Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 5th SEPTEMBER 2025, 1000hrs - MS TEAMS

Present:

Councillor Rosemary Liewald (Chair)
Councillor Sam Steele
Councillor Lynn Mowatt
Councillor Eugene Clarke
Sinead Braiden, NHS Board Member (SB)
Jo Bennett, Non-Executive Board Member (JB)
Morna Fleming, Carer's Representative (MF)
Amanda Wong, Director of Allied Health Professionals (AW)
Kenny Murphy, Third Sector Representative (KM)

Attending:

Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Audrey Valente, Chief Finance Officer (AV)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Chris Conroy, Head of Community Care Services (CC)
Karen Marwick, Head of Complex & Critical Care (KMAR)
Vanessa Salmond, Head of Corporate Services (VS)
Roy Lawrence, Principal Lead for Organisational Development & Culture (RL)
Rebecca Simpson, Snr Community Led Support Officer (RS)
Scott Fissenden, Change and Improvement Manager (SF)

In Attendance:

Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies for Absence:

Lynne Garvey, Director of Health & Social Care Partnership (LG)
Paul Dundas, Independent Sector Lead (PD)
Caroline Cherry, Principal Social Work Officer (CC)

NO	AGENDA ITEM	ACTION

1.	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Liewald welcomed everyone to the meeting. She confirmed Sinead Braiden has stepped down as Chair of the Quality & Communities Committee. Sinead remains on the Integration Joint Board and will continue to attend Quality & Community Committee meetings. As no replacement has been identified as Chair, Cllr Liewald, had agreed to step in to Chair today's meeting. MF wanted to express her strong objection to receiving the hard copy of meeting papers only two days prior to the meeting, stating that the volume of material made it difficult to review in time for the meeting. She felt this was unacceptable. She advised she would contact report authors directly by email with any comments or questions. VS acknowledged the concern and offered an apology, explaining that issues with the papers had been identified on Monday morning, corrected by Monday afternoon and MF's papers were posted immediately. Cllr Clarke agreed with MF and felt 538 pages to read with only a few days' notice is very challenging. He noted some papers are being presented at several committees and he asked if this could be reviewed to reduce the volume of papers. VS acknowledged the concerns raised and explained that a new SBAR template will be launched by November 2025, which is expected to reduce the volume of papers. She noted that while appendices will not be included in IJB papers, they do reflect the extensive work undertaken and are important for Committee members to have the opportunity to read. The issue will be considered further, and efforts will be made to reduce paperwork where possible. Cllr Clarke suggested all reports which outline action and activity, also include an evaluation of what the activity has achieved.	
2.	**DECLARATION OF MEMBERS' INTEREST.** No declarations of interest were received.	
3.	**APOLOGIES FOR ABSENCE** Apologies noted as above.	
4.	**ACTIVE & EMERGING ISSUES** No emerging issues were reported.	

5.	**MINUTES OF PREVIOUS MEETINGS HELD ON 04 JULY 2025** The previous minutes from the Q&CC meeting on 04 July 2025 were reviewed and no alterations or corrections were requested. The minutes were taken as an accurate record of the meeting.	
6.	**ACTION LOG FROM 04 JULY 2025** The Action Log from the meeting held on 04 July 2025 was discussed and updated.	

7.	**GOVERNANCE & OUTCOMES**	
7.1	**QMAG Update** This report was brought to Committee by Lynn Barker and came for Assurance. LB provided an overview of the report, outlining key discussions and decisions from recent QMAG meetings and QMAHs. She emphasised notable points, offering additional context where necessary, and invited attendees to raise any questions or comments. SB queried the MWC inspection of Lomond Ward and the concerns raised relating to ward environment, staff capacity, lack of stimulation, etc and queried what actions were being taken. LB advised that many actions are currently underway. She explained that the ward is operating at maximum capacity, with staffing remaining an ongoing concern and challenge. However, recruitment is in progress for Activity Co-ordinators—soon to be renamed—who will work within the mental health wards. There is a renewed emphasis on ensuring documentation is completed appropriately, and an action plan has been put in place to address this. The Activity Co-ordinator roles will be further aligned with Allied Health Professions, particularly Occupational Therapy, to ensure that the activities provided are both meaningful and functional. Additionally, the mental health quality indicator data has been analysed, with attention given to the structure of the data and how quality improvement is being considered. JB would welcome diagrams for the SABS with the Evaluation Framework built in, also Falls and Tissue Viability. She felt this would be very helpful in terms of Assurance. She was concerned re missing persons comments. She asked if actions are leading to an improvement and if there a specific location? Also, she queried the Care Inspectorate picking up risks not being visible in the Partnership and queried what this referred to. LB noted that diagrams related to SABS, Falls, and Tissue Viability could be shared at the next meeting. LB also addressed the issue of missing persons, explaining that incidents may involve individual patients or groups. She highlighted the formation of a Missing Person Sub-Group established to address this concern. The Missing Persons SOP Policy has recently been updated to encourage more consistent reporting. LB further clarified the distinction between incidents in Medicine of the Elderly—where patients may leave the ward but remain within the corridor—and those in Mental Health wards, where individuals may leave the premises entirely. These data sets are now being separated for more accurate reporting. JB felt it will be extremely helpful, to include a diagram for missing person(s) at some point, she acknowledged some reasons are process and some are people. HH agreed, to be meaningful, process and people should be separated. Cllr Liewald confirmed that the committee were content to take Assurance from the report.	**LB**

7.2	**Deep Dive Risk Review – IJB Risk 12 Resilience** This report was brought to Committee by Chris Conroy and was presented for **Assurance** and **Decision**. CC introduced the Deep Dive Risk Review IJB Risk 12 Resilience and advised the Risk is assigned to the Quality & Communities Committee only. The purpose of the Deep Dive Risk Review is to ensure Committee members are assured Risks are being effectively managed within the agreed Risk appetite and at appropriate tolerance levels. CC outlined the risk description and explained scoring, the factors impacting on the risk and the assurances provided. The review also highlights the internal and external factors which may impact upon the risk. Appendix 2 gives a question set to help Members with their scrutiny of the Risks. The Risk seeks to respond to the questions as far as possible. The Risk Matrix is also provided as part of the Deep Dive review. The relevant descriptors can be seen at Appendix 3. CC outlined the main mitigations for the Risk. The Committee were asked to make the Decision if this Risk should be closed. Cllr Liewald thanked CC for the report which she found explanatory, particularly Appendix 3, which is presented in a way which was easily understood. JB thanked CC for the report and felt it made sense to step the Risk down. She asked for assurance, if these Risks are being held in the Public Health Risk Register, HSCP Risk Register and other Partners who are involved in the Risk, to enable escalation if not being properly managed. CC stated the Risk is specifically to the IJB. He confirmed close working with Partners, who have similar levels of responsibility. However, the Risk is specific to the IJB. JB understood the context and she asked if the management of the Risk is visible on the other Risk Registers. CC felt it would be useful to see exactly how the Risk is articulated on the NHS Risk Register, moving up to the NHS Fife Risk Board. He advised, assurance is given through NHS Fife's Resilience Group and the Regional Group, also any policy or guidance published by NHS Fife, comes through the Partnership. CC will verify with the Head of Resilience of NHS Fife how the Risk is articulated to NHS Fife Board and report back to JB.	**CC**
8.	**STRATEGIC PLANNING & DELIVERY**	

8.1	**Director of Public Health Annual Report** This report comes from **Joy Tomlinson** and was presented by **Lucy Denvir, Consultant in Public Health**. The report was brought for **Discussion.** LD introduced the report which is an independent report by the Director of Public Health and was approved by NHS Fife in March 2025. The report is currently making its way through Committees on its journey to IJB Board, she apologised for the length of time this takes due to meeting timescales, holidays, etc. LD shared slides onscreen outlining the background to the report and the context behind the decision to look at healthy weight and physical activity. The recommendations focus on adopting a whole systems approach to food and physical activity, recognising the role of key settings such as workplaces; applying a life course perspective, especially in relation to an ageing population and promoting independence and acknowledging the link between healthy behaviours and the environments we live, work, and play in. With spatial planning—particularly Fife's Place Plan—offering a valuable opportunity for partners to help shape healthier communities. LD invited questions and comments on the report. Cllr Liewald was very supportive of the report and advised she had attended the Cowdenbeath Anti-Poverty Workshop earlier in the week where the Healthy Eating Strategy was discussed and received some very positive comments. She advised Councillors are invited to sample school meals, which she is very interested to attend. She also spoke of work with Rebecca Longsten, Coast & Countryside who is involved in Community Orchards. MF thanked LD for the report, which she found both interesting and informative. She mentioned that she had several questions and would follow up with LD via email. MF expressed concern that the "What We Know" section did not include updated figures on the number of people living with obesity, noting that the previous figure was 32% but, due to pandemic restrictions, she suspected the current figure may be significantly higher and was keen to receive updated information. MF also highlighted the challenge of increasing the uptake of school dinners, citing various contributing factors. She felt this issue should be addressed and suggested promoting healthy food options under the Food for Fife Initiative, potentially through advertising in bus shelters. She acknowledged that this may incur costs, particularly for shelters not owned by Fife Council. Additionally, MF inquired about the number and locations of community fridges in Fife. Cllr Liewald agreed to provide her with a list. There was also discussion around the importance of making such information visible and accessible to the public.	

	LD took on board comments regarding obesity and regretted the gaps in data. She advised she is involved in the Local Development Plan work and there may be a possibility to make a shift in public thinking. Cllr Clarke raised a question about how effectively different partners are working together to address obesity. He acknowledged that there are many positive initiatives underway in relation to health, but expressed interest in understanding how it is assessed—what is working and what isn't. He spoke about the need for political courage, greater honesty, and more effective action. In response, Cllr Liewald suggested that these points be discussed further with LD outside the meeting. LD responded by noting that a new plan is being developed for 2027, and highlighted that there is a great deal of collaboration taking place. She emphasised the importance of social connection, which she said is proving effective for those involved. Cllr Steele thanked LD for the report. She raised the point, to eat healthier can be costly and she referred to large areas of deprivation in Fife, acknowledging this will reduce people's choice. She spoke of the large number of community gardens and community café's which are a positive. LD agreed community initiatives are hugely helpful. Cllr Liewald spoke of the good work of community initiatives and the volunteers who run them.	

8.2	**Primary Care Improvement Plan – MoU2 Annual Progress Report** This report is brought to Committee by **Lisa Cooper** and comes for **Assurance.** LC introduced the report which is part of the annual reporting of how we are delivering the PCIP. It underpins delivery of the General Medical Services Contract for General Practice. LC reminded members that the Primary Care Improvement Plan (PCIP) is being delivered in accordance with Scottish Government policy and the Memorandum of Understanding 2 (MoU2). She outlined the current priority areas, which include the Vaccination Transformation Programme (now complete), the Pharmacotherapy Service, and Community Treatment and Care (CTAC). Other areas, such as the Musculoskeletal Service, urgent care, mental health, and community link workers, are considered non-priority under the current framework. She noted that progress to date is clearly articulated in the report, which she described as positive. However, she acknowledged that available resources—both financial and workforce—are limited and do not fully support delivery of the PCIP as originally projected for Fife across all priority areas. As a result, work must continue within the constraints of existing resources. LC drew attention to several points from the report, highlighting the ongoing work and the substantial detail included. She also noted that there is not equity across all services throughout Fife currently. Cllr Liewald was very supportive of the report and delighted to see the work is coming together despite difficult circumstances. Cllr Clarke asked whether there has been any improvement in digital access. LC responded that a national procurement exercise is currently underway to review GPIT systems, and it is nearing completion. The aim is to identify systems that support better access and appointment scheduling. She noted that NearMe technology is already in place, allowing for remote consultations, which can be more accessible and better suited to people's lives by reducing the need to travel to a practice. Additionally, some sites offer NearMe facilities, enabling individuals without personal technology to still access the system. LC emphasised that efforts are ongoing to improve digital access and services. JB commended the report and asked whether there was a timeframe for receiving further data, particularly in terms of how Fife compares to other areas. LC responded that this information is currently being compiled and will be available at a locality level. She added that some national-level data is already accessible, and from what she has seen so far, it places Fife in a positive position. LC assured that every effort will be made to provide comparative data. MF thanked LC for the report and made an observation regarding the ongoing challenge of recording childhood immunisations. She expressed doubt that a national solution would be found in the near future and raised concerns about vaccination uptake. MF emphasised the importance of	

	knowing which children are missing vaccinations to ensure appropriate follow-up and support. She also queried Appendix 1, asking what happens if a Key Performance Indicator (KPI) is not proving effective. LC referred to the ongoing challenge around childhood vaccinations and the search for a national solution, noting that efforts to establish a position on this have been ongoing since before the pandemic. Regarding vaccination uptake, LC explained that a report is available from the Vaccination Transformation Programme, which outlines a strategic framework for vaccinations. An improvement group has now been convened to focus on uptake, with targeted improvement plans being developed. In terms of KPIs, LC stated that improvement trajectories are led by strategic leads within the Primary Care Improvement team. Where KPIs are not being met, improvement plans will be put in place to address the gaps. Cllr Liewald confirmed that the committee were content to take Assurance from the report.	

8.3	**MAPPA Annual Report** This report is brought to Committee by **Karen Marwick** and comes for **Assurance.** KMAR introduced the report which is provided to give continued assurance that the HSCP are meeting its obligations through MAPPA, in line with National Guidance. She added, the paper has also been presented to the QMAG, prior to coming to Q&C. The report outlines the National Guidance from 2022 and the statutory responsibility under the Management of Offenders Act. The report details how the Partnership continues to contribute to the MAPPA process. MAPPA is the Statutory framework for managing individuals who pose risk of serious harm, such as registered sex offenders, restricted parents and other individuals who are assessed as being high risk. KMAR outlined those responsible for MAPPA - Police Scotland, Local Authority, NHS Board and Scottish Prison Service. When the Annual Report was completed, there were 672 individuals managed under MAPPA within Fife, 427 at level 1, 7 at level 2 and 0 people at level 3. She stated there is very active Strategic Oversight Group as well as Operational Groups. Further details were provided to give assurance around processes and monitoring. JB felt the report was helpful, she asked if there was external assurance regarding systems and processes around MAPPA. She noted a low re-offending rate and asked how this compares to other regions. KMAR who has only been in post several weeks, has only attended one Oversight Group meeting and will take away questions and come back to JB with answers. MF thanked KMAR for the report and referred to page 139, where it states that one of the responsibilities of the Strategic Operations Group is to raise public awareness of the management of individuals subject to MAPPA processes. She asked how the public is made aware of what is happening and suggested that increased awareness might help prevent some of the 'outing' that Cllr Liewald had previously mentioned. In response, Cllr Liewald expressed the view that this type of information should not be in the public domain. MF agreed. KMAR was concerned this was explicitly mentioned in the paper, she will take this point away to investigate further and report back. There was discussion around members of the public assuming Councilor's are aware of details relating to individuals on the register, which they are not. Cllr Liewald confirmed that the committee were content to take Assurance from the report.	**KMAR** **KMAR**

8.4	**IJB / Resilience Assurance Annual Report 2024/25** This report is brought to Committee by **Chris Conroy** for **Assurance.** CC introduced the Annual Report covering September 2024 – August 2025. He advised in March 2021, IJB's were added as Category 1 responders under the Civil Contingencies Act 2004, alongside NHS Boards and Local Authorities, with statutory duties in emergency planning and response. To support compliance, the HSCP Resilience Assurance Group was established to ensure the Partnership is prepared for, responds to, and recovers from emergencies and disruptions affecting health and social care services in Fife. The Group is led by the Head of Community Care Services, the SLT Lead for Resilience. CC advised the HSCP Resilience Assurance Group has met regularly since its establishment in March 2022, with additional short-life working groups formed as needed. Key activities since September 2024 include progressing the Group's workplan, reviewing the HSCP Resilience Framework, and monitoring training compliance. Mandatory training rates for ACT, Emergency Resilience, and PREVENT have remained stable as of March 2025. JB queried - HSCP involvement has decreased, predominantly led by Public Health. She asked if this was ok, also representation on the appropriate groups to ensure HSCP representation, is this acceptable? CC responded, HSCP work closely with Public Health and the Head of Resilience Assurance around the whole process of Business Continuity Plans, giving details. Cllr Liewald confirmed that the committee were content to take Assurance from the report.	

8.5	**Community Led Support Progress Report** This report is brought to Committee by **Roy Lawrence** and **Rebecca Simpson.** The report comes for **Assurance.** RL introduced the report which outlines the work of the Community Led Support Service (CLSS) during 2024/25, focusing on its role in supporting non-clinical health and wellbeing needs across Fife. RL advised, through services like The Well, Link Life Fife, and Macmillan ICJ, CLSS helps reduce demand on statutory services by addressing social and emotional concerns. RL gave details of the work taking place and spoke of Community Link Workers delivering personalised support using a strengths-based approach. The work aligns with strategic frameworks such as Plan4Fife and NHS Fife's Population Health Strategy, contributing to improved community health and reduced inequalities. JB asked how equity of access is ensured and what data is used at a locality level. Also breast cancer pathway, how do we work with other partners, such as Maggie's, in comparison to other partners. RL explained that referrals come from other parts of the statutory system, with engagement being voluntary. The current focus is on improving engagement. RS added that equity of access is supported by link workers who are locality-based and familiar with the organisations feeding into the system. Data is reviewed regularly, and if engagement is low—particularly with initiatives like Wells or physical Wells—partner organisations are consulted to determine the most effective placement. Data is checked weekly and is embedded into locality planning, with examples provided of how it is analysed to ensure services are reaching all members of the community. Regarding breast cancer, RS noted that significant work is already being done in collaboration with Maggie's, including prehabilitation support. For other types of cancer, opt-out meetings have recently been introduced, allowing individuals to decide whether to engage with support services immediately or defer until later, if at all. JB welcomed this approach and felt it was reassuring that individuals affected have the autonomy to choose whether or not to engage. Cllr Liewald was delighted to hear of the good work being carried out in Localities. Cllr Liewald confirmed that the committee were content to take Assurance from the report.	

9.	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	
9.1	**Mental Health & Wellbeing Strategy** This report is brought to Committee by **Karen Marwick** and comes for **Discussion.** KMAR apologised for the length of the report but emphasised that it was important to reflect the extensive work that has gone into developing the Strategy. She noted that the Strategy was first presented to the Committee six months ago, and feedback received since then has been incorporated. The report has also been reviewed by several other Committees, with their feedback similarly taken into account. The updated Mental Health Strategy and accompanying One Year Delivery Plan are now being presented to the Committee, with a request for agreement to progress the documents to the Integration Joint Board (IJB) later this month. KMAR explained that the current Fife Mental Health Strategy (2020–2024) was approved just prior to the pandemic and set out an ambitious programme to improve mental health and wellbeing across Fife. Following a comprehensive review and engagement process, a refreshed Strategy and Year One Delivery Plan have been developed to support continued transformation. She stated that the Draft Strategy outlines a vision for a Fife where every child, adult, and community is supported to achieve their best possible mental health. The SBAR document accompanies the draft for review by the Q&C Committee, with a request to consider any amendments and agree progression to the IJB for final approval. There were no immediate questions raised during the meeting, however, Members were invited to email KMAR with any comments or queries.	

9.2	**Carer's Strategy Annual Report 2025** This report is brought to Committee by **Roy Lawrence** and comes for **Assurance.** RL introduced Scott Fissenden, Change and Improvement Manager, who joined RL to help answer any queries. RL advised the report was brought to give assurance to the Committee that the Partnership continues to meet its statutory duties under the Carer's Act and is making meaningful progress against the 5 agreed outcomes within the Carer's Strategy for Fife, 2023-26. RL outlined the areas which have been focused on and the work which has taken place to improve these areas. He stated the report was designed with collaboration from Morna Fleming, the Carer's Representative for Fife. He gave thanks to MF for her valuable input. RL advised, despite financial pressures, the strategy has progressed well. Significant improvements have been made in supporting carers across Fife, with increased direct support, expanded short break opportunities, and enhanced advocacy services. Partnerships with organisations such as Crossroads, Fife Voluntary Action, Fife Carers Centre, Circles Network, and Fife Young Carers has delivered measurable outcomes. He acknowledged, while further improvement is needed, the past year reflects strong collaborative success in carer support. Cllr Liewald was very happy to see everything which is included within the report and felt it has made a huge difference to Carers within Fife. RL highlighted that additional study support has been commissioned to assist Young Carers within the school system. This initiative connects to the Workforce Strategy and aims to encourage careers within the Fife Health and Social Care Partnership (FHSCP). Cllr Liewald expressed strong support for this approach. MF thanked RL and SF for the opportunity to contribute and expressed concern that support available to carers is not well publicised. She suggested that carers would benefit from having a single point of contact to make services more accessible and ensure support reaches as many carers as possible. RL agreed and referenced the joint Carers Strategy Group, which focuses on achieving outcomes through communication, participation, and engagement. He acknowledged the need to be more innovative in how carers are connected with support. There is still considerable work to be done to embed this across the system and find effective ways to reach and engage with as many carers as possible. JB expressed her delight at seeing enhanced locality working and increased respite provision, noting it was very encouraging. However, she raised a concern about the low percentage—only 33%—of carers who reported feeling supported. She asked whether there was an understanding of what might be prompting this response. RL suggested that the issue may stem from communication challenges, particularly around whether individuals recognise themselves as carers and choose to come forward and identify as such. He emphasised the importance of getting to the heart of the issue by improving how support and services are communicated.	

	SF added that part of the challenge may be a lack of understanding about what support and services are available to carers. He emphasised the need to better promote both what the organisation can offer and what partner organisations can provide. This includes raising awareness of events taking place across Fife where partners are present, helping to build a wider social network. SF also referred to survey results, noting that some carers felt their support plans lacked meaning. He explained that the future approach will shift towards empowering carers, asking "what can we do to help you help yourself?" rather than assuming full responsibility for delivering support. While referrals and information will still be provided, it remains the carer's responsibility to access the service. SF stressed that support is only as meaningful as the level of engagement from the individual, and acknowledged that more work is needed, with further developments to come. Cllr Liewald thanked SF and RL for a very meaningful report and confirmed that the committee were content to take Assurance from the report.	
10.	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	10.1 Quality Matters Assurance Group — L Barker Unconfirmed Minutes from 06.06.25	
	10.2 Fife Drugs and Therapeutics Committee Unconfirmed Minutes 18.06.25 — F Forrest	
11.	**ITEMS FOR ESCALATION**	
	No items were raised for escalation	
12.	**AOCB**	
	No items were raised under AOCB	
13.	**DATE OF NEXT MEETING** Wednesday 05 November 2025, 1000hrs, MS Teams	