, the Third and Independent Sectors and representatives of patient and carers.
- 3.2 Committee membership for the financial year 2025-26 is detailed at Appendix 2.
- 3.3 Following the resignation of the substantive Chair, interim Chair arrangements have been implemented to ensure continuity of leadership and effective governance. The process to appoint a permanent Chair is underway.
- 3.4 The Quality & Communities Committee may invite individuals to attend meetings for particular agenda items, but the Deputy Medical Director (Lead Officer), Director of Fife Health & Social Care Partnership, Director of Nursing HSCP, Principal Social Work Officer, Director of Allied Health Professionals, Director of Pharmacy & Medicines, Head of Strategic Planning, Performance & Commissioning, Head of Community Care Services, Head of Complex and Critical Care Services, Head of Primary & Preventative Care Services, Staff Side Representative and Quality Clinical & Care Governance Lead will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

4 Meetings

- 4.1 The Quality & Communities Committee met on six occasions during the period 1 April 2025 to 31 March 2026. On one occasion, the Committee meeting was not quorate in accordance with the approved Terms of Reference; however, the Chair, in consultation with the Standards Officer, agreed the meeting could proceed, and any business requiring formal decision or assurance to the Integration Joint Board was subsequently confirmed by email to ensure appropriate governance, accuracy, and collective agreement by all members.

5. Governance

- 5.1 **Terms of Reference:** The Quality & Communities Committee Terms of Reference were reviewed and agreed at the July 2025 meeting. The terms of reference confirms that the key purpose of this Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach to:-
 - Safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.
 - Locality capacity building, locality planning, community development, participation and engagement and support to carers.
 - Help the people of Fife to live independent and healthier lives by transforming health and care, supporting early intervention and

prevention and working closely with delegated, third and independent services to reduce health inequality.

- Clinical and care governance and that quality of care is being led professionally and clinically.
- Health and Wellbeing Outcomes, the Clinical and Care Governance Framework, the Governance for Quality Social Care in Scotland Report, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy.

- 5.2 **Workplan:** A Committee workplan incorporating agenda items and reports which support the full scope and remit of the Committee will be presented at each Committee meeting during 2026-27 to allow active oversight by the Committee and understand and monitor any variances.
- 5.3 **Risk Management:** As per the agreed IJB Risk Management Policy and Strategy, a Quality & Communities Committee Risk Register Report was presented to Committee in April 2025 and November 2025. In addition, a number of Deep Dive Risk Reviews were presented to Committee for greater scrutiny of root causes and identification and effectiveness of mitigating actions. Committee agreed with the level of assurance provided in these reports on Clinical and Care Governance presented to July Committee, Resilience which was presented to September Committee and Demographics/Changing Landscape Impacts considered by Committee in March 2026.
- 5.4 **Committee Business:** All committee business transacted throughout the period 1 April 2025 to 31 March 2026, aligned to Committee Terms of Reference is detailed at Appendix 3.

6. Conclusion

- 6.1 As Interim Chair of the Quality & Communities Committee during financial year 2025-26, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Quality & Communities Committee has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit.
- 6.2 I can confirm that there were no significant control weaknesses or issues at the year-end which the Quality & Communities Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 6.3 I would pay tribute to the dedication and commitment of fellow members of the Quality & Communities Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: 

Date: 14th April 2026

Rosemary Liewald
On behalf of the Quality & Communities Committee

QUALITY & COMMUNITIES COMMITTEE – ATTENDANCE RECORD 1st April 2025 to 31st March 2026

Members	25 April 2025	4 July 2025	5 Sept 2025	5 Nov 2025	7 Jan 2026	4 Mar 2026
Sinead Braiden	✓	✓	✓	✓	✓	x
Rosemary Liewald (Interim Chair wef Sept 25)	✓	✓	✓	✓	✓	✓
Colin Grieve (Ceased Aug 2025)	✓	✓				
Margaret Kennedy (ceased July 2025)	✓					
Lynn Mowatt	✓	✓	✓	✓	✓	✓
Eugene Clark (wef July 2025)		✓	✓	✓	✓	✓
Sam Steele	✓	✓	✓	x		✓
Amanda Wong	✓	✓	✓	x	✓	x
Kenny Murphy	✓	✓	✓	✓	✓	x
Morna Fleming	✓	✓	✓	✓	✓	✓
Paul Dundas	✓	✓	x	✓	✓	x
Ken Fraser (wef Feb 2026)						✓
Jo Bennett	✓	✓	✓	✓	✓	x
Alistair Grant (ceased July 2025)	✓	✓				

Members	25 April 2025	4 July 2025	5 Sept 2025	5 Nov 2025	7 Jan 2026	4 Mar 2026
In Attendance						
Dr Helen Hellewell (Lead Officer) (ceased Dec 2025)	✓	✓	✓	✓		
Lynn Barker	✓	✓	✓	✓	✓	✓
Lynne Garvey	✓	✓	x	x	✓	x
James Ross	✓	x	x	x	x	x
Jillian Torrens (ceased Aug 2025)	x	✓				
Karen Marwick (wef Aug 2025)			✓	✓	✓	✓
Vanessa Salmond	✓	✓	✓	✓	✓	✓
Chris Conroy	x	x	✓	✓	✓	
Caroline Cherry	x	✓	x	✓	✓	✓
Lisa Cooper	✓	x	✓	✓	✓	✓
Catherine Gilvear	✓	✓	✓	✓	✓	✓
Audrey Valente (ceased Oct 2025)	✓	✓	✓			
Tracy Hogg (wef Sep 2025)				✓	x	x
Roy Lawrence	✓	✓	✓	✓	✓	✓
Avril Sweeney	✓	✓	✓	✓	x	x

QUALITY & COMMUNITIES COMMITTEE – RECORD OF BUSINESS

Remit	Committee Business	Committee Cycle	Committee Decision
Governance & Compliance			
To review and continually reassess the IJBs view of governance, risk management and control, to assure that it remains fit for purpose.	Minutes of Previous meeting	Standing agenda item at each Committee meeting	Decision
	Active or Emerging Issues		Decision
Assure the IJB that appropriate and effective clinical and care governance mechanisms and structures are in place for clinical and care governance throughout the whole of the Health and Social Care Partnership.	QMAG	Standing agenda item at each Committee meeting	Assurance
	Duty of Candour Annual Report (FC)	July 2025	Assurance
Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.	Committee Workplan	Standing agenda item at each Committee meeting	Assurance
	Terms of Reference (review)	July 2025	Decision
Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.	QCC Annual Assurance Statement	April 2025	Assurance
Monitor the implementation of locality capacity building, locality planning, community development, participation and engagement and support to carers and to seek assurance that the services being delivered are high quality, safe, effective, person-centred and provide best value for the people of Fife.	Community Led Support Annual Report	September 2025	Assurance
	Carers Strategy	September 2025	Assurance

Strategic Planning & Delivery			
Provide assurance to the IJB that the clinical and care governance requirements of recommendations for decision and/or direction have been considered by the Committee.	Reconfiguration of Adamson & St Andrews MIU	April 2025	Decision
	Spring Booster Campaign	April 2025	Assurance/Decision
	Review of Short Stay Bed Base in Local Authority Residential Care Homes for Older People	July 2025	Decision
	Home First Strategy Update - Community Hospitals Transformation	July 2025	Assurance/Decision
	Winter Plan 2025-26	November 2025	Assurance/Decision
	Unscheduled Care Programme Update (Hospital at Home PID)	January 2026	Assurance/Decision
	2025/26 Winter vaccination programme uptake paper	March 2026	Assurance
Oversee the integrated clinical and care governance and risk management activities in relation to the development and delivery of the Strategic Plan ensuring cognisance of the Plan for Fife and NHS Fife Health and Wellbeing Strategy.	Learning Disability Strategy	July 2025	Assurance
	Alcohol and Drug Strategy	July 2025	Assurance
	Learning Disability Strategy	July 2025	Assurance
	Alcohol and Drug Strategy	July 2025	Assurance/Decision
	Mental Health and Wellbeing Strategy	September 2025	Assurance/Decision
	Advocacy Strategy	November 2025	Assurance/Decision
	Prevention and Early Intervention Strategy	November 2025	Assurance/Decision
	Primary Care Strategy	November 2025	Assurance/Decision
	Digital Strategy	January 2026	Assurance/Decision
	Strategic Plan - Annual Report	March 2026	Assurance/Decision
Strategic Plan 2026-29	March 2026	Assurance/Decision	
Legislative Requirements & Annual Reports			
Assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections	Adult Protection Report (Biennial) (ASPC)	April 2025	Assurance
	UNCRC Annual Report	April 2025	Assurance
	Annual Performance Report	July 2025	Assurance/Decision
	QMH - Mental Health Safe Delivery of Care Inspection	July 2025	Assurance
	IJB/HSCP Resilience Assurance Annual Report	September 2026	Assurance/Decision
	Director of Public Health Report Annual Report	September 2026	Assurance

Legislative Requirements & Annual Reports			
Assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections	MAPPA Annual Report	September 2026	Assurance
	Primary Care Improvement Plan (MOU2) Annual Progress Report	September 2026	Assurance
	Care Inspectorate Report Grading	November 2025	Assurance
	Equality, Diversity & Inclusion Annual Report	November 2025	Assurance/Decision
	Workforce Strategy (Inc Wellbeing Action Plan 2024-25)	November 2025	Assurance/Decision
	Performance Report	January 2026	Assurance/Decision
	Armed Forces Covenant Duty	January 2026	Assurance/Decision
	Chief Social Work Officer's Report	January 2026	Assurance
	Adult Support & Protection (Social Work)	January 2026	Assurance
	Health Literacy	January 2026	Assurance
	Post Diagnostic Support for Dementia	January 2026	Assurance
	CAMHS Performance	January 2026	Assurance/Decision
	Fife Dental & Oral Health Improvement Annual Report	January 2026	Assurance
	Reverse Mentoring Programme	January 2026	Assurance
	Pharmaceutical Care Services Report	March 2026	Assurance
Violence Against Women Annual Report 2024/25	March 2026	Assurance	
Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Impact Report	March 2026	Assurance/Decision	
Monitor integrated clinical and care governance risk register on behalf of the IJB.	IJB Risk Management Report	April 2025 November 2025	Assurance/Decision
	Deep Dive Risk Review – Clinical and Care Governance	July 2025	Assurance/Decision
	Deep Dive Risk Review Report for IJB Risk 12 – Resilience	September 2025	Assurance/Decision
	Deep Dive Risk Review Report for IJB Risk – Demographic/Changing Landscapes Risk	March 2026	Assurance/Decision



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Meeting:	Integration Joint Board	Date:	27 th May 2026
Report Title:	Monitoring of Directions		
Agenda Item No:	10.2		
Responsible Owner:	Lynne Garvey, Director HSCP & Chief Officer Integration Joint Board Tracy Hogg, Chief Finance Officer		
Report Author:	Vanessa Salmond, Head of Strategic Planning and Performance		

Executive Summary

- This report provides assurance on the implementation and monitoring of Directions issued by the Integration Joint Board (IJB) to both Fife Council and NHS Fife, in line with the Integration Scheme.
- Progress: Of the 15 Directions issued in the 2025-26 financial year, 2 have closed due to being superseded, 9 have been fully delivered, and 4 remain open, with 2 on track for delivery with two at risk of delivery within context of Direction due to projected financial overspend.
- The Board can be assured that appropriate governance and monitoring processes are in place and actively followed in relation to the delivery of Directions.
- There are no escalations pertaining to this paper from Finance, Performance and Scrutiny Committee.

Recommendations

This paper is presented to: -	Clearly outline below what the Board/Committee are being asked to do: -	
Provide Assurance	<input checked="" type="checkbox"/>	Provide assurance that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.

Directions

No Direction Required	<input checked="" type="checkbox"/>
-----------------------	-------------------------------------

Situation/Background (Purpose of Report)

This IJB Direction Progress Report as at March 2026 (Appendix 1) gives an overview of the current status of both NHS Fife and Fife Council IJB Directions pertaining to 2025-26 fiscal year.

Assessment (Key Points/Issues and Risks)

As at end March 2026, a total of 15 Directions has been issued, 2 are closed as they have been superseded, a further 9 have been closed as fully delivered, and 4 remain open with 2 of those 4 progressing as expected with the remaining 2 at risk due to financial challenges.

Assurance can be provided to the Integration Joint Board that the necessary actions as required within the Integration Scheme are being followed and are being monitored.

Related Documents/Appendices

Appendix A – IJB Directions Update

Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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		
				Yes	No	Summary of amendments
HSCP/IJB						
Finance, Performance & Scrutiny (FP&S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15/05/256	<input type="checkbox"/>	<input type="checkbox"/>	No amendments, however, it was agreement to review narrative within future Directions.
Integration Joint Board (IJB)		<input checked="" type="checkbox"/>	27/05/26			
Fife Council						
People & Communities Scrutiny	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
NHS Fife						
Finance, Performance & Resources	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Implications/Impacts

Description of any +/- implications/impacts and any suggested actions arising				
Service Users/Carers	<input checked="" type="checkbox"/>	Carer and Service User impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.		
Localities/Communities	<input checked="" type="checkbox"/>	Locality and Community impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.		
Quality of Care	<input checked="" type="checkbox"/>	Quality, patient and value-based health and care impacts have been considered during the preliminary decision-making process associated with each individual Direction. There are no further impacts associated with this paper.		
Workforce	<input checked="" type="checkbox"/>	The workforce is engaged in actively delivering the actions required to successfully implement the desired outcomes described within the Directions.		
Legal	<input checked="" type="checkbox"/>	There are no legal issues associated with this paper as there is full compliance with all Directions issued.		
Financial	<input checked="" type="checkbox"/>	This report, in conjunction with the Directions Policy, is intended to give assurance that financial considerations are being appropriately monitored in the delivery of Directions.		
Performance	<input checked="" type="checkbox"/>	Monitoring will continue on an ongoing basis.		
Climate Climate Fife 2024 Strategy and Action Plan	<input checked="" type="checkbox"/>	There are no legal issues associated with this paper		
Communication and Engagement	<input checked="" type="checkbox"/>	Appropriate and proportionate communication and engagement have been undertaken during the decision-making process associated with each individual Direction. There are no further impacts associated with this paper.		
Risk & Mitigation	<input checked="" type="checkbox"/>	The revenue budget is currently at risk due to a projected overspend against planned budget allocation. This overspend is driven by increased demand, inflationary pressures, and workforce costs. Mitigatory actions are being progressed to contain this overspend however this may impact the delivery of core services and the achievement of financial sustainability.		
Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/>	<table border="1"> <tr> <td>No Impact/Not Required</td> <td><i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i></td> </tr> </table>	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>
No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>			

IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-001	Revenue Budget 2025-26	NHS Fife ✓	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £384.710 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.	CLOSED Direction has been Superseded	May 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £6.1m as per Direction issued. Agreement to be paid on a 8-weekly basis subject to scrutiny at tri-partite meeting.	Sept 25 - Original Direction has now been supeceded by Direction 2025.005 May 2025 - It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the financial position with a view to agreeing funding throughout the year.
2025-002	Revenue Budget 2025-26	Fife Council ✓	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.	CLOSED Direction has been Superseded	May 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £6.1m as per Direction issued. Agreement to be paid on a 8-weekly basis subject to scrutiny at tri-partite meeting.	Sept 25 - Original Direction has now been superceded by Direction 2025.005 May 2025 - It is intended that the escalation tool will be utilised more frequently for volatile budgets that may be at risk of over-spending. Eight-weekly meetings will take place with partners and a process will be developed to ensure early discussions and scrutiny of the
2025-003	Finance Update 2024-25	NHS Fife ✓	NHS Fife is required to transfer funding of £4.651m, as per risk share agreement.	CLOSED Direction has been fully delivered	Jan 26 - Direction has been fully actioned with funding transfer complete.	

IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-004	Reconfiguration of Adamson & St Andrews Minor Injuries Unit	NHS Fife ✓	<ul style="list-style-type: none"> •With effect from the 17th of July 2025 - permanently re-allocate all minor injury services from Adamson Hospital 0800-1800 Monday to Friday and solely deliver from St Andrews Community Hospital Minor Injury Unit Monday to Friday's 0800-1800. •Deliver a local communications campaign informing the public of this decision and in combination re-launch a Fife Wide communications campaign for people and communities of Fife to advise and encourage how to access minor injury care related to the Right Care in the Right Place by calling NHS 24 via 111. •Workforce to be continually and consistently supported by line manager, professional leads, Human resources and staff side representation during this transition in line with NHS staff governance standards. 	CLOSED Direction has been fully delivered	Sept 25 - Direction has been fully actioned and MIU is now based within St Andrews Community Hospital	Sept 25 - Oversight of attendance will be maintained and the communication campaign will remain active
2025-005	Revenue Budget 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £441.856 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.	OPEN At Risk	<p>Mar 26 - As at Mar 2026 the provisional outturn position for Fife Health and Social Care Partnership is an overspend of £9.515m this remains subject to audit.</p> <p>Jan 26 - Budget Transfer of £8.5m is complete.</p> <p>Sept 25 - This Direction Supercedes Direction: 2025.001</p> <p>Aug 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £8.5m as per Direction issued</p>	This Direction remains open subject to Audit of Financial Accounts.

IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-006	Revenue Budget 2025-26	Fife Council ✓	For the financial year 2025 to 2026, Fife IJB has allocated a budget of £312.923m million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.	OPEN At Risk	Mar 26 - As at Mar 2026 the provisional outturn position for Fife Health and Social Care Partnership is an overspend of £9.515m this remains subject to audit. Jan 26 - Budget Transfer of £8.5m is complete. Sept 25 - This Direction Supercedes Direction: 2025.001 Aug 2025 - Invoice raised from Fife Council to NHS Fife for Budget Transfer of £8.5m as per Direction issued	This Direction remains open subject to Audit of Financial Accounts.
2025-007	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £10.020m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Sept 25 - Funding received from Scottish Government.	
2025-008	Community Hospitals Transformation Proposals	NHS Fife ✓	Glenrothes Hospital – to be completed by January 2026:- •Remove 17 community beds from Ward 1; and •Remove 20 community beds from Ward 3 Glenrothes Hospital - to be completed by March 2027:- •Relocation and refurbishment of existing Wards to create site of dedicated expertise for Stroke and Neuro Rehabilitation Cameron Hospital - to be completed by March 2027:- •Relocation and refurbishment of existing Wards to create site of dedicated expertise for general community rehabilitation	OPEN Progressing as expected	Mar 26 - Ward 3 closed at end March 2026 Jan -26 - Ward 1 closed at end of September.	Relocation and refurbishment continues

IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-009	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £30.476m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	
2025-010	Additional Funding 2025-26	Fife Council ✓	For the financial year 2025 to 2026, additional funding of £0.213m is allocated by Fife IJB to Fife Council for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below.	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams.	
2025-011	Mental Health Strategy	NHS Fife ✓	NHS Fife will support Fife Health and Social Care Partnership to deliver the actions detailed in the Fife Mental Health and Wellbeing Strategy (2026 to 2029) Year One Delivery Plan. This includes the actions covered by the Mental Health Services Redesign Programme and related projects.	OPEN Progressing as expected	Mar 26 - Delivery of year one objectives continue Jan 26 - The Mental Health Oversight Group meet on a 8-weekly basis to monitor progress.	
2025-012	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £3.818m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	
2025-013	Additional Funding 2025-26	Fife Council ✓	For the financial year 2025 to 2026, additional funding of £0.020m is allocated by Fife IJB to Fife Council as detailed in the table below	CLOSED Direction has been actioned and is now complete	Jan 26 - Funding and additional income received from Scottish Government and other funding streams.	

IJB Directions: 2025-26

Direction Ref No:	Title:	Delivery Partner:	Direction:	Current Direction Status:	Latest Update:	Next Steps/Recommendations:
2025-014	Additional Funding 2025-26	NHS Fife ✓	For the financial year 2025 to 2026, additional funding of £3.8918m is allocated by Fife IJB to NHS Fife for the purpose of delivering functions delegated to NHS Fife in accordance with the Integration Scheme as detailed in the table below	CLOSED Direction has been actioned and is now complete	Mar 26 - Funding and additional income received from Scottish Government and other funding streams e.g NES etc.	
2025-015	Additional Funding 2025-26	Fife Council ✓	For the financial year 2025 to 2026, additional funding of £0.951m is allocated by Fife IJB to Fife Council as detailed in the table below	CLOSED Direction has been actioned and is now complete	Mar 26 - Funding and additional income received from Scottish Government and other funding streams.	



Fife Health & Social Care Partnership

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Meeting:	Integration Joint Board	Date:	27 th May 2026
Report Title:	Membership Update		
Agenda Item No:	10.3		
Responsible Owner:	Lynne Garvey, Chief Officer, IJB		
Report Author:	Vanessa Salmond, Head of Corporate Governance and IJB Secretary		

Executive Summary

- Changes to NHS Fife Non-Executive Director membership on the IJB effective 1 July 2026.
- Update to Vice Chair position and associated governance arrangements.
- Updates to Professional Advisors, including medical and GP representation.
- Appointment of new Head of Corporate Governance and IJB Secretary.
- Emerging risks relating to Committee membership and quorum currently being managed.

Recommendations

This paper is presented to:		Clearly outline below what the Board/Committee are being asked to do: -
For Noting	<input checked="" type="checkbox"/>	The IJB is ask to:- <ul style="list-style-type: none">• Note the membership and governance changes outlined in this report.• Note that risks relating to Committee membership and quorum are being actively managed, with a further update to follow.

Directions

No Direction Required	<input checked="" type="checkbox"/>
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Assurance Levels

Level:	Descriptor:
Moderate <input checked="" type="checkbox"/>	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.

Situation/Background (Purpose of Report)

This report provides an update on recent and forthcoming changes to Integration Joint Board (IJB) membership, governance roles, and professional advisory representation.

Assessment (Key Points/Issues and Risks)

IJB Membership (NHS Fife Non-Executive Directors)

- Sinead Braiden will step down from the IJB with effect from 1 July 2026.
- Craig MacDonald will join the IJB from 1 July 2026.

IJB Positions

- Alistair Morris will replace Colin Grieve as Vice Chair, with effect from 1 July 2026.
- Colin Grieve will cease in the role of Vice Chair from that date.

Professional Advisors

- Dr Aylene Kelman will join as Deputy Medical Director (subject to completion of pre-employment checks).
- Dr Susannah Mitchell and Dr Fiona Henderson will join as GP Representatives.

Corporate Governance/IJB Secretary

- Derek McEwan has been successfully appointed as Head of Corporate Governance and IJB Secretary.
- He is expected to take up post in Summer 2026.

Committee Membership and Quorum

- Recent concerns have been raised regarding Committee membership arrangements and the potential risk to quorum.
- These matters are currently being addressed, with revised arrangements to be confirmed.
- A further update will be provided to the IJB in due course.

Implications/Impacts

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

Workforce	<input checked="" type="checkbox"/>	Leadership and governance transitions underway.	
Legal	<input checked="" type="checkbox"/>	Requirement to maintain compliant governance and quorum.	
Performance	<input checked="" type="checkbox"/>	Potential impact if governance arrangements are not maintained.	
Risk & Mitigation	<input checked="" type="checkbox"/>	Quorum risk identified and being actively managed.	
Equalities and Human Rights, including children's rights and health inequalities	<input checked="" type="checkbox"/>	No Impact/Not Required	<i>There are no implications or impact on any protected characteristics resulting from the proposals presented in this paper.</i>

Integration Joint Board				Frequency	Purpose	Owner	27-May-26	29-Jul-26	30-Sep-26	25-Nov-26	27-Jan-27	31-Mar-27	Partner Reporting
Meeting Dates 2026-27													
STRATEGIC PLANNING AND DELIVERY													
Dementia Strategy	On Request	Decision	Karen Marwick										Yes
Mental Health and Wellbeing Strategy	On Request	Decision	Karen Marwick					Scheduled					Yes
Learning Disability Strategy	On Request	Decision	Karen Marwick				Scheduled						Yes
Delivering Improvements in Unscheduled Care	On Request	Decision	Chris Conroy	Scheduled									Yes
Strategic Plan 2026-2029 Approach	On Request	Decision	Vanessa Salmond						Scheduled				No
Strategy Annual Reports													
Strategic Plan - Annual Report	Annual	Assurance	Vanessa Salmond									Scheduled	No
Advocacy Strategy	Annual	Assurance	Caroline Cherry						Scheduled				No
Alcohol and Drug Strategy	Annual	Assurance	Karen Marwick				Scheduled						No
Carers Strategy	Annual	Assurance	Roy Lawrence				Scheduled						No
Commissioning Strategy	Annual	Assurance	Tracy Hogg	Delayed			Scheduled						No
Digital Strategy	Annual	Assurance	Tracy Hogg								Scheduled		No
Local Housing Strategy	Annual	Assurance	Paul Short						Scheduled				No
Home First Strategy	Annual	Assurance	Chris Conroy				Scheduled						No
Medium Term Financial Strategy	Annual	Assurance	Tracy Hogg									Scheduled	No
Prevention and Early Intervention Strategy	Annual	Assurance	Lisa Cooper						Scheduled				No
Primary Care Strategy	Annual	Assurance	Lisa Cooper						Scheduled				No
Equality, Diversity & Inclusion Annual Report	Annual	Assurance	Roy Lawrence						Scheduled				No
LIVED EXPERIENCE & WELLBEING													
Kings Trust Employment Journey	Standing Item	Assurance	Lynn Barker	Scheduled									No
	Standing Item	Assurance	Lynn Barker										No
	Standing Item	Assurance	Lynn Barker										No
INTEGRATED PERFORMANCE & QUALITY													
Finance Update	Standing Item	Decision	Tracy Hogg	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled		No
Revised Budget Direction	On Request	Decision	Tracy Hogg				Scheduled						
Refreshed Performance Report	Standing Item	Assurance	Vanessa Salmond	Delayed	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled		No
Annual Performance Report 2025-26	Annual	Assurance	Vanessa Salmond				Scheduled						No
Fife IJB Draft Audited Accounts	Annual	Decision	Tracy Hogg					Scheduled					No
Annual Review of Best Value	Annual	Assurance	Tracy Hogg							Scheduled			No
Revenue Budget 2026-27 (Incl. Medium Term Financial Strategy)	Annual	Decision	Tracy Hogg									Scheduled	No
GOVERNANCE & OUTCOMES													
Chairs Assurance Statements	Standing Item	Assurance	Vanessa Salmond	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled		No
Clinical & Care Governance Framework	On Request	Decision	Helen Hellewell										Yes
Governance Committee Annual Assurance Statements	Annual	Decision	Vanessa Salmond	Scheduled									No
Membership Update	On Request	Noting	Vanessa Salmond	Scheduled									No
IJB Workplan	Standing Item	Assurance	Vanessa Salmond	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled	Scheduled		No
Self-Assessment	Annual	Decision	Vanessa Salmond				Scheduled						
Monitoring Progress of Directions	Quarterly	Decision	Vanessa Salmond	Scheduled			Scheduled			Scheduled			No
Review of Integration Scheme	Annual	Assurance	Vanessa Salmond										
Review of Scheme of Delegation	Annual	Assurance	Vanessa Salmond										
Review of Model Code of Conduct	Annual	Assurance	Vanessa Salmond										
Review of Standing Orders	Annual	Assurance	Vanessa Salmond										
Review of Governance Manual (inc. Standing Orders, Scheme of Delegation, Model Code of Conduct etc)	Annual	Assurance	Vanessa Salmond				Scheduled						
LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS													
Workforce Action Plan 2026/27 Q1 Report	Annual	Assurance	Roy Lawrence	Scheduled									
Workforce Action Plan 2027/28	Annual	Assurance	Roy Lawrence									Scheduled	
Annual Risk Management Report	Annual	Assurance	Tracy Hogg	Scheduled									No
IJB Strategic Risk Register	Annual	Assurance	Tracy Hogg	Delayed			Scheduled						No
Local Partnership Forum (LPF) Annual Report	Annual	Assurance	Roy Lawrence				Scheduled						No
IJB/HSCP Resilience Annual Report	Annual	Assurance	Chris Conroy					Scheduled					No
Records Management Annual Report	Annual	Assurance	Tracy Hogg					Scheduled					No
Whistleblowing Annual Report	Annual	Assurance	Roy Lawrence				Scheduled						No
Fife ADP Drug Related Deaths 2025	Annual	Assurance	Lynne Garvey							Scheduled			Yes
Armed Forces Covenant Duty	Annual	Assurance	Karen Marwick							Scheduled	Scheduled		No
Public Sector Climate Duties Annual Report	Annual	Assurance	Lisa Cooper						Scheduled				No
Mainstreaming the Equality Duty and Equality Outcomes Progress Report (Biennial)	Biennial	Assurance	Tracy Hogg				Scheduled						No
Community Led Support Annual Report	Annual	Assurance	Roy Lawrence					Scheduled					Yes
Locality Planning Annual Report	Annual	Assurance	Roy Lawrence	Scheduled									
Participation & Engagement Annual Report	Annual	Assurance	Roy Lawrence	Scheduled									
Winter Plan 2025-26	Annual	Assurance	Chris Conroy						Scheduled				Yes

Care Inspectorate Grading Report	Annual	Assurance	Caroline Cherry			Scheduled			Yes
Public Protection Annual Report - CPC/MAPPA/ASP	Annual	Assurance	Karen Marwick		Scheduled				Yes
Childrens Services Annual Report	Annual	Assurance	Lisa Cooper			Scheduled			
Pharmaceutical Care Services Report	Annual	Assurance	Lisa Cooper					Scheduled	Yes
ASP Annual Report (Social Work)	Annual	Assurance	Caroline Cherry					Scheduled	Yes
Chief Social Worker Officer Report	Annual	Assurance	Caroline Cherry					Scheduled	Yes
Winter COVID-19 and Flu Vaccine Delivery Campaign	Annual	Assurance	Lisa Cooper			Scheduled			Yes
Health Care (Staffing) (Scotland) Act Annual Report (IJB only)	Annual	Assurance	Caroline Cherry	Scheduled					
Director of Public Health Report - Joy Tomlinson	Annual	Assurance	Lynne Garvey			Scheduled			
Creating Hope for Fife: Fife's Suicide Prevention Action Plan 2022-2025 Impact Report	Annual	Assurance	Lisa Cooper					Scheduled	
Fife Dental & Oral Health Improvement Annual Report	Annual	Assurance	Lisa Cooper					Scheduled	Yes



Fife Health & Social Care Partnership

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CONFIRMED MINUTE of the QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 4th MARCH 2026, 1000hrs - MS TEAMS

- Present:** Councillor Rosemary Liewald (Chair)
Councillor Lynn Mowatt
Councillor Sam Steele
Councillor Eugene Clarke
Morna Fleming, Carer's Representative (MF)
Ken Fraser, IJB Public Representative (KF)
- Attending:** Lynn Barker, Director of Nursing (LB)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Caroline Cherry, Principal Social Work Officer (CCH)
Vanessa Salmond, Head of Corporate Services (VS)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Leesa Radcliffe, Clinical Services Manager (LR)
Cara MacKenzie, Deputy Director of Pharmacy & Medicines (CMack)
Mary-Grace Burinski, Senior Health Promotion Officer (MGB)
Marks Steven, Clinical Services Manager (MS)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Sinead Braiden, NHS Board Member (SB)
Lynne Garvey, Director of Health & Social Care Partnership (LG)
Tracy Hogg, Chief Finance Officer (TH)
Jo Bennett, Non-Executive Board Member (JB)
Paul Dundas, Independent Sector Lead (PD)
Amanda Wong, Director of Allied Health Professionals (AW)

NO	AGENDA ITEM	ACTION
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1.	<p>CHAIRPERSON'S WELCOME AND OPENING REMARKS</p> <p>Cllr Liewald welcomed all members and attendees to the meeting.</p> <p>VS informed the Chair she had noticed the meeting was not quorate. The Terms of Reference require that a representative from NHS Fife Board and from Fife Council elected member be in attendance, as well as Public Representative. The meeting briefly adjourned.</p> <p>VS advised that very late apologies had been received, which rendered the meeting inquorate. Despite this, it was agreed that the meeting would continue. VS confirmed this would be formally recorded and any decisions or compromises discussed during the meeting would be shared with absent members following the meeting. This will ensure a collective response is obtained before progressing further to IJB.</p>	
2.	<p>DECLARATION OF MEMBERS' INTEREST.</p> <p>No declarations of interest were received.</p>	
3.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4.	<p>ACTIVE & EMERGING ISSUES</p> <p>Lynn Barker and Caroline Cherry did not wish to bring any items forward.</p>	
5.	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 07 JANUARY 2026</p> <p>The previous minutes from the Q&CC meeting on 07 January were reviewed by those present prior to the meeting. There were no comments made; therefore, the minutes were taken as a true record of the meeting.</p>	
6.	<p>ACTION LOG FROM 07 JANUARY 2026</p> <p>The Action Log from the meeting held on 07 January 2026 was discussed and no updates were required.</p>	
7.	<p>GOVERNANCE & OUTCOMES</p>	
7.1	<p>QMAG Update</p> <p>This report was brought to Committee by Lynn Barker and came for Assurance and Discussion. LB apologised for late submission of the report.</p>	
	<p>LB summarised the key points of the report, advising that thirty reports had been presented for assurance across all portfolios. These included HIS inspection reports, Mental Welfare updates, the STRAND report, and progress</p>	

	<p>updates. She further noted that the agenda included three discussion papers and two update papers, resulting in a full agenda. The meeting was reported to be well attended and productive, despite taking place during a particularly busy period.</p> <p>LB advised that she did not wish to escalate or highlight any concerns. She noted that several papers were progressing through the Clinical Governance Oversight Group, particularly those relating to risk inspections, the Quarter 1 report, the Mental Welfare Commission (MWC) update, and the STRAND report update.</p> <p>LB further advised that an update was provided on work relating to ligature risk and gave a brief overview of the associated programme. She also reported that a visit from Health Improvement Scotland took place on 27 January 2026. This constituted the second inspection within a six-month period and provided positive initial feedback.</p> <p>Workforce challenges were noted, although these were acknowledged as well recognised and already recorded on the risk register. LB highlighted the significant work currently underway to mitigate these challenges. It was noted that Health Improvement Scotland (HIS) is supporting the rollout of the mandatory two-month staffing model, with substantial evidence and data having been submitted to support this work. LB provided details of a follow-up call which took place the previous day.</p> <p>CCH wished to let Members know of a new structure which will begin in March covering all areas of social work and social care, including justice, children and families, adults and older people. She explained the aim is to test how this will feed into the overall key lines of governance, including areas such as court accreditation with the intention is to ensure that key issues are consistently identified and addressed. She added a more focused approach to meetings is planned with an aim to ensure that the right issues are being discussed in the right forums. This is similar to the approach used across other committees, ensuring alignment and that each group is fulfilling its intended purpose, particularly in relation to the Quality Assurance Group (QAG).</p> <p>Questions were then invited from members.</p> <p>Cllr Steele wished to query the ligature risk update. She asked whether assessments were being undertaken in the dual diagnosis areas at Lynebank, as well as at Mayfield and Tayview. LB confirmed that assessments were taking place across all these areas and advised that work is ongoing to ensure they are completed and signed off in a timely manner.</p> <p>Cllr Liewald confirmed the Committee took Assurance from the report.</p>	
7.2	Deep Dive risk review - Demographic/Changing Landscapes Impacts Risk	

This report was brought to Committee by Tracy Hogg / Vanessa Salmond for Assurance and Discussion and was presented by Avril Sweeney.

AS confirmed the report was presented in accordance with the IJB Risk Management Policy and Strategy. The organisation operates a structured risk reporting framework, within which each strategic risk is allocated to an appropriate governance committee for oversight. The risk under consideration falls within the remit of the Quality & Communities Committee.

AS explained, as part of this framework, quarterly deep dive reviews are carried out to provide assurance that risks are being managed within the IJB's agreed risk appetite. The accompanying review summarises the risk description, current scoring, key influencing factors, and relevant assurances, with scrutiny questions and a risk matrix included to support the assessment.

AS advised, the principal mitigations for this risk relate to delivery of the transformation change programme and the implementation of key enabling strategies aligned to the strategic plan. Progress is monitored through established governance arrangements, including the PMO Oversight Board and the Strategic Planning Group, with additional assurance provided through annual reporting to the Committee and the IJB. Based on the current position, there is a reasonable level of assurance that the risk is being appropriately managed and actions are progressing as planned.

AS advised HSCP is approaching a transition point in relation to its strategic risk register, which is currently aligned to the existing strategic plan. As work progresses on a refreshed strategic plan, it is anticipated that this risk, alongside others, will require review to ensure alignment with the new priorities once approved by the IJB. It is noted that the refreshed plan already reflects demographic pressures and increasing demand, with a stronger focus on prevention, early intervention, and community-based support.

As felt, it is anticipated that this risk may require rewording and could be merged with the strategic planning and transformation risk to ensure alignment with the refreshed strategic framework and continued focus on medium-term sustainability. Given this transition period, it is proposed that the deep dive risk review process be temporarily paused and realigned once the new strategic plan is in place.

AS invited the Committee to note the contents of the report, take assurance from the current management of the risk, and consider the proposed approach to pausing and realigning the deep dive review process.

MF made a point relating to demographic change, she felt whilst it is often accepted that increasing numbers of people will experience ill health as they age, it is important to challenge the extent to which this should be treated as inevitable. A stronger emphasis on prevention and early intervention has the potential to support individuals to remain healthier for longer. MF expressed concern that rising demand may outweigh service capacity, placing increasing pressure on unpaid Carers and families. It was emphasised that support for Carers, particularly earlier in their journey, should remain a key priority. She also highlighted as a concern the fluctuation in risk scoring between 16 and 20, offering limited confidence in near-term improvement.

AV acknowledged MF's points which she will ensure are considered as part of the forthcoming review of the Strategic Risk Register.

	<p>The Committee noted the position and accepted the assurances provided.</p>	
<p>8.</p>	<p>STRATEGIC PLANNING & DELIVERY</p>	
<p>8.1</p>	<p>Strategic Plan 2026-2029 DRAFT</p> <p>This report was presented by Vanessa Salmond and was brought to Committee for Assurance.</p> <p>VS introduced the Draft Strategic Plan for 2026-2029 along with a suite of supporting documents for discussion. She stated, the Plan represents the culmination of a significant programme of work over the past year, bringing together a strong evidence base, extensive engagement and consultation, and insights from staff, partners, Carers, service users and communities across all 7 localities within Fife.</p> <p>VS advised the Draft Plan sets out a clear and focused strategic direction for the next 3 years, organised around three priority areas – Prevention, Communities and Digital. These reflect what people felt matters most, while aligning with national policy and the increasing complexity of needs across Fife. The Plan is designed to be both ambitious and deliverable with a strong focus on financial sustainability, integration and transformation. VS told of a detailed delivery plan which is in development, supported by annual plans to ensure accountability, which will be brought back to Committee regularly. She highlighted the supporting documents, including the Equality and Impact Assessment, Risk Register and Market Facilitation Plan, all demonstrating the plan is robust and evidence based.</p> <p>VS wished to ask the Committee to review the Plan, consider any final amendments and agree that it can proceed through governance for approval by the IJB at the end of Mach. Questions were invited.</p> <p>Cllr Liewald was supportive and felt it was a comprehensive, well laid out document. MF felt the document was clear, focused and well structured. She particularly valued the inclusion of unpaid Carers. However, MF’s had a concern around communication - Carers say they do not know what support is available, MF was concerned HSCP cannot rely solely on digital, especially in areas with poor connectivity. Her key question was how information will reach everyone and how impact will be measured. MF will raise further points at the Strategic Planning Group.</p> <p>VS advised the detail sits in the delivery and action plans, supported by performance measures and builds on existing local work, rather than starting from scratch. She stated she is very aware of digital exclusion, so a mix of communication approaches will be used. This topic will be explored further at the Strategic Planning Group.</p> <p>LB stated the focus will be on outcomes and impact, supported by delivery plans and KPIs, including work on digital inclusion and local delivery.</p>	

	<p>MF remained concerned about the reliance on the Community Chest Fund as the main support for unpaid Carers. Although positive in principle, it places too much responsibility on Carers, many of whom, do not have the time or capacity to organise support or apply for funding, which she felt the lack of uptake reflects. She wished it to be noted, this approach must not replace direct support as Carers need proactive help, not just funding.</p> <p>RL stated the Strategic Plan covers a broad range of support for Carers, which he described. He advised there is a strong demand for the Community Chest Fund with applications already received, more than can be funded. Showing clear need but also requires balanced decision making.</p> <p>RL emphasised commitment to keep funding agile, flexible and light-touch ensuring it reaches Carers effectively without unnecessary barriers. He will continue to review progress and bring back a report in due course.</p> <p>MF is very aware of all the assistance for Carers and asked to ensure this is widely publicised. RL was aware MF knew of all available help but wished to ensure the Committee was aware and added the Communication Plan for the year will bring this forward as will the Carer’s Strategy.</p> <p>VS to seek consensus for the Draft Strategic Plan before it is progressed to the IJB</p>	RL
8.2	<p>2025/26 Winter Vaccination Programme Uptake Paper</p> <p>This report is brought to Committee by Lisa Cooper and comes for Assurance.</p> <p>LC introduced the paper which provides an update on the Winter Vaccination Programme 2025/26, aligned with Joint Committee on Vaccination and Immunisation guidance and direction from the Chief Medical Officer. She advised, the eligible cohorts remain largely unchanged, with COVID delivery continuing as per the spring programme, alongside a broader winter rollout.</p> <p>LC advised, the report comes with a balanced assurance—highlighting both strong performance and areas where ambitions were not met. She outlined positives as:</p> <ul style="list-style-type: none"> • Strong early rollout, reaching around 60% uptake by early October • Positive outcomes in primary schools, with evidence of reduced flu impact • Good uptake in over 75s and care home residents <p>However, challenges remain:</p> <ul style="list-style-type: none"> • Overall uptake did not fully align with national levels • Health and Social Care staff uptake remains below target 	

	<p>LC stated, a ‘lessons learned and implementation review’ has been completed and these will directly inform planning for the next programme.</p> <p>LC sought assurance from the committee, noting both progress and the actions being taken forward.</p> <p>Cllr Liewald acknowledged it was a mixed report with lessons learned to take forward. She asked LC what she will take forward and work into plans for next year. LC advised, the programme fell short of expectations, but key lessons emerged – stronger engagement with Healthcare and Social Care staff is needed, alongside addressing vaccine hesitancy and fatigue. Future plans include improving access, continuing school campaigns, and modernising consent processes (moving away from paper). She stated efforts will focus on both local delivery and national system improvements.</p> <p>MF pointed out a likely overlap / unclear definition in the cohorts. LC will ensure this is rectified.</p> <p>There was discussion around declining vaccination uptake, with evidence showing lower rates in certain groups, particularly in more deprived areas pointing to inequality and possible disillusionment with vaccination. LC confirmed, work is underway to improve immunisation programmes through targeted support, better communication, and system changes such as moving to digital consent. While national action is important, it was agreed, local leaders also have a role in promoting vaccination and encouraging uptake.</p> <p>The Committee agreed to take Assurance from the report.</p>	<p>LC</p>
<p>8.3</p>	<p>Creating Hope for Fife : Suicide Prevention Action Plan 2022-25 Impact Report</p> <p>This report is brought to Committee by Karen Marwick and comes for Assurance. Mary-Grace Burninski, Senior Health Promotion Officer presented the report on Karen Marwick’s behalf.</p> <p>MGB introduced the report by advising the current suicide prevention work sits within a 10-year national strategy (2022-2032), delivered through a 3-year action plan. The first plan (2022-2025) has just been completed which closely followed national priorities but was adapted for local needs.</p> <p>MGB advised, measuring impact is challenging, as suicide rates alone are not a reliable indicator. Instead, a national outcomes framework and a local outcome map (logic model) was used to assess progress. Due to the scale of the work, the detailed evaluation focused on selected priority areas rather than all actions. She advised, overall, the report shows good progress and provides a strong foundation for the next phase. It also highlights areas to improve as the next action plan is developed (2026-2029), which is already underway with stakeholder input.</p>	

	<p>Cllr Liewald mentioned she is a Trustee on the group STAND, an early dementia diagnosis support group. She asked if MGB's team have reached out to STAND and she spoke of the shattering effect of being diagnosed as having dementia at the age of 40 or 50 years old. Cllr Liewald also spoke of the many people who utilise the Carer Centre. Staff there have started to recognise they are dealing with a lot of distress coming through conversations they are having with clients. She spoke of learning opportunities and training which could be provided to upskill the staff to support Carers who are expressing distress and she spoke of other inroads which are being made working with the Mental Health network.</p> <p>There was good conversation around representation in the suicide prevention partnership with a range of organisations involved and contributing both strategically and practically. Also discussion regarding expanding this further, particularly where specific groups, such as those supporting people with early dementia or carers, can add value.</p> <p>It was agreed, engagement with people with lived experience is growing but must be handled carefully. MGB emphasised, it is a whole system approach, with many services contributing beyond what is captured in the report.</p> <p>The Committee took assurance from the report.</p>	
9.	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	
9.1	<p>Pharmaceutical Care Services Plan</p> <p>This report is brought to Committee by Cara MacKenzie, Deputy Director of Pharmacy & Medicines on behalf of Fiona Forrest and comes for Assurance.</p> <p>CMacK introduced the report which comes to Committee on an annual basis. She advised the report shows strong public engagement and high accessibility to community pharmacies, with most people living nearby and accessing services quickly. Pharmacy services continue to grow with increased prescription volumes and high use of services like Pharmacy First, Smoking Cessation and Public Health Support.</p> <p>Overall there are no major gaps in provision, but the focus is on continuous improvement, better communication and strengthening collaboration across services.</p> <p>Cllr Liewald felt there is much more trust in Pharmacy Services from communities. She asked what conversations are taking place between Pharmacy Services and GP Services. CMacK stated community pharmacies and GP practices are independents but are encouraged to work closely together to provide joined up care. Recent visits to pharmacies found that most relationships are strong although a few could improve, however, support is provided where needed. She added, services such as Pharmacy First Plus have helped strengthen collaboration with pharmacists now prescribing and communicating with GPs, improving continuity of care for patients.</p>	

	<p>Cllr Clarke queried the pilot which was carried out where a pharmacy consultant was placed within a GP Practice. He wondered how this had progressed. CMaCK was not aware of the pilot but advised there are Pharmacists placed in every GP Practice in Fife, along with Pharmacy Technicians, who work under General Medical Services, providing many benefits which KMaCK outlined, helping to make the patient journey as good as it can possibly be. CMaCK offered to pick up a conversation with Cllr Clarke if he wished.</p> <p>Cllr Liewald recalled the pilot, and this was discussed in full. Pharmacy reviews are still carried out which were a result of the pilot.</p> <p>Cllr Steele thanked CMaCK for the report and queried what support is available for pharmacists seeking to establish a new business in a new area. LC advised that this work sits with the Primary Care Contracting Team and noted that the process is complex and largely driven by national legislation. She explained that, while support is provided locally where possible, decisions are governed nationally. LC also highlighted that the process involves formal engagement and may include representations or concerns raised by existing contractors, meaning it can be lengthy and subject to established procedures.</p> <p>MF commented that she had received feedback from a relative in Cupar who had been unable to access the service she required. She advised that her relative had visited three pharmacies within the town; however, none had a dispensing pharmacist available at the time, and therefore the service could not be provided. MF also noted that all three pharmacies closed for lunch at the same time, which was unhelpful.</p> <p>CMaCK explained that pharmacies are permitted to close for up to one hour at lunchtime, with this being influenced by a range of factors including staffing levels and the size of the pharmacy. She advised that efforts will continue to be made to work with pharmacies to minimise the impact of lunch-time closures where possible.</p> <p>CMaCK queried whether MF was referring to pharmacies providing Pharmacy First Plus services. She confirmed that these services do not form part of core NHS provision and are dependent on pharmacists obtaining an additional qualification, which cannot be mandated. However, she noted that later this year newly qualifying pharmacists will form the first cohort to graduate already holding this qualification as part of their undergraduate training.</p> <p>The Committee took assurance from the report.</p>	
<p>9.2</p>	<p>Fife Violence Against Women Annual Report 2024/25</p> <p>This report is brought to Committee by Lisa Cooper and comes for Assurance. The report was presented by Marks Steven, Clinical Services Manager.</p> <p>MS introduced the report which highlights the strong partnership work across Fife to tackle violence against women and girls, aligned to the</p>	

	<p>Equally Safe Strategy. It brings together NHS, Council, Police and Third Sector Services to deliver coordinated support.</p> <p>MS outlined key progress which includes a successful school-based prevention programme, increased workforce training and routine enquiry now embedded in health services. There is also strong advocacy support, with positive feedback from those accessing services.</p> <p>The NHS Gender-Based Violence team continues to play a key role, alongside development like the Rape and Sexual Assault Centre in Dunfermline and promotion of the Domestic Abuse Disclosure Scheme.</p> <p>Overall, the report shows clear progress, strong collaboration, and meaningful impact across services.</p> <p>Cllr Liewald commended the significant amount of work currently underway. She queried whether the travelling community is included within the category of ‘minority ethnic group’. MS advised that the report relates to how individuals access services and how this information is recorded, and confirmed she would provide clarification on how the travelling community is captured within this data.</p> <p>There was extensive discussion regarding the Violence Against Women Partnership Executive Committee. MS provided assurance that the required policies and training are in place, and advised that the organisation has achieved Bronze accreditation under ‘Equally Safe at Work’, which confirms that a comprehensive programme is in place and has been independently assessed.</p> <p>LB advised that Health Visitor and Midwifery colleagues work closely within communities and are well attuned to identifying and responding to such issues.</p> <p>The Committee took assurance from the report.</p>	MS
<p>9.3</p>	<p>Strategic Plan 2023 – 2026: Year Three Annual Report (2025)</p> <p>This report is brought to Committee by Vanessa Salmond and comes for Assurance and Decision.</p> <p>VS introduced the report which reviews the final year of the 2023–2026 Strategic Plan, focusing on progress across the five strategic themes of local, sustainable, wellbeing, outcomes and integration. She summarised as below:</p> <ul style="list-style-type: none"> • 61 actions set out for delivery in total • 70% completed (43) • 26% partially completed (16) – carried forward • 3% closed/delayed (2) <p>The 16 partially completed actions have been carried forward and incorporated</p>	

	<p>into the next strategic planning cycle (2026-2029), ensuring continuity and sustained progress.</p> <p>Full Cycle Summary (2023-2026) across the entire strategic period:</p> <ul style="list-style-type: none"> • 188 actions planned • 166 delivered • 17 carried forward • 5 closed following review <p>VS felt this demonstrates a strong overall delivery rate and a responsible approach to strategic adaptation. She advised the Strategic Planning Group continues to play a critical role in overseeing delivery and maintaining alignment with long-term objectives.</p> <p>VS outlined the next steps where partially completed actions are included in the 2026–2029 Strategic Plan. She advised, this report is submitted for review ahead of the IJB at the end of March.</p> <p>Questions were invited; however, no questions were raised.</p> <p>VS will email all members who were unable to attend the meeting to seek their agreement for the Draft Strategic Plan to progress to the IJB. Members are asked to provide their agreement or comments to VS by 16 March 2026.</p>	VS
10.	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>10.1 Quality Matters Assurance Group Unconfirmed Minutes from 30.01.26</p>	
	<p>10.2 Equality and Human Rights Strategy Group Confirmed Minutes from 04.11.25</p>	
	<p>10.3 Clinical Governance Committee Unconfirmed Minutes 09.01.26</p>	
11.	QCC WORKPLAN	
	Comes to Committee for noting.	
12.	ITEMS FOR ESCALATION	
	No items were raised for escalation	
13.	AOCB	

	<p>Cllr Liewald was delighted to welcome KF to the Committee and said she was pleased that the Public Representative role had now been filled. She then invited KF to say a few words.</p> <p>KF advised that he felt encouraged by what he had heard during the meeting. He stated that this aligned with his own view of the strong work being delivered by the HSCP and gave him confidence in the Strategy going forward.</p> <p>He also advised that he found it helpful to review the supporting evidence, including feedback and survey findings, which demonstrate both the impact of work already delivered and what is planned over the coming years. He highlighted that it was particularly important to recognise that success is not the responsibility of the partnership alone but also relies on the contribution of other areas such as transport, climate, and wider services working collectively.</p> <p>He confirmed his full commitment and expressed that he was very pleased to be part of the Committee. He also noted that the updates provided had been clear and valuable, giving him a much better understanding of the positive impact being achieved and the key priorities moving forward.</p> <p>Cllr Liewald thanked KF for his comments and said she looked forward to meeting him in person at future events. This was echoed by the rest of the Committee.</p>	
<p>14.</p>	<p>DATE OF NEXT MEETING Wednesday 22 April 2026, 1000hrs, MS Teams</p>	



**MINUTE OF THE STRATEGIC PLANNING GROUP
WEDNESDAY 4TH MARCH AT 2PM
VIA MS TEAMS**

Present: Colin Grieve (Chair), Dave Dempsey, William Penrice, Ken Fraser, Vicki Birrell, Nicola Broad, Lesley Gauld, Caroline Cherry, Lisa Cooper, Vanessa Salmond, Susan Fraser, Tracy Hogg, Roy Lawrence, Morna Fleming, Lynn Barker

Apologies: Karen Marwick, Ben Hannan, Fiona Forrest, Claire Dobson, Sam Steele, Paul Dundas, Rosemary Liewald, Chris Conroy, Lynne Garvey

In Attendance: Gillian Muir (Minutes)

ITEM	MAIN DISCUSSION	ACTION
1	<p>WELCOME & APOLOGIES</p> <p>Colin Grieve welcomed everyone to the meeting.</p> <p>Apologies were noted as above.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	
2	<p>MINUTES & ACTION NOTE OF LAST MEETING – 14 NOVEMBER 2025</p> <p>The minutes of the previous meeting of 14th November were approved as an accurate record.</p> <p>The action log was reviewed. The Chair noted that the PMO Update was on the agenda under item 6.1 therefore action would be closed and the Workplan would be covered at item 3.2 where an update in terms of the review of the planning group would be provided. This item will be closed or moved onto next year's workplan.</p>	
3 3.1	<p>STRATEGIC PLANNING</p> <p>Strategic Plan 2026-29 (Draft)</p> <p>Vanessa Salmond presented the updated draft Strategic Plan 2026-29 noting that the Plan sets out a clear and focused direction for the next three years, structured around three priorities: Prevention, Communities and Digital. These priorities are supported by a delivery framework emphasising financial sustainability, integration and transformation ensuring the plan is both ambitious and deliverable within a challenging and uncertain environment.</p>	

ITEM	MAIN DISCUSSION	ACTION
3.1	<p>Strategic Plan 2026-29 (Draft) (continued)</p> <p>Members were advised that a Strategic Delivery Plan will continue to be developed, supported by detailed delivery and action plans. These will set out clear objectives defined responsibilities, measurable outcomes and performance measures to ensure accountability and clarity in delivering the strategic objectives over the three-year period.</p> <p>A compendium of supporting documents was shared with members, including the Equality Impact Assessment, Risk Register, Market Facilitation Plan and draft Directions which following endorsement will be issued to Fife Council and NHS Fife. It was noted that, taken together, the Strategic Plan and supporting documentation demonstrate that the proposals are robust, legally compliant and grounded in a strong evidence base.</p> <p>Members noted that engagement with approximately 3,700 people informed the development of the plan, ensuring that public and stakeholder views were central to its content.</p> <p>Members were asked to reflect on the documents presented, discuss and identify any amendments prior to the plan progressing through the governance cycle for final endorsement by the Integration Joint Board later in March.</p> <p>Discussion was opened to members who provided their feedback and comments.</p> <p>Members queried how the high-level Strategic Plan would translate into meaningful and measurable delivery, including what would be different in practice, how SMART actions, performance measures and monitoring arrangements would be developed and how budget-dependent Directions would be aligned with the Plan.</p> <p>Clarification was provided that detailed delivery and action plans would sit beneath the Strategic Plan, supported by a structured framework linking objectives to SMART actions and key performance indicators. Budget alignment and Directions would be explored further in discussion offline.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ol style="list-style-type: none"> 1. Discussed the Draft Strategic Plan 2026-29 and supporting documentation. 2. Advised on any required amendments. 3. Supported submission to the Integration Joint Board. 	

ITEM	MAIN DISCUSSION	ACTION
3.2	<p>Strategic Planning Group Review</p> <p>Colin Grieve provided a verbal update on the planned review of the Strategic Planning Group noting that the review had been delayed due to pending national guidance linked to recent changes to the Public Bodies (Joint Working) (Scotland) Act. These legislative changes are expected to introduce new voting members in the Autumn.</p> <p>National guidance is unlikely to be received before the summer due to the election period. Preparatory work may begin in advance, focusing on monitoring arrangements for the Strategic Plan and related documentation.</p> <p>Vanessa Salmond highlighted the wider governance implications, including the requirement to review the Integration Scheme.</p> <p>Assurance was provided that work will progress at pace once national guidance is released.</p> <p>Discussion was opened to members. No comments or questions were raised.</p> <p>Further updates will be provided to the group when available.</p>	
3.3	<p>Medium-Term Financial Strategy</p> <p>Tracy Hogg provided a verbal update on the development of the Medium-Term Financial Strategy for 2026-29 which is being progressed in close alignment with the refreshed Strategic Plan.</p> <p>Officers have been working closely with the Strategic Planning & Performance Team to ensure consistency in language and approach across both documents. This alignment is intended to ensure that the Medium-Term Financial Strategy effectively supports the funding required to deliver the Strategic Plan.</p> <p>A more strategic approach to financial planning is proposed, with the Strategic Planning Group taking a lead role in reviewing all areas of spend, assessing alignment with the Strategic Plan priorities and identifying areas for investment or disinvestment. This may involve establishing sub-groups to undertake more detailed work and support planned savings proposals for 2027-28 and 2028-29. This strategic focus would complement the in-year financial scrutiny role of the Finance Performance & Scrutiny Committee, and the proposed approach would also align with the national guidance on the role of Strategic Planning Groups.</p> <p>Members also noted that work is ongoing with partners to address the 2026-27 budget position, with discussions continuing to close the remaining budget gap. An Extraordinary Combined Committee meeting (Finance, Performance & Scrutiny and IJB) will be required before the end of March to enable the budget to be finalised.</p>	

ITEM	MAIN DISCUSSION	ACTION
3.3	<p>Medium-Term Financial Strategy (continued)</p> <p>No further comments or questions were raised as to the proposed approach.</p>	
4 4.1	<p>ANNUAL REPORTS</p> <p>STRATEGIC PLAN – YEAR THREE DELIVERY PLAN: ANNUAL REPORT</p> <p>The Strategic Planning Group considered a report presented by Vanessa Salmond providing an overview of the Year Three Annual Report of the Strategic Plan 2023-26 which reflects on progress made during 2025 delivery year, as well as cumulative performance across the full three-year period.</p> <p>A summary of the actions was provided and the Strategic Planning Group noted that during 2025, 61 actions were scheduled with 70% completed, 26% partially completed, and 3% closed or delayed. Those actions identified as closed or delayed were either consolidated with other actions or deemed no longer appropriate to progress.</p> <p>Over the full three-year period the Strategic Planning Group noted that 188 actions were planned, 166 were delivered, 17 were carried forward into the new Strategic Plan and 5 were closed. The Strategic Plan builds on the strong foundations established during this period, informed analysis of existing work and progress to date.</p> <p>The discussion was opened to members who provided their comments and feedback.</p> <p>A query was raised as to whether the actions achieved the objectives and where in the report the link is shown between each action and its corresponding objective.</p> <p>Officers confirmed that actions are aligned and reported under each objective in the Annual Report.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ol style="list-style-type: none"> 1. Reviewed the report and advised of any changes required. 2. Took assurance that that Fife Health and Social Care Partnership has successfully progressed the implementation of the Strategic Plan 2023 to 2026 and is effectively monitoring the performance of the actions in the Year Three Delivery Plan 2025. 3. Agreed the Year Three Annual Report (2025) should progress to the Integration Joint Board for final review and approval. 	

ITEM	MAIN DISCUSSION	ACTION
5.1	<p>Carers Strategy</p> <p>Roy Lawrence provided an overview of the flash report submitted providing a progress update on actions taken during Quarter 3.</p> <p>The Strategic Planning Group noted that the annual report was completed at the end of last year and work is now underway to develop the new Carers Strategy which will be submitted to the group in July this year before progressing to the Integration Joint Board.</p> <p>An update was provided on key areas of work which include review and strengthening of commissioned carers services; implementation of a revised and standardised Adult Carers Support Plan supported by training delivered in-house and in partnership with Fife Carers Centre; enhanced partnership and collaborative working; targeted communication and engagement activity to improve awareness and access; and preparation for increased demand arising from new statutory duties under the Career Reform (Scotland) Act 2025.</p> <p>Discussion was opened to members who provided comments and feedback.</p> <p>Concerns were raised regarding potential expectations created by the proposed statutory right to a sufficient break noting the subjective nature of sufficient and the potential resource implications for the Partnership.</p> <p>The Strategic Planning Group took assurance from the progress update.</p>	
6 6.1	<p>GOVERNANCE</p> <p>Transformation and Change Portfolio / PMO Update</p> <p>Vanessa Salmond provided an overview of the report which provides assurance that the programmes and projects within the remit of the HSCP Transformation and Change portfolio are being safely and effectively monitored and delivered.</p> <p>Members noted that all four transformation programmes and all eleven live projects remain on track, with no changes to RAG status at this time and the Bairns Hoose Project had undertaken a stage/gate review seeking approval to move from 'Establish' to 'Plan' stage.</p> <p>Members also noted that the report highlights several risks identified through the PMO Oversight Group, and further context on these risks was provided.</p> <p>Members noted the PMO's priorities going forward including mental health redesign programme; Bairns Hoose progression into delivery phase; conclusion of the Home First Programme; Primary Care Improvement Plan (PCIP) activity pending national guidance and ongoing work in Digital and Transformation aligned to strategic objectives.</p>	

ITEM	MAIN DISCUSSION	ACTION
6.1	<p>Transformation and Change Portfolio / PMO Update (continued)</p> <p>Overall, the report provides moderate assurance recognising good progress and governance but highlighting ongoing capacity and resource risks that may impact delivery if not addressed.</p> <p>The discussion was opened to members who provided their comments and feedback.</p> <p>Members queried whether there had been appropriate consultation with patients, families, carers and relevant stakeholders regarding the move from Ravenscraig Ward to QMH.</p> <p>Officers confirmed that extensive planning and estates work had taken place, focussing on environmental upgrades (infection control and ligature risks). Whilst Ravenscraig Ward is not scheduled for immediate upgrade, it is included in future plans and engagement with families and patients would be expected at the appropriate time. Further clarification was offered and a commitment made to explore this further and provide a more detailed response.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ol style="list-style-type: none"> 1. Took assurance on the progress being made with HSCP transformation and PMO support. 	
6.2	<p>Workplan 2025-26</p> <p>The Group reviewed the 2025-26 workplan and noted that two items, the terms of reference and the membership and structure of the group would be carried forward into next year as previously discussed and reviewed as part of the ongoing development work.</p> <p>Members acknowledged that the workplans are evolving documents with further changes anticipated as broader organisational developments progress. These changes will align with the upcoming review of the Group, and it is expected that future iterations of the workplan may differ in structure and content as a result.</p> <p>The Chair emphasised the importance of ensuring that any items removed from the current workplan are appropriately carried forward in future plans.</p>	
6.3	<p>Workplan 2026-27</p> <p>During the review of the draft workplan for 2026-27, it was noted that the content remains subject to change as priorities and delivery requirements become clearer later in the year.</p>	

ITEM	MAIN DISCUSSION	ACTION
6.3	<p>Workplan 26-27 (continued)</p> <p>Vanessa Salmond advised that the workplan requires to align with the new Strategic Plan 2026-29, with a move away from multiple standalone strategies towards a single strategic plan supported by delivery frameworks.</p> <p>Caroline Cherry confirmed that there was no standalone local Dementia Strategy, with delivery aligned to the National Dementia Strategy through a local delivery plan and also noted this was similar for Advocacy, where previous three-year strategy had been completed and now sits within implementation of the wider Strategic Plan.</p>	
7	<p>AOCB</p> <p>No notification of other business was received.</p>	
8	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Tuesday 5th May 2026 at 2pm via MS Teams. 	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 10 MARCH 2026 AT 14.00 PM VIA TEAMS

PRESENT: Kenny McCallum, UNISON (Chair)
Vicki Bennett, British Dietetic Association Representative (Co-Chair)
Lynne Garvey, Director of Health & Social Care (Co-Chair)
Ben Morrison, TU Rep, Royal College of Podiatry
Casey Fitzpatrick, HR Lead Officer, Fife Council
Caroline Cherry, Principal Social Work Officer, H&SC
Chris Conroy, Head of Community Care Services, H&SC
Colleen Allen, UNISON
Debbie Fyfe, Joint Trade Union Secretary
Gemma Reid, HSCP Coordinator (Minutes)
Gillian Bell, UNISON
Hazel Williamson, Communications Adviser, H&SC
Hugh Wilson, Health & Safety Lead Officer, Fife Council
Karen Marwick, Head of Complex & Critical Care Services
Karen Rennie, HR Team Manager, Fife Council
Louise Noble, UNISON
Lynn Barker, Director of Nursing, H&SC
Lynne Parsons, Employee Director, NHS Fife
Martyn Berrie, Clinical Services Manager, NHS Fife
Melanie Jorgensen, HR Team Leader, NHS Fife
Michaela Lessells, UNISON
Roy Lawrence, Head of Culture, Engagement & Communities, H&SC
Steven Portsmouth, UNISON
Tracy Hogg, Chief Finance Officer, H&SCP
Vanessa Salmond, Head of Strategic Planning & Performance, H&SC
Yvonne Batehup, UNISON

APOLOGIES: Dafydd McIntosh, Organisational Development & Culture
Lisa Cooper, Head of Primary & Preventative Care, H&SC
Lee-Anne French, HR Business Partner, Fife Council
Helen Caithness
Catriona Lees
Clare Weir, Royal College of Midwives
William Nixon, H&S, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES	
	Chair welcomed everyone to the meeting, confirming that the meeting would be recorded to assist with the minute. Apologies were noted as above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 13 JANUARY 2026 The minute and action log of the meeting held on 13 January 2026 were approved as an accurate record.	
3	JOINT CHAIRS UPDATE	
	<p>Lynne Garvey opened by giving her apologies for being slightly late to the meeting and thanking everyone for their attendance, noting that it has been an incredibly busy period across health and social care since the last LPF meeting. Lynne gave thanks to all for their hard work and dedication.</p> <p><u>System Pressures and Workforce Mobilisation</u></p> <p>Lynne acknowledged that the Partnership continues to experience significant and sustained operational pressures. Daily activity remains extremely high across all areas of Health and Social Care, contributing to what she described as the most challenging winter period ever faced by the partnership.</p> <p>Demand across the system has increased markedly, with a 16% rise compared to the same period last year and a 26% increase compared to the year prior. Despite this exceptional pressure, performance levels have remained strong, reflecting the dedication and professionalism of the workforce.</p> <p>Lynne shared that unmet need, particularly the volume of individuals awaiting packages of care in the community, remains at an elevated level. These pressures are driven by unprecedented demand rather than issues of workforce commitment, which continues to be exemplary.</p> <p>Following the approval of the mobilisation plan at the recent Extraordinary Local Partnership Forum meeting, a small cohort of volunteers were mobilised into pressurised areas. Lynne shared that she has issued personal messages of thanks to all staff who have mobilised, noting that feedback from mobilised staff has been highly positive and will be collated and presented at the next LPF meeting. Lynne advised that a staff blog is being prepared to reflect the experiences, insights, and comments received.</p> <p>Senior Leadership Team (SLT) members have also actively participated in mobilisation activity, with the Lynne herself engaging directly in frontline service delivery as part of this programme.</p> <p>Lynne formally acknowledged and commended the efforts of all staff during this intense period. The resilience, professionalism, and continued</p>	

	<p>commitment of colleagues across the system have enabled ongoing delivery of high-quality services in exceptionally challenging circumstances.</p> <p><u>Reduction in Working Week</u></p> <p>Progress continues on the implementation of the Reduced Working Week, although challenges remain due to the scale and impact of the change. Lynne welcomed the feedback obtained through the recent UNISON staff survey. Thanks were recorded to Chris Conroy, who continues to lead the RWW programme.</p> <p><u>Strategic Plan 2026-29</u></p> <p>Lynne advised that the consultation on the refreshed Strategic Plan has now closed, noting that feedback is being analysed to help shape the final plan which will go to the Integration Joint Board later this month and will be shared with LPF members when available.</p> <p><u>Carers Strategy Refresh</u></p> <p>Lynne shared that we have been gathering views on the Fife Carers Strategy 2026-29.</p> <p><u>Celebrating Success</u></p> <ul style="list-style-type: none"> • School Nursing Service - National Recognition Our School Nursing Service is in the final judging stage of the RCN Scotland Nurse of the Year Awards, an incredible achievement and a testament to their exceptional work with children, young people and families. • Social Work Excellence - Congratulations to Amanda Law Amanda Law, Team Manager, has been nationally recognised by the British Association of Social Workers for her compassionate leadership and commitment to safe, supportive practice. • Nursing Recruitment Fair - Inspiring the next generation We welcomed more than 400 students at the recent nursing recruitment fair. Feedback was excellent, interest was high, and recruitment is now well underway. Lynne gave appreciation for all the staff involved and for showcasing the nursing careers here in Fife. • SLT Drop-In Sessions Lynne gave thanks to those who had joined the recent sessions and advised that more dates would be shared soon. <p>Lynne concluded her update by thanking the Chair and members for the opportunity to provide her Co-Chair's Update.</p>	
4	HEALTH AND WELLBEING	
	<p>4.1 Attendance Update</p> <p><u>NHS Update</u></p> <p>Melanie Jorgensen provided a summary of key findings from the NHS Fife Attendance Report.</p>	

- The sickness absence rate increased in December 2025 to 8.80% which is higher than the December 2024 figure.
- Complex and Critical Care Services had the highest sickness absence percentage at 10.05%. Community Care Services was second highest with 9.79%, Primary Care & Prevention Services at 7.02% and Professional/Business Enabling at 4.75%.
- The highest number of hours lost was due to Anxiety / stress / depression / other psychiatric illness, followed by other Cold, cough, flu - influenza.
- The highest number of episodes of absence lost was due to Cough, cold, flu – influenza followed by Anxiety / stress / depression / other psychiatric illnesses.
- The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 5+ job family followed by nursing/midwifery Band 1-4. The highest absence percentage was within the nursing and midwifery Band 1-4 followed by nursing/midwifery band 5+.
- Short-term and long-term absence both increased in December 2025.
- The highest overall absence rate was in the 65+ age category. The next highest overall absence rate is in the 20-24 age group.
- Melanie concluded her update by noting that there were 40 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in December 2025.

Chair opened to questions from members.

Vicki Bennett queried uptake of flu vaccine across H&SC and requested that Staffside are included in any working groups around staff immunisations for 2026/27.

Lynne Garvey confirmed this could have been much improved, noting that we need to make access easier and more convenient. Lynne advised that the vaccination service have now been incorporated into the PRU process to ensure scrutiny and oversight and as a result of this, the team have been supported with an improvement plan for next year.

Fife Council Update

Karen Rennie provided a summary of key findings from the Fife Council Attendance Report.

- In December 2025, HSCP recorded 27.58 working days lost per FTE which is almost double the Council average.
- Community Care Services has the highest level of sickness absence with 30.22 working days lost, followed by Complex and Critical Care with 26.47 WDL, Localities with 19.06 WDL and Resources with 7.09 WDL.
- In December 2025, the top 3 reasons for sickness absence by working days lost were mental health, non-work-related stress and other musculoskeletal.

LC

	<ul style="list-style-type: none"> In December 2025, the top 3 reasons for sickness absence by number of occasions were diarrhoea and vomiting, cough, cold and flu and non-work-related stress. <p>Karen noted work ongoing to support absences within Care at Home and Complex and Critical Care, noting that whilst we are heading in the right direction there has been minimal improvement with a long way to go.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe highlighted that personal stress remains the most significant contributor to absence and asked whether this is being examined and how it can be mitigated. She also questioned whether any work is taking place within the Attendance Support Unit in relation to this.</p> <p>Karen confirmed that a dedicated working group has been established to review stress-related factors. This work is at an early stage, with a focus on aligning wellbeing initiatives more closely with the overall absence management strategy.</p> <p>LPF members were assured by the current position.</p>	
	<p>7.3 Reduced Working Week (item brought forward on agenda)</p> <p>Chris Conroy provided a verbal update on the implementation plans for the Reduced Working Week (RWW) ahead of the go-live date of 1 April 2026. He highlighted the work of the HSCP Reduced Working Week Oversight Group, which he chairs, noting that membership spans acute and corporate functions to ensure a consistent approach across the system.</p> <p>Chris outlined the areas where investment has been agreed to increase workforce capacity in order to offset the reduction in contracted hours. Recruitment is progressing well, with approximately 40% of posts at an advanced stage and expected to commence within the next two weeks. The remaining 60% are in progress.</p> <p>He expressed appreciation for the feedback received through the recent UNISON survey, which has informed a refreshed communications approach to ensure clarity and consistency across management teams and the wider workforce. Services have confirmed their ability to deliver on the commitment to implement the RWW.</p> <p>Chris reported that a range of constructive staff engagement sessions have taken place, generating localised solutions tailored to individual service needs. While acknowledging that the RWW will be implemented differently across teams, he confirmed that overall progress remains on track.</p> <p>The Chair invited questions.</p> <ul style="list-style-type: none"> Yvonne Batehup asked, given that 40% of recruitment will conclude within the next 2–3 weeks, what measures are in place to ensure staff are not expected to deliver the same workload in fewer hours while the remaining 60% of recruitment progresses. <p>Chris confirmed that teams have been offered a number of temporary</p>	

	<p>options to support capacity, including allowing part-time staff to maintain current hours, extending fixed-term contracts where appropriate, and offering part-time staff the opportunity to temporarily increase their hours.</p> <ul style="list-style-type: none"> Lynne Garvey noted that data received from services provides significant assurance that the RWW can be implemented successfully. <p>LPF members were assured by the current position.</p>	
	<p>4.2 Attendance Management Flash Reports</p> <p>Heads of Service presented the attendance management flash reports to support the data presented by HR.</p> <p>Community Care Services</p> <p>Chris Conroy provided an overview of the Community Care portfolio. He reported that NHS staff absence levels have decreased and are now lower than at the same point last year, although further improvement is still required. Targeted actions are being implemented to support phased returns to work, and analysis is underway to better understand the differences between work-related and personal stress.</p> <p>Chris noted that inpatient areas have been operating at full surge capacity for the past couple of months, creating significant operational pressure. The reduction in absence during such a challenging period was highlighted as a testament to the resilience and commitment of staff.</p> <p>In relation to the Fife Council workforce, absence levels remain static. Long-term absence continues to be driven predominantly by mental health-related factors. Chris expressed confidence that all appropriate measures are being taken to support staff to remain in work wherever possible.</p> <p>Primary & Preventative Care</p> <p>Chris Conroy provided an update on the Primary & Preventative Care portfolio in the absence of Lisa Cooper. He advised that targeted work is underway to address mental-health-related absences, and that deep-dive analysis continues within specific services where absence levels remain high.</p> <p>The Chair invited questions from members.</p> <ul style="list-style-type: none"> Yvonne Batehup acknowledged the challenges associated with mental-health-related absences and the difficulties staff face in accessing therapies. She queried whether the service receives information on how Access Therapies Fife is supporting staff, given the significant waiting times, and requested a report outlining the support being provided. Chris agreed to discuss this further with Yvonne offline. 	<p style="text-align: right;">CC</p>

- Karen Marwick noted that Access Therapies information is included within every Directors Briefing. Karen unaware of any backlogs or waiting lists.

Complex & Critical Care Services

Karen Marwick provided an update on the Complex & Critical Care portfolio, highlighting ongoing significant staffing pressures linked to recruitment challenges and the time required for managers to support absence management. She advised that attendance panels continue to review both long and short-term absences where policy breaches have occurred.

Support Services showed a slight improvement in December, followed by an increase in January driven by higher levels of short-term absence, despite a reduction in long-term cases. There are currently five long-term absences, representing a notable decrease from the previous reporting period.

Within the Alcohol and Drug Partnership, absence remains at 0%, and Psychology is reporting a 3% absence rate, an improvement on the previous year. Overall mental health absence has reduced to 8.5%, while Ward 4 continues to experience a high rate of absence at 33%. A recent deep dive confirmed that the challenges in Ward 4 are highly specific. Measures to support the service include temporary redeployment of community staff, block booking of bank staff, and strengthened daily escalation processes.

Within Adult Services, absences have persisted over the past four weeks, with several long-term absence hearings scheduled, some of which have been progressed by other service managers. Remaining cases are now being prioritised as staffing levels have returned to normal.

Karen confirmed that no additional support is required from SLT or LPF at this stage and that work continues in collaboration with HR to strengthen attendance management.

Chair opened to questions from members.

Debbie Fyfe indicated that she had several questions around adult services and requested a meeting with Karen offline to discuss further.

Lynne advised that, on an interim basis, the Chief Social Work Officer, James Ross, will assume responsibility for the social work and social care elements of Karen’s portfolio to allow Karen to focus of transformational work within Mental Health. **Karen and James will progress the planned meeting with Debbie.**

Vicki Bennett noted improvements in the management of attendance and advised that the focus is now shifting towards early intervention to prevent staff from going off sick.

LPF members were assured by the current position.

KM/JR/DF

4.3 Employee Relations Update

NHS Update

Melanie Jorgensen provided a summary of key points from the NHS Fife Employee Relations Report, noting that

- Within the current reporting period there are a total of 23 employee relations cases within the H&SCP. This is a decrease of 1 case since the previous reporting period.
- 33% of cases related to criminal proceedings, 28% related to allegations of inappropriate behaviour in relation to patients.
- 30% of cases are within 3 months of the investigation commencing, 9% have been under investigation for 4-6 months, 13% have been under investigation for 7-12 months. 48% of cases have been under investigation for over 12 months.
- Of the active conduct cases there are currently 4 employees suspended from duty.

Melanie highlighted two key areas of concern: delays in progressing investigations and the ongoing management of cases exceeding 12 months. She noted that utilising Bank staff to undertake investigations has been effective in reducing backlogs. She also advised that delays continue to be affected by limited administrative support. Services remain committed to using the Once for Scotland policies, along with the associated toolkits and TURAS modules, to support consistent practice.

Fife Council Update

Karen Rennie provided a summary of key findings from the Fife Council Employee Relations Report as at 30th January 2026.

- Within the current reporting period there are a total of 35 employee relations cases within the H&SCP. This comprises 19 Disciplinary cases, 13 Grievance cases and 3 Improving Performance cases.
- Currently there are 7 active gross misconduct disciplinary cases with 4 employees suspended and 3 employees currently in work on an alternative to suspension.

Karen provided assurance that cases exceeding 12 months will be reviewed to understand the reasons for delay and identify any lessons learned. Karen will provide an update following this review.

Chair opened to questions from members.

Caroline Cherry requested that Karen link in with her around the review work of cases exceeding 12 months.

Debbie Fyfe raised concerns regarding the progression of investigations and the capability of investigating officers. She queried whether additional training is required and highlighted the potential need for a core, competent group of investigators to ensure sufficient capacity. Debbie noted that this had been discussed with Lee Ryan last week.

LPF members were assured by the current position.

CC/KR

	<p>4.4 Staff Health & Wellbeing Updates</p> <p>Roy Lawrence presented a combined wellbeing update on behalf of NHS Fife and Fife Council and expressed thanks to Casey Fitzpatrick and Jenni Jones for preparing the report content. He advised that Dafydd McIntosh would lead this work for the Partnership going forward and will provide a wellbeing flash report update at each LPF meeting.</p> <p>Roy also noted that Homecare Wellbeing sessions are scheduled to take place in April.</p> <p>Chair opened to questions from members.</p> <p>LPF members were assured by the current position.</p>	
5	<p>HEALTH AND SAFETY</p>	
	<p>5.1 H&S Updates – NHS & Fife Council (incl. Violence & Aggression)</p> <p><u>Fife Council Update</u></p> <p>Hugh Wilson, representing the Fife Council Health and Safety Team, provided an update on current workstreams. He highlighted that the Health & Safety Management Framework has now been approved at portfolio level, and five Stress Risk Assessments have been completed and published, with several still outstanding. He also confirmed that risk assessments continue to be reviewed to ensure accurate risk profiling.</p> <p>Training has been ratified and published, and service managers are reminded to ensure all staff complete the required basic mandatory training.</p> <p>Hugh reported that 190 incidents were recorded between 30 December 2025 and 1 March 2026. Of these, 62 involved injury or harm, 111 related to violence, aggression or threat, and 17 were classed as near misses or property damage. Slips, trips and falls were the most common incident type, accounting for 28 cases.</p> <p>Debrief completion rates were reported as follows: 34% completed, 53% scheduled, and 13% not completed.</p> <p>Hugh advised that the service is reviewing the Violence, Aggression and Threat HS1 process to ensure the questions remain appropriate and to identify any areas for improvement.</p> <p>He also confirmed that there were no RIDDOR-reportable incidents during the reporting period, and no cases of occupational disease or dangerous occurrences.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe noted her concern that de-briefs are not happening and queried if feedback is received as to why.</p> <p>Hugh confirmed work is ongoing to improve this process through the HS1 review.</p>	

<p>Debbie Fyfe requested a breakdown of VAT incidents by gender. CCh will pick this up.</p> <p>Hugh noted that he is picking this up via the HS1 review for Fife Council. Debbie is looking for an overarching view and therefore Vicki Bennett will also pick this up with Billy Nixon offline.</p> <p><u>NHS Update</u></p> <p>William Nixon was unavailable to present the NHS Health & Safety Report and any queries regarding the content of the report should be directed to William via email.</p> <p>LPF members were assured by the current position.</p>	<p>CCh</p> <p>VB</p>
<p>5.2 Mandatory Training Dashboard</p> <p>Karen Marwick reported that mandatory training compliance remains below the 90% target. NHS compliance currently ranges from 53% in Complex and Critical Care to 86% in Nursing. Fife Council compliance also remains low, averaging around 41%, with Community Care Services the lowest at 33%. Karen noted that this spike was attributable to recent changes within the e-Learning system.</p> <p>Work continues to promote the ‘policy of the month’ initiative and to provide targeted support to priority services where compliance requires improvement. Karen advised that Healthcare Improvement Scotland (HIS) has been invited to attend in early February to review ward staffing ratios and ensure sufficient capacity is in place for staff to complete mandatory training.</p> <p>Although overall compliance remains low, ongoing measures are being implemented to release staff and support them in achieving the required training levels.</p> <p>Chair opened to questions from members.</p> <p>Debbie Fyfe acknowledged the challenges in releasing staff to complete mandatory training but highlighted concerns regarding low compliance in lone working areas, particularly the use of SOS fobs, which currently stands at 53%.</p> <p>Karen Marwick advised that SOS fob compliance is routinely discussed during supervision to reinforce correct usage, and these conversations continue within one-to-one meetings.</p> <p>Vicki Bennett raised concerns about low compliance in patient handling and resuscitation training and asked whether work is underway to address this.</p> <p>Lynne Garvey recognised these issues and noted that some improvements have been observed. She advised that a ‘call to action’ email had been issued to reinforce managerial accountability for ensuring staff complete mandatory training.</p> <p>Yvonne Batehup suggested engaging directly with staff to understand barriers to compliance and developing a campaign to address these.</p>	

	<p>Martyn Berrie recommended that service management take a stronger role in driving improvement and queried whether colleges could support this through educational facilitators.</p> <p>Colleen Allen highlighted that non-compliance with required training may prompt the SSSC to mandate completion within the year, and failure to comply could place individual registrations at risk. Lynne agreed this point could be used to strengthen training-related communications.</p> <p>Roy Lawrence clarified that the SSSC focuses on professional learning and development rather than mandatory training requirements.</p> <p>Melanie Jorgensen emphasised the importance of providing protected learning time.</p> <p>Casey Fitzpatrick suggested contacting Andrew Stokes in Facilities, who has been developing alternative training delivery methods. A paper on this has recently been submitted to CET, and Roy Lawrence agreed to take this action forward.</p> <p>Roy to meet with Vicki and Kenny to draft a joint campaign to support mandatory training compliance.</p> <p>LPF members were assured by the current position.</p>	<p>RLaw</p> <p>RLaw</p>
6	FINANCE	
	<p>6.1 Finance Update</p> <p>Vanessa Salmond noted Tracy Hogg's absence and advised that Tracy will provide an update on the current financial position at the Extraordinary LPF Budget meeting scheduled for next week.</p> <p>Debbie Fyfe noted that Trade Union representatives would be unable to attend the scheduled date, and it was therefore agreed that this date would be reviewed.</p>	<p>GR</p>
7	SERVICE PRESSURES & WORKFORCE UPDATES	
	<p>7.1 Workforce Mobilisation Update</p> <p>Lynn Barker provided a verbal update, noting that a small number of volunteers, equivalent to approximately 1.5 FTE, remain in place, predominantly community-based staff working across the St Andrews and Glenrothes areas. She advised that although the Workforce Hub is still operational, recent staff departures have impacted on its capacity to function effectively. The Hub is scheduled to close on 31 March 2026.</p> <p>LPF members were assured by the current position.</p>	
	<p>7.2 Admin Transformation Update</p> <p>Tracy Hogg unable to attend meeting therefore it was agreed that this item would be carried forward to next meeting.</p>	<p>GR</p>

	<p>7.4 NMAHP Clinical Leadership Across NHS Fife</p> <p>Lynn Barker presented the Clinical Leadership report, noting variation in leadership visibility across services. The report proposes the introduction of a structured framework to strengthen clinical leadership for Nurses, Midwives and Allied Health Professionals (NMAHP) across NHS Fife. The framework aims to ensure consistent, visible and accountable leadership at ward, community and departmental levels, supporting robust patient-to-board assurance and the delivery of safe, effective and person-centred care.</p> <p>The report recommends the implementation of dedicated clinical leadership sessions, with defined frequency, for NMAHP leadership roles. This is intended to enhance leadership visibility, strengthen governance and assurance processes, and drive continuous improvement in care quality and organisational culture.</p> <p>LPF members were assured by the current position.</p>	
8	GOVERNANCE	
	<p>8.1 LPF Workplans 2025/26 & 2026/27</p> <p>The LPF workplans were included for assurance and noting.</p>	
9	<p>ITEMS FOR BRIEFING STAFF / AOCB</p> <p>Karen Marwick congratulated Louise Noble on her appointment to the post of Regional Convener.</p> <p>No other business identified therefore Chair closed the meeting by thanking everyone for their attendance and collaboration.</p>	
<p>DATE OF NEXT MEETINGS</p> <p>LPF Development Session / LPF Meeting (Fife House)</p> <p>Wednesday 13 May 2026, 09:00-12:30</p>		



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 11TH MARCH 2026 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Cllr David Alexander (Chair)
John Kemp, NHS Non-Executive Board Member
Alistair Morris, NHS Non-Executive Board Member

Attending: Lynne Garvey, Director of Health & Social Care
Tracy Hogg, Chief Finance Officer
Vanessa Salmond, Head of Strategic Planning & Performance
Roy Lawrence, Head of Culture, Engagement & Communities
Avril Sweeney, Manager, Risk Compliance
Leesa Radcliffe, Clinical Service Manager, H@H
Karen Marwick, Head of Complex & Critical Care
Katie Feechan, HSCP Finance Manager
Olivia Robertson, Senior Manager, Community Children’s Services
Gillian McNab, Management Support Officer (Minutes)

Apologies for Absence: Cllr Dave Dempsey
Caroline Cherry, Principal Social Work Officer
Chris Conroy, Head of Integrated Community Care Service

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>David Alexander welcomed everyone to the meeting.</p> <p>Apologies were noted as above, and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	
2.	<p>DECLARATIONS OF INTEREST</p> <p>Alistair Morris advised that his wife is the Chief Executive of Fife Carers, and an award has been granted to them.</p>	

3.	<p>MINUTE OF PREVIOUS MEETING – 14th JANUARY 2026</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. Vanessa Salmond to discuss with Gillian McNab offline.</p>	VS/GM
5.	<p>FINANCE</p>	
5.1	<p>Finance Update</p> <p>Tracy Hogg, Chief Finance Officer apologised for the error in the papers sent out (date on front cover and Table 6 updated) and advised that an amended paper was issued. Tracy Hogg shared her screen and presented the PowerPoint detailing the financial position as at Month 10, January 2026 showing a £10.6m overspend which reflects c1.3% of the total budget of £805m. This is an adverse movement of £1.9m from the November position. Section three of the paper gives the analysis of the financial position noting the key areas of overspend, underspends and movements.</p> <p>Tracy Hogg highlighted the main areas of overspend which are non-delivery of savings of £6.315m, mental health & psychology at £4.000m, adult packages of care at £6.000m, care of the elderly at £1.100m, £1.300m on care at home and £0.850m on nursing & residential placements. Tracy Hogg advised that there are various offsets where we have underspends which are £1.950m in primary & preventative care, £4.000m across supported living, community support and social care fieldwork, £1.000m on learning disabilities, £2.100m across community nursing & ICASS teams and £1.659m on over achievement of savings on medicine efficiencies and locums which offsets the £6.3m of non-achievement.</p> <p>Committee noted the main movements from the month 8 position are removal of some management actions (£1.100m), increased social care cost to meet the current demand (£4.000m) and within care at home there was a reduction within the forecast trends for deaths over winter.</p> <p>Committee also noted further underspends due to community care & PB&E (£0.907m) due to additional Scottish Government funding, Pay award funding from Fife Council (£1.200m) and an increase on over achievement of savings on prescribing (£1.000m).</p> <p>Tracy highlighted the savings tracker shows we are on track for 84% delivery which is slightly higher than previously reported. It was noted that there is a slight non-delivery (£0.125m) against community rehab and this is due to the delay in Glenrothes ward 3 closure. This is on track to close by the end of March and is offset by an increase in delivery on the locums saving due to a reduction of around 90 shifts. Medicine efficiencies have increased over delivery of savings from £0.700 to £1.300m which is allowing us to track an 84% savings target of £29.424m.</p>	

	<p>Committee noted the recovery and management actions taken. There is approx. £6.000m of recovery actions already included in the report, which includes additional one-off funding, reserve balances, funding from Scottish Government and non-essential spend reductions. Management posts have also remained vacant.</p> <p>Tracy Hogg advised that the reserve balance of £1.500m is mostly for community alarms on the move from analogue to digital and Mental Health anti ligature works. It was noted that any balance remaining at the year-end will be carried forward to next year for these commitments.</p> <p>The discussion was opened to Committee members and discussion was held around the budget and financial position.</p> <p>Questions raised included with regards to management actions, is this the plan of what might happen or an indication of what we have saved, are the amounts for the whole year and how confident are we that the month 10 position will still be the month 12 position?</p> <p>AM raised concerns at having to continue making these savings year after year and is concerned for year 26/27. LG emphasised our track record in delivery of savings, £20m delivered in 2024-25, with a further £25m this year, plus £6m recovery actions.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at January 2026 as outlined in Appendices 1-4 of the report. 2. Note the onward submission to the IJB of the financial monitoring position as at January 2026 and the onward submission of the Direction to NHS & FC for approval by IJB. 	
<p>5.2</p>	<p>Grants to Voluntary Organisations</p> <p>Tracy Hogg, Chief Finance Officer presented the paper and the proposed recommendations for the level of support to the IJB for the period 2026/27. The total grant contribution is proposed at £13.100M and the proposed funding awards are based on those awards that were either made in financial year 2025-26 or the amount applied for in the grant application, whichever is the lesser.</p> <p>Committee noted that there has been no uplift to our Voluntary Organisations model this year and this will be looked at on a case-by-case basis, should it mean any organisation was in financial difficulty. It was noted that some organisations have applied for less and want to do less which has been accepted.</p> <p>We will be working in year 2026-27 with our Voluntary Organisations to review and ensure all funding is allocated in line with the priorities of the 2026-29 Strategic Plan</p> <p>Committee is asked to approve the £13.1m today.</p>	

	<p>Alistair Morris was asked to leave the meeting during the discussion due to a conflict of interest.</p> <p>The Chair opened this up to Committee members for discussion and comment. Discussions were held on the reassurance that there will be a review within the year, concerns regarding on the impact this will have on organisations and the HSCP financial position.</p> <p>It was agreed that a bi-annual report would be brought to this committee for scrutiny.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the grant schedules appended to this report, which detail the recommendations for a total grant contribution to the Voluntary Sector of £13.130m from the Health & Social Care Partnership. 2. Approved the recommendation. 	TH
<p>5.3</p>	<p>FP&S Risk Register Deep Dive Review Report (Individual Deep Dive Reports)</p> <p>Avril Sweeney, Manager, Risk Compliance presented the report for assurance and discussion. In keeping with the risk management strategy we have a risk reporting framework in place and as part of the framework it has been agreed that each risk on the IJB Strategic Risk Register is assigned to one or both of the Governance Committees. This risk is assigned to both committees.</p> <p>Committee noted the purpose of the deep dive risk review is to provide assurance to members that risks are being effectively managed within the IJB's agreed risk appetite and at the appropriate tolerance levels. The deep dive risk review for the Demographic/Changing Landscapes Impacts risk was shown at appx. 1 and set out the risk description and risk scoring. It also highlighted external and internal factors that may impact on the risk. It provided relevant assurances, performance measures, benefits and linked risks. Appx. 2 contained a question set to help members with their scrutiny of the risk. The risk matrix was included at appx. 3 so members are able to see the relevant descriptors for each risk score.</p> <p>Avril Sweeney highlighted the key mitigations on this risk which included the delivery of the Transformation change programme and implementation of the key enabling strategies that support delivery of the Strategic Plan. These are monitored through the PMO Oversight Board and the Strategic Planning Group and annual reports are brought to Committee and the IJB. The performance framework provides additional assurances of control measures and information on benefits from both a qualitative and quantitative perspective.</p> <p>Avril Sweeney advised there is confidence there is a reasonable level of assurance that work is ongoing to support management of this risk at this point in time and actions are on track for completion. However, the focus of this risk and other linked risks will shift and will require review and re-assessment in line with the refreshed Strategic Plan. The impact of demographic changes and increase in demand has been</p>	

	<p>incorporated into much of the work undertaken to develop the new Strategic Plan.</p> <p>Avril Sweeney proposed as we go forward that this risk be re-worded and merged with the Strategic Planning and Transformation risks in order to ensure a focus on achieving sustainability within the Medium-Term Financial Strategy. It was also recommended the deep dive risk review process is paused until all strategic risks are reviewed in line with the refreshed strategic plan.</p> <p>The Chair opened this up to Committee members for discussion and comment. Members agreed the risk should be reviewed in line with the refreshed Strategic Plan.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Are assured on the level of assurance provided on the management of this risk. 2. Discussed the deep dive risk review and provide any comments or suggestions for improvement. 	
6.	PERFORMANCE	
6.1	<p>Performance Report</p> <p>Vanessa Salmond, Head of Strategic Planning & Performance presented the report and advised committee that William Penrice, Service Manager (Performance Management and Quality Assurance) has joined the meeting to answer any technical questions.</p> <p>Vanessa Salmond introduced the February 2026 Performance report which provides a high-level overview of the key performance indicators across the partnership along with more detailed information on the areas that are currently subject to escalation and enhanced scrutiny.</p> <p>Committee noted at present there are 6 indicators which remain escalated and these continue to undergo deep analysis and targeted improvement work.</p> <p>Vanessa Salmond advised that in response to previous feedback from this committee and feedback at the IJB development session, the report has been streamlined to reduce the volume of information presented. Committee noted that work will continue with services to strengthen the quality and consistence of the performance narrative, SMART improvement actions and the development of meaningful targets and benchmarks. As this performance framework continues to mature, further refinements will be brought forward to ensure the report supports effective scrutiny and decision making.</p> <p>The report is presented to committee to consider the current performance position, discuss the areas escalated for deeper review and agree the proposed change to specific indicators.</p> <p>The discussion was opened to Committee members. Discussions held focused on the streamlined format of the report, methodology used, comparisons with the NHS performance report and feedback from the Primary & Preventative Care escalations.</p>	

	<p><u>Decision</u></p> <p>The Committee:</p> <ol style="list-style-type: none"> 1. Agreed escalations and change to key performance indicators. 2. Were assured by the approach adopted for escalation of key HSCP performance metrics 3. Discussed content of the February Performance Report 	
<p>6.2</p>	<p>Strategic Plan Annual Update – Year 3 Report</p> <p>Vanessa Salmond, Head of Strategic Planning & Performance presented the Yar 3 Annual Report 2025 which provides an update on delivery of the e Strategic Plan 2023-26, thus being the last year of delivery.</p> <p>Vanessa Salmond advised the report summarises the progress made over the past year. Of all 5 strategic themes (local, sustainable, wellbeing, outcomes and integration) 2025 was a strong year for delivery, of the 61 actions identified for delivery, 43 actions were fully complete (70%), 16 actions (26%) were partially complete and will be rolled forward into 2026/27 and two actions were closed or delayed.</p> <p>Looking across the entire lifecycle of the Plan 2023-26, 188 actions were planned by January 2026 and 88% were delivered. 17 are carried forward and have been added into the refreshed Strategic Plan and 5 actions were closed.</p> <p>Committee noted the Strategic Planning Group continues to play a key role overseeing this work, ensuring that we maintain alignment of the long-term objectives and statutory responsibilities. The report is designed to give assurance that performance has been monitored robustly and that areas requiring continued focus have been identified.</p> <p>Committee was asked to review the report and propose any amendments prior to the report being presented to the IJB for final review and approval.</p> <p>The Chair opened up to Committee for discussion and comment. Members commended the report and no amendments were proposed.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the Strategic Plan 2023-26 – Year 3 Report. 2. Support submission to the IJB for final approval. 	
<p>7.</p>	<p>TRANSFORMATION</p>	
<p>7.1</p>	<p>Transformation & PMO Report</p> <p>Vanessa Salmond, Head of Strategic Planning & Performance introduced the Transformation Change and PMO Update. The report is presented to committee to provide assurance that the transformation programmes and associated projects are being effectively governed, monitored, delivered and that the partnership is maintaining oversight of key risks, dependencies and progress.</p>	

	<p>Across HSCP all four transformation programmes and 11 active associated projects remain on track with no changes to the overall RAG status for this reporting period.</p> <p>Vanessa Salmond highlighted the following:</p> <ul style="list-style-type: none"> • The ongoing progress of the Bairns Hoose Project is helping to shape a more integrated, trauma-informed response for children, ensuring they receive coordinated and compassionate support. • A new risk has been identified in relation to the delayed closure of Ward 2 at Glenrothes Community Hospital driven by system wide winter bed pressure. <p>Committee noted the ongoing resource pressures within PMO noting a separate SBAR on PMO Resource is being presented to the Senior Leadership Team to seek support for re-prioritisation and ensure risks are being managed appropriately.</p> <p>Despite these pressures progress has been made across a number of programmes which include, Mental Health Service Re-design, Home First, Community Care Transformation, Primary Care Improvement Programme and HSCP Digital Programme. Each continue to move forward in line with planned milestones and further work in underway to strengthen benefits, monitor and ensure alignment with national and local requirements.</p> <p>The discussion was opened to Committee members, who raised several questions. These included: at what point transformation resources are identified to support delivery of the new Strategic Plan; when such activities should be considered projects requiring oversight by the PMO; and when we may need to review how this resource is being utilised.</p> <p>It was agreed that the report would be updated to reflect the planned closure of Ward 2 at Glenrothes Community Hospital later this month.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Were assured around progress with HSCP transformation and PMO Support. 	VS
8.	<p>ITEMS FOR HIGHLIGHTING</p> <p>David Alexander confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board.</p>	
9.	<p>AOCB</p> <p>None</p>	
10.	<p>DATE OF NEXT MEETING</p> <p>Friday 15th May 2026 at 10.00 am via MS Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 13 MARCH 2024 AT 10.00 AM (TEAMS MEETING)

Present: Dave Dempsey (Chair), Fife Council (DD)
John Kemp, NHS (Vice Chair) Non-Executive Board Member (JK)
Cllr David Alexander, Fife Council (DA)

Attending: Lynne Garvey, Director of Health & Social Care Partnership (LG)
Tracy Hogg, Chief Finance Officer (Fife H&SCP) (TH)
Vanessa Salmond, Head of Strategic Planning and Performance (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife) (JL)
Amy Hughes, External Auditor (AH)
Barry Hudson, (NHS Fife) (BH)
Isabella Middlemass, Management Support Officer (Note Taker)

In Attendance: Charlotte Barber, (Azets) (CB)

Apologies: Chris Brown, External Auditor (CB)

		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 The Committee noted that all actions had been completed and there were no outstanding items requiring further update.	
4.	BEST VALUE ANNUAL REPORT 2024/2025 Avril Sweeney presented this report to the Committee for assurance and discussion. Fife IJB has the duty to ensure best value under the Local Government (Scotland) Act 2003 and agreed a Best Value Framework in 2019. The best value framework sets out the various areas of work where	

	<p>the IJB will seek to demonstrate compliance with the duty. The report provided annual updates for 2024/2025 referencing the key areas within the framework, the evidence that they have in place to demonstrate best value and actions they are working on to continue to make improvements which were highlighted in Appendix 1.</p> <p>The work which was originally reported through the Ministerial Steering Group self-evaluation for improvement of integration has been aligned to and integrated with the best value framework to help avoid duplication.</p> <p>The review is supported by the External Audit Report relating to the Annual Accounts which was considered by the IJB in September 2025 where the auditors did state that they were satisfied that the IJB has organisational arrangements in place to secure best value.</p> <p>Discussions took place and the Committee noted that the report clearly evidences full compliance with the 7 Best Value themes defined by the Scottish Government.</p> <p>Vanessa Salmond thanked Avril Sweeney and her team for their work, noting that a long-standing action relating to Ministerial Steering Group (MSG) indicators had now been addressed. Members welcomed the integration of two previously separate reports into a single Best Value Annual Report, reducing duplication and providing a more concise and effective document.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were asked to provide assurance that Fife IJB is fulfilling its statutory duty to secure Best Value. Members were also asked to discuss and review the Partnerships Annual Review of Best Value for 2024-2025 and identify any changes required to the draft report.</p> <p>Members were assured and did not identify any changes needed to the draft report.</p>	
<p>5.</p>	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Jocelyn Lyall presented this report to the Committee to provide moderate assurance on the progress of the 2024/2025 and 2025/2026 Internal Audit Plans. That level of assurance reflects the late issue of the 2024/2025 Audit Performance reporting and the Internal Control Evaluation (ICE) for 2025/2026 which now has been finalised and is presented as a separate agenda item.</p> <p>2024/2025 Plan - Performance Reporting audit was delivered jointly by the Fife Council and NHS Fife Internal Audit teams. All fieldwork has been completed, and a draft report has been issued to management. When agreed, the final report will be circulated to members of the Audit and Assurance Committee.</p>	

	<p>There is 1 remaining audit of strategic planning to complete for 2025/2026 and that will be issued in the 2025/2026 Annual Report, as part of next year's audit plan.</p> <p>Relevant reports issued by partner organisations have already been considered by the relevant Council and NHS Committees.</p> <p>Discussion took place around timings of reports and Jocelyn Lyall anticipated that the performance reporting audit is expected to be concluded in May and if there were to be any delays to the Strategic Planning Audit this will be communicated promptly to the Audit and Assurance Committee.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were asked to consider and note the attached Progress Report at Appendices 1 and 2, and to take assurance on the progress on the 2024/2025 and 2025/2026 Internal Audit Plans.</p> <p>Members noted the report and took assurance from the progress demonstrated.</p>	
<p>6.</p>	<p>INTERNAL CONTROL EVALUATION 2025/2026</p> <p>Jocelyn Lyall presented to the Committee the Internal Control Evaluation (ICE) Report 2025/2026 for moderate assurance overall and that conclusion is in governance and risk management controls. It also provides positive assurance on progress with agreed management action from the 2024/2025 Annual Report and Internal Control Evaluation.</p> <p>The ICE report is a full review of governance across the IJB, and it is designed to highlight any required actions that needs to be taken before year end or any issues that might impact on the Annual Governance Statement.</p> <p>In terms of the 5 categories of governance, they provided reasonable assurance on all of them and identified 10 findings.</p> <p>No findings were assessed as fundamental or significant. 8 findings were graded as moderate and 2 as merits attention.</p> <p>Positive progress was noted in relation to the implementation of actions arising from the 2024/2025 ICE. The report highlighted several key developments during the year, with evidence of significant progress across a range of strategic and priority areas.</p> <p>Discussion focused on the handling of financial recovery arrangements and their alignment with requirements in the Integration Scheme. It was clarified that management actions had been introduced early in the financial year, although future reporting would benefit from clearer and more explicit reference to recovery plans to ensure consistent terminology.</p>	

	<p>The Committee welcomed confirmation that agreed timescales were considered reasonable and that any required extensions would be reported transparently.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were asked to note this report for assurance. Noted.</p>	
<p>7.</p>	<p>INTERNAL AUDIT - FOLLOW UP REPORT ON AUDIT RECOMMENDATIONS</p> <p>Jocelyn Lyall presented this report to the Committee for assurance, which sets out progress against agreed audit recommendations up to the end of February.</p> <p>2 reports were closed off in the follow up system, one being the Internal Control Evaluation (ICE) 2024/2025 and the completion of these actions provided assurance in terms of the management action being taken to improve governance risk management in internal control.</p> <p>All actions from reports over 1 year old were complete and not yet due. 4 out of the 8 actions from more recent reports were complete and validated and remaining actions related to the Best Value Annual Report will be closed off and the Governance Manual review will be presented at the next Audit and Assurance Committee meeting.</p> <p>Members welcomed the positive position and ongoing follow-up arrangements.</p> <p>Recommendation: Members of the IJB Audit and Assurance Committee were asked to note this report for assurance. Noted.</p>	
<p>8.</p>	<p>ANNUAL AUDIT PLAN</p> <p>Amy Hughes presented this report to the Committee for discussion.</p> <p>Members were advised that there had been no significant changes to the plan from the previous year, reflecting stability in accounting and auditing standards impacting the IJB. Key audit risks related to financial substantiality and financial management were consistent with national challenges experienced across IJBs. The main difference in the plan from the previous year was the additional focus on their wider scope work on fairness and equality which is in line with Audit Scotland Requirements.</p> <p>In line with public sector audit requirements, the 3 presumed risks of Management override of controls, fraud in revenue recognition and fraud in non-pay expenditure had been considered. Risks relating to revenue recognition and non-pay expenditure had been rebutted, consistent with the approach taken in previous years.</p> <p>2 significant wider-scope risks were identified, financial sustainability, reflecting continued financial pressures across the health and social care system, including the delivery of savings and longer-term medium term financial planning challenges, and financial management relating to the IJB's</p>	

	<p>ability to achieve a balanced out-turn for 2025/2026. These risks are not unique to Fife IJB but reflect the national position across IJB's as highlighted in the sector wide reporting.</p> <p>Also noted was confirmation of auditor independence in line with FRC ethical standards, continuity of the audit team, supporting efficiency and understanding of the IJB's operating environment, the proposed audit fee of £39,419 and the audit timetable, including planned fieldwork from July and Committee consideration of the audited accounts in September, aligned to statutory submission deadlines.</p> <p>Members welcomed the continuity of the audit team and the focus on medium-term financial challenges.</p> <p>Recommendations: Members of the IJB Audit and Assurance Committee were asked to examine and consider the implications of the Annual Audit Plan and approve the fee for the audit.</p> <p>Members discussed and approved the agreed audit fee.</p>	
<p>9.</p>	<p>IJB RISK REGISTER</p> <p>Avril Sweeney presented this report to the Committee to provide assurance and discussion.</p> <p>The Risk Register was last presented to the Audit and Assurance Committee in September 2025, and the risks were most recently reviewed in December 2025.</p> <p>The risk score for the workforce risk has been reduced to reflect the work complete as part of the 3-year Strategy to November 2025. All the risks are about to be reviewed again to align with the refreshed Strategic Plan when this is approved by the IJB. A recent deep dive into the demographics changing landscapes impact risk has highlighted this and potentially other risks will need to change focus within the context of the new Strategic Plan and may require re-wording and possibly merging going forward and additionally the new Strategic Plan may highlight new risks which will need to be added to the risk register.</p> <p>Appendix 1 was in the usual condensed format in order of residual risk score and the full version was included at appendix 2 for members. There were 5 risks with a high residual risk score shown on the SBAR along with the risk profile as that of December, August and April last year and the trend analysis was highlighted at appendix 4 for information.</p> <p>Discussion highlighted the proximity of some target risk dates and the importance of ensuring that dates remain realistic and meaningful. It was agreed that a refreshed risk register, once aligned to the new Strategic Plan, would provide a clearer and more robust framework.</p> <p>Recommendation: It was recommended this report be presented to the IJB Audit and Assurance Committee for assurance that risks continue to be managed by the relevant risk owners and lessons learned from the deep dive review</p>	

	<p>process are helping to support the management of risks.</p> <p>Members were asked to discuss the IJB risk register and whether any further information is required.</p> <p>Members were also asked to consider whether current target risk scores are achievable.</p> <p>The Committee reviewed the IJB Risk Register and took assurance that risks remain under active management by the relevant risk owners, informed by learning from the deep dive review process. Members noted that a review of the achievability of current target risk scores is in hand and confirmed that no further information was required at this time.</p>	
<p>10.</p>	<p>COUNTER FRAUD AND CORRUPTION ARRANGEMENTS 2024/2025</p> <p>Avril Sweeney presented this report to the Committee for assurance.</p> <p>It was highlighted as part of the Internal Audit Evaluation (ICE) carried out for 2024/25 that there was no system in place for the Audit and Assurance Committee to receive assurances from partner bodies that they have effective counter fraud and corruption arrangements in place.</p> <p>Within the Annual Governance Statement, the IJB advises that reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner body which have been developed and are maintained in accordance with the Code of Practice on Managing Risk of Fraud and Corruption (CIPFA). This report provides assurance of the work carried out by partner bodies and advised to the IJB.</p> <p>Members welcomed the comprehensive nature of the arrangements and the assurance provided.</p> <p>Recommendations: Members of the IJB Audit and Assurance Committee were asked to take assurance that the partner bodies have effective counter fraud and corruption arrangements in place.</p> <p>The Committee took assurance that effective counter fraud and corruption arrangements were in place.</p>	
<p>11.</p>	<p>HORIZON SCANNING Verbal update</p> <p>The Horizon Scanning item was presented to provide the Committee with forward-looking assurance on emerging issues, risks, and developments that may impact on the governance, financial sustainability, and strategic delivery of Fife IJB.</p> <p>The discussion focused on three principal areas:</p> <ul style="list-style-type: none"> • Financial recovery and management arrangements • Transformation and future service delivery • Scottish Government funding directions and associated governance implications <p>The recovery plan and transformation were noted as having been</p>	

	<p>substantially covered earlier in the meeting, including reference to the Internal Control Evaluation (ICE).</p> <p>Discussion focused on the governance implications of Scottish Government-directed allocations, particularly where funding is provided to partners with specific conditions attached. It was noted that funding routed through NHS or Local Authority portfolios rather than directly to the IJB, and in some cases is ring-fenced for delegated services. Members explored whether such allocations limit the IJB's ability to exercise meaningful budgetary control and whether, where additional funding is provided, core allocations could be reduced and redirected to other priorities. Officers confirmed that this approach is already applied in practice.</p> <p>The Committee agreed that while these directed funding streams form a relatively small proportion of overall resources, clarity around their governance and impact on financial planning remains important.</p> <p>The Committee discussed transformation as a significant horizon issue, recognising its increasing importance in the context of financial sustainability, service redesign, and delivery of the forthcoming Strategic Plan.</p> <p>Members highlighted:</p> <ul style="list-style-type: none"> • The scale and pace of transformation required across health and social care services • The inherent risks associated with transformation programmes, including capacity, pace of change, governance oversight, and realisation of benefits • The importance of distinguishing between transformation assurance (an Audit and Assurance Committee responsibility) and operational delivery (overseen through other governance routes) <p>The Committee agreed that transformation represents a key emerging governance risk and opportunity and noted the potential value of including transformation within future internal audit planning, subject to audit capacity. This would provide independent assurance on whether:</p> <ul style="list-style-type: none"> • appropriate governance arrangements are in place • transformation programmes are well-controlled • intended outcomes and benefits are being effectively monitored 	
13	<p>AUDIT & ASSURANCE WORKPLAN</p> <p>The purpose of the workplan is for discussion and noting.</p>	
14	<p>ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB</p> <p>Risks to be reviewed in light of strategic plan</p> <p>Transformation</p>	
15	<p>AOCB</p> <p>None</p>	

16	DATE OF NEXT MEETING 8th May 2026	
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