Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 12TH NOVEMBER 2025 AT 2.00 PM VIA MICROSOFT TEAMS

Present:	Cllr David Alexander (Chair) John Kemp, NHS Non-Executive Board Member Cllr Dave Dempsey
Attending:	Lynne Garvey, Director of Health & Social Care Tracy Hogg, Chief Finance Officer Roy Lawrence, Head of Culture, Engagement & Communities Caroline Cherry, Principal Social Work Officer Vanessa Salmond, Head of Strategic Planning & Performance Chris Conroy, Head of Integrated Community Care Service Dafydd McIntosh, Organisational Development & Culture Specialist Avril Sweeney, Manager, Risk Compliance Lisa Cooper, Head of Primary & Preventative Services Lynn Barker, Director of Nursing Louise Radcliffe, Organisational Development & Culture Specialist Gillian McNab, Management Support Officer (Minutes)
Apologies for Absence:	Karen Marwick, Head of Complex & Critical Care

No.	Item	ACTION
1.	**WELCOME AND APOLOGIES** David Alexander welcomed everyone to the meeting. Apologies were noted as above, and all were reminded of meeting protocols. Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible. Members were advised that a recording pen would be in use during the meeting to assist with minute taking.	
2.	**DECLARATIONS OF INTEREST** No declarations of interest were noted.	

3.	**MINUTE OF PREVIOUS MEETING – 17TH SEPTEMBER 2025** The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed. All actions noted have been actioned and are either complete or in progress. Chair noted that John Kemp is the only Board member of the Finance, Performance and Scrutiny Committee from the NHS and that an additional member will be joining the board soon.	
5.	**FINANCE**	
5.1	**Finance Update** Tracy Hogg, Chief Finance Officer presented the Finance paper detailing the financial position as at Month 6, September and shows a variance overspend of £6.847m. It was noted that this is less than 1% of the total budget. Tracy Hogg drew Committee's attention to section 3, the movement within the budget, which at month 4 was £795.0m and has increased by £3.8m to £799.0m. This is mostly due to Primary Care Uplift. The £6.8m overspend is an adverse movement and is an increase of £1.3m from the £5.4m reported in July. Committee noted the variance analysis has been updated since the last meeting to be more in line with the portfolio table to make it clearer. The key areas of overspend are the £5.4m which is the non-achievement and delivery of the current year. This is made up of transforming care, SLA's, mental health and transport savings. Committee noted there is a £4.5 overspend in Mental Health and Psychology which is mostly due to the use of costly locums and agency. A deeper dive will be carried out to fully understand this going forward. £3m overspend on Service Level agreements and OATs which is made up of changing the recharging model in Lothian, surcharges for delay and an increase in patient numbers. £1.6m overspend of adult packages of care which is due to packages greater than budget and taxis. There is a £1.6m overspend on Care at Home packages and travel costs due to commissioning additional hours due to demand. Older people residential is £900k overspent which is internal care homes, this is due to advanced cleaning and the use of agency staff. Primary medical has a £600k overspend, this is mainly due to premises costs, sickness payments, GP Superannuation costs, and 2c practice costs. Prescribing has a £367k overspend which is due to volume increase and the tariff claw back which was discussed at the previous meeting. Committee noted these are partially offset by underspends in supported living, community support and social care fieldwork. Further reductions in expenditure attributable to management actions taken such as reductions in discretionary spend i.e. travel and printing costs,	

	reserves that were available have been utilised, reducing bank and agency costs, and management posts held. Committee noted the movement from the month 4 position is £1.3m onto the month 6 position. Tracy Hogg also highlighted that Tayside are changing their charging mechanism which will increase costs and add pressure. Tracy Hodd advised that we are delivering 82% of the savings. The current reserve balance is £1.7m which is all accounted for and included in the financial position. The main reserve balance held is for community alarms to fund the move from analogue to digital alarms The discussion was opened to Committee members and considerable discussion was had around the budget and financial position. Questions raised included an observation with regards to the assurance levels on pg.12 of the SBAR a suggestion was made to hide rows which are blank to concentrate on the ones that do, clarity on whether a recovery plan is being developed; directions and functions covered by directions, any additional funding and a request for changes to be highlighted on the report in future; reassurance that the numbers match reports provided by NHS; further savings/management actions and what might these be? <u>Decision</u> The Committee 1. Noted the content of the report including the overall projected financial position for delegated services for 2025-26 financial year as at September 2025, as outlined in Appendices 1-4 of the report. 2. Noted that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2025-26. 3. Note the onward submission to the IJB of the financial monitoring position as at September 2025 and the onward submission of the Direction to NHS for approval by IJB.	
5.2	**FP&S Risk Register** The Committee considered a report from Avril Sweeney, Risk Compliance Manager highlighting the key risks that may pose a threat to the partnership in achieving its objectives in relation to financial and performance management. The risk register was last presented to Finance, Performance and Scrutiny Committee in May 2025 and is scheduled to come twice per annum. The risks that are held on the risk register continue to be managed by the risk owners which were most recently reviewed in August 2025 with the next review due this month. Avril Sweeney highlighted Appx. 1 and advised that the risks are presented in order of residual risk score order in column 14. This score takes account of the management actions that are currently in place. It was also noted the timescales and progress of smart actions are highlighted in columns 10 and 11.	

	Committee noted that there are currently 6 risks with high residual risk scores which are Finance, Demographic Changing Landscapes, Primary Care Services, Workforce, Transformation/Change and Contractual and Market Capacity. These risks have all been subject to a deep dive risk review by this committee and continue to be monitored closely. Committee noted there are a number of risks at an operational level within the partner bodies risk systems, and these are regularly monitored at Financial Governance meetings and as part of the budget monitoring process. These are actively managed by services managers. escalated to the SLT and to a strategic level if necessary. The discussion was opened to Committee members who provided their comments and feedback on the report. <u>Decision</u> The Committee 1. Noted the Risk Register. 2. Discussed the risk register and considered whether any further information was required.	
6.	**PERFORMANCE**	
6.1	**Winter Plan** Chris Conroy, Head of Community Care Services, presented the winter plan to Committee for assurance and discussion. Committee noted that there is a winter plan produced every year, and it is used to describe the plans over winter. It is articulated in the paper that clearly there are a lot of challenges that are faced all year round and not just in winter. Along with the wider pressures faced in the partnership there is an increase in demand for acute hospitals and the data shows the number of people who leave Victoria Hospital that come into partnership based premises. There is also a rise in demand in complexity and social work demands. Chris Conroy highlighted to committee the Discharge without Delay Collaborative and the focus of frailty; Home First Strategy; Panned Date Discharge; Community Hospitals; Hospital to Home expansion; Rehabilitation at Home; Surge Capacity has been built into the system; Primary and Urgent Care Services; Out of Hours; Direct Access and Care at Home. Committee also noted that around 75% of all care homes are now able to phone GP out of hours service, by-passing NHS 24 receiving quicker access to professional or health-based advice. Committee's attention was drawn to the very important vaccination programme which is ongoing for patients and staff. Members were encouraged to spread the word and get people taking this up. The Chair opened this up to Committee members for discussion and comment and thanked Officers for the very detailed report. Questions raised included it not being clear what route the paper follows, and	

	does it need to come to this committee; do we need a separate plan to the NHS winter plan; should these link together? Decision The Committee 1. Are assured around the plan. 2. Discussed the Winter plan.	
7.	**SCRUTINY**	
7.1	**Public Sector Climate Change Duties** Lisa Cooper, Head of Service, Primary & Preventative Care Services, introduced the report as part of the annual cycle of reporting and passed over to Avril Sweeney, Risk Compliance Manager. Avril advised that the report was being presented to committee for assurance, discussion and to recommend a decision to IJB on the 5 priorities for climate change governance and adaptation for the year ahead. Committee noted that there are climate duties that have to be complied with, and a report needs to be submitted to the Scottish Government (SG) by 30th November each year. Reporting focuses on corporate emissions, and service delivery as well as key information on organisational profile, governance, management and strategy, adaptation work, procurement, and validation. Committee also noted that the guidance that SG provide does recognise the unique nature of IJB's and they do not expect IJB's to address every aspect of the report as the asset owners, Fife Council and NHS Fife, will report on emissions and operational delivery Avril highlighted the SBAR also outlines some of the work carried out in the last year and it recommends that we build on the previously agreed priorities going forward. The key focus for the climate change group is awareness raising and provision of training for staff. The group is also developing processes to monitor progress of climate related programmes. Committee's attention was drawn to Appx.1 which provided an example of the FEAT tool which is being encouraged and promoted to support members in terms of highlighting climate change impacts in relation to decisions being taken. Appx 2 highlights the climate change impacts set out within SBARs over the last year. Members noted this aligns to the Strategic Plan and also to the Climate Fife Action Plan and the NHS Climate actions. The discussion was opened to committee members for comment and feedback. Discussion was held on the 5 priorities, and the importance of considering actions being taken and their impact on the environment. Decision The Committee	

	1. Agreed the priorities highlighted for the year ahead for onward submission to the IJB. 2. Discussed the report and provide any comments.	
8.	**STRATEGIES**	
8.1	**Advocacy Strategy** Caroline Cherry, Principal Social Work Officer, presented the Advocacy Strategy report to Committee for assurance and to provide a two-year update. The strategy was signed off in 2023, and this gives a flavour of two years of work that has taken place. Committee noted there needs to be sufficient advocacy for certain groups of people as an NHS Board and a Local Authority. There are descriptions of independent advocacy within the report and a delivery plan on page 98. Significant work has been carried out on commissioning of a new advocacy provider which commenced in September 2024 with a good transition period. Committee also noted there is a very active advocacy forum which meet regularly, and it was suggested that instead of having another group, Caroline would be the key SLT link for that group. It was noted that service level agreements are all in place and there has been quite a lot of work caried out to make people aware of what advocacy is and how people can access it. The Chair opened discussion up to Committee members. Questions raised included the outcomes being limited to three people, are the people needing advocacy getting it and supporting citizen advocacy, is this a good thing or a bad thing? <u>Decision</u> The Committee 1. Are assured that Fife HSCP is meeting its statutory obligations in relation to advocacy provision and that the Advocacy Strategy is being delivered effectively.	
8.2	**Primary Care Strategy** Lisa Cooper, Head of Service, Primary & Preventative Care Services, presented the report and advised committee that we are currently in year 2 of delivering the Primary Care Strategy. Committee's attention was drawn to page 115, the summary of key achievements which covers General Practice, Pharmacy, Dental Services, Optometry and Strategic Enablers. Committee also noted the ambition for year 3 is to have everything complete or on track and to continue to focus on quality and sustainability. It was also noted that there is a high-level corporate risk to the IJB around resources. Lisa Cooper advised that nationally there is to be a significant investment to be made in Primary Care and there are clear priorities aligned to this. More details will follow with the Primary Care Route Map to be published in June 2026 which will provide clear directions. It was confirmed that the paper will be presented to IJB.	

	The Chair opened this up to Committee members for discussion and questions. Questions raised included report not being quantified and the application process for new pharmacies? Decision The Committee 1. Are significantly assured that the delivery of the Primary Care Strategy remains on track. 2. discussed the actions proposed for Year Three delivery.	
8.3	**Workforce Strategy (Inc. Wellbeing Action Plan)** The Committee considered a report presented by Roy Lawrence, Head of Culture, Engagement and Communities, for assurance and discussion on the Workforce Strategy 2022-2025. Committee were asked to note the full report is Appx. 1, and Appx. 2 contains the summary of actions agreed from the year. It was highlighted the report also celebrates our workforce and their dedication, collaboration and partnerships throughout Fife. Over 50 people co-designed and co-deliver the annual report. Roy Lawrence extended a huge thank you to Dafydd McIntosh and everyone who has supported the report. Committee noted that the Workforce Action Plan records 48 actions across the 5 pillars, Plan, Attract (93%), Train, Employ and Nurture (82%). 81% of these actions are complete, with the remaining 19% actively progressing, which is 176 priority actions over the 3 years. It was also highlighted the development of the Fife College Care Academy and how this is supporting qualifications across the Partnership. Youth programmes like the Kings trust which provides sector-specific training, employability skills, and hands-on work experience and workplace training of Manager and Supervisors to make sure the workforce feel supported, motivated and valued. It was also noted the strategic shift that the Scottish Government no longer require Fife Council to publish a Workforce Strategy. Work will continue on the actions into April with a focus on the priorities within the Strategic Plan. We await further guidance from the Scottish Government for 2026 on what they will want reported. The Chair opened this up to Committee members for discussion and questions and thanked Officers for the exhilarating report. Discussions were held on the huge number of jobs within HSCP, the different routes into these jobs, apprenticeship programmes and retaining students, is there a way to make the other routes for less traditional applicants work better and recruiting & sustaining the workforce while looking to the future. Decision The Committee 1. Are assured on the Workforce Strategy. 2. Discussed the report.	

8.4	**EDI Annual Report** The Committee considered the EDI Annual report presented by Roy Lawrence, Head of Culture, Engagement and Communities, for assurance and discussion. It was noted this is the first report from the EDI Action Plan. It was highlighted that there has been excellent progress in year 1 of the three-year action plan, with the focus being on laying strong foundations, amplifying staff voices, embedding inclusive practices and the launch of Partnership Equality Networks (PEN) and EDI steering groups that are beginning to shift culture and build trust. It was highlighted that campaigns such as the LGBT+ and non-visible disabilities have really helped to raise awareness. A Neuroinclusion toolkit for managers has been developed which provides practical tools to better support neurodivergent colleagues. Committee also noted that culture is shifting because of initiatives such as Reverse Mentoring Pilot, Partnership Equality Network (PEN), and peer support. It was also noted that there is still much more work to do but staff can be cautiously optimistic and will see progress but want to see it stick. Next steps include embedding inclusion in everyday practice, model inclusive behaviours, keep listening to neutral voices and continuing communication. Roy Lawrence gave thanks to Louise Radcliffe, Organisational Development and Culture Specialist, for all her work on this report. The Chair opened this up to Committee members for discussion and questions. Questions raise included how this relates to the equality report, responding to the needs of the workforce and meeting the public sector act? <u>Decision</u> The Committee 1. Are assured on the EDI Annual report. 2. Discussed the report.	
9.	**ITEMS FOR HIGHLIGHTING** David Alexander confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board.	
10.	**AOCB** None	
11.	**DATE OF NEXT MEETING** • Wednesday 14th January 2025 at 10.00 am via MS Teams	